Mississauga Halton LHIN

Mississauga Halton Local Health Integration Network

Annual Service Plan

June 30, 2008

Ontario
Local Health Integration Network

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Mississauga Halton **LHIN**

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June 30, 2008

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

Dear Minister Caplan:

Subject: Annual Service Plan 2008/09

Welcome and congratulations on your appointment as the Minister of Health and Long-Term Care.

On behalf of the Mississauga Halton LHIN Board, it is my pleasure to submit our Board approved Annual Service Plan (ASP). This comprehensive plan outlines the initiatives planned and underway over the coming year in the implementation of our Integrated Health Service Plan (IHSP) and in compliance with our obligations under the Ministry-LHIN Accountability Agreement (MLAA).

This plan reflects the current realities in our LHIN and is strongly based upon the results of our extensive and ongoing community engagement with health service providers and the public.

We must however underscore that there are serious capacity issues within all sectors of our local health care system and particularly in hospitals, long term care homes and community support services. This coupled with the projected population increase (double the provincial average), will place serious stresses on our local health care system.

We are delighted that the Aging at Home strategy and the Hospital Growth Funding were allocated using the new population based funding model (HBAM). We recommend that this funding model to be used for all new funds allocated to LHINs so all areas of our Province with service deficits can be assured that equity will prevail over time.

The Mississauga Halton LHIN embraces the need to improve the sustainability of the health care system. To achieve this while implementing new provincial initiatives aimed at improving access in all settings will challenge us at the local level to be more focused, to build more and stronger partnerships and to be more innovative. To this end, many of the efforts outlined in our ASP are aimed at quality, increasing access and developing regionally integrated models of care to ensure improved access and quality of services while striving for efficiencies. This is often characterized as ensuring the right person gets the right service at the appropriate time.

We are confident that this plan aligns with provincial priorities and local needs. It continues to position our LHIN towards achieving the vision of a seamless health system for our communities, when and where needed. We look forward to the opportunity to discuss our plan with you and your Ministry in the near future.

Yours truly,

John Magill
Chair, Board of Directors

c. Board of Directors
Bill MacLeod, CEO
Narendra Shah, COO

Ontario
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Introduction

The Mississauga Halton LHIN (MH LHIN) continues to work toward laying the foundation for local health service integration through an improved and more coordinated health service delivery system for the communities of south Etobicoke, Halton Hills, Oakville, Milton and Mississauga.

The Annual Service Plan (ASP) is a multi-year planning document that operationalizes the strategic vision for the MH LHIN as defined through the Integrated Health Service Plan (IHSP) and the Ministry LHIN-Accountability Agreement (MLAA).

The ASP has three main purposes:

- To outline the performance, opportunities and risks associated with implementation of both the goals of our IHSP and the MLAA.
- To provide an opportunity for input into the ministry Results-based Plan (RbP) for 2008/09/10.
- To outline key initiatives and plans to transform and integrate the health care system as informed by our considerable stakeholder engagement during and after the IHSP was approved.

The ASP will serve as the framework for discussions between the MH LHIN and the Ministry of Health and Long-Term Care (the ministry) regarding the implementation of the IHSP and the MLAA.

Overview

The MH LHIN's ASP 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 MLAA.

The development of the ASP was guided by the following considerations:

- All initiatives in the ASP build on and advance the MH LHIN's priorities noted in the IHSP and expectations of the three-year MLAA.
- Application of an evidence-based approach to determine priorities.
- Encouraging the Health Service Providers (HSPs), 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.
- Begin to develop LHIN-wide integrated programs and centres of excellence, where appropriate.

Process:

The MH LHIN's ASP advances both the Ministry and local priorities. The ASP reflects issues and opportunities known as of May 2008 and the current state of the local health system in the MH LHIN. Careful consideration was given to the results of our engagements with HSPs and the public.

Strategic Directions in Health Care

Provincial Directions

The provincial government is committed to delivering better health care to Ontarians. This vision is driven by patients, their families, and health service providers working together in new and different ways.

MOHLTC Vision

"A health care system that helps people stay healthy, delivers good care to them when they get sick, and will be there for their children and grandchildren."

The ministry has set out the following five draft strategic directions for Ontario's health system as the basis for a 10-year Provincial Health System Strategic Plan:

1. Renew community engagement and partnerships in and about the health care system.

a. Effective governance structures and processes.
b. Community awareness and engagement are core elements/processes in local health system planning.
c. Partnerships with other participants in the local health care system including public health and primary care groups.
d. Active participation in local community planning processes.

2. Improve the health status of Ontarians.

a. Improved health of all Ontarians, especially groups with the poorest health status.
b. Enhance uptake of provincial disease screening programs.

3. Ontarians will have equitable access to the care and services they need no matter where they live or their socio/ cultural/economic status.

a. Reduced wait times for key priorities.
b. Reduced barriers to access.
c. More effective health human resource planning and management.
d. Appropriate supports to enable Ontarians to age in the most appropriate place.

4. Improving the quality of health outcomes.

a. The consumer is at the centre of the planning and co-ordination of health services and chronic disease management.
b. Leadership and participation in continuous quality improvement of the health system.
c. Improved integration and co-ordination of health services and facilities related to prevention, promotion, diagnosis, treatment, rehabilitation, and palliative care that is based on the population's need.
d. Improve safety and effectiveness of health services.

5. Establish a framework for sustainability of the health care system that achieves the best results for consumers and the community.

a. Equitable allocation of health resources according to the health needs of the population including disease management.
b. Optimized use of available resources to deliver health care.
c. Planning and decision-making that is based on evidence, analysis of need and value of investment.
d. Efficient service delivery.
e. Increased use of appropriate care settings.
f. The local health system is moving toward an electronic health information system.
g. Financial stability.

Mississauga Halton 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

Environmental Scan

Geographic Area

The MH LHIN geographic area covers over 900 square kilometres and includes the communities of South Etobicoke, Mississauga, Oakville, Milton and Halton Hills.

Summary of Population Demographics

Even though the MH LHIN population is generally younger, more educated and in better health currently in comparison to the province, the LHIN has unique challenges that require innovative solutions. Key local issues include:

1. Population Growth

According to the May 2007 Ontario Ministry of Finance census update (2001 base) the MH LHIN population is expected to grow by approximately 232,000 people in the next 10 years (by 2016).[1] This represents an increase of 21% over the estimated population in 2006.

Over the next 10 years, the area will continue to experience significant growth that will further tax a system currently under capacity pressures, across all sectors. The MH LHIN must work with the ministry, the providers and the public to create local solutions to this looming challenge.

Table 1: Total Population Growth—Mississauga Halton LHIN

	2006	2011	2016
Population	**1,092,243**	**1,208,290**	**1,324,950**
New Growth		**116,047**	**232,707**
% Increase		**10.6%**	**21.3%**
Comparison to Province		**5.8%**	**12.2%**

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

[1]Population Projection Update, Ontario Ministry of Finance, May 2007
Explanatory note: the MoF Population Projections (2001 base) are used as these were the only projections available at the time of writing. These projections are updated annually to reflect any pertinent changes in the population.

2. Aging

As the baby boomers age, there is a significant increase in the 65+ age group. This is particularly evident in the 65 to 75 age group. The percentage increase over the 2006 base year is 19.7 per cent in 2011, and 55.3 per cent in 2016.

The 75-84 and the 85+ age groups are expected to increase as a percentage of the total population. This group increases from 4.4 per cent in 2006 to 5.2 per cent of the population in 2016. Of note is the increase in the 85+ age group. By 2016 this age group will grow by 86.3 per cent. One of the characteristics of this age group is that they tend to require more resource intensive medical interventions and institutionalization.

