North West **LHIN**

North West Local Health Integration Network

Annual Business Plan

2010 - 2013

June 19, 2010

Ontario
Local Health Integration Network

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Annual Business Plan 2010/11

1.0 Context

1.1 Transmittal Letter

J. Kenneth Deane
Assistant Deputy Minister,
Health System Accountability and Planning Division
Ministry of Health and Long-Term Care

Dear Mr. Deane:

I am pleased to provide you with the *North West Local Health Integration Network Annual Business Plan 2010-2013*. The Plan demonstrates how the North West Local Health Integration Network (LHIN) plans to improve the health system in Northwestern Ontario.

Our LHIN has focused its efforts in the areas of:

- Collaborating with our health service providers to advance the *Integrated Health Services Plan* (2010-2013) priorities;
- Supporting key Ministry of Health and Long-Term Care priorities such as emergency department wait times, alternate level of care and family health care;
- Implementing the Aging at Home Strategy to enable seniors to continue living in their homes;
- Building a comprehensive chronic disease prevention and management strategy; and
- Implementing our e-Health plan.

In advancing these initiatives, the North West LHIN has engaged stakeholders, built capacity and funded innovative solutions and strategies.

The Annual Business Plan, one of two components of the Annual Service Plan, details the LHIN's multi-year plans for the local health system and describes how the North West LHIN is progressing with our Integrated Health Services Plan (IHSP). It is submitted in accordance with the reporting requirements established in the *Local Health System Integration Act*, 2006 and the Agency Establishment and Accountability Directive.

The Annual Business Plan has been reviewed by the North West LHIN's Board of Directors and the following resolution was passed January 26, 2010: *"The North West LHIN Board of Directors approves the North West Local Health Integration Network Annual Business Plan 2010-2013."*

We believe that the *North West Local Health Integration Network Annual Business Plan 2010-2013 will* assist the North West LHIN in achieving our vision, "Healthier people, a strong health system – our future".

If you have any questions or comments regarding the Plan, please contact Gwen DuBois-Wing at (807) 684-9425.

Janice D.A. Beazley CHE
Board Chair

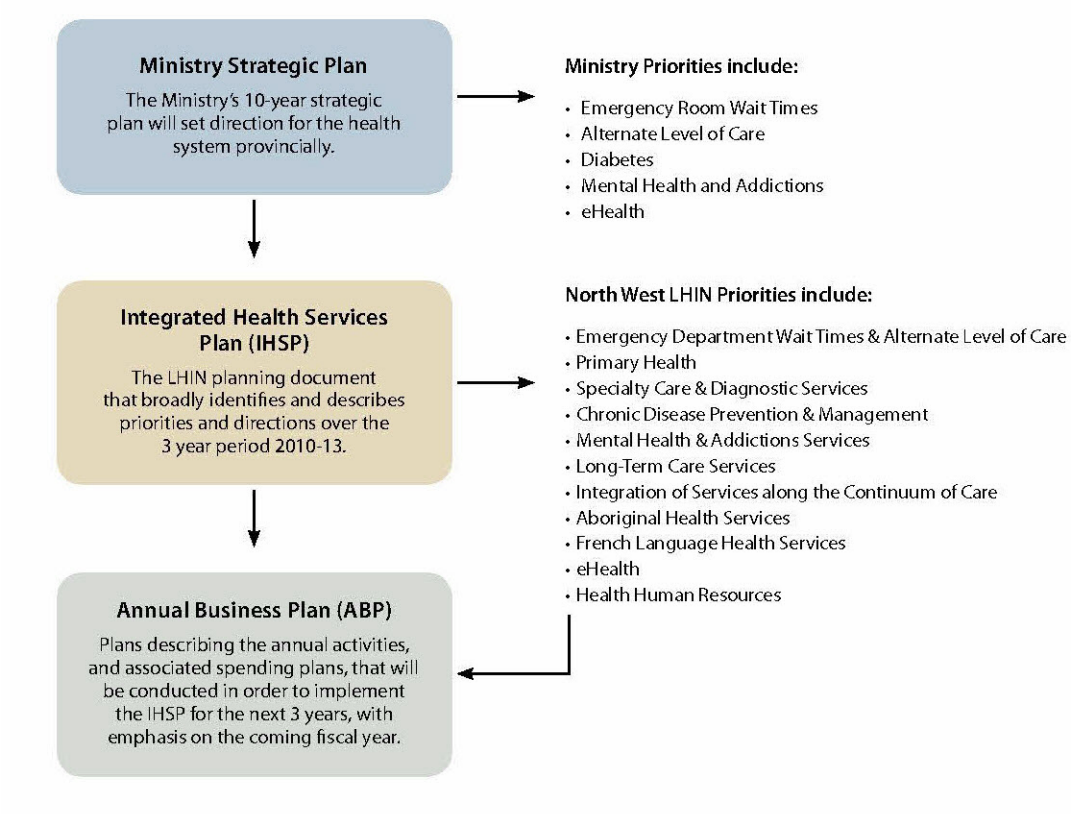
1.2 Mandate

The North West Local Health Integration Network (LHIN) is a crown agency mandated to plan, fund, and integrate the local health system as articulated in the *Local Health System Integration Act, 2006.*

1.3 Strategic Plan

The North West LHIN's vision is, "Healthier people, a strong health system – our future." In 2009, the North West LHIN Board of Directors undertook an extensive strategic direction planning exercise, resulting in the approval of *Leading Health Systems Transformation in our Communities: 2010 to 2013 North West LHIN Strategic Directions* in December 2009. The strategic directions and the Integrated Health Services Plan (IHSP) align with the Ministry of Health and Long-Term Care's (MOHLTC) strategic priority areas and are implemented through the North West LHIN's Annual Business Plan as Illustrated below.

Figure 1. Relationship between MOHLTC Directions, IHSP Priorities and Annual Business Plan



1.4 Overview of Current and Forthcoming Programs and Activities

The North West LHIN is mandated to plan, fund and integrate local health services. The North West LHIN does not provide health care services, but works with health service providers and community members to set priorities and plan health services in Northwestern Ontario. The North West LHIN allocates funding to the following health service providers:

- Hospitals (13);
- Community Care Access Centre (CCAC) (1);
- Community support service organizations (61);
- Long-term care homes (14);
- Community Health Centres (CHCs) (2); and
- Community mental health and addictions agencies (37).

The North West LHIN aims to improve the quality and accessibility of health care for all residents of Northwestern Ontario through better integration and coordination of services across the system.

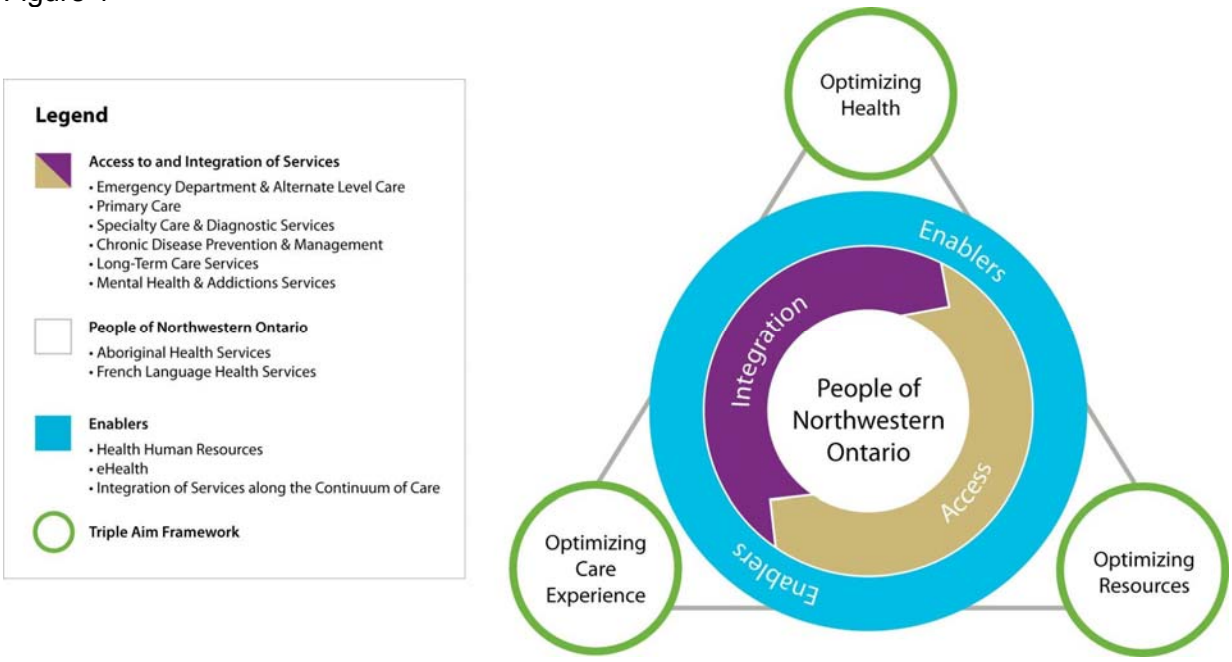
The plans outlined in the North West LHIN's second IHSP are aligned with the overall goals of the Triple Aim Framework (see Figure 1 below):

1. Optimizing Health (population health).
2. Optimizing Care Experience (patient satisfaction).
3. Optimizing Resources (per capita cost).

