2010
2011

Annual Business Plan

Regional Service Alignment

Achieving standards of care

Health *Systems* Development

A *culture* of patient centred care

Improving capacity

Leveraging technology to *improve health*

South East LHIN

Local Health Integration Network

Réseau local d'intégration des services de santé

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South East LHIN

South East
LOCAL HEALTH INTEGRATION NETWORK
RÉSEAU LOCAL D'INTÉGRATION DES SERVICES DE SANTÉ
du Sud-Est

January 31, 2010

Mr. J. Kenneth Deane
Assistant Deputy Minister
Health System Accountability and Performance
Ministry of Health and Long-Term Care
Queen's Park
Toronto, Ontario

Dear Mr. Deane:

On behalf of the Board of Directors of the South East Local Health Integration Network, I submit our 2010-2011 Annual Business Plan (ABP) for your review.

Our focus for the upcoming year is to align people, providers and resources to address a combination of provincial and local priorities. Our projects are diverse in the areas they touch, but the success of each will support the success of all projects, building an infrastructure that:

- Improves the health of people who are likely to become significant users of the local health system if their medical condition deteriorates.
- Increases the number of options and venues for providing alternate levels of care; which includes providing time and opportunity for patients to recover their strength and independence after a hospital stay.
- Drives improved health system performance and health outcomes through the implementation of regional program delivery; encompassing all stages of care including prevention and post-acute care services.
- Drives improved access to care through greater alignment, coordination among providers, and supports planning through evidence-based research.

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We believe this approach, supported by strong change management and facilitation skills, will enable the South East LHIN to complete the projects detailed in this plan, and ultimately achieve our 2010-2013 Integrated Health Services Plan's *Reaching for Excellence* Priorities for Development.

As with any plan, there are risks. The uncertainty regarding funding allocations is a pressing concern for our providers; but within this risk, there may also be opportunity. The current fiscal climate may enable open conversations about needed change to the local health care system. Our providers have operated in an environment where it was prudent to wait and see if more money was just around the corner. Perhaps now the LHIN and our providers can move beyond these approaches and assume new roles within the local health system – as partners in the preservation and maintenance of health.

With the ongoing refinements to our mutual accountability relationship, the Board looks forward to continuing our dialogue with you and your team that is geared to both provincial standards as well as unique local issues.

Sincerely,

Georgina Thompson
Chair, Board of Directors

Mandate & Strategic Directions

The mandate and strategic directions for the South East Local Health Integration Network (LHIN) are based on our accountability to the Province of Ontario through the *Local Health System Integration Act*, 2006. The *Act* requires each LHIN to set strategic priorities which address local health issues as well as support provincial priorities (identified individually or as part of a health system strategic plan), and ensure provincial standards for service quality and health outcomes are met.

Within the context of that legislation, the South East LHIN Board of Directors created a Corporate Strategic Plan.

Corporate Strategic Plan

(Revised January 2010)

Mission	Planning, accountability and funding that drives improved health care performance in the South East.			
Vision	Achieving better health through proactive, integrated and responsive health care in partnership with an informed community.			
Strategic Goals	Build a true system of integrated health care that optimizes the use of resources.	Build awareness & understanding of the LHIN's mandate & its health system management role	Be a knowledge-based organization.	Be an effective organization that is credible, professional, and responsive.
Strategies	Leverage collaborative governance techniques and approaches. Implement IHSP priorities. Achieve provincial priorities. Implement HSP accountability framework. Embed quality and patient safety as part of our culture.	Engage our communities in LHIN work. Communicate effectively with stakeholders and government partners. Provide sound governance oversight of service accountability agreements and integration activities.	Advance LHIN knowledge of the-local and provincial health systems and population health care needs. Transfer this knowledge to our health system partners.	Demonstrate accountability and transparency in all activities. Embed risk management in decision-making. Use resources effectively. Ensure alignment of HSPs to IHSP Priorities.
Enablers	PCA and PICE Frameworks, supported with evidence			

This plan provides our Board, health service providers, and others with a clear understanding of how the LHIN intends to meet its obligations. The Corporate Strategic Plan was approved by our Board in 2008 and commits the LHIN to:

- Use knowledge and evidence when employing our planning, accountability and funding authority.
- Be transparent to our stakeholders in how we arrive at decisions; taking every opportunity to educate and inform our residents regarding our role, strategic plan, and intended results.
- Ensure the viability and sustainability of the local health care system by driving improved health care system performance.

Our second Integrated Health Services Plan, *Reaching for Excellence*, provides detailed information on the priority setting process used by the LHIN, and details our priorities for development over the 2010-11 through 2012-13 fiscal years. The Annual Business Plan (ABP) is completed annually to describe the key activities the LHIN will undertake to achieve our strategic priorities.

Reaching for Excellence is based on the local health system achieving excellence in six key areas. Its successful implementation will drive improved quality of care, patients and families having better experiences with the local health care system, integrated service delivery, and effective program and service provision. Additionally, we would expect to see the local health care system driven by, and responsive to, the needs of our communities. Finally, we expect that acheving this excellence will result in demonstrated financial health, and the capacity of our providers to meet the health care needs of our residents, now and in the future.

Reaching for Excellence sets out ten Priorities for Development for 2010/11-2012/13:

- *Developing a System of Primary Health Care*
- *Enhancing a Culture of Patient-Centred Care*
- *Improving Mental Health and Addictions Services Capacity*
- *Developing Regional Program Management*
- *Improving Access in Emergency Room Care (provincial priority)*

- *Reducing the Incidence and Prevalence of ALC Designations (provincial priority)*
- *Implementing Ontario's Diabetes Strategy (provincial priority)*
- *Furthering Access through E-Health (provincial priority)*
- *Expanding Culturally and Linguistically Sensitive Health-care Services*
- *Advancing System Improvement through Boards Working Together.*

Each priority has specific objectives, but there is alignment between them to ensure that success in one area supports success in others. For example, developing a system of primary health care supports the self-management of chronic diseases, which in turn supports the objectives of Ontario's Diabetes Strategy.

Overview of Current & Planned Activities

Last year, the LHIN undertook a formative evaluation of the current and future health care needs of our residents as well as an reviewed the capacity of our health service providers to meet those needs between now and 2012. The Regional Capacity Assessment and Projection (ReCAP) project will be revised over the lifespan of *Reaching for Excellence*; enabling validation of our original planning assumptions and allowing the LHIN to fine tune our projection methodologies. Key findings of ReCAP are provided below.

The LHIN, with its system partners, will continue to seek improvements in the provision of health care services and drive efficiency gains through greater coordination of care. Clinical leaders have been engaged in the recent launch of our clinical priority setting exercise, the *Regional Clinical Services Roadmap*, which we expect will bring focus and action to questions related to "who does what". We are starting with the hospital sector, as the greatest opportunities for alignment exist here; but the framework created in this first stage of work will easily lend itself to other sectors and cross-sector providers.

Intense effort continues to improve our understanding and our ability to effectively manage the drivers of Alternate Level of Care (ALC), and waits in our emergency

departments. The LHIN continues to devote resources to ongoing projects launched under our first Integrated Health Services Plan which still have merit and/or support *Reaching for Excellence* objectives. Overall, the LHIN is aligning people, providers and resources to ensure that we can successfully complete the projects provided in this plan, and advance our *Reaching for Excellence* Priorities for Development.