Given that age is the greatest predictor of increased prevalence of illness and use of health services, the MH LHIN must begin fundamental change in the delivery of services to the 55 plus population to ensure a more proactive, wellness focus to health service delivery to ensure a more sustainable system.

The decline of younger working-age populations (i.e.15-64 age group) coupled with the decline of the 0-14 year age group, results in an increase in the dependency ratio. The 'dependency ratio' is the number of dependents per 100 of the working population. This ratio is 41.6 as of 2006 and will increase to 42.4 by 2016. It is projected to reach 53.9 in 2031. The declining child population implies that the increase in the dependency ratio is driven by the 65+ age groups. The absolute population growth in the young age groups will create continued demand for maternal and child services.

Table 2: Population Growth of Seniors – Mississauga Halton LHIN

AGE	2006	2011	% Growth 5 year	2016	% Growth 10 Year
65 - 74	60,607	72,532	19.7%	94,131	55.3%
75 - 84	36,607	42,221	15.3%	48,112	31.4%
85+	10,958	16,011	46.1%	20,413	86.3%
Totals	108,172	130,764	20.9%	162,656	50.4%

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

3. Diversity

The MH LHIN boasts a large immigrant and recent immigrant population. Currently, the region has an immigrant population of 39.6 per cent compared to the provincial average of 26.8 per cent.

The cultural and linguistic differences that exist within the MH LHIN will require providers to plan, innovate and deliver services in a culturally competent way to meet the needs of local residents. The cultural diversity of the MH LHIN will give rise to excellent opportunities for innovative ways to address the challenges that are especially evident among some MH LHIN long term care homes, but they also create new challenges in programming and respecting cost constraints.

Current Health Care Service Capacity

Hospital Capacity

As some of the fastest growing communities within the GTA, hospitals in the MH LHIN are experiencing increasing acute care pressures with an increased percentage of ALC patient days, back up in the ER and congestion and constrained flow-through on the inpatient units.

On average, 50 patients per day across the LHIN stay beyond 24 hours in emergency rooms in the MH LHIN while waiting for acute care beds. This wait time in ER is one of the highest in the province and is largely due to a lack of acute care capacity.

The Health Services Restructuring Commission (HSRC) directed the development of additional acute and related capacity in 1996 for hospitals in this LHIN. The ministry has recognized our LHIN's hospital capacity needs and has invested funds to expand capacity in each of the three hospitals. Phase 2 expansion plans have been approved and are being implemented over the next thee years. In the near term, the ministry has approved the following major capital projects:

- At Trillium's Mississauga's site, phase II redevelopment plans include 135 additional acute care beds, 2 new cardiac catheterization suites, 1 new cardiac OR, expanded Diagnostic Imaging, fracture clinic, and emergency areas. The West Toronto Site plans include relocation of their Outpatient Oncology Program and renovations to Urgent Care.
- At the Credit Valley Hospital, the phase II redevelopment (construction commenced in May 2008) will add 70 more beds (20 acute oncology, 10 complex care, 29 rehabilitation, 4 obstetrical and 7 paediatric beds) and renovate several major areas of the Hospital including Obstetrics.
- The new Halton Healthcare Services hospital which was approved for construction in 2010/11 has now been deferred for one year by Infrastructure Ontario. This much needed expansion will result in significant increase in overall hospital capacity in Halton.
- With significant growth in Milton, the redevelopment of the Milton Hospital site is critical to meet the needs of that growing community.
- The LHIN, along with the hospitals, is engaged in a study to consider hospital capacity needs in the next 20 years.

Acute Care Pressures	
% ALC Patient Days	ALC patient days has increased from 6.8% in 2005/06 to 11.7% as of Q3 2007/08. This increase presents a particular challenge in a high growth community where hospital capacity needs to be increased
Increased Patient Days in ER Reduced Flow Through in ER	Long waits in ER. All of hospitals in the MH LHIN are facing challenges with emergency department wait times, and Trillium Health Care was identified as one of twenty-three hospitals in Ontario facing the greatest emergency department wait time challenges.
Very high occupancy and congestion in medical units	Crowded units can increase risk of hospital acquired infections and make it more difficult to isolate cases as needed, putting infection control procedures at risk. Credit Valley has communicated its inability to take on more births due to capacity limitations

LTC Homes Capacity

MH LHIN has 4,127 LTC beds. Based on the ministry's June report, the total occupancy has increased from 96.6 per cent in June 2006 to 98.5 per cent in March 2008. One home, through support of the MH LHIN and collaboration with the hospitals and CCAC, has increased occupancy from 75 per cent to 87 per cent.

The average length of stay (in years) in an LTC bed in MH LHIN has increased from 3.2 years in 2007 to 3.4 years in March 2008.[2] This is the longest length of stay in all the LHINs. The turnover rate is one of the lowest at 29.27 per cent. As a result, hospitals in the MH LHIN are feeling the pressure of increasing numbers of alternate level of care (ALC) patients who require LTC beds.

Over the last 4 years, the MH LHIN has lost 300 beds due to compliance issues and the redevelopment of one municipally owned "D" facility. These beds are part of the overall existing capacity and need to be retained in the MH LHIN to meet both current and future needs.

As of March 2008, MH LHIN had a ratio of total LTC bed supply per population over 75+ of 7.9 per cent, while the provincial average is 9.3 per cent. Furthermore, in terms of equity, this LHIN has the third lowest ratio of LTC beds per population 75+. Even with the reinstatement of the 300 lost LTC beds, this ratio goes up to 8.4 percent, still below the provincial rate of 9.3 per cent, hence the urgency in reinstating the 300 LTC beds in the MH LHIN.

The MH LHIN requires reinstatement of the 300 lost LTC beds to the 2001 level to meet serious demands for these beds.

Community Mental Health and Addictions

With the Aging at Home Initiative, over the last 4 years, the ministry has recognized the need for, and invested in, additional mental health and addiction programs in the community to increase capacity in the MH LHIN. These new investments are fully operational now and will increase the capacity to serve more clients. In addition, in 2008/09, the MH LHIN is poised to support other new investments in mental health and addictions once the province has determined its final strategy.

Community Support Services

The community support services in our LHIN will be substantially expanded, as noted in the Aging at Home section.

In summary, given the substantial growth in population and increase in the elderly population in MH LHIN, there are strains on the system as a result of:

- Availability of acute care beds.
- Availability of long-term care beds.
- Limited community capacity and home supports for the elderly to stay in their homes and reduce reliance on LTC homes and hospitals.
- Available supply of supportive housing programs.

The MH LHIN has taken a multi-faceted approach to address these challenges through the Aging At Home and ER Strategies to support key initiatives to enable our population to stay at home with the necessary supports.

[2]Long-Term Care Home System Report as of June 30, 2007, Ministry of Health and Long Term Care, Information Services Group, Health Data Branch, August 2, 2007.

Opportunities and Risks

Risks and Cost Drivers

Current Planning Allocations

The planning allocation to MH LHIN for the next three years as noted in the MLAA will create challenges. Hospitals make up 70% of the total allocation and there is little room for reallocation from that sector to other sectors. Managing growth in the hospital sector while maintaining a balanced budget will continue to challenge our hospitals. The hospitals will continue to be challenged by ALC capacity issues until the investments in the community sector begin to take root.

Population Growth and Aging

As previously noted, the existing capacity is not adequate to meet current population needs let alone the projected growth in MH LHIN of an additional 21.6 % in total population in the next eight years (2016). Presently over 108,172 persons are over the age of 65 years and this number is projected to grow by 50.4% to 162,656 persons by 2016.

Mississauga Halton LHIN is pleased that the ministry is developing a fair and equitable health funding formula that recognizes growth in population, aging and other important factors. Properly implemented, the funding formula will assist in ensuring the population of the MH LHIN gets its fair share of needed services, in a timely fashion, and closer to home.

