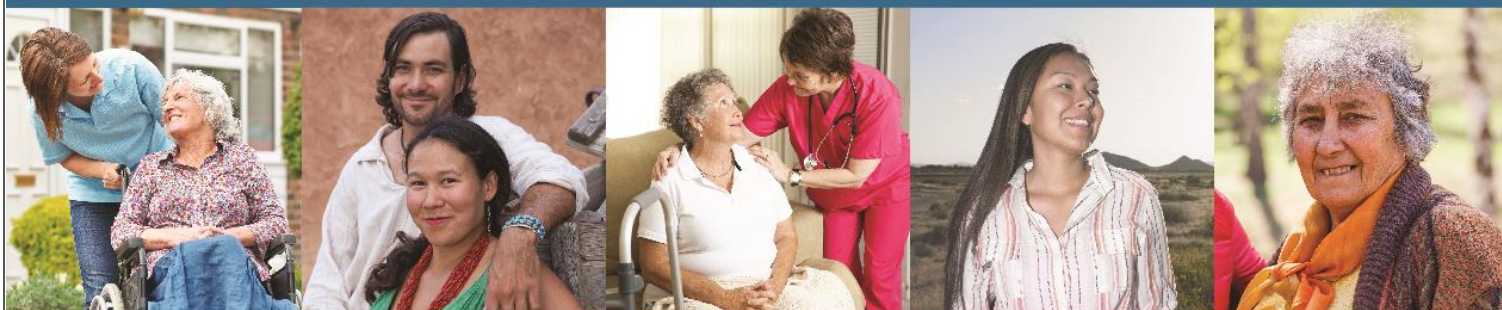


# North West LHIN

*Healthier people, a strong health system -  
our future.*



# CEO Report

**April 24, 2018**

Submitted by: Laura Kokocinski RN, BScN, MEd, EdD, CHE



**Ontario**

North West Local Health  
Integration Network

# North West LHIN | CEO Report

This board report provides information by Division on how the LHIN is advancing the goals of the Minister's mandate letter and the work of the North West LHIN Board's Strategic directions, the CEO Interpretation document, the LHIN's Integrated Health Services Plan, the LHIN's Annual Business Plan and the LHIN's Health Services Blueprint.

## HEALTH SYSTEM STRATEGY, INTEGRATION AND PLANNING DIVISION

### French Language Services

As Crown agencies and local health system planners, LHINs are responsible for ensuring access to French Language Services (FLS) in their geographic area. As providers of home and community care services, LHINs are also responsible for delivering quality services in French according to the *French Language Services Act, 1990*. Now that LHINs are a health service provider, the Ministry of Health and Long-Term Care has directed all LHINs to complete a full FLS report which will document LHIN activities to meet requirements of the *French Language Services Act, 1990*. Work is underway to complete this requirement.

### Musculoskeletal Health

As of April 1, 2018, the Regional Orthopaedics Program reached an important milestone with the official launch of the Rapid Access Clinic (RAC). As of this date, all regional referrals for hip and knee replacement surgeries and low back pain with specific criteria will be sent to one central location housed at Thunder Bay Regional Health Sciences Centre (TBRHSC). The RAC is the result of significant work carried out by TBRHSC and the North West LHIN to establish a high value program with regional coverage, and will consolidate the current Regional Joint Assessment Centre and Interprofessional Spine Assessment and Education Centre programs (currently housed by University Health Network) into a consolidated program with the vision to continue expanding to all musculoskeletal conditions.

The implementation of the RAC will have significant benefits for patients and providers across the region including:

1. **One number to refer to:** Providers will be able to refer patients to a single point of contact within the North West LHIN (via a single LHIN-wide access number). There will also be standardized referral forms, criteria and guidance on what imaging is necessary for patient referral.
2. **Timely access:** An advance practice clinician will assess patients in a timely manner and determine the need for imaging and consultation with a surgeon. Where patients do require surgery, they will be able to choose a specific surgeon or pick from the shortest wait time. If patients do not need surgery they will be provided with education, a self-management plan and be connected with local conservative care supports.
3. **Care close to home:** The Rapid Access Clinic is located in Thunder Bay. This is the location where the referral will be received and triaged. However, the Regional Orthopaedic Program will offer access to services in Thunder Bay, Dryden, Fort Frances and Kenora. Timely access to assessment and follow-up care will also be augmented by telemedicine as needed.