Work aligned with evidence: ReCAP findings and LHIN activity

ReCAP data was mapped to the results of our intensive community engagement exercise. Demonstrated need, linked to the thoughts, beliefs, opinions, and experiences of our residents, was invaluable in the development of *Reaching for Excellence* and our ABP projects. The LHIN established our Priorities for Development based on strong correlation between quantitative evidence and community input.

South East LHIN Population:	*489,600*
Residents aged 65+:	*18%*
Residents with no primary care provider:	*5.7%*
ALC Rate:	*17.5%*

Demographics[1]

Approximately half of our residents live in larger urban communities along the Highway 401 corridor. The balance of the population lives in small rural communities to the north of Highway 401 and the west of Highway 416. No change is projected in population distribution, which affirms continued work on several ongoing projects, including the development of a regional transportation framework.

Populations of Aboriginal Ancestry

4.5% of Ontario's aboriginal population live on territory within the LHIN's geographic area. Aboriginal populations have an observed lower length of life as well as increased incidence and prevalence of chronic disease –

[1] Demographic information provided above obtained from the Ministry of Health and Long-Term Care, Health Analytics Branch. Population projected to 2010 and projection of residents aged 65 or greater confirmed by the Branch in January 2010. Percentage of unattached patients aged 16 and greater by LHIN April 2008-March 2009 *Primary Care Access Survey*, released November 20, 2009.

like diabetes. The LHIN continues to engage with Métis and First Nation leadership with a view to improving access to care and ultimately health status.

Chronic Disease The residents of our LHIN are more likely than other Ontarians to be living with one or more chronic disease including arthritis, diabetes, asthma, heart disease, cancer or hypertension. These rates may explain the higher utilization of emergency departments by residents with non-urgent conditions.

Higher rates of chronic disease suggest a greater risk of more intensive use of health system resources by a population with greater chronic co-morbidities. That being said, our plan to improve patient self-management of chronic disease should attenuate this potential risk. The successful implementation of Ontario's Diabetes Strategy will provide a roadmap to improving the management of all chronic diseases within the LHIN.

Unattached patients 5.7% of our residents are estimated to be looking for a primary health care provider, but are unable to find one. This low rate is partially the result of HealthCare Connect, an idea conceived by local health practitioners in the South East LHIN, and adopted by Ontario to improve the matching of patients to primary care physicians. We expect this rate to continue to drop as more primary care resources are brought on line.

Emergency Room Utilization Age-adjusted historical utilization suggests that our emergency rooms may see 0.4% growth annually through to 2012. Projects such as EASIER+ are geared to address this growth by identifying patients at high risk of repeated emergency department visits or inpatient admission. Programs like EASIER+ programs work to proactively match individuals with services that will improve their quality of life and reduce their risk of injury or mishap.

In-Patient Utilization Growth Age-adjusted historical utilization suggests that growth in the number of people admitted to hospital will occur in medicine (2.6%) and surgery (1.6%) with decreases in the number of newborns (-2.1%) and obstetric cases (-

3.7%). Within the medical and surgical services, cardiopulmonary conditions are the primary driver of increased utilization. These changes in population need are being evaluated in the context of the *Regional Clinical Services Roadmap* process that our hospitals have undertaken. Evolution to models of care that employ clinical best practice, a minimally invasive approach, and a holistic understanding of the patient's transition through the system will ensure that service delivery can be adapted quickly to meet care needs of our residents.

Alternate Level of Care (ALC)

In 2008, 17.5% of all acute inpatient care days were attributed to people who should not be in hospital any longer, but could not leave because the correct level of service is not available at their time of discharge. The LHIN has made a commitment to the Ministry of Health and Long-Term Care to bring this rate down over the next three years. Several projects have been launched in our hospitals, the most recent being Home First, which has seen a reduction in the number of patients designated as ALC for a long-term care home bed. Recent data from the Ontario Hospital Association indicates that the South East LHIN now has the lowest percentage of acute beds occupied by patients requiring an alternate level of care.

The results from ReCAP have validated our understanding of local health care need and underscored the feedback recevied by our residents. Our projection of future utilization has started several conversations with our providers about the practicality of 'business as usual'. As our population profile changes, the LHIN intends for the local health system to adapt, in real time, to effectively and efficiently serve the needs of our residents.

Assessment of Issues facing the South East LHIN

Population Growth

Our ReCAP projection suggests that our population will grow by a third of a percent (0.3%) each year until 2012, and then grow at a rate of two thirds of one percent (0.6%) over the subsequent six years. Over this period, we anticipate a slow but consistent increase in the number of residents aged 65 or older. This trend is

discussed in greater detail below. While experiencing an increase in the number of seniors living within the geographic area, a drop in the number of younger people living in the area is also projected. Out-migration of 15-34 year olds is high in all rural areas of the LHIN. This suggests that the number of elderly persons, living alone in rural settings (see below) will continue to exist, and may become a driver of utilization.

Aging Population

The number of people 65 years and older is expected to grow by 14% between 2007 and 2012. Growth is due to a large cohort of the population that is getting older, people living longer lives due to advances in medical care and healthy lifestyles, in-migration from other parts of Ontario, and other factors. While the risk exists that an older population may drive increased health system utilization; that has not been our experience to date. The LHIN is monitoring this risk with a view to proactively managing any issue before it becomes a crisis within the local health system.

Elderly living alone

An indicator of potential increased health services utilization are the number of residents over 65 years old who live alone. Across our geographic area, 27% of our elderly population live on their own with 48% of our population aged 85 and over living alone. This risk is addressed in several projects launched last year and to be launched in the coming fiscal year.

Rural Living

Approximately one-half of our population lives in tiny to small communities scattered across the region, with the balance living along a ribbon of more urban areas that follows Highway 401. Our rural residents have chosen to enjoy a rural lifestyle as a priority over local access to some health care services. As the LHIN continues to plan for future health services, we must be mindful – and educate others — of the practical realities of providing health care in a largely rural geography.

Core Content

The following section provides details on our plans, in the format prescribed by the Ministry.

IHSP Priority: Developing a System of Primary Health Care

Description: Primary care includes practitioners as well the supports necessary to assure providers' ability to deliver and coordinate care. The LHIN believes that primary health care is a cornerstone of the health care system.

Current Status: Unlike acute care, PHC is not an organized system. There are many varied PHC providers and teams of providers working independently of one another. Examples of PHC providers collaborating with other PHC groups are rare. PHC can be the integrator of the entire health-care system. Improved access is possible through leveraging interdisciplinary teams, resource sharing among PHC providers, and collaboration with system partners. A systems approach would support consistent assessment, clinical pathways, and potentially improved access to specialty care. The South East LHIN has undertaken some early steps in this direction, but much is left to be accomplished.

Goals:	• Open the community health centre and satellite operations in Belleville & Quinte West. • Support the establishment of nurse practitioner clinics / family health teams in communities with unmet primary health care needs. • Support the establishment of nurse practitioner services on Tyendinaga Mohawk Territory. • Work with family health teams and other primary health-care providers to encourage provision of full scope of practice/services and 24/7 access to primary health-care services outside of emergency rooms. • Collaborate with public health units and other interested community groups (e.g., school boards) to encourage establishment of programs that facilitate reduction in obesity and inactivity.	
Measures	• Number of people with access to primary health care • Number of people registered with Health Care Connect (HCC)	• % HCC matches completed in 4 months or less • Number of patients presenting in ER for non-urgent care
Consistent with Government Priorities	The Priority for Development aligns with MOHLTC policy development and public policy initiatives related to the provision of primary care. Projects under this priority advance the priority's objectives.	