Optimize Capacity for Acute Care Services

As noted in the "Current Capacity" section, to address the need for increased access to acute care resources, a major thrust of the MH LHIN in the next few years is to develop a comprehensive strategy to meet the growing needs for all services. This will include a substantial re-orientation of the current perspective on the traditional narrow definition of alternate level of care (ALC) to *"Appropriate Level of Care*"-right care in the right setting for all the spectrum of health care provision. The result will be a focus on integrated approaches to increase use of appropriate settings across all sectors throughout the MH LHIN.

Opportunities

There are many opportunities to improve both horizontal (within sectors) and vertical integration (across sectors) to enhance overall health system performance within the current resource allocation to:

- Ensure people are healthier and become more engaged in staying healthy
- Promote timely access
- Promote equity-based health care that respects the diversity of Ontario
- Pursue smarter resource allocation
- Ensure quality and capacity in service delivery
- Promote prevention

The MH LHIN has and will continue to engage the HSP leadership, key committees and task groups to address these challenges. The MH LHIN has developed several important cross-sectoral advisory groups to address key priorities of the LHIN. These include:

- Health Care Leaders' Collaborative
- Appropriate Level of Care Committee
- Integration Advisory Group
- Emergency Services Committee
- Wait Times Committee
- Critical Care Committee
- e-Health Committee
- Health Professional Advisory Committee
- Others

LHIN Urgent Priorities Fund

The MH LHIN has $2.8M available in 08/09 in Urgent Priority Funds. At ministry direction, $1.2M will be directed towards ALC initiatives. Recommendations on the use of these funds will be based on the needs identified through the work of the Appropriate Level of Care Committee.

The remainder of the Urgent Priorities Fund will be used for one-time, innovative integration initiatives designed to create changes to improve the overall healthcare service delivery system.

LHIN Emergency Room Wait Times Fund

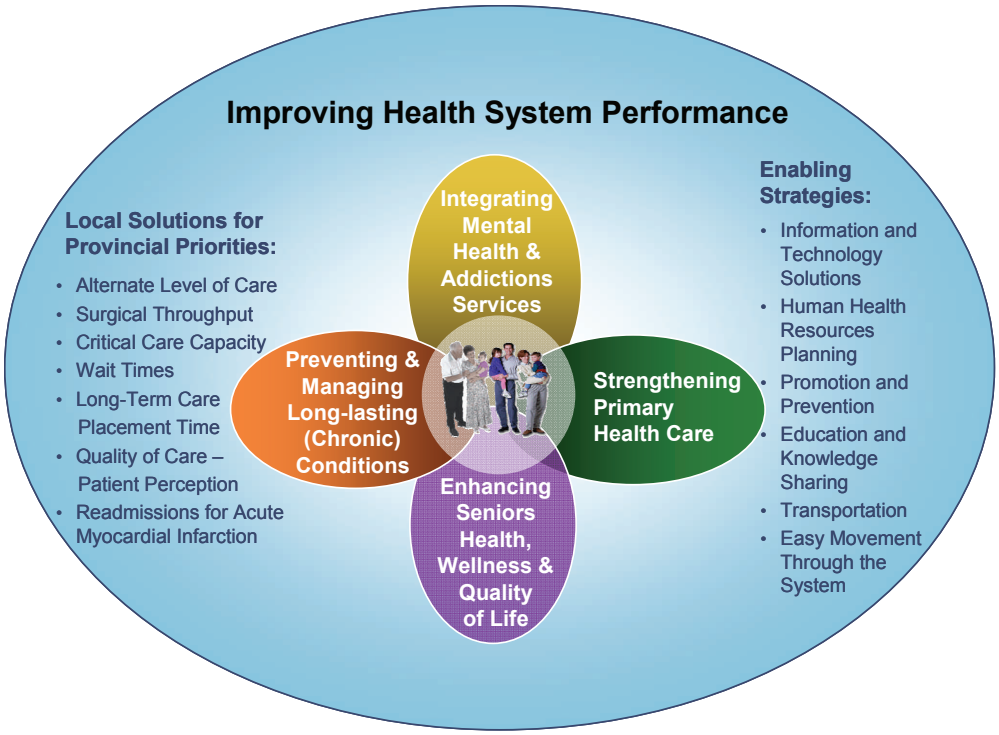
The MH LHIN was allocated $2.1M to reduce wait times in the emergency room, at Trillium Health Centre's Mississauga's site emergency department in particular. The MH LHIN will work with our local hospitals and community health care partners to plan and implement health system solutions which will help our hospitals improve their Emergency Room access and reduce wait times.

Detailed Plans to Implement IHSP Commitments and Priorities for our Local Health System

Overview

Mississauga Halton LHIN's IHSP priorities are:

- 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



As depicted above, the MH LHIN has five integration priorities that overlap and are interdependent. For example, the integrated service delivery model for seniors is built on a robust primary health care foundation, incorporates the tools and techniques of the chronic disease prevention and management model since seniors frequently experience multiple chronic conditions and recognizes the integration needed with the service delivery of Mental Health and Addictions with respect to psycho-geriatrics.

A. Integration Opportunities to Increase Access and Quality of Services

A1 Reduction of Alternate Level of Care (ALC) patient days

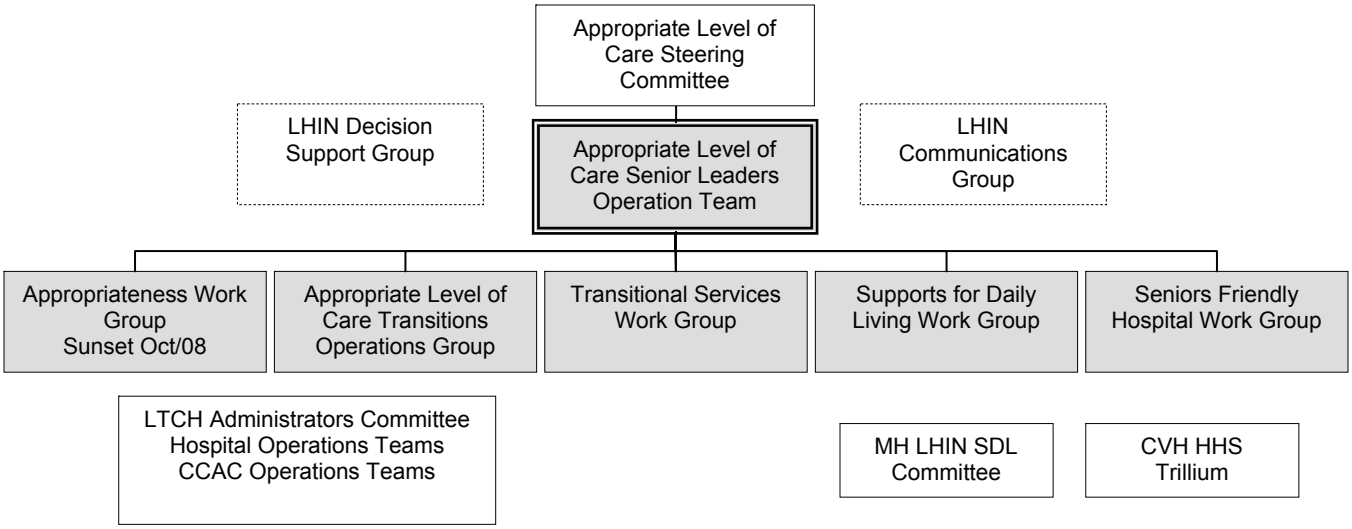
The MH LHIN had identified the increasing percentage of ALC patient days as a particular risk for the LHIN in ensuring adequate acute care capacity, and sustaining timely and high quality services through the next 3 to 4 years until current hospital capital redevelopment plans have been completed to increase acute care capacity in the MH LHIN.