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4. **Shared care model connected to primary care:** Primary care providers will be part of the care and ongoing management, regardless of the patient's path.
5. **Pain management:** One of the challenges for family physicians and nurse practitioners is managing Musculoskeletal (MSK) pain in practice. Timely access to expert assessment, education and management will support providers in managing chronic MSK issues and decrease the prescribing pressure that many feel.

## Mental Health and Addictions

The Thunder Bay Race Across America (RAAM) Clinic opened its doors mid-March with a soft launch at NorWest Community Health Centre. To date, over 60 clients have been served and numerous presentations to stakeholders have occurred to ensure awareness of the program. It is expected that the Balmoral RAAM clinic site will be operational mid-April.

Canadian Mental Health Association (CMHA) Thunder Bay has received \$403,700 in one-time funding to implement a Joint Mobile Crisis Response Team (JMCRT) in partnership with the Thunder Bay Police Services. The JMCRT includes a mental health crisis response worker and if required, a uniformed police officer will provide a coordinated response to individuals experiencing a mental health and/or addiction crisis in the City of Thunder Bay. The creation of this team will provide a more appropriate care option for individuals in crisis. This service should result in reduced pressure at TBRHSC emergency department as well as reduced pressures on police services, eliminating long wait times at the hospital for police officers.

## Health Services Blueprint

At the close of fiscal year 2017-18, all deliverables have been completed related to the major areas of work for the Health Services Blueprint implementation which include:

1. Development and implementation of Sub-region Planning Tables.
2. Continued maturation of Early Adopter Local Health Hub sites (including Dryden, Manitouwadge, Rainy River District West, Nipigon and Marathon/Terrace Bay).
3. Advancement of regional programs including Regional Mental Health and Addictions (completion of an environmental scan) and Regional Transportation Program (development of an Advisory Committee to advance work).
4. Completion of a mid-term evaluation including over 25 stakeholders to assess implementation of the Health Services Blueprint to date.
5. Advancement of an Evaluation Framework to guide the implementation and measurement of a value-based health care system.
6. Development of a communication plan to support continued implementation.
7. Continued Leadership Development programming including second course offering for Cohort 2 (October 2017) and enhanced Health Leadership Course for Cohort 3 (February 2018).

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## Health Services Blueprint Evaluation

The North West LHIN, in partnership with North of Superior Healthcare Group (NOSH), has procured the support of a Consultant (Dale McMurchy Consultants) to advance the work of the Health Services Blueprint Evaluation Framework. The Evaluation Framework will guide the implementation and measurement of a value-based (measured by outcomes that matter to people and the cost of achieving those outcomes) health care system by identifying appropriate metrics and evaluation strategies at all levels of the system with a focus on patient engagement.

## Non-Urgent Patient Transportation

The North West LHIN completed an evidence-based review of non-urgent patient transportation in the North West LHIN in the Fall of 2017. This review proposed an operational and funding model for non-urgent patient transfers that reduces patient care risk and addresses transfer pattern realities in the North West region. The North West LHIN has received confirmation from the Ministry of Health and Long-Term Care of one-time funding in the amount of \$886,500 to support a non-urgent inter-facility (NUIF) patient transportation demonstration project within hospital operations in the North West LHIN which include Thunder Bay Regional Health Sciences Centre, Riverside Health Care Facilities Inc. and Lake of the Woods District Hospital.