The priorities of the IHSP are focused in three primary areas:

1. Access to and Integration of Services;
2. People of Northwestern Ontario; and
3. Enablers.

Figure 1



Access to and Integration of Services:

The following priorities for change will guide the activities of the North West LHIN.

Emergency Department Wait Times and Alternate Level of Care – Moving patients through the health care system without delay will free up beds for those recovering from elective surgery or waiting in emergency rooms for admission. Creating more alternatives for patients with or without a family doctor for non-urgent health issues will help reduce the number of visits to emergency departments.

Primary Care – Models of care that improve access to a team of professionals increases access to and improves quality of care. With the vital role primary care plays in the health system, improving access to services will result in better health outcomes, improved quality of care and integration along the continuum of care.

Specialty Care and Diagnostic Services – Better access to specialty care and diagnostic services will result in improved outcomes for clients and higher client satisfaction.

Chronic Disease Prevention and Management – There is an opportunity for improved chronic disease management through improvements in primary care and expansion of chronic disease prevention and self management programs.

Long-Term Care Services – Improving access to long-term care services for individuals with moderate to high care needs will help the people who require these services to live independently and with dignity.

Mental Health and Addictions Services – Improving access to and coordination of mental health and addictions services will improve quality of life and care for those requiring service. It will also help prevent people's conditions from getting worse, which results in longer-term medical needs and social problems.

People of Northwestern Ontario:

The following population characteristics will guide the activities of the North West LHIN.

Aboriginal Health Services – Important health gains can be achieved by increasing and improving the delivery of health services in Aboriginal communities and providing appropriate linguistic and cultural services to increase patient satisfaction, safety and quality of life.

French Language Health Services – Having more health service providers who can provide services in French will improve access to health services for the Francophone population in Northwestern Ontario.

Enablers:

The North West LHIN will continue advancing these enablers in 2010-2011 and beyond.

Health Human Resources – Promoting interprofessional care (a team approach to patient care) will allow clinicians to maximize their time and skills and reach out to more of the population.

eHealth – The sharing of patient information along the continuum of care and across communities will allow health service providers to improve the quality and efficiency of care and minimize duplication and potential errors.

Integration of Services along the Continuum of Care – Better communication and coordination between and across sectors will help to improve patient access, reduce duplication of health care services and improve client satisfaction.

1.5 Environmental Scan

Environmental Scan:

The North West LHIN faces many challenges in the delivery of health care services. Some of these challenges are listed below.

Compared to the rest of Ontario, the North West LHIN has:

- The largest landmass (47% of the province);
- The lowest population (232,135 people with almost half living in the City of Thunder Bay);
- The highest non-urgent Emergency Department visits (233 per 1000 population vs. 40/1000 provincially);
- The highest unemployment rate in the province;
- A slightly higher proportion of people 65 years and older; and
- The highest percentage of Aboriginal peoples.

Health Status of Northwestern Ontario:

Relative to the rest of the province, the North West LHIN has a higher:

- Prevalence and earlier onset of many chronic diseases;
- Proportion who smoke (24.3% versus 18.7%);
- Proportion of heavy drinkers (27.7% versus 21.7%);
- Percentage who are overweight/obese (56.0% versus 49.6%);
- Prevalence of activity limitations (40.8% versus 33.1%);
- Rate of most chronic diseases including diabetes (7.3% versus 6.1%), high blood pressure (18.5% versus 16.4%) and arthritis/rheumatism (19.6% versus 16.9%);
- Percentage of deaths before the age of 65 (25% versus 21.5%).

And a lower:

- Percentage having contact with a medical doctor in past year (74.7% versus 80.6%);
- Life expectancy for females and males (80.5 years versus 82.7 years, and 76.8 years versus 78.6 years respectively);
- Proportion reporting self-rated health as “excellent” or “very good” (53.1% versus 60.0%).

Cost drivers associated with our population characteristics include:

- Low socioeconomic status, poor lifestyle behaviours, poor health status, decreased availability of informal caregivers and an aging population will increase the reliance on health care services;
- Securing skilled caregivers is an increasing challenge for many communities and seniors in the Northwest;
- Declining population will lead to further diseconomies of scale; and
- Declining local economy will present challenges for local fundraising and sponsorships.

Strengths in Northwestern Ontario:

While the North West LHIN faces challenges, it also benefits from some important strengths:

Technology - Those living in the Northwest are leaders at using technology to improve access to care.

Partnerships - People living in Northwestern Ontario have a history of working together to meet the needs of their clients.

Innovation - The Northwest continues to be recognized for its innovation provincially, nationally and internationally. Planning for and providing care in remote and rural northern communities results in the need to try new things to meet the needs of our region (e.g. service provision, health human resource planning and training).

2.0 Core Content

2.1 Priority 1: Emergency Department Wait Times and Alternate Level of Care

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
Priority 1: Emergency Department Wait Times and Alternate Level of Care.
IHSP Priority Description:
To improve health system performance and integrate care for the patient/client in the right setting, at the right time, by the right provider.
Current Status
▪ The length of stay in the Emergency Department and Alternate Level of Care are concerns in larger communities, particularly in the City of Thunder Bay. ▪ In the Northwest: - Non-urgent Emergency Department (ED) visits are the highest in the province (208 per 1000 population vs. 96/1000 provincially); - 9 out of 10 patients with complex conditions/requiring more time for treatment or a hospital bed (admission), spend 14.8 hours in the Emergency Department; - 9 out of 10 patients with complex conditions/requiring more time for treatment prior to discharge from the ED, spend 6.7 hours in the Emergency Department; and - 9 out of 10 patients with minor or uncomplicated conditions/requiring less time for treatment or observation, spend 4.1 hours in the Emergency Department. ▪ Ten percent of the individuals who visit the Emergency Department are admitted to hospital. ▪ Higher ED visit rates exist for all triage levels. ▪ The percentage of Alternate Level of Care days is fifth highest in the province. ▪ Lack of access to primary care and limited community services (e.g. supportive housing, assisted living, and support services such as homemaking, transportation, etc.) are system challenges that contribute to increased ED wait times and Alternate Level of Care (ALC) days in the North West LHIN. **Successes include:** ▪ An increased awareness of the provincial priority of ED/ALC by health service providers; ▪ Achievement of a reduction in the percentage of ALC days to 13.18% in Q1 of 2009/10; ▪ A decrease in the number of ALC days in hospital for patients waiting for long-term care; ▪ Reporting of ED wait times through the Emergency Department Reporting System (EDRS) by three higher volume emergency room visit sites; ▪ Use of a standardized ALC definition by all hospital sites; and ▪ Attainment of current provincial ED wait time targets for high and low acuity non-admitted patients.
PART 2: GOALS and ACTION PLANS
Goal (s)
1. Reduce unnecessary Emergency Department visits.

2. Reduce the time spent waiting in the Emergency Department.
3. Improve bed utilization and patient flow across the system.
4. Improve patient/family satisfaction with the care experience.

Consistency with Government Priorities:

Leading Health System Transformation in our Communities: 2010 to 2013 North West LHIN Strategic Directions and the North West LHIN's IHSP, closely align with and support the provincial directions of the Ministry of Health and Long-Term Care (MOHLTC) and focus on:

- Improving access to emergency department care by reducing the amount of time that patients spend waiting in the Emergency Department;
- Improving access to hospital care by reducing the time spent designated as Alternate Level of Care patients in hospital beds; and,
- Improving the patient care experience.

Action Plans/Interventions

Action Plans/ Interventions:	Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column.		
	2010-11	2011-12	2012-13
Implement innovative community-based and non-emergency alternate settings for care (nurse-led outreach team for long-term care, chronic disease prevention and management strategies, mental health and addictions strategies).	25%	25%	25%
Implement the Emergency Department Performance Improvement Program (EDPIP) at high volume hospital sites in the North West LHIN.	50%	50%	
Create transitional and permanent long-term care spaces in the community.	25%	25%	25%
Create long-term capacity for quality improvement within hospitals and the CCAC setting in the North West LHIN through the Flo Collaborative Spread Strategy.	33%	33%	33%
Advance the recommendations from the Regional ED Study.	25%	25%	25%

Expected Impacts of Key Action Items

- One Emergency Department Performance Improvement Program established in Kenora and one in Dryden.
- Transitional and long-term care capacity enhanced:
  - Continue 10 intermediary care units in 2010/11.

