North West **LHIN**

North West Local Health Integration Network

Final Submission
Annual Business Plan

2011 - 2012

June 6, 2011

Ontario
Local Health Integration Network

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Annual Business Plan 2011-2012

1.0 Context

1.1 Transmittal Letter

Ruth Hawkins
Acting Assistant Deputy Minister,
Health System Accountability and Planning Division
Ministry of Health and Long-Term Care

Dear Ms. Hawkins:

I am pleased to provide you with the *North West Local Health Integration Network Annual Business Plan 2011-12*. 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 December 14, 2010 *"The North West LHIN Board of Directors approves the North West Local Health Integration Network Annual Business Plan 2011-12."*

We believe that the *North West Local Health Integration Network Annual Business Plan 2011-12* 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 Laura Kokocinski at (807) 684-9425.

Janice D.A. Beazley CHE
Board Chair

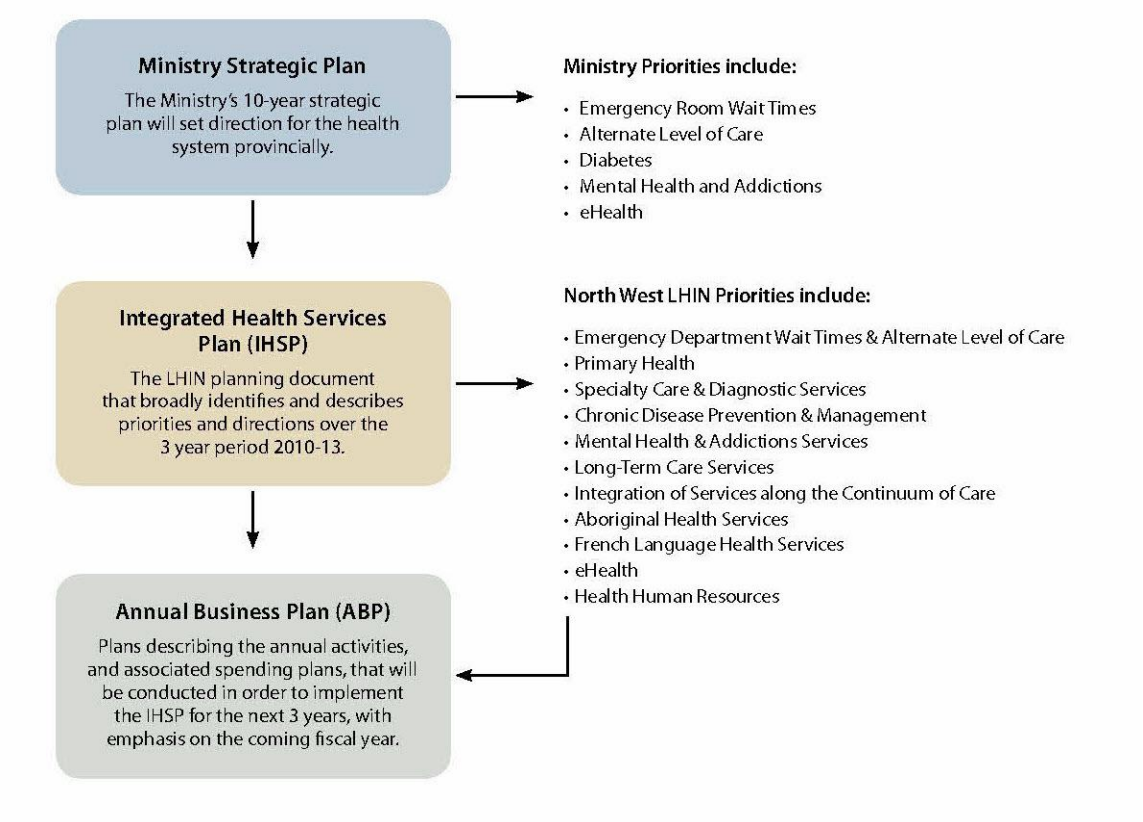
1.2 Mandate

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.

