

North East LHIN 2008/09 Operational Plan

Presented to the Board of Directors and Approved, July 29, 2008



Ontario

Local Health Integration
Network

Réseau local d'intégration
des services de santé

BACKGROUND

On January 25 and 26, 2008, the NE LHIN Board of Directors and Senior Management held a retreat to review, refine and refresh the NE LHIN mission, vision, values and strategic directions and provide a framework to update the Annual Operational Plan for fiscal year 2008-2009. Senior Management submitted a draft operational plan to the NE LHIN Board on March 28, 2008, while it awaited confirmation of the NE LHIN's 08/09 budget allocation.

Since that time, the province of Ontario announced its 2008 budget on March 25, 2008, which outlined the government's investments in health care. Key goals for the provincial health system in 2008 are to reduce wait times for health services, improve access to family health care, and make health system improvements. The provincial goals align with the NE LHIN Integrated Health Service Plan and strategic directions.

NORTH EAST LHIN OPERATIONAL PLAN

The Operational Plan builds on the Mission, Visions and Values of the NE LHIN and defines ways and means to deliver on the following streams of activities:

1. Enablers

Mission/Vision/Values

The NE LHIN's strategic directions and priorities

The Ministry and NE LHIN Accountability Agreement (MLAA)

2. Care Delivery

The North East LHIN Integrated Services Plan (IHSP)

Emerging local priorities

The Ministry's strategies

3. Sustainability

Integration

Alternate Level of Care

While there are many competing priorities facing the health care system in the North East, the NE LHIN must identify what to focus its resources on to ensure the needs of the NE population are being met now, and into the future. This includes the need for providing high quality health care delivery, and at the same time ensuring that our system in the North East is sustainable for years to come.

North East LHIN Priorities

Care Delivery

Making decisions in the best interest of the people served.

- Integrated Health Service Plan priorities
- Emerging local priorities
- The Ministry of Health and Long-Term Care strategies

Sustainability

Making decisions to ensure the long-term sustainability of our health care system.

- Integration
- ALC

Enablers

1. ENABLERS

The following list of activities support the work of the NE LHIN as it undertakes its planning and funding responsibilities with the health care system and other stakeholders in North Eastern Ontario:

1.1 NORTH EAST LHIN MISSION, VISION AND VALUES

As a foundation to the work of the NE LHIN, its Mission, Vision and Values provides the organization with its “strategic compass” in which all other activities are guided. The Board has re-affirmed its Mission, Vision and Values for the 2008/09 and these will continue to guide all of its activities for the coming year.

NE LHIN Vision: Health and Wellness for All

NE LHIN Mission: Create an Innovative, Sustainable and Accountable System

NE LHIN Values:

VALUES	BEHAVIORS
Listen	Our intention: You will be heard
Integrity	Responsible and accountable for living our values
Proactive	Anticipate needs and opportunities and act appropriately
Equity	Opportunity for health and wellness for all
Serve	Include North East Ontario geographic, cultural, demographic, and linguistic health and wellness needs in all activities

Notes for fiscal year 2008/2009:

- In addressing the vision, there was consensus on pursuing methodologies to support the realization of *health and wellness for all*. The NE LHIN Board has indicated its commitment to focus efforts this fiscal year on the further development of structures and processes aimed at the First Nations/Aboriginal/Métis and French populations.
- In addressing the mission, there was consensus on the necessity to evaluate the efficacy of the innovative models developed by the NE LHIN.
- In addressing the strategic directions, there was consensus on enhancing generative thinking discussions at the Board level along with strategic and fiduciary thinking.