## Regional Transportation Planning

Since January 2018, over 25 stakeholders from across various sectors and 12 of 14 Local Health Hubs have been involved in planning for a Regional Transportation Program. The Advisory Committee has met three times and has developed an inventory of transportation services throughout the region, organized by sub-region, as well as identified priority areas to improve system flow and improve access to care for patients in the North West. The final report will be shared with the North West LHIN Executive Team and Board of Directors in the Summer of 2018.

## Sub-region Planning

The Sub-region Planning Tables in City of Thunder Bay, District of Kenora, District of Rainy River and District of Thunder Bay have all launched and had two to three successful meetings. To date, stakeholders have focused on building relationships and identifying preliminary priorities that are important to the local communities.

Over the months of March – May 2018, a member of the Executive Team and the Board of Directors will be engaging with the Planning Table members to inform the Integrated Health Service Plan (IHSP) V. The purpose of this engagement is to share the work the Planning Tables have completed to date, discuss local priorities that are emerging and share patient stories. The feedback from these sessions, as well as broader engagement strategies, will inform the development of the IHSP V 2019-2022, which guides decisions about health system transformation, health service delivery and funding allocations over a three-year period.

Each Planning Table is currently developing a report outlining an assessment of the current state of population health in each sub-region and preliminary summary of priorities to improve population health.

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Sub-region planning within the Northern sub-region has yet to launch. An Indigenous engagement strategy is being developed to inform the planning approach for the Northern sub-region.

## Chronic Disease Prevention and Management

Base funding has been allocated in three of five sub-regions for offloading devices for patients with Diabetic Foot Ulcers who cannot cover the cost of these devices by other means.

Offloading is the gold standard for treatment of patients that have unresolved Diabetic Foot Ulcers which will improve recovery time and decrease the need for costly amputations. Funding is expected to increase incrementally in 2018-19 and 2019-20. Planning is underway to increase clinical capacity in the remaining two sub-regions and to ensure all five sub-regions have base funding for offloading devices by 2020.

Thunder Bay Regional Health Sciences Centre and Medtronic (project management consultants) have committed to a three-year Chronic Obstructive Pulmonary Disease (COPD) and Chronic Heart Failure (CHF) Pathway Optimization project. Individual multi-disciplinary stakeholder meetings have taken place for the CHF Pathway as well as a three-day design event (Kaizen). A similar design exercise will now take place with the COPD Optimization Working Group allowing Medtronic to gather an understanding of current state and ideas on future state design. Under the guiding principle of Patient and Family-Centered Care, the overarching goals of this partnership are focused on improving clinical outcomes for patients, expanding access and optimizing cost and efficiency of internal and external processes. This work aligns with the advancement of a comprehensive and integrated chronic disease management framework for the North West LHIN.

The North West LHIN is one of four LHINs involved in the Ontario Type 2 Diabetes Value-Based Health Care Pilot sponsored by the World Economic Forum and facilitated by Boston Consulting Group. The vision for the pilot is "to create a continuously improving value-based health care system that reduces disease progression, limits complications and improves complication outcomes in Type 2 (pre-) diabetes patients by 2021, while significantly improving outcomes per cost". Planning will last six months, and will deliver detailed implementation plans to address barriers to a value-based healthcare system for Type 2 diabetes mellitus (T2DM) in Ontario.



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## HOME AND COMMUNITY CARE DIVISION

### Care Coordination within Primary Care

Implementation of this initiative has started and is on target across the region. The goal is to enable care coordinators and system navigators in primary care to ensure smooth transitions of care and other health and social services as required. The North West LHIN met with the Executive Directors and physicians of the Family Health Teams to assess the current state, which included a baseline assessment of the care coordinators alignment with Family Health Team physicians. Opportunities include improved coordination of care through better communications, information sharing and building relationships. Enablers of success includes clarity of roles and responsibility, relationships, trust and having champions of change.

### Self-Directed Care for Family-Managed Home Care

The program is operational as of March 2, 2018. Self-Directed Care is a priority of the Patients First Act. The program enables eligible home and community care patients to hire their own service provider or purchase services from a provider of their choice allowing flexible service delivery arrangements. The program ensures patients and families greater choice over who provides services in their home, when those services are provided and continuity of care.