Developing a System of Primary Health Care - Action Plans / Interventions

Project Name	Project action plan	Estimated percent completion 2010-11	2011-12	2012-13
Establishment of New and Satellite Community Health Centres	Supports the interim and planned operations of CHC locations in Napanee, Smiths Falls, Belleville and Quinte West, as well as the newly formed Family Health Teams and Nurse Practitioner Clinics in the LHIN.	100%		
Support of the Primary Health Care Council	This project provides a forum for primary health care providers to meet and plan for better provision and access to primary health care services. Connectivity within this Council furthers the development of a primary health care system.	This project is ongoing.		
Support and enhance the self-management model	Self-management is a key enabler of the Ontario Diabetes Strategy. Patients will be provided with self-management tools to better manage their chronic health condition and seek less support from the Emergency Room.	Please refer to e-Health Priority.		

Expected Outcomes:

- Improved access to primary health care in Napanee, Smiths Falls, Belleville, and Quinte West.
- Increased participation of primary health care agencies and practitioners in the identification of issues and systems approaches in the LHIN.
- Improved self-management of chronic disease, ultimately resulting in improved quality of life, extended life, less reliance on emergency rooms.

Risks/ Barriers to Successful Implementation:

- Delays in the roll out of the provincial Diabetes Strategy.
- Delays in approvals for the opening of new primary care centres.

IHSP Priority: Enhancing a Culture of Patient Centred Care

Description: Patient centred (or directed) care includes friendly, patient focused service, access and responsiveness. It also includes assistance in navigating and coordinating the many components of care or treatment a patient may require to maintain or improve health. Patient centred care is about quality service and quality care, where the needs of the patient and the population drive the utilization and deployment of resources. A culture of patient centred care must be fostered to ensure our system is integrated and appropriately responds to the needs of the individual and the population.

Current Status: This is a new priority for the LHIN under *Reaching for Excellence*, but is aligned with our first IHSP's priorities for service access improvements.

Goals:	• Establish coordinated access for all Community Support Services. • Explore the establishment of an integrated 'Patient/Client Issues' office for the region. • Establish an integrated medical transportation strategy across the region. • Obtain capital funding for replacement of health vans. • Require clinical practice improvements where waiting time performance for cancer surgery, cardiac by-pass procedures, cataract surgery, hip and knee replacement surgery, general surgery (selected procedures), paediatric surgery (selected procedures), MRI and CT scans, fall below annual targets. • Require strict application of long-term care home eligibility criteria. • Support improvement to Community Support Services to build a system of supportive living across the South East.			
Measures	Meet or exceed Ministry targets wait time targets for:	• Cancer surgery • Cardiac by-pass • Cataract surgery • General Surgery (selected procedures)	• Hip or Knee replacements • MRI Scan • CT Scan • Paediatric Surgery (selected procedures)	• Median wait for long term home admission.
Consistent with Government Priorities	The Priority for Development directly supports government commitments and the LHIN's accountability obligations to the Ministry of Health and Long-Term Care for wait times.			

Enhancing a Culture of Patient Centred Care - Action Plans / Interventions

Project Name	Project action plan	Estimated percent completion 2010-11	2011-12	2012-13
Regional Transportation Framework	This ongoing project supports the coordination of medical-based transportation services with a view to improving capacity of services through efficiency and effectiveness gains.		100%	
Health Vans	The Health Vans are mandated to provide 10,700 additional one way trips in the South East. Work continues to ensure the sustainability of the vans and their optimization within the LHIN.	100%		
LTCH Application, Waitlist & Admission Process	Move to a "real time" reporting of waits for admission to a LTCH. The project will establish a re-assessment timetable for those waiting for long-term care admission and will embed this process as a normal business practice. The result will be faster admissions for those who are in most urgent need.	100%		
Aging at Home – Year 3	The LHIN is currently seeking proposals for year 3 funding under the Aging at Home Strategy. Recommendations will be provided to the LHIN Board early in 2010.	100%		
Critical Care Strategy	The ongoing objectives of this project include support of the Surge Capacity Management Program and approaches to critical care management that ensure patient safety, while supporting provincial objectives for reductions in waits for emergency department care and surgical procedures.	75%	25%	

Expected Outcomes:

- Improved access for rural residents to specialized medical services.
- Improved management of LTCH placement process, reduced waits for LTCH placement, faster referrals to CSS services for eligible clients.
- Meet provincial requirements for critical care surge and emergency room and surgical wait times.

Risks/ Barriers to Successful Implementation:

HSP non-compliance.

IHSP Priority: ## Improving Mental Health & Addictions Services Capacity

Description: In keeping with the planned development of the 10-year strategy on Mental Health and Addictions for the province, the LHIN will focus its efforts on integrating mental health and addictions services across the levels of care and within the local health-care system. Our efforts will focus on driving early identification and intervention; provided in a seamless system of comprehensive, effective, efficient, proactive and population-based services. Our first step in this effort will be a re-evaluation of current resources.

Current Status: This is a new priority for the LHIN under *Reaching for Excellence*, but is aligned with first IHSP's priorities for service access improvements.

Goals:	• Transfer acute care mental health services from Royal Ottawa Health Care Group (ROHCG) Brockville site to Brockville General Hospital. • Complete Tier III divestment of mental health services from Providence Care and ROHCG. • Develop shared client access for all mental health and addictions services. • End use of geographic 'silos' in the design and delivery of mental health and addictions services. • Improve capacity for concurrent disorders (mental health plus addiction disorders) services. • Develop 'bridges' between mental health services for children/youth and for young adults. • Equalize access to psychiatrist care across the region.
Measures	To be determined.
Consistent with Government Priorities	The planned actions and activities are consistent with announced government priorities.

Improving Mental Health & Addictions Services Capacity - Action Plans / Interventions

Project Name	Project action plan	Estimated percent completion 2010-11	2011-12	2012-13
Tier II and III Divestment	Ongoing work between the South East and Champlain LHINs, as well as local providers is facilitating the the transfer of acute mental health beds and associated outpatient services to BGH and the transfer of long-stay institutional mental health patients to community care settings.	75%	25%	
Coordinated access to community mental health services	This project supports a "no wrong door" approach for clients seeking mental health and addiction services. Its goals include improving access to care and reducing the need for clients to queue at multiple agencies.	100%		
Support/enhance psychiatric services: Regional psychiatry program	Supports the coordination of secondary and tertiary mental health services as well as improves the recruitment and retention of psychiatrists within the LHIN.	50%	50%	
Regional Supportive Housing for Addiction Services	This project is anticipated to begin in fiscal 2010-11, subject to confirmation of funding and service level agreements.	25%	25%	50%

Expected Outcomes:

- Successful transfer of acute mental health beds to BGH; successful placement of long-stay mental health patients in community settings.
- Improved access for clients seeking mental health and addictions services.
- Improved access to psychiatric care services across the LHIN.

