Mississauga Halton **LHIN**

Mississauga Halton Local Health Integration Network

Annual Business Plan

April 1, 2009 - March 31, 2010

June 30, 2009

Ontario
Local Health Integration Network

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June 25, 2009

Honourable David Caplan
Minister of Health and Long-Term Care
Ministry of Health and Long-Term Care
80 Grosvenor Street, 10th Floor
Toronto ON M7A 2C4

Subject: Annual Business Plan 2009/10 – Mississauga Halton LHIN

Dear Minister Caplan:

On behalf of the Board, it is my pleasure to submit to you our Annual Business Plan (ABP) that has been reviewed by the Board. This plan outlines the initiatives planned and underway to continue implementing our Integrated Health Service Plan (IHSP) and to meet our obligations under the Ministry-LHIN Accountability Agreement (MLAA) over the upcoming year.

This plan reflects the current local reality in our LHIN and takes into consideration results of ongoing community engagement that occurred over the past year with our health service providers and the public. It further recognizes the emerging health care priorities articulated by the Minister of Health and Long-Term Care related to reducing wait times in emergency departments and improving access to quality family health care.

We do want to highlight the LHIN has worked very aggressively in 2008/09 to implement a number of strategies that directly impact or divert clients from unnecessary use of Emergency Department visits and will reduce ALC. The LHIN also successfully implemented accountability agreements with all of our HSP community sector partners to strengthen performance measurement and reporting across the health system.

Our 2009/10 plan includes strategies to continue to increase community capacity to provide an alternative to long-term care placement and improve access to the most appropriate levels of care. It takes into account government priorities related to the reduction of wait times in ER, the Diabetes Strategy and Mental Health and Addictions planning. Implementation of new accountability agreements with the Long-Term Care sector will also be a key initiative implemented by the LHIN in 2009/10.

We are confident that this plan positions our LHIN towards achieving our vision of a *seamless health system for our communities promoting optimal health and delivering high quality care when and where needed*. We look forward to reporting on our progress.

Yours truly,

John Magill
Chair, Board of Directors

C Board of Directors

2. Executive Summary

The Mississauga Halton LHIN (MH LHIN) strives to lead health system integration for the communities of south Etobicoke, Halton Hills, Oakville, Milton and Mississauga. The 2009/10 Annual Business Plan (ABP) links directly with the strategic goals identified in our Integrated Health Service Plan (IHSP) and the Ministry LHIN-Accountability Agreement (MLAA).

The intent of the Annual Business Plan (ABP) is to articulate key MH LHIN priorities for fiscal year 2009/10.

The Business Plan is developed within the context of a growing and aging population resulting in greater use of health services and increasing hospital capacity pressures. Further investments through the provincial Aging at Home Strategy will allow the LHIN to expand community services to keep seniors living at home for as long as possible. In addition, the prevalence of people with diabetes is much higher in the Mississauga Halton LHIN than the provincial average. The provincial Diabetes Strategy is an opportunity to build more comprehensive diabetes and chronic kidney disease supports for residents across our LHIN. Reducing the time patients spend waiting in emegerncy rooms requires improvement and the MH LHIN has specific strategies to address this issue. While significant achievements have been made by the LHIN and its partners in 2008/09 to address these areas, our efforts must be sustained over the next year.

The vision and values that underpin the functioning of the MH LHIN remain unchanged from previous years and aligns with the provincial and local expectations.

Locally, the priorities presenting the most significant challenge to the MH LHIN in 2009/10 can be summarized as:

- Improving emergency room wait time performance;
- Reducing alternate level of care (ALC) hospital stays;
- Expanding community support services to help seniors remain at home and avert unnecessary admissions to hospitals and long-term care facilities;
- Aligning with provincial priorities related to eHealth, diabetes management, and mental health and addictions;
- Implementing new accountability agreements with the Long-Term Care sector; and
- Engaging the community on refreshing the Integrated Health Service Plan (IHSP).

The 2009/10 Business Plan describes specific action plans that will be implemented to respond to these priorities. The action plans support and align with the strategic priorities identified in the Integrated Health Service Plan (IHSP). They are focused, achievable and address areas of the health care system that currently affect many residents of the MH LHIN.

The work detailed in the action plans reflect contributions from our community as gathered during and since the development of the IHSP. Implementation will require the MH LHIN and our health service providers (HSPs) to work collaboratively for our collective success.

In addition to the operational action plans detailed in this ABP, our Board has invested and continues to invest considerable time and resources to advance collaborative governance among health service provider boards to be engaged in the journey to improve health care.

3. Introduction

A. Purpose

The purpose of the Annual Business Plan (ABP) is to provide a 'roadmap' for the coming year on key priorities to be implemented for the coming year. It articulates how the MH LHIN intends to meet its planning and performance requirements as well as how it intends to fulfill its Integrated Health Services Plan (IHSP).

B. Principles / Considerations

The Annual Business Plan is based on the principles of collaboration, mutuality, flexibility, achievability, transparency and strategic alignment with the government's agenda in health. The MH LHIN has taken the position that it is important to communicate the current reality, opportunities and risks associated with implementing both the IHSP and the Ministry-LHIN Accountability Agreement (MLAA).

The following considerations have been taken into account in developing the Annual Business Plan:

- All initiatives build on and advance the MH LHIN's priorities noted in the IHSP and expectations of the three-year MLAA.
- An evidence-based approach guides our decisions around priority setting.
- Health Service Providers (HSPs) are encouraged, to the extent possible, to develop innovative and collaborate approaches to ensure locally sustainable solutions including improved efficiencies within the current multi-year planning allocations.
- LHIN-wide programs that enhance the overall health of our population and improve health system performance.

C. Linking with Strategic Directions in Health Care

In developing the Annual Business Plan, the Mississauga Halton LHIN is guided by our vision of "*a seamless health system for our communities promoting optimal health and delivering high quality care when and where needed"*. To execute this vision, the LHIN implemented its IHSP to achieve the following priorities for change:

- Improving health system performance
- Preventing and managing long-lasting (chronic) conditions
- Enhancing senior's health, wellness and quality of life
- Strengthening primary healthcare
- Integrating mental health and addiction services

In addition to these priorities, the LHIN also considered a number of enabling strategies such as eHealth and health human resource planning as essential to ensuring health system sustainability.

D. Alignment with Provincial Priorities

The Mississauga Halton LHIN is closely aligned in its foci and priorities to those of the provincial government. In the Ontario Budget 2009, the ministry highlights the following key areas:

- *Reducing emergency room wait times*. The MH LHIN shares the province's commitment to reducing wait times in emergency departments. ER wait times are a systemic issue and the MH LHIN continues to explore a range of solutions including those that strive to reduce alternate level of care (ALC) days in hospitals.
- *Improving access to family health care*. Our LHIN is aware that this commitment contains a focus on mental health and addictions. Improving access to mental health and addictions services is important for residents of the MH LHIN. Our Systems Integration for Mental and Health and Addictions (SIGMHA) team is actively working towards integration and coordination of services for this population.
- *Modernizing health infrastructure*. The Province has committed to developing and implementing a much-needed Diabetes Registry. This commitment complements our LHIN's projected future investment in patient and provider portals, to assist patients in managing their diabetes care and to give providers more information to help treat their patients.
- *Aging at home.* The MH LHIN will focus on continued enhancement of community services and supports for daily living for seniors by implementing the Year 3 Aging at Home Investment strategy.