The MH LHIN established an Appropriate Level of Care Committee, further detailed below. Through this work it is expected to reduce acute care pressures in reducing ALC patient days over time.

The MH LHIN has recognized that the ALC is no longer just an acute care issue; it is a system issue. Therefore, all providers need to question "appropriate levels of care" across the continuum of care. To address this pressing system issue, the MH LHIN adopted a broad integrated systems strategy and commissioned an Appropriate Level of Care Steering Committee in September 2007 with representatives from across the continuum of care, including public health.

Appropriate Level of Care

MH LHIN in collaboration with all of its HSP partners has mounted an extensive initiative to reduce alternate levels of care patient days in hospitals. This group is co-lead by the President and CEO of the Trillium Hospital and the Executive Director of the MH CCAC. The organizational structure of the ALC initiative and related deliverables of the work groups are noted below.



Work Group Deliverables

Appropriateness Work Group

- Complete Resident Assessment Instrument (RAI) Appropriateness Screening Tool – Dr. Hirdes workshop
- RAI Research Final Report – September 2008
- Confirm RAI scores to be used to report appropriateness Supports for Daily Living (SDL)/ Community Care Access Centre (CCAC) /Complex Continuing Care (CCC)
- Implement regional System ALC Performance Indicator Reporting & confirm targets

LHIN-wide Common Assessment Tool for ALC - MEDworxx

The MEDworxx Clinical Utilization Management System is currently being implemented in all hospitals across the LHIN. The tool assesses the appropriateness of the level of care for each patient, by focusing on individual client needs. The MEDworxx will assist with managing hospital length of stay, including alternative level of care (ALC) patient days. It is expected that by providing objective, evidence-based criteria to support level-of-care needs, it will improve discharge planning opportunities for individual patients.

Appropriate Level of Care Transitions Operations Team

This team will be co-chaired by CCAC and Hospital Operations Director. The membership will be comprised of hospital, CCAC and Long Term Care Home (LTCH) representatives focused on improving transitions from hospital to home. The committee will be accountable for implementation and operationalization of the recommendations from Phase 1.

- Coordinate MEDworxx Implementation
- Implement RAI Contact Assessment in all hospitals
- LTCH Wait List Management
- Performance Indicator reporting and confirmation of targets
- Implement "Flo Collaborative" principles across the LHIN
- Implement Discharge Planning Best Practices across the three LHIN hospitals
- Support/coordinate implementation recommendations for LTCHs
- Support Aging/Dying in Place in LTCH in collaboration with MH LHIN Palliative Care Network
- Primary Care Support in LTCHs

Seniors Friendly Hospital Work Group

- Develop implementation plan for Seniors Friendly Hospital Business Case Proposal

LHIN Decision Support Group

- Finalize ALC System Performance Indicator Reporting Framework
- Develop process to collect and report ALC System Performance Indicators

Supports for Daily Living (SDL) Operations Team

The Supportive Housing Work Group will transition into an operational implementation team that will coordinate the implementation of the new proposed service model and eligibility criteria for SDL.

- Implementation New SDL Models
  - Pilot Sites – SDL expansion
  - Work Plan – priority to LTCH light residents and clients on LTCH wait list – Discussion at LTCH Planning Day May 13/08
- Existing Sites
  - Implementation of new admission criteria and service model
  - Level A sites: Sites whose business model supports the new model – Sept/08
  - Work plan – education, communication, monitoring
  - Level B sites: business model requires review - Dec/08
  - Level C sites: business model doesn't support new service delivery model
- Community Health Assessment (CHA) Analysis & Adoption
  - User celebration and focus group
  - Develop decision making criteria for assessment of adoption of regional tool
- SDL Registry
  - Meet with CCAC to discuss opportunity to link with new intake system
- Performance Reporting
  - Complete SDL performance indicators & targets
  - Develop regional reporting process and framework
  - Work in collaboration with LHIN Decision Support Committee
- Communication Plan
  - Current Services – capacity, referral process etc.
  - New Service Model
  - Expansion – pilot sites
- SDL Neighbourhood Model Development
- Disability Model Development
- Future Investment in SDL (Strategic Plan)

Transitional Services Work Group

- Finalize regional screening and referral criteria CCC/Rehab
  - Use CCC beds only for CCC clients
  - Designate palliative/CCC Beds
- Create MH LHIN Rehab Network
- Determine need for acute vs. CCC palliative beds
- Explore opportunity for consolidation of Convalescent/ Restore/Short Stay Rehab (SSR)/ Transitional beds – shift to reactivation discharge planning model
- Develop Transitional Behaviour Unit Proposal
- Complete Performance Indicators & targets
- Determine future demand and location of Transitional Services

A2 The MH LHIN Acute Services Clinical Integration

The planning process for the current clinical integration initiative began in December 2007. The MH LHIN initiated a process with senior leadership from The Credit Valley Hospital, Halton Healthcare Services and Trillium Health Centre and the Mississauga Halton CCAC to explore opportunities for integration, development of some acute care services, and a provincial framework for chronic ventilation service.

The Steering Committee has developed guiding principles for decision-making on the planning of integrated services which have been approved by the three hospitals and MH LHIN Board. The guiding principles are:

1. A decision to integrate clinical programs will be aligned with the vision of the LHIN.
2. The primary objective of integration will be to improve quality, health outcomes, access to care and efficiency.
3. An operational structure for the governance and administration of region-wide programs will be developed with clear accountabilities and responsibilities to all parties.
4. Patients will have equitable and timely access to care based on recognized standards, no matter where they live in the LHIN.
5. The evidence to be used for decision-making will be agreed by consensus. Consensus will be achieved using the principles for working together. Evidence will include professional practice standards, the experience of other jurisdictions, including benchmarks, models of care, and best practice in care protocols, care processes. A reasonable review of other information will be considered, including mitigation strategies for any impact on other patients/programs.
6. Relevant stakeholders will include clinicians and other health professionals directly impacted by the initiative. Consideration of the patient perspective will also be addressed.
7. A health human resources strategy will be articulated.
8. The sustainability/do-ability of the initiative will be confirmed.
9. A clearly defined implementation strategy for each decision will include collaborative planning, a comprehensive change management strategy, and will maintain a patient focus.
10. Individual hospital Boards will confirm decisions impacting on the role of the hospital.
11. The risk of delay or no decision will be articulated and will be reported to the LHIN.

Key program areas identified for immediate consideration for a LHIN-wide development include:

- Vascular Surgery/ EVAR – lead Trillium Centre
- Thoracic Surgery/Thoracic Oncology Surgery – lead Credit Valley Hospital
- Chronic Kidney Disease – lead Halton Healthcare
- Neurosciences – Trillium Health Centre

A3 Hospital Support Services Best Practices Benchmarking Study

In partnership with the Mississauga Halton Local Health Integration Network (LHIN), Halton Healthcare Services (HHS), Trillium Health Centre (THC), and the Credit Valley Hospital (CVH), the Best Practices Review project is underway. A Steering Committee for this project has been established comprised of CEOs, CFOs and one other member of the senior team from each hospital, and the LHIN's CEO, COO and Director of Finance and Risk. This project seeks to identify and recognize where best practices in our services currently exists, and to identify future best practices that may be integrated either into our individual organizations or through collaboration across organizations to enhance service quality and enable efficiencies.

The objectives of this project are twofold:

1. To enhance collaboration across our organization; and
2. To identify and integrate best practices (best of class) into how we deliver services, and in doing so, optimize the resources in place now to ensure a sustainable service delivery model that allows for our continued commitment to quality.