### Levels of Care

The North West LHIN is participating in the Levels of Care Provincial Implementation Project and will work with the Ministry and Health Shared Services Ontario to engage patients, caregivers and delivery partners to develop an implementation plan to roll out the Levels of Care Framework. Across the province, a few LHIN Home and Community Care demonstration sites will be chosen to pilot the Levels of Care in the Fall of 2018. A province-wide implementation will be informed by the lessons learned from the demonstration sites.

### Patient and Family Advisory

The North West LHIN Patient and Family Advisory Committee (PFAC) has had two successful meetings and will continue to meet quarterly. Feedback received from the committee members will support meaningful positive contributions to the region's health care. The next PFAC meeting is scheduled for May, 2018. The PFAC members will be engaged in an interactive discussion as a part of the current community engagement campaign called *Picture Your Health: Your Future*. In addition, the Chair of the Minister's Patient and Family Advisory Council is planning an in-person visit at the North West LHIN to meet and greet the local PFAC members and have an interactive discussion regarding PFAC priorities and work from the provincial perspective. They will be encouraged to share how they would like to see their health care in the future, and explore what changes are needed in the health care system in order to make that future a reality.

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## CLINICAL DIVISION

### Clinical Leads

The month of March saw the conclusion of Dr. Stewart Kennedy's time with the North West LHIN as co-Vice President Clinical. Dr. Kennedy remains committed to supporting the work of clinicians across the region through his work at Thunder Bay Regional Health Sciences Centre and the clinical division will continue to benefit from his work there. Dr. Sarah Newbery will continue in the Vice President clinical role.

Recruitment for a Clinical Lead in the Northern Sub-region is currently underway, with active discussions with clinicians to identify an individual with capacity to take on this work.

### Physician Work Force

Summit North: Building a Flourishing Physician Work Force in Northern Ontario was hosted in Thunder Bay on January 24, 2018 and each of the LHIN Sub-Region Leads, Vice Presidents Clinical and Primary Care Leads were in attendance at this event. A follow-up meeting was held on February 23, 2018 and focused on organizing the structure of the task force. The task force itself was launched on March 28, 2018. The task force will be co-chaired by Dr. Paul Preston from the North East LHIN and Dr. Sarah Newbery, Vice President Clinical at the North West LHIN, and will have representation from the two LHINs, Northern Ontario School of Medicine, HealthForceOntario, Ontario Hospital Association, Ontario Medical Association, Northwestern Ontario Municipal Association and Federation of Northern Ontario Municipalities. Representatives are being sought from Nishnawbe Aski Nation.

Much of the clinical work that needs to be done to improve outcomes across the region requires a robust physician workforce. Engaged clinical leadership and an action plan for the coming months will be important to ensure that the workforce issues remain a focus for the whole of the region.

The clinical table has met with Jamie Sitar, Regional Advisor for HealthForceOntario, and will continue to meet with him to look at ways to better recruit and retain physicians in our region.

### Strategic initiatives

Strategic initiatives identified by the North West LHIN as per the mandate letter from the Ministry of Health and Long-Term Care have each had a clinical lead assigned. The three key priority areas for the North West LHIN: Primary Care, Home and Community Care and Mental Health and Addictions will form the basis of the work this year for the Clinical Division.

The specific areas of the Musculoskeletal (MSK) strategy, digital health strategy, palliative care/MAID and opioid strategy have leads assigned and weekly "single item" meetings are being booked to ensure that the leads have access to information to share with their colleagues and to ensure that there is opportunity to provide clinical input to evolving initiatives.

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## Opioid Strategy

Work is underway on an “order sets initiative” to support adoption of the new clinical standards for acute pain, chronic pain and opioid use disorder. The order sets work is focused on the hospital setting however, work to connect to community-based clinicians in the primary care sector and also those working in Rapid Access Addiction Medicine (RAAM) clinics will be the next phase of the opioid strategy for clinicians.