- Establish 10 transitional care units in 2010/11.
- Establish 75 supportive housing units in Thunder Bay and 6 units in Sioux Lookout in 2010/11.
- Establish 20 supportive housing units in 2011/12 (location to be determined).
- Establish 57 supportive housing units in Thunder Bay in 2012/13.

- Flo Collaborative Strategy expanded to two additional sites in each of the three years.
- The percentage of alternate level of care (ALC) days is decreased. [The North West LHIN baseline was 11.4 %; and the target for 2009/10 is 13 %].
- The proportion of admitted patients within LOS target of ≤ 8 hrs is increased. [The North West LHIN baseline in 2008/09 is 53%; and the target set for 2009/10 is 62%.]
- The proportion of non-admitted high acuity patients treated within respective targets of ≤ 8 hrs for Canadian Triage Acuity Scale score (CTAS) 1-2; and ≤ to 6 hrs for CTAS 1-3 is improved. [The North West LHIN baseline in 2008/09 was 88% and the target set for 2009/10 is 96%.]
- The proportion of non-admitted low-acuity patients treated within LOS target of ≤ 4 hrs is increased. [The North West LHIN baseline in 2008/09 is 89% and the target set for 2009/10 is 93%.]
- Community supports are increased in the City of Thunder Bay.
- Independent activities of daily living (IADL) supports are available in Dryden.
- LHIN-wide Falls Prevention Program exists across the Northwest.
- System navigator for senior apartments in the City of Thunder Bay is established.
- Wesway respite services exist across the North West LHIN.
- LHIN-wide wound management program exists across the Northwest.
- Median Wait Time to Long-Term Care Home Placement is decreased. [The North West LHIN baseline is 107 days in 2008/09 and the target for 2009/10 is 140 days.]

What are the risks/barriers to successful implementation?

- Lack of access to primary care and limited community services (e.g. supportive housing, assisted living, and support services such as homemaking, transportation, etc.) are system barriers that impact ED wait times and Alternate Level of Care (ALC) days in the North West LHIN.

2.2 Priority 2: Primary Care

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
Priority 2: Primary Care
IHSP Priority Description:
To increase access to primary health care through increased use of interprofessional teams with members working to their full scope of practice.
Current Status
In the North West LHIN, residents access primary care in the following locations (where available,

numbers of services are provided in brackets):

- Clinics (solo or group practice);
- Family Health Teams (12; call for proposals underway);
- Nurse Practitioner Clinics (1 to open in Thunder Bay 2010; call for proposals underway);
- Community Health Centres (2 plus 2 satellite offices and 2 mobile units);
- Aboriginal Health Access Centres (3);
- Federal Nursing Stations (24);
- Walk-In Clinics (available only in Thunder Bay);
- Emergency Departments (12); and
- Maternity Centre and Midwifery Clinic (both in Thunder Bay).

Difficulty accessing primary care results in high rates of inpatient and emergency department care. Within the Northwest:

- There are an estimated 13.4% (22,000) unattached patients age 16 and older (the highest for all LHINs per capita).
- Residents report the lowest rates in the province for access to a medical doctor (84.5%) and consultation with a medical doctor (77.1%).
- Only residents in the City of Thunder Bay receive more than 90% of their primary care physician services in their own sub-area.
- Primary care providers may have to travel to remote communities and the travel time reduces their clinical hours.
- Practitioners in smaller communities are likely to take on different roles (e.g. ED coverage, Chief of Staff, anaesthesia), reducing the amount of time they are providing primary care services.
- Over 122,000 primary care visits are provided per year in remote First Nations nursing stations, funded by Health Canada.
- The Northwest has the highest rate of non-urgent visits to the emergency department in the province with higher rates at all triage levels.
- There are less people with diabetes who are able to access a family physician, resulting in higher utilization of the emergency department (531/100,000 visits in the Northwest vs. 232/100,000 provincially) and increased hospitalizations (236 separations vs. 103 in Ontario).

Successes in the past year:

- Improved access to interprofessional care through Family Health Teams and mobile services available through Community Health Centres.
- Nurse-Led Outreach Team for Long-Term Care and Nurse Practitioner clinic announcements in Thunder Bay.
- Health Care Connect project launched; identifying unattached patients; assessing their needs and working to link them with a primary care provider.
- Increased support for self-management of chronic diseases through training of health service providers and community members.
- Quality improvement through Quality Improvement Innovation Partnership (QIIP) work with Family Health Teams.
- Inaugural class of medical graduates through Northern Ontario School of Medicine; inaugural class of dietetic internships in Northern Ontario; increased enrollment and graduate numbers in a joint nursing program between Lakehead University and Confederation College.

PART 2: GOALS and ACTION PLANS

Goal (s)

1. Increase the percentage of the population with regular access to a primary health care provider or team of primary health care providers.
2. Improve integration between hospitals and primary care delivery in smaller communities.
3. Reduce Emergency Department visits and avoidable admissions to hospital.
4. Improve timely access to primary care services (e.g. same day access initiatives).

Consistency with Government Priorities:

These objectives will help to:

- Reduce emergency department wait times;
- Improve health outcomes for diabetic patients;
- Increase access to family health care; and
- Improve health outcomes for those with mental health and addictions issues.

Action Plans/Interventions

Action Plans/ Interventions:	Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column.		
	2010-11	2011-12	2012-13
Build interprofessional learning and practice.	Ongoing		
▪ Support Northern Interprofessional Collaboration for Health Education (NICHE) initiatives.	50%	25%	25%
▪ Encourage health service providers to participate in opportunities related to interprofessional care and education.	50%	25%	25%
▪ Celebrate local successes.	33%	33%	33%
Promote implementation of new primary care initiatives:	Ongoing		
▪ Existing Family Health Teams (Waves 1-3);	75%	25%	
▪ New Family Health Teams (Wave 4);	50%	50%	
▪ New Nurse Practitioner Clinics;	50%	50%	
▪ Nurse-Led Outreach Team for Long-Term Care; and	100%		
▪ Health Care Connect.	75%	25%	
Expand primary care delivery through telemedicine, outreach and mobile services.	33%	33%	33%

Develop innovative strategies for health service providers to work at their full scope of practice.	Ongoing		
▪ Determine opportunities to expand scopes of practice identified through Health Professions Regulatory Advisory Council (HPRAC).	50%	25%	25%
▪ Support physician assistant pilot projects in the North West LHIN.	50%	50%	
▪ Continue to work with Family Health Teams and support QIIP initiatives (e.g. moving towards open access).	33%	33%	33%

Expected Impacts of Key Action Items

- Increased numbers of clients seen by interprofessional teams.
- Decreased wait times for appointment with primary care provider.
- Decreased number of unattached patients.
- Community Health Centre mobile services in place.
- ePhysician project in place.

What are the risks/barriers to successful implementation?

- Level of influence may be limited because LHINs are not directly responsible for primary care planning/funding with exception of community health centres and some programs with Aboriginal Health Access Centres.
- Limited access to primary care (physicians and nurse practitioners) in some communities.
- Large number of unattached patients in Thunder Bay and some communities where primary care provision is limited.

2.3 Priority 3: Specialty Care and Diagnostic Services

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY

Integrated Health Services Priority:

Priority 3: Specialty Care and Diagnostic Services

IHSP Priority Description:

To improve access to specialty care and diagnostic services. Items included under specialty care include surgical and diagnostic imaging services funded through the Ontario Wait Times Strategy Project.

Current Status

Over the past several years, the North West LHIN has improved access to services and as a result has seen improvements in the waits experienced by patients. The performance of the North West LHIN for the current year is illustrated below:

Performance Indicator	Provincial Target	LHIN Starting Point 2009/10	April - June 2009 Performance
90th Percentile Wait Times for Cancer Surgery	84 Days	46	41
90th Percentile Wait Times for Cataract Surgery	182 Days	130	89
90th Percentile Wait Times for Hip Replacement	182 Days	212	133
90th Percentile Wait Times for Knee Replacement	182 Days	189	212
90th Percentile Wait Times for MRI Scan	28 Days	71	26
90th Percentile Wait Times for CT Scan	28 Days	29	24

As noted above, the North West LHIN is performing well above the provincial target in most areas. The area where the greatest gain has been achieved recently is diagnostic imaging. The LHIN has worked diligently with hospital providers and the Wait Time Strategy Program to ensure that diagnostic imaging waits are below the provincial target. The North West LHIN is one of a small number of LHINs that has achieved this target.

The areas where the LHIN is experiencing some difficulty are wait times at the 90th percentile for hip and knee replacement surgery. The LHIN has been examining what strategies can be employed to reduce wait times for these surgeries.

Specialist services in the LHIN span beyond those areas considered under the wait time strategy. Items considered specialty services include any medical services that do not fall under the category of general practitioner services.

