North West **LHIN**

Leading Health System Transformation in Our Communities

2010 - 2013 North West LHIN Strategic Directions

June 2010

Ontario
Local Health Integration Network

Table of Contents

Executive Summary **3**

Section 1: Planning Framework **5**
1.1 Introduction 5
1.2 Planning Perspectives 8
1.3 Planning Principles and Timelines 9

Section 2: Environmental Scan **10**
2.1 Overview of the Current Local Health Care System 10
2.2 Overview of the Health Services Provider Feedback to North West LHIN Strategic Directions Plan 17

Section 3: Strategic Directions Framework **21**
3.1 Triple Aim Framework 21
3.2 Strategic Directions 24
3.3 Critical Success Factors 25

Section 4: Strategic Planning **27**
4.1 CEO Strategic Goals 27
4.2 Ministry-LHIN Local Health System Performance Metrics 30

Section 5: Summary **31**

Appendices **32**
Appendix 1 - Contribution Acknowledgement 32
Appendix 2 - Summary of Role Clarity 35
Appendix 3 - Frequently Used Acronyms 36
Appendix 4 - References 38

Executive Summary

The North West Local Health Integration Network (LHIN) is responsible for the planning, integration and funding of many local health services in Northwestern Ontario including hospitals, the Community Care Access Centre, community health centres, long-term care homes, community support service agencies and community mental health and addiction services.

The North West LHIN Board of Directors is dedicated to serving its mandate and at the same time recognizes the limitations based on limited resources. The North West LHIN recognizes that active and longer range planning are essential in order to fulfill its broad mandate. The North West LHIN is laying the foundation for health system transformation in Northwestern Ontario and to this end, the Board developed *Leading Health System Transformation in Our Communities - 2010-2013 North West LHIN Strategic Directions.*

The North West LHIN Board of Directors and the Senior LHIN Team worked collaboratively to develop this high level 2010-2013 Strategic Directions Plan. This Plan has been built upon the Triple Aim Framework that focuses on three key elements: Optimizing Health, Optimizing Care Experience and Optimizing Resources.

The Board also invited all the Health Service Provider organizations to provide feedback regarding the appropriateness, relevance and challenge of the 2010-2013 Strategic Directions. The Board used a very comprehensive process with many resources of input to build this Plan. The Plan articulates the desired outcomes that further define the vision and mission of the North West LHIN and focuses the North West LHIN's efforts on important system outcomes. The Plan includes the following information:

- Strategic Planning Framework
- Environmental Scan
- Strategic Directions Framework
- Strategic Planning

The **Strategic Planning Framework** and the **Environmental Scan** provide the context under which the strategic directions were developed. The **Strategic Directions Framework** articulates the North West LHIN's four key strategic directions as they relate to the Triple Aim Framework:

Triple Aim Framework	**Strategic Directions**
Population Health	1. Improved health outcomes resulting in healthier people.
Care Experience	2. Access to health care that people need, as close to home as possible. 3. Continuous quality improvement
System Costs	4. Well-managed resources.

The **Strategic Directions Framework** also identified the critical success factors and the planning principles that support the attainment of the North West LHIN's health system goals (see details below):

Critical success factors:

1. Integration and redesign of health system.
2. A spirit of engagement and collaboration.

3. Learning, innovation and research capacity.
4. A system-wide culture of accountability.

Planning principles:

1. The right care is delivered at the right place by the right provider, at the right time.
2. Creative solutions are developed to improve the Northwest health system.
3. The Triple Aim Framework which links population health, the care experience and the system cost in relation to each other, underlies the work of the North West LHIN.
4. Health system planning and integration will be undertaken recognizing that the determinants of health are much broader than the health delivery system. We endeavour to understand the determinants of health of the diverse populations in the Northwest.
5. We have a special interest in the diverse health needs of the Aboriginal population as this is one of our largest and fastest growing population groups.

The CEO Strategic Goals represent the next level of interpretation in the **Strategic Planning** process. These goals are designed to translate the high level conceptual outcomes articulated by the Board, to specific operational goals to advance the health system outcomes. These goals were developed using multiple sources of input including the local health system performance metrics outlined in the Ministry-LHIN Accountability Agreement.

The North West LHIN Board has taken every effort to ensure that the Plan has addressed the many influencing perspectives and has been shaped by understanding the many health system strengths, needs and challenges in the Northwest. It is also understood that it will be important for the LHIN to work together with its stakeholders and health service providers to achieve these strategic directions to achieve its vision – *Healthier people, a strong health system – our future.*

Section 1: Planning Framework

1.1 Introduction

The North West Local Health Integration Network (LHIN) recognizes that active and longer range planning are essential in order to fulfill its broad mandate.

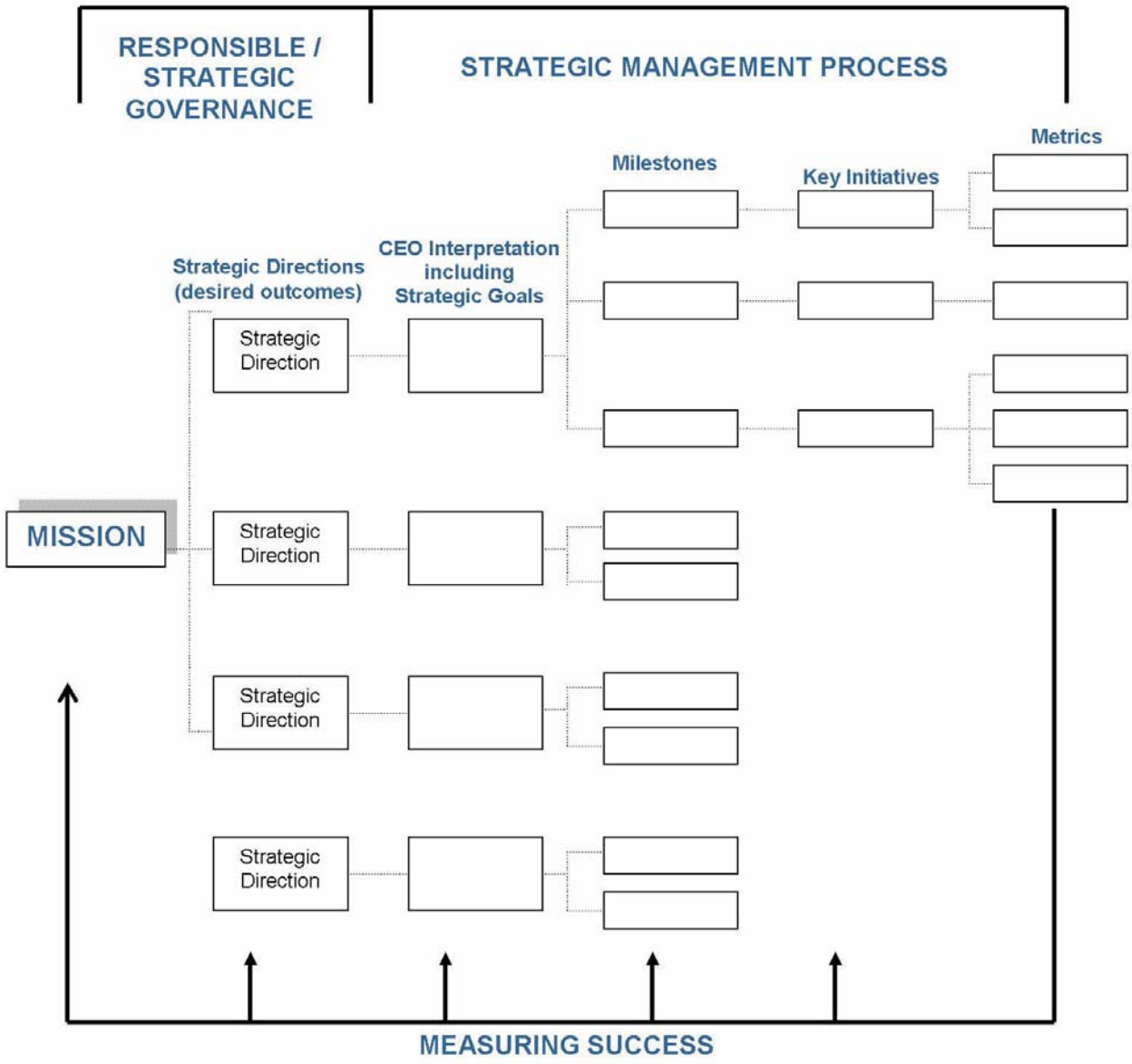
The North West LHIN Board of Directors and the Senior LHIN Team worked collaboratively to develop this high level 2010 to 2013 Strategic Directions Plan. The Board also invited all the Health Service Provider organizations funded by the LHIN to provide feedback regarding the appropriateness, relevance, and challenge of the 2010 to 2013 Strategic Directions. This Strategic Directions Plan has been developed and approved by the North West LHIN Board of Directors.

