Action Plans/Interventions		
	Expected Status (as of March 31, 2019)	**Expected Completion Date**
Ensure primary health care is strengthened and integrated with the broader health care system aligned with a sub-region focus.		
Establish and strengthen primary care alliances in all sub-regions.	In progress	March 31, 2022
Actively develop sub-region clinical leadership.	In progress	March 31, 2020
Implement recommendations to support equitable access to primary care, and support for transitions of care for individuals most impacted by the social determinants of health.	In progress	March 31, 2022
Strengthen mental health and addictions coordination and collaboration of services with other partners.		
Reduce variation in admitting and discharge practices.	In progress	March 31, 2020
Redesign of Mental Health and Addiction Case Management.	In progress	TBD
Mental Health and Addiction Crisis Services – Redesign.	In progress	March 31, 2022
Develop the strategy to integrate Mental Health & Addictions community providers within sub-regions.	In progress	March 31, 2020
Provide culturally and linguistically appropriate care for Indigenous and Francophone people.		
Implement the South West LHIN Indigenous Road map.	In progress	March 31, 2025
Improve access to health services in French starting with Home and Community Care, Mental Health & Addictions and Primary Care.	In progress	March 31, 2022
Advance integration to achieve seamless transition of care for individuals with complex needs.		
Develop an Individuals With Complex Needs strategy with a particular focus on frail seniors.	In progress	March 31, 2022
Accelerate the adoption of coordinated care planning.	In progress	March 31, 2019

	Spread Connecting Care to Home pathway (as part of the South West LHIN Bundled Care strategy).	In progress	March 31, 2020
	Increase our ability to support people to die in their place of choice.	In progress	March 31, 2019
	Implement sub-region focused strategies to maintain access and flow and optimize bed capacity.	In progress	March 31, 2020
	Implement an integrated Assess & Restore pathway and secondary level supports.	In progress	March 31, 2021
	Optimize community support services as part of the continuum of care.	In progress	March 31, 2021
	Quantify capacity needs of Home and Community Care and Long-Term Care to support proactive plans to enhance services and supports.		
	Develop a dementia capacity plan aligned with the regional Dementia strategy.	In progress	March 31, 2020
	Quantify Long-Term Care capacity needs and work collaboratively with the Ministry, Long-Term Care Homes and communities to develop plans to meet identified gaps.	In progress	March 31, 2025
	Improve access to specialist care.		
	Implement Central Intake and Assessment with a focus on the musculoskeletal pathway supported by eReferral.	In progress	March 31, 2020

Risk/Barrier	**Mitigation Plan**
Relationship challenges make it difficult to engage with Primary Care physicians.	Leveraging LHIN clinical leadership and fostering known sub-region primary care clinical leadership to enable effective engagement and build strong partnerships within sub-region primary care alliances around shared priorities.
Implementation of *Patients First* to transform the health care system and a focus on sub-region planning requires significant, intense, strategic change management across the system and within sectors and requires a high level of engagement with providers and non-LHIN funded partners.	Work with Health System Renewal Advisory Committee to identify opportunities to increase the resiliency and engagement of providers and partners to manage change and to ensure that the rationale for change is well understood. Work with sub-regions to establish a manageable and achievable number of 'shared responsibility' priorities. Narrow focus and align initiatives that

	support same/similar populations to reduce and eliminate, where possible, duplicate communications and efforts.
Current economic climate within the province will continue to challenge the system to address need through existing resources and it may be difficult to shift resources across sectors to respond to patient needs.	Ensure that projects and initiatives as part of action plans are based on appropriate constraints and that we leverage the learnings from integrated funding models and previous integrations to advance our plans.
Sufficient health service provider and partner buy-in and resources to support planning and implementation of service delivery redesign in priority sectors, recognizing that providers are experiencing change fatigue from all of the parallel initiatives underway to transform the health system.	Focus on early engagement to socialize and support optimal participation of health service providers and partners who will need to participate in redesign through appropriate operational and strategic governance level structures.
Patient preference to die at home is incongruent with use of hospital based end of life and emergency based services and the perception that other care options or settings are not available within all sub-regions.	Increased focus on public education and information on service availability and supporting the public's accountability to make best use of services and supports available to support their optimal wellness.
Health Service Provider buy-in to the importance of supporting culturally safe and linguistically appropriate care for Indigenous and Francophone populations.	Leverage existing culturally safe care champions to promote effectiveness of training programs available. Partner with French language service champions to profile positive impact of this focus on the Francophone population.
Slow pace of release and adoption of Digital Health solutions and systems. Incomplete or missing integrations between various IT systems within and across sectors to enable the sharing of information as part of shared care models.	Work closely with Digital Health partners in the SWO cluster to coordinate the use of resources deployed in the region to optimize utilization of priority solutions.

3) LHIN-Delivered Home and Community Care

PART 1: IDENTIFICATION OF PRIORITY

Priority

Deliver high quality Home and Community Care.

Priority Description

The South West LHIN Home and Community Care Program strives to improve in all aspects of care coordination, service delivery, and patient-centered experience.

Our priority is to establish, lead, and participate in activities that support improvement in the delivery of high quality Home and Community Care. The South West LHIN will engage with internal and external stakeholders in all improvement activity and ensure patients and families are engaged and empowered to shape care delivery.

Areas of focus will include:

- Strengthening Care Coordination connections and integration models with Primary Care.
- Analysis of current Care Coordination activities with a goal to increase face to face assessments and other value add practices.
- Engaging with and reviewing service provider capacity, with a goal to develop strategies that will support an increase to health service resources in order to meet increasing demand for service.
- Examining access to services for specific populations including the Francophone and Indigenous communities, and explore strategies to ensure equitable access to, and delivery of, culturally sensitive care.

Current Status

Currently the South West LHIN as part of its responsibilities to provide high quality, high value home and community care:

- Provides, (directly or indirectly), health and related services and supplies and equipment for the care of persons.
- Provides, (directly or indirectly), goods and services to assist relatives, friends and others in the provision of care for such persons.
- Manages placement into Long-Term Care Homes, Continuing Complex Care/rehab beds, Adult Day Programs, Assisted Living/Supportive Housing, and Residential Hospice.

- Provides information to the public about community-based services, Long-Term Care Homes, and related health and social services.
- Cooperates and partners with other organizations that have similar objectives.

In 2016/17, the South West Community Care Access Centre, now the South West LHIN, managed 70,456 referrals for service and support, completed 53,643 admissions, and spent $145,260,785 on direct Patient Care to serve 61,981 individuals. We also provided 3,091,777 home and school visits to patients.

Patients Served:

- 58.7% of the patients we serve and support to remain independent in their homes are aged 65 and older.
- 41.8% of the patients that we serve are under 65 and include younger adults and children with health-care issues or injuries, chronic disease, and students who need support at school.
- 60.4% of patients under the age of 65 are those that need support to recover at home after hospital discharge.
- Our Home First patients - 5.3% of the people we support are those whose needs are better met by community care than in hospital or long-term care.
- 5.6% of the patients we support are people who need support through their end-of-life experience.

Key issues facing this client group:

- Demand for services exceeds the available resources (funding).
- Since 2015/16 we have seen a 2.49% increase in the percentage of complex patients in community.
- Availability and optimization of use of health human resources (specifically personal support services).
- Collaboration and integration between health service providers.
- Currently, the organization has a high patient to care coordinator ratio (up to 1 to 130 in our Community team).
- Service provider organizations are experiencing personal support worker or other health human resource shortages that impact delivery of timely access to homecare.
- Currently, 60.88% of our patients die in their preferred place of death, an increase over previous years. Continued work is needed to achieve QIP target of 70%.

Successes of the last year:

- Successful integration of the CCAC and the LHIN.
- Connecting Care to Home, a bundled care initiative, had significant patient and system impacts, including reduced Hospital Re-admission by 77%, reduced Emergency Department use of between 97% and 100% and cost reductions to

the hospital of 58% and the LHIN of approximately 35%.

- Achieved a 2.6% reduction in the percentage of deaths that occurred in hospital by supporting more individuals at end-of-life in community settings. 93.8% of patients indicate they are satisfied with services and 91.8% indicate they are satisfied with their care coordinator.

PART 2: GOALS AND ACTION PLANS

Goal (s)

As aligned with our Integrated Health Service Plan 2016-19, the following are the goals identified for our priority - **Deliver High Quality Home and Community Care:**

Evolve the care coordination model

- Align care coordination model with clinical best practices (efficiencies, shifting from office-based to community-based tasks, caseload size).
- Improving care coordination connection/relationship with primary care.
- Improve access to Home and Community Care services for patients with Mental Health & Addictions challenges.

Optimize service provider capacity to enable us to meet the demand for Home and Community Care services

- Develop a mechanism to assess service provider capacity to meet current and future needs.
- Develop concrete strategies to increase the availability of health human resources in the LHIN.

Address inequities in access to home and community care for Indigenous and Francophone populations

- Explore alternate purchased services delivery strategy for Francophone populations.
- Enhance Home and Community Care for Indigenous People by transitioning to an Indigenous led care coordination model and exploring alternate purchase services delivery methods.
- Review and redefine internal processes to enable us to deliver best care to Francophone populations.

Government Priorities:

The South West LHIN's strategic priority of ***Delivering High Quality Home and Community Care,*** the above noted goals, as well as the action plans to support the achievement of these goals are consistent with the provincial government and the South West LHIN priorities as reflected in:

- Premier Kathleen Wynne's Mandate Letters 2017-18 to the Ministry of Health and Long-Term Care and Associate Minister of Health and Long Term Care.
- Aging with Confidence: Ontario's Action Plan for Seniors.
- Patients First: Action Plan for Health Care 2015.
- Patients First: A Roadmap to Strengthen Home and Community Care.

Action Plans/Interventions

	Expected Status (as of March 31, 2019)	Expected Completion Date
Evolve the care coordination model.		
Align care coordination model with clinical best practices (efficiencies, shifting from office based to community based tasks, case load size).	In Progress	March 31, 2019
Improving care coordination connection/relationship with primary care.	In Progress	March 31, 2020
Improve access to Home and Community Care services for patients with MH&A challenges.	Not Yet Started	March 31, 2020
Optimize service provider capacity to enable us to meet the demand for Home and Community Care services.		
Develop a mechanism to assess service provider capacity to meet current and future needs.	Not Yet Started	March 31, 2020
Develop concrete strategies to increase the availability of health human resources in the LHIN.	In Progress	March 31, 2021
Address inequities in access to home and community care for Indigenous and Francophone populations.		
Explore alternate purchased services delivery strategy for Francophone populations.	Not Yet Started	March 31, 2019
Enhance Home and Community Care for Indigenous People by transitioning to an	In Progress	March 31, 2019

Indigenous led care coordination model and exploring alternate purchase services delivery methods.		
Review and redefine internal processes to enable us to deliver best care to Francophone populations.	Not Yet Started	March 31, 2020

Risk/Barrier	Mitigation Plan
Limited internal Care Coordination resources to address increasing complexity and demands of the ageing population for home and community care services, primarily for priority populations such as adults with complex needs.	Increased investment in Care Coordination to ensure patient to care coordinator ratio is appropriate to manage clinical needs.
Service Provider Organization health human resource recruitment and retention challenges (e.g. PSW shortage, competition with other health service providers) with a shift to utilization of non-regulated health workers in other health care sectors.	Collaboration with other health sector partners to understand planned recruitments that may draw from the home and community sector. Explore other options for patient care delivery using alternative resources or locations for providing the service.
Reputational risk and loss of public trust to deliver timely and appropriate home care with increasing missed visits due to human resource constraints.	Collaboration with other health sector partners to understand planned recruitments that may draw from the home and community sector.
Caregiver fatigue and burnout resulting in higher numbers of crisis designations in the community.	Targeted caregiver respite investments through priorities for investment and as part of the Dementia strategy implementation to align with the priority populations.
LTC redevelopment could result in delays to LTC placement and increased ALC designations waiting in hospitals.	Leadership from LHIN Home and Community Care placement team to manage the impact of LTC Home redevelopment on access.
Challenges integrating within non-team based Primary Care models due to lack of knowledge about the services/supports LHIN H&CC provides.	Work with LHIN Clinical Leadership and Primary Care Alliances to build shared understanding around optimal integration of Primary and Community Care.
Challenges providing culturally safe, consistent and appropriate care to Indigenous patients, both on and off reserve.	LHIN working on Indigenous-Led Palliative Care Model, and changes to Care Coordination approach to address inequities.

Lack of available French speaking health human resources necessary to provide HCC services in the South West LHIN region.	Working with contracted SPO agencies to determine alternate delivery approaches to address challenges with appropriate staffing (given large numbers of HCC providers).

PART 1: IDENTIFICATION OF PRIORITY

Priority

Strengthen the new LHIN organization to drive the goals of Patients First.

Priority Description

To support the evolution of the new South West LHIN, and leverage current successful approaches, processes and practices from the integration of two individual organizations, the LHIN will focus on strengthening our new organization to deliver on the goals of *Patients First*.

The focus of this priority to become a high performing organization is two-fold:

1) To develop and implement appropriate internal process and structures.

2) To develop a shared culture and work environment that will attract, develop and retain a highly engaged and skilled workforce to deliver on the South West LHIN mandate.

This work includes:

- A continued focus on structure, alignment and role clarity across the organization, aligned to organizational goals and objectives.
- The implementation of a Strategy Management System to enable effective organizational planning, monitoring, assessment and analysis.
- Ensuring enabling policies, processes, technological and communications supports are in place to support effective and efficient operations.
- Aligning our employee mental health and wellness initiatives to the National Standard of Canada – Psychological Health and Safety in the Workplace.
- Leveraging shared investments and approaches in leadership development where employees have the opportunity to develop and demonstrate their leadership skills.
- Supporting team development to ensure our teams are flexible, adaptive and productive in situations of rapid change and to ensure our time and energy is aligned across teams.
- Engaging with employees across the organization to inform the development of a

longer–term talent management strategy and organizational development plan.
- Working effectively in an environment with positive labour relations.

Current Status

In recognition that two separate organizations with different mandates have come together as part of LHIN renewal, in 17-18 the South West LHIN under the leadership of its Board worked to redefine the mission, vision, and values of the South West LHIN. An organization's vision, mission and values are imperative for setting the direction and goals of an organization and laying the foundation for the organization's culture.

Co-creation of the LHIN vision, mission and values with LHIN staff and external partners is important to ensuring a solid foundation for the development and advancement of the overall South West LHIN direction.

Since the integration, the South West LHIN has established a new organizational structure and has commenced work on developing other structural supports for the organization, including meeting structures, knowledge transfer, policy and standard operating procedure development and a shared intranet.

A framework to support development of an organizational Strategy Management System was developed and implementation of this framework will continue over the next several fiscal years. A robust and effective strategy management system ensures operational effectiveness by promoting the deliberate prioritization of work aligned to the organization's mandate and core business. The foundation of the framework is the organization's values, culture, and strategy, supported by the purposeful selection of projects using a structured measurement and monitoring process.

Currently the South West LHIN has:

- 73% of workforce that is FT, 5% of workforce that is PT, 9% of workforce that is job share, and 13% of workforce that is casual.
- Turn-over rate is 5.5% which is below our target of 7% and is in alignment with the OHA benchmarking data of 5.8%.
- To date, retirements account for 24% of turn-over. The average retirement age is 61.8, which is consistent with OHA Benchmarking data. 27% of the South West LHIN workforce is aged 55 or greater.
- 85% of employees exiting the organization have indicated they would recommend the South West LHIN as a place to work. For those individuals leaving the organization that have accepted another job, career advancement and professional development were the top two reasons noted for seeking other employment.

- Developed a Culture Transformation Committee which will be responsible for socializing the new mission, vision and values and defining shared behaviours, norms, common language, assumptions and working environment; and aligning our leaders, teams and employees across the organization.
- Plans to launch an interim leadership development plan in Q4 of 17/18 and continues to leverage established partnerships including the South West Regional Leadership and Talent Management Forum, Pan-LHIN Leadership Community of Practice and through Health Share Services Ontario.
- Continued to work to link corporate functions like finance, human resources, information technology and facilities to support and enable implementation and execution of organizational priorities.

Successes of this last year:

- Developed new mission, vision and values which will serve as the foundation of our organization's strategy direction and our Strategy Management System.
- Initiated a cross organizational group to support the development of our Strategy Management System.
- Completed a work prioritization and transition to ensure internal and external resources are aligned to high priority, high value opportunities.
- Identified focused organizational priorities that are reflected in the ABP and complemented by refreshed a performance monitoring approach and KPIs.

Key issues facing us internally:

- Clarity regarding levels of responsibility and accountability.
- Need to develop a mechanism within the new organization where we are collectively conducting regular outcome reviews across the organization related to performance, risk and strategy.
- Cascading key performance indicators through all levels of the organization to create a culture of shared internal accountability and well as regionally.
- Lack of harmonization of processes, practices and policies and the impact that this is having on our organizational effectiveness and efficiency.
- Burnout or instability of workforce.
- Maintaining high levels of staff engagement during periods of significant change, and minimizing the impact of staff transitions on operations and organizational effectiveness.

PART 2: GOALS AND ACTION PLANS

Goal (s)

As aligned with our Integrated Health Service Plan 2016-19, the following are the goals identified for - **Strengthen the new LHIN organization to drive the goals of *Patients First:***

Increase the effectiveness of how we lead and develop our organization.