PART 2: GOALS and ACTION PLANS

Goal (s)

1. Reduce access barriers to specialty care and diagnostic services.
2. Reduce wait times for procedures included in the wait times strategy (i.e. hip and knee replacement surgery, cataract surgery, cancer surgery, pediatric surgery, general surgery and diagnostic services).
3. Improve system readiness for surge capacity in critical care due to pandemic or other events.
4. Reduce time spent (wait times) in the Emergency Room.

Consistency with Government Priorities:

Wait Times has been identified as a priority of the government. The North West LHIN is committed to ensuring that our performance is consistent with the provincial targets as outlined through the

Ministry/LHIN Accountability Agreement (MLAA).

Action Plans/Interventions

Action Plans/ Interventions:	Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column.		
	2010-11	2011-12	2012-13
Strengthen centralized intake and assessment for total joint replacement and other similar models.	100%		
Provide opportunities to engage with individuals (including physicians) involved in the wait times strategy.	100%	ongoing	ongoing
Develop the moderate surge capacity plan for Critical Care Services.	100%		
Reduce Wait times in the Emergency Department through the ED/ALC Strategy.	50%	50%	
Conduct a clinical services review to identify opportunities for improving specialty care across the LHIN.	50%	50%	
Implement findings of the clinical services review.			50%

Expected Impacts of Key Action Items

As a result of these activities, it is expected that the LHIN will be positioned to meet (or exceed) the provincial targets for wait times. The continuous evaluation of the wait times programs operated in hospitals in the North West LHIN will ensure that programs achieve ongoing improvement in wait times and quality of care. This evaluation will ensure that the system is structured to ensure services are offered in the appropriate place to the appropriate population. See the above table in Current Status section for the appropriate performance metrics.

The ED Pay For Results (P4R) initiatives at TBRHSC support the reduction of ED wait times through:

- expanded ultrasound services;
- increased and dedicated phlebotomy in the ED;
- Rapid Assessment Zone (RAZ) unit in place;
- improved triage;
- LEAN processes in place; and
- increased and dedicated ECG in the ED.

What are the risks/barriers to successful implementation?

Several items have been identified that pose significant risk to the achievement of the goals identified. These risks are:

- Only one site in the Northwest (Thunder Bay) can provide moderate surge capacity critical care services (Level 3) while a second site 6 hours from Thunder Bay can provide (Level 2)

services. In the event of a moderate to major surge event, transportation of critically ill patients will be a challenge and HHR deployment will be limited. The geographic dispersion of community hospitals will further complicate this scenario. Repatriation of patients and movement of ALC patients will be necessary if an escalated situation occurs. System capacity is limited.

- Funding for Wait Times services is provided on a one-time basis and is not guaranteed in future years and some hospitals do not have base Wait Time funding. If Wait Times funding is reduced, waits for all of the procedures noted above will increase as volumes will decrease.
- Limited health human resources is a challenge in the Northwest.

2.4 Priority 4: Chronic Disease Prevention and Management

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
Priority 4: Chronic Disease Prevention and Management
IHSP Priority Description:
To improve chronic disease prevention and management (CDPM) through the creation of a culture of enhanced personal responsibility for health and the implementation of evidence-based practices.
Current Status
The population of the North West LHIN experiences increased prevalence and earlier onset of many chronic diseases when compared to the rest of the province. Diabetes in the Aboriginal population is a particular concern. In addition, people in Northwestern Ontario have an earlier onset of chronic conditions than the provincial average, due to unhealthy lifestyles. According to 2006 census data, 42.4% of the population of the North West LHIN (or 98,325 people) is over the age of 45 years. It is therefore estimated that at least 98,325 people in Northwestern Ontario have one or more chronic diseases. Rates of diabetes amongst the Aboriginal population are estimated to be 2 to 3 times higher than in the general population. CDPM impacts all aspects of the health care system. Given the broad scope of this priority, analysis of the current status involves a comprehensive examination of numerous components of the health system. Two reports with a focus on CDPM in Northwestern Ontario were completed during the past year – an environmental scan of chronic disease and a focused analysis of diabetes. These reports have helped to inform work on the Ontario Diabetes Strategy (ODS) and CDPM planning. An important component of improved CDPM is enhancing self management capacity. The North West LHIN has experienced many successes in this area over the past year. Seventy-five self management master trainers have been prepared through the Stanford University program and programs for people with chronic conditions are being offered throughout the region. A regional network of master trainers is supported by the North West LHIN. Health providers have also received self management training and more is planned to support the integration of self management into clinical practice. Self management sessions in the current year are being evaluated to ascertain their effectiveness.

PART 2: GOALS and ACTION PLANS

Goal (s)

The goals for CDPM identified in the Integrated Health Services Plan are:

1. Reduce the prevalence of chronic diseases through expansion of primary care initiatives.
2. Increase implementation of evidence-based practices in chronic disease management.
3. Enhance self management amongst clinicians and the people of Northwestern Ontario.
4. Reduce ED visits and avoidable admissions to hospital.
5. Implement the Ontario Diabetes Strategy in the North West LHIN.

Consistency with Government Priorities:

The Ontario Diabetes Strategy, the first initiative to advance a comprehensive provincial chronic disease strategy is an important element in the CDPM work in the coming three years. Building self management capacity has been identified as a significant component of this strategy with the potential to reduce ED wait times and potentially ALC levels. The formal evaluation will identify the degree to which self management reduces hospital utilization for chronic conditions.

Action Plans/Interventions

Action Plans/ Interventions:	Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column.		
	2010-11	2011-12	2012-13
Increase self management among Aboriginal people through a training initiative to be offered in four communities and through videoconference.	100%		
Offer training for primary care clinicians in the use of self management with a focus on Aboriginal people.	100%		
Evaluate self management programs and modify approach based on results.	33%	33%	33%
Build self management master trainers with funding, networking and ongoing capacity building.	33%	33%	33%
Implement elements of the Ontario Diabetes Strategy by implementing Diabetes Education Centre Service Expansion.	33%	33%	33%
Implement the adoption of provincial indicators for primary care in the Northwest.	50%	50%	
Establish a diabetes regional coordinating centre.	100%		

Improve CDPM through evidence-based training sessions throughout the North West LHIN regarding evidence-based practice to improve chronic disease management.	33%	33%	33%

Expected Impacts of Key Action Items

- The number of people with chronic conditions participating in self management will increase by 10% per year in the North West LHIN.
- The number of people with diabetes receiving routine testing according to guidelines from their primary care practitioner will increase by 10% per year.
- The number of primary care givers implementing self management into their practices will increase by 10% per year.
- The number of diabetes education sessions will increase by 5% following the implementation of service expansion through the Ontario Diabetes Strategy.

What are the risks/barriers to successful implementation?

The Ontario Diabetes Strategy components have not been fully identified.
Funding for ongoing self management capacity building is necessary.

2.5 Priority 5: Long-Term Care Services

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY

Integrated Health Services Priority:

Priority 5: Long-Term Care Services

IHSP Priority Description:

To create an integrated system of services enabling the people of Northwestern Ontario to live with independence and dignity.

Current Status

Scope of services currently provided:

- The Aging at Home Strategy has funded programs that include: increased respite care, a home discharge program, early referral and education program for individuals and families experiencing Alzheimer Disease or related dementia; a rural geriatric primary care outreach program, community living programs and independent activities of daily living and supportive housing.

Number and type of clients serviced annually:

- Between 2010 and 2030 all age groups under the age of 65 are projected to decrease between 10 and 23% while the 65-74 age group is projected to increase by 82% and the 75 and over age group to increase by 62%. Overall the population of the North West LHIN is projected to see a modest decline.

- Almost one-third (32.1%) of seniors live alone (vs. 25.7% provincially).
- Slightly more than one in five people (age 15+) (21.8%) provide unpaid care or assistance to seniors vs. 18.7% provincially.

Key issues facing this client group:

- Limited (and often non-existent) access to services to support those requiring longer term care outside of a long-term care home setting.
- A growing number of seniors (population requiring the majority of these services) and a decreasing number of informal caregivers (family members) to provide care at home.
- The wait time to LTC placement in North West LHIN is the highest in the province, at 191 days; if current practice does not change, a 10% growth in the demand for LTC home beds is expected by 2015.
- Lack of availability of long-term care services (including supportive housing, assisted living, respite, home-making, home maintenance, etc.).

Challenges existing in the North West LHIN:

- Recruitment and retention of staff.
- Inability to achieve sufficient critical mass in smaller communities to make it feasible to establish LTC home beds. These communities typically rely on ELDCAP or Complex Continuing Care beds.
- Problems maintaining older LTC homes, until such time that new replacement beds are re-developed (this is particularly an issue in the City of Thunder Bay).
- Provision of services for residents with behavioural issues in LTC homes.
- Improving access to integrated long-term care services will support people in Northwestern Ontario to live with independence and dignity.