Risks/ Barriers to Successful Implementation:

Delays in capital construction approval to facilitate transfer of acute mental health beds.
Failure to reach agreement on appropriate transfer of funds to operate acute and community mental health services.

IHSP Priority: Developing Regional Program Managment

Description: Capacity and access can be increased through better system of our current regional resources. Services delivered at multiple sites can be integrated across the region and made accessible to all residents. Regional program management can drive a standard of care among service delivery partners; improve communication and understanding of providers' roles; improve referral, transfer and other logistical processes; and improve health human resources recruitment, retention, and mobility. A regional program approach creates a single vision; improving program focus and accountability.

Current Status: Past work to develop a regional surgical program has resulted in a model for e-referrals and a common algorithm for assessment and referral (see priority for e-health). The goal for the next three years is to evolve a regional management model, beginning with orthopedic surgery (specifically hips and knees) and cardiac care.

Goals:	• Develop regional program management for cardiac services. • Develop regional strategy for end-of-life services. • Finalize regional surgical program implementation. • Implement integrated management of critical care across all our critical care hospitals. • Develop and implement Critical Care Medium Surge Capacity Plan. • Expand the use of integrated back-office services across health service providers. • Evaluate the performance of the new 'Surgi-Centre' at Hotel Dieu Hospital and determine potential of model for future use. • Build upon regional efforts for joint human resource planning and recruitment across the region. Develop regional program HR protocols for recruitment and retention.		
Measures	• 90% of cardiac by-pass procedures completed within target. • No palliative care patients designated ALC.	• Shorter wait to see a surgeon. • Common referral process developed for family physicians and specialists .	• Common transfer protocols developed. • Develop common understanding of site roles for participating programs
Consistent with Government Priorities	The planned actions and activities are consistent with government priorities as they support Ontario's Wait Time Strategy and the work of the Critical Care Secretariat.		

Developing Regional Program Managment - Action Plans / Interventions

Project Name	Project action plan	Estimated percent completion 2010-11	2011-12	2012-13
Regional Clinical Services Roadmap	Linking our IHSP priorities with our H-SAA planning, we are working with our hospitals and CCAC to determine how best to realign acute care services to meet current and future population need. We are looking at all hospital services at all sites to determine which might be best provided in non-institutional settings; while reconfiguring remaining services based on projected demand (from ReCAP) and geography. This comprehensive project has participation from Board Chairs, Boards, CEOs, Chiefs of Staff, Chief Nursing Officers, Chief Financial Officers, staff physicians and other hospital clinical professionals. A full costing of options will be developed and a final clinical services plan for implementation will be the main deliverable.	25%	50%	25%
Regional Stroke	This project will extend the existing regional stroke program, by including prevention, clinical care, rehab, professional education and public awareness. Its goals include increased public awareness of stroke prevention strategies, improved clinical outcomes, and reduced reliance on acute care hospitals for the care of strokes (reduced incidence).	50%	50%	
Regional Cancer	This project belongs to the South East Regional Cancer Centre. The LHIN supports the project, as the regional cancer centre is responsible for a wait times target included in the MLAA.	NA	NA	NA
Regional Cardiac	This program will extend the existing cardiac care program. Its goals include improved cardiac health, better clinical access and higher quality of cardiac care. It will achieve these goals through regional collaboration and system reorganization. Ultimately we hope to see reduced incidence of acute cardiac events.	50%	50%	

Expected Outcomes:

- Improved clinical access for selected services.
- Improved financial stability for HSPs through clinical service realignment; sustainable health service model established.
- Improved clinical outcomes based on early intervention, faster access, standardized approaches and protocols, and greater collaboration.

Risks/ Barriers to Successful Implementation:

Delays by HSPs to fully participate in activities.
Failure to effectively manage these change management processes.

IHSP Priority: Improving Access to Emergency Rooms

Description: Emergency rooms are seen as "canaries in the mine" of the health-care system. When appropriate access to and flow through an emergency room is timely and successful, the public is confident that the health system is functioning well. A truly integrated health-care system makes the most effective use of emergency rooms.

Current Status: Reducing the time people wait to see an ER physician, receive treatment or be admitted to hospital promptly has been a significant objective for the LHIN. Work continues with all providers to ensure that provincial targets are met.

Goals:	Create an integrated process between the Community Care Access Centre (CCAC), Community Support Services (CSS) & hospitals to promptly provide community support for the most frail elderly (expediting ER discharges, reducing unnecessary admissions and avoiding repeat ER visits). Improve ER performance and capacity through a process improvement program focused on system review and streamlining processes. Implement electronic notification, referral and resource matching systems among hospital ERs, CCAC, and other providers.		
Measures	Meet or exceed Ministry targets for:	• Number of unscheduled ER visits /1000 population. • Proportion of admitted patients admitted from ERs within LOS of < 8hrs.	• Proportion of non-admitted patients treated within respective LOS targets of: < 8hrs for CTAS* 1-2; < 6hrs for CTAS 3; < 4hrs for CTAS 4/5.
Consistent with Government Priorities	The planned actions and activities are consistent with government priorities and the ER/ALC Strategy.		

Improving Access to Emergency Rooms - Action Plans / Intervention

Project Name	Project action plan	Estimated percent completion 2010-11	2011-12	2012-13
EASIER +	Evaluates identified elderly patients at higher risk of adverse outcome once discharged. Connects clients with appropriate community based services.	100%		
SMILE	Seniors Managing Independent Living Easily (SMILE) provides individualized care plans and budgets to address the needs of seniors admitted to the program.	100%		
Pay For results Year 2	MOHLTC mandated project in year 2 to support operational changes in the ER and in patient transfers from ER at KGH.	100%		
KGH Access to Care initiative	Supports the above project. These projects are included in the hospital's performance improvement plan.	100%		
Nurse Led Outreach Teams	Providing specialized diagnostic assessments and treatment on site for LTCH residents who would otherwise be transferred to Kingston General Hospital Emergency. Project goals include assessment services and care provided at LTCHs (as appropriate) and educating LTCH staff and patients regarding LTCH care options.	100%		

Expected Outcomes:

- Reduce risk of readmission to hospital or ER. Support ED-CCAC notification system software implementation. Improved financial stability for HSPs through clinical service realignment; sustainable health service model established.
- Reduce reliance on acute health care services, support seniors and caregivers to support independence at home.
- Improve ER capacity performance, reduce waits in ER.

Risks/ Barriers to Successful Implementation:

Delays by HSPs to fully participate in activities.
Failure to effectively manage these change management processes.

IHSP Priority: Reducing the Incidence & Prevalence of Alternate Level of Care Designations

Description: When someone is placed into an acute care bed that does not need acute care or someone stays in an acute care bed when they no longer require acute care, the patient and the system are both compromised. The patient may lose strength or acquire an infection, and the system loses or misuses valuable capacity. All patients should be appropriately placed in the setting that best fits their care needs.

Current Status: The LHIN continues to work with its providers to increase the number of appropriate care venues for patients being discharged from acute care beds. Our focus has been on increasing home-based care options to reduce the demand for LTCH beds.