The focus of this review will be on the following administration, corporate support, clinical support and selected allied health services in all hospitals in the MH LHIN.

Administration	Support	Clinical Support	Allied Health
Finance	Sterile Processing	Diagnostic Imaging	Physiotherapy
Decision Support	Print Shop	Laboratory	Occupational Therapy
Human Resources and Occupational Health	Housekeeping	Pharmacy	Social Work
Information Technology	Facilities Management	Cardio/Respiratory Services	Respiratory Therapy
Clinical Information Services / Health Records	Biomedical Engineering		
Infection Control	Patient Transportation		
	Food Services		

The Best Practices Review project started in April 2008 and is targeted for completion in early September 2008 at which point the top three to five areas for optimization of resources will be identified.

A4 Improve Provincial Wait Time Targets

The MH LHIN is committed to working in partnership with the ministry Provincial Wait Times Strategy to meet the targets for various priority areas.

Despite the acute care pressures, the MH LHIN remains committed to maintaining or improving the performance targets, both Wait Times and the Health System Performance targets as outlined in the MLAA. The MH LHIN will monitor the volumes and funding allocations in all wait times strategies envelopes, ensuring that volumes and wait times are on track, and perform in-year reallocations as necessary.

A5 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, HSP Board roles and other items. A consensus approach as to the direction of this network will be developed over the next several months in consultation with the Ontario Health Quality Council and all providers in the MH LHIN.

B. Building the Foundation for Change through Community Engagement & Partnership

Among our many success factors for change has been our ability to bring different perspectives from across the MH LHIN to the planning table to ensure we are making health care decisions in the best interests of local residents, and in ways that make the most of existing resources. This involved establishing distinct teams to help move MH LHIN priorities forward, while also tapping into the vast expertise of existing networks both within and beyond the geographic borders of the MH LHIN. 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.

Health System Development

In 2007, the MH LHIN program teams were established to address the key health priorities identified in the IHSP, including children and youth, mothers and newborns, chronic disease prevention and management, primary health care, mental health and addictions, palliative care, and seniors' health and wellness. Made up of local residents, community members and health care providers, these teams have drawn on the insights, expertise and knowledge of more than 250 individuals over the past year, representing over 2,000 volunteer hours per month.

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.

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.

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.

Aboriginal People

Working in partnership with the Hamilton Niagara Haldimand Brant LHIN, MH LHIN is planning activities between the two LHINs in our joint efforts to address the needs of the approximately 3,000 urban Aboriginals living in Mississauga Halton.

Last fall, the MH LHIN hosted the first face-to-face meeting of the 14 LHIN Aboriginal Health Planning Leads, and we continue to actively participate in monthly teleconferences for the purposes of exchanging information on common and unique health issues facing Aboriginal peoples across the province.

Francophone Population

Recognizing that French-speaking residents across the GTA share specialized needs when it comes to accessing health care in their native tongue, the MH LHIN recently joined 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.

Tapping into New & Existing Networks

A number of new and well-established health care networks dedicated to addressing specific health issues within and beyond the MH LHIN provide us with access to multi-disciplinary expertise on a variety of topics as we work to improve the health care experience for local residents.

C. Improving Local Health System Performance

Overall Performance

Given its large and growing population and serious capacity issues, the HSPs in this LHIN tend to be efficient and generally utilize resources appropriately. The MH LHIN will strive for continued efficiencies and improvement in quality and access to services by benchmarking to "best of class".

MH LHIN's performance targets set in the MLAA are near or exceed provincial benchmarks in most areas, with a further ongoing commitment to improve access to meet growing acute care needs.

In all of the wait times target areas, the MH LHIN's performance is better than the provincial baseline. It has the best performance in cardiac surgery wait times in Ontario.

The LHIN considers a proactive and responsive approach to performance improvement based on the following principles:

a) A commitment to ongoing performance improvement
b) An orientation to problem solving
c) A focus on relative risk of non-performance

For a health system to respond effectively to the needs of local residents, all aspects of that system need to work together in a coordinated manner. Regardless of what services are accessed in the health system, one should be able to move easily from one service to another, as health needs require. As a health system, the MH LHIN is exploring ways to improve the exchange of information between providers, and to better coordinate and integrate services so that you have timely access to the services and specialists you need.

The MH LHIN uses the following framework to move forward in its integration agenda:

Access/Integration/Flow	• Process improvement focused on transitions • Navigation • Redefining current roles
Leading Practices	• Regional Standards for services • Shifting to Community/Aging at Home • Evidence based tools • Funding/investment
Demand Management/Prevention	• Primary Health Care • Community resources
Capacity	• Efficiency/effectiveness • Physical capacity
Accountability /Performance Management	• System level performance indicators • Process/outcome indicators • Baseline data • Common definitions
Communication	• Education • Communication
Policy	• Legislation and Policy that supports integration

Critical Care

The first MH LHIN CCRT (Critical Care Response Team) and CCIS (Critical Care Information System) data was reviewed by the committee. A number of points were discussed applicable to the indicators reported, how data entry was coded (integrity of data) and whether the definitions utilized for indicators took into account the differences between community and teaching hospitals. These differences need to be understood and acknowledged in the indicators as greater resources (e.g. interns / residents) are present in teaching hospitals which allow for faster response times measured by the indicators for CCRT data. A larger discussion on this issue as well as a review of the definitions used will be brought forward to the Critical Care Provincial Retreat. In the interim, hospitals are to review their processes for capturing and reporting accurate data.

Surge capacity for the MH LHIN will be a focus at the next meeting. Regional tool kits that are currently being tested at the Champlain LHIN (in response to surge capacity) will be discussed by inviting the Critical Care Lead at the Champlain LHIN.

The Critical Care Committee met on May 14, 2008. It recognized that a coordinated approach is needed now as increasing CC pressures are being experienced across the MH LHIN hospitals. The committee has recommended that a working group be set up to look at current capacity, pressures and strategies to respond to critical care needs within the MH LHIN. Trillium has agreed to take the lead for this work group.

Diagnostic Imaging (DI) Improvement Project

The project team has been focusing specifically on data quality issues with both MRI and CT data. Progress is being made on data quality issues with Halton Healthcare identifying at least 100 entries with wait times in excess of 300 days that are questionable. Credit Valley is still reviewing their data and Trillium already corrects for some data quality issues.

Other findings relate to data transmission / reception errors and treatment of specified date procedures. The team is gathering examples and will be preparing a report for the Wait Times Office.

The MH LHIN hospitals were amongst a few sites in the province selected to provide input on a new MRI funding model for Provincial Wait Times. The team participated in information sessions and provided feedback to the province on the proposed model. The latest information we have received is that this model will be used to fund MRI for the 09/10 fiscal year wait times.

Emergency Department Wait Times

On May 30, 2008, the Minister announced a comprehensive $109 million strategy to reduce ER wait times. The MH LHIN will continue to work with the ministry in the implementation of this strategy. The LHIN is actively engaged in the joint MH LHIN/ CW LHIN ER Network to address wait time challenges in the ER. The MH LHIN has been proactive in identifying opportunities through the work of the Appropriate Level of Care Initiative and making investments through the first phase of the Aging At Home Strategy to reduce ER wait times and acute care pressures. At the same time, the MH LHIN is building community services capacity to better serve the residents with the MH LHIN.

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. In fiscal 2007/08, our LHIN provided over $1 billion in funds to these providers.

Along with provider funding, the MH LHIN holds the serious responsibility of monitoring the performance of these providers and encouraging them to continuously improve, while ensuring that the highest possible percentage of taxpayer dollars were spent providing direct patient care services to improve the health and health care of local residents.