A day of education in opioid prescribing and chronic pain management will be held on June 8, 2018 in Thunder Bay and will be an opportunity for practicing physicians, nurse practitioners and Northern Ontario School of Medicine Residents to learn together. This day will also support the enhancement of the Ontario College of Family Physicians mentoring network in pain management in the region.

## Surge Capacity for the Holiday Season

Surge capacity review from this past flu season is underway in order to ensure that there is a plan well before flu season next year and this plan, including communications, will be complete in early Fall. Planning in advance will ensure individuals have appropriate access to primary care services during flu and holiday seasons.

## Communications

Key to success in communication is the ability to access contact networks for clinicians. Work is ongoing to develop a more robust approach to communication with clinicians.

## **CORPORATE SERVICES DIVISION**

### Service Accountability Agreements

#### Multi-Service Accountability Agreement (M-SAA) Non-Compliant Health Service Providers (HSPs)

Under the Ministry-LHIN Accountability Agreement (MLAA), each LHIN is required to utilize the principles outlined in the Transfer Payment Accountability Directive (TPAD) when providing funds to Health Service Providers (HSPs). TPAD requires that the LHIN establish and enforce reporting and audit processes which demonstrate funds are utilized in accordance with their intent. Failure to submit the required reports is a breach of TPAD.

As of March 28, 2018, the North West LHIN has four HSPs who have seen their cash flow suspended as a result of non-compliance with LHIN reporting requirements.

Prior to suspending funds, the North West LHIN undertakes extensive efforts to work with these HSPs to complete required reporting. The North West LHIN continues to identify and implement strategies to remedy compliance issues. The North West LHIN also continues to work with HSPs that have seen funding suspended with the goal of meeting minimum reporting standards and reinstating funding.



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## 2018-2019 Multi-Service Accountability Agreement (M-SAA) Extensions

The previous service accountability agreements in place between the North West LHIN and community-based health service providers were set to expire on March 31, 2018. In response, a one year-extension of the current M-SAA for the 2018-19 fiscal year was issued.

Amending agreements have been prepared and issued to HSPs. The LHIN is currently working with Health Service Providers to execute agreements in place in April 2018.

## 2018-2020 Hospital Service Accountability Agreement (H-SAA)

The previous service accountability agreements in place between the North West LHIN and hospitals expired on March 31, 2018. In response, consistent with all LHINs, in January 2018, the North West LHIN Board of Directors endorsed the use of a new two-year H-SAA template to cover the period of April 1, 2018 – March 31, 2020.

Within the H-SAA, one of the key requirements is the achievement of a balanced operating position. In the event a hospital is budgeting to be in a deficit position, the North West LHIN and hospital work through a defined series of progressive performance management strategies to achieve a balanced operating position over a period of time. Based on the size and extent of the deficit position, in most cases, the North West LHIN has authority to waive the requirement to achieve a balanced operating position. This authority is granted contingent upon the North West LHIN and hospital following the required performance improvement process.

Within the North West LHIN, 3 of 12 hospitals received a balanced budget waiver. In all cases, the North West LHIN is actively working with the hospital using the progressive performance improvement tools to manage performance. The North West LHIN is currently working with Health Service Providers to execute agreements in place in April 2018.

## LHIN Finances

The final Ministry-LHIN Accountability Agreement (MLAA) funding allocation has been completed and submitted to the Ministry for the 2018-2019 fiscal year, identifying the breakdown by the five funding envelopes. Year-end financial closing activities are currently underway and no issues are expected with balancing this year's funding with expenses. Pre-audit work was performed by Deloitte Touche in March 2018 in anticipation of the full year-end audit work that will take place in May 2018. To date, no issues have been identified.