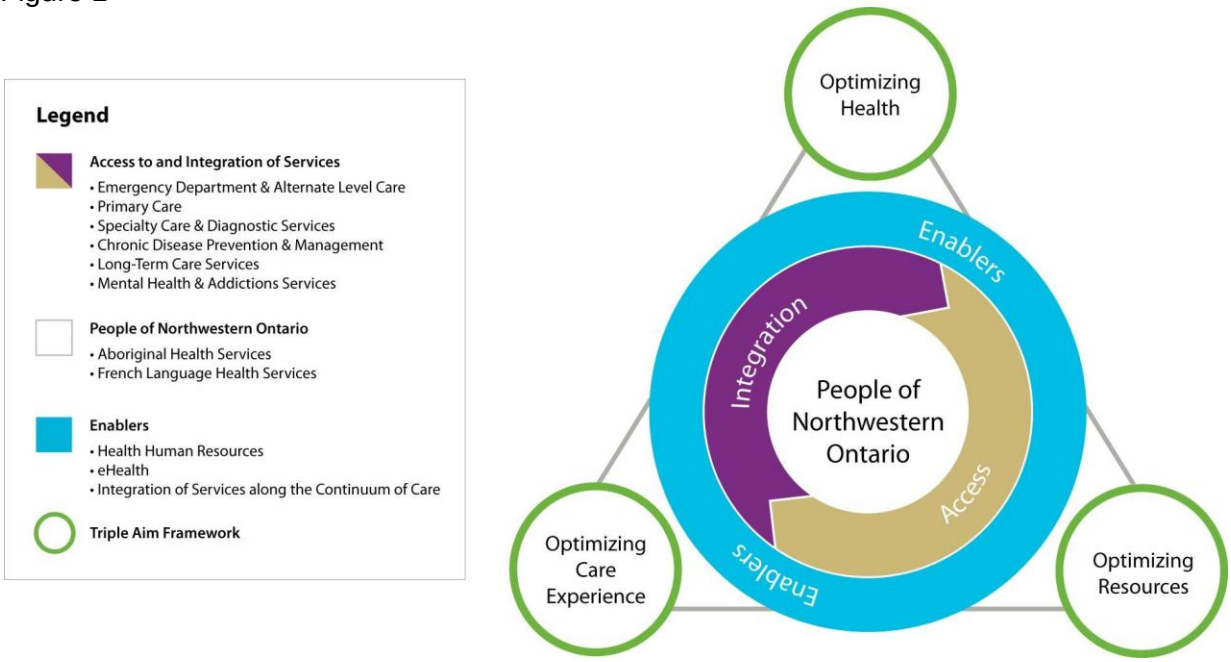
The plans outlined in the North West LHIN's second IHSP are aligned with the overall goals of the Triple Aim Framework (see Figure 1 below):

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 departments 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 2011-2012 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 (209 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 (19.8%)

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 (ED) and Alternate Level of Care (ALC) are concerns in larger communities, particularly in the City of Thunder Bay and Kenora
- In the NW LHIN, three hospitals report their wait times: Thunder Bay Regional Health Sciences Centre, Dryden Regional Health Centre and Kenora's Lake of the Woods District Hospital
- Trends in Q1 2010/11 demonstrate the following:
  - 90% of admitted patients get admitted in 24.2 hours or less;
  - 90% of patients with a more complex condition get discharged from hospital within 6.6 hours; and,
  - 90% of patients with a lower acuity condition get discharged from the hospital in 4.0 hours or less
- Ten percent of the individuals who visit the ED are admitted to hospital
- Higher ED visit rates exist for all triage levels in the NW LHIN as compared to Ontario
- Primary care is provided in ED's outside of Thunder Bay and limited walk-in clinics
- The percentage of ALC days is seventh highest among LHINs in the province
- Lack of access to primary care and limited community support services (e.g. supportive housing, assisted living, and services such as homemaking, transportation, etc.) are system challenges that contribute to ALC days in the North West LHIN
- Supportive housing services were expanded in Thunder Bay with 75 units opening as of October 2010
- Joint planning between the acute, post-acute setting, CCAC and the NW LHIN is underway for implementation of "Home First"
- Implementation of the Resource Matching and Referral system is in progress in Thunder Bay

Successes include:

- Indicators included in the hospital and CCAC service accountability agreements to achieve provincial ED/ALC targets set for the North West LHIN
- Decreased the number of ALC days in hospital for patients waiting for rehabilitation, complex continuing care and long-term care
- Decreased overall readmission rates from 15.8% in 2009/10 to 14.8% in 2010/11 for certain conditions (such as congestive heart failure)
- Increased patient satisfaction with ED access and care
- Public reporting of ED wait times by 3 hospitals demonstrate system improvements

- Consistent use of the standardized ALC definition across all hospital sites; and
- Attained current provincial ED wait time targets for high and low acuity non-admitted and 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 ED;
- 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.		
	2011-12	2012-13	2013-14
Implement innovative, integrated 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).	33%	33%	33%
Implement the Emergency Department Performance Improvement Program (ED-PIP) at high volume hospital sites in the North West LHIN.	50%	50%	
Create transitional and permanent long-term care spaces in the community.	33%	33%	33%
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.	33%	33%	33%

Expected Impacts of Key Action Items:

- ED Pay-For-Results program initiatives improve ED wait times at the designated hospital (Thunder Bay Regional Health Sciences Centre- TBRHSC)
- Emergency Department Performance Improvement Program (ED-PIP) improves patient flow and is offered to Dryden in 2010/11 and Kenora in 2012/13
- Transitional and long-term care capacity is enhanced:
  - Establish 10 transitional care units in Thunder Bay in 2010/11
  - Establish 10 additional interim long-term care beds in Kenora (Q1 2011/12).
  - Establish 22 new long-term care beds in Terrace Bay (Q4 2010/11)
  - Establish 75 supportive housing units (services) in Thunder Bay as of October 2010
  - Establish additional supportive housing units (services) in 2011/12 across NW LHIN (location and number to be determined).
  - Establish 57 supportive housing units in Thunder Bay in 2012/13.
- Flo Collaborative Strategy expanded to three additional sites in 2010/11 with two additional hospital sites added each of the next two years.
- The percentage of ALC days is decreased. (due to limited system capacity the ALC target for the NW LHIN in 2010/11 is 15.4%].
- The 90th percentile ER length of stay for admitted patients was 27.2 hours in 2009/10. The target for 2010/11 is 25.0 hours (reduction of 2.2 hours)
- The 90th percentile ER length of stay for non-admitted complex patients was 6.6 hours in 2009/10 and the target remains the same for 2010/11.
- The 90th percentile ER length of stay for non-admitted minor/uncomplicated patients was 4.1 hours in 2009/10. The target is 4.0 hours in 2010/11.
- Community support services are increased in the City of Thunder Bay and across the NW LHIN
- LHIN-wide Falls Prevention Program is aligned with the Resident's First Initiative and evolves across the Northwest.
- System navigator for senior apartments in the City of Thunder Bay reduces ED visits
- Wesway respite service expands to the west of Thunder Bay as a regional program
- LHIN-wide wound management program standardizes practice and provides a regional resource for wound management to health service providers in the Northwest LHIN