Health Care Sector	Total Funding 2008/09 (nearest million)	Percent of Total Mississauga Halton LHIN Allocation
Hospitals	$ 739 000 000	69%
Long-Term Care	$ 151 000 000	14%
Community Care Access Centre	$ 105 000 000	10%
Community Support Services and Assisted Living	$ 36 000 000	3.5%
Mental Health & Addictions Services	$ 27 000 000	2.5%
Initiatives	$ 10 000 000	1%
LHIN TOTAL	**$ 1 068 000 000**	**100%**

The MH LHIN has entered into comprehensive service accountability agreements (SAA) with the hospitals this fiscal year. All LHINs are working on developing service accountability agreement templates for all community agencies this year. In Fall 2008, the MH LHIN will be engaged in negotiations with over 40 community agencies to develop accountability agreements for the next two fiscal years.

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

MH LHIN is home to 108,000 people over the age of 65 and is the fastest growing LHIN region in the province for this age group. In the next decade the number of seniors will increase 50% to over 162,000. Age is the greatest predictor of increased prevalence of illness and consequently, the utilization of health care services. As the population ages, it will further strain a local health system that is already pressured to meet the complex needs of a diverse seniors population.

Additionally, the current system of services for seniors is fragmented and difficult for consumers and families to navigate. The system consists of a collection of organizations each with their own mandates, philosophies, eligibility criteria, assessment tools and service delivery approaches. Opportunities to improve access and service delivery through enhanced integration, coordination, communication and client-focused care have been identified by both consumers and service providers.

Developing and implementing an integrated service delivery model for seniors, and shifting focus to prevention, health promotion, and care in the most appropriate setting are vital to meeting future needs and ensuring sustainability of the system.

The initiatives are aimed at addressing the health, wellness and quality of life needs of seniors by building on service strengths, addressing service gaps and system integration problems. This includes moving patients out of hospitals and into their homes when they no longer need acute care, and bringing in needed services so they can recuperate in the most appropriate setting.

The initiatives are designed to:

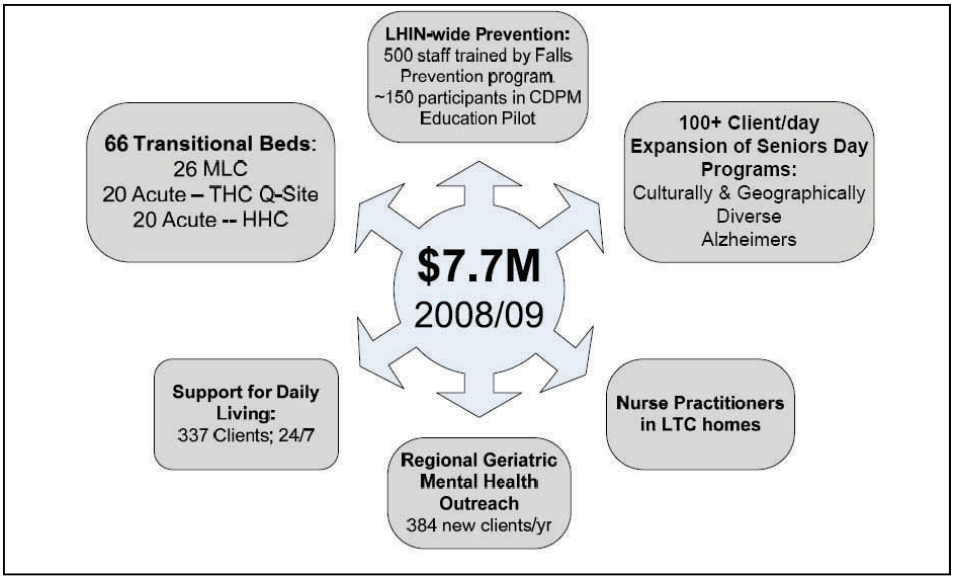
- Develop sustainable and increased community capacity.
- Provide cost effective solutions to institutional care.
- Support seniors to live healthy and independent lives in their homes longer.
- Ensure consistent best practices across the region.
- Ensure effective and efficient processes.
- Enhance commitment to performance improvement.
- Build on existing operational infrastructure.

Highlights of 2008/09 Aging at Home Investments

The LHIN invested $7.7 million in 2008/09 to support the following programs:

- Enhance supports for seniors/families affected by serious mental illness and/or behavioural difficulties.
- Increase supports for daily living (housing options for seniors).
- Create capacity to address ALC.
- Expand support for residents of long-term care homes.
- Enhance palliative care services.
- Increase adult day programs.
- Expand health promotion and wellness initiatives.
  - Falls Prevention
  - Chronic Disease Prevention and Management

MH LHIN 2008/09 Capacity Increase



Type of Program	Community Capacity Increase	Investment
Transitional Beds	• Increase of 66 transitional beds	$ 3,700,000
Prevention and Wellness Programs	• 500 staff trained in falls prevention • 1,000+ clients served	$ 650,000
Adult Day Programs	• 12,000+ client days	$ 1,300,000
Nurse Practitioners in LTC	• Optimize care of LTC residents	$ 250,000
Regional Geriatric Programs	• Palliative care • Psychogeriatric Outreach	$ 500,000
Supports for Daily Living	• Increase support to over 300 seniors; 24/7	$ 1,300,000
TOTAL		$ 7,700,000

Go Forward Strategy for Aging at Home 2008/09

Preamble

The Aging at Home Strategy is a significant new investment to help seniors stay healthy and live with dignity and independence in their home setting. In addition to strengthening existing services, it provides a rare opportunity to bring forward new ideas, engage diverse and often marginalized groups, and build a system that taps in to the capacity of communities to respond in innovative ways to support aging at home.

Overall Objectives	Performance Measures
• Increase community support services capacity in Mississauga Halton LHIN for seniors: ◊ To provide an alternative to LTC home placement and to provide more residential options ◊ To support seniors' to remain safely at home ◊ To promote seniors health and wellness • Reduce acute care pressures through reduced ALC patient days • Reduce unnecessary ER visits by seniors	• Reduce % of Alternate Level of Care (ALC) patient days in hospital • Reduce rate of Emergency Department visits by seniors that could have been managed elsewhere • Reduce or maintain waitlist for LTC Home • Reduce median wait time to LTC Home

Go Forward Strategy for Aging at Home 2008/09

Key Deliverables for 2008/09

1. Design, pilot, and evaluate a component(s) of the Assist Model.

2. Conduct a scientific survey (polling) of seniors and / or their caregivers, segmented by diverse groups, to:
   - Determine challenges and barriers preventing seniors from remaining at home.
   - Determine services and supports required to "age at home".
   - Establish baseline satisfaction prior to the implementation of the aging at home strategy.

3. Undertake focused community engagement with seniors and / or their families and caregivers in the Mississauga Halton LHIN and provide a written report on key findings.

4. Facilitate the development and implementation of a LHIN-wide transportation strategy for seniors in need of transportation to enable them to "stay at home" in collaboration with existing transportation providers.

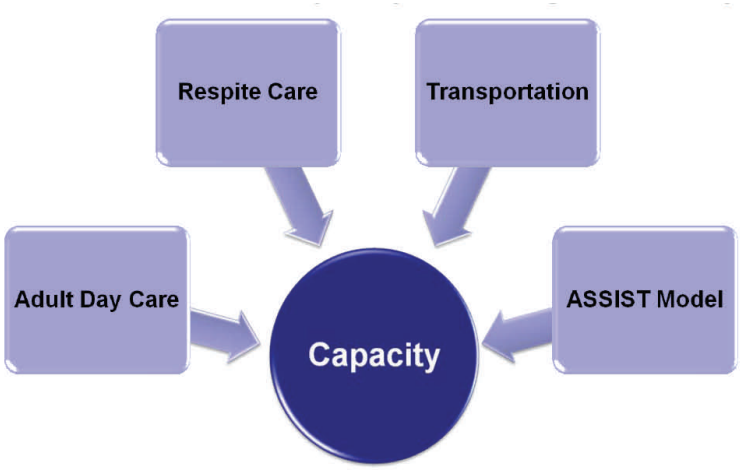
5. Identify and quantify the future respite and adult day program needs of seniors in Mississauga Halton LHIN.

