



**Integrated Health Service Plan** 2010 - 2013

**Working Together to Achieve  
Better Health, Better Care, Better Value**



***Working Together to Achieve Better Health, Better Care, Better Value.***

*“I need better support and education to help me cope with my diabetes. I was diagnosed a month ago and I don’t have a family doctor. I feel overwhelmed and I’m not sure where or who to turn to.”*

– Diabetic Patient, Barrie

*“I need a health care system that is accessible. Last week I spent over 5 hours in emergency with my 94-year-old mother. She grew so tired and agitated we had to leave before even seeing the doctor. To me a good health care system is one where you receive care in a timely manner.”*

– Caregiver, Barrie

*“We need clinical support such as social workers and occupational therapists for our patients and their families to optimize their ability to function effectively.”* – Nurse Manager, Collingwood

*“We need to provide better care options for Alternate Level of Care patients. Access to primary care, education and community resources will help ensure patients not requiring emergency services are supported in their community.”* – Nurse Manager, Muskoka

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## CHAPTER 1

# Introduction

### *Working Together to Achieve Better Health, Better Care, Better Value*

What does integration in health care mean in North Simcoe Muskoka?

It means getting everyone in the local health system working together smoothly and efficiently to help people here enjoy better health, better care and better value.

How does integration happen?

The Local Health Integration Network (LHIN) is a regional organization. It helps health system partners pull together as one. It plans, coordinates and funds health services to meet the specific needs of the people in the community

#### TO ACHIEVE BETTER VALUE

*We need better care options for patients who do not require emergency services. Access to primary care, education and community resources will help ensure they have support in their community.*

– Nurse Manager, Muskoka



The LHIN talked with health system partners to develop this Integrated Health Service Plan (IHSP). The plan outlines local priorities and strategies for the next three years. Those priorities are in step with province-wide goals set by Ontario's Ministry of Health and Long-Term Care.

This plan covers the three-year period starting in April 2010. It is the second time the LHIN has brought its priorities and strategies to the public.

The first time the North Simcoe Muskoka LHIN launched its Integrated Health Service Plan in December 2006. That plan focused on developing an idea of how people here see the local health system. It also looked at the knowledge needed to make the system better in the years to come.

That first plan laid the foundation for us to identify and lead action over the next three years on three main areas. Those are: improving the health of our population (Better Health), the patient experience (Better Care), and sustainability of our health care system (Better Value), while ensuring quality care.

The new plan outlines the North Simcoe Muskoka LHIN's strategic priorities. Those represent the greatest needs in our local health care system, based on three things, first of which is our population's health needs. These include the most common chronic diseases and related health issues people here face. Second are trends in how people are using the health system in North Simcoe Muskoka. For example, how long people are waiting for care, the kind of services they need, and how many people need them. Third is ideas and feedback from local groups, individuals and stakeholders. The LHIN collected that information through broad community engagement over the past three years.

North Simcoe Muskoka's Integrated Health Service Plan for 2010-2013 focuses on three strategic priorities:

- 1. improving access to appropriate care, beginning with the emergency room and alternate level of care settings in the community or home**
- 2. improving chronic disease management beginning with access to integrated diabetes care**
- 3. creating an integrated design for the future health system in North Simcoe Muskoka.**

We need information systems and technology to achieve these priorities. We must develop solid eHealth foundations and expertise across the local health system. That will improve patient care, safety and access. And it will improve the overall abilities of health service providers across the province.

Working together, the people of North Simcoe Muskoka can achieve **Better Health, Better Care, Better Value.**

## CHAPTER 2

# Summary of Provincial Strategic Plan and Your Local IHSP

## *How North Simcoe Muskoka LHIN's IHSP Aligns with the Provincial Strategic Plan*

Planning the improvements needed to health care in Ontario is a partnership. Both regional Local Health Integration Networks and the Ministry of Health and Long-Term Care play important roles. The ministry sets and shares its strategic vision and priorities. Within each region, the LHINs create their Integrated Health Service Plans. They make sure those plans support the ministry's strategic directions. And they set other priorities to meet the needs of the local people.

The Ministry of Health and Long-Term Care is now developing a 10-year strategic plan for Ontario's health system. That plan will include promoting equal access to health and health care for all Ontarians. Plus it will address improving access to care in three areas:

1. reducing wait times in emergency rooms
2. reducing the time patients spend in alternate level of care beds in hospitals
3. supporting the roll-out of Ontario's Diabetes Strategy.

The ministry has also identified mental health and addictions and eHealth as key focus areas.

LHINs across the province support the ministry's plan. The North Simcoe Muskoka LHIN supports it in two ways. One is through its current activities and initiatives in North Simcoe Muskoka. The other is in its strategic priorities in this Integrated Health Service Plan for 2010-2013.

### **Reducing Emergency Wait Times**

Ontarians ought to have good care when they visit an emergency room (or ER). The right care is safe, reliable, suitable and high quality. Timely access to care can improve a patient's experience. That's why reducing wait times for people in emergency rooms is a top health care priority for the Ontario government.

#### TO ACHIEVE **BETTER CARE**

*I need a health care system that is accessible. Last week I spent over 5 hours in emergency with my 94-year-old mother. She grew so tired and agitated we had to leave before even seeing the doctor. To me a good health care system is one where you receive care in a timely manner.*

– Caregiver, Barrie



Experience shows that a backlog in one area of the health system can mean delays in many other areas. This is clearly the case in emergency rooms (see *The Waiting Game*, p. 11). To achieve shorter ER wait times, LHINs need to improve care delivery across the entire health system. Right now, patients with non-urgent or less urgent needs account for about 50% of all ER visits. We need to look at ways to build more options for care within the community. That will let people access the less urgent care they need outside emergency rooms.

Under the ministry's direction, LHINs are working to meet provincial targets for wait times. They will make known the ER wait times in their regions (see table p. 17 for emergency room targets).



### **Reducing Time in Alternate Level of Care Beds**

When patients finish the acute care phase of their treatment, they often remain in hospital waiting for release or transfer to another care setting. They need an alternate level of care. But there are not enough alternatives now available in the community.

#### **TO ACHIEVE BETTER HEALTH**

*I need better support and education to help me cope with my diabetes. I was diagnosed a month ago and I don't have a family doctor. I feel overwhelmed and I'm not sure where or who to turn to.*

– Diabetic Patient, Barrie

Close to 19% of patients now in Ontario hospital beds are waiting for an opening in an alternate level of care (ALC). That may be a bed in a long-term care home or rehabilitation care setting. This means fewer beds for patients waiting to be admitted to the hospital. That in turn means longer wait times in the emergency room.

LHINs across the province are working with the Ontario government. They are looking at many ways to help patients get the care they need, whether that's in a hospital, a long-term care home, a rehabilitation care setting, in the community, or at home.

### **Supporting Ontario's Diabetes Strategy**

Ontario's diabetes strategy will help tackle a growing – and expensive – health care challenge. In 2008, about 900,000 Ontarians were living with diabetes (8.8% of the province's population). This number has increased by 69% over the last 10 years. It is projected to grow to 1.2 million by 2010. Treatment for diabetes and related conditions (including heart disease, stroke and kidney disease) currently costs Ontario over \$5 billion each year.