Successes of the past year:

- Aging at Home Strategy Year 1 and Year 2 funding provided to 13 initiatives, increasing community support services to seniors.
- Processes to initiate Long-Term Care Accountability Planning Submission (LAPS) and Long-Term Service Accountability Agreement (L-SAA) initiated.
- Quality improvement initiatives related to falls injuries prevention initiated throughout the North West LHIN.
- Partnering with the Ontario Health Quality Council in the Quality Improvement Initiative in Long-Term Care (i.e. Residents First Program).
- Family Directed Respite successfully implemented in the District of Thunder Bay.
- The Smooth Transitions program has enabled more rapid discharge from Thunder Bay Regional Health Sciences.
- An increased number of referrals to First Link, an early referral program for individuals and families experiencing Alzheimer disease and related dementia.

PART 2: GOALS and ACTION PLANS

Goal (s)

1. Increase support available for people and their caregivers.
2. Improve access to long-term care services.
3. Reduce Emergency Department visits and avoidable admissions to hospital.

Individuals are maintained longer in the community (reducing the need for hospitalization and improving bed utilization, decreasing Alternate Level of Care).

Consistency with Government Priorities:

Reducing Emergency Department visits and avoidable admissions to hospital is an identified government priority. The North West LHIN Aging at Home Strategy is in alignment with this provincial priority.

Action Plans/Interventions

Action Plans/ Interventions:	Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column.		
	2010-11	2011-12	2012-13
Develop the Centre of Excellence for Integrated Seniors' Services (CEISS) in the City of Thunder Bay ▪ Increased community support services; ▪ Increased Community Care Access Centre services; ▪ Enhanced supportive housing; and ▪ Specialty services for clients with responsive behaviours.	25%	25%	50%
Implement quality improvement initiatives (e.g. Falls Prevention, Resident First, Advancing Quality within Ontario Long-Term Care).	50%	25%	25%
Implement recommendations from the Balance of Care study 2.	25%	25%	25%
Implement the Aging at Home Strategy: ▪ Continue implementation and monitoring of Year 1 and Year 2 Service Plans. ▪ Implement Year 3 Service Plan. ▪ Evaluate initiatives currently funded.	50% 100% 50%	50% 25%	 25%
Develop respite capacity in the North West LHIN.	25%	25%	25%
Implement the nurse-led outreach team for long-term care.	100%		
Establish Regional Supportive Housing Steering Committee.	100%		

Expected Impacts of Key Action Items

Decrease number of:

- transfers from LTC for falls-related injuries;
- hospital admissions for falls-related injuries for people aged 65+;

- emergency room visits for falls-related injuries for 65+;
- emergency room visits for individuals diagnosed with Alzheimer Disease or related dementia; and
- Number of supportive housing residents placed prematurely in long-term care.

Increase number of:

- unique clients accessing community support services ;
- hours of community support services;
- clients served by supportive housing programs;
- total hours of direct supportive housing service;
- referrals to First Link (combined health professionals and self-referrals); and
- health care providers receiving education related to falls reduction by 4%.

What are the risks/barriers to successful implementation?

- Aging population with decreasing number of available caregivers (informal and health human resource issues).
- High burden of illness in senior population in the North West LHIN.
- Limited seniors' services across the LHIN compromises the safety of aging at home and results in ALC issues.
- Any delays related to the Centre of Excellence for Integrated Seniors' Services will create a significant void and pressure in the continuum of health care services in Thunder Bay.
- The Dependency Ratio (population age 0-19 and age 65+ divided by working age population) is 67.2/100 vs. 62.8/100 provincially; the higher the ratio, the higher the burden on the labour force to support dependents. There appears to be a wide variation between sub-areas with the lowest ratio in Thunder Bay District (59.2) and highest in Rainy River District at 76.4.
- Almost one-third (32.1%) of seniors live alone (vs. 25.7% provincially).
- Increased problems related to maintaining older LTC homes, until such time that new replacement beds are re-developed (this is particularly an issue in the City of Thunder Bay).
- Provision of services for residents with behavioural issues in LTC homes.
- Improving access to integrated long-term care services will support people in Northwestern Ontario to live with independence and dignity.

2.6 Priority 6: Mental Health and Addictions Services

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY

Integrated Health Services Priority:

Priority 6: Mental Health and Addictions Services

IHSP Priority Description:

To improve the quality of life for those affected by mental health and addictions issues.

Current Status

- Thirty-seven community mental health and addictions agencies provide care through funding from the North West LHIN. A number of other services are provided through alternate funding arrangements (e.g. Health Canada, Ministry of Child and Youth Services). There are

two Schedule 1 facilities, one in Kenora and one in Thunder Bay and one forensic mental health unit at Thunder Bay Regional Health Sciences Centre.

- Challenges with access to mental health and addictions services have been identified for clients in crisis and for those requiring specialized care. Most residents living outside of Thunder Bay and Kenora rely on telephone access for crisis and psychiatric care. Long wait times and limited services can exacerbate existing conditions. Clients identify a lack of coordinated care across and between agencies.
- In the North West LHIN:
  - 10% of Ontario's substance abuse and problem gambling clients reside in Northwestern Ontario (vs. 2% of the province's total population).
  - Substance-related disorders account for the highest percentage (45.0%) of mental health visits to the emergency department (vs. 27.5% in the province).
  - Mental health inpatients are more highly represented in substance-related disorders than provincially (37.6% vs. 15.1%).
  - Due to a lack of specialized services in most communities, challenges with access to mental health services have been identified for clients in crisis and for those requiring specialized care, transitional care, supportive housing, and walk-in services.
  - The suicide rate is nearly double that of the provincial average (15.2/100, 000 vs. 7.7/100, 000).
- The North West LHIN funded the GAPPS (Getting Appropriate Personal and Professional Supports) program. It is a three-year pilot project to identify and respond to the unmet needs of a population of vulnerable persons with serious, unstable and complex mental illness and addictions issues. The program provides outreach and engagement services; support and system navigation; and clinical services. Services are provided in non-traditional locations such as shelters, food banks, soup kitchens, streets, Balmoral Centre (a withdrawal management centre), etc. In addition to improving the quality of life of this population of people, it is anticipated that emergency department usage will also be positively affected. Early results are promising.

PART 2: GOALS and ACTION PLANS

Goal (s)

1. Improve access to mental health and addictions services and make the system easier to navigate.
2. Improve coordination of mental health and addictions services.
3. Improve outcomes for people receiving mental health and addictions services.
4. Implement the provincial 10-year Mental Health and Addictions Strategy.
5. Reduce Emergency Department visits and avoidable admissions to hospital.

Consistency with Government Priorities:

The North West LHIN's action plans are consistent with the government's goal to provide access to a seamless system of comprehensive, effective, efficient, proactive and population-specific services and supports.

Action Plans/Interventions

Action Plans/ Interventions:	Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column.		
	2010-11	2011-12	2012-13
Improve access to community-based mental health and addictions services. Reduce per client annual visits to the ED to less than 4. Example: GAPPS (Getting Appropriate Personal and Professional Supports).	25%	50%	25%
Improve access to specialized mental health services by establishing bed capacity at the Centre of Excellence for Integrated Senior Services for long-term care home residents from across the North West LHIN who exhibit reactive behaviours.			100%
Identify opportunities for partnerships, integration and realignment of mental health and addiction services.	25%	25%	50%
Implement the findings of the Aboriginal Health Transition Fund (AHTF) Environmental Scan and the Mental Health and Addictions Management Information System (MIS) data.	25%	50%	25%
Address supportive housing needs of people with substance use issues or concurrent disorders.	33%	33%	33%
Implement initiatives aimed at achieving the goals of the provincial 10-Year Mental Health and Addictions Strategy.	10%	10%	10%

Expected Impacts of Key Action Items

- GAPPS (Getting Appropriate Personal and Professional Support) program-clients' average emergency department visits will be reduced from over 10 to less than 4 visits per year.
- The number of clients engaged in the GAPPS program will increase from 0 to 500 over 3 years.
- Sixty-four dedicated behavioural beds will be established as part of the Centre of Excellence for Integrated Senior Services.
- Opportunities will be identified for partnerships, integration and realignment of mental health and addiction services.
- Data from the Aboriginal Health Transition Fund (AHTF) environmental scan and Management Information System (MIS) reporting will be available, analyzed and integration opportunities identified.

▪ Forty-eight supportive housing units will be established over three years for people with problematic substance use issues or concurrent disorders. ▪ Addiction-related visits to the ED will be reduced.
What are the risks/barriers to successful implementation?
▪ Barriers associated with tracking a decrease in ED visits include the inconsistent coding of the primary diagnostic reason for an ED visit and the inability to draw a causal relationship between a specific program and a change in ED visits. ▪ The GAPPS program is mandated to become self-funding within three years. The program's viability is dependant on this outcome. ▪ The number of integration opportunities identified by health service providers has been limited to date.