6. To develop / adopt a LHIN-wide screening tool in the ED to identify seniors at risk and to trigger an appropriate plan of care to reduce return visits.

7. Develop a model for specialized geriatric services in the MH LHIN, including psychogeriatric services.

8. Develop a strategy to allocate "Aging at Home" funds for 2009/10 and 2010/11.

MH LHIN-wide Capacity Planning Underway



Community Engagement - Seniors' Needs

As part of the Aging at Home Strategy, the MH LHIN is embarking on a community engagement process with seniors and their families/caregivers to seek their views on what is needed to enable seniors to stay at home with supports from the health care system, volunteer organizations and informal and formal caregivers.

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

Approximately 80% of Ontarians over the age of 45 are living with a chronic disease, and of those, approximately 70% suffer from two or more chronic diseases.[3] Chronic diseases affect the quality of life of individuals and their families, and have a significant impact on the utilization of health care resources. In Ontario, the economic burden of chronic disease is estimated at 55% of total direct and indirect health care costs.[4]

Many chronic diseases are exacerbated by age. MH LHIN is home to approximately 215,000 adults over the age of 55. As one of the fastest growing LHINs in the province, the number of older adults will increase 48% over the next decade to over 317,000. As the population ages, the number of individuals living with single and multiple chronic diseases will become more prevalent posing a significant challenge to individuals, families and the health care system.

This LHIN's multi-stakeholder CDPM team will apply the Ontario Chronic Disease Prevention and Management framework to guide the planning and implementation of a common approach to service delivery within the MH LHIN.

Key initiatives in 2008/09 include:

- Through the Mississauga Halton CDPM Network, create an environment for knowledge exchange and communication among networks and organizations for the prevention and management of chronic diseases
- Implement a survey for physicians in the Mississauga Halton LHIN and for individuals with diabetes to identify barriers to accessing diabetes education
- Develop a multi-prong strategy to address barriers to accessing diabetes education
- Recommend a multi-pronged strategy for personal skills and self management supports (PSSMS) throughout their lifespan by:
  - Developing recommendations for the dissemination of the principles and concepts of PSSMS for providers, networks and organizations
  - Developing recommendations for the implementation of Self Management programs, including the Stanford Model, in the Mississauga Halton LHIN

The LHIN is well positioned to be a pilot site for any new investments in diabetes planned by the Ministry.

F. Integrating Mental Health and Addiction Services

People living with mental illness and/or addictions, and their families face multiple challenges and deserve an integrated continuum of care with an effective and efficient level of coordination, integration and connectivity.

There have been significant achievements and pockets of exemplary service across the MH LHIN, including several exceptional virtual integration activities; however these are underway in specific geographic areas within the MH LHIN and not across the entire MH LHIN. We can learn from each and build for the entire MH LHIN.

The Integrated Health Service Plan highlights the need for placing individuals with mental illness and their families at the centre of the system, focusing on streamlining access, creating greater accountability, and an appropriate network of support in health, housing, vocation and social recreation.

The Mental Health and Addictions multi-stakeholder team will develop an integrated approach to service delivery across the continuum and life cycle, which builds on current initiatives and previous studies for both mental health and addictions.

Key initiatives in 2008/09 include:

- Finalize the model for integrated service delivery for mental health and addictions
- Finalize the continuum of care, the logic model, the framework and model design
- Present to governance bodies – Integration Advisory Group – for review and consultation
- The year's implementation focus will be in the following areas:
  - Reviewing the recommended model to key stakeholders throughout the MH LHIN
  - The development of a co-location pilot
  - Investigation and understanding of virtual integration programs, identifying what works and what doesn't with the goal of spreading virtual integration across the MH LHIN where feasible
  - Development of a MH LHIN wide education and training program
  - Ongoing community engagement
  - Continued enhancement of links to all multi-stakeholder teams
  - Development of early wins that continue to promote and support the model of integration

The LHIN is poised to work with the province to ensure new investments in this area meet local needs.

[3] CCHS 2003
[4] EBIC 2002

G1. Improving Access to Family Health Care

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.[5] 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. Therefore, improving and promoting inter-disciplinary practice and inter-provider collaboration, is a fundamental component to creating an integrated primary health care system to support the residents in the MH LHIN.

As stated in our Integrated Health Service Plan, it is our intent to promote greater collaboration across providers within the MH LHIN, and this priority sets forth a vision for the future with the goal of:

> Ensuring all patients receive the level of primary health care service that is needed, the ability of each primary health care provider to utilize their full scope of practice and skills in order to enhance recruitment and retention and to allow family physicians to focus on their patients that require the most complex care.

The multi-stakeholder team will focus on improving inter-disciplinary practice, regardless of the physician practice model, through improving the communication and linkages between physicians, their patients, specialists, and other health service providers.

Key deliverables in 2008/09 include:

- Expand CCAC case manager services available to family health team physicians
- Explore shared-care model opportunities that can be expanded into additional health care settings and among a greater number of health service providers
- Identify early wins for implementation which will improve access to patient information and building of partnerships
- Determine mechanisms for all primary care physicians to share test results in a timely manner and achieve improved coordination
- Explore improvements to the discharge process which will allow more efficient and timely transfer of patient information from hospitals to physicians, specialists and other health service organization
- Implement a local Regional Credentialing strategy
- In concert with the regional credentialing project, create a memorandum of understanding to allow non-affiliated physicians access to hospital provider portals in a timely and secure fashion

G2 Primary Health Care: Children and Youth

Several ministries in the Ontario government and a multitude of social care agencies, school boards, child welfare, police services, are involved with children and youth. The MH LHIN does not have direct funding or accountability with most of these agencies, but is involved in facilitating opportunities to work together toward closing the gap between health and social care in an integrated way that meets the needs of all children and youth.

Recognizing that there is a growing body of evidence that supports an integration approach to meet the often complex needs of children, youth and their families, and that no one single provider can do it all, the MH LHIN through its Integrated Health Service Plan (IHSP), and the creation of a multi-stakeholder team, intends to work with community stakeholders, encourage the sharing of best practices, and move toward enhancing integration efforts across the MH LHIN communities.

Key deliverables for 08/09 include:

- Development of a high level scan of existing inventory of children's services including integration/ collaborative planning networks in the LHIN
- Identification of the key issues/ changing needs of children and youth in MH LHIN , focusing on the transitions from infant, child, youth and into adult services
- Identification of needs and gaps for healthy children, at-risk children, and children with special/ complex care needs
- Development of recommendations to improve access to local services and the coordination/ integration needed across the sectors to have a positive impact on children and youth outcomes
- Specifically aligning with the Provincial priorities – to reduce wait times in EDs and improve access to family health care, the team will focus on:
  - Understanding why families are going to EDs for care
  - leveraging opportunities to prevent / divert children and families from inappropriate visits to EDs, and explore best practices re paediatric urgent care and other community based clinic models.
  - Focus on leveraging opportunities to improve coordination and access to children's mental health, including the transition to adult services

[5]Starfield, B. and Shi, L., "Policy Relevant Determinants of Health: An International Perspective," Health Policy, 2002, 60-201-18.