The provincial diabetes strategy was announced in July 2008. It will make it easier to get prevention programs and team-based care. The strategy includes an online diabetes registry. This is an electronic information, monitoring and educational tool. It will allow health service providers to check diabetic patients both at home and in health care settings. The registry will include guidelines. It will alert care providers that patients need new or repeat tests. It will also link patients to information and educational tools to help them better manage their diabetes.

LHINs in every region are committed to improving access to diabetes care. Together, they are supporting the roll-out of the provincial diabetes strategy.

### **Enhancing Mental Health and Addictions Services**

At some time in their lives, about 20% of Ontarians – one in every five people – will experience a serious mental health challenge or will abuse substances like drugs or alcohol. Another 5% will have a serious problem with gambling. Between 15% and 21% of children and youth in Ontario have at least one mental health issue. That may be, for example, an anxiety or eating disorder. From 10% to 25% of seniors experience mental health disorders such as dementia.

The cost of preventing and treating mental illnesses and addictions is a small part of what these illnesses cost society. The cost is in lost production and other social costs. In fact, investing in helping people stay mentally healthy saves money. Every \$1 spent on mental health and addictions saves \$7 in health costs. It also saves \$30 in lost production and social costs, according to ministry estimates.

The Minister's Advisory Group on Mental Health and Addictions is working on a 10-year strategy to address this issue. For the first time, that strategy looks beyond health supports alone. It coordinates with mental health and addictions services funded by other ministries. Those include education, social services, housing and employment programs.

LHINs will implement the provincial mental health and addictions strategy. They will help to create a system that provides everyone who needs care with equal access to safe, respectful and helpful services.

### **Building on an eHealth Framework**

The Ontario government is working to modernize health care. Like other areas across Canada and abroad, it is investing in information and communications technology.

In April 2009, the government released its provincial eHealth strategy. That strategy focuses on diabetes management, how to better manage medication and reduce the time patients wait for care. The ministry aims to improve information sharing. That will help providers deliver high quality health care across the province. The government is investing in technology that supports partnership and makes services easy-to-access. That includes the Diabetes Registry, Wait Times Information System and electronic health records.

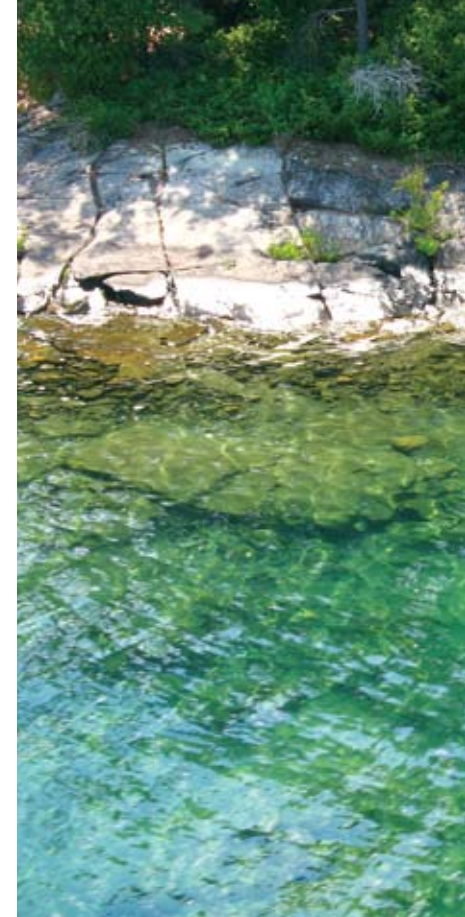
### **Imagine: A Healthier Ontario**

The Ontario government's strategic directions helped shape this plan. Every region is aligning its local plan with provincial priorities to provide coordinated, appropriate, safe and sustainable health services. Together, we can achieve our common goal: healthier people, healthier communities and a healthier system for all.

#### **TO ACHIEVE BETTER CARE**

*We need clinical support such as social workers and occupational therapists. They can help our patients and their families function more effectively.* – Nurse Manager, Collingwood

Find out more: visit the Ontario Ministry of Health and Long-Term Care website at <http://www.health.gov.on.ca/>.





### CHAPTER 3

## LHIN's Vision for the Local Health Care System

The Local Health Integration Network in North Simcoe Muskoka is committed to supporting the Ministry of Health and Long-Term Care's vision: "a healthcare system that helps people stay healthy, delivers good care when they need it and will be there for their children and grandchildren".

Our Integrated Health Service Plan for 2010-2013 is our region's shared roadmap. We call it "Working Together to Achieve Better Health, Better Care, Better Value".

It guides how we will improve our local health system and the health status of the people of North Simcoe Muskoka. The plan recognizes the unique needs of our population. This includes Francophones, Aboriginal Peoples, visitors, and residents. Those improvements will enable everyone to receive quality care.

We need to coordinate and integrate services among health service providers in this region. We need to pull them together into one inclusive health system to achieve this vision.

Working together will support seamless care from start to finish and so improve the patient experience. It will enable health service providers to deliver the most appropriate care for each patient's needs. That will improve population health, allow more effective and efficient use of our current resources, and improve the system's overall sustainability.

We are committed to working with all health system partners in the region to design this integrated health system. Those include service providers, community and social care providers and users across North Simcoe Muskoka. They also include neighbouring LHINs and the ministry.

### Leadership

We want to construct a model that meets the health care needs of the people living here, now and in the future. Although it's a difficult task to develop this by 2020, leadership, courage to change and working together will contribute to success.

Our design must take into account the ministry's vision and its proposed 10-year strategic plan to strengthen Ontario's public health system. It must also embrace North Simcoe Muskoka's top two current priorities:

- improving access to the appropriate care, beginning with the emergency room and alternate level of care settings in the community or home
- improving chronic disease management, beginning with access to integrated diabetes care.

Addressing those priorities must happen within the limits of current funding. It cannot hinge on new dollars. It will require detailed solutions. Those solutions must involve all partners. And they must put the right emphasis on community-based alternatives to institutional care.

We need more than strong leadership and courage. We need the will for change to develop and put into practice an integrated health system. The new North Simcoe Muskoka LHIN Leadership Council will act as a "champion" for that effort. It will provide strategic advice on designing and achieving an integrated health system in North Simcoe Muskoka. Council members represent the entire health system. That includes service providers funded through the LHIN and through the ministry. It also takes in health-related partners, including physicians, public health and municipalities. This integrated leadership supports our goal: to work together to achieve better health, better care and better value for everyone in our community.

## CHAPTER 4

# Overview of the Current Local Health Care System

## North Simcoe Muskoka Community and Health System Profile

We need a clear understanding of where North Simcoe Muskoka's health system is today and whom it serves. Then we can develop strategic priorities for improving.

That means getting up to date information about our community. That includes the characteristics of our population, the health needs of the people who live here, what kind of care they experience now, and who provides their health services.