E. MH LHIN's Mission, Vision and Values

Our Mission

To lead health system integration
for our communities

Our Vision

A seamless health system for our communities
promoting optimal health and delivering high quality
care when and where needed

Our Values

Innovation ○ Integrity ○ Accountability
Partnership ○ Respect ○ Holistic Approach

4. Environmental Scan of Opportunities & Risks to the Health System

The Mississauga Halton LHIN undertook extensive community engagement activities and an environmental scan in 2008 and early 2009 to identify gaps and opportunities in our health care system as part of planning for the refresh of the Integrated Health Service Plan (IHSP). Based on the environmental scan, the following drivers have an impact on health service delivery in the MH LHIN.

A. Demographic Trends – Immigration and Increased Diversity

The MH LHIN boasts a large immigrant and recent immigrant population. Currently, the region has an immigrant population of 43.2% compared to the provincial average of 28.3%.[1] The cultural and linguistic differences that exist within the MH LHIN require providers to plan and deliver services in a culturally competent way to meet the needs of local residents. The LHIN has one of the most diverse populations of all LHINs (36.2% total visible minority population).[2]

B. Population Growth and Aging

While geographically small, over one million people live in the Mississauga Halton LHIN, making it the fourth largest LHIN in Ontario based on population. Mississauga Halton's population is expected to increase by approximately 194,470 people by 2011—an increase of 19.2% from 2006. (See Table 1). According to the Health Based Allocation Method (HBAM), the MH LHIN is projected to have a much higher annual rate of growth in hospital and home-care service than the province across all age groups, but in the 75+ age group in particular (at 4.9% vs. the provincial average of 2.9%).

The population growth of seniors 65+ is expected to grow 18.5% by 2011 (See Table 2). As older Ontarians are historically greater users of health services, the local health system will need to adapt to changing service demands.

Table 1: Total Population Growth—Mississauga Halton LHIN

	2006	2011	2016
Population	1,013,820	1,208,290	1,324,950
New Growth	-	194,470	232,707
% Increase	-	19.2%	30.1%

Table 2: Population Growth of Seniors – Mississauga Halton LHIN

AGE	2006	2011	% Growth 5 year	2016	% Growth 10 Year
65 - 74	60,045	72,532	20.8%	94,131	56.8%
75 +	50,320	58,232	15.7%	68,524	36.2%
Totals	110,365	130,764	18.5%	162,655	47.4%

Source: Population Projection Update, Ontario Ministry of Finance, May 2007

[1] 2006 Census, Statistics Canada.
[2] ibid.

C. Issues Affecting the Provision of Health Services

Wait Times for Emergency Services

The Ontario government has set clear targets for reducing the amount of time patients spend waiting in emergency rooms. For patients with minor or uncomplicated conditions, the target is 4 hours. For patients with complex conditions, the target is 8 hours. Patients in the MH LHIN with complex conditions are waiting too long in emergency rooms for diagnosis, treatment or hospital bed admission (see Table 3).

Table 3: Wait Time Performance in ER

	% Admitted patients treated within target	% of non-adm High Acuity pts treated within target	% of non-adm low acuity pt treated within target
Provincial Target	90% in 8 hours	90% in 8 hours	90% in 4 hours
PROVINCE	41.5	82.3	84.8
MH LHIN	34.8	82.3	87.3

Waiting for Post-Acute Care Services

Patients in the MH LHIN are waiting too long for post-acute care services. The provincial measure for this is the number of days patients waited for discharge from Alternate Level of Care (ALC) as a percentage of total patient days. The provincial average for 2007/08 was 14.04% and the MH LHIN reported 10.12%. Patients who no longer need hospital services should be moved to the right care setting as soon as possible. The MH LHIN has seen significant improvements in keeping patients at home as a result of investments in the past year and will focus on building community capacity in 2009/10.

Health Human Resources

Adequate health human resources are the cornerstone of delivering safe, effective care to the residents of MH LHIN. The LHIN will work with the Health Professions Advisory Committee that provides advice on health human resource planning as well as other issues. In 2009/10, the LHIN will develop a health human resource profile to support planning and recruitment efforts.

D. Opportunities for Change

Emergency Room Wait Time Reduction

The LHIN is working with all health care providers to implement solutions which will help improve emergency room access. All three hospitals in the MH LHIN are actively reviewing ER processes and overall throughput to decrease wait times in this area. In 2009/10, Hospital Pay-For Performance ER funding is being provided to all three hospitals in the MH LHIN to improve ER wait times by 10% to meet specific provincial targets.

The LHIN is seeing some early success in the implementation of a number of funded initiatives to help reduce the inappropriate admission to ER including:

- expansion of the Wait at Home Program for all 3 hospitals;
- Expansion of hours allocated to the Stay at Home Program; and
- Implementation of the Geriatric Intensive Case Management Program whereby all patients seen in the ER aged 75+ are seen by a case manager once the patient is at home to determine health needs that can be better met in the community setting.

Diabetes Strategy

With the Ministry's announcement in July 2008 for a Diabetes Strategy, there is an opportunity to build a more comprehensive diabetes management program and chronic kidney disease supports and services for MH LHIN residents. Key initiatives specific to this opportunity are further outlined in the detailed plans that follow.

Mental Health and Addictions Services

The provincial government's Select Committee on Mental Health and Addictions—with representatives from all three parties—is working with consumers/ survivors, providers, experts and other interested parties to determine the mental health and addiction needs that currently exist. The government also established a Minister's Advisory Group on Mental Health and Addictions to look at a range of perspectives such as children and youth; aboriginal; workplace and women.

The MH LHIN will seek input from our local community through community engagement activities to better understand the need and gaps in mental health and addiction services. This will position the LHIN to be ready for future anticipated investments in mental health and addictions intended to reduce ER visits and hospitalizations.

Aging at Home

The MH LHIN anticipates $14.5 million will be allocated in 2009/10 for Emergency Department and ALC initiatives. Further investments in expanding community support services for seniors to live at home for as long as possible will help reduce the emergency room wait times and reduce the number of ALC days that patients are waiting in hospital for alternative care. The Business Plan includes a specific action plan for Year 3 Aging at Home Investments.

Ontario's eHealth Strategy

The Ministry of Health and Long-Term Care is implementing an eHealth Strategy in support of delivery of care, specifically around the management of chronic disease. eHealth is a critical enabler that will support many of the initiatives the LHIN is planning to implement in 2009/10. Further details are described in the action plans that follow.

Prevention & Wellness

Building healthier communities demands attention to the principles of health promotion and chronic disease prevention and management. As such these principles are woven throughout nearly every work assignment we take on. There are several examples of prevention and management strategies undertaken within the LHIN worth noting.

- The Mississauga Halton LHIN's multi-pronged strategy to build capacity for self-management among health care professionals and individuals with chronic conditions is an important component of effective management and prevention of complications for individuals living with chronic conditions.

- Insulin starter kits have been developed by our Diabetes Education Programs and will be disseminated to health service providers across the LHIN. These insulin kits serve as an important practical resource for providers and patients living with diabetes and provide the tools to promote effective insulin management, self-care and healthy lifestyles.

- Standardized diabetes education workshops are being implemented in Long Term Care Homes across the LHIN to decrease the number of patients being transferred to the ER for problems maintaining healthy sugar levels. Approximately 10% of patients visits the ER with low blood sugars come from Long Term Care Homes. Maintaining a balanced blood sugar is an important component diabetes management in the prevention of complications and side effects.

- The MH LHIN will be implementing several initiatives in 2009/10 that support people making healthy choices and taking better care of their health. These initiatives support the following:
    - Individuals who have a chronic disease.
    - Individuals with mental health and addiction conditions.
    - Seniors at risk of falling.

E. Summary of Risk Assessment

Ability of our Health Service Providers to Achieve a Balanced Budget

Our Health Service Provider's (HSPs) allocations, with their modest stabilization increases, creates challenges for providers. The MH LHIN is one of the fastest growing LHINs in the province, with corresponding expected growth in service demands, particularly in the 75+ age group. While the LHIN continues to work with our providers to find efficiencies in operations, our HSPs must find new and innovative ways to serve our growing population while managing a balanced budget.