The Board used a very comprehensive process with many sources of input to build the Plan. The Board studied and discussed information from sources below and used the learning to assist with development of the Plan:

- Environmental Scan of the profile of health needs and health services in the Northwest (see Section 2 of this Plan).
- Feedback from the Consultation with Board Chairs, Boards and CEOs of the Health Service Providers of the Northwest (see Section 2 of this Plan).
- Senior Staff input on progress made on the North West LHIN 2007 to 2009 Strategic Directions (strengths and weaknesses).
- Highlights of the accomplishments of the North West LHIN from 2004 to 2009.
- Ministry of Health and Long-Term Care Planning Documents and Priorities.

The North West LHIN planning process has been based on the Strategic Planning Framework outlined in Figure 1.

FIGURE 1
North West LHIN Strategic Planning Framework
2010-2013



Each of the planning terms used is defined below:

Mission
Mission is a description of what good or what outcomes the organization will achieve. The mission speaks to the question of what good will the North West LHIN do for what groups of people at what cost. The mission is designed to focus and call the organization to action.

Vision
Vision has been defined in this plan as a realistic, credible, and desirable view of the future. It is a condition that is better in important ways than now exists. It is a possible dream that will marshal the energy, the confidence, and the effort of the people involved.

Strategic Directions
The strategic directions in this plan articulate the desired outcomes of the organization at a strategic, high level. These statements of desired outcome are created to further define the Mission Statement and to focus the organization's efforts on important system outcomes. The Board of Directors has developed and approved these Strategic Directions Policies.

Strategic Goals
Based on the Board's Strategic Directions, the North West LHIN CEO and Senior Team have developed specific goals directed at achieving the Strategic Directions. These goals represent the translation of high level Board direction into actionable goals that are specific, measurable, achievable, relevant, and timed.

Milestones
Milestones, in this plan, represent the progress points or sub-outcomes along the way to achieving the desirable strategic directions, i.e. outcomes. These are determined by the CEO and supported by the Board. These milestones are the benchmarks which will be used to evaluate progress.

Metrics
These are the measures both qualitative and quantitative which are used to assess progress toward achieving the desired outcomes.

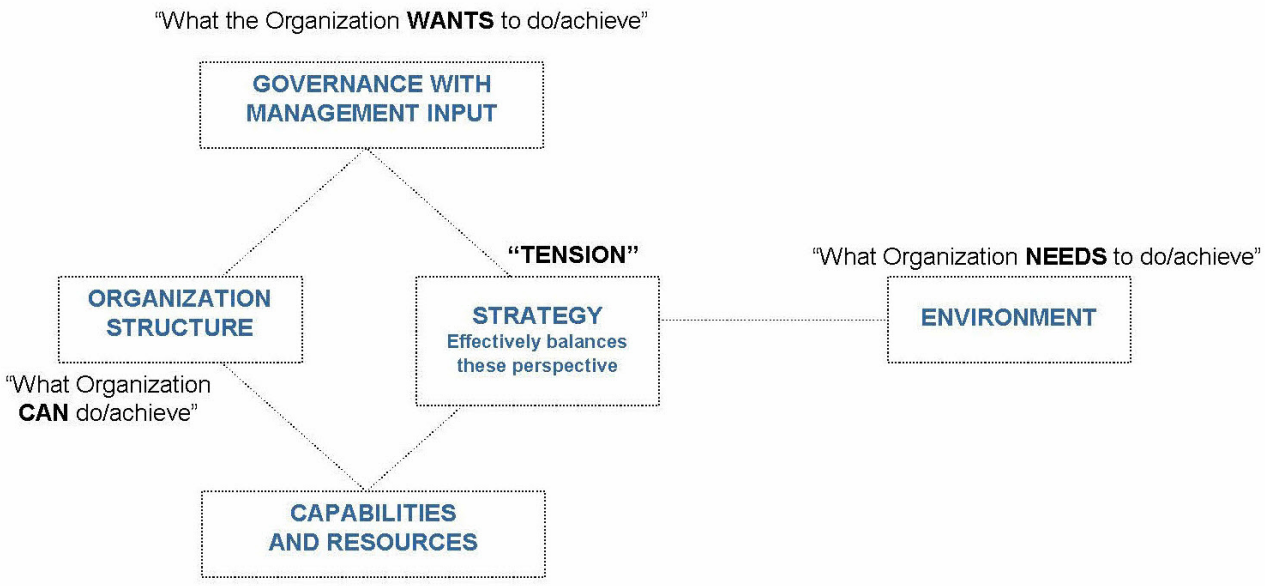
Key Initiatives
The key initiatives outlined in the plan are the specific programs, action plans, and activities that are being undertaken to achieve the strategic goals and meet the milestones. Based on the nature of the LHIN's mandate many of these key initiatives involve the collaboration of LHIN activities with the activities of our many partners.

1.2 Planning Perspectives

The North West LHIN Board has been very committed to ensure the Plan has addressed the many influencing perspectives. The plan has been shaped by understanding the many health system strengths, needs, and challenges in the Northwest. Another key perspective is the LHIN's capacity to achieve key objectives based on its structure, its capabilities, and its resources.

The North West LHIN is dedicated to serving its mandate and at the same time recognizes the limitations based on available resources. A third perspective is what the North West LHIN needs to do based on direction from the Ministry of Health and Long-Term Care and ongoing changes in the external environment. The *Leading Our Communities in Health, 2010 to 2013 North West LHIN Strategic Directions Plan* is a plan that listens and responds to these varying perspectives while moving the outcomes of our health system toward achieving our vision and mission (see Figure 2 below).

FIGURE 2
Dynamic Planning Perspectives (Diamond E)



1.3 Planning Principles and Timelines

The North West LHIN Board of Directors developed a comprehensive planning process to ensure that:

- Planning included appropriate due diligence.
- The accomplishments of the North West LHIN over the previous 4 years were evaluated.
- An understanding of the current environment was achieved.
- The current and future needs of the Northwest were identified.
- A model for planning was established to guide the process.
- Planning engaged the full Board and Senior Staff.
- The resources of a professional facilitator / strategic planner were utilized.
- All Health Service Provider organizations in the Northwest were invited to participate by evaluating and providing feedback of early drafts of the Strategic Directions.
- The feedback from the Health Service Providers was reviewed by Board and Senior Staff and incorporated in the planning process and results.
- The plan is specific enough to guide real and positive change in the system.
- Achievement of the plan is measurable.

The process was launched in March and completed in November 2009.

Section 2: Environmental Scan

2.1 Overview of the Current Local Health Care System

Role of the North West LHIN

Mandated to plan, fund and integrate local health services, the North West LHIN does not directly 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 across the system.

Geography and Population Characteristics

The large geography and relatively small, dispersed population of the North West LHIN results in challenges to health service delivery, including access to care, health human resources, the need for extensive travel, and higher costs of care per capita.

Large Geographic Area and Low Population Density

The North West LHIN has many small towns and First Nations communities located throughout rural and remote areas. Planning, delivering and accessing health services in these areas are often difficult due to the remote location of these communities. For example, many First Nations communities are accessible by air only. During much of the year, people in the Northwest are exposed to hazardous weather, poor road conditions and travel delays that make the long distance travel required to access health care services a significant challenge.

Regional Demographics

The North West LHIN has the lowest number of residents in the province and this population is decreasing while provincial numbers continue to increase. Population by sub-area is outlined in Figure 3 on the following page.

FIGURE 3
Total Population and Aboriginal Population by LHIN Sub-Area

North West LHIN Sub-Area	Total Population (2006 Census)	% Sub-Area Population Reporting Aboriginal Identity
Kenora District*	61,510	38.4%
Rainy River District	21,565	21.7%
Thunder Bay District (excluding Thunder Bay City)	26,155	19.9%
Thunder Bay City	122,905	8.3%
North West LHIN Total†	**232,135**	**19.0%**

* Kenora District sub-area excludes four Indian Reserve (IR) Census subdivisions in Kenora District that are part of the NE LHIN – Attawapiskat, Fort Albany (Part), Peawanuck and Marten Falls.

† Total North West LHIN estimate above adjusted for incompletely enumerated IRs is 19.2%.