1.2 NORTH EAST LHIN BOARD STRATEGIC DIRECTIONS

The NE LHIN's five strategic directions were reviewed, refined and refreshed at its January 2008 retreat, with an emphasis on the following:

Community Engagement and Planning

- Establish a health provider profile for each planning area and for each community (as data permits at this time)
- Set the desired "*Health and wellness for all*" strategic directions by leveraging our "Stakeholder Planning and Engagement Forum" structures
- Support local community engagement (community coordination and process improvement projects) across the planning areas
- Mobilize all stakeholders (WHO framework) in the local community engagement process
- Focus on First Nations/Aboriginal/Métis and French speaking populations
- Capitalize on health data and evidence to mobilize stakeholders
- Refresh the NE LHIN Integrated Health Service Plan

Communications

- Embed the NE LHIN mission and vision in all communications efforts
- Develop a framework to share the NE LHIN story with targeted audiences identified in the WHO model
- Develop a North East Communication Network to share key messages, communications efforts, and to improve communication effectiveness
- Provide communications support for Board and staff
- Develop/enhance the NE LHIN website and the NE LHIN portal functionality
- Develop Communication Strategies for key areas of communications including, but not limited to: H-SAA/HAPS, ALC, Aging at Home, Crisis Communications, etc.

Roll out the new visual identity for the North East LHIN

Funding and Accountability

- Manage the cultural change (at the Ministry of Health and Long-Term Care and with Hospitals) in addressing hospital HAPS and H-SAA in the following areas:
 - Greater public transparency by developing user-friendly graphical presentations in achieving targets (financial and others)
 - Demonstrate continuous improvement methodologies in place with monthly monitoring and short and long-cycle correction plans
 - Demonstrate leadership in community engagement and planning
- Develop Service Accountability Agreements (SAA) with other health care sectors under the LHIN jurisdiction
- Develop a system to optimize resources within the NE LHIN and within the Health Service Providers allocation

Knowledge Sharing

- Provide mechanisms to share best practices and innovative Northern solutions
- Develop a Health Provider Profile Report for each planning area and the NE LHIN Health System Performance Report for the region and planning area (and by community as the data permits)

Systemic Approach to Change

- Develop a decision-making framework to be used by the CEO Round Tables (and other structures as appropriate)
- Develop outcome targets for each IHSP priority and supportive functions
- Align the outcome targets:
 - 5 key Stakeholders
 - LHIN supportive functions
 - Integrated Health Service Plan
 - Ministry/LHIN Accountability Agreement
- Initiate development of a NE LHIN scorecard (balanced score card)

NE LHIN Organizational Structure

- Develop a plan that will maintain capacity and allow for growth
- Review job roles and responsibilities

1.3 MINISTRY OF HEALTH AND LONG-TERM CARE AND NE LHIN ACCOUNTABILITY AGREEMENT

- MLAA Refresh
- Achieve Outcome Targets
- Budget Compliance - External and Internal

- Risk Management
- Annual Service Plan
- Annual Report
- IHSP Refresh
- eHealth Strategy Refresh

2. CARE DELIVERY

Since taking on its full responsibilities as defined within the [Local Health System Integration Act, 2006](#) , the NE LHIN has been guided by its Integrated Health Service Plan and emergency local priorities that have arisen through ongoing planning and community engagement work. With the publication of the governments 2008 Budget, the LHIN has identified numerous care delivery priorities that require its attention over the coming year.

2.1 NORTH EAST LHIN INTEGRATED SERVICES PLAN (IHSP) PRIORITIES

- Equity and Access
- Aging at Home
- First Nations/Aboriginal/Métis Health Services
- French Language Services
- Health Human Resources
- Information and Communication Technology/Communication Management
- Chronic Disease Prevention Management/Primary Care
- Wait times

2.2 EMERGING LOCAL PRIORITIES

- Addiction and Mental Health
- Surgical Optimization Study
- Laboratory Optimization
- Trauma Program
- Hospital Over Capacity Surge
- Access to Specialists
- Weeneebayko Area Health Integration Agreement
- Integrated Paediatric Service Delivery System
- Dialysis
- Capital Projects

2.3 MINISTRY OF HEALTH AND LONG-TERM CARE STRATEGIES (ACTIVE AND EMERGING)

- Emergency Room Wait Times
- ICU Optimization
- Emergency Department Coverage

- Quality Care in Long Term Care homes
- Access to Family Health Care
- Northern/Rural Hospital Strategy
- Affordable Housing (non-profit, cooperative)
- Chronic Disease Prevention Management (CDPM)

3. SUSTAINABILITY

To ensure sustainability of the health care system the focus must be on improved outcomes and cost-effectiveness. Two key priorities for the NE LHIN that will assist in this regard will be to leverage and promote integration opportunities across the health system, and to aggressively address the alternate level of care challenge facing many of our hospitals.