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 (14); ▪ Nurse Practitioner Clinics (2 to open in Thunder Bay during 2010-11); ▪ 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 13.2% (vs 7.0% provincially) 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 (83.4%) and consultation with a medical doctor (78.8%). ▪ 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. ▪ 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). ▪ The North West LHIN has the highest unscheduled emergency department visit rate of all LHINs at 209 per 1000 population.

Successes in the past year:

- Two new Family Health Teams (FHT) have been announced: one in Nipigon and one in Manitouwadge. This will bring the total FHTs in the North West LHIN to 14.
- Two Nurse Practitioner-Led Clinics have been announced for the North West LHIN. Both clinics, one in Thunder Bay and the other at Anishnawbe Mushkiki Aboriginal Health Access Centre are to open in 2010-11.
- Healthcare Connect program operated by the North West Community Care Access Centre has helped refer 24% of registered individuals (unattached patients) to health care providers in the community of Thunder Bay (as of Q1 in 2010/11).
- Family Health Teams and mobile services available through Community Health Centres have improved access to interprofessional care.
- 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.		
	2011-12	2012-13	2013-14
Build 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 33% 33% 33%	33% 33% 33%	33% 33% 33%
Promote implementation of new primary care initiatives: ▪ New Family Health Teams (Wave 4); ▪ New Nurse Practitioner Clinics; ▪ Health Care Connect.	Ongoing 100% 100% 33%	33%	33%
Expand primary care delivery through telemedicine, outreach and mobile services.	33%	33%	33%
Create better understanding of demand for and supply of primary care in the North West LHIN through completion of primary care scan.	100%		

Develop innovative strategies for health service providers to work at their full scope of practice. ▪ Support physician assistant pilot projects in the North West LHIN. ▪ Continue to work with Family Health Teams and support QIIP initiatives (e.g. moving towards open access).	Ongoing 100% 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?

- The level of North West LHIN influence may be limited because LHINs are not directly responsible for primary care planning/funding with the exception of Community Health Centres and some programs with Aboriginal Health Access Centres.
- There is limited access to primary care (physicians and nurse practitioners) in some communities.
- There are a 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 2010/11	July– September, 2010 Performance
90th Percentile Wait Times for Cancer Surgery	84 Days	43 days	45 days
90th Percentile Wait Times for Cataract Surgery	182 Days	106 days	97 days
90th Percentile Wait Times for Hip Replacement	182 Days	211 days	177 days
90th Percentile Wait Times for Knee Replacement	182 Days	246 days	169 days
90th Percentile Wait Times for MRI Scan	28 Days	43 days	57 days
90th Percentile Wait Times for CT Scan	28 Days	28 days	26 days

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 among the shortest in the province.

The areas where the LHIN is experiencing some difficulty are wait times at the 90th percentile for hip and knee replacement surgery. The LHIN is working with the hospitals and specific surgeons to develop and implement strategies to reduce these wait times.

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 department.

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 Performance Agreement (MLPA).

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.		
	2011-12	2012-13	2013-14
Evaluate the effectiveness of centralized intake and assessment models and advocate for an expanded presence of these and similar service models across additional surgical procedures and providers.	50%	25%	25%
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 ED through the ED/ALC Strategy, and Pay for Results Program	50%	50%	
Develop a health services blueprint to identify opportunities for improving specialty care across the LHIN.	50%	50%	

Implement findings of the health services blueprint.			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:

- decreased time to initial physician assessment and specialist consultation;
- reduced times between patient discharge and admission (bed turns);
- 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 North West LHIN (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. Also, some hospitals do not have base Wait Time funding. Where Wait Times funding is reduced, waits for all of the procedures noted above will increase as the cases volume will decrease. In 2010/11, the NW LHIN saw a significant reduction in the funded volume of cataract cases which is expected to result in an increase to this wait time. However, despite this decrease, it is expected that the LHIN's wait will remain below the provincial clinical guideline.
- 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. . 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 two to three times higher than in the general population. Implementation of the Ontario Diabetes Strategy (ODS) has been an important focus in the North West LHIN. Four new diabetes education teams have been funded through the service expansion component of the ODS and another was recently sited. Improved access to service in Thunder Bay, Fort Frances, Kenora, Dryden and Longlac will result. A high risk pilot project to provide access to primary care services in rural communities has been implemented. The Regional Coordinating Centre has been sited and planning is underway to advance the work of this centre. Work in the area of self management has been advanced by Stanford leader training sessions and capacity building sessions for over 200 clinicians. The North West LHIN is represented on the provincial self management working group. A capacity assessment for dialysis has been completed for the North West LHIN. Work in the area of renal planning is underway as the Ontario Renal Network Advisory Group for the North West LHIN has been established.
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 prevention 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 – this 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 amongst clinicians and people with chronic conditions is a component with the potential to reduce ED wait times and ALC levels.