Ability to Meet Performance Targets in the Ministry-LHIN Accountability Agreement

Schedule 10 of the Ministry-LHIN Accountability Agreement sets out a list of performance targets that the LHIN must achieve. Included in these targets are access indicators for wait times, and integration indicators for ALC days and Median Time to LTC placement. The LHIN works closely with our HSPs to ensure these performance targets are achieved. However, despite the LHIN's best efforts, there is a risk that some of the targets may not be achieved. Funds for wait times procedures have been reduced overall across the province, and this puts some of the targets, such as 90th percentile wait times for diagnostic scans, at risk. While the LHIN is working with our providers to improve wait times at the LHIN, including implementing the guidelines for Managing the Flow of Patients Requiring an MRI or CT Examination, as well as the appropriateness toolkit, this target continues to challenge the LHIN.

Gaps in Key Data and Information Systems

It is critical that the LHIN and its providers make the best decisions based on evidence. However, there are some healthcare sectors that do not yet have common assessment instruments to ensure the right person is receiving the right care at the right time. To that end, the MH LHIN is making investments in critical information systems to ensure clinicians have the best available information to inform their decision making.

Risk of Infectious Disease

The MH LHIN has made quality of care one of its key priorities. This along with heightened public interest in having hospitals report on infection rates necessitates all of us to develop proactive measures to reduce infection rates.

Infection control plays a substantial role in quality and ensuring patient safety. However, our hospitals continue to be challenged by outbreaks in C Difficle. To this end, the MH LHIN has provided one-time funding of $350,000 for implementation of a regional solution. The deliverables include:

- The development of a proactive surveillance/ audit strategy: associated tools and multi-site reporting mechanisms.
- Common data collection and reporting structures, which align with and do not duplicate current provincial initiatives.
- Development of a regional harmonized care path/map (based in best practices) for assessment, evaluation, treatment, and management of occurrences and outbreaks of C-difficile; Methicillian-resistant Staphylococcus aureus (MRSA); and Vancomycin-resistant Enterococcus (VRE).

A regional plan to ensure the timely repatriation of patients classified as positive with C-difficle, MRSA or VRE, to Long Term Care Homes and other agencies is also being developed.

5. Key Priorities to be Addressed for our Local Health System in 2009/10

This section of the business plan outlines the specific initiatives and plans being implemented to support local and provincial government priorities. The action plans included in this section include:

A. Improving Health System Performance
B. Preventing and Managing Long-lasting (Chronic) Conditions
C. Integrating Mental Health and Addiction Services
D. Strengthening Primary Health Care
E. Enhancing Senior's Health, Wellness and Quality of Life
F. Information Technology Integration and eHealth Strategy
G. Refreshing the Integrated Health Service Plan (IHSP)
H. French Language Services in the MH LHIN
I. Aboriginal Peoples in the MH LHIN

A. Improving Local Health System Performance

1) Improving Emergency Department Wait Times by 10% in the MH LHIN

Reducing the time patients spend in Emergency Rooms (ERs) is a complex issue and requires improvements throughout the health system. The government is investing in increasing capacity and performance of hospitals by providing ER pay-for-performance funding. The Mississauga Halton LHIN was given a planning target of $6.016 million as part of this strategy for 2009/10. It is expected that the participating hospital ER sites noted below will each improve wait times by 10% by end of March 2010:

- Credit Valley Hospital
- Georgetown site of HHS
- Trillium Health Centre
- Oakville site of HHS

Interim Mississauga Halton LHIN ER Targets - 2009/10

Indicator 1. % of Admitted patients treated within the Length of Stay target of ≤ 8 hours		
	April 08 - Jan 09 EDRS data (Interim Baseline)	09/10 Targets
Site Name	% Completed within Target	% Completed within Target
Mississauga Halton Target	32%	41%
THC - Mississauga*	25%	35%
CVH*	23%	33%
HHS-Oakville*	49%	59%
HHS-Georgetown*	52%	62%
THC- West Toronto		
HHS-Milton	48%	48%

Interim Mississauga Halton LHIN ER Targets - 2009/10

Indicator 2. % of Non-admitted high acuity patients treated within their targets: CTAS I-II ≤ 8 hours; CTAS III ≤ 6 hours		
	April 08 - Jan 09 EDRS data (Interim Baseline)	09/10 Targets
Site Name	% Completed within Target	% Completed within Target
Mississauga Halton Target	82%	90%
THC - Mississauga*	68%	78%
CVH*	78%	88%
HHS-Oakville*	87%	97%
HHS-Georgetown*	95%	100%
THC- West Toronto	97%	97%
HHS-Milton	88%	88%

Interim Mississauga Halton LHIN ER Targets - 2009/10

Indicator 3. % of Non-admitted low acuity patients treated: CTAS IV & V ≤ 4 hours		
	April 08 - Jan 09 EDRS data (Interim Baseline)	09/10 Targets
Site Name	% Completed within Target	% Completed within Target
Mississauga Halton Target	88%	94%
THC - Mississauga*	83%	93%
CVH*	90%	100%
HHS-Oakville*	82%	92%
HHS-Georgetown*	89%	99%
THC- West Toronto	95%	95%
HHS-Milton	77%	77%

Notes
* Pay-for-Result sites: 4 out of 6 in Missisauga Halton LHIN.
THC West Toronto site, and HHS Milton site are not Pay for Results sites: target to maintain baseline percentage

The MH LHIN identified one-time funding for each hospital corporation accordingly:

- Halton Healthcare Services $ 2,251,000
- Credit Valley Hospital $ 1,736,000
- Trillium Health Centre $ 1,506,000
- LHIN-wide initiatives $ 523,000

Each hospital has developed and is implementing specific initiatives to decrease wait times. These initiatives have been approved by the MH LHIN and are endorsed by the MOHLTC. The MH LHIN will monitor performance on a monthly basis and engage in quarterly review with the MOHLTC on progress made.

2) Improving Patient Management in Hospitals

Objective: Reducing Alternate Level of Care (ALC) Patient Days by 10% in 2009/10

Some people stay in hospital longer than they need to because other community health services are not accessible or not available. These patients often require alternate level of care (ALC) in order to get well and manage at home with appropriate supports.

ALC is about more than hospital beds available. It represents the care needs of patients (mostly seniors over 75 years +) with serious medical problems who get admitted to hospitals through emergency rooms, all requiring different levels, types and durations of care. While this issue has a major impact on the health care system, the impact on the seniors affected and their families is equally or perhaps more challenging and difficult.

Equally important is a recognition that all providers need to change and transform their care delivery and culture to focus on good proactive discharge planning which can and does make a considerable difference in ensuring hospital beds are occupied by those patients who need them.

In consultation with the hospitals, the MH Community Care Access Centre, Community Services and Long Term Care Homes, the LHIN will continue to implement strategies that directly impact or divert clients from needing emergency room visits, unnecessary hospital admissions, and timely discharge after hospital care is completed. Increased community capacity will provide an alternative to long term care placement and improve access to the most appropriate levels of care.

The MH LHIN expects to achieve the MLAA performance commitments through the implementation of a range of initiatives in 2009/10 to improve access and quality of care.

MH LHIN's overall strategy to address appropriate use of ER and reduce ALC respects seniors' rights to dignity and independence and enables them to stay at home by:

- ✓ Significantly **improving existing programs and services** provided for the geriatric population in hospitals, LTC, home care and community services.