3.1 HEALTH SYSTEM INTEGRATION

- Health service provider horizontal integration (functional) planning area per planning area (within sectors);
- Health service provider vertical integration hospital community per hospital community (across sectors);
- Health service program integration client condition per client condition.

3.2 ALTERNATE LEVEL OF CARE

Resource/Capacity Strategies

- Improved health programs for seniors at home:
- Prevention of senior hospital admissions in hospital emergency departments:
- Accelerated senior discharge after completion of hospital acute episode:
- Optimal configuration of community-based residential options and appropriate programs within those settings:

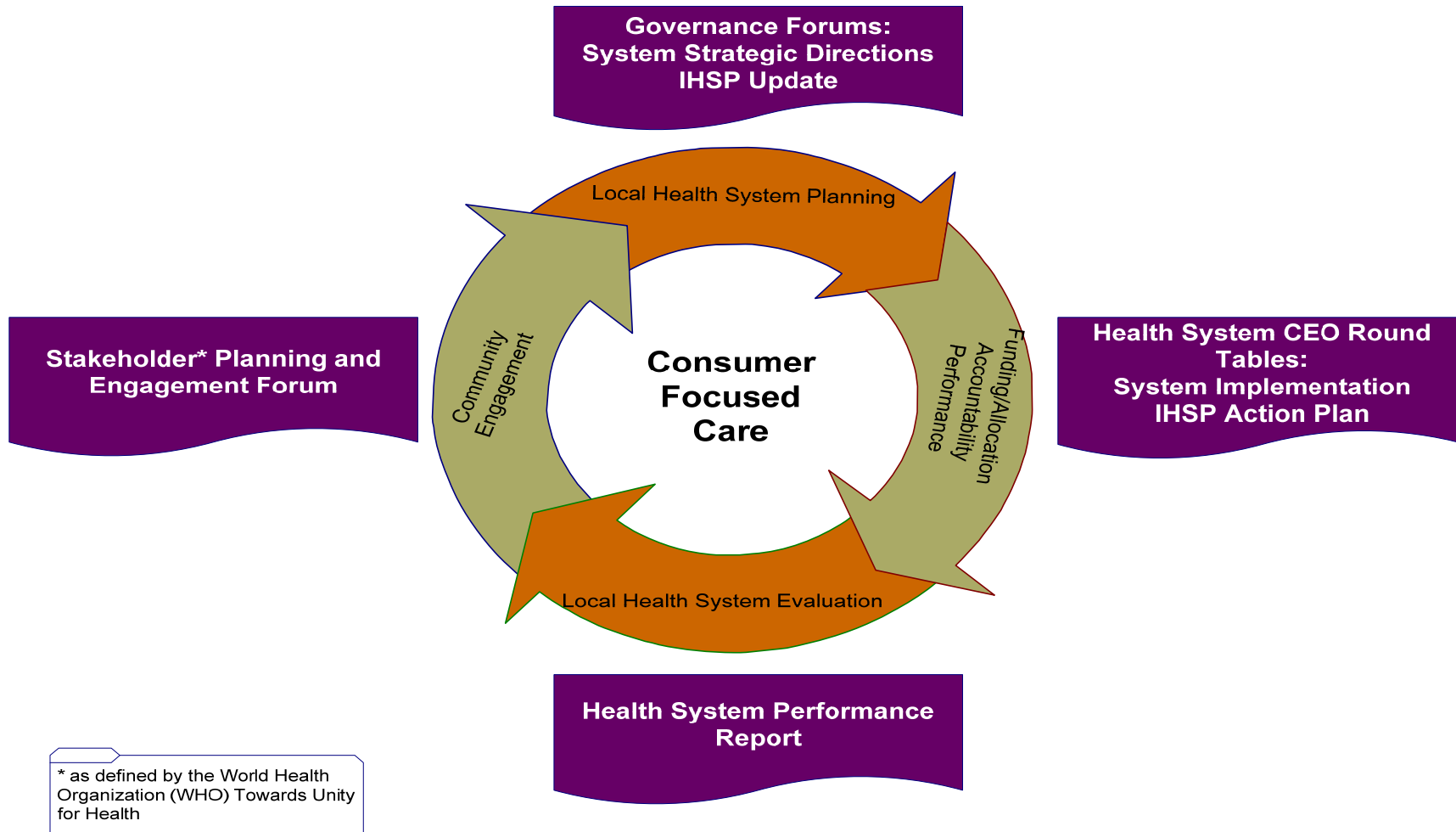
Improvements in Processes of Care Delivery