- Develop and implement a Strategy Management System including implementation of an interim model Harmonize legacy structures, processes and practices to support effective development and management.
- Develop teams to support sub-regions along the maturity model.
- Establish processes to align internal resource allocation plan with priorities and goals.
- Identify opportunities to optimize efficiency of administration and reinvest into front line care.

Grow a thriving workforce during times of change.

- Develop mental health and wellness strategies and resources for our employees.
- Invest in strong leadership development.
- Finalize and implement a talent management strategy.
- Build and strengthen high performing teams.
- Develop a highly effective organizational culture built on strong employee engagement.
- Build on positive labour relations to successfully negotiate a collective agreement with CUPE.

Government Priorities:

The South West LHIN's strategic priority of **Strengthen the new LHIN organization to drive the goals of *Patients First*,** the above noted goals, as well as the action plans to support the achievement of these goals are consistent with the provincial government and the South West LHIN priorities as reflected in:

- Premier Kathleen Wynne's Mandate Letters 2017-18 to the Ministry of Health and Long-Term Care and Associate Minister of Health and Long Term Care.
- Aging with Confidence: Ontario's Action Plan for Seniors.
- Patients First: Action Plan for Health Care 2015.

- Patients First: A Roadmap to Strengthen Home and Community Care.

Action Plans/Interventions		
	Expected Status (as of March 31, 2019)	**Expected Completion Date**
Increase the effectiveness of how we lead and develop our organization.		
Develop and implement a Strategy Management System including implementation of an interim model.	In progress	March 31, 2021
Harmonize legacy structures, processes and practices to support effective development and management.	Completed	March 31, 2019
Develop teams to support sub-regions along the maturity model.	In Progress	TBD
Development of processes will be completed by end of 2017.	Completed	March 31, 2019
Identify opportunities to optimize efficiency of administration and reinvest into front line care.	In progress	March 31, 2020
Grow a thriving workforce during times of change.		
Develop mental health and wellness strategies and resources for our employees.	In progress	March 31, 2019
Invest in strong leadership development.	In progress	March 31, 2019
Finalize and implement a Talent Management Strategy.	Completed	March 31, 2019
Build and strengthen high performing teams.	In progress	March 31, 2020
Develop a highly effective organizational culture built on strong employee engagement.	In progress	March 31, 2020
Build on positive labour relations and successfully negotiate a collective agreement with CUPE.	Completed	March 31, 2019

Risk/Barrier	Mitigation Plan
Lack of internal capacity and capability within the organization to successfully	Development and deployment of Strategy Management System to ensure

plan, execute, and realize the benefits from key strategic projects.	appropriate resources are aligned and deployed.
Policy, process and benefit harmonization from legacy organizations dependent upon HSSO and LHIN legal advice and review.	LHIN team membership on Provincial work group to support post transition milestones.
Growing sub-region focus and model will require additional resources beyond what is currently allocated to support this work.	Development and deployment of Strategy Management System to ensure appropriate resources are aligned and deployed.
Organization is unable to attract, develop, and retain highly skilled and experienced professionals.	Design and implement Talent Management Strategy.
Potential for workforce disruption as part of collective agreement negotiations.	Maintain productive relationships with the union, work collaboratively with provincial central bargaining unit, and establish contingency plans.
Staff and leadership development requires dedicated time away from team's mandate and objectives – releasing time will be challenging with magnitude of strategies/initiatives to advance/deliver.	Commitment to invest in our staff and the relief they will require to actively participate in personal and professional development.

4) French Language Services (FLS)

The Francophone community in the South West region is vibrant and diverse. It includes schools, community centers, organizations and a growing population. The South west LHIN is committed to work toward improving access to quality services in French by ensuring we are planning for access to high quality services for Francophones across the region, throughout the system and delivering linguistically safe H&CC services. This enables us to remove and prevent further language barriers for Francophone individuals seeking access to local health services in their preferred language.

The South West LHIN has maintained a strong working relationship with its French Language Health Planning Entity ("the Entity") and is committed to improve how we work together, developing a joint action plan and collaborating on projects and initiatives. We are also working closely with the Entity to advance the objectives from our Joint Action Plan such as engaging and informing the community about health system planning and changes to the health system. This partnership is important to creating a health system that takes in to consideration the specific needs of this population and to ensure cultural and linguistic safety.

For that reason, in collaboration with the Entity, we engaged the Francophone community and Francophone providers in our *Patients First* related structures. This includes Francophone patient participation at our Patient Family Advisory Committee, Francophone

patient and providers at the London Middlesex Sub-Region Integration Table, and a leadership representation from the Entity on the Health System Renewal Advisory Committee. This reinforces our commitment to better understand the Francophone community needs in the region.

To ensure FLS consideration during LHIN /CCAC transition, a French Language Services transition plan was created and led to the review of relevant internal processes and standard procedures. As the LHIN has assumed responsibility for the provision of H&CC services, we now embrace understanding and ensuring that those services are available in French, in accordance with the French Language Services Act. In order to achieve this and to ensure Francophone components and principles are integrated into our work, internal structures such as an internal French Language Services (FLS) Committee, will need to be created. This committee will be responsible for developing an FLS implementation plan which will include processes to assess capacity to provide H&CC, internal guidelines, standard operational procedures and policies in accordance with the FLS Act.

A cultural linguistic competency training is being developed in partnership with the Erie St. Clair LHIN to provide staff, management, all funded HPS's, and board members within our LHIN, with the knowledge and tools they need to better serve the Francophone population as well as to help organize, develop, plan and execute a more active offering of French Language Services.

We continue to work to advance the extent to which health service providers understand who their clients are, including their linguistic identity, to provide them with the best possible services. This includes working with identified agencies to develop and implement their French Language Service plan; working with those non-identified agencies towards capacity to identify; tracking and reporting on the number of Francophone clients served; their internal bilingual capacity to serve clients in French; and the number of request for services in French.

Through the Service Sector Accountability Agreements, the South West LHIN asks agencies to use formal mechanisms to identify, track and report annually on the number of Francophone clients served. This information helps with establishing an environment where people's linguistic backgrounds are collected to inform the provision of services in ways that meet their cultural and linguistic needs. The information will also be linked with existing health service data and used for health system planning to ensure services are culturally and linguistically sensitive.

5) Indigenous Peoples

Within the context of health equity, quality improvement and improving population based health, there has been heightened awareness and dialogue about the negative impact that the healthcare system is having on Indigenous people.

Indigenous people continue to experience unparalleled health inequities and the resulting disparities cut across almost every major health outcome, health determinant, and measures of access. Current research ties a negative, Indigenous experience of care, exacerbated by institutions within the mainstream Canadian healthcare system, to systemic discrimination stemming from colonialism, racism and sexism.

The Truth and Reconciliation Commission of Canada Report (2015) puts forward deliberate Calls to Action under health to address this issue, including the need to "call upon those who can effect change within the Canadian health-care system to recognize the value of Indigenous healing practices and use them in the treatment of Indigenous patients in collaboration with Indigenous healers and Elders where requested by Indigenous patients" (p.3-22). These inequities are not only unjust and unfair, but avoidable, thus there is an imperative for the LHIN to address these inequities as part of health system transformation to support equitable access that will lead to improvements in health outcomes.

As identified in our Mandate Letter from the Ministry of Health and Long Term Care, the South West LHIN as a decision maker, leader in health care and deliverer of home and community care has a responsibility to collaborate with Indigenous health leaders and communities to co-create solutions to address these health inequities.

The South West LHIN is excited to continue its work in partnership with Indigenous health leaders and communities through the Indigenous Health Committee to co-design A Roadmap for Indigenous Inclusion and Reconcili-ACTION. The concept of the roadmap is to frame the direction and development of all Indigenous health activities supported through collaborative efforts that are supported by the LHIN and at the system level for the purposes of mobilizing the Indigenous voice to guide the planning and implementation of *Patients First*. The roadmap is instrumental for the LHIN to model the way in Indigenous engagement, by demonstrating the importance of decolonizing processes and co-designing culturally-appropriate structures in partnership with Indigenous communities.

The Roadmap outlines the process for Indigenous inclusion/ consultation to inform the work of *Patients First* during the period of LHIN renewal and change, and also throughout the period of planning and implementation.

The Roadmap:

- Provides a clear and consistent direction of when, how and where the Indigenous voice will be sought and integrated into the *Patients First* work.
- Includes the knowledge and experiences of Indigenous peoples, patients, and families, as well as people who deliver services, whether health or social, in the interest of building a current and regional knowledge base to inform the decision making processes moving forward.
- Enables a broad scope and ensures that there is transparent and deliberate planning to support participation across the region on many different levels.

- Informs and guides how to build relationships with the First Nations, and make agreements about how to ensure that the First Nation voices are present in this process.
- Connects the LHIN with the First Nations leadership at a governance level, as well as through the health service delivery level that is supported through the Indigenous Health Committee.

The South West LHIN continues to focus on long-term relationship building with local Indigenous communities. As identified in our Integrated Health Services Plan 2016-19, we are committed to working together, where appropriate and possible, to increase First Nation, Inuit and Métis population health outcomes; improve quality of care; increase equitable access to services; and improve the Indigenous patient experience. To inform this work the LHIN is supported by the South West Indigenous Health Committee.

The Indigenous Health Committee has articulated their vision for the work moving forward as follows:

We envision:

- The South West LHIN is a region that delivers culturally-safe care for all Indigenous peoples (First nations, Inuit and Metis), by honouring culture as care, addressing the whole person physically, mentally, emotionally and spiritually, and ensuring Reconcili-ACTION in placing Indigenous voices at the forefront of healthcare system planning.

We will accomplish this through:

- Indigenous inclusion and engagement that ensures Indigenous peoples are leaders in their own care; able to determine existing and enhanced resources to lead change, eliminate health inequities and address systemic racism in collaboration with the health system.

For what purpose:

- Equitable access to resources; improved health outcomes and access to resources for all Indigenous communities. All Indigenous communities and organizations are able to influence change and have a voice in planning and seeking equitable access to care within mainstream system.

When providing recommendations and advice to the South West LHIN, the Indigenous Health Committee considers the resolution of long standing systemic gaps and barriers to quality health care (for example, jurisdictional wrangling, poverty, systemic racism, poorer socio-economic status, gender, levels of isolation, intergenerational trauma and the legacy of residential schools).

The Indigenous Health Committee recognizes that the LHIN and broader healthcare system is in a period of significant change and renewal. Throughout this change, the LHIN has a lead role in implementing the *Patients First Act*, and ensuring that there is equitable representation of the populations who reside within the South West LHIN. To meet this obligation, enhancements to the Indigenous Health Committee structure have been underway since September 2016.

A new Indigenous Inclusion Structure and Collaborative Leads Model was introduced to the South West LHIN Board in February 2017 and was supported as part of our approach to implementing *Patients First*. This structure was co-designed by the Indigenous Health Committee and reflects their advice that the best way to ensure Indigenous representation was to link the operational work of Indigenous providers and the South West LHIN Indigenous Lead to the new LHIN committees (Sub-Region Integration Tables, Patient Family Advisory Committee, Health System Renewal Advisory Committee) through a collaborative leadership model.

This model supports direct consultation with Indigenous communities, at the service level, as a way to strengthen the communication and accountability between the LHIN-led structures by:

- Creating an opportunity to build a relationship at the governance level with First Nations leadership at a nation to nation level.
- Building on culturally-safe approaches in engaging the communities to amplify the Indigenous patient and family experience as part of the Patient Family Advisory Committee.
- Appointing Indigenous Health Committee members to each of the three Indigenous priority Sub-Region Integration Tables (London Middlesex; Elgin and Grey-Bruce), along with the Indigenous LHIN Lead.

The priorities and goals identified in our 2018-19 Annual Business Plan have been informed and influenced by the four key priority areas of focus related to Indigenous Inclusion and Reconcili-ACTION:

1. Enhancing Indigenous inclusion and engagement in *Patients First* in the South West LHIN.
2. Enhancing home, community and primary care.
3. Advancing Indigenous Cultural Safety.
4. Collaborating: Indigenous Mental Health and Addictions.

6) Performance Measures

Our strategy management system not only guides the prioritization of our planning and improvement work, but it also shapes the structures accountable for ensuring progress and aligns the monitoring of key performance indicators (KPIs) to these structures.

The LHIN has developed a framework to align and cascade key performance indicators within and between Board, cross-organization, internal organization focused on Home and Community Care delivery and Organizational Management, and regional and sub-regional structures. A critical success factor will be to establish clear levels of responsibility and accountability for monitoring performance in order to ensure the right level of governance, leadership, internal, and external attention and priority is given to 'outcome reviews' (strategy, performance and risk) that will, in turn, support and drive further planning and improvement work.

Given our ABP is rooted in IHSP 2016-19 priorities in addition to key provincial priorities—including those as outlined in the Minister's mandate letter—by design, the KPIs prioritized for monitoring ABP progress and results link back to either or both of these foundational sources. With an overarching aim to "do fewer things better," the LHIN has also deliberately proposed to profile 'priority' measures for monitoring, tracking, active outcome reviews and reporting, whereas others will be monitored as 'watch' measures only.

Any KPI prioritized for monitoring and active review supports our new mission and vision and aligns with these 2018-19 priorities:

- ***Improve the Patient and Family Experience across the health system.***
- ***Deliver high quality home and community care.***
- ***Strengthen the new LHIN organization to drive the goals of Patients First.***

The narrowing in on a few key priorities and resultant KPIs enables us to more effectively and efficiently measure success and manage performance with a focus on our role in health system oversight and management, a focus on our patient care responsibilities, and a focus on the South West LHIN as a new organization.

Additionally, as part of evolving our South West approach to ensuring accountability, the LHIN will focus on integrating key elements of our Health Service Provider Service Accountability Agreement (SAA) performance management and escalation approach, as well as the approach used to engage Service Provider Organizations in improvement.

7) Risks and Mitigation Plans

Key risks and barriers to the successful implementation of our priorities are included in the priority charts in Section 2 and 3.

Additionally, as a key complement to measuring performance, the South West LHIN has identified an opportunity and need to mature its Enterprise Risk Management (ERM) program. The organization is faced with numerous areas and levels of risk, and must be strategic in its approach to identifying, assessing and managing risk (both internally and externally). As part of the implementation of our Strategy Management System this will include:

- Designing an ERM program that drives the execution of the organization's strategy.

- Building practical and dynamic tools to enhance the risk dialogue and risk-based decision making.
- Ensuring the organization understands its appetite for risk, is mitigating risk in alignment with this appetite, and is taking conscious risks in pursuit of its strategic objectives.
- Leveraging established risk frameworks and best practices from industry leaders, and ensuring the ERM program reflects the organization's mandate for the management of both internal (organizational level) and external (system level) risks.

8) LHIN Operations and Staffing Tables

Table A: LHIN Spending Plan.

Table A: LHIN Spending Plan	2017-18 Estimate	2018-19 Allocation	2019-20 Allocation	2020-21 Allocation
Allocation: Home Care/LHIN Delivered Services				
Salaries (Worked hours + Benefit hours cost)	39,955,211	41,746,320	41,746,320	41,746,320
Benefit Contributions	11,405,435	10,862,168	10,862,168	10,862,168
Med/Surgical Supplies & Drugs	10,758,364	10,325,086	10,325,086	10,325,086
Supplies & Sundry Expenses	2,000,000	2,350,000	2,350,000	2,350,000
Equipment Expenses	1,004,907	1,285,591	1,285,591	1,285,591
Amortization on Major Equip.Software Lic & Fees	-	-	-	-
Contracted Out Expense	150,094,376	148,399,822	148,399,822	148,399,822
Buildings & Grounds Expenses	-	-	-	-
Building Amortization	-	-	-	-
TOTAL: Home Care/LHIN Delivered Services	**215,218,293**	**214,968,987**	**214,968,987**	**214,968,987**
Allocation: Aggregated Operation of the LHIN				
Salaries (Worked hours + Benefit hours cost)	5,272,527	5,404,339	5,404,339	5,404,339
Benefit Contributions	1,047,323	1,080,936	1,080,936	1,080,936
Med/Surgical Supplies & Drugs	-	-	-	-
Supplies & Sundry Expenses	500,000	500,000	500,000	500,000
Equipment Expenses	-	-	-	-
Amortization on Major Equip.Software Lic & Fees	-	-	-	-
Contracted Out Expense	-	-	-	-
Buildings & Grounds Expenses	-	-	-	-
Building Amortization	-	-	-	-
Sub-total: LHIN Operations	**6,819,850**	**6,985,275**	**6,985,275**	**6,985,275**
Sub-total: LHIN Operations Initiatives	**1,213,500**	**1,033,500**	**1,033,500**	**1,033,500**
Sub-total: LHIN Operations Digital Health	**510,000**	**510,000**	**510,000**	**510,000**
TOTAL: Aggregated Operation of the LHIN	**8,543,350**	**8,528,775**	**8,528,775**	**8,528,775**
Allocation: Intergrated LHIN Administration/Governanace				
Salaries (Worked hours + Benefit hours cost)	6,437,021	6,282,954	6,282,954	6,282,954
Benefit Contributions	2,844,119	1,562,595	1,562,595	1,562,595
Med/Surgical Supplies & Drugs	-	-	-	-
Supplies & Sundry Expenses	3,490,338	5,507,633	5,507,633	5,507,633
Equipment Expenses	1,077,894	1,077,894	1,077,894	1,077,894
Amortization on Major Equip.Software Lic & Fees	1,525,000	1,525,000	1,525,000	1,525,000
Contracted Out Expense	-	-	-	-
Buildings & Grounds Expenses	2,673,267	2,673,267	2,673,267	2,673,267
Building Amortization	275,000	275,000	275,000	275,000
Total: Integrated LHIN Administration/Governance	**18,322,639**	**18,904,343**	**18,904,343**	**18,904,343**
TOTAL: LHIN SPENDING PLAN	242,084,282	242,402,105	242,402,105	242,402,105