Goals:	• Create an integrated process between the Community Care Access Centre (CCAC),Community Support Services (CSS) & hospitals to promptly provide community support for the most frail elderly (expediting ER discharges, reducing unnecessary admissions and avoiding repeat ER visits). • Expand the 'Flo' initiative to all hospital sites. • Implement electronic notification, referral and resource matching systems among hospital ERs, CCAC and other providers. • Implement daily physical activity routines for hospitalized patients over age 65. • Designate clusters of dedicated long-term care interim admission beds across the LHIN. • Designate clusters of dedicated short stay (convalescent & respite) long-term care beds across the LHIN. • Establish a nurse practitioner service in long-term care homes program. • Open a new long-term care home in Kingston in 2011. • Support capital redevelopment of B & C rated long-term care homes across the region.		
Measures	Meet or exceed Ministry targets for:	• Percentage of ALC days. • Percentage of ALC patients.	• Percentage of patients aged 75+ discharged home from acute care. • Amount of time spent waiting for admission to a long-term care home.
Consistent with Government Priorities	The planned actions and activities are consistent with government priorities and the ER/ALC Strategy.		

Reducing the Incidence & Prevalence of Alternate Level of Care Designations - Action Plans / Interventions

Project Name	Project action plan	Estimated percent completion 2010-11	2011-12	2012-13
FLO Collaborative Spread	This project expands a pilot started at KGH LHIN-wide; improving communication between service providers to reduce barriers to quick and smooth transition of patients.	100%		
Home At Last	Home at Last facilitates hospital discharges where the resources are not readily available at the time the patient's acute care phase of care is complete.	100%		
Home First	Home First focuses on identifying patients early in their hospital stay risk of being designated ALC for LTCH placement. It ensures that appropriate community support is available at discharge, enabling these individuals to make decisions about their long-term residential care options at home.	100%		
Discharge Link	Provides timely access to community based rehabilitation services to improve and sustain functional abilities, for stroke survivors and their families.	100%		

Expected Outcomes:

- Improve patient flow through hospital. Reduce LOS based on administrative delays.
- Reduce number of patients designated as ALC.
- Improve transition between care providers, lower acute and rehab length of stay and reduce % ALC days.

Risks/ Barriers to Successful Implementation:

Delays by HSPs to fully participate in activities.

IHSP Priority: Implementing the Ontario Diabetes Strategy

Description: Due to the high prevalence and impact of diabetes in the South East, an essential first step into chronic disease management will be to focus on this serious disease. The strategy provides opportunities to integrate diabetes care and the monitoring of key medical management indicators into primary care venues. Lessons learned will drive other chronic disease management strategies.

Current Status: The LHIN is ready to proceed with this initiative at the Ministry's direction.

Goals:	• Implement the Ontario Diabetes Strategy. • Establish a regional diabetes coordination centre to provide leadership for a regional diabetes program and lead implementation of provincial priorities across the region. • Consider reallocating existing diabetes resources to best meet population needs. • Roll-out the provincial Diabetes Registry within the region.		
Measures	• Percentage of people with diabetes, per year, who are unattached to a primary care provider. • Number of people who are evaluated by a qualified interdisciplinary diabetes team (education and nutrition counseling at a minimum).	• Percentage of people with diabetes who have had their LDL-C tested within past three years. • Percentage of people with diabetes who have had at least two HbA1C tests in the past year.	• Percentage of people with diabetes who have had ACR and serum creatnine within an appropriate time period.
Consistent with Government Priorities	The planned actions and activities are consistent with government priorities.		

Implementing the Ontario Diabetes Strategy - Action Plans / Interventions

Project Name	Project action plan	Estimated percent completion 2010-11	2011-12	2012-13
Leveraging eHealth for Chronic Disease Management	Local implementation of the Ontario Diabetes Strategy is expected to have positive impacts on population health through improved access to primary health care services, improved access to education regarding self management and nutrition, and increased access to appropriate diagnostic testing.	25%	50%	25%
Regional Diabetes Coordination Centre	Establish a regional diabetes coordination centre to provide leadership for a regional diabetes program and lead implementation of provincial priorities across the region.	100%		
Diabetes Registry	Roll out the provincial diabetes registry as part of the provincial initiative.	25%	50%	25%

Expected Outcomes:

- Improved population health through better detection and management of chronic disease.
- Improved access to care through regional coordination.

Risks/ Barriers to Successful Implementation:

Delays by HSPs to fully participate in activities.
Delays by eHealth Ontario / Ministry in rolling out initiative.

ISHP Priority: Furthering Access through E-Health

Description: eHealth will contribute to the integration mandate of the LHIN through the creation of a sustainable, efficient electronic system that, in support of the provision of care, provides for seamless sharing of information across the care continuum among care providers, citizens and health-care system administrators. Implementation of eHealth initiatives within the SE LHIN will be directed towards three main outcomes:

- Improving care provided within the LHIN by sharing of relevant health care information amongst clinicians
- To create a system that will support regional data sharing and performance reporting
- To support back-office integration that leads to sharing of resources and improved efficiencies

Current Status: The LHIN is ready to proceed with the projects under this priority in concert with Ministry timelines.

Goals:	• Establish a joint population and health data analytical collaborative across the LHIN, public health units and selected health services providers. • Support the establishment of on-line prescription ordering and clinical reporting. • Finalize implementation of electronic diagnostic imaging services; enabling image exchange among South East LHIN hospitals. • Fully implement the South East LHIN Regional Surgical Services Initiative – E-referral Quality Improvement Project • In cooperation with e-health Ontario improve overall e-health capabilities across LHIN health service providers through improvements to foundational systems.
Measures	• To be determined in consultation with the Ministry and other LHINs.
Consistent with Government Priorities	The planned actions and activities are consistent with government priorities and eHealth Ontario timelines.

Furthering Access Through E-Health - Action Plans / Interventions

Project Name	Project action plan	Estimated percent completion 2010-11	2011-12	2012-13
Regional Surgical eReferral	eReferral will provide primary care physicians with information and tools with respect to making a referral for a surgical consult. This process is anticipated to improve access to specialist services by reducing the number of referrals that do not meet minimum criteria. eReferral is the initial focus of the broader regional surgical program management project.	100%		
Health Service Provider eHealth Solution Adoption	Builds capacity in six areas: governance, project management, stakeholder engagement and communication, change management, privacy and security, and registration. This is a project sponsored by eHealth Ontario.	25%	50%	25%
Resource Matching and Referral ED-CCAC	Revamped means of linking patients to appropriate care settings (primarily to LTCH).	100%		
InterRAI CHA Common Assessment Tool	This software will improve the ease of completion and data quality of a standard client assessment tool. This project links with the development of an electronic client record contained within a Client Management System.	75%	25%	

Expected Outcomes:

- Improved quality of referrals for surgical consultation; improving access to surgeons.
- Improved HSP facility with eHealth solutions – better ability to fully maximize efficiencies.
- Improved time to LTCH placement by reducing manual processes and automating client-provider matching.
- Improved data quality; ease of implementation of electronic health record.

Risks/ Barriers to Successful Implementation:

Delays by HSPs to fully participate in activities.
Delays by eHealth Ontario / Ministry in rolling out initiative.

ISHP Priority: Expanding Culturally and Linguistically Sensitive Health-care Services

Description: The South East LHIN is committed to working with French language communities and the health providers serving them to ensure there is appropriate access to care in the French language. Equally, the South East LHIN will work with its Aboriginal communities to offer assistance in their efforts to ensure appropriate access to care.