The proportion of the population age 65 and older in the North West LHIN is increasing as it is in the province overall. This trend is expected to continue (Figure 4) and in the Northwest it is partially due to the out-migration of those under 65 as a result of job loss.

FIGURE 4
North West LHIN Population Projection by Age Group

AGE	2010	2030	% Change
0-19	55,125	45,318	-17.8
20-44	71,892	64,387	-10.4
45-64	69,557	53,299	-23.4
65-74	17,628	32,018	81.6
65-69	9,845	16,690	69.5
70-74	7,783	15,328	96.9
75+	15,756	25,469	61.6
75-79	6,396	11,685	82.7
80-74	5,091	8,025	57.6
85-89	2,927	3,836	31.1
90+	1,342	1,923	43.3
All Ages	**229,958**	**220,491**	**-4.1%**

In the North West LHIN:

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

Indicators of socioeconomic status show that the Northwest has many challenges. In addition to having the lowest rate of formal academic achievement, the North West LHIN has the highest unemployment rate in the province—a trend that is expected to continue as resource-based industry declines across the region. It is known anecdotally that health status and utilization of health services is being impacted by widespread job loss in Northwestern Ontario; confirmation via traditional data sets will lag, given data collection cycles.

A high proportion of jobs in many communities in Northwestern Ontario have been focused in forestry and other resourced-based sectors. Rates of unemployment have increased dramatically in these areas, leading to decreased access to health benefits, reported increases in the number of people accessing mental health and addictions services, decreased socioeconomic status and decreases in population (including informal caregivers and health service providers).

Data collected during the *Share your Story, Shape your Care* project (Figure 5) and *Forestry and Health: An Exploratory Study of Health Status and Social Well-Being Changes in Northwestern Ontario Communities* described the changes across the North West LHIN.[1]

FIGURE 5
Effects of Economic Change from *Share your Storey, Shape your Care*[2]

Effect of Economic Change	Has affected "*you or people in your region*" (Yes, %)
Violence in the home	67.3
Divorce	67.0
Inability to fill prescriptions	62.8
Drug or alcohol abuse	45.7
Hard time affording healthy foods	36.9
Suffering from anxiety	35.6
More depression	33.0

Large Aboriginal Population

The North West LHIN is home to one-third of the on-reserve Aboriginal population in Ontario, one-quarter of the off-reserve population, and just over half of all Indian Reserves and Indian Settlements.

[1] Full reports are available on the North West LHIN website – www.northwestlhin.on.ca.
[2] Project completed in 2009.

The proportion of Aboriginal people in the North West LHIN is estimated to be 19.8% (after adjusting Census figures with Indian and Northern Affairs Canada (INAC) data for one incompletely enumerated Indian Reserve Census subdivision). This represents just over 44, 000 people self-identifying as Aboriginal. (Of the 19.8% that identify as Aboriginal, 15.3% are North American Aboriginal and 3.4% are Métis). There is great variation between sub-areas in the North West LHIN with respect to the proportion of the population that identifies as Aboriginal; 38% of the Kenora area's population is Aboriginal compared to 8% for the City of Thunder Bay, still much higher than the provincial estimate of 2% (Figure 4).

It is recognized that the population count of Aboriginal peoples living in the Northwest region is likely an underrepresentation. While data describing health service utilization and health care outcomes for the Aboriginal residents of the North West LHIN are not available, there is some evidence that the Aboriginal population is especially vulnerable; it has a high burden of illness, is often located in very remote communities and faces linguistic and cultural barriers to accessing health services. Poor health and social conditions result in earlier deaths among Aboriginal populations. This fact, along with a higher birth rate, results in a much younger Aboriginal population than the non-Aboriginal population. The development of chronic diseases earlier in life also has implications for health services requirements at younger ages than the non-Aboriginal population.

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

- *The largest geography (47% of the province);*
- *The lowest population (232,135 people with almost half living in the City of Thunder Bay);*
- *The highest unemployment rate in the province;*
- *A slightly higher proportion of people 65 years and older;*
- *The highest percentage of Aboriginal peoples; and*
- *A slightly lower proportion of Francophones.*

The health of the population in the North West LHIN is generally more compromised than in other areas of the province. The aging and socioeconomic status coupled with the decline in the local economy result in a relatively heavy dependence on the health care system. Compared to the province as a whole, people in the Northwest make poor lifestyle choices and have less access to primary care. These factors contribute to the poor population health status in the North West LHIN.

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

- *Proportion who smoke (24.3% versus 18.7%);*
- *Proportion of heavy drinkers of those who drink (27.7% versus 21.7%);*
- *Percentage who are overweight/obese population age 18 and older (56.0% versus 49.6%);*
- *Prevalence of participation and 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 (19.6% versus 16.9%);*
- *Rate of mortality per 100,000 (676 versus 559);*
- *Rate of potential years of life lost per 100,000 (6509 versus 4682);*
- *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); and*
- *Proportion reporting self-related health as "excellent" or "very good" (53.1% versus 60.0%).*

Health Services

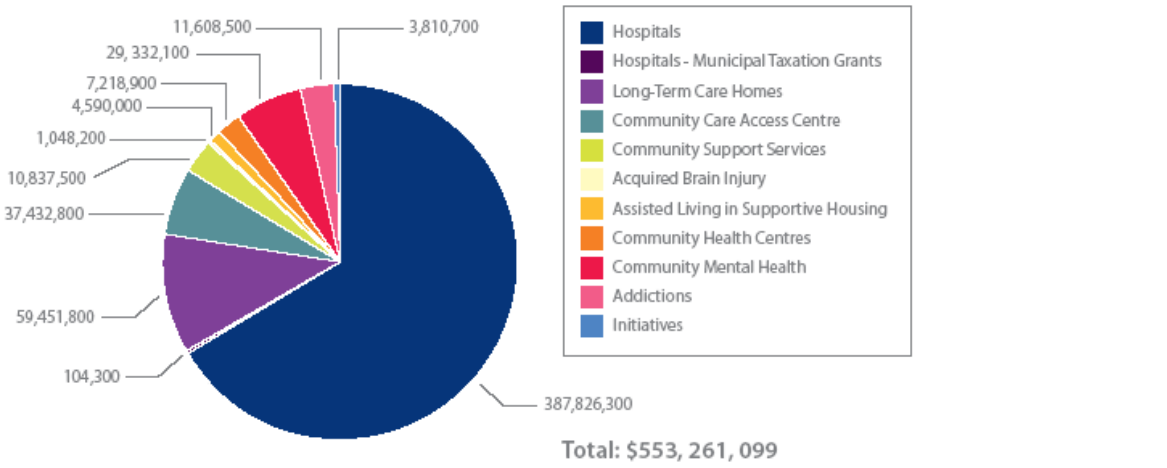
Challenges in providing service across the Northwest can be expected to increase, given the:

- Declining overall population;
- Aging population;
- High and increasing numbers of unemployed;
- High burden of illness and chronic disease;
- Low socioeconomic status; and
- Poor health status.

Across the North West LHIN, health services are provided in a number of sectors. Although not all services are funded through the LHIN, Figure 6 below outlines the preliminary funding allocations, by sector area, through the North West LHIN for 2009/10.

FIGURE 6

Funding Allocations through the North West LHIN, by Sector, for 2009/10 (Ministry-LHIN Accountability Agreement) as of July 24, 2009



Addressing the challenges to providing access to quality care along the full continuum of care will require all partners (health service providers funded by the LHIN, other providers, sectors outside of health, and community members) to work together. Information about current service availability and utilization as of September 1, 2009 is outlined below, by sector.

Primary Care

In the North West LHIN, residents access primary care in the following locations (where available, numbers of services are provided in brackets):

- Clinics (solo or group practice)
- Family Health Teams (12; call for proposals underway)
- Nurse Practitioner Clinics (2 to open in Thunder Bay 2010)
- Community Health Centres (2; NorWest CHC also operates 2 satellite offices and 1 mobile unit)
- Aboriginal Health Access Centres (3)
- Nursing Stations (24)
- Walk-In Clinics (available only in Thunder Bay)
- Emergency Departments (12)
- Nurse-Led Outreach Team for Long-term Care (1; to be developed in Thunder Bay)

- Maternity Centre and Midwifery Clinic (both in Thunder Bay)

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

- There are an estimated 13.4% (22,000) unattached patients age 16 and older (the highest for all LHINs per capita).
- Residents report the lowest rates in the province for access to a medical doctor (84.5%) and consultation with a medical doctor (77.1%).
- Only residents in the City of Thunder Bay receive more than 90% of their primary care physician services in their own sub-area.
- Primary care providers may have to travel to remote communities and the travel time reduces their clinical hours.
- Practitioners in smaller communities are likely to take on different roles (e.g. ED coverage, Chief of Staff, anaesthesia), reducing the amount of time they are providing primary care services.
- Over 122,000 primary care visits are provided per year in remote First Nations nursing stations, funded by Health Canada.