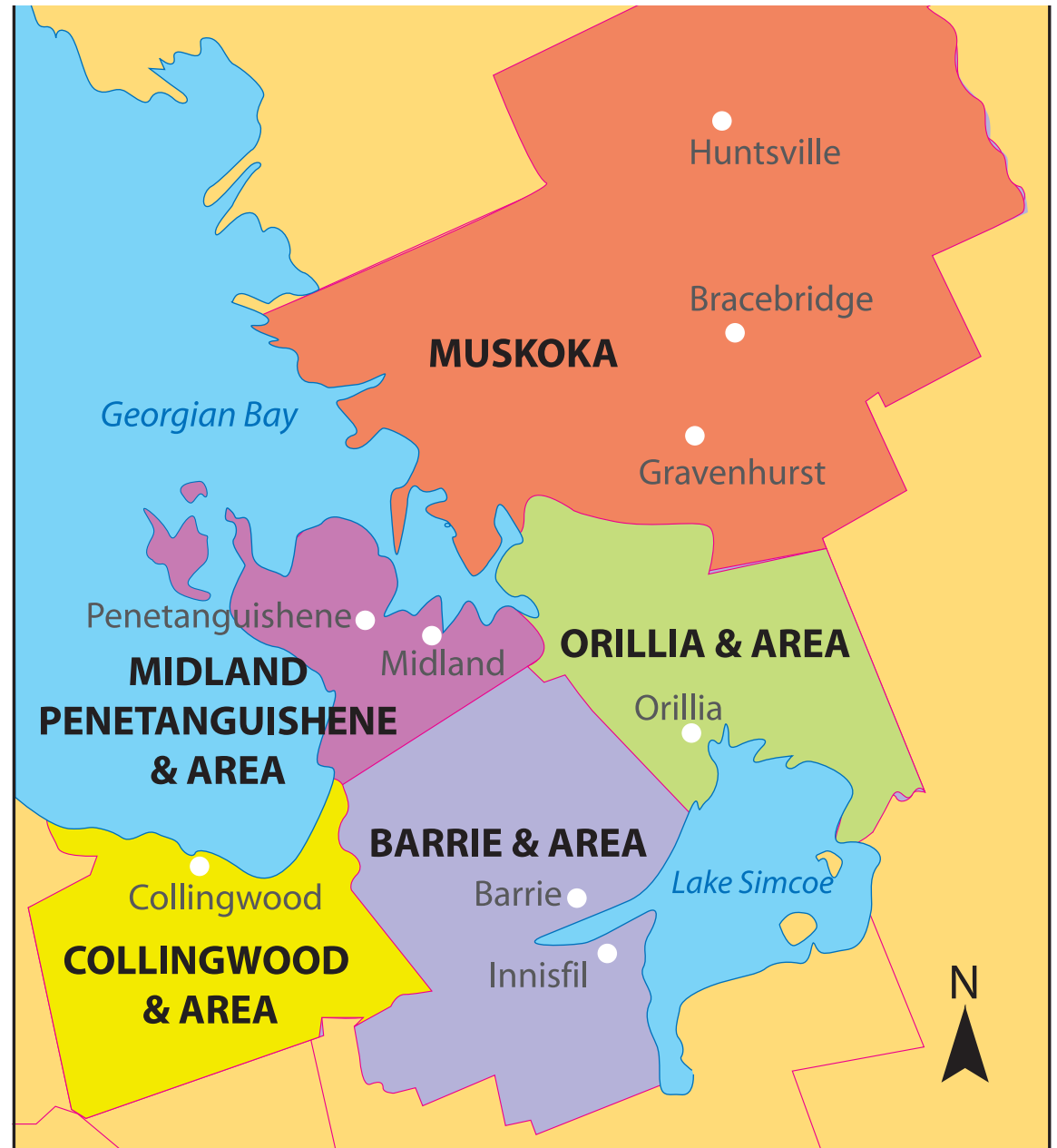
## Working Together to Help You

### Our Population

The North Simcoe Muskoka LHIN has a base population of 434,619. That's about 3.4% of Ontario's population. It is also cottage and ski country. That makes it a favourite place for recreation year round and retirement. As a result, this region attracts many different seasonal residents, tourists and events. For example, the World G8 Government Summit will be held in Muskoka in the summer of 2010. Such factors contribute to large seasonal swings in population and thus in demand for health services. This region is also growing and aging faster than the province as a whole.

- From 2001 to 2007, the population rose 11%. Yet the province's population grew 7.6%. By 2020 the overall population is expected to grow by about 24% in North Simcoe Muskoka.

North Simcoe Muskoka Geographic Areas





- Seniors aged 65+ account for 15.2% of the population. That compares to 13.2% province-wide. In the next 20 years, the 65+ portion of the population in North Simcoe Muskoka is expected to grow almost three times faster than the rest of the region. That will place more demands on health care services.
- The region's base population is less diverse than other parts of Ontario. It has relatively lower numbers of immigrants and visible minorities. But it has a higher share of Aboriginal Peoples – 3.3% versus 1.4% province-wide. French is the mother tongue for about 3% of this region versus 4.4% province-wide.

### **Working Together to Achieve Better Health**

The most critical health issues across Ontario right now are chronic diseases. Top among them are diabetes and mental health and addictions. What is their status in North Simcoe Muskoka?

#### **Chronic Disease**

Compared to the rest of the province, people in this region have higher rates of obesity, smoking and drinking. Those are associated with chronic diseases like diabetes, heart disease, cancer and others.

- 76% of people aged 12 years and older in North Simcoe Muskoka (some 285,000 people) report having at least one chronic condition, for example, cancer, diabetes, heart disease, hypertension, stroke, asthma, chronic obstructive pulmonary disease (COPD), or arthritis.
- Nearly 50% of our residents aged 65+ have two or more chronic conditions.

Chronic diseases account for 55% of all health care costs in Ontario. The costs for North Simcoe Muskoka are expected to rise as our population ages and the number of people living with chronic disease increases.

Having multiple chronic conditions increases the challenges for the patient and the health system. It increases the total burden of illness on the individual. That leads to longer hospital stays, greater related health care costs, higher rates of readmission to hospital, and increased deaths.

The World Health Organization estimates that chronic diseases cost Canada \$89 billion each year. That's direct and indirect costs. By focusing on improving how we manage chronic diseases, we have an opportunity. We can help residents enjoy better health, receive better care and sustain health care costs to achieve better value.

#### **Diabetes**

Diabetes is on the rise in Ontario. It is driving up demand for health care services.

This chronic disease is more common in North Simcoe Muskoka than across Ontario.

- In 2007, 6.8% of residents (nearly 25,000 people) over 12 years of age had diabetes. That compares to 6.1% for Ontario.
- In this region, about 5,760 residents aged 65 – 74 years have been diagnosed with diabetes.
- Aboriginal Peoples are three to five times more likely than the general population to develop type 2 diabetes. They make up at least 3.3% of the population in North Simcoe Muskoka.

Someone living with diabetes can face direct costs for medication and supplies of \$1,000 to \$15,000 per year. That's about two to three times more than health care costs for people without diabetes.

Patients with diabetes in North Simcoe Muskoka can get support. There are six Diabetes Education Centres in the region. Also the Barrie Community Health Centre has a diabetes management program. As well, all six Family Health Teams in this region have diabetes programs. However, those are limited to patients registered with the Family Health Team. People without family doctors struggle to get programs and resources in some parts of North Simcoe Muskoka.

Diabetes must be managed in combination with other risk factors for disease, such as high blood pressure, high cholesterol, smoking, and physical inactivity. If these aren't managed well, diabetes can lead to complications, which may result in heart attacks, stroke, amputations, blindness, kidney failure, or death.

Right now, the local health system is geared towards dealing with serious care needs for diabetics who require on-going diabetes management such as:

- controlling their blood sugar levels
- managing co-existing cardiovascular risk factors such as hypertension
- screening for other complications.