Table B: LHIN Staffing Plan (Full-Time Equivalents or FTE[1])

Table B: LHIN Staffing Plan (Full-Time Equivalents or FTE) - at 1950 hours per FTE	2017-18 Estimate	2018-19 Allocation	2019-20 Allocation	2020-21 Allocation
Home Care/LHIN Delivered Services				
Management and Operational Support (MOS) FTE	164.6	164.6	164.6	164.6
Unit Producing Personnel (UPP) FTE	346.6	363.8	363.8	363.8
Nurse Practitioner (NP) FTE	17.9	17.9	17.9	17.9
Physician FTE	0.0	0.0	0.0	0.0
Totaln Home Care/LHIN Delivered Services FTE	**529.1**	**546.3**	**546.3**	**546.3**
LHIN Operations				
MOS FTE	45.3	45.3	45.3	45.3
UPP FTE	18.7	18.7	18.7	18.7
NP FTE	0.0	0.0	0.0	0.0
Physician FTE	0.0	0.0	0.0	0.0
Total LHIN Operations FTE	**64.0**	**64.0**	**64.0**	**64.0**
LHIN Operations Initiatives				
MOS FTE	3.9	3.9	3.9	3.9
UPP FTE	1.9	1.9	1.9	1.9
NP FTE	0.0	0.0	0.0	0.0
Physician FTE	0.0	0.0	0.0	0.0
Total LHIN Operations Initiatives FTE	**5.8**	**5.9**	**5.9**	**5.9**
LHIN Operations Digital Health				
MOS FTE	2.6	2.6	2.6	2.6
UPP FTE	0.9	0.9	0.9	0.9
NP FTE	0.0	0.0	0.0	0.0
Physician FTE	0.0	0.0	0.0	0.0
Total LHIN Operations Digital Health FTE	**3.5**	**3.5**	**3.5**	**3.5**
Integrated LHIN Administration/Governance				
MOS FTE	35.5	35.5	35.5	35.5
UPP FTE	46.8	45.3	45.3	45.3
NP FTE	0.0	0.0	0.0	0.0
Physician FTE	0.0	0.0	0.0	0.0
Total FTE	**82.3**	**80.8**	**80.8**	**80.8**
TOTAL FTE SUMMARY	**684.8**	**700.5**	**700.5**	**700.5**

9) Integrated Communications Strategy

Business Objectives

The South West LHIN communications strategies are designed to support its business goals through communications planning that aligns to its stated business objectives. For the 2018/19 ABP our communications strategies will continue to support the organization to deliver on the seven priorities in our current three-year Integrated Health Services Plan while also focusing more concisely on the following overarching priorities as discussed earlier in this plan:

- **Improve the Patient and Family Experience across the health system.**
- **Deliver high quality home and community care.**
- **Strengthen the new LHIN organization to drive the goals of Patients First.**

Communications Objectives

To support these business priorities and associated goals our communications objectives will:

- Support and promote the transition outlined in *Patients First: Ontario's Action Plan for Health Care* so patient care remains seamless and uninterrupted.
- Communicate with patients and their families about how to access the programs and care they need to stay well, heal at home and stay safely in their homes longer.
- Ensure patients and caregivers have relevant and timely information from a trusted source.
- Further integrate experience-based design into our communications strategy and tactics.
- Continue to build awareness on how the LHIN is working to build a sustainable and accountable health system by is pursuing quality care, improved health, and better value in all priorities and initiatives.
- Uphold the LHIN's commitment to be open, transparent, and accessible to the public on LHIN priorities and initiatives.
- Build momentum with stakeholders and the public around equity and person-centred care.
- Offer opportunities for dialogue with health service providers and other system partners including Public Health.
- Engage LHIN staff, HSPs, and look to build communication with Primary Care physicians

Context

Communications and community engagement form a vital public service where the LHIN has a duty to provide information and listen to the public it serves. This contributes to building a system that better understands and meets the needs of individuals and families across the LHIN. To continue this important work the South West LHIN's core communications activities will include:

- Communicating with patients and their families about how to access the programs and care they need to stay well, heal at home and stay safely in their homes longer.
- Promoting programs, standardized care models and education across the region.
- Opportunities for audiences to participate in engagement around core business activities for the South West LHIN.
- Frequent communications with audiences on the activities of the LHIN and results being achieved.
- An active online presence to connect and interact with audiences, allow 24-hour access to information, and help foster public dialogue.
- Strong relationships with media with every effort made to accommodate requests for both information and interviews.
- Continuing to build internal communications capacity to help maintain morale and support recruitment and retention efforts.
- Prompt, courteous and person-focused responses to public inquiries.
- Use multimedia and video wherever possible to tell the patient story, showcase the LHIN's work and expand the reach of communications.

Target Audiences

External Audiences

- Public
    - Clients and patients
    - Residents and community groups
    - Caregivers and family members
- Health service providers including leadership and boards of
    - Mental health and addictions
    - Community support services
    - Community health centres,
    - Hospitals
    - Long-term care homes

- Indigenous and Francophone committee members and health networks
- Primary Care
- Public Health
- Ministry of Health and Long-Term Care
- Other provincial ministries
- Local government stakeholders
    - Members of Provincial Parliament
    - Municipal councillors
- Media

Internal Audiences

- South West LHIN Staff
- South West LHIN Board
- South West LHIN Committees
    - Sub-region Integration Tables
    - Patient and Family Advisory Committee
    - Health System Renewal Advisory Committee

Key Messages

Patients First

Local

- In May 2017, home care services and staff transferred from CCACs to LHINs. This was a structural system change that will help patients and their families get better access to a more local and integrated health care system.
- Home care services will continue to be provided by current service providers.
- All programs and services that the CCAC previously provided are now integrated into the south Wes LHIN as Home and Community Care and will continue, as well as the way in which individuals access that care.
- We will continue to deliver a seamless experience through the health system for people in our diverse communities, providing equitable access, individualized care coordination and quality health care.

Provincial

- Ontario is increasing access to care, reducing wait times and improving the patient experience through its *Patients First: Action Plan for Health Care* - protecting health care today and into the future.
- The *Patients First: Action Plan for Health Care* sets clear and ambitious goals for Ontario's health care system in order to put patients at the centre by improving the health care experience: increasing access, connecting services, informing

patients and protecting our health care system.

- By putting patients first in everything we do, we will provide faster access to the care patients need today and make the necessary investments to ensure our health system will be there for patients for generations to come.

- Changes underway supported by the *Patients First Act* have expanded the LHIN mandate and will give LHINs the tools, oversight and accountability they need to better integrate local health care services and coordinate care across the care continuum in a way that better serves patients.
    - In May 2017, home care services and staff transferred from CCACs to LHINs. This was a structural system change that will help patients and their families get better access to a more local and integrated health care system. The process happened in carefully planned stages and was seamless for patients and home care clients. There was no disruption to care and providers remained the same.

- Once fully implemented, these changes will make local health care more responsive to local needs:
    - Patients will benefit from improved access to primary care, including a single number to call when they need health information or advice on where to find a new family doctor or nurse practitioner.
    - Primary care providers, inter-professional health care teams, hospitals, public health units and home and community care providers will be better able to communicate and share information, to ensure a smoother patient experience and transitions.
    - Administration of the health care system will be streamlined and reduced, with savings put back into improving patient care.
    - With PFACs in every LHIN, the voices of patients and families in their own health care planning will be strengthened.
    - There will be an increased focus on cultural sensitivity and the delivery of health care services to Indigenous peoples and French speaking people in Ontario.

LHINS

- We are building a system that better understands and meets the needs of patients – no matter their background, their income, or where they live.
- Patients, clients and residents belong at the heart of the health care system.
- System transformation that improves equitable access to high quality, patient-centred care for all population groups is the right thing to do.

- Redesigning health care is undeniably one of the most important responsibilities we must uphold in order to place the needs of patients, clients and residents first in Ontario.
- We must work together to explore every opportunity available to us to provide better care for the patients, clients and residents we serve across the South West LHIN.
- Strengthening the integration of the LHINs with primary care, mental health and public health is imperative to improving patient experience.
- The health system's long-term success depends on attaining quality care, improved health and better value.

Patient Care

- The South West LHIN ensures people get the care they need to stay well, heal at home and stay safely in their homes longer.
- When home is no longer an option, we help people transition to other living arrangements.
- The South West LHIN is committed to providing outstanding care for every person, every day.
- We work hand-in-hand with our patients, caregivers and partners to develop shared understanding, build trusting relationships and co-creating ways to achieve outcomes.
- As regulated health professionals, care coordinators bring value to patients and partners by being familiar with and connected to every community, every service and every part of the health-care system.
- With our model of client-driven care, care coordinators develop care plans in conjunction with patients, caregivers and system partners
- Care coordinators work closely with family doctors, hospitals, community organizations and others to support our shared patients
- The South West LHIN is committed to improving the quality of care provided to patients
- Care coordination and home care provide good value for money, improving patient health outcomes, and supporting the most effective and efficient use of the resources of the health care system.

Strategic Approach

To support our business and communications objectives the South West LHIN communications strategy will continue to:

- Be proactive about communicating messages that support the LHINs role in the delivery of health care.
- Strive to help our communities gain a better understanding of the health care system, how it works and how they can best access and make use of the services available to them.
- Construct a narrative from the perspective of those impacted.
- Collaborate with HSPs and health care consumers to gather and share success stories that demonstrate health care investments/programs information.
- Ensure all communications reflect our core vision, mission and values.
- Create communications that are clear, easy to understand, relevant and useful.
- Employ a variety of ways and means to communicate and providing information in a variety of formats to accommodate diverse audiences and geographies in the South West LHIN.
- Continue to engage and consult with patients, caregivers, health care providers, stakeholder associations, Indigenous peoples, Francophones and other system partners.
- Ensure our communications planning and delivery is equitable and reflects best practices for both the health sector and communications – delivered in a way that consistently honours the LHIN's commitment to equity and person-centred care.
    - Support culturally and linguistically safe engagement for Francophone and Indigenous peoples
    - Offer resources and information in French
    - Maintain access to information online in French
- Work with other LHINs to make sure there is a consistent approach that is adapted to reflect the local environment.
- Ensure Communications adhere to the policies of the Ministry of Health and Long-Term Care as outlined in the MOHLTC-LHIN Memorandum of Understanding and the Ministry-LHIN Accountability Agreement (MLAA) and ensure alignment with provincial directions and priorities as appropriate.

Tactics – high level

The South West LHIN's communications tactics will align with local, provincial, and PAN-LHIN strategies. The LHIN's guiding principle is transparency: to be open and transparent in all communications, and ensuring its material is publicly accessible, primarily through the South West LHIN website. The South West LHIN will look to employ a variety of ways and means to communicate with various audiences and to accommodate the diverse needs of our audiences.

High level tactics include:

- Engaging employees using effective internal communications such as our Intranet hub, weekly newsletters, monthly leadership messages and quarterly all employee meetings (All employee meetings will be recorded to allow access for remote and in-the-field staff).
- Communicating frequently with external audiences on the activities of the LHIN and results being achieved using video and engaging stories.
- Maintaining an active online presence using Southwestlhin.on.ca, Social media (Twitter, Facebook, and YouTube) as well as collaborating with and leveraging the Healthine websites' engagement of the public.
- Briefing notes for elected officials. Liaising with MPPs in the South West on an ongoing basis to provide updates on the activities of the LHIN.
- Posting for public access Annual Reports, Annual Business Plans, and Quarterly Progress Reports.
- Conducting open Board meetings, posting Board highlights, tweeting key decisions.
- Attending and holding events throughout the South West LHIN geographic region to inform the public about significant South West LHIN initiatives and services.
- Develop traditional media products as needed to provide education information and advise patients of health care system changes including: Patient brochures, factsheets, bulletins or letters.
    - Develop a Media engagement strategy: proactive media pitches to inform the public and demonstrate successes.
    - The monthly *Exchange Newsletter* and memos as appropriate for Health Service Providers' networks and advisory groups, council meetings, one-on-one meetings.

Evaluation

- Track, conduct surveys and evaluate feedback (phone calls, emails, social and web traffic) after distributing key publications.
- Use analytics to track and measure engagement (website, newsletter and social media).
- Assess turnaround time, tone and number of public inquiries and media inquiries
- Ongoing monitoring of overall satisfaction, number of events each year, number of participants, achievement of objectives.
- Ongoing monitoring of media coverage, social conversation, stakeholder feedback and public inquiries log.
- Regular check-ins with partners and stakeholders to ensure key audiences are informed.
- Review of overall patient care satisfaction rate.

10). Community Engagement

Our Community Engagement plans will continue to be guided by the PAN LHIN Community Engagement Guidelines. We understand that LHIN community engagement practices as well as patient and stakeholder partnerships and engagement is dynamic and ever evolving. Therefore we will continue to routinely evaluate our community engagement practices with a view to continuous improvement utilizing various best practice strategies to identify the appropriate levels of engagement to achieve desired outcomes.

Community Engagement goals and objectives will be identified in advance for priority initiatives and projects and will employ a variety of engagement strategies to deliver on the engagement goals as outlined in the guidelines as follows:

***Inform and Educate*:** Provide accurate, timely, relevant and easy to understand information to the community.

***Gather Input*:** This level of engagement provides opportunities for community to voice their opinions, express their concerns, and identify potential areas for change and modifications.

Consult: We will actively seek the views of community stakeholders on policies, programs or services that affect them directly or in which they may have a significant interest.

Involve: Working directly with community stakeholders to ensure that their issues and concerns are continually understood and considered, enabling residents and communities to have their voices heard and to communicate their own issues.

***Collaborate*:** To work with and enable community stakeholders to work through options analysis and potential solutions to find a common purpose or agreement.

Empower: Delegated stakeholder decision making whereby final decision making authority, leading to action is assigned to a committee or other organized body.

We will focus our Community Engagement communication strategies and tactics to:

- Positively influence health behaviours to improve the health of local residents.
- Influence the public's opinion of LHINs, build trust in the work being done at the local level, and demonstrate the strong and focused leadership the SW LHIN provides to system transformation
- Positively shift attitudes about the South West LHIN by demonstrating that the work of the South West LHIN results in better care, better experiences, and better value.
- Offer meaningful opportunities for partners to participate in engagement around core business activities for the South West LHIN through:
    - Quality Symposium (May 31, 2018).
    - Board meetings (held in a different community each month).

- Congresses and forums (through the year).
- Advisory groups, committees, liaisons (ongoing).
- Targeted engagement for priority audiences around significant South West LHIN or provincial initiatives (as required).
- Opportunities for dialogue with both internal and external audiences.

Agenda item 6.2

Report to the Board of Directors

Specialized Units Update

Meeting Date: **December 19, 2017**

Submitted By: **Kelly Gillis, Interim Co-Chief Executive Officer / VP Strategy, System Design and Integration**
Christina Janson, Health System Planner

Submitted To: ☒ **Board of Directors** ☐ **Board Committee**

Purpose: ☐ **Information Only** ☒ **Decision**

Suggested Motions

THAT the South West Local Health Integration Network Board of Directors approves the repurposing of funding approved for the creation of a Specialized Unit at Kensington Village for people with acquired brain injuries to support specialized populations in the community and to provide additional funding for McGarrell Place in support of the Behavioural Specialized Transitional Unit's enhanced staffing model.

Purpose

The purpose of this report is to update the South West LHIN Board of Directors on the status of planning for Specialized Units for McGarrell Place, Kensington Village and Lee Manor.

Background

The South West LHIN's work associated with Access to Care and Behavioural Supports Ontario has influenced the direction to create specialized units in Long-Term Care (LTC) homes, a valuable resource for individuals requiring specialized supports in our LHIN. These two initiatives have identified a population of individuals that consistently occupy acute and post-acute hospital beds and are unable to have their needs met by current resources. These individuals are often characterized as psycho-geriatric or behavioural with advanced dementia, acquired brain injury (ABI) or neurological disease or have mental health diagnoses and/or substance abuse issues.

Since 2013/14, the South West LHIN Board has supported the creation and designation of specialized units across the LHIN. Appendix 1 illustrates the total funding approved to date for each of the three units.

On December 1, 2017, the Specialized Behavioural Support Transitional Unit (BSTU) opened at McGarrell Place LTC Home in London. The BSTU was approved by the Ministry of Health and Long-

Term Care (ministry) as a pilot from December 1, 2017 to November 30, 2019 during which time, the BSTU will be evaluated to determine if the designation will be made permanent following the pilot period. To ensure that the BSTU can effectively meet the needs of this resident population, McGarrell Place needs additional funding to support its enhanced staffing model. The total amount required is $197,187. The recommended funding source is the funding approved for Kensington Village's specialized unit for individuals with an ABI.