Current Status: Our Health Service Providers in Kingston continue to implement their French Language Services Plans. The LHIN continues to dialogue with our Aboriginal communities to ensure appropriate access to care.

Goals:	Establish strong working relationships with Aboriginal populations (Métis, off-reserve Aboriginal population, Mohawks of the Bay of Quinte). Assist identified health services providers to meet *French Language Services Act (FLSA)* requirements.
Measures	• Percentage of identified French Language health service providers that meet requirements of *FLSA*. • Measures for relationships with Aboriginal populations are under development.
Consistent with Government Priorities	The planned actions and activities are consistent with government priorities and in compliance with provincial statute.

Expanding Culturally and Linguistically Sensitive Health-care Services - Action Plans / Interventions

Project Name	Project action plan	Estimated percent completion 2010-11	2011-12	2012-13
Improving access to French Language Services in Kingston Designated HSPs	This continuing project will support the implementation of the *French Language Services Act*.	100%		
Advancing the health status of the Métis population	The LHIN continues to work with the Métis Nation to ensure integrated mental health care services are available.	These activities are ongoing.		
Advancing relationships with the Mohawks of the Bay of Quinte	The LHIN will continue to work with the Mohawks of the Bay of Quinte to further develop our working relationship with them and to support the implementation of their Community Health Priorities.	These activities are ongoing.		

Expected Outcomes:

- Full HSP compliance with *French Language Services Act.*
- Continued good working relationships with the Métis Nation to ensure integrated mental health care services are available.
- Continued good working relationships with the Mohawks of the Bay of Quinte to support the implementation of their Community Health Priorities.

Risks/ Barriers to Successful Implementation:

HSP non-compliance.

IHSP Priority: Advancing System Improvement through Boards Working Together

Description: The role of health-care governance is evolving in the LHIN environment, where boards are not just responsible for overseeing the management of their own organization, but also for contributing to the development and functioning of an integrated system of care. The South East LHIN Board launched its Collaborative Governance initiative in January 2007. Since then, members have worked diligently to engage their counterparts on health service provider boards with messages of collaboration, integration, accountability, and responsibility. The results continue to grow and support operational activities across the LHIN.

Current Status: The LHIN Board continues to work with provider boards, both formally and informally, to support volunteer board members in understanding their role – both to their organization and the local health care system. Collaborative governance is defined locally as the LHIN board and health service provider boards working together to achieve a common goal: accessible high-quality health services when and needed.

Goals:	• To effectively employ collaborative governance to advance health-care system improvement through integration and better coordination of services. • Health service provider boards to accept fiduciary responsibilities to the health-care system. • To improve collaboration and information sharing between the LHIN and health service provider boards and among health service provider boards.	
Measures	• Voluntary integration initiatives developed. • Service provider accountability agreements signed.	• Service provider service accountability agreements targets met. • Service provider board awareness of LHIN accountability agreements and initiatives.
Consistent with Government Priorities	The Priority for Development aligns with transparency and accountability policy objectives of the Government of Ontario.	

Advancing System Improvement through Boards Working Together - Action Plans / Interventions

Project Name	Project action plan	Estimated percent completion 2010-11 2011-12 2012-13
Board Collaborative Governance	The South East LHIN Board continues its work with its HSP board peers to enhance collaborative work between and among HSP boards. The South East LHIN will: • Provide opportunities for health service provider boards to meet face-to-face. • Support initiatives to improve communication between the SE Board and HSP boards (liaison role, electronic information exchange, attendance at HSP board meetings, etc). • Provide governance training for health service provider boards (cost-sharing workshops, repository of training materials, etc). • Highlight successful integration initiatives.	These activities are ongoing.
Governance Development Plan	This initiative will improve LHIN Board governance processes through the further development of: • A robust policy infrastructure (e.g., continued development of the Board Policy Handbook). • A framework to ensure LHIN Board and committees work plans support IHSP priorities	These activities are ongoing.
Board Governance Accreditation	The South East LHIN Board has taken a leadership role in Ontario by being the first Crown Agency to seek accreditation. Working with Accreditation Canada, the LHIN Board will develop a standard of health system governance that could form the basis of accreditation for all LHINs in Ontario.	100%
Board Engagement Strategy	The LHIN Board will develop plan to engage stakeholders on opportunities to align their goals to IHSP Priorities. The plan will have customized strategies for specific stakeholder groups (e.g., MPPs, Municipal Councilors, HSPs, non-funded health service providers, schools, police, etc).	These activities are ongoing.

Expected Outcomes:

- Achievement of the Board's goals.

LHIN Operations and Staffing

2009/2010 DRAFT SE LHIN Operations Spending Plan -- Annual Business Plan 2010 - 2012								
LHIN Operations ($)	2009/2010 Allocation	2010/2011 Planned Expenses	2011/12 Planned Expenses	2012/13 Planned Expenses	2010/2011 Additional Expenditures	2011/12 Additional Expenditures	2012/13 Additional Expenditures	Explanation of Pressures and additional Funding Requirement over and above the planned expenses by year.
Operating Funding	4,711,569	4,711,569	4,755,253	4,871,810				
Salaries and Wages	2,716,958	2,683,274	2,766,972	2,853,031		214,200	220,626	All 3 planning years - ER/ALC position only partially funded by MOHLTC via project envelope and is included in the planned expenses in future years; the overage of cost to project funding was absorbed in the Operations Salary line in 2009/10 and will cont
Employee Benefits								
HOOPP	287,309	284,768	293,294	302,077		23,562	24,269	Direct pension costs relating to 3 FTE's as noted above.
Other Benefits	315,452	310,656	319,958	329,538		25,704	26,475	Direct benefit costs relating to 3 FTE's as noted above.
Total Employee Benefits	***602,761***	***595,424***	***613,252***	***631,615***				
Transportation and Communicatior								
Staff Travel	105,000	105,000	105,000	105,000	15,000	25,000	25,000	Increase to reflect travel actuals current year and additional staffing requirements.
Governance Travel	39,780	40,576	41,387	42,215				
Communications	60,000	60,000	60,000	60,000				
Others	21,000	10,000	5,000	5,000		10,000	5,000	Additional funding for recruitment of new positions per staffing plan.
Total Transportation and Communication	***225,780***	***215,576***	***211,387***	***212,215***				
Services								
Accommodation	139,100	210,000	275,000	275,000				
Advertising	5,000	2,000	2,000	2,000				
Banking	40	200	200	200				
Consulting Fees	64,840	72,586	50,757	61,302	30,000	42,500	42,500	HSP operational and financial review if/as needed. Cardiovascular/Knowledge Management and other work unit meeting requirements
Equipment Rentals	8,800	10,000	10,000	10,000				
Governance Per Diems	200,000	203,000	203,000	203,000		3,045	6,136	Reflects an increase of 1.5% year over year to accommodate requirements.
Insurance - Operations Only	16,606	16,938	17,276	17,622				
LSSO Shared Costs	330,000	330,000	330,000	330,000	29,500	29,500	29,500	LSSO are requesting increased funding from LHINs, in order to relieve pressures primarily related to planned hiring of a Procurement Specialist and an additional Legal Specialist.
LHINC	50,000	50,000	50,000	50,000				
Other Meeting Expenses	67,000	69,400	27,808	28,224		42,000	42,000	Meetings project related and work unit related - (Clinical Services Roadmap; PAR; Lab Integration; Critical Care Events; HSP Contract Negotiations; Knowledge Management Unit regional meetings)
Other Governance Costs	33,000	33,000	33,000	33,000				
Printing & Translation	61,600	32,600	32,600	32,600				
Staff Development	55,000	65,000	65,000	65,000				
Other Services	72,884	572	0	0				
Total Services	***1,103,870***	***1,096,296***	***1,096,641***	***1,107,948***				
Supplies and Equipment								
IT Equipment	20,000	54,800	24,800	24,800	5,000	27,800	21,800	Costs primarily associated with Web Site development to achieve French Language Services and Accessibility for Ontarians with Disabilities; and costs related to IT procurement for new hires per staffing plan.
Office Supplies & Purchased Equipment	42,200	42,200	42,200	42,200				
Other S & E								
Total Supplies and Equipment	***62,200***	***97,000***	***67,000***	***67,000***				
Capital Expenditures	0	25,000	0	0				
LHIN Operations: Total Planned Expense	**4,711,569**	**4,711,569**	**4,755,253**	**4,871,810**	**79,500**	**443,311**	**443,306**	**= Pressures not included in the Spending Plan section**
Annual Funding Target	4,711,569	4,711,569	4,755,253	4,871,810	**4,791,069**	**5,198,564**	**5,315,116**	**= Actual allocation requirement to achieve relief on pressures**
Variance	**0**	**(0)**	**0**	**0**	**(79,500)**	**(486,995)**	**(603,547)**	**= Variance between requirement and 09/10 base allocation**
Percentage increase required to meet pressures (year over year based on 2009/10 allocation)					**1.7%**	**10.3%**	**12.8%**	
Percentage increase required to meet pressures (year over year based on annual requirement)					**1.7%**	**8.5%**	**2.2%**	