For example, screening and early treatment of diabetic eye disease has been proven to prevent blindness. Yet within one year of being diagnosed with type 2 diabetes, less than half of patients here were screened

People living with diabetes here need better access to care they can manage on their own to help reduce those

complications. It will lessen visits to emergency rooms and admission to hospitals, and will decrease costs of care in the future.

Studies show that having healthier lifestyles may prevent 90% of diabetes cases. Healthy living includes healthy eating and being active. Preventing one third of new cases of diabetes could save Ontarians \$70 million in the first year.

### **Mental Health and Addictions**

A large share of Ontario's population has mental health and/or addiction issues. Those place a huge burden on each individual and their families. That burden falls likewise on their communities and the health care system.

In North Simcoe Muskoka:

- In 2007 and 2008, our region had the 2<sup>nd</sup> highest rate of admissions to adult mental health units in hospitals in the province.
- Hospitals here provided mental health treatment to 2,776 active cases at some point during the year 2007/08.
- About 75% of those cases involved people who live here. The other 25% came from outside North Simcoe Muskoka.
- On average, patients remained in hospital for 28.7 days receiving acute care. They were then transferred to an alternate level of care bed. They stayed there an additional 9.3 days, totalling 38 days.

In total, mental illnesses and addictions cost the Province of Ontario at least \$39 billion a year. That does not count the huge emotional costs to the individuals and their families. We simply cannot measure that. The cost of preventing and treating mental illnesses and addictions is a fraction of their costs to society. Those arise in lost production and other social costs.





There are many services for patients with mental health challenges and addictions in North Simcoe Muskoka. They may receive treatment as patients in hospitals. Or they may receive support in the community. Community-based services are vital. They help these people become more independent as they help them avoid admission to hospital. There are a wide variety of community programs:

- assertive community treatment teams
- case management
- housing support
- crises intervention
- social/family support.

People with mental health challenges and addictions need appropriate treatment and supports. Without these services, studies show, they often use health care services more than other people, and seek the wrong level of care when they need help.

For example, they go to the emergency room instead of to primary care providers or community-based programs, which are better able to provide the services they need.

### ***Working Together to Achieve Better Care***

#### **Emergency Room Use and Wait Times**

Currently, wait times in ERs in North Simcoe Muskoka LHIN are lower than the provincial average.

- 9 out of 10 patients wait an average of 7.7 hours in the ER before being released.
- Patients who need to be admitted to hospital can expect to wait about 29.4 hours. Of that, about 23.7 hours (or 80%) is spent waiting for an inpatient bed to become available.
- In 2008/09, North Simcoe Muskoka LHIN had the 4<sup>th</sup> highest number of ER visits per 1000 population across the province.

- More than 50% of ER visits in North Simcoe Muskoka are by patients with non-urgent or less urgent needs. Those needs could be looked after in another care setting.
- Seniors aged 65+ represent nearly one quarter of all ER visits.
- Others who make frequent ER visits include people with mental health challenges, people with multiple and complex chronic diseases, and those who've fallen and experienced a bone fracture.

#### **Alternate Level of Care (ALC) Use**

North Simcoe Muskoka LHIN faces challenges in transferring patients to alternate care settings. Those are settings that are more appropriate for them and less costly for the health system.

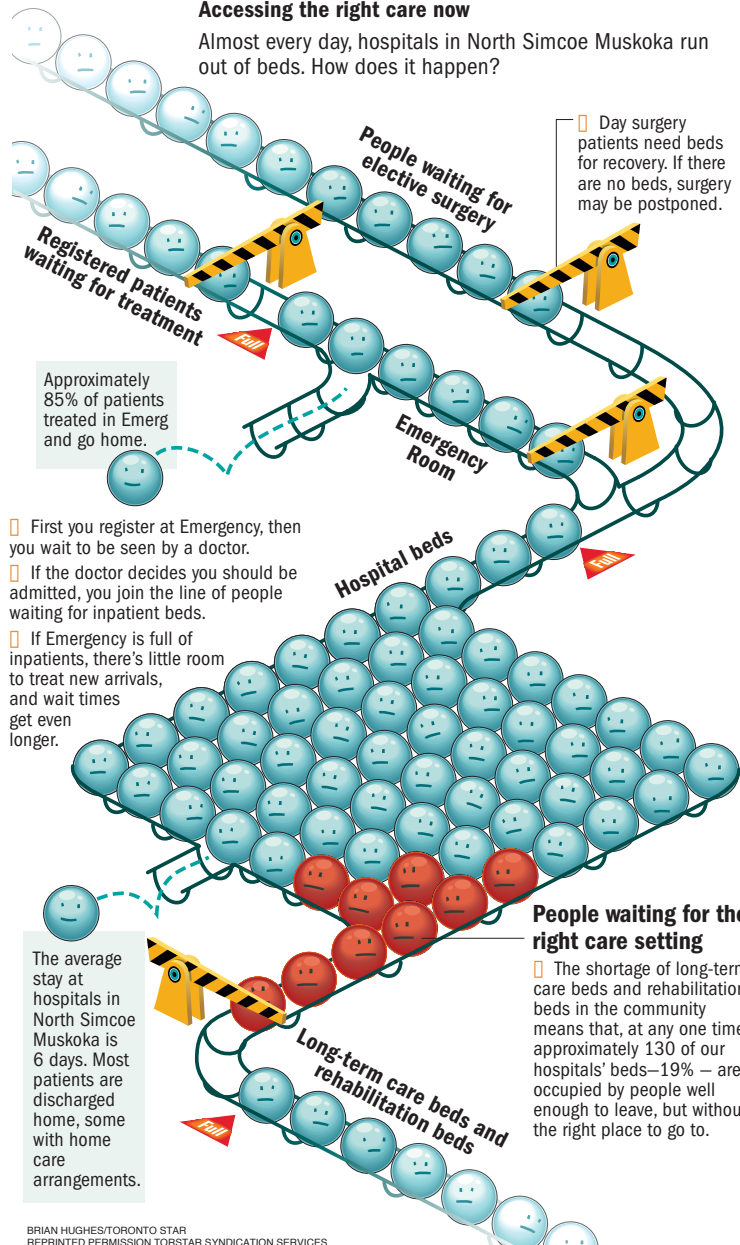
Almost 19% of patients (about 130 people) now in an acute care hospital bed are not able to leave the hospital. That's because options are limited for alternate care in the community. Those include long-term care or home support services.

- In this region, seniors represent 87% of the people waiting in ALC beds in hospitals for placement in more suitable care settings.
- Of those ALC patients, 63% are waiting for a long-term care bed (as of October 2009).
- Once identified as needing an alternate level of care, patients are spending an average of 44 days in the hospital until they are discharged.
- In 2008/09, the North Simcoe Muskoka LHIN had the 4<sup>th</sup> highest percentage of ALC days compared to other LHINs. That rate – 18.88% – was almost double the provincial target of 9.5%.

# The waiting game

## Accessing the right care now

Almost every day, hospitals in North Simcoe Muskoka run out of beds. How does it happen?



BRIAN HUGHES/TORONTO STAR  
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## Wait Times for Long-Term Care (LTC) Placement

North Simcoe Muskoka LHIN has 2,796 long-term care beds, located in 27 long-term care homes. That amounts to 98.1 beds per 1000 population 75 years and older. That is just below the provincial standard, which is 100 beds per 1000 population 75 years and older.