- Improved hospital performance related to seniors:
- Improved health system performance:

NORTH EAST LHIN ANNUAL PLANNING AND ACCOUNTABILITY STRUCTURE/PROCESS

The North East LHIN will plan for and support the development of a health care system *planning area by planning area, community by community* and *client condition by client condition*. To achieve this, the NE LHIN will leverage the structures and processes at the regional level and at each planning area level. It is expected that all health service providers (with an initial focus on hospitals) will support the systemic approach (structures and processes) at the community level and that all health service providers will work collaboratively to develop seamless client-centered programs in each community.

The key components of the systemic approach:



* as defined by the World Health Organization (WHO) Towards Unity for Health

1. Governance Forums (System Strategic Directions and IHSP Update)

The Governance Forums provide an opportunity for the Board of the NE LHIN to enter into dialogue with the Boards of health service providers in each planning area to discuss issues related to strategic directions of the health care system and to get an update on the

results of the IHSP implementation. During this phase of the cycle, the NE LHIN will also revisit its own strategic directions to inform the activities of the NE LHIN.

2. Health System CEO Round Tables (System Implementation and IHSP Action Plan)

The Round Tables are responsible, along with other Committees of the Board and project or task-specific tables (as required), to implement the priorities and action items emanating from the IHSP.

3. Health System Performance Report (Evaluating System Performance)

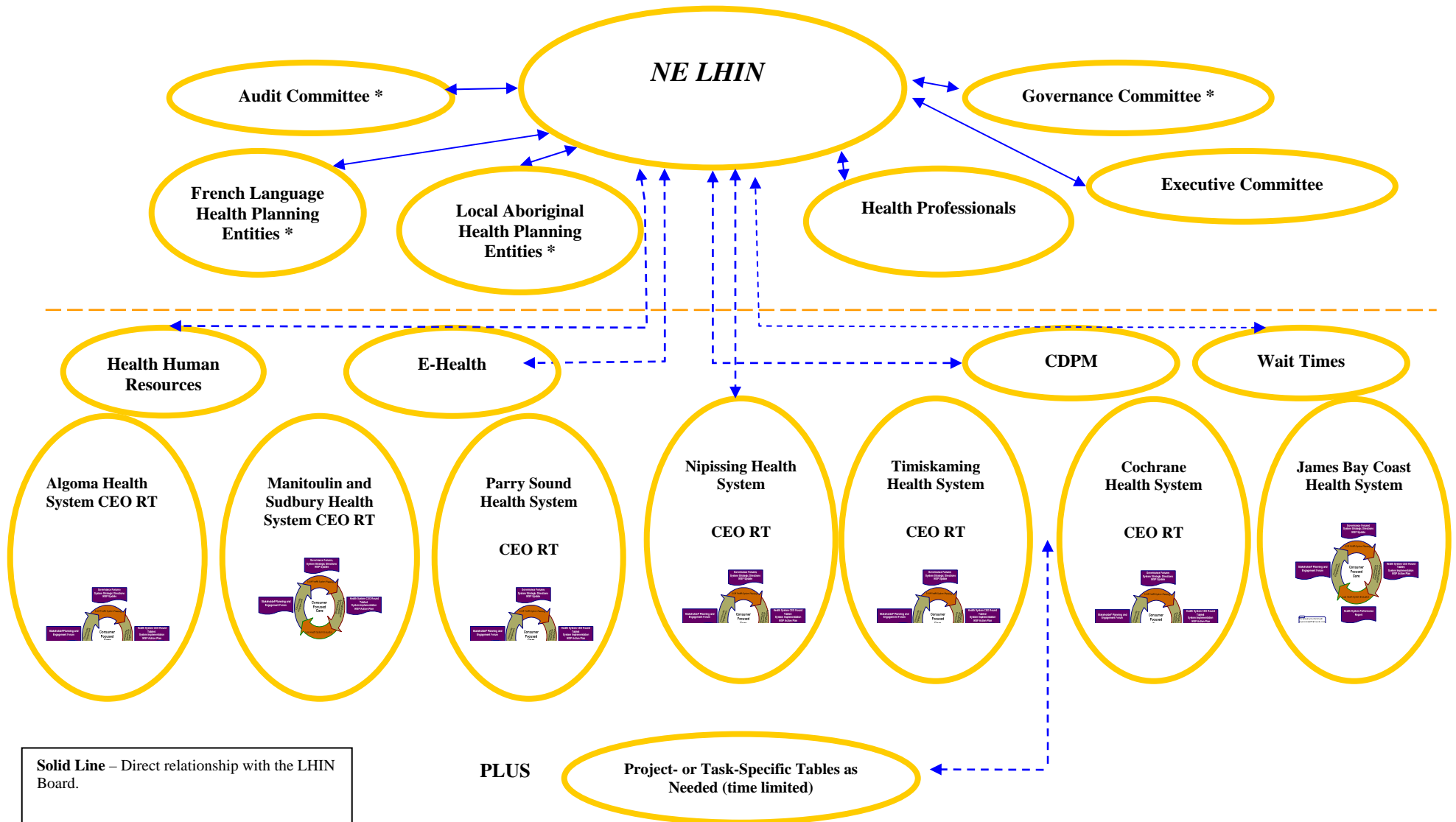
The NE LHIN will prepare at least once a year a Health System Performance Report by planning area (as the data permits) that will be shared with all stakeholders. This information will constitute the basis for discussion on the development of strategic directions for the NE LHIN health system.

4. Stakeholder Planning and Engagement Forum (Recommending System Improvements and Mobilizing stakeholders to contribute to the desired health and wellness future)

Comprised of the five key stakeholders, as defined by the World Health Organization Framework: "Towards Unity for Health", the forum members establish the health system plan in each planning area. This plan will clarify the desired health and wellness future for the area population and recommend system initiative and improvements towards achieving that end. The plan will become the blueprint to be carried out by all stakeholders wanting to contribute to realizing this desired future.

NORTH EAST LOCAL HEALTH INTEGRATION NETWORK

COMMITTEE STRUCTURE



Solid Line – Direct relationship with the LHIN Board.

Dashed Line – Relationship to the Board through Staff.