- ✓ Changing the **current practices of hospitals and CCAC staff toward LTC home as the primary or only destination**. This will require sustained education of medical and frontline staff in hospitals and CCAC to consider all other options before designating someone to LTC home

- ✓ **Investing in expanded community capacity** to provide options to admissions to LTC beds, particularly supports in daily living (generally called "supportive housing")

- ✓ Targeting investment in direct and diversion programs to **enable faster discharge of ALC patients and improve assess to treatment time in ERs** (i.e. Wait At Home and Restore)

3) Meeting Provincial Wait Times Priorities

Reducing wait times for key health services is one of the government's top priorities and an important part of transforming the health system. Consistent with the Provincial Wait Time Strategy, the Mississauga Halton LHIN has focused on improving wait times through targeted volume increases, greater efficiencies and standardizing medical and administrative "best practices" so that more people can be treated within the same period of time.

The MH LHIN has refreshed the 2009/10 targets and is committed to achieving the updated 2009/10 performance commitments as noted in the 2009/10 MLAA.

Diagnostic Imaging (DI) Improvement Project

The LHIN is continuing to work collaboratively with hospitals on a DI Improvement Project team to improve the waiting time for MRI and CT services. The project team has redesigned the hospital requisitions for MRI and CT, asking for patient and referring Doctor permission to book the patient at the hospital with the quickest wait times. It is anticipated that this will reduce the incidence of "no shows" (as some patients are being booked at all 3 locations) and even out the waiting lists amongst the 3 hospitals.

In 2009/10, the project team will be focused on the implementation of new guidelines, soon to be released in the report "Ontario Best Practice Guidelines for Managing the Flow of Patients Requiring an MRI or CT Examination." The team will also review the appropriateness of the tool kit when it is released along with plans for implementation throughout the LHIN.

4) The MH LHIN Hospital Services Clinical Integration

The MH LHIN initiated a process in 2008/09 with senior leadership from The Credit Valley Hospital, Halton Healthcare Services, Trillium Health Centre and the Mississauga Halton CCAC to explore opportunities for integration and development of some regional acute care services.

In 2009/10, the focus in clinical services integration will be on:

- ✓ Implementation of a regional vascular program—Phase 1 executed with Trillium Health Centre as the lead.
- ✓ Implementation of a regional Thoracic Surgery program with phased implementation of the regional thoracic cancer surgery program at The Credit Valley Hospital.
- ✓ Finalization of resources needed to complete a regional integrated neurosurgery program with funding support for the new wing built at the Trillium Health Centre.
- ✓ Under the leadership of Halton Healthcare Services, development of an integrated chronic kidney dialysis program.
- ✓ Development of a regional geriatric program to better serve our seniors population.
- ✓ Development of an integrated maternal and child regional program.
- ✓ Assessment of other integrated programs as opportunities arise.

5) Enhancing Critical Care

Transforming critical care service delivery is important in keeping residents of the MH LHIN healthy, ensuring better access, reducing wait times, and providing an environment within which all healthcare practitioners can deliver their best.

In 2009/10, the LHIN will participate with the Critical Care Committee on implementing the Surge Capacity planning for hospitals, along with developing an understanding of the demand and capacity of critical care beds. Regional tool kits and a centralized process are currently being implemented. These system level training initiatives are intended to expand the skill and capacity of existing critical care professionals and to support the hospital's surge-capacity plans.

The MOHLTC recognized the MH LHIN's hospital capacity needs and invested funds to expand capacity in each of the three hospitals through major capital expansion projects. The capital investments are at varying stages of completion.

In 2009/10, the MH LHIN and the hospitals continue to study hospital capacity needs for the region. A study of the current Peri-operative, Emergency Room and Critical Care capacity for the MH LHIN is being undertaken with a view of maximizing capacity for the next 5 years.

Objective

Assessment of capacity needs for the next five years is completed.

6) Transformation of Community Sectors

Substantial efforts of all health service providers in the MH LHIN will be directed at:

- Increasing front line services.
- Focusing on "at risk" population needs to avoid unnecessary ER use or hospitalization.
- Making significant investments in targeted areas using Aging at Home and other targeted new funds.
- Improving the community sector's eHealth capacity.
- Integrating programs offered by the community sector by creating common assessment and referral processes.
- Streamlining access to community-based programs.

7) Funding, Accountability and Performance of Health Service Providers

One of the major responsibilities of the Mississauga Halton LHIN is to provide funds to 77 health service providers.

Along with provider funding, the MH LHIN monitors the performance of these providers and encourages them to continuously improve, while ensuring the highest possible percentage of taxpayer dollars are spent providing direct patient care services to improve the health and health care of local residents.

The MH LHIN entered into comprehensive service accountability agreements (SAA) with the hospitals in 2007/08. In March 2009, the MH LHIN completed negotiations with over 40 community agencies to develop accountability agreements for the next two fiscal years.

Objective

In 2009/10, the MH LHIN will complete negotiations with hospitals (3) and long-term care homes (27) for multi-year service accountability agreements.

8) Health Service Safety and Quality

The MH LHIN is exploring its role in facilitation of LHIN-wide best practices, public reporting, quality training and capacity, and health service provider (HSP) Board roles. A MH LHIN Quality Network Committee has been formed with members consisting of quality leads from all funded sectors. Terms of Reference have been developed and approved by the MH LHIN Board.

This Quality Network will be moulded into a "Quality Expert Panel" for the LHIN. The Quality Network's focus is at the system level, specifically around issues experienced within transitions between sectors. The current work is on mapping the process flow of the MH LHIN health system and developing quality measures at a higher system level.

The MH LHIN will explore opportunities to partner with the Occupational Health Clinics for Ontario Workers (OHCOW) and share information on staff safety and improvement of health of HSP workers.

9) Performance Indicators

Objective

The MH LHIN expects to achieve the MLAA performance commitments through the implementation of a range of initiatives in 2009/10 to improve access and quality of care. The MH LHIN's performance indicators are noted in Schedule 10 of the 2009/10 MLAA (see website).

B. Preventing and Managing Long-lasting (Chronic) Conditions

Context

The Ministry of Health and Long Term Care (MOHLTC) established key priorities in the area of chronic disease prevention and management in recognition of the increasing burden of these diseases on the health of citizens of Ontario.

Prevention and Management of Diabetes

In 2009-10, the MH LHIN will develop and implement a strategy to address the local needs of people with, and at risk for, diabetes. This strategy will align with the Ontario Diabetes Strategy to improve outcomes and quality of life for individuals with diabetes.

This strategy will help tackle a problem in the MH LHIN where the prevalence rate and incidence rates (new cases) of diabetes is higher than the provincial averages. In 2008/09, the LHIN conducted surveys of physicians and adults with diabetes to better understand the gaps in service. This information will be used to support an analysis of the "current state" of diabetes programs across our LHIN.

Focus on Promoting Good Health

The MH LHIN will collaborate with health service providers and other organizations in the community to develop and implement a comprehensive patient centred approach to preventing and managing diabetes (based on the Ontario Chronic Disease Prevention and Management Framework. Supports for self-management, a cornerstone of the framework, is an essential component of promoting healthy living for people with chronic conditions.

One component of chronic disease management is self management tools. The focus is on promoting good health and reducing the burden of chronic disease. Encouraging active patient self management of chronic diseases through education and resources is a priority for the MH LHIN.

Individuals with diabetes are at risk of developing complications and other chronic conditions. Kidney disease is one of the complications of diabetes and the LHIN will continue to work with our health service providers to ensure a holistic approach to patient centred care.

2009/10 Actions

Objective 1

Develop a LHIN-based Diabetes Strategy that increases access to integrated, standardized diabetes education and care based on best practices in the MH LHIN.