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.		
	2011-12	2012-13	2013-14
Establish a central access point for self management programs	50%	50%	
Transfer coordination of Stanford self management programs to an appropriate health service provider	75%	25%	
Evaluate self management programs and modify approach based on results.	33%	33%	33%
Build self management master trainers network with funding, networking and ongoing capacity building.	33%	33%	33%
Implement elements of the Ontario Diabetes Strategy through Diabetes Education Centre expansion.	33%	33%	33%
Monitor provincial indicators for diabetes care amongst primary care clinicians in the Northwest through the BDDI initiative.	50%	50%	
Support the establishment and growth of a regional coordinating centre for diabetes care.	33%	33%	33%
Support the establishment and growth of a regional network for end stage renal disease.	33%	33%	33%
Improve CDPM through evidence-based training sessions throughout the North West LHIN .	33%	33%	33%

Expected Impacts of Key Action Items:

Improved outcomes for people with chronic conditions are anticipated. Enhanced self management capacity amongst clinicians and clients will result in fewer acute exacerbations, ED visits and hospitalizations. Better routine screening for people with diabetes will lead to earlier intervention and fewer complications.

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 caregivers 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?

Funding to advance elements of the Ontario Diabetes Strategy is required for successful implementation.

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 NW LHIN Aging at Home (AAH) Strategy is now in its third year. AAH initiatives focus on four priority areas: additional temporary bed capacity; ER/ALC admission avoidance and timely discharge; enhanced home care; and outreach teams to provide enhanced nursing assessment and treatment services in a home setting. ▪ 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 services. ▪ Additionally, the NW LHIN has supported the development of a Nurse Led Outreach program in Long Term Care in 5 LTC homes in Thunder Bay. Number of providers providing service: ▪ Over 15 unique service providers are funded by the NW LHIN through the Aging at Home initiative. Key issues facing this client group: ▪ Between 2010 and 2030 the proportion of seniors is expected to increase by 85% for those aged 65-74 and by 62% for those aged 75 and over, while the population younger than 65 is expected to decrease by 10% to 23%. The population of the North West LHIN as a whole is expected to decline. ▪ The North West has a greater proportion of seniors who live alone (32.1% vs. 25.7% provincially). ▪ Slightly more than one in five people (21.8%) over the age of 15 provide unpaid care or assistance to seniors vs. 18.7% provincially. ▪ Limited (and often non-existent) access to services to support those requiring longer term care outside of a long-term care home setting continues to impact the ability to age at home throughout the region. This includes both supportive housing and community support services such as meals delivery and respite care. ▪ A growing number of seniors are requiring support to age at home while the number of informal caregivers, such as family members, is decreasing due to out-migration. ▪ Seniors in the North West LHIN are heavily reliant on transportation for basic needs such as groceries and prescriptions.

Challenges existing in the North West LHIN:

- Recruitment and retention of staff continues to be an issue across the continuum of care.
- There is an inability to achieve sufficient critical mass in smaller communities to make it feasible to establish adequate community support services or long term care space.
- Maintaining LTC homes until such time that new replacement beds are redeveloped is an issue in Thunder Bay.
- Provision of services for residents with behavioural issues in LTC homes.

Successes of the past year:

- Year 3 Aging at Home projects are targeting almost 1750 seniors throughout the North West LHIN region, in addition to providing falls prevention training to 120 Health Care workers.
- Year 1 and 2 Aging at Home initiatives have shown great successes throughout the region, including the following:
  - 5 additional interim long term care beds in the City of Thunder Bay.
  - Support services for 6 supportive housing units in Sioux Lookout and 75 transitional supportive housing units in McKellar Place in Thunder Bay.
  - The Falls Prevention Program provided education to over 120 heath care providers from acute care, long term care and community settings across the LHIN with the intention of reducing seniors' falls in our region that contribute to ED visits.
  - Smooth Transitions assisted with 614 safe discharges from hospital in 2009/10.
  - System Navigator helped 283 seniors identify where to go for appropriate care in the City of Thunder Bay.
  - CCAC Intensive Case Management helped 158 seniors receive the support they require to age at home in the first year of the program.
  - Programs for Community Living provided services such as meals on wheels and home maintenance to over 250 clients in Terrace Bay; 200 clients in Marathon; additional meals for 150+ people in Thunder Bay; and over 3750 rides to medical appointments for seniors throughout the region.
  - Wesway respite services has provided 11,800 hours of respite services to 62 families in the district of Thunder Bay and was offered in 15 communities along the North Shore and in the Greenstone area.
  - Rural Geriatric Primary Outreach Program (Ignace and area) made over 300 in-home visits to over 37 individuals in the first year of the program (2008/09), providing vaccinations, wellness exams, education on proper use of medications, and chronic disease management.
  - Training for Personal Support Workers in Remote First Nation Communities for 30 Personal Support Workers in 16 remote First Nation communities, provided hands-on physiotherapy training through tele-rehab.
  - First Link has provided coordinated access to information, education and support to over 75 seniors living with the challenges of Alzheimer's or 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 ED visits and avoidable admissions to hospital.
4. 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:

Year 3 Aging at Home initiatives are aligned to the four priority areas identified by the MOHLTC: additional temporary bed capacity; ER/ALC admission avoidance and timely discharge; enhanced home care; and outreach teams to provide enhanced nursing assessment and treatment services in a home setting.