The LHIN Board has approved funding in support of a proposal to create a specialized unit for individuals with an ABI at Kensington Village in London. At this time, Kensington Village is not in a position to move forward with this proposal, therefore, the funding approved for Kensington may be reallocated for other purposes. The total amount approved for Kensington to date is shown in Appendix 1. The recommendation from LHIN staff is to reallocate this funding to serve individuals with an ABI in the community. The LHIN team appreciates the work that Kensington Village put into the development of the proposed specialized unit and will be investigating other opportunities to partner with Kensington Village in the future to serve individuals with specialized needs.

The third specialized unit, a BSTU at Lee Manor in Owen Sound, is still in development. The source of funds for this BSTU is the previously approved 2014/15 funding to create specialized units for individuals with responsive behaviours with the remaining funds targeted for Lee Manor. The LHIN team continues to work with the LTC home to finalize its proposal to submit to the ministry for approval.

Next Steps

Subject to LHIN Board consideration of the proposed motion:

- LHIN staff will work with partners to develop a plan for strengthening community based supports for individuals with an ABI and through the LHIN CEO Delegation of Authority, funding will be allocated from the ABI specialized unit funds to support these specialized needs in the community.
- Through the LHIN CEO Delegation of Authority, $197,187 annualized funding from the ABI specialized unit funds will be reallocated to McGarrell Place to support the BSTU enhanced staffing model, effective December 1, 2017. The L-SAA with McGarrell Place will be amended to reflect the increased staffing and associated funding.
- LHIN staff will submit an updated plan to the ministry for the McGarrell Place BSTU, including the revised staffing model and budget.
- LHIN staff will continue to work with McGarrell and other partners to ensure smooth operation of the BSTU, which opened December 1, 2017.
- LHIN staff will continue to work with Lee Manor to complete and submit the proposal to the ministry, requesting approval of the BSTU at Lee Manor.
- Upon approval by the ministry, the L-SAA with Lee Manor will be amended to reflect the increased staffing and associated funding. The LHIN will work with Lee Manor and other partners to operate the specialized unit.
- Status updates will continue to be provided to the South West LHIN Board of Directors on the status of this work.

Appendix 1: Specialized Unit Funding

South West Local Health Integration Network			
Specialized Units - Approved Funding and Requests per Board Motions			
Health Service Provider	**Base or One-Time**	**2017/2018**	**2018/2019 and Ongoing**
Kensington Village	Base *	$ 972,414	$ 759,774
	One-Time	$ 235,720	$ -
	Total	**$ 1,208,134**	**$ 759,774**
McGarrell Place Orginal Request (approved)	Base	$ 1,273,136	$ 1,227,047
	One-Time	$ 20,000	$ -
	Total	**$ 1,293,136**	**$ 1,227,047**
McGarrell Place additional request	**Base**	**$ 49,297**	**$ 197,187**
	One-Time	$ -	$ -
	Revised Total	**$ 1,342,433**	**$ 1,424,234**
Lee Manor	Base		$ 900,422
	One-Time	$ -	$ -
Total use of Funds (Year two and ongoing)			**$ 3,084,430**

* Kensington was orginally approved for ($1,021,711 base in 2017/18 and $956,961 in 2018/19 and beyond) but the amounts have been reduced in the chart to reflect a portion of this funding that may be reallocated to support increased need for McGarrell Place. The remaining funds for Kensington may be reallocated to support specialized needs in the community.

Agenda Item 6.3

Report to the Board of Directors

Proposed Changes to the Capital Review Process

Meeting Date: **December 19, 2017**

Submitted By: **Kelly Gillis, Interim Co-CEO**
Donna Ladouceur, Interim Co-CEO
Jana Fear, Health System Planner

Submitted To: ☒ **Board of Directors** ☐ **Board Committee**

Purpose: ☐ **Information** ☒ **Decision**

Suggested Motion

THAT the South West LHIN Board of Directors approves the changes to the capital review and endorsement process and delegates to the South West LHIN CEO the authority to endorse stages in the capital process beyond the Pre-Capital phase of the "MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages" and Stage 1: Application phase of the "Community Health Capital Program."

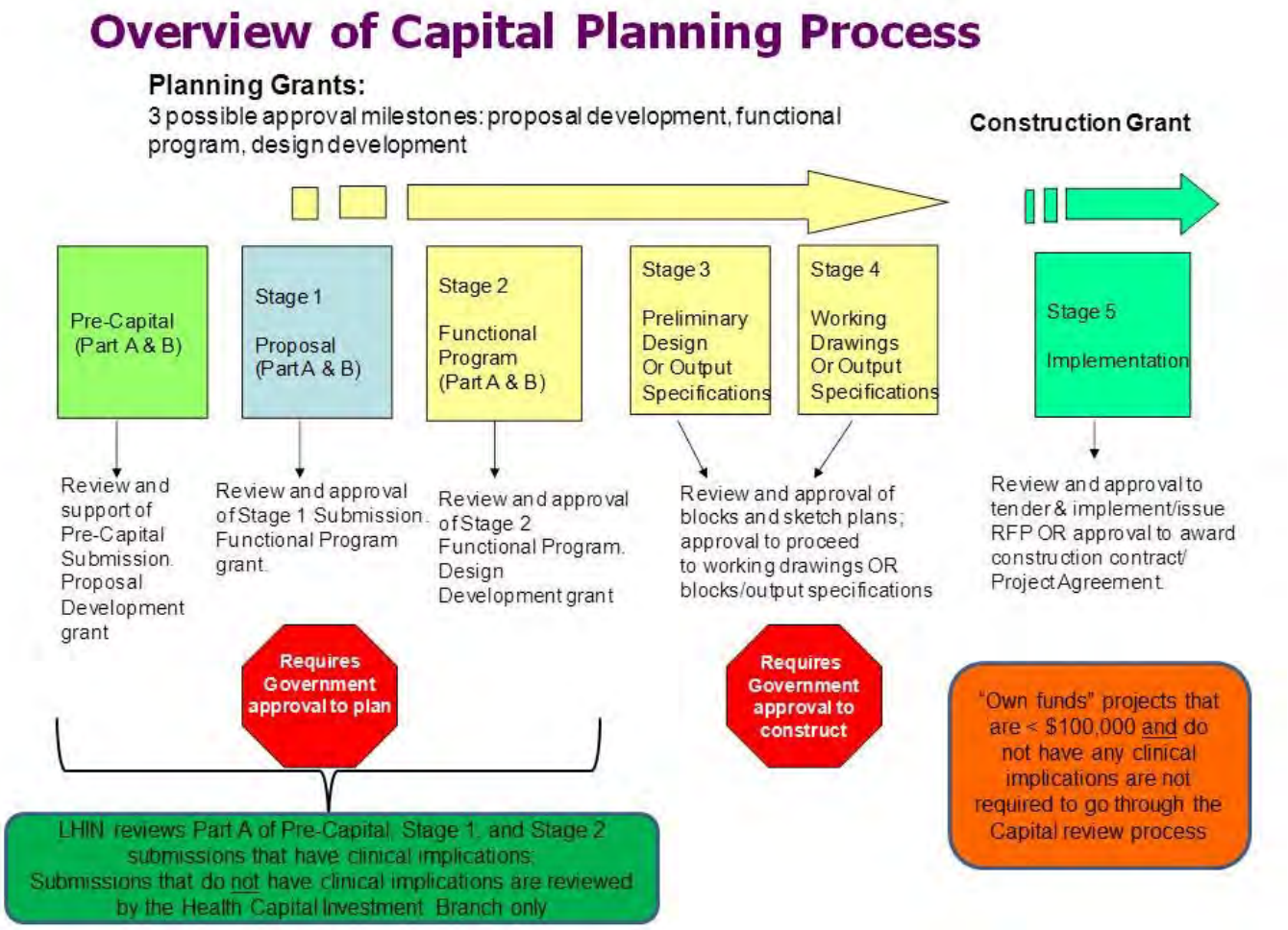
Purpose

The purpose of this report is to inform and seek approval from the South West LHIN Board of Directors regarding proposed changes to the capital review and endorsement process in the South West LHIN.

Background & Current Capital Review Process

While the Ministry of Health and Long-Term Care (MOHLTC) has overall responsibility for capital approvals, LHINs play a critical role in advising on, and endorsing, the program and service elements of all capital projects in the early planning stages. The roles and responsibilities of the LHINs and MOHLTC in the capital process are clearly articulated within the two health capital programs: *MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages* and *Community Health Capital Program*.

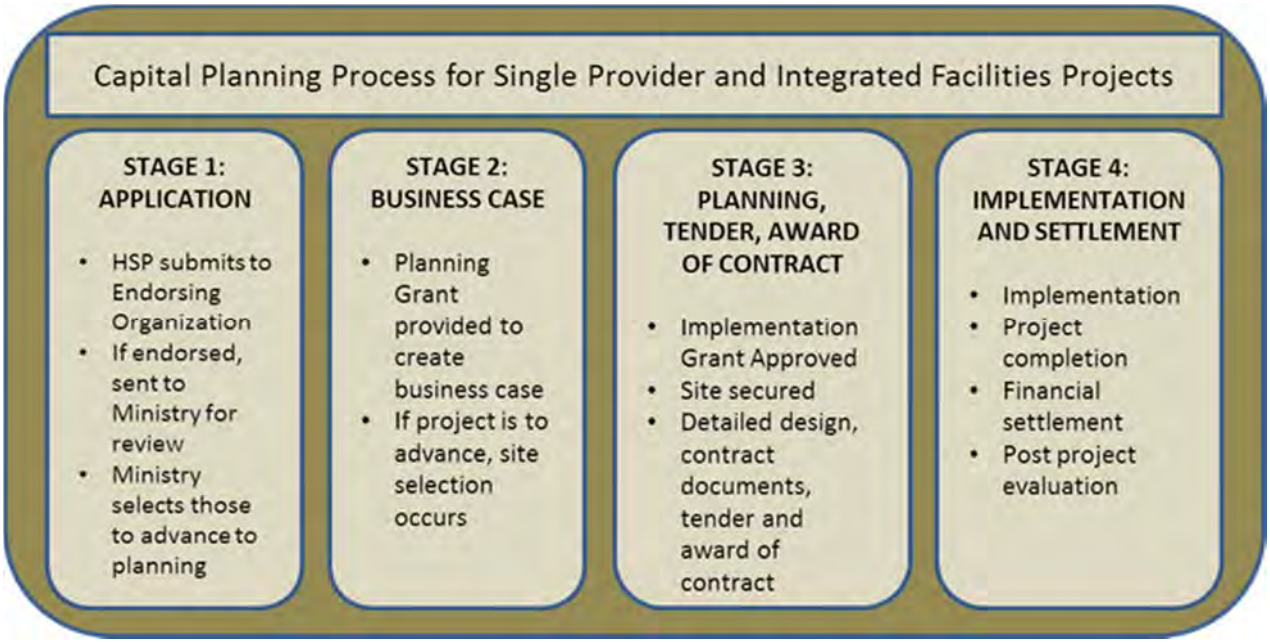
The capital submission process described under the *Joint Review Framework* applies to hospital-based capital projects and consists of the following stages:



Currently, LHIN advice and Board endorsement are required at each of the following stages:

- Pre-Capital – High-level description of the capital initiative being proposed, including the program rationale and evidence of alignment with local health system priorities, and the role of the HSP in the local health system.
- Stage 1: Proposal – Detailed description of the proposed capital initiative, including descriptions and analyses of both program and service elements as well as physical and cost elements.
- Stage 2: Functional Program – Defines and justifies the scope of the capital project with regards to programs and services being proposed, associated workloads, staffing, equipment and space requirements including architectural and environmental.

The process under the *Community Health Capital Program (CHCP)* applies to community sector health services providers and organizations who provide direct service-related programming, including Community Health Centres (CHCs), Aboriginal Health Access Centres (AHACs), and Community Based Mental Health and Addictions (MH&As) Agencies. The *CHCP* consists of 4 stages:



Currently, LHIN advice and endorsement are required at the following stages:

- Stage 1: Application – High-level description of the capital initiative being proposed, including the program and service need(s) for the project, the scope of programs and services proposed for inclusion in the project, and the range of organizations proposed for inclusion in the project.
- Stage 2: Business Case – Detailed description of the final program and service composition of the end-state project, eligibility of each Provider Organization for MOHLTC funded space, final space requirements (and associated cost share distribution) of the end-state project, site selection, and total estimate of cost for the project.

Proposed Capital Review Process

To ensure that relevant and appropriate information at a strategic level is provided to the LHIN Board, and that the South West LHIN is better aligned with capital processes in place in other LHINs, South West LHIN staff are recommending that only Pre-Capital (*Joint Review Framework*) and Stage 1: Application (*CHCP*) reviews are brought forward to the South West LHIN Board of Directors for awareness and endorsement from a strategic intent perspective. Authority to endorse further stages in the capital process would be delegated by the Board to the LHIN CEO.

Next Steps

Should the South West LHIN Board of Directors approve the recommended motion, the South West LHIN CEO, under delegation of authority from the Board, will be responsible for the review of capital submissions per the process outlined above and, where required, provide the MOHLTC Health Capital Investment Branch with a letter of endorsement, outlining rationale and advice regarding the capital submissions.

Agenda item 6.4

Report to the Board of Directors
South West LHIN Board Committee Composition 2018

Meeting Date: **December 19, 2017**

Submitted By: **Aniko Varpalotai, Governance & Nominations Committee Chair**

Submitted To: ☒ **Board of Directors** ☐ **Board Committee**

Purpose: ☐ **Information Only** ☒ **Decision**

Suggested Motion

THAT the South West LHIN Board of Directors appoint board directors to the committees of the board effective January 1, 2018 as recommended by the Governance & Nominations committee and as attached. Board Committee membership will be reviewed on as needed basis and at least annually.

Background

The Governance & Nominations Committee met on November 28, 2017 and developed the recommendation for board consideration.

The Terms of Reference for the Governance and Nominations Committee state that the committee will:

- review and recommend to the Board the annual allocation of members to Committees in consultation with the Chair and individual Board members who may have expressed personal interests, ensuring continuity of committee members, and succession planning of the chair of each committee.

South West LHIN Board of Directors – Committee Membership

PROPOSED Effective January 1, 2018

Audit Committee
Composition: Board Chair plus 3 directors minimum

Myrna Fisk, Committee Chair
- Linda Ballantyne, Vice Chair
- Andrew Chunilall, Acting Board Chair
- Glenn Forrest
- Wilf Riecker

Board to Board Reference Group
Composition: Board Chair plus 2 directors minimum

Leslie Showers, Committee Chair
- Andrew Chunilall, Acting Board Chair
- Cynthia St. John

CEO Performance Task Force
Composition: Board Chair plus 2 directors minimum

Andrew Chunilall, Acting Board Chair & Task Force Chair
- Linda Ballantyne, Vice Chair
- Wilf Riecker

Governance & Nominations Committee
Composition: Board Chair plus 4 directors minimum

Cynthia St. John, Committee Co-Chair
Aniko Varpalotai, Committee Co-Chair
- Jean-Marc Boisvenue
- Andrew Chunilall, Acting Board Chair
- Wilf Riecker
- Leslie Showers

Note that the Quality Committee for 2018 was struck effective by the Board of Directors on October 17, 2017. The membership is comprised of Linda Ballantyne (Committee Chair), Jean-Marc Boisvenue, Myrna Fisk, Glenn Forrest, Aniko Varpalotai and Andrew Chunilall (Acting Board Chair).

Agenda item 6.5

Report to the Board of Directors

Governance Engagement Strategy Update: Sub-Region Board-to-Board Reference Group Terms of Reference

Meeting Date: **December 19, 2017**

Submitted By: **Kelly Gillis, Interim Co-CEO and Vice President, Strategy, System Design & Integration**

Submitted To: ☒ **Board of Directors** ☐ **Board Committee**

Purpose: ☐ **Information Only** ☒ **Decision**

Proposed Motion

That the South West LHIN Board of Directors approve the Terms of Reference for the Sub-Region Board-to-Board Reference Groups as presented.

Purpose

At the Governance & Nominations Committee meeting held on November 28, 2017 (the draft minutes are included in this meeting package) it was agreed that staff would prepare a draft Terms of Reference for the Sub-Region Board-to-Board Reference Groups for the Board's consideration.

Background

At the September 12, 2017 meeting, the Governance & Nominations Committee approved a proposal to establish Sub-Region Governance Reference Tables. The approved proposal was presented to the South West LHIN Board-to-Board Reference Group on September 26, 2017 with further discussion held on October 31, 2017 resulting in the following timeline for activities and the attached proposed Terms of Reference.

TIMELINE	ENGAGEMENT
September 12, 2017	Engage with the South West LHIN Governance & Nominations Committee
September 26, 2017	Present to the South West LHIN Board-to-Board Reference Group

October 31, 2017	Board-to-Board Reference Group provided advice regarding draft Terms of Reference for the five local/sub-region Board-to-Board Reference Groups
December 19, 2017	Board reviews draft Terms of Reference for local/sub-region Board-to-Board Reference Groups
December 2017 to end of February 2018	Launch and receive expressions of interest
March 2018	Appoint members to the local Board-to-Board Reference Groups for each sub-region
April/May 2018	Hold inaugural meetings

Terms of Reference

South West LHIN Sub-region Board-to-Board Reference Group

Draft: September 26, 2017 – reviewed by the Board-to-Board Reference Group
October 31, 2017 – reviewed by the Board-to-Board Reference Group
December 19, 2017 – presented to the South West LHIN Board of Directors for approval

1. Background/Context

In keeping with our commitment to work in partnership, the South West LHIN Board of Directors is committed to building effective working relationships with Health Service Provider governing bodies to collectively advance the health system goals identified for the South West LHIN and to ensure ongoing support for a high quality, accessible and sustainable system of health care services within our LHIN.