## System Information, eHealth, Management & Technology

### Connecting Ontario Northern and Eastern Region (ConnectingOntario NER)

ConnectingOntario NER is one of three province-wide programs funded by eHealth Ontario that will give clinicians secure and timely access to electronic patient health information across the care continuum. The program integrates HSPs' existing electronic health record systems and connects them to a provincial electronic health record system through the ConnectingOntario NER Clinical Viewer. Connecting Ontario NER enables province-wide information sharing so

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that clinicians, whether in a doctor's office, community clinic, or hospital, can receive electronic access to patients' personal health information anywhere and at any time.

As of March 14, 2018, the North West LHIN Home and Community Care division began using the ConnectingOntario ClinicalViewer to view the provincial electronic health record. Access to the patient's electronic health record through the ClinicalViewer will provide a more complete picture of the patient health information and will help improve efficiency of clinical decision-making related to the patient's care.

## Network Consolidation and System Access

Networks within the North West LHIN offices have now been aligned to HSSOntario standards. As of the end of March 2018, the remaining tasks involved in this initiative were completed.

These tasks included:

- Network switches replaced at the 975 Alloy office with provincial HSSOntario standard.
- Migration of the Customer Relationship Management (CRM) System to the HSSOntario data centre.
- All legacy LHIN user accounts fully migrated to the standard HSSOntario domain.
- Network file shares migrated to the HSSOntario data centre.
- LYNC users migrated to HSSOntario LYNC servers.

## HUMAN RESOURCES AND ORGANIZATIONAL DEVELOPMENT DIVISION

### Recruitment Activity: March 1, 2018 – April 9, 2018

#### Non-Union:

##### New Hires

- Jennifer Wintermans: Manager of Privacy and Issues Management
- Chitra Jacob: Primary Care Integration Lead
- Wendy McAllister: Planning and Integration Lead, City of Thunder Bay

##### Pending/Underway

- Administrative Assistant, Health System Strategy and Innovation
- Home and Community Care Manager
- Public Relations Lead
- Planning and Innovation Lead
- Planning and Integration Lead

#### Union (ONA):

##### New Hires:

- Leah Habinski: Nurse Practitioner, Sioux Lookout

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## Pending/Underway – Internal Postings:

- Community Care Coordinator (Community), Thunder Bay
- Community Care Coordinator (Summer Relief), Thunder Bay
- Community Care Coordinator (0.6FTE), Thunder Bay

## Pending/Underway – External Postings:

- Community Care Coordinator, Marathon
- Rapid Response Nurse, Thunder Bay
- Mental Health and Addictions Nurse, Thunder Bay

## Union (UNIFOR):

### Pending/Underway – External Postings:

- Team Assistant, Thunder Bay

## Organizational Development

Performance development within the Halogen system is wrapping up for the 2017-2018 fiscal year. Work is currently underway to re-evaluate the planning process and performance competencies to align with the organizational strategic directions.

## COMMUNICATIONS AND ENGAGEMENT DIVISION

Communications and engagement activities continued to enhance the brand, reputation and image of the North West LHIN. The North West LHIN values community engagement as an opportunity to build meaningful relationships with its Board, staff and the communities they call home.

### Notable achievements included:

1. Ongoing Integrated Health Service Plan V 2019-2022 community engagement campaign.
2. Consistent communication with stakeholders through patient stories in the LHINKages newsletter.
3. Increased online community engagement through the use of social media channels, Facebook, Twitter, LinkedIn, YouTube and Instagram.
4. Continuous engagement with health partners, patient, families and caregivers.

## Community Engagement

Both the number of engagement sessions and the number of people engaged increased in March 2018. **1,304** participants took part in **147** engagement sessions with the North West LHIN compared to **849** participants taking part in **125** engagement sessions in February. These sessions ranged from tele/videoconferences, forums, webinars and face-to-face meetings with external providers. In March 2018, the North West LHIN launched its Integrated Health Service Plan 2019-2022 campaign, with 11 face-to-face engagement opportunities occurring for this

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campaign alone. The LHIN also hosted the Annual Diabetes Forum and the Women in Leadership Forum in March, with a combined attendance of approximately 245 people.