Community Care

Care in the community is provided by the North West Community Care Access Centre (CCAC), community support service (CSS) agencies, MOHLTC, and/or through Health Canada. In the Northwest:

- The North West CCAC provides in-home and school health support services including case management, homemaking, nursing, and therapy.
- There are 61 Community Support Services provider agencies. Some of the services that are offered include meals delivery, social and congregate dining, transportation, friendly visiting, assisted living and supportive housing, and assistance for those living with acquired brain injuries.
- Thirty-five of the Community Support Service providers are Aboriginal organizations. Within those Aboriginal communities, the most common services offered are home maintenance and home help. These programs include activities that are delivered to elders, such as shoveling walkways, delivering lake water for drinking and cutting wood for heating. It should be noted that many First Nations communities receive funding for community support services through Health Canada.
- Homemaking and nursing services provided in First Nations communities are funded through the MOHLTC.
- It is recognized that a considerable amount of care in the community is provided by informal caregivers (i.e. family, friends, neighbours). Given the aging population in the Northwest and the decrease in population of those available to provide informal care, an increased need for formal health services is anticipated.

Long-Term Care (LTC)

In the North West LHIN, there is a lack of community services outside of long-term care homes (e.g. supportive housing, respite, assisted living, home maintenance), creating a burden on the system and requiring individuals (seniors, people with a disability, people with a brain injury, etc.) to receive care in an appropriate location or setting, often far from home.

- There are currently 1,759 long-term care beds in the North West LHIN, including 117 Elderly Capital Assistance Program (ELDCAP) beds funded through 7 hospitals and 1,642 long-term care beds funded through 14 long-term care homes. The 1,642 long-term care beds include 76 interim beds in 3 locations, 9 convalescent care beds in 1 location, and 10 short-stay beds in 4 locations.
- Older beds in five locations are eligible for redevelopment under the Ministry's Long-Term Care Renewal Strategy.
- There are 300 beds in the City of Thunder Bay which will be redeveloped as part of the Centre of Excellence for Integrated Seniors' Services (CEISS), to be established in 2012. The CEISS project will include 336 long-term care beds of which up to 64 beds will be regional, behavioural beds; 132 new supportive housing units; enhanced community support services for 120 new clients; and increased CCAC services for 30 additional clients.
- Over the past year, occupancy of all Northwest long-term care home beds has ranged from a low of 98.0% (January 2009) to a high of 99.5% (July 2008) and typically averages 98.8%.
- The Northwest has a slightly higher proportion of people 65 years or older compared to the province and the population under 65 is declining, creating concern that the care currently provided by informal caregivers will not be sustainable as the population ages.
- If current practice does not change, a 10% growth is projected in the demand for LTC home beds by 2015.
- The North West LHIN has the longest wait time to LTC placement of any LHIN (191 days) and is the third highest for patients on the LTC waitlist per capita.

Complex Continuing Care and Inpatient Rehabilitation

In the North West LHIN there are 270 complex continuing care (CCC) beds across the region and 50 rehabilitation beds at St. Joseph's Care Group in Thunder Bay. Twenty-seven percent (07/08) of all acute care ALC days in the Northwest were for patients who were eventually discharged to a CCC bed.

Mental Health and Addictions Services

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[3] (in Kenora and Thunder Bay) and one forensic unit in Thunder Bay Regional Health Sciences Centre. 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).

[3] A health facility or hospital may be designated as a Schedule 1 psychiatric facility under the Mental Health Act. Unless specifically exempted by the Minister, a designated Schedule 1 psychiatric facility must provide a program that includes the five essential services listed in o.Reg.741 under the Mental Health Act. The essential services include:

- In-patient services
- Out-patient services
- Emergency services
- Day care services
- Consultative and educational services to local agencies.

A psychiatric facility may admit and detain involuntary patients under the Act, if it is required to provide in-patient services. The designated psychiatric facilities that may admit and detain involuntary patients are listed in Schedule 1 of the designations posted on the Ministry's website. Designations and any exemptions from the essential services requirements in the regulation are made by the Minister.

- Mental health inpatients are more highly represented in substance-related disorders than provincially (37.6% vs. 15.1%).
- More than half (56.1%) of clients requiring addictions services are unemployed or their employment status is unknown (vs. 35.3% in Ontario).
- Due to a lack of specialized services in most communities, challenges with access to mental health services have been identified for clients in crisis and for those requiring specialized care, transitional care, supportive housing, and walk-in services.
- The population of new clients utilizing substance abuse and problem gambling services is older than provincial figures (30.5% under 35 years vs. 43.6% and 18.3% over 55 years vs. 9.9% provincially).
- The suicide rate is nearly double that of the provincial average (15.2/100, 000 vs. 7.7/100,000).

A Strong Foundation: Building on the Strengths in Northwestern Ontario:

- ***Technology:*** *Those living in the Northwest are leaders at using technology (including telemedicine and eHealth infrastructure (e.g. Picture Archiving and Communication Systems (PACS)) to improve access to care.*
- ***Partnerships:*** *People living in Northwestern Ontario have a history of working together to meet the needs of their community and improve the lives of their neighbours. This trend continues, as evidenced by strong participation in community engagement activities.*
- ***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).*

Data collection, interpretation and analysis are ongoing and data is used to identify priorities, develop action plans and inform resource allocation and re-alignment. More extensive data for the North West LHIN is available in the Supporting Documents section of the Integrated Health Services Plan 2010-2013 Report, available on the North West LHIN website.

2.2 Overview of the Health Services Provider Feedback to North West LHIN Strategic Directions Plan

The North West LHIN Board of Directors and Senior Management Team, as part of their planning process, invited all of the Health Service Providers affiliated with the North West LHIN to submit feedback to an early draft of the 2010-2013 North West LHIN Strategic Directions. This involved over 100 organizations. Both the Board and the Senior Management from each organization were invited to participate by written survey and/or by telephone interview with the planning facilitator. This process was conducted from mid May to the end of July 2009. The North West LHIN Board and staff appreciate the significant amount and quality of input that was received. In total 36 organizations responded, many with input from both their Board and their senior staff.

A preliminary draft of the 2010-2013 North West LHIN Strategic Directions was developed by the North West LHIN Board of Directors and Senior Staff Team. They utilized the environmental scan and data collected from the widespread engagement processes and Board-to-Board processes which the LHIN facilitated over the previous year. Once a preliminary draft was ready it was shared with the stakeholders for input and discussion.

The questions that were presented for discussion are outlined below:

- After having reviewed the North West LHIN 2009-2013 Strategic Directions, do you believe that there are any key strategic directions missing?
- Do the proposed Strategic Directions position the North West LHIN and health system well to address the needs and opportunities of the future?
- How do you think these Strategic Directions could impact the North West health service provider organizations?
- Do the proposed Strategic Directions raise any red flags that should be identified and/or addressed in the plan? Please explain.
- Do you believe that the proposed Strategic Directions reflect a transformational agenda which will engage and help to inspire your organization in working toward achieving the vision of *Healthier People, Strong Health System….Our Future*?. Please explain.
- What barriers currently exist which may impact on the ability of the North West health system to move forward in achieving the proposed Strategic Directions?
- Do you believe that your Board has a clear understanding of what is realistic to expect from the North West LHIN as a partner and leader in the health system? Please explain.
- Please provide any other comments which you believe will be useful to this planning process.
- What do you believe should be the top 5 priorities for the focus of the North West LHIN over the next 3 years?

Many organizations provided some feedback that related to issues specific to their sector of the health system or their specific organization. The overall themes which emerged from this consultation are highlighted in bullet form below:

1. Completeness of the 2010-2013 North West LHIN Strategic Directions
    - Majority thought the proposed strategic directions were complete.
    - Many congratulated the LHIN on the comprehensiveness and innovation represented.
    - A small number believed that there were too many strategic directions.
    - Several indicated, particularly community based organizations, that chronic conditions were under-represented in the plan.
    - Some indicated that Aboriginal peoples' voice was not adequately addressed in the strategic directions (also policy gaps between federal and provincial levels were noted as a significant challenge to address).
    - Several recognized the LHIN does not have a mandate to plan around physician approaches, but wanted to know how physicians could and should be engaged.
    - Several commented that the early draft of the strategic directions appeared very high level and wanted to know how the plan would be operationalized.
    - Physicians continue to be the system gatekeepers and as such they have a lot of influence on the system but are not fully engaged in the transformation of it.