- Like several LHINs across the province, we have a large wait list for LTC beds. About 1,300 people are waiting for a bed. Another 500 people, some at home and some in hospitals, are waiting for transfer to the home of their first choice.
- Wait times for placement in an LTC home in this region averaged 130 days as of July 2009, compared to the provincial average of 96 days.
- The current occupancy rate of LTC homes here remains steady at approximately 99.8%. That indicates they are all operating at or near capacity.
- Two factors most affect wait times for placement in long-term care in this region: the rising number of people aging here and the lack of alternatives in the community to provide services.

Clearly, to address these issues we need to work together across all health-related areas, including hospitals, community and long-term care.

## Access to Primary Care Services

North Simcoe Muskoka LHIN works with primary health care providers. Those include physicians, Family Health Teams, Community Health Centres and Public Health Units.

- Close to 400 family practitioners provide primary care services across this region.
- In May 2009, 8.7% of patients in North Simcoe Muskoka did not have access to a family physician. The provincial average is 7%.



Having a primary care provider is important for patients. It gives them coordinated access to important screening and preventive tests. It helps them get proper management of chronic diseases and allows referrals to specialists. It also helps them connect with other health-related resources in the community.

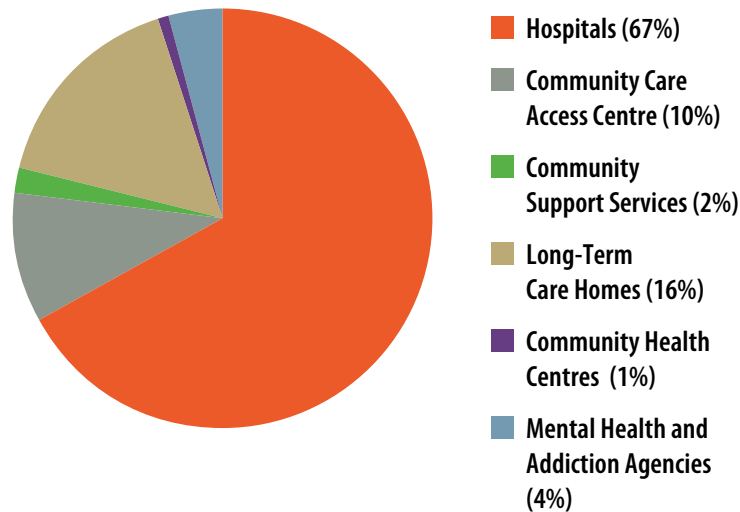
We recognize that people here also need advice, information and care after hours. Among options are Telehealth Ontario, Health Connect, Care Connectors, telemedicine and walk-in/after-hours clinics.

### eHealth – Going Electronic

Our residents and resources are spread out in North Simcoe Muskoka. Information technology is a key to helping us keep connected and win the waiting game.

We need options like the Diabetes Registry, Wait Times Information System and electronic health records. They will

### 2009/10 Health Sector Budget as a percentage of total budget for North Simcoe Muskoka LHIN



promote partnerships and enhance service delivery across North Simcoe Muskoka which will save time, money, stress and lives. The ALC Resource Matching and Referral project will monitor how patients get from hospital to care settings in the community. It will track patterns of patient referral. The end goal for patients will be that they get the right care, in the right place, at the right time.

### Working Together to Achieve Better Value

The North Simcoe Muskoka LHIN funds a wide range of health service providers which spans the entire health care continuum in North Simcoe Muskoka.

In 2009/2010, we allocated a total of about \$700 million to these local health system partners:

- 7 Hospitals
- 1 Community Care Access Centre (CCAC)
- 38 Community Support Service organizations (CSS)
- 27 Long-Term Care homes (LTC)
- 3 Community Health Centres (CHC)
- 16 Community Mental Health and Addictions agencies (MH&A).

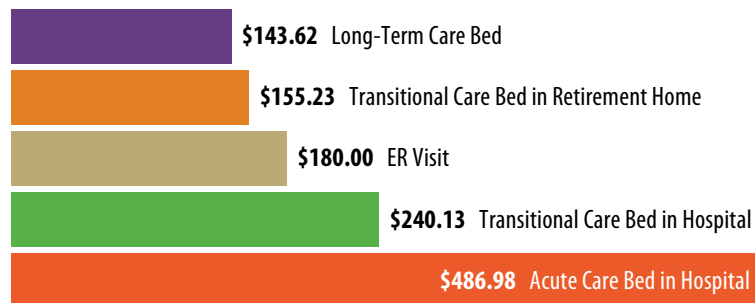
The LHIN does not directly provide health care services. It works with health service providers, social and community care providers, together with municipalities and the public. It sets priorities, plans, and funds health services delivered in North Simcoe Muskoka. The LHIN provides leadership, spurs change, and fosters collaboration among all health system partners. Those include health service providers in the LHIN, plus primary care and public health professionals.

To achieve better value it is important to align available health services more closely to the health expectations and needs of our residents. We must strive to spend our limited

financial resources wisely. This means avoiding extra costs such as providing treatment and care in a setting that exceeds the patient's needs.

Delivering the right care in the right place at the right time makes sense: dollars and cents.

### Daily Cost of Care in North Simcoe Muskoka



What's the right place?

- **Acute care beds in hospitals** – patients needing critical care to stabilize urgent conditions.
- **Transitional care beds** – patients in a hospital bed that need care while waiting for placement in long-term care, the community or at home.
- **ER** – patients needing emergency care and assessment to determine if they need to be admitted for acute care or released.
- **Long-term Care (LTC) beds** – patients needing long-term care, or short stays to get them well enough to go home.
- **New Solutions** – patients needing care at home or in the community.

Getting it right will make today's health care dollars provide better care, better health and better value.

## CHAPTER 5

# Framework for Planning

## *IHSP 2010-2013: Our Plan for Building Better Health Care Together*

The Ontario government created 14 regional organizations – LHINs. They give communities more say in local health care. The LHINs' role is to plan, integrate and fund local health services. Their goal is to meet the specific needs and priorities of their communities.

The North Simcoe Muskoka LHIN is responsible for making local health care delivery more coordinated. They put local health dollars where they are most needed based on community priorities. That way, residents receive the care they need now and in the future.

This Integrated Health Service Plan will guide the LHIN over the next three years. It will help the LHIN to plan and integrate local health services. It will help the LHIN to allocate resources responsibly. It is supported by the LHIN's ongoing long and short-term planning. Over the next three years how the system performs will be closely measured. To succeed, the plan requires the involvement of all health system partners in making improvements.

### Local Conditions and Resources

The North Simcoe Muskoka LHIN aims to ensure that:

- quality care is delivered to meet local needs
- local health care dollars are spent wisely and appropriately
- care is accessible, well coordinated and sustainable.





We face challenges in our regional health system. Those challenges include the issues described in chapter four, such as long wait times for care, and current economic conditions.

Several factors drive the cost of health care up in our community. The top ones are population growth and aging, chronic disease, mental health challenges and addictions. It is also an ongoing struggle to attract and keep health service providers. These factors have a big impact on planning and making changes or improvements within our region.

Costs continue to rise. At the same time, the dollars available from the government to fund health care are also under pressure. Thus, making changes or improvements to the health system will require some new thinking. We need innovative solutions that work within the limitations of today's funding.