G3 Primary Health Care: Mothers and Newborns

In the development of the Integrated Health Service Plan (IHSP), the community engagement forums across the MH LHIN indicated that improving supports for mothers and newborns was needed. There is a perception that there are unmet needs/ gaps for postpartum follow-up visits with new mothers and babies.

Recognizing that the sub-LHIN communities within the MH LHIN have varied capacities to provide postpartum supports, and link families to community services, the MH LHIN intends to work with existing networks, such as the West Cluster Maternal Child Network, Public Health Units and others to take a closer look at the services currently available, and explore opportunities to plan, improve and strengthen services that can better respond to the demographic changes and meet the needs of mothers and newborns across the MH LHIN.

The multi-stakeholder team will focus on improving and strengthening support programs available for expectant mothers, new mothers and newborns across the MH LHIN.

2008/09 Key Deliverables include:

- Development of a high level scan of existing inventories of maternal newborn services including integration/ collaborative planning networks in the MH LHIN
- Identification of gaps, unmet needs; options for addressing the continuum of services
- Monitoring the progress of Credit Valley's new Women's Reproductive Mental Health Clinic as it broadens its reach and access to service for women across the MH LHIN
- Enhance postpartum supports by developing more culturally appropriate and relevant services to ethno-cultural, ethno-racial communities
- Surveying new mothers – obtaining feedback on continuum of service needs
- Leverage opportunities to improve access to prenatal and obstetrical services for marginalized women

H. Financial Summary - by Sector

Statement of Mississauga Halton LHIN 2008/09 Funding Allocation and Multi-Year Funding Target

Draft - as of May 15th	2008/09 Funding Allocation (000's) [1]	2009/10 Funding Target (000's) [1]	2010/11 Funding Target (000's) [1]
Total LHIN Budget	1,072,679.7	1,092,466.6	1,113,982.4
Total Health Service Provider (HSP) Transfer Payments	1,068,370.1	1,092,461.6	1,113,977.4
Operation of LHIN [2]	4,184.6	TBD	TBD
Initiatives [3]	5.0	5.0	5.0
E-Health	120.0	TBD	TBD
Total Health Service Provider (HSP) Transfer Payments by Sector:			
Operations of Hospitals [4]	739,102.3	746,362.3	746,362.3
Grants to compensate for Municipal Taxation - public hospitals	140.7	140.7	140.7
Long Term Care Homes	150,910.1	150,910.1	150,910.1
Community Care Access Centres	105,267.5	109,478.2	114,952.2
Community Support Services	17,935.4	18,176.7	18,585.7
Acquired Brain Injury	3,705.1	3,788.5	3,873.7
Assisted Living Services in Supportive Housing	14,135.7	14,453.7	14,778.9
Community Health Centres	0.0	0.0	0.0
Community Mental Health	22,526.9	23,010.4	23,504.8
Addictions Program	4,098.8	4,191.0	4,285.3
Specialty Psych Hospitals	0.0	0.0	0.0
Grants to compensate for Municipal Taxation - psychiatric hospitals	0.0	0.0	0.0
Initiatives [5]	10,547.6	21,950.0	36,583.7

Note:

1) *The 2008/09 funding allocation and the 2009/10 and 2010/11 funding targets are updated as of May 15, 2008 from the approved 2008/09 multi-year Results Based Plan and the 2008/09 Printed Estimates. The update is based on realignments within and between the LHIN programs vote 1411 and the Ministry programs vote 1412 which correspond with decisions about programs and services that will remain with the Ministry or transfer to the LHINs. They include base and one-time realignments for 2008/09 and based only realignments for 2009/10 and 2010/11 (except for the Operations of Hospitals which includes some one-time funding agreements). The realignment occurs within the Ministry's total approved appropriation. Additional details and formal adjustment for these programs will be sought as part of the 2008/09 Results Base Plan and is subject to Cabinet approval.*

The 2008/09 funding allocation includes additional funding (base and one-time only). If further additional funding is designated throughout 2008/09, the table and schedule may be amended or updated allocation letters appended to the agreement to reflect the LHIN allocation. Any additional funding provided would be within the Ministry's total approved appropriation.

The 2009/10 and 2010/11 funding targets are for planning purposes and are base funding targets only (except for the Operations of hospitals which includes some one-time funding agreements). They are subject to the annual Results Based Plan, Printed Estimates and Provincial Budget approvals.

2) *The LHIN Operation funding targets for 2009/10 and 2010/11 are to be determined as they are subject to further review.*

3) *LHIN Operations initiatives include Aboriginal Community Engagement.*

4) *Operation of Hospitals allocations and funding targets include private and public hospitals. It may also include, as appropriate, any approved PCOP funding as described further in Table 3 - Dedicated Funding.*

5) *Transfer payment Initiatives by LHIN will be allocated by sector by the LHIN at a later date. Initiatives include Aging at Home, Urgent Priorities Funds, Flo Collaborative, and Emergency Department Action Plan. It should be noted that as the LHIN allocates by sector, the allocation will be distributed at the sector level.*

I. Planning for LHIN Operations

The MH LHIN's operating budget and FTE count are reflective of its new structure. The MH LHIN is currently recruiting to fill several vacancies to finalize this structure, which will be instrumental in communications, stakeholder relations, and other duties. The ministry's quarterly reporting requirements, the development of the ASP, major on-going interfaces with the Ministry's Finance and Information Branch, the LHIN Liaison Branch, Compliance Branch and numerous inter-LHIN and LHIN/ministry interfaces are taking a substantial amount of staff time.

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

• executing 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

The MH LHIN supports the objective third party review of Ministry/LHIN effectiveness which has been jointly undertaken. The MH LHIN appreciated the opportunity to be engaged in the review process and looks forward to the implementation of any suggestions flowing from the final report later this year.

LHIN e-Health Strategy

MH LHIN PMO for e-Health (Portfolio Management Office)

The ministry has mandated that all LHINs must have an e-Health PMO, and has allocated $120K initial funding in 2008/09 to move this agenda item forward.

The MH LHIN has an active e-Health Advisory Committee, and has agreed to retain a full time individual, rather than a temporary secondment, to help build and mature the PMO. The MH LHIN Chief Information Officer is an integral player in the provincial e-Health leads forum, and the MH LHIN is ready to undertake initiatives arising from implementation by the province of its e-Health agenda. A key local priority is to ensure all providers are connected on secure onemail system.

J. Management Plan to Deal with Risk

The MH LHIN has performance agreements with all of its providers, which includes quarterly submissions of both financial and service level performance. The Boards of all those providers are directly responsible for both quality of services and ensuring a balanced budget. The robust monitoring process in place in the MH LHIN ensures that there is an early review of risks. Through its quarterly reporting to the Ministry, the MH LHIN identifies all potential risks for joint consideration.

The MH LHIN is actively engaged with our HSPs and ensures that they will inform the MH LHIN of any unfavourable outcome, regardless of reporting timeline. If appropriate, increased reporting will be instated for closer monitoring of a situation, and appropriate actions taken as needed. The board and ministry are advised as necessary.

Management and the Board of the MH LHIN are working to develop an enterprise risk management process which builds on the identification and measurement of risks which threaten the MH LHIN's ability to achieve its objectives.

K. Communication Plan

The Annual Service Plan (ASP) contains many elements for announcements and rollouts but does not, by itself, require a separate strategic or tactical communications plan. The MH LHIN will make the ASP available to the public, stakeholders and health service providers by June 30, as well as make printed copies available, post the ASP on our website and have the document translated into French.

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

- Identify target audiences
- Link stakeholders (agency clients, partners, public groups, etc.) to anticipated positive and negative reactions
- Develop key messages
- Explain the communications tactical rollout (with expected timelines)
- Communications tools
- Leverage existing HSP communication assets