2. Service Delivery Integration
    - Several respondents indicated that they believe the North West LHIN needs to provide a 'platform' / process to facilitate development of service delivery integration / redesign / and reallocation.
    - Providers were clear that they believed the LHIN should facilitate and the Health Service Providers (HSPs) together should generate the plan.
    - When challenged about why HSPs were not moving forward with this already, most said that a facilitator was required to bring the different interests to the table.
    - When HSPs were asked it they believed it was time for significant change in the

design of the clinical service configuration most said yes.
- When asked if HSPs believed their Boards would support significant change in clinical alignment most said yes as long as the process was fair and workable.
- Other key points:
  - Integrate smooth patient transition across services throughout the system.
  - Partnerships need to make sense and be based on win/win and trust
  - Health Service Providers need to be the ones to actually design the plan and its implementation

3. Continue the Transition to Community Health Service
   - Most HSPs indicated that they were in support of the transition of care to the community except where it meant that the critical mass change in a hospital may destabilize a hospital service.
   - All HSPs agreed that the patients/families and support systems should receive care at the right place, by the right provider, at the right time – several indicated that there are many interpretations of 'the right place'.

4. Health Human Resources Strategy
   - There was a wide variance on HSPs understanding around the fact that the North West LHIN has no mandate or jurisdiction over the Health Human Resources Strategy in the north (not part of the LHIN mandate in the province).
   - This health system issues was identified by most of the HSPs as their number one strategic challenge to delivering excellent, efficient care.
   - HSPs encouraged the LHIN to tackle this issue where possible.

5. Use of Demonstration Projects
   - Several HSPs indicated that they want to learn best practices from others but have few resources to study and implement the changes needed.
   - Several HSPs indicated that they believe others could be more willing to share their learning on effective care delivery processes and share their staff learning.
   - Almost all HSPs indicated they would be prepared to share their learning.
   - All HSPs saw the North West LHIN as having a significant facilitating role in ensuring system learning is shared broadly.

6. Care Experience
   - Many HSPs were concerned that the North West LHIN needs to be very focused on the care experience for people in the Northwest.
   - They indicated care delivery needs to be designed with the person and family in mind, not with the system in mind (i.e. more patient centred approaches).

7. Communication with the North West LHIN
   - The majority of HSPs indicated that communication with the LHIN was very good and getting better.
   - HSPs are all looking for ongoing and more communication with the LHIN.
   - A few HSPs indicated that they believed the Board-to-Board forums needed to be more focused on critical and specific health planning topics.
   - Several HSPs indicated that there must be strong communication across the North West LHIN not just for Aboriginal and Francophone communities – many people are rural and remote.

8. Diverse Populations Identified
    - HSPs widely recognized that the Northwest represents a very diverse group of populations.
    - Some specific HSP groups reflected that they believed the following groups were under represented in the initial draft of the strategic directions.
        - Seniors population
        - Culturally deaf
        - Francophone
        - Very rural and remote
        - Palliative care / End of life
        - Aboriginal
    - Other populations suggested to be listed in the plan – heart disease, stroke, asthma, Chronic Obstructive Pulmonary Disease (COPD), arthritis, i.e. all chronic disease which are prevalent in the Northwest.
    - Older adults with physical disabilities and/or developmental disabilities who also have chronic health issues.
    - Several HSPs indicated that the North West LHIN, based on its population and its capacities, could be a leader in age-friendly care experiences and services.

9. Knowledge Development
    - Several HSPs indicated that they believe the research capacity of the North West LHIN needs to go beyond knowledge acquisition and transfer to include knowledge generation.
    - Several suggested the system and partnerships within need to support original research targeted to the specific problems and needs of the Northwest health system.

10. A Transformational Agenda
    - HSPs were asked whether they believe the system really needed to be transformed – 100% asked said yes.
    - The majority of the HSPs responding indicated that they believe the North West LHIN Strategic Direction as proposed reflected a transformational or really positive change agenda – two indicated they believed it represented the status quo.
    - The majority of HSPs indicated they were looking for the next level of detail to see how the plan would be operationalized.

The North West LHIN Board utilized all of this information in its planning process. The *2010-2013 North West LHIN Strategic Directions* were significantly modified in the next revision based on Health Service Provider input and ongoing Board deliberation and learning.

Section 3: Strategic Directions Framework

The LHIN's vision for the Northwest is *"healthier people, a strong health system, - our future"*. This vision is the foundation for the North West LHIN's mission to develop an innovative, sustainable, and efficient health system in service to the health and wellness of the people of the North West LHIN.

3.1 Triple Aim Framework

The North West LHIN Board of Directors has adopted the Triple Aim Framework[4] (see Figure 7) to guide its work over the next three years. The key components of this framework include:

- Optimizing Health (population health focus);
- Optimizing Care Experience (care experience for patient, family and significant other); and
- Optimizing Resources (system cost).

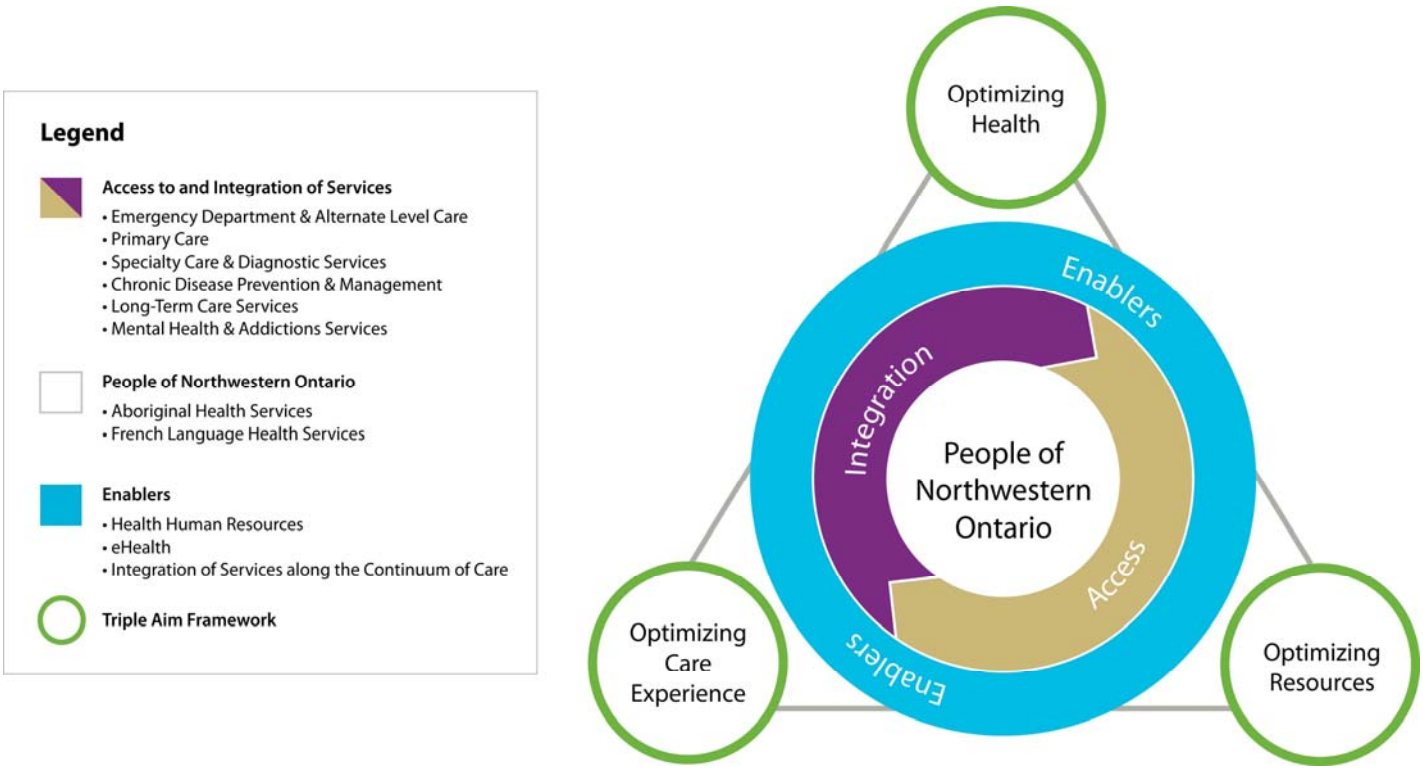
This framework supports the priorities for the *North West LHIN Integrated Health Services Plan (IHSP) 2010-2013* related to:

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

The 2010-2013 IHSP Priorities have been clustered under these three components as they relate to the Triple Aim Framework.