Note Pressures:

1. Per direction from the MOHLTC,this Annual Business Plan submission for fiscal years 10/11, 11/12 and 12/13 is based on a flat line approach with no increase to funding year over year. Due to this approach certain pressures will occur as identified abo

SE LHIN Operations Schedule - Jan 2010 ABP

LHIN Staffing Plan (FTE)

Position Title	2008/09 Actuals	2009/10 Actuals	2010/11 Plan	2011/12 Plan	2012/13 Plan
Chief Executive Officer	1.00	1.00	1.00	1.00	1.00
Executive Assistant to CEO	1.00	1.00	1.00	1.00	1.00
Administrtive Assistant - Board	0.70				
Board Coordinator	0.20	1.00	1.00	1.00	1.00
Communications and Community Engagement Specialist	0.70	0.92	1.00	1.00	1.00
Manager Corporate Services/Controller LHIN Operations	1.00	0.75			
Director Corporate Services/Controller		0.25	1.00	1.00	1.00
Corporate Services Assistant - PT	0.70	0.70	0.70	0.70	0.70
Corporate Service Assistant - FT	1.00	1.00	1.00	1.00	1.00
Senior Director, Performance, Contracts and Allocation (PCA)	1.00	0.60			
Chief Operating Officer		0.40	1.00	1.00	1.00
Senior Director, Planning, Integration and Community Engagement (PICE)	1.00	0.58			
Administrative Assistant, Snr Director PCA	1.00	0.60			
Senior Administrative Assistant, COO		0.40	1.00	1.00	1.00
Administrative Assistant, Snr Director PICE	1.00	0.60			
Progect Assistant - PCA	1.00	0.75			
Project Assistant - (1)		0.25	1.00	1.00	1.00
Project Assistant - PICE	1.00	0.75			
Project Assistant - (2)		0.25	1.00	1.00	1.00
Sr Consultant Performance and Funding	1.00	0.75			
Director, Performance Optimization		0.25	1.00	1.00	1.00
Sr Consultant Performance and Funding	1.00	1.00	1.00	1.00	1.00
Sr Consultant Performance and Contracts	1.00	1.00	1.00	1.00	1.00
Finance Lead HSP TPs	1.00	0.75			
Director, HSP Funding and Allocation		0.25	1.00	1.00	1.00
Sr Data Analyst and Integration Consultant	1.00	1.00	1.00	1.00	1.00
Sr Financial Analyst	1.00	1.00	1.00	1.00	1.00
Financial Analyst	0.60	1.00	1.00	1.00	1.00
Sr Epidemiologist / Consultant Planning and Integration	1.00	0.75			
Director, Knowledge Management		0.25	1.00	1.00	1.00
Health System Design Specialist	1.40	2.00	2.00	2.00	2.00
Sr Integration Consultant	0.75	0.00	0.00	0.00	0.00
Sr Integration Consultant	1.00	0.75			
Director, Local Health System Development		0.25	1.00	1.00	1.00
Data Analyst and Integration Consultant	0.00	0.90	1.00	1.00	1.00
Project Assistant - (3)		0.20	1.00	1.00	1.00
Project Assistant - (4)		0.20	1.00	1.00	1.00
Financial Officer		0.20	1.00	1.00	1.00
Planning and Integration Consultant				1.00	1.00
Community Engagement Consultant				1.00	1.00
Project Assistant - (5)				1.00	1.00
Staffing Total FTE's	**23.05**	**24.30**	**25.70**	**28.70**	**28.70**
Ancilliary Funded Projects (MOHLTC and LHIN Operations)					
Director/CIO, e-Health System Development	1.00	1.00	1.00	1.00	1.00
e-Health Project Manager	0.40	1.00	1.00	1.00	1.00
e-Health Project Manager	0.40	1.00	1.00	1.00	1.00
ER/ALC Lead	0.41	1.10	1.10	1.10	1.10
ED Lead	1.00	1.00	1.00	1.00	1.00
French Language Services Coordinator			1.00	1.00	1.00
Health Force Ontario Coordinator	1.00	1.00	1.00	1.00	1.00
Critical Care Lead		1.00	1.00	1.00	1.00
Ancilliary Funded Projects Total FTE's	**4.21**	**7.10**	**8.10**	**8.10**	**8.10**
Student Interns					
SE LHIN	0.33	0.20	0.70	0.70	0.70
e-Health		0.80	1.00	1.00	1.00
TOTALS	**27.26**	**31.40**	**33.80**	**36.80**	**36.80**

Comments
This plan aligns with, and is in support of (a) the SE LHIN Strategic Plan and IHSP Priorities, and (b) the MOHLTC/LHINs Operational Effectiveness Review and subsequent reorganization undertaken by the SE LHIN during 2009.

Comunications Plan

Purpose/ Goals

- To tell the story about the health care system in the South East to Stakeholders (Ministry, health service providers, and others)
- To build awareness and understanding of the mandate of the LHIN and its role in managing the health care system
- To demonstrate the South East LHIN is an effective organization that is credible, professional and responsive
- To demonstrate the LHIN is building a true system of integrated health care that optimizes the use of resources
- To build an informed community

Overview

Each of Ontario's 14 LHINs is required to submit a Board-approved Annual Business Plan to the MOHLTC explaining how the LHIN intends to use its resources to support government health care priorities and priorities from the LHIN's Integrated Health Services Plan. The ABP is submitted in draft until the provincial budget is announced, and funding allocations are confirmed. This communication plan is one component of the overall communications plan for the South East LHIN.