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.		
	2011-12	2012-13	2013-14
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 Speciality 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 II study	33%	33%	33%
Implement the Aging at Home Strategy; Implementation of Year 3 Service Plan.	100%		
Monitoring and evaluation of Year 2 and 3 Service Plans/initiatives currently funded	50%	50%	
Develop respite capacity in the North West LHIN region	25%	25%	25%
Implement the Nurse-Led Outreach team for Long Term Care	100%		

Conduct Regional Supportive Housing Study	100%		
Develop and implement Regional Behavioural Health Program	50%	25%	25%
Develop Long Term Care Service Capacity Plan for North West Region	25%	25%	25%
Implement Home First Initiative	33%	33%	33%

Expected Impacts of Key Action Items:

Decrease number of:

- transfers from LTC for falls-related injuries;
- transfers from LTC to ER for CTAS 4-5;
- hospital admissions resulting from transfers from LTC;
- emergency department visits and hospital admissions for falls-related injuries for people aged 65+;
- emergency department 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;
- referrals to First Link (combined health professionals and self-referrals); and
- health care providers receiving falls reduction education 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 in the North West LHIN (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).

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.

Identify opportunities for partnerships, integration and realignment of mental health and addiction services.

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%).
- The suicide rate is nearly double that of the provincial average (15.2/100,000 vs. 7.7/100,000).
- Prescription drug abuse in First Nation communities is being described as an epidemic which destroys a community's fabric and leads to property damage and violence.

The North West LHIN-funded GAPPS (Getting Appropriate Personal and Professional Supports) program is a three-year pilot project which responds 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. The program focuses on non-traditional locations such as shelters, food banks, soup kitchens, streets, and a withdrawal management centre.

In the past fiscal year:

- 463 clients have been registered (target was 300).
- There have been 2107 contacts with registered clients and an additional 2204 contacts with

clients who did not register with GAPPS (target was 1500).
- One alcohol and drug withdrawal management program in Thunder Bay is reporting a 49 % reduction in clients being sent to the emergency department as a result of this program.

The North West LHIN has taken steps to enhance community outreach capacity and service coordination for residents with an acquired brain injury. Informed by existing referral patterns and volume pressures, the LHIN funded BISNO (Brain Injury Services of Northern Ontario) to establish a District Facilitator in Sioux Lookout, Dryden, Fort Frances, and on the North Shore area of Lake Superior. The District Facilitators will provide structured support to individuals to maximize the client's overall level of functioning and independence. In addition, a Facilitator and a Team Leader will be allocated to the Healthy Lifestyles Group in Thunder Bay. This program has shown impressive results regarding clients' success in the community and avoidance of emergency department visits.

Access to enhance psychiatric sessional fees was implemented in Kenora/Rainy River Districts, the city of Thunder Bay and the District of Thunder Bay.

The North West LHIN is implementing the Ontario Common Assessment of Need tool and the Integrated Assessment Repository in four organizations in Thunder Bay. This initiative is part of a four-LHIN pilot project that may set the foundation for rolling out the assessment tool and a clinical information portal province-wide.

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 improving access to quality family health care. All plans have as one of their goals, to reduce wait times, with a focus on emergency departments. North West LHIN initiatives will support Ontario's *Excellent Care for All Act* by focusing on quality, value and evidence-based 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.		
	2011-12	2012-13	2013-14
Improve access to community-based mental health and addictions services. GAPPS program clients' average emergency department visits will be reduced from over 10 to less than 4 visits per year.	50%	50%	
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.	50%	50%	
Implement the recommendations of the North West LHIN Health Services Blueprint.		25%	75%
Address supportive housing needs of people with substance use issues or concurrent disorders.	67%	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:

- Repeat unplanned emergency department visits within 30 days for mental health conditions.
- Repeat unplanned emergency department visits within 30 days for substance abuse conditions.
- Dedicated behavioural beds will be established as part of the Centre of Excellence for Integrated Seniors Services.
- Opportunities will be identified for partnerships, integration and realignment of mental health and addiction services.
- Forty-eight supportive housing units will be established over two years for people with problematic substance use issues or concurrent disorders.

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 by the end of its pilot period. The program's viability is dependent on this outcome.
- The number of voluntary 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 responsible for overseeing 104 health service providers - of which 44 are Aboriginal health service providers that receive community support services, mental health and addiction services, and diabetes education services. The Aboriginal population in Northwestern Ontario is approximately 44,450 - of which approximately 1/3 are living on reserve.