[4] The North West LHIN has adopted the Institute for Healthcare Improvement's Triple Aim Framework that focuses on improving the health of the population; enhancing the patient experience of care (including quality, access, and reliability); and reducing, or at least control, the per capita cost of care.

FIGURE 7
Triple Aim Framework



As a result of the 2010 to 2013 strategic planning process a high-level Strategic Framework Summary has been developed to provide a bird's eye view description of the LHIN's desired outcomes and strategic approach (see Figure 8 for details).

FIGURE 8
North West LHIN 2010-2013 Strategic Framework Summary

MOHLTC VISION: A health care system that helps people stay healthy, delivers good care when they need it, and will be there for their children and grandchildren.

MISSION: Develop an innovative, sustainable, and efficient health system in service to the health and wellness of the people of the North West LHIN.

LEGISLATED MANDATE: to plan, fund, and integrate the local health system to achieve the purpose of the *Local Health System Integration Action, 2006* which is "to provide for an integrated health system to improve the health of Ontarians through better access to high quality health services, coordinated health care in local health systems and across the province and effective and efficient management of the health system at the local level by Local Health Integration Networks".

VISION: Healthier people, a strong health system, - our future

VALUES:

1. Person-Centred
2. Culturally Sensitive
3. Sustainable
4. Accountable
5. Collaborative
6. Innovative

STRATEGIC DIRECTIONS:

Population Health	1. Improved health outcomes resulting in healthier people.
Care Experience	2. Access to health care that people need, as close to home as possible. 3. Continuous quality improvement.
System Cost	4. Well-managed resources.

CRITICAL SUCCESS FACTORS:

1. Integration and redesign of health system
2. A spirit of engagement and collaboration
3. Learning, innovation, and research capacity
4. A system-wide culture of accountability

PLANNING PRINCIPLES:

1. The right care is delivered at the right place, by the right provider, at the right time.
2. Creative solutions are developed to improve the Northwest health system.
3. The Triple Aim Framework which links population health, care experience, and system cost in relation to each other, underlies the work of the North West LHIN.
4. Health system planning and integration will be undertaken recognizing that the determinants of health are much broader than the health delivery systems. We endeavor to understand the determinants of health of the diverse populations in the Northwest.
5. We have a special interest in the diverse health needs of the Aboriginal population as this is one of our largest and fastest growing population groups.

3.2 Strategic Directions

The North West LHIN Board of Directors reviewed and confirmed their vision, mission and corporate values (see Figure 8).

The Strategic Directions outlined below articulate the desired outcomes of the organization at a strategic, high level. These statements have been designed to further define the mission statement and to focus the organization's efforts on important system outcomes. The Board of Directors developed and approved four critical strategic directions. Each high level strategic direction has been further defined to create descriptions of the specific desired outcomes within each area of focus. The North West LHIN understands that its role is to encourage, facilitate, and support all of our stakeholders as we work together to achieve these strategic directions.

High Level Outcomes

In collaboration with our health system partners, the North West Local Health Integration Network (North West LHIN) exists to achieve:

A. Population Health

1. **Improved health outcomes resulting in healthier people.**
   - 1.1 There is a major focus on provincial priorities:
     a. Through the Emergency Room / Alternate Level of Care (ER/ALC) Strategy, emergency wait times are reduced and people receive the right level of care.
     b. Through the Provincial Mental Health and Addictions Strategy, services will be evidenced based and provide opportunities for healthy development and recovery.
     c. Through the Ontario Diabetes Strategy, people will have improved access to services to manage their care.
     d. Through adoption and implementation of the eHealth Strategy, health information will be more accessible and coordinated enhancing safety, decision-making and patient satisfaction.
   - 1.2 Local priorities are identified and targeted through the North West LHIN's Integrated Health Services Plan (IHSP).

B. Care Experience

2. **Access to health care that people need, as close to home as possible.**
   - 2.1 Wait times targets are met in Ministry of Health and Long-Term Care priority areas.
   - 2.2 The people of the Northwest are engaged in identifying and planning for their health needs.
   - 2.3 Access to primary health care is enhanced to keep people healthy

3. **Continuous quality improvement.**
   - 3.1 Care delivery is centered on patient needs and experience.
   - 3.2 Evidence-informed practices are identified and utilized.
   - 3.3 Patients transition seamlessly across levels of care.

C. System Cost

4. **Well managed resources.**
   - 4.1 Value for dollars invested is achieved.

3.3 Critical Success Factors

1. Integration and redesign of health systems.

System Design

1.1 Attributes of a high performance system are identified and incorporated.
1.2 System thinking and systematic analysis of processes underpin decision-making.
1.3 The right care is delivered at the right place, by the right provider, at the right time.
1.4 Opportunities for system integration are explored by the LHIN and health system partners.
1.5 Health service plans are well defined and focused on population needs.
1.6 Health system planning considers the impact of the broader determinants of health of our diverse populations.
1.7 eHealth is recognized as a key enabler of system integration.
1.8 The North West LHIN is highly qualified and effective in rural and remote health system planning.
1.9 The Triple Aim Framework (population health, patient experience, system cost) underlies the work of the North West LHIN.

System Voice

1.10 In consultation with our system partners, the North West LHIN is a key architect of health system redesign.
1.11 The North West LHIN contributes to more effective inter-sectoral collaboration.
1.12 The North West LHIN assists in shaping provincial policy.
1.13 The North West LHIN is recognized for effective leadership in achieving goals for the Northwest health system.

2. A spirit of engagement and collaboration.

2.1 Diversity is embraced and respected.
- 2.1.a The North West LHIN engages and collaborates with Aboriginal people regarding Aboriginal health services.
- 2.1.b The North West LHIN engages and collaborates with Francophones regarding French Language Health Services.

2.2 Engagement is fundamental to health system transformation
- 2.2.a The North West LHIN is a leader in engagement strategies

2.3 Effective two-way communication by the North West LHIN is essential.

2.4 Collaboration is valued.
- 2.4.a The North West LHIN recognizes system partners who collaborate, innovate, and integrate
- 2.4.b Partnerships exist based on trust, transparency, and system benefits.

3. Learning, innovation, and research capacity.

3.1 Learning is shared and leveraged across the system.
3.2 Development of health care leaders is nurtured.
3.3 New health system knowledge is acquired through research relationships with key partners.
3.4 Creative solutions are developed to improve the Northwest health system.

4. A system-wide culture of accountability.

4.1 Expectations are realistic and mutual.
- 4.1 a The stakeholders understand what the North West LHIN can influence and have reasonable expectations of the LHIN within its mandate and resources.
- 4.1 b Health Service Providers have a clear understanding of their responsibilities and accountabilities for results within the LHIN system.

4.2 Outcomes are evaluated
- 4.2 a Outcomes assessment is considered integral to the system.
- 4.2 b Outcomes evaluation methods are further developed.

4.3 Responsibility for health care transformation is understood and shared by the system stakeholders.

Section 4: Strategic Planning

4.1 CEO Strategic Goals

The CEO Strategic Goals represent the next level of interpretation in the Strategic Directions Plan. These goals are designed to translate the high level conceptual outcomes articulated by the Board, to specific goals which can be operationalized to move the organization towards accomplishing specific results. The goals outlined below represent the CEO Strategic Goals for 2010 to 2013.

A. Population Health

1. Improved health outcomes resulting in healthier people.

1.1 There is a major focus on provincial priorities:

1.1.a Through the ER / ALC Strategy, emergency wait times are reduced and people receive the right level of care.

- Reduce unnecessary Emergency Department visits
- Reduce the time spent (wait times) in the Emergency Room
- Reduce costs and improve quality of life through reduction of use of inappropriate care settings for long-term patients. Individuals are maintained longer in the community (i.e. reduce the need for hospitalization for individuals at risk of becoming designated as ALC through improved bed utilization)

1.1.b Through the Provincial Mental Health and Addictions Strategy, services will be evidenced based and provide opportunities for healthy development and recovery.