Separate communication strategies will be developed for most of the projects, integration activities, and other matters outlined in the ABP. Each of these strategies will align with the LHINs overall communications plan.

Target Audiences

Ministry of Health and Long-Term Care
Members of Provincial Parliament
Other Local Health Integration Networks
Members of the South East LHIN Board of Directors
Health Service Providers

General Public

Issues Management

Given that the ABP contains specific details that may be sensitive to one or more of our health service providers, it is essential that these providers are identified and contacted prior to the public release of the ABP. Specific messaging to guides these conversations will be provided through the regular issues management process.

Key Messages

We are pleased to provide the public with our Annual Business Plan. This is a document that demonstrates how we are achieving better health for the South East through proactive, integrated and responsive health care in partnership with an informed community.

Essentially, this is the story about the health care system in our region. We are laying out where we are going, what is happening, why and how we are making health care better.

The role of the South East LHIN is to improve health care performance through planning, accountability and funding. With the cooperation of our partners, we are building a true system of integrated health care that optimizes the use of resources.

This plan lays out how we are implementing our Integrated Health Services Plan - or IHSP - which was created with significant community input.

Acronym Table

AAH
Aging At Home

ACFO
Association canadienne-francais de l'est de l'Ontario

ACTT
Assertive Community Treatment Team

ALC
Alternate Level of Care

ASP / ABP
Annual Service Plan
Annual Business Plan

CAPS
Community Annual Planning Submission

CCAC
Community Care Access Centre

CCHS
Canadian Community Health Survey

CHA
Community Health Assessment

CHC
Community Health Centres

CHRA
Citizens' Regional Health Assembly

CMH CAP
Community Mental Health Common Assessment Project

CSI
Consumer/Survivor Initiative

EASIER+
Eldercare Access Strategy in the Emergency Room – Plus

EMS
Emergency Medical Services

ER / ED
Emergency Room / Emergency Department

FCMS
Frontenac County Mental Health Services

HFO
HealthForce Ontario

HSP
Health Service Provider

HSRC
Health Services Restructuring Commission

IHSP
Integrated Health Services Plan

IRTR
Integrated Real-Time Referral

KGH
Kingston General Hospital

LHIN
Local Health Integration Network

LHSIA
Local Health System Integration Act, 2006

LTC
Long-Term Care

LTCH
Long-Term Care Home

M-LAA
Ministry-LHIN Accountability Agreement

M-SAA
Multi-sector Service Accountability Agreement

MOHLTC
Ministry of Health and Long-Term Care

OMA
Ontario Medical Association

PMO
Project Management Office

ReCAP
Regional Capacity Assessment and Projection

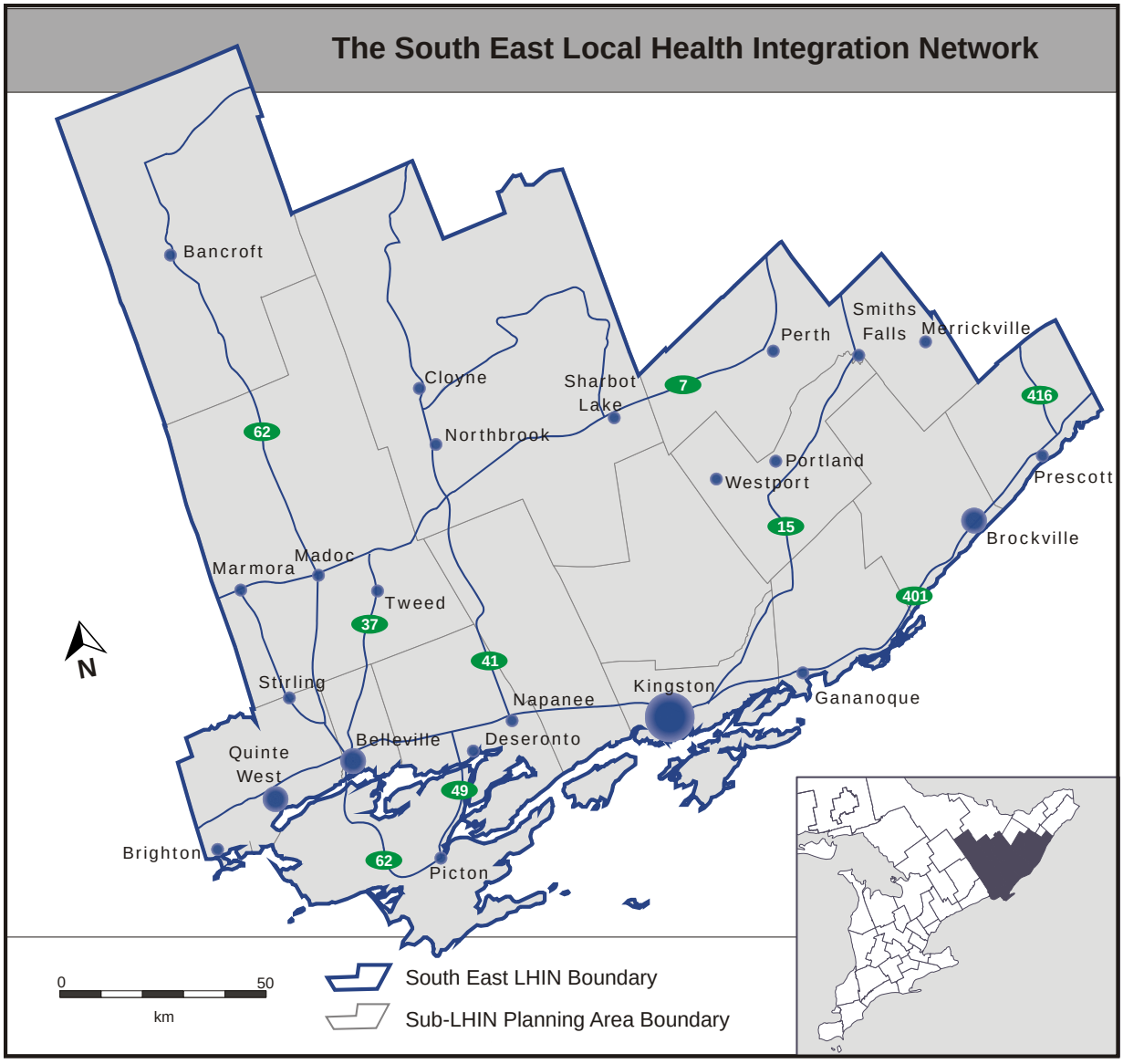
ROHCG
Royal Ottawa Health Care Group

SMILE
Seniors Managing Independent Living Easily

VON
Victorian Order of Nurses

WTIS
Wait Times Information System

WTS
Wait Times Strategy.


The South East Local Health Integration Network
Bancroft
Cloyne
Sharbot Lake
Perth
Smiths Falls
Merrickville
Northbrook
Portland
Westport
Prescott
Brockville
Marmora
Madoc
Tweed
Stirling
Napanee
Kingston
Gananoque
Belleville
Deseronto
Quinte West
Brighton
Picton
62
7
416
15
401
37
41
49
N
0
50
km
South East LHIN Boundary
Sub-LHIN Planning Area Boundary