2.7 Priority 7: Aboriginal Health Services

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
Priority 7: Aboriginal Health Services
IHSP Priority Description:
Work collaboratively with the Aboriginal community and the Federal and Provincial governments in addressing issues of access to culturally sensitive and culturally appropriate health care programs and services.
Current Status
▪ The North West LHIN is home to one third of the on-reserve Aboriginal population in Ontario, one quarter of the off-reserve population and just over half of all Indian Reserves and Indian Settlements (approximately 19.2% of the North West LHIN population). This population has a higher burden of illness, is often located in very remote communities and faces geographic, linguistic and cultural barriers to accessing services. Important health gains can be achieved by focusing interventions on the health system as a whole, coordinating and integrating existing services, and addressing issues of access to culturally and linguistically appropriate services. ▪ From 2006 to 2010, the North West LHIN's priority was to establish a collaborative relationship with Aboriginal people to achieve improved health status. The North West LHIN has continued to engage with Aboriginal communities, organizations and key stakeholders to build knowledge and understanding regarding the role and responsibilities of Local Health Integration Networks. The North West LHIN has also worked closely with Aboriginal organizations and programs that it funds, to establish accountability agreements and support Aboriginal staff with their reporting to meet the deliverables in their accountability agreements. In addition, the North West LHIN has implemented the following activities: - Visitations to several First Nation reserves to review and discuss health care needs. - Aboriginal Health Forum 2007 and 2008. - Establishment of an Aboriginal Health Services Advisory Committee (2009/10).

- Environmental Scan of Aboriginal Health Services/Programs (currently underway).
- Actively involved with some Aboriginal initiatives (by invitation) e.g. Sioux Lookout First Nation Health Authority Substance Conference; Couchiching Community Survey.
- Diversity Education sessions (sessions delivered in 2009/10; planning for 2010/11 sessions underway).

PART 2: GOALS and ACTION PLANS

Goal (s)

1. Establish mutually respectful relationships with the Aboriginal community.
2. Improve the delivery of services for Aboriginal peoples across the continuum of care.
3. Enable the Aboriginal community to have greater input into health planning that affects their communities.
4. Improve the cultural and linguistic accessibility of local and regional health services.
5. Support the Aboriginal community to effectively manage and report LHIN-funded programs and services.

Consistency with Government Priorities:

This goal supports the government's vision of a healthier Ontario.

Action Plans/Interventions

Action Plans/ Interventions:	Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column.		
	2010-11	2011-12	2012-13
Establish the Aboriginal Health Services Advisory Committee.	100%		
Identify local health needs and community priorities.	33%	33%	33%
Conduct an Environmental Scan regarding Aboriginal health services/programs and the health status of Aboriginal people in the Northwest.	100%		
Leverage information sources in collaboration with other government departments and Aboriginal health service providers.	30%	30%	40%
Involve Aboriginal communities and health service providers in local and provincial strategic planning process.	33%	33%	33%
Create opportunities for stakeholders to share information and discuss issues and ideas for integration, future development and strategies to develop culturally appropriate programs/	33%	33%	33%

services.			
Build capacity in the Aboriginal community for program/services management and reporting.	100%	Ongoing as required	Ongoing as required

Expected Impacts of Key Action Items

- Improved relationships with Aboriginal community, stakeholders.
- Improved coordination of health services and programs for Aboriginal people in the North West LHIN.
- Enhanced programs that are culturally appropriate.

What are the risks/barriers to successful implementation?

- Ongoing education and information sharing regarding the transformation of health care in the province of Ontario and the role of Local Health Integration Networks is needed to build trust and understanding of roles and responsibilities related to health service delivery.
- Jurisdictional issues continue to be a challenge regarding the planning, coordination and delivery of Aboriginal health services/programs.

2.8 Priority 8: Ensuring French Language Services

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY

Integrated Health Services Priority:

Priority 8: Ensuring French Language Services

IHSP Priority Description:

To ensure that LHIN planning considers French language health services to improve access to health services for the Francophone population.

Current Status

- The LHIN has continued to discuss French language health services with the Northern Health Language Services Team (FLHS Team), the Réseau francophone de santé du Nord de l'Ontario and other stakeholders. LHIN planning will be influenced by the following reports;
  - *Special Report on French Language Health Services Planning in Ontario, 2009* submitted by François Boileau, French Language Services Commissioner of Ontario to the Honourable Madeleine Meilleur, Minister Responsible for Francophone Affairs and Minister of Community and Social Services, and
  - Final Facilitation Report on Francophone Working Group and the Regulation under the *Local Health System Integration Act, 2006* (LHSIA) submitted by Mr. Charles Beer to the Deputy Minister of Health.
- Planning for French language health services will also be guided by the Ministry of Health and Long-Term Care's response to the above documents.
- In addition, a report entitled *Développement des services de santé en français pour le Nord :*

une ébauche de stratégie (Development of French Language Health Services for the North – a Draft Strategy) prepared by the Réseau francophone de santé du Nord de l'Ontario has been shared with the North West and North East LHINs.

PART 2: GOALS and ACTION PLANS

Goal (s)

1. Support initiatives designed to attract and retain French speaking service providers.
2. Integrate French language health services in LHIN planning activities.

Consistency with Government Priorities:

This goal supports the government's vision of a healthier Ontario.

Action Plans/Interventions

Action Plans/ Interventions:	Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column.		
	2010-11	2011-12	2012-13
Establish a French Language Planning Entity (contingent on finalization of regulation on Francophone community engagement).	100%		
Include Francophone stakeholders in system level and initiative-specific planning.	33%	33%	33%

Expected Impacts of Key Action Items

Once the planning entity has been identified, the LHIN can advance work on integrating French language health services into LHIN planning.

What are the risks/barriers to successful implementation?

The regulation on Francophone community engagement has not yet been finalized. This will provide the legislative framework for planning for French language health services.

2.9 Priority 9: Health Human Resources

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY

Integrated Health Services Priority:

Priority 9: Health Human Resources

IHSP Priority Description:

To maximize the use of current health human resources and plan for future needs.

Current Status

- Recruitment and retention of health service providers continues to be an issue in the North West LHIN. In July-September, 2009 there were 62 vacancies for general practitioner physicians, 58.5 vacancies for medical specialists and over 100 vacancies for allied health care professionals in Northwestern Ontario.
- The majority of post-secondary and continuing education is provided through Confederation College, Lakehead University and the Northern Ontario School of Medicine.
- Interprofessional education and care is a growing focus for each academic institution. An anticipated outcome of interprofessional education is the maximized use of available health human resources and improved care provision and patient satisfaction.

Successes in the past year:

- Working with local hospitals, HealthForceOntario (HFO) and the regional locum pilot project; potential ED closures due to lack of physician coverage were averted.
- Community Partnership Program Coordinator hired by HFO to advance physician recruitment and planning.
- Northern Ontario School of Medicine initiated a physician assistant program.
- Northern Ontario School of Medicine graduated its inaugural class of medical and dietetics students.
- New models of care were announced (i.e. nurse practitioner clinic, nurse-led outreach team for long-term care and additional family health teams) increasing opportunities for employment and interprofessional practice.
- Environmental scan on interprofessional care completed based on many discussions with local health service providers working in interprofessional teams.
- North West LHIN and North East LHINs and the Northern Interprofessional Collaboration for Health Education (NICHE) submitted a proposal to establish a Centre of Excellence for Interprofessional Care.
- Enrollment and graduate numbers increased in the local nursing program.
- New Graduate Nursing Initiative supported recruitment of nurses in smaller, rural and northern hospitals.

PART 2: GOALS and ACTION PLANS

Goal (s)

1. Develop an understanding of current health human resource (HHR) requirements across the North West LHIN and in each sub-area.
2. Spread the work of HealthForceOntario.
3. Foster expanded implementation of interprofessional practice models, utilizing clinicians to their full scope.
4. Influence change leading to improved efficiency and effectiveness of clinical practice.

Consistency with Government Priorities:

The North West LHIN goals and action plans are consistent with and support the government goal to ensure Ontarians have access to the right number and mix of qualified health care providers.

Action Plans/Interventions			
Action Plans/ Interventions:	Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column.		
	2010-11	2011-12	2012-13
Identify HHR challenges, shortages and opportunities and work with health service providers in planning for the future.	50%	25%	25%
Champion interprofessional learning and practice. ▪ Support Northern Interprofessional Collaboration for Health Education (NICHE) initiatives. ▪ Encourage health service providers to participate in opportunities related to interprofessional care and education. ▪ Celebrate local successes.	Ongoing 50% 50% 33%	 25% 25% 33%	 25% 25% 33%
Link with academic health science partners to identify and address gaps, opportunities, skills and educational issues.	50%	25%	25%
Expand access to health service providers, particularly in northern and remote communities through increased use of telemedicine.	33%	33%	33%
Identify and champion implement innovative strategies for health service providers to work at their full scope of practice. a) Determine opportunities to expand scopes of practice identified through HPRAC. b) Support physician assistant program in the North West LHIN. c) Continue to work with Family Health Teams and support Quality Improvement Innovation Partnership (QIIP) initiatives. d) Engage the Health Professional Advisory Committee (HPAC)	 50% 50% 33% 100%	 25% 50% 33% Ongoing as required	 25% 33% Ongoing as required

regarding the identification of opportunities to improve and expand interprofessional practice in the Northwest.			