The South West LHIN continues to move forward with health system renewal plans as part of the *Patients First* directions. A key focus of this work is on the development of five sub-regions across the South West LHIN. Sub-regions are smaller geographic areas that follow recognized care patterns. They have been created as part of a vision for seamless, consistent, high-quality care, and will be a focal point for integrated service planning and delivery. The South West LHIN has identified five sub-regions: *Grey Bruce, Huron Perth, London Middlesex, Oxford, and Elgin*.

Sub-region integration tables have been established to provide operational leadership in the identified sub-regions. They will identify, plan and make recommendations on local priorities, while driving change through a population-based planning approach, innovation and collaboration.

The South West LHIN recognizes the important role of local board members in providing guidance and leadership that ensures the delivery of high quality sustainable care that ensures a seamless patient journey for individuals and families relying on our local services. To reach our goal of an integrated system of care, the LHIN believes that a system-level governance view is imperative.

The South West LHIN is establishing 5 Sub-region Board-to-Board Reference Groups to ensure proactive consideration of board-related issues associated with the work of the sub-region integration tables and to promote a system view at the board level within each sub-region.

2. Mandate

2.1. Role of the South West LHIN Sub-region Board-to-Board Reference Groups

The South West LHIN Sub-region Board-to-Board Reference Groups will be available as needed to provide board perspectives to the sub-region integration tables representing Grey Bruce, London Middlesex, Huron Perth, Elgin, and Oxford. The key responsibility will be to facilitate broader board and community engagement in their respective local sub-region areas to promote patient-centred, inter-organization coordination while honouring member's obligations to their respective health service provider organization.

Specific issues that will be considered by the Sub-region Board-to-Board Reference Groups will include but will not be limited to:

- Strategies to promote a system view amongst health service provider board members
- Board perspectives on the current and future state of health care within the sub-region and broader South West LHIN and the role and expectations of board members; and
- Support for focused board and community engagement in the local sub-region areas to advance sub-region objectives related to improved population health, experience of care and value for money.

Sub-Region Board-to-Board Reference Groups are not governing bodies and will not alleviate the governance responsibilities of individual Boards of Directors.

3. Membership

3.1. Membership

Membership of the South West LHIN Sub-region Board-to-Board Reference Groups will be comprised of:

- Community Support Services
- Mental Health and Addiction Agencies
- Community Health Centres
- Hospitals
- Long-Term Care Homes
- Primary Care
- Public Health
- Residential Hospice
- South West LHIN *(2 board members, one local and one from outside the sub-region as available)*

The Sub-region Board-to-Board Reference Groups will be co-chaired by a South West LHIN Board Member and another member as elected by the group.

3.2. Accountability

The South West LHIN Sub-region Board-to-Board Reference Groups are convened by the South West LHIN Board of Directors to:

- Engage at least annually with their respective local Sub-region Integration Table to discuss the SRIT work plan, accomplishments to date, and potential governance implications.

- Establish a sub-region level board engagement and communication plan to help enhance system-level governance and ensure awareness of sub-region improvement and integration activities through a governance lens

- Work with Sub-region Integration Tables to identify mechanisms to support broader public engagement and awareness of advancements within their respective sub-regions as appropriate.

The Terms of Reference for the Sub-region Board-to-Board Reference Groups will be reviewed annually by the regional South West LHIN Board to Board Reference Group with any recommended changes to be approved by the Board of Directors of the South West LHIN.

3.3. Individual Roles

Individual members will:

- Provide governance level input and advice to the rollout of the Health System Design Blueprint – Vision 2022, the Integrated Health Service Plan, and Sub-region plans
- Participate fully in the exchange of information and identification of issues of relevance.
- Consider ideas and issues raised and provide guidance and input as appropriate.
- Consider system level and organizational implications and impacts of issues under consideration.

4. Logistics and Processes

4.1. Role of the Co-Chairs

The Co-Chairs will be responsible for coordinating the development of the meeting agenda and leading the meeting in a way that ensures advancement of the agenda within the timelines allocated for specific agenda items. The Co-Chairs will ensure that input is solicited from all table members when establishing objectives and meeting agendas. The Co-Chairs will ensure that an annual work plan is established by the group.

4.2 Secretariat and Administrative Support

Secretariat and administrative support will be provided by the South West LHIN Sub-Region Lead and administrative staff respectively.

4.3. Delegates

It is expected that members will regularly attend meetings, however, it is recognized that on occasion individual members may need to send a delegate to the meeting due to unavoidable scheduling conflicts. If members are sending a delegate, it is important to ensure consistency in terms of the individual selected to attend as a delegate and the use of delegates should be kept to a minimum to ensure continuity. Permission should be sought from the Co-Chairs in advance of sending delegates to a meeting. It is the responsibility of members to ensure that delegates are appropriately briefed and debriefed prior to and following any meetings that they attend.

4.4. Frequency of Meetings

Each Sub-region Board-to-Board Reference Group will meet a minimum of two times per year. Additional meetings may be scheduled at the call of the Co-Chairs.

Agenda item 7.1

Report to the Board of Directors

New LHIN Authorities under the *Local Health System Integration Act, 2006* (LHSIA)

Meeting Date:	**December 19, 2017**
Submitted By:	**Mark Brintnell, VP, Quality, Performance and Accountability**
Submitted To:	☒ **Board of Directors** ☐ **Board Committee**
Purpose:	☒ **Information Only** ☐ **Decision**

Purpose

The Ministry and LHINs are committed to working with Health Service Providers (HSPs) across the health system to help patients and their families obtain better access to a more local and integrated health care system, improve the patient experience and quality of care.

The *Patient First Act, 2016* (the "Act") amended the *Local Health System Integration Act, 2006* (LHSIA) to give LHINs the tools and authorities they need to become the single point of accountability for local health system planning in their regions and sub-regions.

As managers and integrators of the local health systems, the LHINs need appropriate oversight powers to address issues in the system and with HSPs. The Act lays out a system of remedies, which include LHIN directive, investigatory and supervisory authorities over HSPs.

These powers enhance the LHINs' ability to hold their HSPs accountable, drive performance improvement, and act decisively where necessary to protect patients in situations where HSPs are not meeting expectations.

Agenda item 7.2

Report to the Board

October 2017 Financial Update

Meeting Date: **December 19, 2017**

Submitted By: **Hilary Anderson, Vice President, Corporate Services**
Ron Hoogkamp, Director Finance and Health Records

Submitted To: ☒ **Board of Directors** ☐ **Board Committee**

Purpose: ☒ **Information Only** ☐ **Decision**

This report is intended to give you a quick summary of where we are from a financial perspective and any pressures we are experiencing.

Purchased Services

Purchased Patient Services continue to trend down as was observed in the second quarter. We are projecting a $5.3M surplus at year end due to shortages in the Personal Support Worker (PSW) workforce. These challenges are not limited to one service provider or one community but across our region and across Ontario. This is resulting in service refusals and missed visits. Our providers have been unable to retain an appropriate level of skilled PSW's to perform the personal support services required for our home and community care patients. We are actively working with all our local providers and our provincial colleagues to develop action plans to meet these challenges.

We have implemented a variety of alternative solutions to ensure we generate maximum return on funding. These include authorization of additional occupational and physiotherapy services for patients, staff training and development, increasing the number of palliative care kits distributed within the community and cluster care work with providers. More information on actions is coming in an additional report to the Board.

The school program exhibited moderate increases during the month of October in the areas of Occupational Therapy, Physiotherapy and visiting nursing.

Despite of the obstacle of reduced personal support worker availability across Ontario our initiatives in the South West continue to move forward. Several programs have received funding to enhance access to health care for patients:

- South West Regional Wound Care Program – education and resource developments for hospital, community, long-term and primary care providers on proven wound care techniques
- Connecting Care to Home (CC2H) – enhancements and evolution of the navigator role to test viability of a generalist navigator to promote resource efficiency – expansion of initiative to St. Thomas-Elgin
- The Healthline Health Chat Support and Enhancements – system upgrades, support and revamping of caregiverexchange.ca
- Francophone Community Linguistic and Cultural Competency Training – development of resources in various formats and online platform

- MAID Coordinated Access Navigator – ensuring patients have appropriate access to Medical Assistance in Dying by securing a dedicated, clinical navigation resource to be utilized across the health system
- HealthLinks – support to improve outcomes for individuals with complex needs

We have received notice of additional hospice funding (base - $175K, one-time $235K) to support expansion in Huron-Perth. Ten new beds are expected to be fully operational by the end of this fiscal year.

Compensation

The South West LHIN compensation expense (salary and benefits) is tracking in line with the budget.

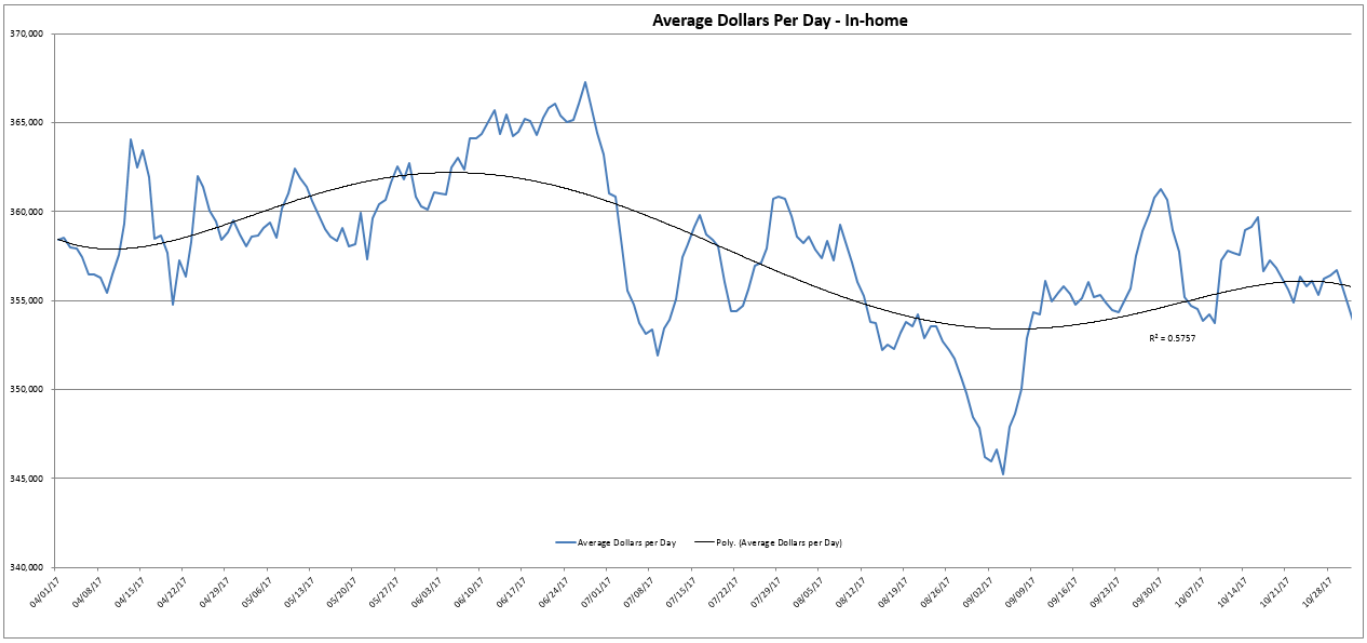
Other Lines

All other line items are tracking in line with the budget.

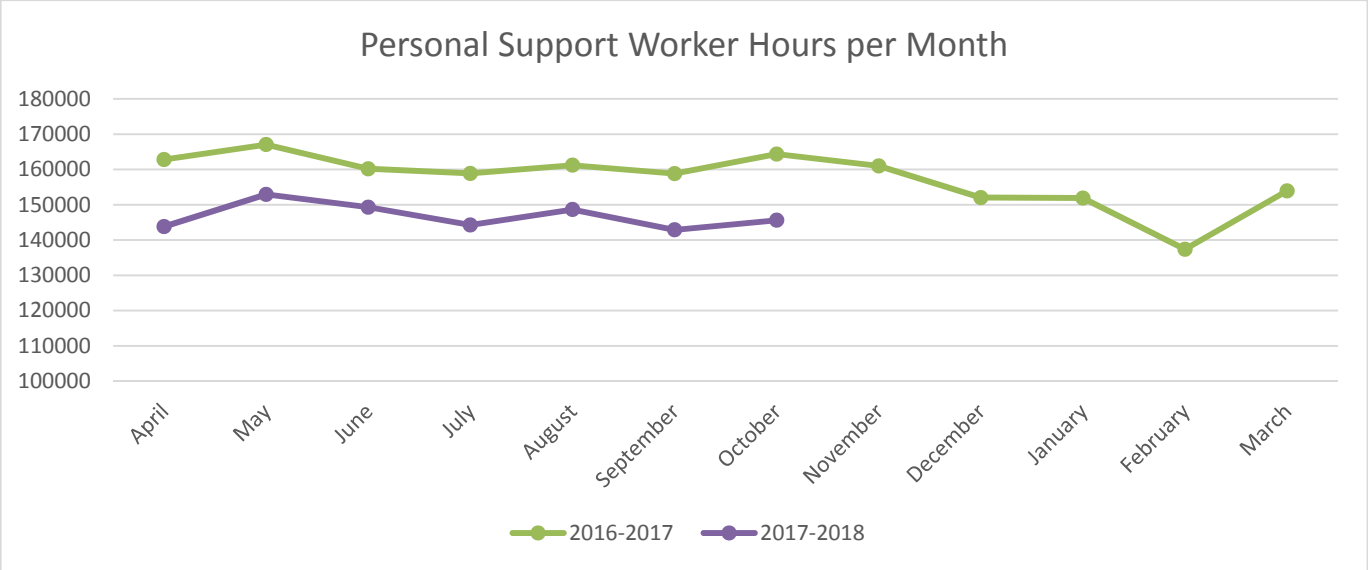
Summary

We are exhibiting service trends that, if continued, will end the fiscal year in a surplus position. Our efforts continue to explore all options available to mitigate the surplus increase and provide alternative actions to improve access to care for all in the South West.

The chart below shows our daily In-home Purchased Patient Services trend through to the middle of November highlighting the decrease through the summer months and into the fall.



The chart below displays the difference in PSW hours this fiscal year as compared to 2016-17.



Agenda item 7.3

Report to the Board of Directors

Indigenous Mitigation and Amplification Matrix

Meeting Date: December 19, 2017

Submitted By: Kelly Gillis, Interim Co-Chief Executive Officer / Vice President, Strategy, System Design & Integration
Kristy McQueen, Interim Senior Director, Strategy, System Design and Integration
Vanessa Ambtman-Smith, Indigenous Health Lead

Submitted To: ☒ Board of Directors ☐ Board Committee

Purpose: ☐ Information Only ☒ Discussion ☐ Decision

Purpose
To inform the board of the opportunities identified in the Mitigation and Amplification matrix that was developed prior to the integration of the LHIN and Community Care Access Centre as part of a comprehensive Health Equity Impact Assessment (HEIA) and to provide an update on the ways the LHIN can support systematically monitoring and identifying opportunities to strengthen the profile of Indigenous health across the enhanced LHIN organization, specifically related to LHIN-delivered Home and Community Care.

Context and Background
Within the context of health equity, quality improvement and improving population based health, there has been heightened awareness and dialogue about the negative impact that the healthcare system is having on Indigenous people. Indigenous people continue to experience appalling and unparalleled health inequities and the resulting disparities cut across almost every major health outcome, health determinant, and measures of access. It is recognized that these health inequities are caused by structural barriers (coupled with colonialism and racism) that become embedded within Canadian systems. Attention must therefore be given to mitigate any unintended negative consequences as a result of significant structural changes (e.g. organizational integration; system changes; etc.), as well as amplify any potential unintended positive impacts and sustain positive action.

Part of this process has been to apply the decision support tool known as the Health Equity Impact Assessment (HEIA), which can enable healthcare organizations to systematically review opportunities to support improved health equity, including the reduction of avoidable health disparities between population groups.

Additionally, part of the work was to reframe the South West LHIN and the relationship with Indigenous peoples as part of a greater network of communities across Ontario, recognizing that when LHINs were

originally developed they were created with boundaries that were not necessarily meaningful to local Indigenous people nor do they accommodate the movements of Indigenous people within regions of the province. This means that LHINs have to continue to work collaboratively across LHIN boundaries and across the province to positively reduce health inequities. There are also broader relationships and formal agreements with respect to healthcare services and funding that are carried between First Nations communities and both the provincial and federal governments. It is within this much larger and connected context that LHINs must consider their role as but one part of a much larger system of care.

Given this broader context, the following considerations are important when advancing Indigenous inclusion and relationship activities:

- Understanding that what impacts one LHIN, influences the other LHINs (with respect to relationships with Indigenous communities);
- Recognizing there is a significant amount of work being done provincially/federally that will influence opportunities in health services, as well as potential collaboration with Indigenous communities, in particular First Nation communities (e.g. the First Nations Transformative Health Plan, which is the renegotiation of federally funded health services offered through each First Nation community, with the Province of Ontario and Chiefs of Ontario. It is anticipated that this new plan will alter and change the way First Nations health services are funded and delivered in First Nation communities across Ontario).