Health service providers in the North Simcoe Muskoka LHIN need to rise to that challenge. They need to manage the conditions that drive up health care costs. At the same time, they are accountable for maintaining balanced budgets.

## Working Together to Achieve ... Better Health, Better Care, Better Value

We all need to use our health care resources better.

We must all work together to make real changes in our health system in North Simcoe Muskoka, which includes community organizations and health service providers. It also includes patients and people who live across our region and beyond, as well as public health, physicians and municipalities.

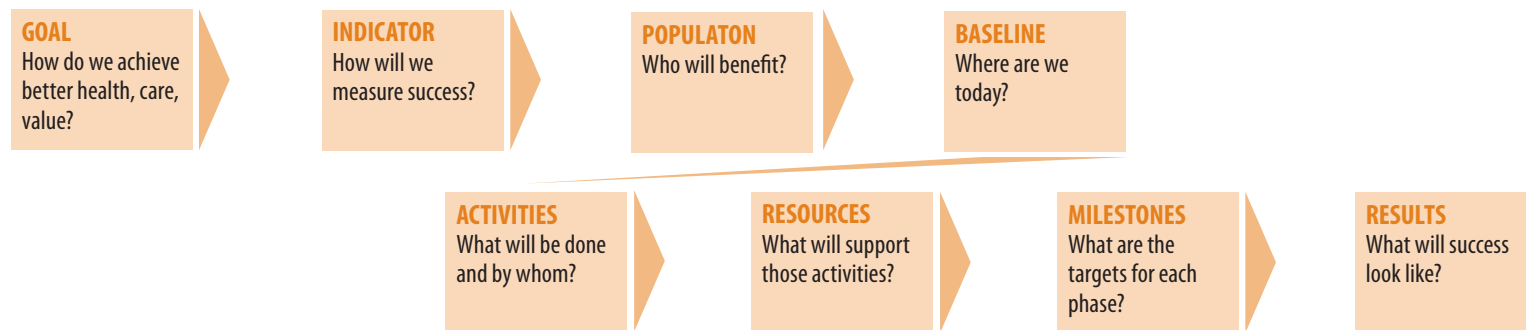
The North Simcoe Muskoka LHIN is building that collaboration here.

The LHIN has created opportunities to help, including advisory teams, committees and work groups. They will help the LHIN plan action steps and identify ways to better coordinate and integrate services in North Simcoe Muskoka. That will support the priorities identified in the Integrated Health Service Plan.

### A Guide to Decision Making

The North Simcoe Muskoka LHIN has to make decisions about how best to meet community health care needs. In the process, it has to weigh limited resources with the priority of integrating the health system.

### Factors for Action Planning



The LHIN must assess service proposals, strategic initiatives and funding options. To help do that, it has developed decision criteria based on four categories:

- **Population Health** – *How it helps improve health.*  
Those measures are health status of people who live here, promoting health, preventing disease, and better managing the extent of chronic disease.
- **Strategic Fit** – *How it aligns with our shared goals.*  
Those are the priorities of this IHSP, the strategies for implementation in the LHIN’s Annual Business Plan, provincial priorities, the mandate and ability of health service providers to deliver results.
- **Core Values** – *How it helps fulfil our values.*  
Those are patient-focused care, community engagement, partnerships for sustainability, innovative solutions, fairness for all, creating operational efficiency.
- **System Performance** – *How it helps improve the way the system works.*  
That includes access to care, quality of service and care, sustainability of service, efficiencies made through integration.

### Focused Action Planning

The North Simcoe Muskoka LHIN is committed to developing action plans that set clear and measurable targets for success. To that end, its action planning will consider several factors illustrated in the diagram opposite (p. 14). It will look at indicators or measures of success and activities and responsibilities of all parties involved. It will also look at important milestones required to show results at each phase. Those are targets it needs to reach along the way.

On the one hand is the IHSP. It is strategic and focuses on goals, indicators, population and results. On the other hand is the Annual Business Plan. It is operational and looks at more

detailed information, such as the activities, resources and performance targets needed to achieve strategic priorities.

### The Triple AIM Approach to Planning

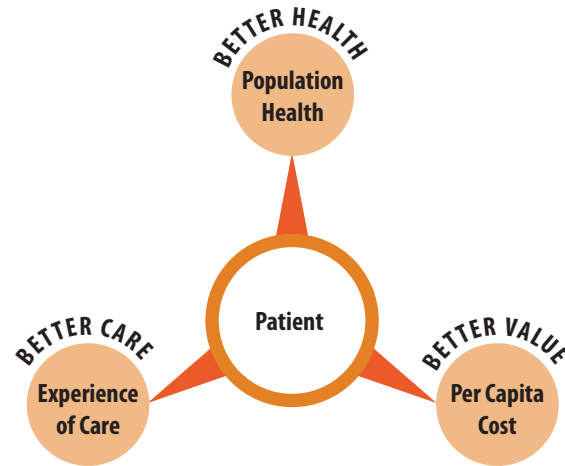
The North Simcoe Muskoka LHIN is building on the Triple AIM Framework. The framework was developed by the Institute for Healthcare Improvement based in the U.S. and is used more and more around the world.

The Triple AIM Framework focuses on improving population health, patient experience and per capita cost of care. Those aims align with the vision of the North Simcoe Muskoka LHIN, which is Better Health, Better Care, Better Value

The Triple AIM framework proposes measures in each of the three critical areas for the system as a whole. Those support the following design concepts:

- enhancing the role patients and families have in designing and managing their own care
- redefining the role of primary care to actively address ways to prevent disease and promote better health

### Triple AIM Approach – Three Objectives





- focusing on controlling costs by improving coordination across the continuum of care and by reducing duplication, waste and overuse of services
- building capability to integrate health care, public health and social care on behalf of the local population.

The Triple AIM Framework puts the patient at the centre of every effort to improve the health system and engages all health system partners in that process.

Changing our health system requires communication, collaboration, coaching, commitment and empowerment. Those tactics enable people to make informed decisions in the way they do things day to day.

This framework will equip our health system partners with the tools and skills they need to change. It will enable us to shift from a fragmented system focused on individual services to a smoothly coordinated system centred on the needs of patients in North Simcoe Muskoka.

### Planning Framework for Integrated Health System in North Simcoe Muskoka



## CHAPTER 6

# Priorities and Strategic Directions for the Local Health System

### *Access to Appropriate Care – Emergency Room / Alternate Level of Care Strategy*

The Ministry of Health and Long-Term Care has set targets for how long people should reasonably expect to wait for treatment when they come to the ER. For less urgent or less serious conditions, it should take no longer than four hours to see an ER physician. In such cases, people usually leave the ER having received the care and treatment needed. More than half of all ER visits in North Simcoe Muskoka are considered not urgent.

For more urgent and serious conditions, admission to a hospital inpatient bed is required. Patients should reasonably expect to wait no longer than eight hours in the ER for the treatment and tests needed. However, time spent there is longer for two reasons. First, more medical investigations and interventions to stabilize the patient’s condition may be required. Secondly, there may be a wait for a bed to become available before the patient can be moved out of the ER.

Unfortunately, throughout the province, as well as in North Simcoe Muskoka, patients are currently waiting much longer than these recommended times.

About 1 in 5 patients in North Simcoe Muskoka hospitals have completed the acute portion of their treatment and could be receiving an alternate level of care in another setting. Freeing up these ALC hospital beds would allow those waiting for admission to be served more quickly.