## IHSP V Community Engagement Campaign



As of **April 2, 2018**, the North West LHIN has participated in a total of **11 engagement sessions** over a 4-week period in 3 municipalities. Of the 11 engagement sessions to date, 4 were community workshops hosted in Marathon, Kenora and Thunder Bay (English and French sessions). Engagement sessions were held with 3 Sub-region Planning Tables: District of Thunder Bay; City of Thunder Bay; and District of Kenora. An engagement session was

held during the Small Hospital Advisory Committee and Patient and Family Advisory Committee meetings. Finally, IHSP V engagement took place during the CEO Farewell for both staff and stakeholders. Emerging themes include:

- Home and Community Care (education of PSWs, caregiver support, and respite services)
- Long-Term Care (wait times)
- Mental Health and Addictions
- Seniors Care and Dementia
- Assisted Living/Supportive Housing
- Access to Primary Care, Closer to Home
- Patient Transportation/Transfer Services
- Palliative Care
- Indigenous Inclusion
- “One stop shop” for sharing information
- Communication challenges among providers

In total, the North West LHIN has engaged in person and online with at least **360 individuals**. The majority of survey respondents (**151 as of April 2, 2018**) have been from the District of Rainy River, followed by the City of Thunder Bay and District of Kenora. With four weeks into the 8-week campaign, feedback received thus far is overall positive with a satisfaction rate of 82 percent based on evaluation responses.

Extensive promotional work has been completed to improve participation rates at the community workshops, including: email blasts; targeted emails to stakeholders and community groups; personalized letters to Hospital CEOs, First Nations Chiefs, Mayors, MPPs and MPs; media relations; and social media posts on LHIN platforms and various local community groups. As a result of promotional efforts, there has been a total of 14 pieces of media coverage thus far. Outlets include Shaw Cable TV, Atikokan Progress, Kenora Daily Miner and CBC Radio, among others. Community Workshops have been promoted on a number of online media sites, including the Chronicle Journal, Walleye, Atikokan Progress and CFNO Radio (online).

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The North West LHIN social media pages have seen considerable uptake since the campaign launch. After only 4 weeks, the LHIN Facebook page has seen an increase in page views of 65 percent, a 200 percent increase in page likes, and a reach of 2,003 users (up 1,272 from the previous month). On Twitter, since the launch of the Campaign, the North West LHIN gained notable new followers including the @CityofKenora, @Doug\_lawrence (Mayor of Sioux Lookout), @SummitHealthLtd, @RHRAOntario and Tina C. Reed (Director of Contact North). The newest social channel is the NorthWestLHIN Instagram page which has garnered 32 followers in only 3 weeks.

There are many ways to participate including through community workshops, sub-region planning tables, survey, and the North West LHIN online engagement hub or via social media. The North West LHIN will also have a presence at key community expos and events. The North West LHIN will use residents' feedback to inform the development of the Integrated Health Service Plan (IHSP) 2019-2022, which guides decisions about health system transformation, health service delivery and funding allocations over a 3-year period.

## Media Relations

The goal of media relations is to help create an understanding of the North West LHIN's mandate, mission, vision, values and role as a leader of health system transformation.

The coverage of the North West LHIN was maintained with at least 20 media interviews conducted with LHIN spokespersons compared to 20 the previous year. Relationship remained strong with the Northern Ontario Medical Journal (NOMJ) resulting in a Spring Edition supporting Indigenous Health across the region with many stories coming from the LHIN perspective. The LHIN continued to leverage *Health Pages* in The Chronicle Journal through a partnership with Thunder Bay Regional Health Sciences Centre.

## Online Community Engagement

The North West LHIN engages audiences within Northwestern Ontario through traditional and new media channels to build relationships and to enhance the trust, profile and reputation of the organization.

In 2017-2018, the North West LHIN website had **33,186 visitors**, 16 percent more than the previous year. The existing social media platforms increased their respective audiences and the North West LHIN introduced a channel through Instagram to encourage participation of diverse audiences including millennials in health care planning.