⇨ Measure:

- Create a LHIN-based "governance" structure for existing diabetes programs.
- An assessment of the current level of Ministry funded diabetes services in the MH LHIN is completed; including a gap analysis and alignment of diabetes services across the MH LHIN as necessary.
- A diabetes services flow analysis map that includes linkages to co-morbidities, is prepared.
- Develop specific actions to implement the Ontario Diabetes Strategy (ODS) across the MH LHIN and link with the eHealth Strategy.

Objective 2

Promote and increase awareness and application of the principles of self-management among health care professionals and individuals (and their families/ caregivers) with chronic conditions in the MH LHIN.

⇨ Measure:

- Self-management workshops for health care professionals in the MH LHIN are implemented and evaluated.
- The pilot 6-week Chronic Disease Self-Management program for individuals with chronic conditions across the LHIN is fully implemented and evaluated.
- Recommendations on the sustainability of the self-management approach across the LHIN are developed.

Objective 3

Maintain access to integrated, consistent standardized continuum of chronic kidney disease services based on best practices across the MH LHIN.

⇨ *Measure:*

- A multi-year regional capacity plan for the full continuum of chronic kidney disease services across the MH LHIN is developed.

Objective 4

Facilitate partnership and collaboration between the health care sector and community organizations to promote health and wellness at the community level.

⇨ *Measure:*

- Linkages between hospital based chronic disease clinics and community based recreational centres are promoted.
- The MH LHIN participates in joint initiatives between community parks and recreation and hospital-based chronic disease prevention and management clinics to expand existing program partnerships that promote healthy lifestyles.

Key Outcomes

- *Coordinated access to additional services based on need.*
- *Expanded availability of services such as dialysis.*
- *Informed and empowered patients who are engaged in self-management activities.*
- *Public more aware of diabetes risks and prevention strategies.*
- *Increased proportion of patients with diabetes who access diabetes programs.*
- *Coordinated access to diabetes education programs.*
- *Baseline diabetes care and service gaps identified and addressed.*

C. Integrating Mental Health and Addiction Services

Context

The Ontario government is developing a long term strategy for mental health and addiction services in the province. The strategy will focus on people with mental illness, problematic substance use and gambling. Its scope will include issues that impact on family, community and the workplace. It will address the governments' two core priorities:

- Reducing emergency room wait times; and
- Improving access to family health care.

The MH LHIN is experiencing an increase in early return visits to the ER for mental health and addiction clients. Our plan includes actions to address this problem.

The MH LHIN is implementing the Systems Integration Group for Mental Health and Addictions (SIGMHA) recommendations to integrate services across the LHIN. One of the recommendations is to co-locate existing mental health and addiction organizations under one roof to improve access and coordination of services for people requiring mental health and addiction services.

2009/10 Actions:

Objective 1
To reduce early return visits to the ER by 10%.

⇨ Measure:
- Review of hospital ER data completed & wait times monitored to identify barriers to patient flow.
- Collaboration with community providers to identify opportunities for support.

Objective 2
Develop and implement the co-location of mental health and addiction services in the LHIN.

⇨ Measure:
One co-location initiative is implemented by March 31, 2010.

Objective 3
Develop and deliver an education program that promotes good mental health; integrates the philosophy of recovery; and focuses on relapse prevention.

⇨ Measure:
- A learning needs survey conducted for health service providers and consumers.
- Workshops conducted and education sessions completed on the recovery process, suicide assessment and prevention and the integration of mental health and addiction services.
- Recommendations on additional integration initiatives are identified.

Objective 4
Develop specific actions to support the Ministry's Mental Health and Addictions Strategy including community engagement activities.

⇨ Measure:
Survey completed with providers and public to inform the LHIN & Ministry's planning for Mental Health and Addictions services.

Objective 5
Develop and implement standardized methodology for assessing client satisfaction with services.

⇨ Measure: Client satisfaction measurement tool developed.

Key Outcomes

- *Leverage the knowledge base within the sector to develop LHIN-wide improvements and innovative approaches to service delivery.*
- *Improved coordination and integration of services for people with concurrent mental health and addictions problems.*
- *Voluntary integration of mental health and addiction agencies with an emphasis on optimizing administration efficiencies, streamlining access and reducing overhead expenses.*
- *Community engagement input into the Ministry of Health and Long Term Care's 10 year Strategic Plan for Mental Health and Addictions.*

D. Strengthening Primary Health Care

Primary Health Care

Context

There is compelling evidence supporting the direct linkage between a strong primary health care infrastructure leading to improved population health status and reduced health system costs.[1] Primary health care is a cornerstone of an efficient and robust health care system. As an initial entry point to the health system for patients and families, an integrated and comprehensive primary health care system also acts as the mechanism to ensure continuity of care throughout the system.

Recent research has shown that team-based care can offer better access to services, better coordination of care, shorter wait times, and more comprehensive care than a single health care professional alone.[2] In addition, doctors who are part of a team can focus their time on medical issues, which allows other health care professionals (such as registered nurses, dieticians, and social workers) to be able to provide patient education on healthy living or how to manage chronic conditions more effectively.[3] Research also shows that people receiving team-based care tend to make fewer visits to doctors and hospitals.[4]

2009/10 Actions:

Objective 1

Improve access to family health care by working with the Mississauga Halton Community Care Access Centre (CCAC) to improve the process of linking patients to a family doctor.

⇨ *Measure:*

Develop a joint communication strategy to:

- Communicate with physicians about this initiative.
- Ensure the list of physicians accepting patients is current and complete.

Objective 2

Develop specific actions to support the Ministry's eHealth Strategy of increasing the number of family physicians using an electronic health record in their practice.

⇨ *Measure:*

- Completion of a physician readiness assessment for the e-Health strategy.
- Identification of the number of physicians that currently have electronic medical records (EMR) and those who wish to have EMR.

Objective 3

Improve access to primary health care teams by reaching out to existing physician groups and nurse practitioners to support proposal development for new Family Health Teams and Nurse Practitioner led clinics.

⇨ *Measure:*

- Proposals submitted to the MOHLTC for new Family Health Teams and/or Nurse Practitioner led clinics in the MH LHIN.

Key Outcomes

- *Increased number of physicians accepting new patients (on the list that the MH CCAC uses to connect unaffiliated patients).*
- *Increased number of patients matched to a physician in the LHIN.*
- *Increased number/percentage of primary care physicians using an EMR.*
- *Increased number of Family Health Teams and Nurse Practitioner Led Clinics.*

[1] Starfield, B. and Shi, L., "Policy Relevant Determinants of Health: An International Perspective," Health Policy, 2002, 60-201-18.
[2] Barrett J, Curran V, Glynn L, et al. (2007 December). *CHSRF Synthesis: Interprofessional Collaboration and Quality Primary Healthcare.* Ottawa: Canadian Health Services Research Foundation.
[3] Kemp, KA. (2007 October). The use of interdisciplinary medical teams to improve quality and access to care. *Journal of Interprofessional Care*; 21(5):557-559.
[4] Sommers LS, Marton KI, Barbaccia JC, et al. (2000 June). Physician, nurse, and social worker collaboration in primary care for chronically ill seniors. *Archives of Internal Medicine*; 160(12): 1825-1833.

D. Strengthening Primary Health Care (continued)

Maternal Newborn / Children & Youth

Context

The delivery of care and services for children and youth falls under several provincial ministries (Ministry of Health and Long Term Care; Ministry of Children and Youth Services, Ministry of Education and Ministry of Health Promotion).

As part of the Maternal Newborn Access to Care Strategy, the provincial government has invested in funding additional paediatric surgeries at hospitals.