Expected Impacts of Key Action Items

- Increased numbers of clients seen by interprofessional teams.
- Decreased wait times for appointment with care providers.
- Decreased number of unattached patients.
- Integration between interprofessional care and education.
- More learners trained in and exposed to interprofessional education.
- More care settings working as interprofessional teams.

What are the risks/barriers to successful implementation?

- Ongoing challenges with recruitment and retention of health care providers.
- Lack of ongoing financial support for interprofessional care/education initiatives.
- Inadequate supply of family physicians, especially in Thunder Bay.

2.10 Priority 10: eHealth

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY

Integrated Health Services Priority:

Priority 10: eHealth

IHSP Priority Description:

eHealth is about using information and communication technology to modernize the health system, and to provide better and safer patient care. It is about healthier people, better health decisions and productivity and better administrative and system-wide resource allocation.

Current Status

Current status of the eHealth priority:

- A comprehensive Northern Ontario Information and Communication Technology (ICT) Blueprint 2007-2012 provides vision and strategic direction for the eHealth program in the North West LHIN.
- A comprehensive Northern Ontario ICT Tactical Plan 2007-2012 which identifies specific eHealth projects and implementation plans for the eHealth program in the North West LHIN is being executed.
- A comprehensive North West LHIN eHealth Implementation and Adoption Preparedness Tactical Plan is being executed.
- The North West LHIN blueprint and tactical plans align with the eHealth Ontario 2009-2012 Provincial Strategy.
- eHealth projects in progress in the North West LHIN include: eReferral and Resource Matching, ePhysician, Regional Provider Portal Integration, Ontario Lab Information System,

Northern and Eastern Ontario Diagnostic Imaging Network, Pan Picture Archiving and Communication System (PACS).

- Recent eHealth projects successfully completed include Provincial Diabetes Registry – Phase One, Shared Network Management Services, Directory of Services, Network Infrastructure Upgrade, and Drug Profile Viewer Implementation.
- 12 of 13 hospitals in the North West LHIN share the Meditech Hospital Information System (HIS).
- 23 sites in the North West LHIN share a regional Picture Archiving and Communication System (PACS).
- Approximately 38% of physicians in the North West LHIN utilize an electronic clinical management system (CMS).
- There are 37 Ontario Telemedicine Network (OTN) member sites in the North West LHIN. In Q1 2009/10 there were close to 9,000 OTN clinical telemedicine events.
- The Kuhkenah Network (K-Net) provides information and communication technologies (ICTs), telecommunication infrastructure and application support in First Nation communities across a vast, remote region of north-western Ontario as well as in other remote regions in Canada. K-Net is a program of Keewaytinook Okimakanak (KO) a First Nation Tribal Council that serves 26 First Nation Communities through KO Telemedicine (KOTM).
- Key eHealth issues facing the North West LHIN include operational sustainability of eHealth projects; eHealth human resource/know-how; readiness amongst health service providers; and network connectivity in remote communities.

PART 2: GOALS and ACTION PLANS

Goal (s)

1. Increase eHealth ICT project implementation and adoption capability throughout the region.
2. Improve the value, timeliness and amount of decision support for health system decision makers.
3. Increase the accessibility to high quality eHealth ICT for health service providers.
4. Increase the understanding of eHealth ICT amongst the general public.
5. Improve patients' access to their health information and to health care management tools to support self-care.

Consistency with Government Priorities:

These goals are aligned with advancing the governments key eHealth Clinical Priorities of:

- Diabetes Management,
- Medication Management, and
- Wait Times Management.

These goals also support the governments key eHealth Foundational Priorities of building:

- Cornerstone Information Systems,
- Clinical Activity Information Systems,
- Technology Services, and
- Enabling Practices and Talent Management.

Action Plans/Interventions

Action Plans/ Interventions:	Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column.		
	2010-11	2011-12	2012-13
Implement the North West LHIN eHealth Implementation and Adoption Readiness Tactical Plan.	30%	40%	30%
Expand the eHealth Project Management Office in the North West LHIN.	60%	20%	20%
Develop expert clinical panels to guide eHealth ICT efforts.	100%		
Increase the frequency of engagement on the value and use of eHealth with health service providers and the general public.	10%	40%	25%
Implement the Diabetes Registry	10%	40%	25%
Accelerate the integration of Electronic Medical Records (EMR) amongst individual Health Service Provider organizations.	40%	10%	10%
Expand eHealth ICT infrastructure and support required to create a regional electronic health record (EHR).	30%	30%	15%
Increase access to and expansion of telemedicine services.	25%	25%	25%
Establish a comprehensive, clinical web portal for health service providers throughout the North West LHIN.	5%	10%	25%
Develop and implement an electronic referral and resource matching solution.	50%	50%	
Implement eHealth technologies to support consumers to achieve improved health outcomes.	10%	40%	25%
Implement the Ontario Laboratory Information System (OLIS).	50%	50%	
Accelerate the deployment of eHealth Ontario's secure ONE Mail service to Healthcare Service Providers.	10%	10%	10%

Expected Impacts of Key Action Items

- The percentage of clinicians and HSPs who believe the North West LHIN is well positioned to implement and adopt eHealth solutions will increase.
- The percentage of clinicians and HSPs who believe the North West LHIN is a valued eHealth

implementation and adoption partner will increase.
- The number of clinicians utilizing or implementing provincially aligned eHealth solutions will increase.
- All of eHealth Ontario sponsored project deliverables will be implemented.
- Three to five new eHealth ICT integration/foundational projects will be, or in progress of being, implemented.
- The number of diabetic patients utilizing eHealth solutions to self manage their disease will increase.
- Awareness of and interest in the benefits of eHealth amongst the general population of Northwestern Ontario will increase.

What are the risks/barriers to successful implementation?

- Limited buy-in and commitment from stakeholders results in slower implementation and adoption of eHealth initiatives than contemplated.
- Insufficient human resource capacity and political will amongst HSPs to implement and adopt numerous new eHealth solutions on an aggressive timeline.
- Financial resource capacity in the LHIN to operationally sustain the numerous new eHealth solutions being rolled out provincially.
- Further delays or additional uncertainty at eHealth Ontario result in loss of confidence in the eHealth strategy by providers or pull back from implementation and adoption of eHealth initiatives.
- Legal or regulatory changes lengthen presently contemplated implementation plans.

2.11 Priority 11: Integration of Services Along the Continuum of Care

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY

Integrated Health Services Priority:

Priority 11: Integration of Services Along the Continuum of Care

IHSP Priority Description:

To facilitate and enable integration of services across the health care continuum that optimizes health outcomes and improves system performance.

Current Status

- The large landmass and relatively small, dispersed population of the North West LHIN results in challenges for health service delivery, including access to care, health human resources, transportation, the need for extensive travel, and higher costs of care per capita.
- Access to and integration/coordination of services along the continuum of care in communities across the North West LHIN is a challenge. This is evidenced by the larger proportion of unattached patients, the high use of emergency services, the Alternate Level of Care pressures, and data obtained through community engagement.
- The North West LHIN has some important strengths:
  - The Northwest is a leader in the use of technology to improve access to care.
  - Health service providers have a history of working together to meet the needs of their

clients.
- The Northwest is recognized for its innovation related to service provision and health human resource planning and training.

- Higher proportions of Alternate Level of Care, an aging population, a shortage of HHR and a slowing economy contribute to the need for more integration initiatives to improve service delivery and patient satisfaction. The full benefits of vertical, horizontal and cross-sectoral integration have yet to be realized.

PART 2: GOALS and ACTION PLANS

Goal (s)

1. Promote a culture of collaboration and accountability between health service providers for health system performance and outcomes.
2. Implement and support integration activities that add value to the health system.
3. Increase and coordinate the utilization of technology that supports integration.
4. Improve client satisfaction with their care experience.
5. Reduce Emergency Department visits and avoidable admissions to hospital.

Consistency with Government Priorities:

- *Leading Health System Transformation in our Communities: 2010 to 2013 North West LHIN Strategic Directions* and the North West LHIN's IHSP closely align with and support the provincial directions of the Ministry of Health and Long-Term Care (MOHLTC).
- The North West LHIN's action plans are consistent with the government's goals to provide access to an integrated seamless system of care.

Action Plans/Interventions

Action Plans/ Interventions:	Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column.		
	2010-11	2011-12	2012-13
Develop an integration plan for the North West LHIN.	25%	25%	50%
Implement integration activities (formal/informal) within and between health care sectors that optimize the patient experience and population health.	ongoing	ongoing	ongoing
Implement evidence-based practice and innovative models of care that improve the quality and coordination of care.	ongoing	ongoing	ongoing
Implement eHealth solutions to integrate clinical processes between health care sectors where appropriate.	50%	50%	
Incent integration as an integral component of calls for proposals	ongoing	ongoing	ongoing
Profile integration initiatives, resulting in	ongoing	ongoing	ongoing

a more seamless patient experience.			