- Explore ways to improve access to mental health and addictions services and make the system easier to navigate:
  - Improve access to community based mental health and addictions services.
  - Improve access to specialized mental health and addictions services, and make the system easier to navigate.
- Identify opportunities for integration and realignment of mental health and addiction services.
- Implement supportive housing for people with mental and/or addiction challenges.
- Contribute to the provincial 10 year Mental Health and Addictions Strategy.

1.1.c Through the Ontario Diabetes Strategy, people will have improved access to services to manage their care.

- Increase access to team based care.
- Diabetes Registry established*. (*See 1.1d)
- Contribute to the provincial Ontario Diabetes Strategy (ODS).

1.1.d Through adoption and implementation of the eHealth Strategy, health information will be more accessible and coordinated enhancing safety, decision-making and patient satisfaction.

- The North West LHIN provides strategic leadership in eHealth adoption and implementation
- eHealth information and communication technologies are widely implemented and adopted by clinicians and health service providers in Northwestern Ontario
- Users/patients of the health care system are actively participating in the management of their health more than ever before.

1.2 Local priorities are identified and targeted through the North West LHIN's Integrated Health Services Plan (IHSP).

- The IHSP is complete and shared widely with the stakeholders
- An Annual Business Plan, including deliverables, is created each year.

B. Care Experience

2. Access to health care that people need, as close to home as possible.

Residents in the North West LHIN will have improved access to care

2.1 Wait times targets are met in Ministry of Health and Long-Term Care priority areas.

- Wait time targets are met as per the Ministry-LHIN Accountability Agreement (MLAA) (includes surgery, ER, ALC, LTC placement).

2.2 The people of the Northwest are engaged in identifying and planning for their health needs.

- Continue to engage stakeholders and build relationships according to principles and goals identified in Community Engagement Strategy.
- Focus on an expanded reach in engagement activities to specific groups for which further engagement is needed.

2.3 Access to primary health care is enhanced to keep people healthy.

- Residents in the North West LHIN region will have improved access to primary care.
- Chronic disease will be managed by individuals and their primary care providers in the community
- Primary care electronic medical records are integrated with other providers across the health care continuum

3. Continuous quality improvement.

3.1 Care delivery is centred on patient needs and experience.

- Meeting well researched patient needs and experience criteria will be achieved across the North West LHIN
- Standardized assessment tools are being used across the LHIN to determine care needs
- Population health status, health behaviours and supply and demand for health services is quantified and projected (profound level of understanding needed)

3.2 Evidence-informed practices are identified and utilized.

- North West LHIN actively supports local leadership in health / clinical system demonstration projects that will a) advance evidence-informed decision making and/or b) inform policy and practice

3.3 Patients transition seamlessly across levels of care.

- Patients will experience more seamless access to care.

C. System Cost

4. Well managed resources.

4.1 Value for dollars invested is achieved.

- Continue to utilize and refine a priority setting framework to allocate resources
- Manage within MLAA financial allocation
  - For the Health Services Providers
  - For the North West LHIN operations
- HSPs are meeting the Health Service Accountability Agreements
- Support select projects where reasonable investment will result in either significant cost savings, reduction of waste, increased efficiency, and/or increased quality
- HSPs are operating within established efficiency corridors

The CEO will develop an operational plan for 2010 – 2013 that represents an interpretation of these goals and that also supports the Ministry-LHIN Local Health System Performance Metrics (see Section 4.2 for details).

The CEO will work with health service providers and key stakeholders to achieve the goals identified, to address the North West LHIN Strategic Directions.

4.2 Ministry-LHIN Local Health System Performance Metrics

Table A: Access

Objective: To improve **access** to appropriate levels of health care services for the local health system.

Expected Outcome: Patients/clients in the local health system will experience shorter waiting times for access to the health care services identified below.

Other indicators are being considered as a measure of this expected outcome

INDICATOR	Provincial target	LHIN Baseline	LHIN Target		
			2007-08	2008-09	2009-10
90th Percentile Wait Times[5] for Cancer Surgery	Provincial Priority IV Target: 84 days	46	45	45	45
90th Percentile Wait Times for Cardiac By-Pass Procedures	Provincial Priority IV Target: 182 days	N/A	N/A	N/A	N/A
90th Percentile Wait Times for Cataract Surgery	Provincial Priority IV Target: 182 days	413	182	182	130
90th Percentile Wait Times for Hip and Knee Replacement	Provincial Priority IV Target: 182 days	Hip: 197 Knee: 251	Hip: 197 Knee: 226	Hip: 197 Knee: 214	Hip: 182 Knee: 182
90th Percentile Wait Times for Diagnostic (MRI/CT)* Scan	Provincial Priority IV Target: 28 days	MRI: 77 CT: 84	MRI: 45 CT: 84	MRI: 28 CT: 28	MRI: 28 CT: 28
Proportion of admitted patients admitted within length of stay (LOS) target of ≤ 8hrs	90%[6]	54	N/A	N/A	62
Proportion of non-admitted high acuity patients treated within respective LOS targets of: ≤ 8hrs for CTAS[7] 1-2; ≤ 6hrs for CTAS 3	90%	88	N/A	N/A	96
Proportion of non-admitted low acuity patients treated within LOS target of ≤ to 4hrs	90%	89	N/A	N/A	93

*Magnetic Resonance Imaging / Computerized Axial Tomography

[5] *Wait Time* is the time from the "decision to treat, to time treatment received". The *90th Percentile* means the point at which nine out of 10 patients received their treatment

[6] Provincial Target is that 90% of admitted / non-admitted patients are treated within the LOS target

[7] The Canadian Triage & Acuity Scale (CTAS) is a tool that enables Emergency Departments (ED) to prioritize patient care requirements; examine patient care processes, workload, and resource requirements relative to case mix and community needs. It allows ED nurses and physicians to triage patients according to the type and severity of their presenting signs and symptoms; ensure that the sickest patients are seen first when ED capacity has been exceeded due to visit rates or reduced access to other services; and ensure that a patient's need for care is reassessed while in the ED. The CTAS allows ED managers to measure the case mix (volume and acuity) of patients who visit the ED; determine whether the ED has an operational plan and the resources to meet patient needs; and assess the ED's role within the hospital and health care region. (From Canadian Association of Emergency Physicians website – www.caep.ca)

Section 5: Summary

The North West LHIN Board of Directors is dedicated to developing and leading its governance responsibilities related to the North West LHIN's operations and the health care system. The Board recognizes its leadership role in creating a value system which strives for excellence and values accountability to the people of the Northwest.

The North West LHIN Strategic Directions will assist the Board and its healthcare partners to achieve a healthcare system that is responsive to the needs of the citizens of Northwestern Ontario.

The North West LHIN would like to acknowledge the contribution of the North West LHIN Board, the North West LHIN Senior Leadership Team, health service providers and Meridian Edge Management and Governance Consulting in the preparation of this document (see Appendix 1).

The North West LHIN has provided a summary of role clarity between the Board and the CEO as it relates to the Strategic Directions (see Appendix 2). This summary will guide the CEO evaluation process and also supports the Board's policy governance framework to achieve its Strategic Directions. The North West LHIN acknowledges that it will need to work with its health care partners to secure support to achieve the Strategic Directions and Strategic goals identified in this document to address its vision – *healthier people, a strong health system, - our future.*

Appendices

Appendix 1 - Contribution Acknowledgement

Appendix 2 - Summary of Role Clarity

Appendix 3 - Frequently Used Acronyms

Appendix 4 - References

APPENDIX 1
Contribution Acknowledgement
North West LHIN Strategic Direction 2010-2013

North West LHIN Board of Directors

During the planning process, the North West LHIN Board of Directors worked with commitment, diligence, and openness to create a challenging vision and focus for the future of the health system in the North West. The Board Members who contributed to this plan include:

- Jan Beazley, Board Chair
- Robert (Bob) Gregor, Vice Chair
- Kevin Bähm
- Ennis Fiddler
- Judy Morrison
- Tom Sarvas
- Dianne Miller
- Gary Phillips

North West LHIN Senior Leadership Team

The North West LHIN Senior Leadership Team supported the development of the Board's plan regarding the desired system outcomes through the provision of careful analysis in the environmental scanning process, shaping of, and future vision. The staff team then worked to develop the specific strategies, plans, initiatives and metrics to complete the strategic directions plan. The North West LHIN Senior Leadership Team included:

- Gwen DuBois-Wing, CEO
- Andy Gallardi, Senior Director - Performance Contract & Allocation
- Laura Kokocinski, Senior Director - Planning, Integration, and Community Engagement
- Brian Ktytor, Chief Information Officer & eHealth Lead

Health Service Providers

All health service providers were invited to provide input and feedback to the North West LHIN 2010 to 2013 Strategic Directions by questionnaire and/or by interview. Listed below are the groups who contributed to the plan by providing their feedback and ideas. The North West LHIN appreciates this very useful information which has been incorporated into the plan.