The issue of moving ALC patients to more appropriate care settings must be addressed. Otherwise, any strategy to reduce emergency room wait times will fall short.

**How will we achieve this?**

***Reduce emergency room demand***

*Focus on diverting people from the ER.*

Start with people who can be better served in other care settings. Of those, a few groups need the most intensive ER resources. They include seniors at risk and individuals who experience mental health challenges (including addictions). They also include people with multiple and complex chronic diseases, and those who've had falls, such as a hip fracture. These are the groups most likely to be admitted from the ER to hospital and then be deemed ALC.

Invest in enhanced community services, collaboration with primary care, and integrated systems for service delivery.

That will enable clinicians to focus more on patients with serious needs in the community.

Investments in this area will support:

- targeting health care users who use the most resources
- integrated intensive case management teams in the community
- tele-home care to monitor persons with chronic disease
- outreach teams, led by nurses, to people in long-term care
- regional programs about preventing falls
- new partnerships with primary care providers and teams from different sectors. They will work together through Family Health Teams and Community Health Centres. These alliances will develop and/or improve education about chronic disease and self-management programs in the community. They will also support referrals for patients

**ER/ALC Strategy**

<b>GOAL</b> How do we achieve better health, better care, better value?	<b>INDICATOR</b> How will we measure success?	<b>POPULATION</b> Who will benefit?
<b>Reduce ER demand</b>	<ul style="list-style-type: none"> <li>• Fewer ER visits overall</li> <li>• Fewer patients in the ER who don't need to be there</li> <li>• Fewer ER visits by seniors due to falls</li> </ul>	<ul style="list-style-type: none"> <li>• Seniors at risk</li> <li>• Individuals who experience mental health challenges (including addictions)</li> <li>• People with multiple and complex chronic diseases</li> <li>• People who have had falls including orthopedic trauma (such as a hip fracture)</li> </ul>
<b>Build capacity and improve performance within ERs</b>	<ul style="list-style-type: none"> <li>• Admitted patients stay in the ER less than 8 hours</li> <li>• Patients who require less urgent care stay in the ER less than 4 hours.</li> <li>• Patient satisfaction increases</li> </ul>	<ul style="list-style-type: none"> <li>• Health system partners— including hospital staff, physicians, Community Care Access Centres, emergency medical services, community support services, long-term care, and other health service providers</li> <li>• Patients coming to the ER and/or admitted to hospital</li> </ul>
<b>Improve bed utilization – allocate patients to the right levels of care for their conditions</b>	<ul style="list-style-type: none"> <li>• Patients who don't need to be in a hospital bed represent less than 10% of the total patient days in hospital</li> <li>• Patients wait less than 60 days for placement in a long-term care home</li> <li>• ALC patients stay in hospital less than 30 days</li> </ul>	<ul style="list-style-type: none"> <li>• Seniors at risk</li> <li>• Long-term care patients who require care in either home or institutional setting</li> <li>• Patients who require convalescent / rehabilitation, or restorative care</li> <li>• Patients who require end of life or palliative care</li> </ul>



to services and prevention programs, and will help health service providers share information about patients.

- stronger partnerships with Emergency Medical Services (EMS). These will create innovative programs, such as community referrals by EMS.

***Build capacity and improve performance in the emergency room***  
*Focus on designing and improving how we communicate about and deal with patient needs.*

- Start from when they are assessed in the ER to when they are admitted to a hospital bed.
- Foster strong connections between the hospital and Community Care Access Centre (CCAC). This will help them to improve discharge planning and transition processes/plans for patients going home or to other care settings.
- All hospitals will improve these processes and assess the flow of a patient through their care pathway.

Investments in this area will support:

- geriatric emergency medicine teams for the elderly
- patient flow coordinators
- nurses to help ambulance staff unload patients faster
- rapid assessment areas within the ER
- use of information technology such as bedside ultrasound
- technology to support these tactics such as electronic referral, matching of resources and emergency room notification to community care providers
- continued and better use of mental health crisis support teams in the ER.

***Improve bed utilization – Ensure patients receive the right care for their conditions.***

*Focus on ways to eliminate and/or delay the need to place people into long-term care homes.*

- Assess the list of people waiting for long-term care placement to understand their actual needs.
- Outline whether LTC home placement is right for them, or whether other services in the community could meet their needs.
- Support projects that provide more community care supports for people to wait at home instead of in a hospital bed.
- Build capacity in the community through a range of services similar to those found in a long-term care setting.
- Apply new ways to help seniors stay in their homes longer. For example, a “Balance of Care” model groups care packages to meet individual needs.

Many seniors prefer to be in their homes rather than in other care settings. These approaches will greatly reduce or delay the need for placing them in a long-term care home, and will reduce patients’ ALC length of stay in hospital.

Investments in this area will support:

- supportive housing options in the community
- grouped care options and outreach models which will help seniors stay in the community
- hospital teams to use common tools to assess which patients require ALC. The patient, hospital and CCAC team will select the most suitable care setting for each patient.
- more bed capacity, such as for transitional, convalescent/ rehabilitative and hospice care.

## Chronic Disease Management – Access to Integrated Diabetes Care

The Ontario Diabetes Strategy aims to improve the health outcomes and quality of life for people at risk of or living with diabetes. One of its main goals is to improve the design of the delivery system for diabetes care.

The North Simcoe Muskoka LHIN supports the Ontario Diabetes Strategy. It will help all communities across this region expand services for people at risk of or living with diabetes. Those services will help them get better education and care. The focus will be on helping these people gain the skills and tools to better manage their conditions. We will integrate a system of care for people at risk of or living with diabetes. This system will include health promotion and wellness care, disease prevention, specialized care, and self-management across the range of care needed.

### Key building blocks

Ontario announced its eHealth Strategy in April 2009. Managing diabetes was one of its top aims for 2009-2012. It will foster better self-care for patients and providers. They will be able to get information, education and disease management tools more easily. We need to build our local skills and resources for eHealth. That will help people in North Simcoe Muskoka get integrated diabetes care and education.

### Strategy

We aim to **increase access to integrated diabetes care and education**. We will focus on strengthening partnerships and building capacity across the system. That will allow integration of services over the next 3 years.

*Every 20 minutes someone in Ontario is diagnosed with diabetes. About 10% of diabetics have type 1 diabetes (the body can't produce enough insulin). Rates are rising for type 2 diabetes (the body cannot properly use insulin).*

### Diabetes Care Strategy

GOAL How do we achieve better health, better care, better value?	INDICATOR How will we measure success?	POPULATION Who will benefit?
<b>Improve the delivery of diabetes care in North Simcoe Muskoka</b>	<ul style="list-style-type: none"> <li>Decrease in the percentage of residents with diabetes, per year, who do not have a primary care provider</li> <li>Increase in the number of people with diabetes evaluated by a qualified interdisciplinary team</li> <li>Increase patient satisfaction in care they manage and receive</li> </ul>	<ul style="list-style-type: none"> <li>Residents living with or at risk of diabetes (including type 1 and type 2 diabetics, diabetes during pregnancy, Aboriginal Peoples, high risk populations, people with mental health issues and addictions)</li> <li>Individuals with one or more chronic conditions</li> </ul>
<b>Improve the management and quality of diabetes care in North Simcoe Muskoka</b>	<ul style="list-style-type: none"> <li>Fewer complications and better outcomes related to diabetes care (e.g., less foot infections, ulcers, amputations, stroke, and heart attacks)</li> <li>Reduced emergency room visits and hospitalizations by individuals with diabetes, and diabetes-related complications</li> <li>Residents with diabetes are better prepared to manage their diabetes according to clinical practice guidelines</li> <li>Residents and local health service providers use the diabetes portal and registry</li> </ul>	<ul style="list-style-type: none"> <li>Community groups delivering self-management supports and programs for people living with diabetes</li> <li>Health service providers, including primary care, public health, support groups, community partners, LHIN eHealth leaders, Ontario Telehealth Network, Health Care Connect, etc.</li> </ul>