Priorities for change are:

- Access to and Integration of Services - Mental Health & Addiction Services, Chronic Disease Prevention & Management
- People of Northwestern Ontario - Aboriginal Health Services
- Enablers – Health Human Resources

There have been a number of Aboriginal health issues identified through community engagement and the Aboriginal Health Directors meeting held in 2010, including: chronic diseases (e.g. diabetes, high blood pressure, cardiovascular disease); mental health and addiction (e.g. prescription drug abuse, alcohol abuse, suicide, depression, PTSD, dementia, family violence, schizophrenia); and other unique issues (e.g. FASD, teen pregnancy). There were a number of program and service limitations identified as well, including a lack of timely access to services, a lack of continuity of care, and a lack of culturally appropriate services.

Currently, a number of formal and informal health partnerships/relationships exist that have the potential for further development. Furthermore, health care technologies (e.g. KO Telemedicine) are helping to address access issues and reduce barriers for the Aboriginal population.

Key issues facing this client group:

The recent study conducted by DPRA found that:

On reserve client group -

- Limited health care capacity and insufficient infrastructure
- Lack of consistent funding
- Shortage of physicians, lack of trust in health services providers (i.e. confidentiality issues)
- Lack of program awareness and understanding

- F/T counsellors are needed in the communities as ER services do not deal with addictions issues

Off reserve client group -

- Developing and administering culturally appropriate programs and services
- Language and literacy
- After care and follow-up requirements, and long wait times
- Lack of program awareness and understanding, difficulties associated with NIHB
- Lack of transportation services
- A need for HHR, including training

Successes of the past year:

- 10 Aboriginal HSPs currently receive MH&A Priority Planning Funding
- 38 Aboriginal HSPs currently receive Community Support Services Funding.
- Aboriginal Health Access Centers in Sioux Lookout and Thunder Bay have added two FT diabetes educators to address diabetes in their Aboriginal communities.
- The "Pathways for Collaboration" health forum held in March, 2009 drew 190 participants from 36 communities across the LHIN
- Aboriginal Health Directors meetings were held in January and June 2010, where 63 and 44 participants, respectively, attended from a variety of remote and semi-remote communities. Input was provided on the development of the environmental scan which is now completed and also contains a number of outcome measures and recommendations for future planning.
- 4 sessions on diversity were held throughout the LHIN in Sioux Lookout (80 participants), Fort Frances (40 participants), Nipigon (40 participants), and Thunder Bay (103 participants). Further planning is underway to develop indicators to measure diversity.
- Funding was provided for organizations to offer community support services to seniors and elders in their rural and remote First Nation communities.

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.		
	2011-12	2012-13	2013-14
Implement the Environmental Scan recommendations to improve access to culturally sensitive and culturally appropriate health care programs and services, and access to care.	10%	40%	50%
Develop an Aboriginal Mental Health and Addictions Services Strategy to improve access to community-based mental health and addictions services and to specialized mental health and addictions services to improve health outcomes resulting in healthier people.	100%		
Develop an Aboriginal Community Engagement Strategy to improve access to care that people need, as close to home as possible.	100%		
Develop an Aboriginal Health Services Plan to improve access to care that people need, as close to home as possible.	100%		
Advance the work of the Aboriginal Health Services Advisory Committee.	33%	33%	33%
Engage with the Aboriginal community to identify local health needs and community priorities.	33%	33%	33%
Leverage information sources in collaboration with other Government departments and Aboriginal health service providers.	33%	33%	33%
Actively involve Aboriginal communities and health service providers in local and provincial strategic planning processes.	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	33%	33%	33%

programs/services.			
Promote cultural awareness and sensitivity with health service providers.	33%	33%	33%
Build capacity in the Aboriginal community for program/services management and reporting.	100%	Ongoing as required	Ongoing as required
Conduct Diversity Sessions to promote cultural awareness and sensitivity with health service providers.	33%	33%	33%

Expected Impacts of Key Action Items:

- Implement the E-scan recommendations to improve access to services with the AHSAC and HSPs.
- Quarterly meetings to advance the development of the ACE strategy, AMH&A strategy, and Health Services Plan with the AHSAC.
- Conduct evaluations of programs/services management and reporting with HSPs.
- Diversity indicators to be developed that promote cultural awareness and sensitivity with HSPs.

What are the risks/barriers to successful implementation?

- Jurisdictional issues continue to challenge planning
- Coordination and delivery of health care programs and services
- Poor health status and social determinants of health

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 Ministry has transferred the French Language Health Services Coordinators to the LHINs. The North West FLS Coordinator will provide support in planning, reporting, monitoring and integration of FLS within the health system and as well support to the LHIN in meeting its FLS obligations as a Crown agency. The FLS Coordinator will also provide support with community engagement.
- Under the Local Health System Integration Act, 2006, the regulation on Francophone community engagement was finalized on January 1, 2010. The regulation calls for the creation of French language health planning entities to advise LHINs on Francophone community engagement.
- On June 29, 2010, the Réseau du mieux-être francophone du Nord de l'Ontario was named the French Language Health Planning Entity for the North West and North East LHIN.
- The LHIN is now waiting for the accountability agreement to be in place and signed to start working with the French Language Health Planning Entity.

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.		
	2011-12	2012-13	2013-14
Establish a working relationship with the French Language Health Planning Entity within framework of the accountability agreement.	100%		
Include Francophone stakeholders in system level and initiative-specific planning.	33%	33%	33%

Expected Impacts of Key Action Items:

Working relationship is established with the French Language Health Planning Entity. French language health services planning is integrated with the IHSP II priorities of the North West LHIN.