NE LHIN OPERATIONAL PLAN

Source	Priority	Project/Initiative	Outcome	Assignment	Timeline	
					Start	End
1. Enablers						
1.1 Mission/Vision/Values		Guides all NE LHIN activities.				
1.2 NE LHIN Board Strategic Directions	Community Engagement and Planning	NE LHIN communities and planning areas health service provider profile	To assist CEO RT and local service providers to better understand the range of service provision in their respective communities	PICE	March/08	June/08
		NE LHIN Health System Performance Report (user-friendly health system reports designed to mobilize all stakeholders in improving health outcomes)	Stakeholder engaged (mobilized) in achieving agreed upon targets based on evidence with resolution by planning area (client condition where data permits)	PICE	March/08	Aug/08
		Initiate development of System Balanced Score Card	Balanced Score Card methodology to be gradually introduced throughout the year to account for health system performance	PICE	March/08	March/09
	Communication	NE LHIN Vision and mission promotion	Embed NE LHIN mission and vision in all communications	Communications	Immediate	Ongoing
		Framework to share NE LHIN stories	Distribution of NE LHIN stories /articles to targeted audiences (WHO framework) to raise the awareness of the NE LHIN in a way that an audience can identify with Consumer Survey	Communications	Stories to follow milestones –eg. Summits, major events	Ongoing and included in bi-monthly newsletter
		North East Communication Network to harmonize messages and improve effectiveness	Establish a North East Communications Network to share key messages, strategic plans and establish communications protocol on health issues in the region	Communications	June, 08	Monthly
		Mobilizing the 5 key stakeholders through communications	Ongoing broadcasts of stakeholder contributions in achieving health and wellness for all audiences in each community	Communications	April, 08	Bi-monthly
		NE LHIN Board and staff public relations supports	Continuous improvement of Board members and staff skills related to communication. Key messages available on time to answer to	Communications	Ongoing	Ongoing

Source	Priority	Project/Initiative	Outcome	Assignment	Timeline	
					Start	End
			issues			
		NE LHIN Website functionality	NE LHIN Website built on latest innovations and best practices for user friendliness and accessibility to information	Communications	Ongoing	Ongoing
		NE LHIN Communication Effectiveness	Each communication project/initiative is evaluated for effectiveness	Communications	June, 08	Ongoing
		Development of communications strategies for key NE LHIN issues	A more proactive organization that is prepared to be accountable for its operations	Communications	Ongoing	Ongoing
		Development of overall NE LHIN Crisis Communications Plan	Ability to manage issues in a crisis situation	Communications	June/08	Ongoing for updates
		NE LHIN Media Relations	Maintain a proactive and positive relationship with all NE Media through regular feed of Media Stories/information	Communications	Ongoing	Ongoing
	Funding and Accountability	Hospital Public Transparency	Hospitals across the NE LHIN to post in the public domain monthly Performance Monitoring Report (financial and others) through a graphical presentation	PCA	May /08	April/09
		Monitoring and Escalation Process	HSPs with budget compliance challenges engage in a recovery cycle without delay; Recovery Plan Framework continuously improved throughout the year	PCA	May/08	April/09
		Service Accountability Agreements (SAA) development with other health care sectors under the LHIN jurisdiction	SAA template completed and implemented for fiscal year 2009-2010 Negotiate SAA with 4 other sectors in 2008/09 Monitoring all HSP's on quarterly basis	PCA	Sept/08 Jan/09 Oct,Dec/08	Jan/09 March/09 Nov/08, Jan09
	Knowledge Sharing	Sharing best practices and innovative Northern solutions	NE LHIN to provide multiple approaches for dissemination including website, summits etc.	Communications/ All		
		Health Care Awards	Develop an annual health care awards program aimed at showcasing NE Ontario health care success stories and providing an incentive to raise the standard of care for the	Communications	Sept/08	Annual thereafter Sept/09

Source	Priority	Project/Initiative	Outcome	Assignment	Timeline	
					Start	End
			people of NE Ontario. (First Award Event 2009/09)			
	Systemic Approach to Change	Systemic decision-making framework	Decision-making framework facilitates and expedites systemic decision making process	PICE	March/08	June/08
		Stakeholder Forums	Stakeholder/Governance Forums to present the Health System Performance Report (including IHSP update) and the Integration Framework.	PICE	Sept/08	Dec/08
	NE LHIN Organizational Structure	Health and Wellness for NE LHIN Staff	Support staff in their day to day work and ensure they have the tools to undertake their responsibilities (including training and educational opportunities)	CEO/PCA/PICE	Ongoing	
		Organizational Gap Analysis	Review recommendations and develop plan with staff to address recommendations (Increase teamwork and job satisfaction)	CEO/PCA/PICE	April/08	June/09
		Effectiveness Review	Maintain resources within our allocation and build capacity where needed		Fall/08	March/09
		Staff satisfaction survey	Increased teamwork and job satisfaction	Communications	June, 08	quarterly
		Refresh Performance Development Plans	Align PDP's with Operational Plan	All	April/08	Sept/08
1.3 MOHLTC and NE LHIN Accountability Agreement	MLAA Refresh	Participate to MLAA schedules refresh	MLAA schedules adapted to NE LHIN circumstances	PCA	March/08	June/08
		Meet Performance Obligations such as: Community Engagement Local Health System Management Information Management Supports Financial Management Financial Processing Protocols Local Health System	Compliance with MLAA	PCA	Quarterly	