Key Considerations for LHIN Renewal – Indigenous focus

Inclusion of Indigenous voices in the context of health system planning is a collaborative process that includes the ongoing involvement and active participation of Indigenous communities in the design, development, delivery and evaluation of health services. Engagement is a component of inclusion that is the process of actively seeking input from Indigenous communities and organizations through a collaborative process that has a defined end result.

Based on the LHIN's obligation (LHSIA, 2006), each LHIN must support an environment for Indigenous engagement and First Nation, Inuit and Metis inclusion in decision-making within the defined boundaries of the LHIN. This obligation is also reinforced through the significant population health disparities and social exclusion that impact Indigenous peoples across Canada. Therefore, within the context of structural and systemic changes, there has been a deliberate attempt to identify, mitigate, monitor and amplify strategies to support Indigenous peoples through the period of transition into Patients First, including, but not limited to the LHINs' integration with Community Care Access Centres (CCACs).

Results of the Indigenous-focused HEIA

A Mitigation and Amplification Matrix was developed by a cross function team based on the application of the HEIA that was initiated to scope out any unintended negative or positive impacts as a result of the LHIN integration with the legacy CCAC; both the Indigenous and Francophone populations were considered, and the resulting matrix was adapted from the provincial French Language Services integration strategy, and aligned with the recommendations coming out of the HEIA (April 2017). The initial HEIA focused on four main priority areas and recommended mitigation strategies were identified for each risk (*see Appendix A for full matrix*):

1. Focus on maintaining and improving access to home care services for First Nations
2. Structures that are needed to support Indigenous Health during transition
3. Human Resources
4. Reporting and Accountability for Indigenous Access and Inclusion

The matrix has 8 main sections with detailed activities, strategies and mitigations associated with risks that were identified in the HEIA:

- Corporate/Governance level
- Indigenous Inclusion and Engagement Accountability
- Community Engagement
- Planning /Advancing Indigenous Cultural Safety
- Communications
- Direct Services to Clients – Home Care
- Human Resources
- Indigenous Health Planning and Inclusion Structure

The LHIN board has a potential role to play across multiple areas in the matrix and it is particularly important for the board to continue to increase knowledge and understanding of its role and responsibilities in setting an example and direction for the LHIN around reducing health inequities for Indigenous people.

Connection to the Roadmap for Indigenous Inclusion and Reconcili-ACTION
As reported at the November 2017 board meeting, the concept of the roadmap is to frame the direction and development of all Indigenous health activities supported by the LHIN through collaborative for the purposes of mobilizing the Indigenous voice to guide the planning and implementation of Patients First.

The South West LHIN roadmap outlines the process for Indigenous inclusion/ consultation to inform the work during the period of LHIN renewal and change, and also throughout the period of planning and implementation. This includes the activities, strategies and mitigations detailed throughout this matrix. It will be necessary to engage across the LHIN organization to ensure that other teams, leadership and staff are able to integrate and take responsibility for key actions. Currently, there is an internal team that has been taking the lead on detailing the process moving forward.

Next Steps

- Board to review the matrix and consider which elements are in the scope for the board to lead, participate in, watch and support, or hold the LHIN staff accountable to advance
- In March 2018, bring forward a briefing related to the Indigenous engagement and inclusion activities identified in the Reconcili-ACTION Roadmap to:
    - Summarize activities between January – March 2018
    - Planned activities and engagement from April – June 2018
- By April 2018, prepare annual report back on Indigenous Inclusion and Engagement for 2017-18

Agenda item 7.4

Report to the Board of Directors

French Language Services Planning

Meeting Date: December 19, 2017

Submitted By: Kelly Gillis, Interim Co-Chief Executive Officer / Vice President, Strategy, System Design & Integration
Kristy McQueen, Interim Senior Director, Strategy, System Design and Integration
Suzy Doucet-Simard, French Language Services Planner

Submitted To: ☒ **Board of Directors** ☐ **Board Committee**

Purpose: ☒ **Information Only** ☐ **Decision**

Purpose

To provide a presentation and briefing to support creating awareness of Francophone rights to services and to increase the understanding of the role of the LHIN in French Language Health Services planning and provision. *(see attached presentation)*

Local Context

There is a vibrant Francophone community in the South west LHIN of over 13,000 people of which more than 7,500 reside in the London Middlesex sub-region. It includes schools, community centers, organizations and a growing population. Of those 13,000, approximately 12,000 identify their mother tongue as French and just under 1,300 identified that between our two official languages, they are most comfortable in French.

We have one French designated area in the South West LHIN, the City of London. In each of the 26 designated areas in Ontario, every government ministry and agency must offer French-language services to their clientele. The French Language Services Act (FLSA), stipulates that the francophone population has a right to receive services in French. For that reason, a number of Health Service Providers (HSPs) are identified to provide services in French, including the LHINs as health system planners and providers of health services (See Appendix A for key terms). Agencies may fall into one of three categories:

- Designated
- Identified
- Non-Identified

The South West LHIN and six (6) other HSPs in the London Middlesex sub-region are identified agencies. Identified agencies are working toward attaining designation. They are planning and delivering quality direct service in French. Identified agencies are required to have a French Language Service (FLS) work plan and update the LHIN annually on their progress toward designation. We currently have no designated agencies in the South West LHIN.

A number of tools, including a comprehensive French Language Services Toolkit, have been developed and provided to HSPs regarding the implementation of FLS to support the provision of services in French, development of Human Resources capacity, and organizational policy, processes and structures.

The South West LHIN, together with the Erie St. Clair LHIN, partner with our shared French Language Health Planning Entity ("the Entity"). In alignment with current legislative obligations and requirements we have developed a 3 year joint action plan and collaborate on projects and initiatives. We are also working closely with the Entity to advance the objectives from our Joint Action Plan such as engaging and informing the community about health system planning and changes to the health system. This partnership is important to creating a health system that takes in to consideration the specific needs of this population and to ensure cultural and linguistic safety.

For that reason, in collaboration with the Entity, we engaged the Francophone community and Francophone providers in our Patients First related structures. This includes Francophone patient participation at our Patient Family Advisory Committee, Francophone patient and providers at the London Middlesex Sub-Region Integration Table, and a leadership representation from the Entity on the Health System Renewal Advisory Committee (in development). This reinforces our commitment to better understand the Francophone community needs in the region.

To ensure FLS consideration during LHIN /CCAC transition, a FLS transition plan was created and led to the review of relevant internal processes and procedures. As the LHIN has assumed responsibility for the provision of H&CC services, we now embrace understanding and ensuring that those services are available in French, in accordance with the FLSA. The FLS transition plan identified key activities across a number of areas to be completed in the first 30 days, 30 – 60 days, first 180 days, and ongoing:

- Corporate obligations / Administrative By-laws
- Governance and Accountability
- Community Engagement
- Planning of FLS
- Identification and Designation
- Visual Identity and Communications
- Direct Services to Clients
- Human Resources
- French Language Health Planning Entity (FLHPE)

A small working group of internal staff including the French Language Services Planner, Regional Programs and Quality have been responsible for monitoring and tracking our progress against the plan. A few elements from Corporate Obligations / Administrative By-Laws that had been identified for the first 180 days including: the Board of Directors being informed of and endorsing its obligations to FLS; establishing an internal FLS committee; and developing a mechanism to manage complaints regarding FLS are not currently on track due to other high priority work in the first six months since transition.

Since May 2017 we have had 3 complaints from the Office of the French Language Services Commissioner that we are currently working with Quality, Provider Contracts and Allocations, and Home

& Community Care to resolve with interim solutions while we develop a longer term plan to address capacity issues: 2 related to the lack of provision of homecare services in French and 1 related to absence of French language services by an identified agency.

Background

In December 2015, the ministry released Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario. This proposal highlighted the need to address structural issues in Ontario's health care system to improve the accessibility, integration, and consistency of patient care. A key area of focus outlined in this proposal was to expand the role and mandate of the LHINs to enable system transformation in primary care, home and community care, public health and health equity for communities such as the Francophone population who often face challenges in obtaining health services in French.

In December 2016, Ontario passed the Patients First Act, 2016, reinforcing the expectation that LHINs respect the requirements of the French Language Services Act (FLSA) in the planning, design, delivery and evaluation of services, and emphasize the LHIN's responsibility to promote health equity and respect for diversity, including of Ontario's French-speaking community.

In addition, further clarification of the respective role, responsibilities, and accountability of the ministry, LHINs, Entities and Health Service Providers was identified as critical success factor for ensuring that all system transformation activities have a positive impact on the availability and accessibility of quality health services for Francophone communities.

Current Requirements and Obligations

In November 2017, the Ministry of Health and Long-Term Care (MOHLTC) produced a Guide to Requirements and Obligations Relating to French Language Health Services (FLHS). The purpose of Guide to FLHS is to help strengthen health system accountability and performance in support of access to linguistically and culturally appropriate services for Ontario's Francophone communities. The Guide outlines and clarifies expectations of the respective roles, responsibilities and accountability of the MOHLTC, LHINs, French Language Health Planning Entities (Entities), and Health Services providers as reflected in current legislation and accountability documents as they relates to their roles in planning, funding, and delivery of French Language Health Services. The Guide is also intended to inform the Boards and executive leadership teams of these organizations with regards to their FLHS obligations. Each organization is expected to fulfill and adhere to the requirements and obligations that apply to them.

LHINs have a range of responsibilities and obligations regarding FLS:

- As a crown agency, the LHIN must offer bilingual services in English and French to the public we serve. In order to do so it is important to develop internal capacity, to respect the communication guidelines recommended by the MOHLTC, and to apply the principles of active offer of FLS.
- As health system planners, LHINs are responsible:
  - To ensure that a continuum of care is available in French to the Francophone population through the HSPs they fund within their geographic area.
  - To include the Francophone lens at all stages of the planning process.
  - To identify HPSs to develop FLS, and monitor designation process.
  - To monitor annually progress of HSPs regarding the development and delivery of FLS.

  - To hold HSPs accountable for the provision of FLHS and reporting on the provision of FLHS as per the terms of the LHIN-HSP Service Accountability Agreements
  - To work with their French Language Health Planning Entity (Entity) according to the terms of the accountability agreement signed with them.
  - To demonstrate to the MOHLTC and the public that the LHIN planning activities take into consideration the needs of their French-speaking population
- As a deliverer of Home and Community Care
  - Ensuring that any service provided directly to the public including home and community care is delivered in accordance with the FLSA (available in both languages)
  - Comply with Third Party Regulation by ensuring that contracted service providers delivery any service, including home and community care service, on behalf of the LHIN, provide that service in accordance with the FLSA.
  - Work towards applying the principles associated with the concept of “Active Offer” in the provision of health services

The accompanying slide deck presentation has additional detail on the legislative framework; the roles of the MOHLTC, the LHIN, and HSPs; and responsibilities of the LHIN.
Recent legislative amendments, reinforce and strengthen requirements for LHINs, HSPs, and our contracted service providers to respect the FLSA to ensure provision of services in French to the Francophone community. The promotion of health equity and the reduction of health disparities and inequities are at the forefront of these legislative amendments.

As a new organization evaluating and refreshing corporate policies, practices, structures and procedures we have a unique opportunity to strengthen our commitment and ensure we are setting an example for the system and our partners on actively working to improve the quality and accessibility of French health services in our region.

A formal internal FLS committee structure will ensure that the South West LHIN:
- is positioned to be successful in ensuring that the French-speaking population has access to services in French;
- that we are meeting all obligations and requirements; and
- integrates the principles of equity for the Francophone population into our work.

The mandate of the FLS Committee would be:
- To develop and implement an FLS plan
- To advise the Senior Leadership Team on issues that influence the implementation and delivery of FLS in accordance with the FLSA
- Prepare/ provide regular FLS updates to the Board of Director’s (minimum twice a year).
- To ensure the South West LHIN becomes compliant with:
  - Its corporate obligations and operational requirements;
  - Communications Guidelines;
  - The promotion of the principles of “active offer”;
  - Human Resource approach to ensure we are building the necessary capacity to provide services in French;
  - Development of structured processes to manage and resolve French Language complaints

Next Steps

This briefing and accompanying presentation to the South west LHIN Board is the first of a new regular FLS update which aims to provide Board members with the FLS background information they need to better understand their role as Board and to hold the organization accountable to the Requirements and Obligations relating to French language Health Services. Staff will provide updates a minimum of twice annual to the Board on our:

- Joint Action Plan with the Entity
- Progress on our internal FLS plan
- Other francophone projects outside of the Joint Action Plan that align with the IHSP

That the board consider inviting presentations from the:

- French Language Services Commissioner
- Erie St Clair/South West French Language Health Planning Entity

The LHIN Board makes a commitment that by the end of 2018/19 members will complete the Francophone Community Linguistic and Cultural Competency Training course currently in development in partnership with ESC LHIN and will include materials specifically adapted for governors.

Appendix A

Key Terms

Active offer - a set of measures taken by government agencies to ensure that French language services are clearly visible, readily available, easily accessible and publicized, and that the quality of these services is the equivalent to that of services offered in English. Active offer in principle means that the Francophone should not have to ask for services in French, rather it is the responsibility of the health service provide to be actively offering service in French. This includes: communications (signs, notices, other information) and the initiation of communication with French-speaking clients (bilingual messaging on phone system, live answer, etc).

Designated area – 26 in Ontario, one of which is the City of London, every government ministry and agency in these areas must offer French-language services to their clientele.

Designated HSP – have met designation criteria and have received official recognition from the Government of Ontario. They offer quality service in French on a permanent basis, guarantee access to its service in French, have French-speaking members on its board and its executive, have written policy for services in French that is adopted by the board.

French Language Health Planning Entity (“Entity”) – 6 entities in Ontario established in 2010 to support coordinated and effective engagement of French-speaking communities on matters related to FLHS. SW shared an Entity with ESC LHIN. Provide advice to the LHINs on matters regarding the health of the Francophone including: methods of engaging, health needs and priorities, identification and designation of HSPs, strategies to improve access, accessibility and integration of French language health services

Identified HSP – are working toward attaining designation. They are planning and delivering quality direct service in French.

Non-identified HSP – have no corporate obligation to plan and implement service in French. However, all LHIN-funded HSPs have a requirement to serve all populations in a culturally competent manner and be responsive to their needs. Must have mechanism to provide information on services available in French. Current mandatory reporting requirements for all HSPs (including non-identified) are being enhanced in 18-19 with a standard provincial collection tool.

South West LHIN

South West LHIN Responsibilities for French Language Services

December 19, 2017

Kristy McQueen Interim Senior Director, Strategy, System Design and Integration /
Suzy Doucet-Simard, French Language Services Planner

Ontario
Local Health Integration Network

Update on French Language Services in South West LHIN

- Purpose
- Background & Context
- Legislative Framework
- Responsibilities of the LHIN with respect to FLS
  - As a Crown Agency
  - As a Provider of Home and Community Care
  - As the Local Health System Manager
- Risks
- Next Steps
- Resources

Purpose

- To provide an overview of the Local Health Integration Network's (LHIN's) French Language Services (FLS) obligations under the French Language Services Act (FLSA) and the Local Health System Integration Act (LHSIA)

Background & Context

- In March 2006, the government of Ontario passed legislation creating the 14 LHINs
- The LHINs were mandated by the MOHLTC to plan, fund and integrate local health services
- LHINs work with health service providers and community members to set priorities and plan health services in their regions
- The LHINs, in their role as a crown agencies and local health system planners, are accountable for ensuring access to French Language Health Services (FLHS) in their geographic areas
- The French Language Service Advisor supports the LHINs in meeting their obligations with respect to French Language Services (FLS)
- FLS Advisors/Coordinators work collaboratively as part of a provincial network to develop common strategies and tools


REQUIREMENTS
RULES
STANDARDS
LAW
COMPLIANCE
GOVERNANCE
REGULATIONS
POLICIES
TRANSPARENCY

Put Yourself In Their Shoes

Key Terms

- Active offer – a set of measures taken by government agencies to ensure that French language services are clearly visible, readily available, easily accessible and publicized, and that the quality of these services is the equivalent to that of services offered in English.

- Designated Health Service Provider (HSP) – have met designation criteria and have received official recognition from the Government of Ontario. They offer quality service in French on a permanent basis.

- Identified HSP –working toward attaining designation. They are planning and delivery quality direct service in French.

- Non-identified HSP – have no corporate obligation to plan and implement service in French. However, all LHIN-funded HSPs have a requirement to serve all populations in a culturally competent manner and be responsive to their needs. Must have mechanism to provide information on services available in French.

- Designated area – 26 in Ontario, one of which is the City of London, every government ministry and agency in these areas must offer French-language services to their clientele.