What are the risks/barriers to successful implementation?

Since this is a new process the successful implementation will depend on mutual understanding of the respective roles, responsibilities and collaboration between the French Language Health Planning Entity and the North West LHIN.

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.
- As part of the Health Services Blueprint currently under development, HHR needs will be reviewed and the final report will contain recommendations for a 10-year HHR plan.
- Throughout the fall, the North West LHIN will conduct a primary care scan to identify supply and demand issues for primary care services, including those of physicians and nurse practitioners. The scan will be based on reviews of the National Physician Survey and Primary Care Access Survey as well as research completed locally and through community engagement.

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.		
	2011-12	2012-13	2013-14
Identify HHR challenges, shortages and opportunities and work with health service providers in planning for the future.	25%	50%	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 33% 33% 33%	33% 33% 33%	33% 33% 33%
Link with academic health science partners to identify and address gaps, opportunities, skills and educational issues.	33%	33%	33%
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) Support physician assistant program in the North West LHIN. b) Continue to work with Family Health Teams and support Quality Improvement Innovation Partnership (QIIP) initiatives. c) Engage the Health Professional Advisory Committee (HPAC) regarding the identification of opportunities to improve and expand interprofessional practice in the Northwest.	75% 33% 100%	25% 33% Ongoing as required	33%

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 focus is on building readiness to implement and adopt the provincial Chronic Disease Management System (CDMS) – Diabetes eHealth solution. Approximately 30% of the work associated with this tactical plan has been completed. ▪ 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: Northern Ontario Information and Communication Technology (ICT) Blueprint Refresh; CDMS- Diabetes; Regional Planning for Integration Services; Regional Support Services Planning; eReferral and Resource Matching; ePhysician – Physician Office Integration; Regional Provider Portal Integration; Ontario Common Assessment of Need (OCAN) and related Integrated Assessment Record (IAR); Ontario Lab Information System; Northern and Eastern Ontario Diagnostic Imaging Network (NEODIN) Picture Archiving and Communication System (PACS); and the Community Care Information Management Integrated Data Initiative ▪ 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 137 Ontario Telemedicine Network (OTN) member sites in the North West LHIN. In 2009/10 there were close to 20,000 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.

Successes in 2010-2011 include:

- Connecting EMR's at over 20 clinics (130 physicians) to the hospital information system at 12 of 13 hospitals in the NW LHIN
- Implementing an ALC Resource Matching and eReferral solution in Thunder Bay
- Implementing a multi-LHIN diagnostic imaging repository
- Establishment of a multi-LHIN/multi-provider data sharing agreement
- Implementation of a LHIN-wide project management office

PART 2: GOALS and ACTION PLANS

Goal(s):

Increase eHealth ICT project implementation and adoption capability throughout the region.
Improve the value, timeliness and amount of decision support for health system decision makers.
Increase the accessibility of high quality eHealth ICT solutions to health service providers.
Increase the understanding of eHealth ICT amongst the general public.
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.		
	2011-12	2012-13	2013-14
Implement the North West LHIN, CDMS-Diabetes Implementation and Adoption Readiness Tactical Plan.	60%	30%	10%
Expand and evolve the eHealth Project Management Office in the North West LHIN.	80%	10%	10%
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.	35%	25%	25%
Implement the CDMS-Diabetes	50%	50%	

(**dependent on eHealth Ontario plan)			
Accelerate the integration of Electronic Medical Records (EMR) amongst individual Health Service Provider organizations.	50%	10%	10%
Expand eHealth ICT infrastructure and support required to create a regional electronic health record (EHR).	60%	15%	15%
Increase access to and expansion of telemedicine services.	50%	25%	10%
Establish a comprehensive, clinical web portal for health service providers throughout the North West LHIN.	15%	25%	25%
Develop and implement an electronic referral and resource matching solution per the provincial reference model.	100%		
Implement eHealth technologies to support consumers to achieve improved health outcomes.	10%	40%	10%
Implement the Ontario Laboratory Information System (OLIS) with hospitals' HIS.	50%	50%	
Accelerate the deployment of eHealth Ontario's secure ONE Mail service to Healthcare Service Providers.	20%	10%	10%

Expected Impacts of Key Action Items:

The percentage of clinicians and HSPs in the North West LHIN who are 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.		
	2011-12	2012-13	2013-14
Develop an integration implementation plan for the North West LHIN.	100%		
Implement integration activities (formal/informal) within and between health care sectors that optimize the patient experience and population health.	2 activities planned	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.	33%	33%	33%
Incent integration as an integral component of calls for proposals	ongoing	ongoing	ongoing
Profile integration initiatives, resulting in a more seamless patient experience.	ongoing	ongoing	ongoing
Include indicators related to integration in accountability agreements	ongoing	ongoing	ongoing

Expected Impacts of Key Action Items:

- Health Services Blueprint completed by 2011/12 projecting demand/capacity for health services out to 2021
- Integration implementation plan for the NW LHIN is detailed in the Health Services Blueprint and integration activities are advanced
- Patient Referral and Matching system is in place and spreads to include long-term care
- Flo Collaborative Initiative expands across the Northwest
- ED/ALC Strategy implemented and refined to address pressures in the North West LHIN
- Quality Improvement capacity is enhanced and 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
- Economic challenges in communities exist
- Political climate may pose challenges to proceeding with integration
- Limited health human resources

2.12 Health Services Blueprint

The North West LHIN is embarking on a comprehensive Health Services Blueprint which will inform health services planning for the coming decade. The consulting firm Pricewaterhouse Coopers has been retained for the project.