Source	Priority	Project/Initiative	Outcome	Assignment	Timeline	
					Start	End
		Compliance Protocols Integrated Reporting Allocations Local Health System Performance E-Health				
	Achieving Outcome Targets	Hospital Wait Times Management	NE Hospitals are capitalizing on their consolidated assets to achieve surgical and diagnostic imaging priority targets	PCA	Quarterly	
		Emergency Room Wait Times	Wait Times Advisory Group to include ER Wait Times in their mandate	PCA	Quarterly	
	NE LHIN Public Accountability Report	NE LHIN reports monthly in user friendly form (graphs) on achieving MLAA targets, system budget targets and IHSP targets	PCA	May/08	April 09	
	Capital Projects	Review Functional Programs	Approved Post Construction Operating Plan (PCOP)	PCA	Ongoing	
	Risk Management	Risk Management Framework	Risk management is continuously improved throughout the year and HSPs are employing mitigation strategies for identified risk.	PCA	Quarterly	
	Annual Service Plan	Annual Service Plan Submission	Submission of ASP with clearly identified NE LHIN priorities and resource requirements to implement the IHSP	PCA	May/08	Aug/08
	Annual Report	Annual Report	Submit Annual report	Communications	March/08	June/08
2. Care Delivery						
2.1 NE LHIN Integrated Services Plan (IHSP) Priorities	Equity and Access	Aboriginal/First Nations and Métis Summit (may 14,15, 2008)	Community Engagement with Aboriginal/First Nations and Métis populations.	PICE	March/08	June/08
		French Language Health Services Summit (April 1,2,3, 2008)	Community Engagement with Francophone population.	PICE	March/08	May/08
	Aging at Home	NE LHIN Aging at Home Deployment Plan	The NE LHIN will achieve Ministry Aging at Home strategy objectives as well as NE LHIN priorities, particularly ALC targets	PICE	March/08	Nov/08

Source	Priority	Project/Initiative	Outcome	Assignment	Timeline	
					Start	End
	Aboriginal/First Nation and Métis Health Services	Establishment of Local Aboriginal Health Planning Entity(s)/Committees once regulation is finalized	Entity/Committee established	PICE	March/08	TBD
		Review of existing sets of health data and information available for the Aboriginal/First Nation/Métis populations.	Identify viable options for correcting health information deficits in the NE. Work with the Interim Aboriginal Health Planning Group, PMO and FN ICT Planning Committee to consider options for an Aboriginal/First Nation/Métis one health record and Aboriginal identifiers on all health records (i.e. Hospitals, LTC homes, CHC's, etc.)	PICE	March/08	Sept/08
	French Language Services	Baseline indicators and accessibility targets in place for all communities	Hospital Accountability Agreements to include FLS targets	PICE	April/08	Aug/08
		Establishment of French Language Health Planning Entity/Committee	Entity/Committee established	PICE	March/08	TBD
	Health Human Resources	NE LHIN Health Human Resource Plan	NE LHIN HHR Committee will have completed its report with recommendations on how to achieve HHR targets within the context of the NE LHIN	PICE	Sept/08	March/10
	Information and Communication Technology (ICT) / Communication Management;	NE LHIN ICT Tactical Plan Refresh	NE LHIN ICT to be aligned with provincial e-Health strategy ICT project funding from FedNor and Heritage Canada to be integrated with NE LHIN Annual Service Plan process	PICE	March/08	Ongoing
	Chronic Disease Prevention Management/ Primary Care	NE LHIN CDPM Deployment Plan	The NE LHIN will deploy the Ministry's CDPM framework based on NE LHIN priorities	PICE	March/08	Dec/08