Expected Impacts of Key Action Items

- Integration plan developed.
- Patient Referral and Matching system is in place.
- Flo Collaborative Initiative expanded across the Northwest.
- ED/ALC Strategy implemented and refined in the North West LHIN
- Quality Improvement initiatives are in place across the Northwest.
- Strategies exist to address unattached patients.
- eHealth solutions exist to improve integration of services.
- Integration initiatives exist and are recognized.

What are the risks/barriers to successful implementation?

- System readiness for the implementation of integration activities may be a barrier in some sectors and/or locations.
- Limited health human resources.

3.0 LHIN Staffing and Operations

Template B: LHIN Operations Spending Plan					
LHIN Operations Sub-Category ($)	**2009/10 Actuals**	**2009/10 Allocation**	**2010/11 Planned Expenses**	**2011/12 Planned Expenses**	**2012/13 Planned Expenses**
Salaries and Wages	2584646	2,425,000	2,270,000	2,515,000	2,600,000
Employee Benefits					
HOOPP	244921	235,000	225,000	247,000	255,000
Other Benefits	287788	290,000	275,000	308,000	315,000
Total Employee Benefits	***532709***	***525,000***	***500,000***	***555,000***	***570,000***
Transportation and Communication					
Staff Travel	212848	290,000	200,000	210,000	210,000
Governance Travel	73846	85,000	85,000	85,000	85,000
Communications	68777	100,000	75,000	75,000	75,000
Other Benefits					
Total Transportation and Communication	***355471***	***475,000***	***360,000***	***370,000***	***370,000***
Services					
Accommodation	223407	347,192	572,000	250,000	250,000
Advertising	556	30,600	5,000	5,000	5,000
Community Engagement					
Consulting Fees	96075	305,000	365,000	360,000	300,000
Governance Per Diems	102315	130,000	130,000	130,000	130,000
LSSO Shared Costs	362714	300,000	359,000	359,000	359,000
Other Meeting Expenses	95331	70,000	60,000	80,000	75,000
Other Governance Costs	39159	34,000	65,000	60,000	50,000
Printing & Translation	52006	55,000	55,000	60,000	55,000
Staff Development	63699	140,000	130,000	95,000	85,000
Total Services	***1035262***	***1,411,792***	***1,741,000***	***1,399,000***	***1,309,000***
Supplies and Equipment					
IT Equipment	77537	40,000	25,792	37,792	27,792
Office Supplies & Purchased Equipment	96306	80,000	60,000	80,000	80,000
Total Supplies and Equipment	***173843***	***120,000***	***85,792***	***117,792***	***107,792***
LHIN Operations: Total Planned Expense	4681931	4,956,792	4,956,792	4,956,792	4,956,792

Template C: LHIN Staffing Plan (Full-Time Equivalents)

Position Title	2008/09 Actuals as of Mar 31 FTEs	2009/10 Forecast FTEs	2010/11 Forecast FTEs	2011/12 Forecast FTEs	2012/13 Forecast FTEs
Chief Executive Officer	1	1	1	1	1
Sr. Director - Planning, Integration and Community Engagement	1	1	1	1	1
Sr. Director - Performance, Contract and Allocation	1	1	1	1	1
Sr. Consultant, Planning and Community Engagement	1	1	1	1	1
Sr. Consultant, Planning and Integration	2	2	2	2	2
Senior Consultant, Funding and Allocation	1	1	1	1	1
Senior Consultant, Funding Performance & Contract Management	1	1	1	1	1
Senior Consultant, Performance & Contract Management	1	1	1	1	1
Sr. Integration Consultant	1	1	1	1	1
Sr. Consultant Performance and Integration	1	1	1	1	1
Sr. Aboriginal Planning & Community Engagement Consultant	1	1	1	1	1
Controller	1	1	1	1	1
Epidemiologist/Decision Support	1	1	1	1	1
Communications Specialist	1	1	1	1	1
Corporate Coordinator	0	1	1	1	1
Planning Consultant	0	1	1	1	1
Financial Analyst	1	0	0	0	0
Business Analyst	1	2	2	2	2
Executive Assistants	2	1	1	1	1
Program Assistants	2	2	2	2	2
Administrative Assistants	1	2	2	2	2
ER/ALC Lead	0	1	1	0	0
Receptionist	1	1	1	1	1
Accounts Payable Clerk	0	1	1	1	1
CIO/eHealth Lead	1	1	1	1	1
eHealth Project Manager	0	1	1	1	1
eHealth Manager	0	1	1	1	1
eHealth admin	0	1	1	1	1
Total FTEs	24	31	31	30	30

4.0 Annual Business Plan 2010 Communication Plan

4.1 Background:

The North West LHIN's second *Integrated Health Services Plan* (IHSP), released in 2009, outlines 11 priorities for change to the health care system in Northwestern Ontario. The IHSP was developed through extensive community engagement and data analysis. The plan sets out broad strategies for the region and will guide the North West LHIN's activities up to March 2013.

The Ministry-LHIN Accountability Agreement requires LHINs to develop Annual Business Plans (ABP) for the Ministry of Health and Long-Term Care (MOHLTC) to review. The ABP is a multi-year plan outlining the LHIN's implementation of its IHSP and providing the basis of support for any regional transformation objectives and associated funding realignments, if required. The ABP also informs the MOHLTC's Results-Based Planning process which establishes the Ministry priorities and funding allocations.

Sharing the information in the ABP allows the LHINs and the government to work together to reduce duplication, enhance coordination and improve health care access across the province. It will also help health care providers, stakeholders and public-at-large understand how the North West LHIN is planning to address the health care needs in the Northwest.

The ABP becomes a public document as an appendix to the Ministry-LHIN Accountability Agreement.

4.2 Objectives:

The objectives of the communication plans are:

1. To inform/educate stakeholders about the plan's strategies and initiatives for addressing the IHSP priorities.
2. To build the credibility of the North West LHIN by demonstrating that the challenges of the health care system in the region are being addressed.
3. To demonstrate how the North West LHIN is involving stakeholders in the region's health care transformation.

4.3 Key Audiences:

Release of the ABP will be of particular interest to the stakeholders who will be directly involved or impacted by the plan's strategies as well as the users of the health care system in the region. It will also be of general interest to the broader public.

The list of stakeholders to be informed includes:

1. LHIN Board and staff members
2. Ministry of Health and Long-Term Care
3. Regional health service providers funded by the North West LHIN
4. Regional health service providers not funded by the LHIN
5. System Integration Committee, North West LHIN Advisory Teams and North West LHIN Communities of Interest

6. Aboriginal people
7. Francophone people
8. French language health services groups
9. Local representatives of health care unions
10. News media
11. Public-at-large
12. Educational organizations
13. Political leaders (Mayors, MPPs, MPs)
14. Local health-related special interest groups
15. Local health-related networks
16. Business and community leaders
17. Other LHINs
18. Other government agencies.

4.4 Key Messages:

The following are general messages about the ABP:

- This plan will assist the stakeholders and public in understanding how the North West LHIN is planning to address the health care needs of the LHIN region.
- The plans are based on extensive discussions the North West LHIN had with members of the public, providers and stakeholders and on analysis of data on the local population's health status and existing services across the entire health care system.
- Stakeholders are actively involved in working with the LHIN on the strategies included in the plan. Specific messages about the content of the plan will be developed for the various communication tactics.

4.5 Strategy:

The implementation strategies include:

- Highlights of the North West LHIN plan and any special considerations required in meeting the identified needs of the local health system and community members/stakeholders.
- Transparency demonstrated by posting the ABP publicly on our website and notifying our stakeholders.

4.6 Methods:

There will be a coordinated, same day release of the Annual Business Plans for all LHINs. To achieve this plan's communication objectives, the following activities will be undertaken:

1. **In advance of the ABP's release**
   Notification of Upcoming Release:
   - Once the release date is announced, advise the Board Chair/members.
   - If appropriate, notify the HSPs/stakeholder groups, either by letter or email, of the upcoming release of the ABP and the type of information it contains to generate interest.

2. On the day the ASP is released, information will be provided:

i. By Email
Email the LHIN's health service providers, System Integration Committee, Advisory Teams, MPPs, Communities of Interest and stakeholder groups about the official release of the ABP and include the link to our website.

ii. On the Website
Post the ABP on the website for public information.

3. After the ABP is released, two initiatives will be implemented:

i. Include an ABP article in our LHINkages newsletter (LHIN HSPs, Teams & stakeholders).
ii. Highlights of the ABP will be incorporated in presentations at meetings with the System Integration Committee, Advisory Teams and stakeholder groups across the region, as appropriate.