As part of the Pediatric Wait Time Strategy under the Ministry of Health and Long Term Care, a Pediatric Complex Care Coordination Expert Panel was established to examine care coordination models for children and youth who have the highest need for care coordination. The panel studied the needs of children who:

- are medically fragile and/or technology dependent,
- Have severe complex obesity, or
- Have significant mental illness and complicating psycho-social factors.

A key area of focus for the MH LHIN in 2009/10 is on leveraging opportunities to improve coordination and access to children and youth mental health, specifically supporting the youth transitioning into adulthood (16-24 year olds). This need has not only been identified by several ministries, but also health service providers and consumers in the MH LHIN.

This focus on youth is important as they have a high need for service coordination; often see a variety of health care providers, and are challenged by coordination among services.

As currently structured there are several providers of child and youth mental health services across the MH LHIN (both in and out of hospital). A variety of access points, eligibility criteria, and transition from children/ youth to adult services is a gap. A focus in this area will improve the integration of mental health and addiction services for transitional aged youth.

The MH LHIN will be working with our hospital partners to explore hospital services integration opportunities related to maternal and child programs.

2009/10 Actions:

Objective 1

Explore and identify with stakeholders a LHIN wide approach to care and service coordination for transitional aged youth with complex mental health needs by November 2009.

⇨ Measure:

- Completion of an assessment of current services, capacity and gaps.
- Recommendations developed for realignment and/ or integration of existing resources where appropriate.

Objective 2

Partner with the MH LHIN hospitals to develop an integrated maternal and child regional program.

⇨ Measure:

- MH LHIN participation on a Hospital/LHIN working group.

Key Outcomes

- *Better integration and coordination of children and youth mental health services across the MH LHIN.*
- *Improved the quality of life of youth with mental health conditions and their families.*
- *Improved the health status of youth with mental health conditions where possible.*
- *Maximized time out of hospital and decreased avoidable hospitalizations, days in hospital, inefficient, unnecessary or unavoidable ambulatory care visits and emergency department visits.*

E. Enhancing Seniors' Health, Wellness and Quality of Life: Aging at Home

Context

The 2009/10 Business Plan builds on the Ministry of Health and Long Term Care investments from the Aging at Home Strategy. The strategy is aimed at expanding community living options for seniors with a wider range of home care and community support services enabling people to continue leading healthy and independent lives in their home.

The actions for 2009/10 will build on work already underway by the LHIN to create an accessible, coordinated continuum of care for seniors. They also address specific gaps in the current MH LHIN health care system, i.e. a need for a coordinated approach to respite care services and palliative care across the LHIN.

2009/10 Investment Strategy

The MH LHIN will invest an additional $13 million (on top of the $7 million invested last year) to substantially increase the community providers capacity to support for seniors and others in need in our community. The 2009/10 strategies build on investments committed in year one of the Aging at Home Strategy. It also builds on findings from our community engagement activities with seniors, their families and informal caregivers.

The Aging at Home program also encourages innovation at a local level, by giving LHINs the flexibility to start some creative projects that are tailor-made for seniors living in communities with specific needs.

2009/10 Actions:

Objective 1
Complete a detailed service plan (DSP) and project schedule for year 3 Aging at Home Strategy by December 31, 2009.

⇨ Measure:
- Recommendations for year 3 Aging at Home investments are developed.
- Detailed service plan and project schedule are submitted to the MOHLTC on time.

Objective 2
Implement and monitor all year 2 Aging at Home initiatives.

⇨ Measure:
- Complete notification letters, agreements and performance measures for all Year 2 Aging at Home initiatives.

Objective 3
Build capacity and improve access to specialized geriatric services across the MH LHIN by July 31, 2009.

⇨ Measure:
- A Regional Geriatric Strategy and a detailed implementation plan is completed (including implementation plan for SPICCESS – 8 Steps to better care for hospitalized seniors).
- Expansion of existing specialized geriatric services in the Mississauga Halton LHIN is initiated.

Objective 4
Implement the ASSIST Model (access, information, referral and intake) by March 31, 2010 to improve the ability of seniors and their families/caregivers to access and navigate the health system in a timely and efficient way.

⇨ Measure:
- Common tools and processes for intake and referral are developed.
- A performance measures plan is developed.
- Electronic referral and search tool is developed.

Objective 5
Develop a LHIN-wide integrated approach to respite services by September 2009 to enable seniors and others to stay at home for as long as possible.

⇨ Measure:
- The respite capacity required and best approach to delivery of respite services is identified.
- An integrated LHIN-wide strategy for respite services is created.

Objective 6
Develop a LHIN-wide integrated approach to palliative care services by September 2009 to reduce reliance on hospitals and increase home and community care capacity.

⇨ Measure:
- The palliative care service capacity required and best approach to delivery of palliative care services is identified.
- An integrated LHIN-wide strategy for palliative care is created.

Urgent Priorities Fund - Addressing ALC Pressures and Emergency Room Wait Times

The Mississauga Halton LHIN is investing in several creative initiatives to provide community alternatives to hospital care.

Last year, this fund helped to:

- Reduce ER visits by providing additional community supports through supportive housing or by placing more nurses in long-term care homes.
- Move ALC patients to a more appropriate health care setting as quickly as possible by improving the electronic flow of information from hospitals to long-term care homes.

In 2009/10, as the year progresses, the MH LHIN will evaluate one-time investments to initiate further improvements.

Increasing Home Care Services – CCAC Service Maximums

The Mississauga Halton LHIN is receiving $4.3 million in 2009/10 for changes made last year to increase the availability and integration of home care services. This included increasing the limits on hours of personal support/homemaking services by 50 per cent, and removing limits entirely for patients waiting for a long-term care bed or receiving end-of-life services at home.

Nurse-Led Outreach Team

The Mississauga Halton LHIN is receiving $250,000 for a nurse-led outreach team that has been created to provide long-term care home residents with timely and appropriate care, and stabilize residents who need more urgent attention. This team of nurse practitioners and registered nurses will travel to LTC homes to assess urgent problems, determine the need for hospitals care, and provide interventions (such as intravenous therapy, antibiotic management and administering oxygen) in cases where unnecessary visits to the hospital and the ER can be avoided.

Wellness of Seniors: A Holistic Approach

Rather than simply focusing on illness, our approach to health considers the person as a whole person and how he or she interacts with his or her environment. The goal is to achieve maximum well-being, where everything is functioning the very best that is possible.

In 2008/09, the MH LHIN, through the Aging at Home Strategy supported the implementation of setting appropriate, individually tailored activities aimed at improving balance and strength. The Falls Prevention program is a good example of this investment. Two key services are included in this program:

- *Home Support Exercise Program,* an in-home exercise program designed to enhance and maintain functional fitness, mobility, balance and independence.
- *Expansion of Falls Prevention Clinic* at the Credit Valley Hospital.

⇨ Measure:

Two additional Falls Prevention clinics will be implemented in 2009/10.

Key Outcomes

- *Better integration and coordination of respite and palliative care services.*
- *Reduction in emergency room wait times and alternate level of care days in hospitals.*
- *Improved access to specialized geriatric assessment and consultation services.*
- *Improved access to seniors services through centralized intake, referrals and standardization of processes.*
- *Increased client satisfaction on navigating the health system.*

F. Information Technology Integration and eHealth Strategy

Context

eHealth Ontario was created in September 2008 to take the lead role in harnessing information technology and innovation to improve patient care, safety and access in support of the government's health strategy.

Ontario's eHealth Strategy and roadmap 2010-2012 was published in April 2009. This strategy has two intrinsically linked core priorities: clinical and foundational. Within each of these priorities there are specific solutions that will be achieved, specific actions and performance targets that will be attained and measurable results that will be realized by 2012. The full Ontario eHealth Strategy can be found at http://www.ehealthontario.on.ca/about/strategy.asp.