- Aitkokan General Hospital
- Alzheimer Society of Thunder Bay
- Anishnawbe Mushkiki
- Brain Injury Services of Northern Ontario (BISNO)
- Canadian Hearing Society
- Canadian Mental Health Association – Fort Frances Branch
- Canadian Mental Health Association – Kenora Branch
- Canadian National Institute for the Blind
- Centre for Education and Research on Aging and Health (CERAH)
- Changes Recovery Home

- Dilico Anishinabek Family Care
- Dryden Regional Health Centre
- Geraldton District Hospital
- Gizhewaadiziwin Health Access Centre
- Hospice Northwest
- Keewaytinook Okimakanak Telemedicine
- Kenora Chiefs Advisory Inc.
- Manitouwadge General Hospital
- North of Superior Counselling Programs
- NorWest Community Health Centre (CHC)
- Northwestern Independent Living Services Inc
- North West Community Care Access Centre (CCAC)
- Patricia Region Senior Services Inc.
- People Advocating for Change Through Empowerment
- Red Lake Margaret Cochenour Memorial Hospital
- Réseau francophone de Santé du Nord de l'Ontario
- Riverside Health Care Facilities
- Saint Elizabeth Health Care
- Sioux Lookout Meno Ya Win Health Centre
- St. Joseph's Care Group
- 3Cs Reintroduction Centre
- Thunder Bay Regional Health Sciences Centre
- 1 Unknown recipient
- Victorian Order of Nurses (VON) Thunder Bay and District
- Weechi-it-te-win Family Services Inc.
- Wesway

Karen Fryday-Field, Consultant, Meridian Edge Management & Governance Consulting

Karen is the Senior Partner of the Meridian Edge Management and Governance Consulting Group located in London, Ontario. Meridian Edge provides consulting services to Boards of Directors and Senior Management Teams. Karen consults regularly with Boards of Directors to address governance effectiveness and to develop new ways to add value at the governance level. Her client list of non-profit, public and for-profit Boards in Canada and the United States is extensive. One client organization, The Michener Institute, has won runner up for the Spencer Stewart Award for Governance Excellence in the public sector, over two different years, presented by the Conference Board of Canada.

Karen Fryday-Field has over twenty years of experience in health care public and for-profit management and consulting with a strong record and particular success in:

- Organizational Development
- Governance Structures and Effectiveness
- Strategic Thinking and Planning
- Vision and Mission Clarification
- Facilitating and Managing Change
- Process Measurement and Redesign
- Program Planning and Evaluation Processes
- Balance Scorecard Design and Implementation
- Group Facilitation and Team Building

Karen supported the Board of Directors and the Senior Management Team as they engaged in this intensive planning and engagement process.

APPENDIX 2
Summary of Role Clarity

BOARD'S ROLE	CEO'S ROLE
VISION	**SHARED VISION**
▪ Continuously review, explore, and refine the organization's vision to fulfill your mission ▪ Required highly participative processes for shared vision and feedback	▪ Ensure teams and staff throughout the organization have ownership of the evolving vision and strategy ▪ Lead and manage transformation process
APPROVE STRATEGIC DIRECTION (OUTCOMES)	**DEFINE STRATEGIC PLAN AND COMMUNICATE STRATEGY**
▪ Determine desired system outcomes / Ends ▪ Approve long-term as well as short and medium term milestones (CEO Interpretation) ▪ Promote partnerships and system integration ▪ Ensure strategy is in line with mission	▪ Build Strategic Plan to implement Strategic Directions ▪ Identify financial and non-financial drivers ▪ Capacity building for BSC input through cascading process ▪ Develop partnerships and system integration
OVERSEE FINANCIAL ACTIVITIES	**MANAGE FINANCIAL RESOURCES**
▪ Fiscal policy / strategic budget parameters ▪ Ensure leveraged use of resources ▪ Performance review / monitoring process ▪ Approve major capital expenditures	▪ Support Board fiscal policy / strategic budget parameters development ▪ Forecasting and strategic budgeting ▪ Propose and plan for major capital expenditures ▪ Balance the budget ▪ Achieve financial goals
SUPPORT THE CEO	**ORGANIZATIONAL AND PEOPLE ALIGNMENT**
▪ Decision support ▪ Performance feedback ▪ Ask probing questions on behalf of the stakeholders ▪ Function as support system	▪ Workforce acquisition / retention and performance management ▪ Alignment of processes, systems, structures, culture, and skills to achieve the strategy ▪ Coach direct reports / model learning ▪ Provide the right balance of leadership / management and empowerment / accountability
SELECT AND MOTIVATE EXECUTIVES	**BUILD CAPACITY OF STAFF**
▪ Executive performance and compensation ▪ Succession planning / executive development ▪ Invest in learning and growth of Board and staff	▪ Invest in learning and growth of staff ▪ Model learning ▪ Practice development facilitation and coaching
ENSURE COMPLIANCE	**MANAGE EXECUTION**
▪ Monitor regulation requirements ▪ Monitor executive boundaries (Risk Management) policy compliance ▪ Ownership / stakeholder / funder communications ▪ Hold CEO accountable for outcomes ▪ Performance management of CEO	▪ Ensure clarity of job expectations / results of staff ▪ Performance measurement / reporting / review ▪ Partnership with Board and CEO ▪ Determine leveraged actions to close the performance gap ▪ Stewardship for success

APPENDIX 3
Frequently Used Acronyms

ALC	- Alternate Level of Care
BISNO	- Brain Injury Services of Northern Ontario
CCAC	- Community Care Access Centre
CCC	- Complex Continuing Care
CEISS	- Centre of Excellence for Integrated Seniors' Services
CEO	- Chief Executive Officer
CERAH	- Centre for Education and Research on Aging and Health (Lakehead University)
CHC	- Community Health Centre
COPD	- Chronic Obstructive Pulmonary Disease
CSS	- Community Support Service
CT	- Computerized Axial Tomography
CTAS	- Canadian Triage Acuity Scale
DEC	- Diabetes Education Centre
ECG	- Electrocardiogram
ED	- Emergency Department
ED P4R	- Emergency Department Pay for Results
eHO	- eHealth Ontario
ELD CAP	- Elderly Capital Assistance Program
EMR	- Electronic Medical Record
FLO	- The FLO Collaborative is a quality improvement initiative led by the Centre for Healthcare Quality Improvement (CHQI)
GAPPS	- Getting Appropriate Personal and Professional Support
HAPS	- Hospital Accountability Planning Submissions (formerly Hospital Annual Planning Submissions)
HIRF	- Health Infrastructure Renewal Fund
H-SAA	- Hospital Service Accountability Agreement
HSP	- Health Service Provider
IADL	- Instrumental Activities of Daily Living
ICT	- Information & Communications Technology
IHSP	- Integrated Health Services Plan
IHSP2	- Integrated Health Services Plan 2 (2010-2013)
LAP	- Local Area Plan
LAPS	- Long-Term Care Accountability Planning Submission
LEAN	- Lean is an integrated system of principles, practices, tools, and techniques focused on reducing waste, synchronizing work flows, and managing variability in production flows. An important distinction in LEAN is between value- and non-value-added activities. Value-added activities contribute to what the customer wants from a product or service (George, 2003).
LHINs	- Local Health Integration Networks
LHSIA	- Local Health System Integration Act
LOS	- Length of Stay
LSAA	- Long-Term Care Homes Service Accountability Agreement
LTC	- Long-Term Care

MH&A	- Mental Health & Addictions
MIS	- Management Information Systems
MLAA	- Ministry – LHIN Accountability Agreement
MOHLTC	- Ministry of Health and Long-Term Care
MRI	- Magnetic Resonance Imaging
M-SAA	- Multi-Sectoral Accountability Agreement
N/A	- Not Available
NP	- Nurse Practitioner
NW	- North West
ODS	- Ontario Diabetes Strategy
OHA	- Ontario Hospital Association
QIIP	- Quality Improvement and Innovation Partnership
RAZ	- Rapid Assessment Zone
RLMCMH	- Red Lake Margaret Cochenour Memorial Hospital
SAA	- Service Accountability Agreement
TBA	- To Be Announced
TBD	- To Be Determined
TBRHSC	- Thunder Bay Regional Health Sciences Centre
VON	- Victorian Order of Nurses

APPENDIX 4
References

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