- French Language Health Planning Entity (“Entity”) – 6 entities in Ontario, ours is shared with ESC LHIN. Provide advice to the LHINs on methods of engaging, health needs and priorities, identification and designation of HSPs, strategies to improve access, accessibility and integration of French language health services

Legislative Framework

- Key Elements of the *French Language Services Act* (FLSA) (1986):
  - Recognition of the contribution of the cultural heritage of the French-speaking population and wish to preserve it for future generations
  - Right to communicate in French with, and to receive services in French from the government and its agencies
  - Designation of 26 areas across the province *(includes City of London)*
  - Office of Francophone Affairs
  - French Language Services Commissioner

Legislative Framework (cont'd)

- Key Elements of the *Local Health System Integration Act* (LHSIA) (2006):
  - Preamble (f) - Commitment to equity and respect for diversity, and respect of the requirements of the FLSA
  - Object 5 (1.e) - *idem*
  - Part III, 14 (2) 2. – Establishment of a French Language Advisory Council
  - Part III, 14 (5) – Adherence to the FLSA
  - 16 (4) b. – Engagement with the French Language Health Planning Entity

Legislative Framework (cont'd)

- Key Elements of the *Patients First Act*, 2016:
  - Effective Integration of Service and Greater Equity
  - Timely Access to, and Better Integration of, Primary Care
  - More Consistent, Accessible and Culturally-Adapted Home and Community Care
  - Stronger Links to Population and Public Health
  - Inclusion of Indigenous and Franco-Ontarian Voices in Health Care Planning

Legislative Framework (cont'd)

- Key Pillars of the *Mandate Letter* from the Ministry of Health and Long-Term Care to the South West LHIN dated May 1, 2017:
  - Promote health equity, and reduce health disparities and inequities
  - Respect the diversity of communities in the planning, design, delivery and evaluation of services, including culturally safe care for Indigenous people and meeting the requirements of the French Language Services Act
  - Continue to strengthen local engagement with Francophone and Indigenous communities
  - Work with health service providers and communities to plan and deliver health services

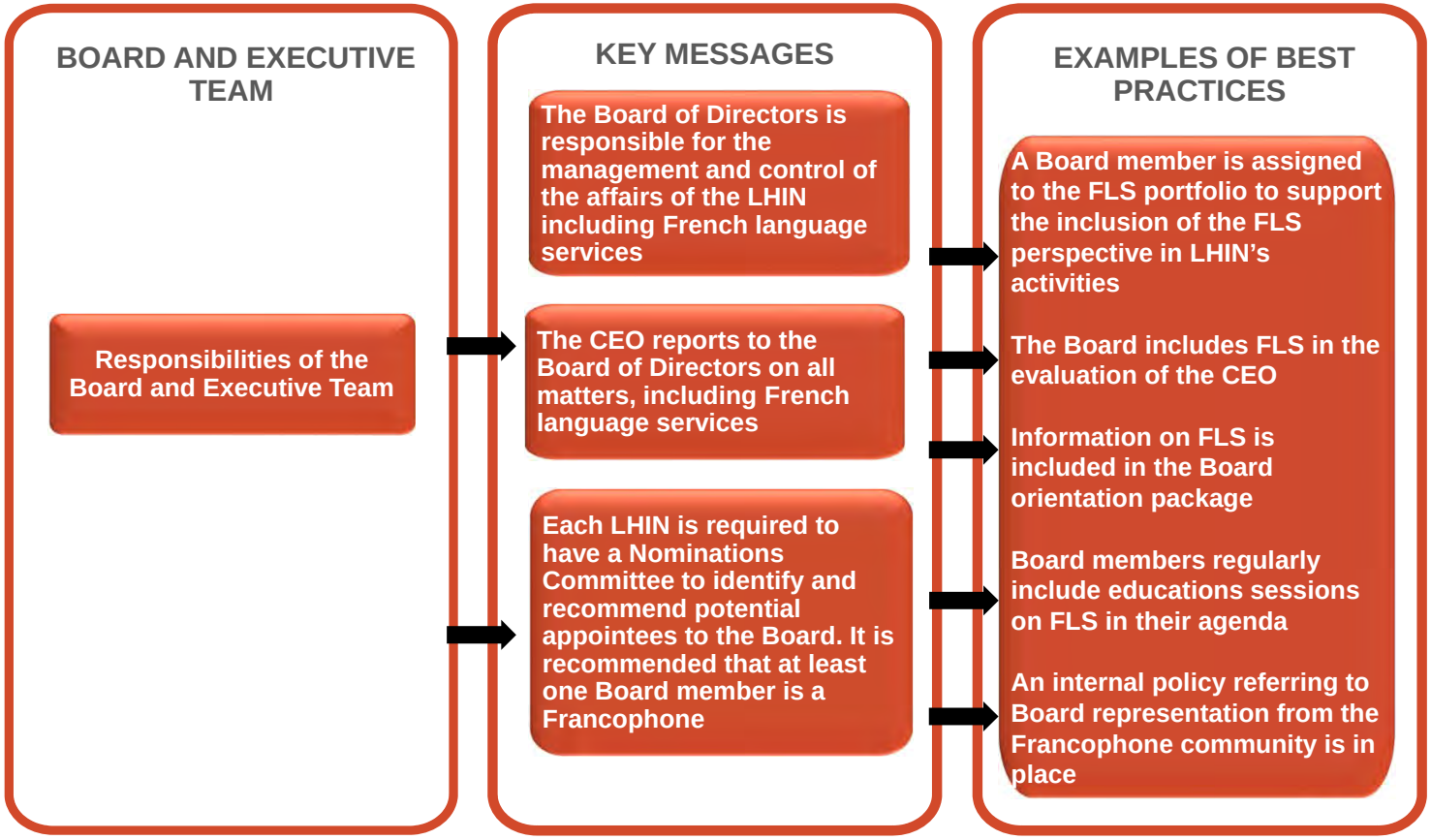
Legislative Framework – Roles of MOHLTC, LHIN and Entity

Government of Ontario - Responsible for establishing overall strategic direction and provincial priorities for provision of FLHS; developing implementing and administering both the LHSIA and the FLSA

LHINs - As Crown agencies; local health system planners, responsible for ensuring access to FLS in their geographic area; providers of home and community care services, responsible for delivering quality FLS; and responsible to liaise with the ministry and work with the Entities.

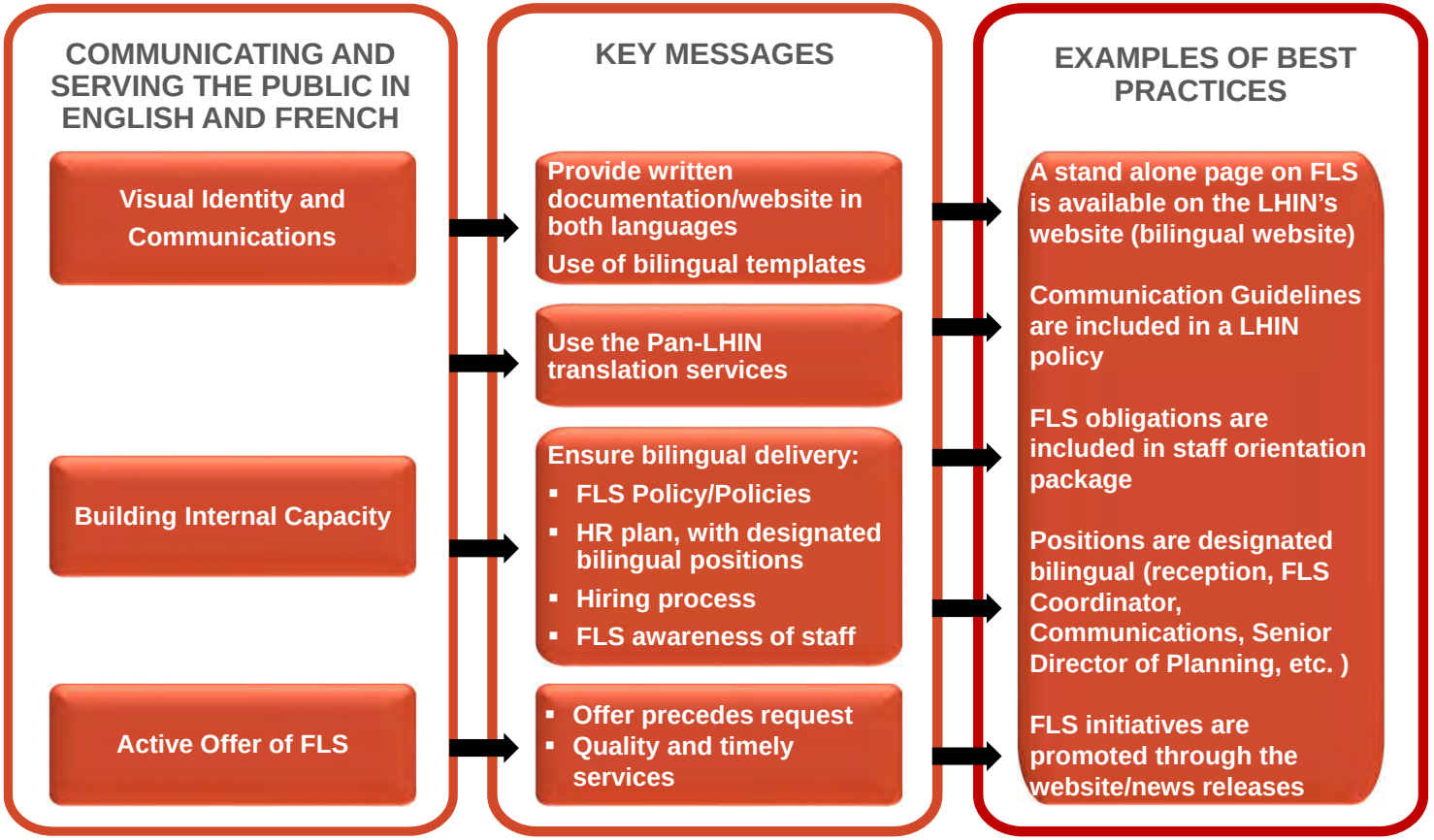
Health Service Providers - Responsible to develop and provide equitable access to quality FLS; different requirements for designated, identified and not designated nor identified