Source	Priority	Project/Initiative	Outcome	Assignment	Timeline	
					Start	End
	Wait times	Hospital Wait Times Management	NE Hospitals are capitalizing on their consolidated assets to achieve surgical and diagnostic imaging priority targets	PCA	Quarterly	
2.2 Emerging Local Priorities	Addiction and Mental Health	NE LHIN Mental Health and Addictions Deployment Plan	The NE LHIN will achieve Ministry strategy objectives as well as NE LHIN priorities (NE LHIN priorities based on work plan to be developed with partners and emanating from 2007 summit recommendations)	PICE	March/08	Jan/09
	Surgery Optimization	NE LHIN Surgery Optimization Plan	Achieve equitable distribution of surgery across the NE LHIN hospitals while maintaining optimal capacity and quality	PICE	March/08	Dec/08
	Laboratory Optimization	NE LHIN Laboratory Optimization Plan	Refresh current plan, set structure for implementation and obtain commitment for compliance to plan	PICE	TBD	TBD
	Weeneebayko Area Health Integration Agreement	WAHA Implementation	Support, as required and within NE LHIN mandate, for the implementation of the WAHA Integration Agreement	PCA/PICE	April/08	Ongoing and as required
	Integrated Paediatric Service Delivery System	Integrated Paediatric Service Delivery System Project	Agreed upon option by NE CTC's and NE CCAC	CEO/PICE	March/08	Dec/08
	Dialysis	Review of NE dialysis needs along with Regional Dialysis Programs	Development of a NE dialysis plan and implementation strategy	PICE	Sept/08	March/09
2.3 MOHLTC Strategies	ICU Optimization	NE LHIN ICU Optimization Strategy	NE LHIN ICU strategy successful through contribution and support of ICU Lead (Dr Boyle)	CC Lead	April/08	TBD
	<i>Active</i> Emergency Department (ED) Coverage	NE LHIN ED Coverage Plan	No NE LHIN ED closure	PCA	April/08	March/09
		NE LHIN ED Closure Protocol	At last resort, closures compliant with protocol	PCA	April/08	March/09
MOHLTC Strategies	Access to Family Health	NE LHIN Access to Family	HPAC will advise on inter-professional Care strategies to assist HSPs in implementing	PICE	March/08	March/09

Source	Priority	Project/Initiative	Outcome	Assignment	Timeline	
					Start	End
<i>Emerging</i>	Care	Health Care Strategy	continuous improvement methodologies for better access to Family Health Care			
	Northern/Rural Hospital Strategy	NE LHIN Northern/Rural Hospital Strategy	The NE LHIN will work with MOHLTC in setting provincial strategy related to the role of small, rural and northern hospitals	PICE	April/08	March/09
3. Sustainability						
3.1 Health System Integration		Integration Framework	Development of the NE LHIN – Integration Framework to support ongoing integration of the NE Health Care System	PICE	Aug/08	Ongoing
		Continuous Improvement Collaborative	Health Service providers demonstrate that continuous improvement methodology is in place (internally and systemically) with monthly monitoring and short cycle correction plans (along with long cycle)	PICE/PCA	May/08	April/09
	Integration Orders	Various Integration Orders	Develop formal review process for staff/Board; Participate in provincial registry; Orders reviewed by Board	PICE	Ongoing	
3.2 Alternate Level of Care		NE LHIN ALC Action Plan	Reduce the ALC rate by 25% annually in each of the next three years	PICE	March/08	Ongoing
		North East Seniors' Residential / Housing Options – Capacity Assessment and Projections	This initiative will enable the NE LHIN to achieve its ALC targets and other priority targets	PICE	April/08	Aug/08 With status updates

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