This comprehensive health services plan will identify potential integration opportunities, provide a recommended implementation pathway and evaluate system change in the coming decade. The focus of this planning process is improved integration of the regional health system. More specifically, this ten year plan will identify opportunities and a recommended implementation road map for; improved coordination and integration, creation of efficiencies and identification of optimal use of limited resources, targeted future investments, the identification of gaps and duplication of services and improved use of existing resources including service expansion and shifting services.

Both quantitative and qualitative data will be analyzed as recommendations are formed. Extensive community engagement will inform the plan. It is anticipated that the Health Services Blueprint will be completed by September 30, 2011.

2.13 Impact of 2011 Provincial Funding Announcements

In the 2011 Ontario budget, the provincial government announced increased funding to the community services sector, including long-term care homes, of approximately three per cent annually. This funding increase will help the North West LHIN to achieve continued reductions in Emergency Department Wait Times and Alternative Level of Care days. The announced funding will also enable the North West LHIN to effectively implement the Home First strategy.

The provincial government also announced their investment towards a comprehensive Mental Health and Addictions (MH&A) Strategy, starting with children and youth. By 2013–14, funding to support the strategy will grow to $93 million per year provincially. The North West LHIN is reviewing this announcement for opportunities to address mental health and addictions service priorities that are aligned with the North West LHIN IHSP.

3.0 LHIN Staffing and Operations

Template B: LHIN Operations Spending Plan					
LHIN Operations Sub-Category ($)	**2009/10 Actuals**	**2010/11 Allocation**	**2011/12 Planned Expenses**	**2012/13 Planned Expenses**	**2013/14 Planned Expenses**
Salaries and Wages	2,584,646	2,333,400	2,570,000	2,620,000	2,675,000
Employee Benefits					
HOOPP	244,921	230,000	255,000	260,000	270,000
Other Benefits	287,788	281,000	310,000	315,000	320,000
Total Employee Benefits	***532,709***	***511,000***	***565,000***	***575,000***	***590,000***
Transportation and Communication					
Staff Travel	212,848	200,000	140,000	150,000	155,000
Governance Travel	73,846	85,000	80,000	80,000	80,000
Communications	68,777	75,000	70,000	75,000	75,000
Other Benefits					
Total Transportation and Communication	***355,471***	***360,000***	***290,000***	***305,000***	***310,000***
Services					
Accommodation	223,407	572,000	255,000	260,000	265,000
Advertising	556	5,000	5,000	5,000	5,000
Community Engagement					
Consulting Fees	46,075	315,000	450,000	390,000	305,000
LHIN Collaborative	50,000	50,000	50,000	50,000	50,000
Governance Per Diems	102,315	130,000	130,000	130,000	130,000
LSSO Shared Costs	362,714	359,000	364,000	367,000	372,000
Other Meeting Expenses	95,331	60,000	50,000	55,000	55,000
Other Governance Costs	39,159	65,000	65,000	60,000	60,000
Printing & Translation	52,006	55,000	55,000	60,000	60,000
Staff Development	63,699	130,000	105,000	75,000	75,000
Total Services	***1,035,262***	***1,741,000***	***1,529,000***	***1,452,000***	***1,387,000***
Supplies and Equipment					
IT Equipment	77,537	25,792	27,192	29,192	29,192
Office Supplies & Purchased Equipment	96,306	60,000	50,000	50,000	50,000
Total Supplies and Equipment	***173,843***	***85,792***	***77,192***	***79,192***	***79,192***
LHIN Operations: Total Planned Expense	4,681,931	5,031,192	5,031,192	5,031,192	5,031,192

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 2011/12 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 ensure that all audiences are aware of the value of the work being carried out by the North West LHIN to create a more integrated, safe, accessible, quality health care system.
4. 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. MPPs

4. Regional health service providers funded by the North West LHIN
5. Regional health service providers not funded by the LHIN
6. Physicians
7. NW LHIN Planning Partners: Integration Leadership Council, Advisory Teams, Blueprint Working Group
8. Aboriginal people
9. Francophone people
10. French language health services groups
11. Local representatives of health care unions
12. News media
13. Public-at-large
14. Educational organizations (University, College, NOSM)
15. Political leaders (Mayors, Reeves, MPs)
16. Local health-related special interest groups
17. Local health-related networks
18. Business and community leaders
19. Other LHINs
20. 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.
- The North West LHIN is working with health service providers to enhance the public health care system through the development of the Health Services Blueprint and the ongoing implementation of activities identified in the IHSP.

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, Integration Leadership Council, Advisory Teams, MPPs, Blueprint Working Group 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 (distributed widely to all stakeholders).
ii. Highlights of the ABP will be incorporated in presentations at meetings with the Integration Leadership Council, Advisory Teams, Blueprint Working Group and stakeholder groups across the region, as appropriate.