Responsibilities of the LHIN Board with respect to FLS

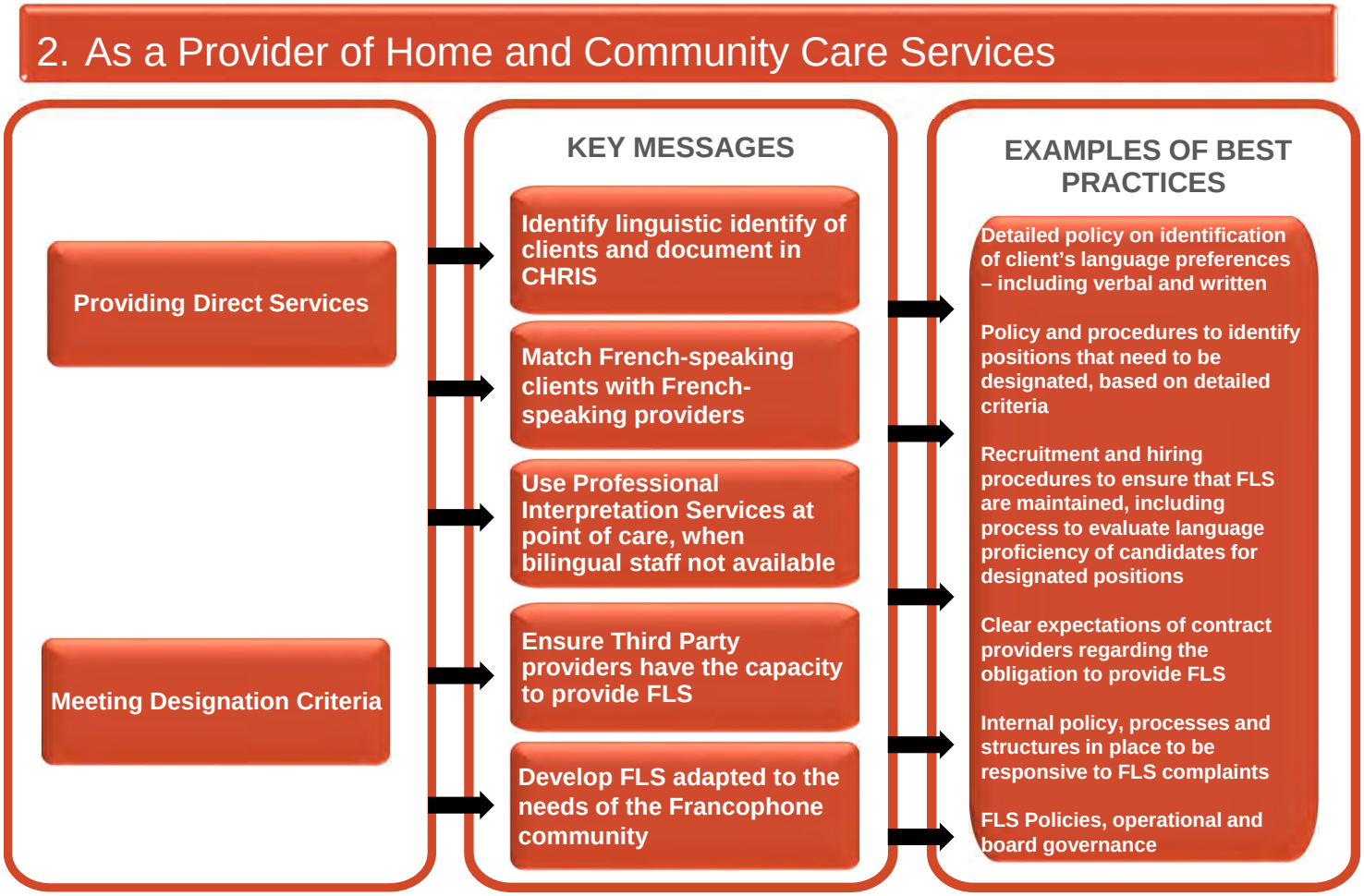


Responsibilities of the LHIN with respect to FLS

1. As a Crown Agency

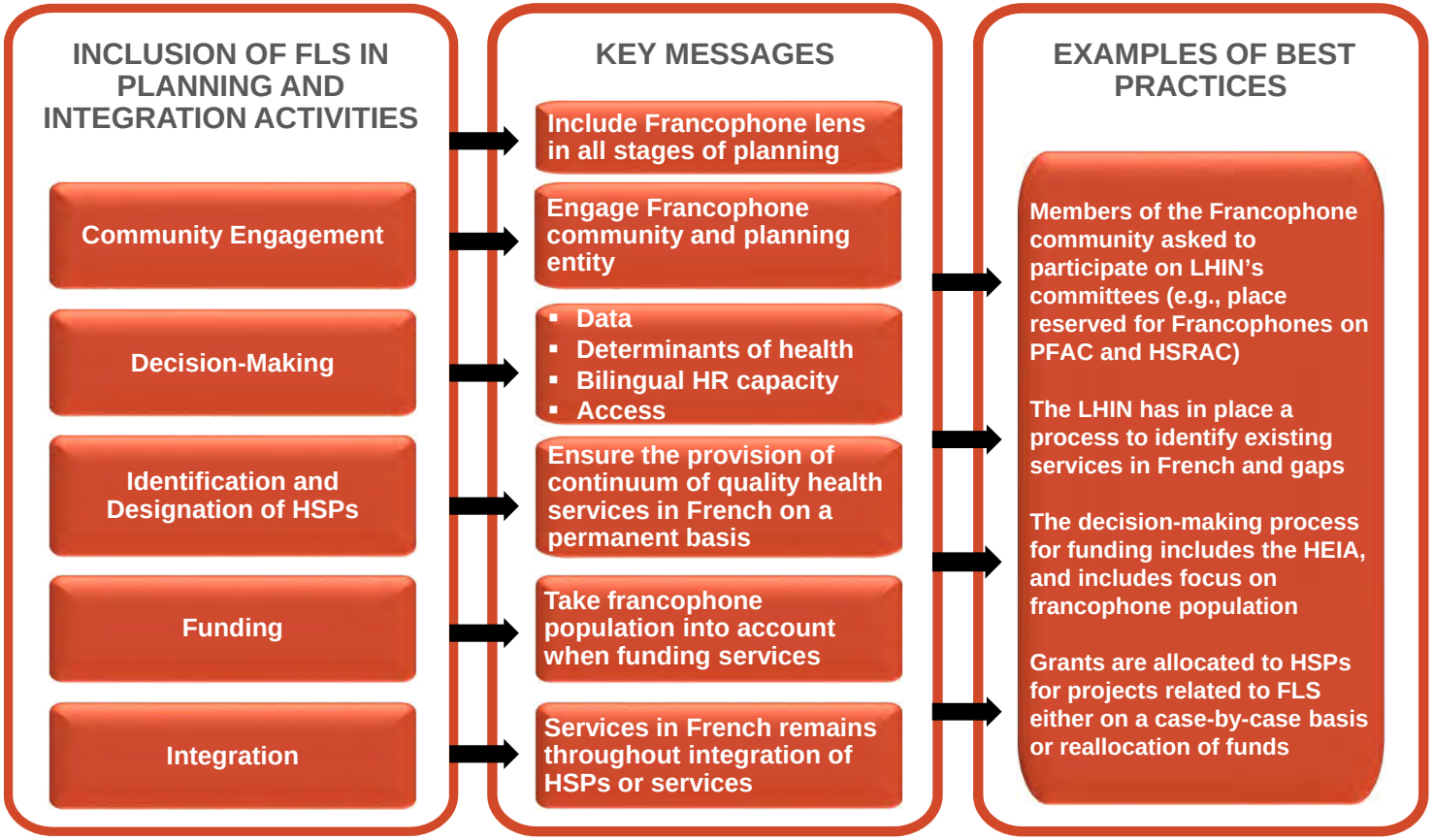


Responsibilities of the LHIN with respect to FLS



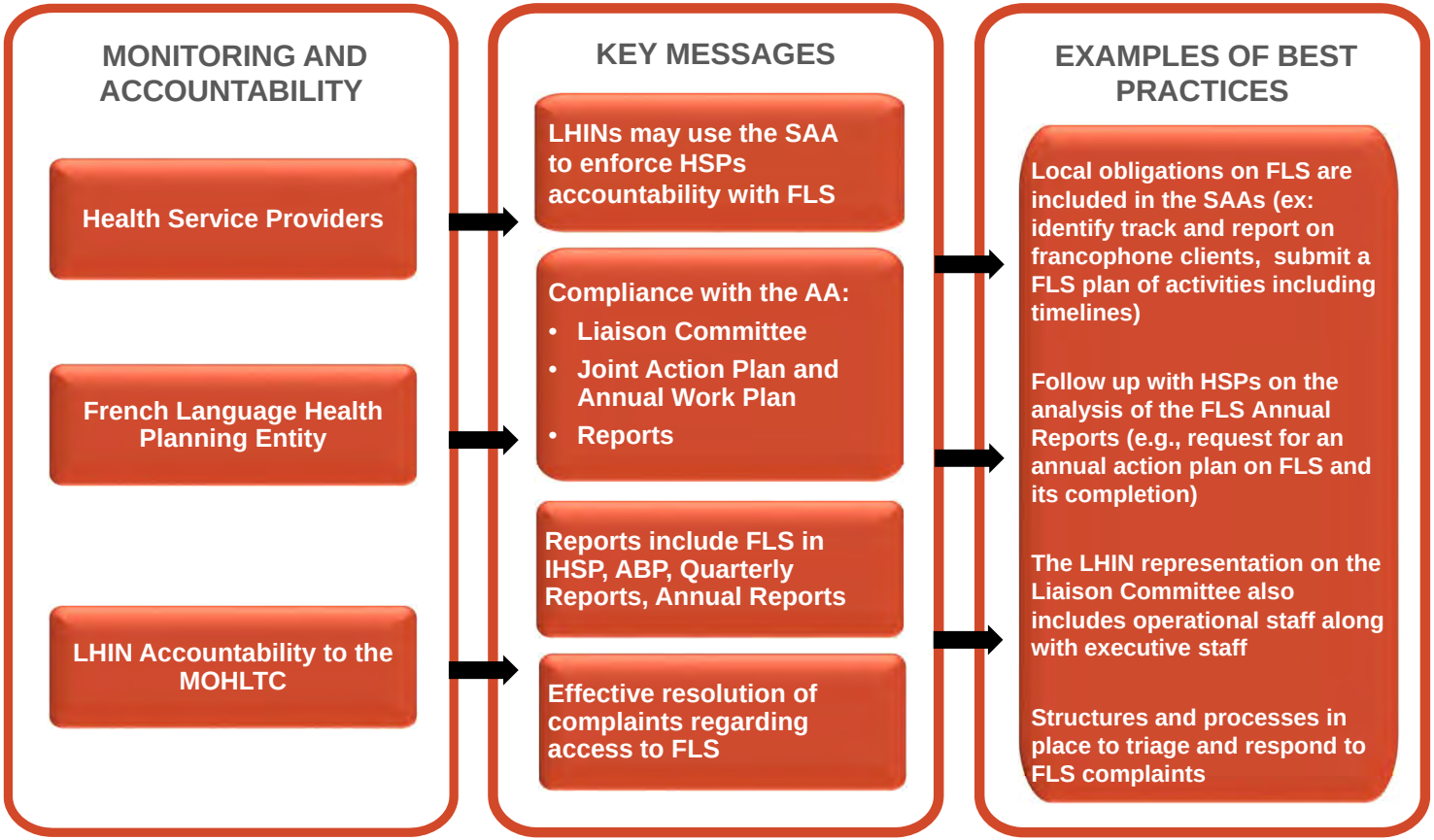
Responsibilities of the LHIN with respect to FLS

3. As the Local Health System Manager



Responsibilities of the LHIN with respect to FLS

3. As the Local Health System Manager (cont'd)



Risks

- Operational risk
- Financial risk
- Reputational risk
- Strategic risk
- Health risk
- Administrative or litigation risk

Next Steps

- Continue to advance work on the LHIN French language transition plan
- Create an internal FLS Committee
- Invite the Erie St Clair/South West French Language Health Planning Entity to present to the Board
- Invite the French Language Services Commissioner to engage with the Board
- By the end of 2018-19 board members will complete the Francophone Community Linguistic and Cultural Competency Training course currently in development

Questions…

Resources

- Pan-LHIN FLS Coordinators Network, *LHINs Accountability Framework for French Language Services – Highlighting Best Practices*, March 2017
- Pan-LHIN FLS Coordinators Network, *Framework for French Language Services within LHIN Renewal*, January 2017
- Ministry of Health and Long-Term Care, *Guide to French Language Services Requirements and Obligations*
- Erie St. Clair and South West LHINs, LHIN Current State and Transition Plan Template

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health and social services across the South West

SouthWesthealthline.ca

southwestlhin.on.ca

@SouthWestLHIN SouthWestLHIN YouTube SouthWestLHIN

Agenda Item 7.5

Report to the Board of Directors

Access & Flow through the Holiday Season

Meeting Date: **December 19, 2017**

Submitted By: **Kelly Gillis, Interim Co-CEO**
Donna Ladouceur, Interim Co-CEO
Andrea McInerney, Manager, Quality Improvement
Jana Fear, Health System Planner

Submitted To: ☒ **Board of Directors** ☐ **Board Committee**

Purpose: ☒ **Information** ☐ **Decision**

Purpose

The purpose of this report is to inform the South West LHIN Board of Directors of the approach to managing Access and Flow within and across the region's hospitals through the holiday season.

Background

Every year, emergency departments and urgent care centres experience a predictable increase in demand for resources over the winter holidays and into the early part of the New Year. Over the past six years there has been a significant increase in the volume of ED visits over the holiday period (approximately 500 additional ED visits in the South West between 2011-2016 on December 25th and December 26th). The impact of influenza further exacerbates hospital capacity challenges during this predictable surge period.

Approach and Desired Outcomes

Through the implementation of the Holiday Surge Plan 2017/18, One-Time Surge and Flex Bed Funding, the Critical Care Moderate Surge Process, and the Winter Holiday Surge Communications Plan, the approach to managing Access and Flow in the South West LHIN is aimed at achieving the following outcomes over the holiday and winter period:

- Maintain access to ED and inpatient beds
- Maintain discharge practices and levels in acute and post-acute care hospitals
- Maintain access to non-elective surgical services during periods of planned Operating Room slowdowns

- Ensure effective escalation processes are in place for addressing surge in real time within and across the sub-regions
- Increase communication and awareness of access to services through a public awareness campaign
- Collaborative approach to maintain access to essential services

Holiday Surge Plan 2017/18

Over each of the last three years, South West LHIN partners have implemented a plan to manage hospital surge pressures over the holiday period.

The activities undertaken to prepare for the 2017/18 holiday surge include:

- Inventory of planned acute care service reductions and mitigation strategies
    - Hospitals have engaged with local and sub-region hospital partners to coordinate coverage for essential services (e.g., non-elective surgery)
- Collection and distribution of key acute care contacts for the holidays
    - All South West LHIN hospital sites have provided key contact names and contact phone numbers for a “decision maker” for each day of the holiday period

The process for monitoring and responding to surge capacity issues includes:

- Daily occupancy monitoring process
    - Each hospital will populate occupancy/census data into an online tool
    - Each hospitals “Decision Maker” will review and sign-off on hospital census data with yes/no decision for triggering a triage huddle call, within a sub-region or across the South West
    - Regional data will be reviewed daily and support provided for problem solving and issue management
- Triggered triage huddle calls
    - Should a triage huddle call be triggered, appropriate regional hospital and home and community care partners (within a sub-region and/or across the South West) will participate in a huddle call
    - Patient transfers will be discussed and coordinated to mitigate and manage surge based on a principle of utilizing collective system capacity

2017/18 One-Time Targeted Surge and Flex Bed Funding

On October 23, 2017, the Ministry of Health and Long-Term Care announced funding for over 2,000 additional beds and spaces across the province to improve patient access to the care they need, whether in hospital, at home or in the community. The South West LHIN received a total of 102 beds/spaces as follows:

South West LHIN	
LHSC – University Hospital Beds	10
LHSC – Victoria Hospital Beds	14
LHSC – Mental Health Beds	24
St. Joseph's Health Care Beds	6
Additional Beds/Spaces	**43**
Short-term Transitional Care Spaces in London (partnership with the LHIN, LHSC, St. Joe's, CMHA-Middlesex)	5

Targeted Surge Bed Allocation and Monitoring:

30 targeted surge beds (one-time funding) have been allocated as follows:

- London Health Sciences Centre – University Hospital: 10 medical/surgical beds
- London Health Sciences Centre – Victoria Hospital: 14 medical/surgical beds
- St. Joseph's Health Care, London: 6 complex continuing care beds

The above hospital sites were selected based on demonstrated pressures impacting access to the highest levels of care and/or specialty services, and the site's ability to operationalize additional conventional beds by mid-November 2017. The beds are to be net new and above baseline. Targeted surge beds have confirmed funding until March 31, 2018. Occupancy rates will be reviewed and monitored regularly.

In addition, London Health Sciences Centre received 24 base-funded mental health beds. It is anticipated that, due to staffing challenges, the mental health beds may not become operational until February 2018.

Flex Bed Allocation and Monitoring:

The South West LHIN received 43 one-time funded flex beds to be allocated within communities that demonstrate occupancy pressures in the winter months and have indicated an ability to operationalize additional conventional beds on an as-needed basis. Beds must also be net new and above baseline. Consideration in allocation was be given to sub-region population density and other system pressures with the sub-region.

Once allotted, occupancy rates will be reviewed and allocations adjusted where necessary. During the defined holiday period, monitoring will be embedded into the holiday surge process described above. Following the holidays, daily bed census reporting will be monitored by LHIN staff and additional flex beds will be allocated and opened as need is demonstrated.

Although allocated to specific hospital sites, the surge and flex beds will be considered *system beds* to support inpatient capacity within a particular sub-region or across the LHIN as needed. Clear access and flow protocols will be in place to support patients in times of surge.

South West LHIN Critical Care Moderate Surge Process Review & Update

In 2011, the South West LHIN Critical Care Moderate Surge Process, with guidance from Critical Care Services Ontario, was implemented.

The level of response to a surge is determined by unit occupancy thresholds. Criticall Ontario facilitates the initiation of the process with leadership from the LHIN CEO (or delegate) and the LHIN Critical Care Lead (Dr. Ian Ball). Standardized protocols for the transport of critical care patients during surge and the acquisition of additional ventilation equipment (if required) are built into the overall process.

The South West LHIN Critical Care Lead and Network are reviewing the process and updating documentation to ensure the South West LHIN is prepared to activate the process over the holiday/winter influenza season if necessary.

Winter Holiday Surge Communications Plan

The Winter Holiday Surge Communications Plan was developed with the communication goals of proactively demonstrating the South West LHIN's planning efforts and creating awareness of and providing information about resources and tools offered by health services providers during the 2017/18 winter holiday season to residents in the South West LHIN.

Communications objectives include; strengthening partnerships between health service providers to communicate messages regarding joint planning across the health care system and offering expanded information, resources, and tools, for internal and external audiences in a central location leading up to and including the 2017/18 winter holiday season.

Target Audiences

- Health Service Providers who care for:
  - People who are frail and/or have medically complex conditions or disabilities and their caregivers
  - People living with mental health and/or addiction issues and their caregivers
  - People living with chronic disease(s) and their caregivers
- Health service provider governance
- Public
- Elected and municipal leaders
- Media

Partnerships/Opportunities for Collaboration

- Hospitals
- southwesthealthline.ca
- Primary care
- Mental health and addictions agencies
- Public Health
- Long-term Care homes

Key messages have been developed and shared with internal staff and external partners to ensure consistencies and for use in local communication efforts. The South West Healthline has been leveraged as the common place for information to be posted to inform patients and families about health care services available over the holiday period (holidays.southwesthealthline.ca).

Planned communication tactics include:

- Proactive/earned media release (highlighting holiday.southwesthealthline.ca resources)
- Letters to Primary Care from Chief Clinical and Clinical Leads
- Social media campaign
- Web content
- “Where to go for care” posters and fact sheets (see Appendix A & B)
- Planned engagement with HSP communicators
- Socialization of plan with Public Health

Appendix A: Holiday Care Options Poster

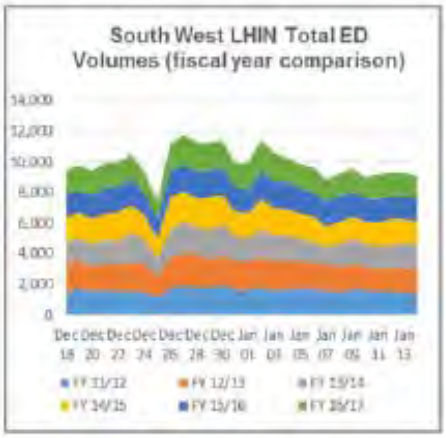
Appendix B: Winter Holiday Surge Fact Sheet

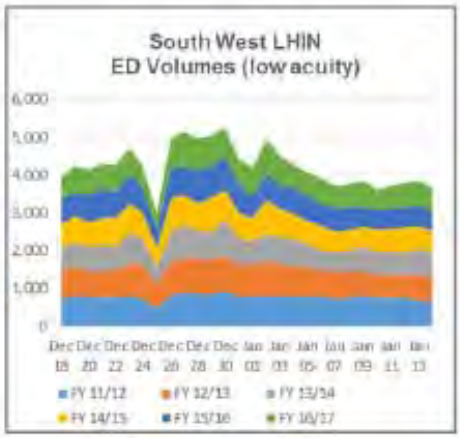
South West **LHIN**

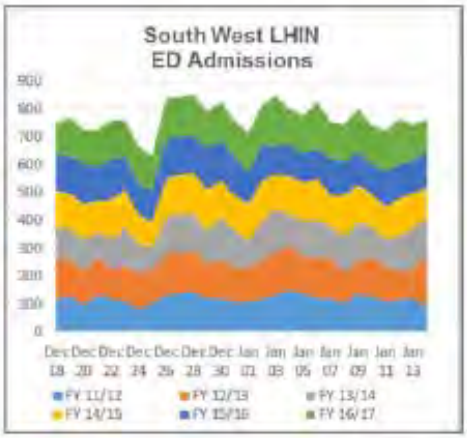
Winter holiday surge fact sheet December, 2017
The importance of maintaining access to health care resources over the holiday period

- Urgent care, emergency departments and hospitals experience an annual and predictable increase in demand for resources over the winter holidays and into the early part of the New Year.
- As shown below, over the past six years there has been a significant increase in the volume of ED visits over the holiday period. While visits initially drop on December 25, there has been an average increase between December 25 and 26 of:
  - Approximately 49% in total emergency department volumes (200 additional visits)
  - Approximately 68% in *CTAS 4 and 5 volumes (less urgent and non-urgent ED visits) (350 additional visits)
  - Approximately 34% in emergency department admissions.
- The average number of daily visits to emergency departments in the South West LHIN was approximately 1,500 to 1,550 over the past six years.
- A significantly lower number of patients are discharged from hospital during this period thus contributing to inpatient capacity challenges in hospitals.
- Emergency department visits continue to be above the average throughout the holiday period with additional peaks experienced during the New Year's period. The impact of influenza will further exacerbate hospital capacity challenges during the predictable surge period.

*CTAS = Prehospital Canadian Triage and Acuity Scale







Agenda item 7.6

Report to the Board of Directors

Board Quality Committee Highlights and Reflections

Meeting Date: **December 19, 2017**

Submitted By: **Linda Ballantyne, Chair, Quality Committee**

Submitted To: ☒ **Board of Directors** ☐ **Board Committee**

Purpose: ☒ **Information** ☐ **Decision**

The following are highlights and reflections from the South West LHIN Board Quality Committee held on November 23, 2017. The purpose of this report is to provide highlights and reflections beyond standard committee meeting minutes (located in consent agenda) in order to foster ongoing learning, sharing, and stimulating dialogue on key matters as part of the LHIN Board's quality and safety maturation journey.

Patient Relations

- It is important to understand and ensure the organization has robust processes in place to receive, manage and respond to patient feedback in a timely manner.
- Patients need to be able to provide feedback in a safe and effective manner, including culturally appropriate feedback processes.
- Foster a Just Culture, where the organization is promoting reporting from a learning and continuous improvement objective, and not a blame perspective.

Engagement with Partners

- Representatives from St. Joseph's Health Care, London shared their quality journey experiences speaking to its evolution, patient engagement, and connection to the SJHC Board of Directors. Key message was the importance of co-designing patient engagement with patients/patient groups and engaging with purpose.

Quality Improvement

- It is important to drive our home and community care objectives through our organizational quality improvement plan but we cannot do so without understanding the priorities and actions of our partners and how these will positively contribute to shared quality goals.
- Spent time reviewing and discussing quality improvement planning snapshots produced by Health Quality Ontario helping partners plan and share actions and objectives.

Accreditation and Standards

- Continue to move forward with the approach of embedding standards in the design of LHIN policies and procedures governing how we undertake the work to fulfil our mandate.

- It is recommended that we take a pragmatic and paced approach to the accreditation survey in order to enable our organization to adapt to the integration and change and build the necessary skillset within our staff and board members to successfully advance through accreditation**.**