Clinical Priorities are directly related to patients, health and healthcare. Ontario's eHealth Strategy will provide significant clinical value to patients and clinicians. Over the three year period, 2010-2012, eHealth Ontario will focus its efforts on three clinical priorities:

- Diabetes Management: to control and manage diabetes more effectively and reduce associated complications and costs.

- Medication Management: to implement on-line management of prescription medications to minimize preventable adverse drug effects.

- Wait Times: to reduce waits in Ontario emergency departments and the incidence of in patients in acute care waiting for alternate levels of care, and to continue improving wait times for acute care services.

Foundational Priorities directly support the clinical priorities. In addition to developing a strong infrastructure of key information systems and tools, these priorities include improving the technology services that eHealth Ontario manages and strengthening its operating practices and human resource talent.

The MH LHIN will align locally with what is built provincially. The LHIN will secure resources to successfully support the local implementation and adoption of provincially developed eHealth solutions and to develop, implement and adopt local regional solutions.

The MH LHIN's eHealth strategic priorities and goals for 2009/10—2012/13 are described in the table on the following page.

The LHIN will also be managing initiatives that facilitate the sharing of information among health service providers including:

- The development of a Community Support Provider Portal (CSP Portal). This will allow authorized community sector providers to access resources securely and send and receive information between community support services and mental health and addiction organizations and providers.

- Community Services BlackBerry Enterprise Service Integration. This will extend the existing One Mail service to enable secure connection to BlackBerry devices.

F. Information Technology Integration & eHealth Strategy (continued)

The MH LHIN has refreshed its LHIN eHealth Strategy to "Build Provincially, Align Locally". The following table outlines the three strategic priorities and goals over the three year period 2009-2012 and the priority projects.

Strategic Directions and Goals for 2009-2012	Priority Projects
Improve LHIN wide information integration to enable the health service providers in the LHIN to achieve the goals set out in the Integrated Health Service Plan • Facilitate delivery of strategic eHealth projects, on schedule, within budget and with an appropriate level of quality. • Ensure that all eHealth projects within the LHIN are governed and coordinated. • Strategically align HSPs & LHIN objectives. • Develop standards & promote collaboration between stakeholders. • Provide a framework for the management of information. • Ensure Regional Programs are efficient and effective. • Establish and maintain appropriate information sharing policies and practices for MH LHIN healthcare providers.	**1. Employ Governance Structure** • Refresh Governance Model • Continue to utilize the LHIN PMO and eHealth Office • Create a Regional Privacy Model **2. Build Infrastructure** • Develop an Infrastructure and Integration Blueprint • Develop an IM Framework • Create & Implement an IT Plan
Align LHIN eHealth Initiatives with the Provincial eHealth direction as set out in the eHealth Ontario Strategy to improve patient care, safety and access • Manage diabetes using best practices. • Allow for access of the Drug Profile Viewer beyond the ER. • Improve patient referrals and divert unnecessary ER visits. • Enable the sharing of lab test results. • Improve the exchange of information between providers. • Improve patients' ability to self-manage care. • Broaden and accelerate physician EMR participation. • Establish common repositories for DI information sharing. • Ensure alignment of CCIM systems and the provincial strategy. • Prepare for implementation of GTA HIAL.	**3. Diabetes Management** • Create Readiness Assessment • Create & Implement Model of Diabetes Care • Develop & Implement EMR Strategy **4. Medication Management** • Review DIS adoption opportunities • Expand Drug Profile Viewer **5. Wait Times** • Implement eReferral solution • Implement ED/CCAC solution • Continue with WTIS initiatives **6. Supporting Technology** • Implement Physician eHealth • Prepare & Implement OLIS • Implement a Patient & Provider Portal • Continue with GTA West PACS (DI-r) • Continue with GTA HIAL and implement • Implement CCIM initiatives
Leverage the assets currently existing in the LHIN to build capacity within the community and optimize investments • Ensure all organizations have the base level of IT infrastructure and support required to participate in the eHealth strategy. • Improve information sharing exchange across the continuum of care. • Leverage coordinated logistics, purchasing, contract management and equipment to provide best value, improve quality of service and facilitate the reallocation of resources to direct patient care.	**7. Leverage Existing Assets** • Provide infrastructure for selected providers for initiatives • Utilize LHIN wide knowledge and resources to advance initiatives • Provide IM/IT Support & Tools for Regional Programs • Leverage Shared Services West **8. Implement Shared Service Model** • Create and Implement an IT/IS Service Model

G. Refreshing the Integrated Health Service Plan

Context

The MH LHIN is required to update its strategic plan (called the Integrated Health Service Plan or IHSP). The LHIN has developed a thorough process that involves conversations with our health service providers, key stakeholders and the public to get input into the updated strategic priorities for 2010-2013.

The LHIN recognizes that health needs and priorities are best developed when the community, health care providers and the people we serve have input that supports the making of decisions.

In carrying out our community engagement, we will engage our health service providers, physicians, the public, diverse community members, Aboriginal and First nations community and francophone community.

In addition to the community engagement activities, many of the following groups have also engaged local residents through consultation or focus group sessions as a means for deepening our understanding of local health care needs.

1. Health Care Leaders Collaborative

Established in May 2006, the Health Care Leaders Collaborative is a voluntary network consisting of senior executive leaders from all health sectors across the MH LHIN who help guide collaborative approaches designed to support system integration, coordination and planning of local health services. This key group acts as an advisory group to the MH LHIN.

2. Health Care Professionals Advisory Committee (HPAC)

Representing a wide range of health professionals working in different sectors across the MH LHIN, the newly established Health Care Professionals Advisory Committee provides advice to the LHIN on matters related to patient-centred care, health human resources planning, implementation of the IHSP, and the implications of new models of care on practice.

3. Integration Advisory Group (IAG)

The Integration Advisory Group was formed in the summer of 2006, and brings together a group of respected health system thinkers to help guide and shape integration activities within the MH LHIN. IAG members make sure the integration priority action plans developed by the planning teams meet local health needs and align with the IHSP before making recommendations to the MH LHIN's Board of Directors.

4. Aboriginal People

Working in partnership with the five GTA LHINs, the MH LHIN has collaboratively developed an Aboriginal Community Engagement plan leveraging resources and planning efforts, particularly for the Off Reserve / Urban Aboriginal population in the GTA LHINs. The goal is to host an investigative session with key Aboriginal stakeholders, including Métis and First Nations to develop the most appropriate community engagement strategies going forward, maximizing community participation from within. From this session, future community engagement strategies will be developed with outcomes funnelled into planning activities.

The MH LHIN is participating in the Aboriginal Health Transition Fund Initiative along with HNHB LHIN and Waterloo-Wellington LHINs for improvement of Aboriginal discharge planning, Aboriginal children's mental health screening, diagnosis and system navigation and in community defined Aboriginal Health planning.

5. Francophone Population

The MH LHIN continues to identify and build key stakeholder relations within the Francophone community, working closely with the MOH Francophone Consultant. The MH LHIN actively participates on the Toronto Region French Language Health Services Planning and Support Committee. This Committee shares the common mandate of ensuring French-speaking people within the geographic boundaries of the GTA have access to health services in French.

As well the MH LHIN has developed a collaborative Francophone Community Engagement Plan with the five GTA LHINs.

2009/10 Actions

Objective

To develop a 'refreshed' Integrated Health Service Plan by November 2009 based on community engagement and the current health care environment.

⇨ *Measure:*

- 2010—2013 Integrated Health Service Plan is available by October 2009.

H. French Language Services in the MH LHIN

Context

The MH LHIN recognizes the importance of integrating French services into health care planning. By planning on the basis of the needs of Francophone individuals and communities, the LHIN will be able to meet is obligations under the *French Language Services Act (FLSA)* and the *Local Health System Integration Act, 2006 (LHSIA)*. Because the LHINs are government agencies within the meaning of the FLSA, we must engage the Francophone community in the development of the health service plans.

The MH LHIN currently works with a designated French Language Services Coordinator who provides support and guidance in assisting the LHIN to meet these obligations.

Francophone Health Needs and Concerns

While efforts have been made to identify the francophone health needs from a provincial perspective, much more needs to be done at a LHIN level. At a provincial level, Francophone health needs and concerns have been identified as follows:

- Equitable access to French language family health care.
- Concerns about wait times for services.
- Limited or poorly distributed French language health human resources.
- Limited availability of health services—on needs-basis only.
- Need for greater patient involvement in health care decision-making.
- Need for greater community engagement in health system planning.
- Greater accountability for government investments in the health care system.

2009/10 Actions

Objective 1

To conduct Francophone stakeholder consultations to support health system planning.

⇨ *Measure:*

- Broad consultation and input from Francophone community and leaders (including the Centre de services de santé, Peel et Halton) by June 2009.
- Quarterly planning meetings established.

Objective 2

To define the gaps and needs for service in the MH LHIN.

⇨ *Measure:*

Completion of a 5 LHIN GTA wide survey on Francophone needs.

Key Outcomes

- *Increased dialogue with the Francophone community in the MH LHIN.*
- *Community support for the implementation of the refreshed Integrated Health Service Plan.*
- *Improved understanding of the health needs of the MH LHIN community.*
- *Improved access of the Francophone community to health services and education resources.*
- *Increased client satisfaction on navigating the health system.*

I. Aboriginal Peoples in the MH LHIN

Context

The MH LHIN is focused on building meaningful relations with Aboriginal/Métis peoples within our LHIN. There are 4,400 identified aboriginals within the MH LHIN representing about 0.4% of the population. The highest concentration within the LHIN is in Halton Hills, where 0.9% of the population is of Aboriginal ethnic identity.

In March 2009, the MH LHIN participated in a 5-GTA LHIN community engagement event to build relationships between the LHINs and Aboriginal communities.

The LHIN has initiated preliminary discussions with the Métis Nation of Ontario Health Branch – Brampton/Mississauga. These meetings provide the LHIN with useful information about the existing aboriginal healing and wellness programs available to our residents. In addition, the LHIN has initiated discussions with the Peel Aboriginal Network to better understand the program/ activities currently provided along with the health needs of the Aboriginal population.

In 2009/10, the LHIN will continue to strengthen our relationships with the Aboriginal community in partnership with our neighbouring LHINs. We will work closely with the Hamilton Niagara Haldimand Brant (HNHB) LHIN and Waterloo Wellington LHIN to implement a project funded through the Aboriginal Health Transition Fund. The Ministry of Health and Long Term Care has provided a one-time funding grant of $403,250 to support three AHTF Adaptation projects in these three LHINs for 2008/09 and 2009/10. The MH LHIN will work with the planning leads of the Aboriginal communities and the HNHB and WW LHINs to implement three projects that are intended to better meet the needs of the Aboriginal people.

2009/10 Actions

Objective 1

Work with the 5-GTA LHINs on joint community engagement initiatives with the aboriginal community.

⇨ *Measure:*

- Regular meetings are conducted with key leaders in the Aboriginal community.
- A joint 5-GTA LHIN wide community engagement event is implemented.

Objective 2

Work in partnership with the Hamilton Niagara Haldimand Brant & Waterloo Wellington LHINs and with the aboriginal leads in the community who will develop and implement three priority projects aimed at better meeting the needs of the Aboriginal community.

⇨ *Measure:*

A community defined aboriginal health planning project is developed and implemented in partnership with the LHINs and Aboriginal community members.

Key Outcomes

- *Increased dialogue with the Aboriginal community in the MH LHIN.*
- *Community support for the implementation of the refreshed Integrated Health Service Plan.*
- *Improved understanding of the health needs of the aboriginal population within the MH LHIN.*
- *Better understanding of Aboriginal knowledge and perspective in program planning.*
- *Enhanced Aboriginal perspectives in LHIN plans, priorities and strategies that impact Aboriginal health and communities.*

6. Financial Summary - by Sector *[Draft as of June 30, 2009]*

Statement of Mississauga Halton LHIN 2009/10 Funding Allocation as of June 30, 2009 (Draft)

	2009/10 Funding Allocation (000's)
TOTAL LHIN Operating Budget	1,132,827
Total Health Service Provider (HSP) Transfer payments	1,127,862
Operations of LHIN	4,185
Initiatives	180
E-Health	600
Total Health Service Provder (HSP) Transfer payments by Sector	
Operation of Hospitals	773,079
Grants to compensate for Municipal Taxation-public hospitals	149
Long Term Care Homes	160,108
Community Care Access Centres	114,256
Community Support Services	21,050
Acquired Brain Injury	4,631
Assisted Living Services in Supportive Housing	23,664
Community Mental Health	23,499
Addictions Program	4,241
Initiatives	3,184

7. Planning for LHIN Operations

The MH LHIN's operating budget and Full-Time Equivalents (FTEs) are reflective of the core mandate of the LHIN which is to plan, fund and integrate the local health system.

This includes:

- Engaging the community with local health system planning and priority setting;
- Evaluating monitoring and reporting on the performance of the health system;
- Undertaking joint strategies with other LHINs to improve patient care;
- Allocating and providing funding to health service providers;
- Entering into agreements with HSPs and ensuring achievement of performance standards; and
- Ensuring the effective and efficient management of human, material and financial resources of the MH LHIN.

Resource requirements to perform the following are also critical to success in achieving the LHIN's mandate, including:

• Completion of the IHSP	• Managing local health system performance	• Developing new service accountability agreements
• Developing effective relationships with our HSPs	• Managing local issues	• Financial management of HSPs' allocations and audit requirements
• Effectively monitoring HSP accountability agreements	• Providing the support to the Board to make good decisions	• Communications capacity
• Facilitating and managing clinical program planning	• Capacity planning for programs and services	• Facilitating integration initiatives

8. Communication Plan

Context

The Mississauga Halton LHIN's Annual Business Plan (ABP) explains how we will achieve our priorities included in our Integrated Health Service Plan and how we intend to meet the negotiated targets in our Ministry-LHIN Accountability Agreement (MLAA). The ABP is, as most documents are in LHINs, available to the public and will be posted to our website.

Strategy

The MH LHIN is currently engaging the public, health service providers, the Francophone community, Aboriginal and First Nations communities, diverse communities, and other key stakeholders in the refresh of our Integrated Health Service Plan.

The MH LHIN is hosting Governance to Governance sessions with Board Chairs and CEOs/EDs/ Administrators from all of our Health Service Provider agencies and is using these opportunities as a vehicle to communicate and champion the initiatives in the ABP.

When new funding is made available, the MH LHIN will arrange for public announcements and media events.

Tactics

The ABP contains many elements for announcements and rollouts but does not, itself, require a separate strategic or tactical communications plan. The MH LHIN will make the ABP available to the public, stakeholders and health service providers once approved, as we will be posting the ABP on our website and will have the document translated into French. Printed copies of the ABP will be made available by request.

Separate from the ABP but encompassing elements from the ABP and the IHSP, the MH LHIN will develop an annual communication plan that will support the MH LHIN's business plan. It will:

- Identify target audiences.
- Link stakeholders (agency clients, public groups, etc.) to anticipated positive and negative reactions.
- Develop key messages.
- Explain the communications tactical rollout (with expected timelines).
- Include communications tools for use by LHIN staff in support of key initiatives.
- Leverage existing HSP communication groups and assets.