## How will we achieve this?

### *Improve how diabetes care is delivered in North Simcoe Muskoka*

- Improve the design of the delivery system for diabetes care. Adopt a diabetes integrated model for the local health system. It will enhance self-management practices and supports across all stages of care.
- Improve self-management supports for chronic disease. Create a regional process to identify and refer patients. For example, to programs that will teach them how to take better care of themselves and prevent complications.
- Develop local diabetes networks, one in each of the five geographic areas of the North Simcoe Muskoka LHIN.
- Strengthen partnerships amongst the continuum of care from wellness and prevention to illness care, rehabilitation and supportive care.
- Support the roll-out of the current Ontario Diabetes Strategy.

### *Improve the quality of diabetes care and how it's managed in North Simcoe Muskoka*

- Start using the provincial electronic diabetes registry here when it's ready. Urge patients and providers to use it.
- Help service providers use common tools, processes, education and screening for diabetes. Focus on high-risk and isolated groups.

Investments in this area will support:

- Expanding and improving integrated diabetes care in step with other efforts, such as the provincial Diabetes and eHealth Strategies, the Chronic Disease Prevention and Management Framework, along with local projects to reduce ER wait times.

## *Designing an Integrated Future State of the Health System in North Simcoe Muskoka*

### **North Simcoe Muskoka: Our Local Priority**

Over the past 3 years, the people in North Simcoe Muskoka have shared ideas with their health service providers in the LHIN. They've explored what an integrated health care system could be. They made a commitment to work together to design a **model system** that meets local, regional and provincial needs.

What do residents and health service providers in North Simcoe Muskoka want? They want a system of coordinated health care services and self-care options. That system should keep people healthy and take care of them when they become ill. It should provide a supportive environment to help them maintain better health through all stages of life.

### **Strategy**

The Integrated Health System Design is a 10-year plan which will set out short, medium and long-term goals. It will outline what that system will require and how it can be successfully achieved in North Simcoe Muskoka.

The Integrated Health System Design will identify core local services that are required in each of the five geographic areas in North Simcoe Muskoka. It will specify regional health programs across the LHIN. It will also identify the specific services to be included in each program. Those programs and their services will each span the continuum of care to focus on meeting the projected needs of people here. The continuum of care for people ranges from wellness care to illness care, rehabilitation and supportive care. We will determine specialized care required in our region. As well, we will identify specialized care that needs to be accessed outside of North Simcoe Muskoka.

Regional health programs will work across sectors where health care is traditionally delivered. Those include care in the community, primary care, hospital care and long-term care. It may also include services beyond those sectors, such as public health. We will tailor our regional programs to the needs of target groups in our community. Those include seniors, people with mental health challenges and addictions, and those with specific chronic diseases such as diabetes. We will create a common framework to govern and account for these programs.

**How will we achieve this?**

***Work with people in the community to develop the plan.***

*Our partners will include:*

- local and regional health service providers
- the public across the five geographic areas in North Simcoe Muskoka
- those who represent areas that help to determine or affect a person’s health such as housing, employment, education, social supports, poverty and physical environments.

We will also explore expertise on health system development from around the world.

***Establish a baseline for developing this design.***

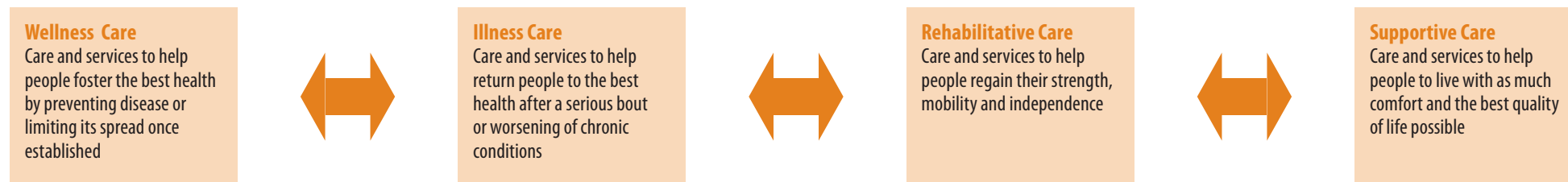
*Work with health system partners to:*

- develop shared principles and definitions for how to plan an integrated health system
- identify the main building blocks and determine factors that are critical to success
- understand the current health and health-related services in North Simcoe Muskoka
- update the review of the health status of our current population
- identify changes in our population and their characteristics (e.g., age and gender) projected into the future
- note patterns in how health services are delivered and used across North Simcoe Muskoka. Compare those to leading health care practices around the world
- determine and verify projected population service needs, gaps and overlaps throughout the local health system
- establish plans to address and improve how we attract and keep human resources in health care
- draft plans to create better medical care pathways for patients



**The Continuum of Care**

***Regional health programs must support the delivery of care and services across the full continuum:***



Adapted from “The Family Physician’s Role in a Continuum of Care Framework for Newfoundland and Labrador, a Framework for Primary Care Renewal”.



- look at how to enable health system partners to integrate services
- develop eHealth/information technology linkages and capacity
- develop transportation services and other means we need to support a strong, yet flexible health system.

How we work with neighbouring LHINs and provincial programs will be important to create an inclusive plan. That includes those services that we are not able to offer in the North Simcoe Muskoka LHIN at this time.

***Develop an integrated design around the health of our population.***

That includes both age and gender patterns and specific clusters of common diseases.

*Identify ways to improve the health system in the long term by creating links throughout it:*

- *horizontal integration* – across the system, between similar service providers such as long-term care homes. That will help us develop and support common standards and practices for consistent quality care.
- *vertical integration* – up and down the system, between different types of service providers in the LHIN such as hospitals, long-term care homes, community services. That will ensure patients can get the services they need through all stages of their care pathway.

***Integrate different clinical services.***

- We are now in the process of integrating different clinical services. Those include complex continuing care, cardiovascular, kidney disease and orthopedic services, which the overall plan will address. It will also look at other services as they are developed.
- Integrating services will help improve information flow. It will allow providers to follow common care processes and will also enable them to share information and knowledge across the continuum of care. That will help patients find their way around the system more easily. In sum, it will help them get the right care, in the right place, at the right time.

***Developing eHealth in North Simcoe Muskoka – Foundation to Integrated Health System Success***

The Ontario government approved the eHealth Strategy in May 2008, which eHealth Ontario updated in April 2009. The strategy includes a secure and private electronic system focused on patients that will change the way Ontarians receive care. eHealth will improve and change Ontario's health care system. It will help the government and North Simcoe Muskoka LHIN achieve their top priorities by:

- supporting patients to age at home
- focusing on prevention and management of diabetes and other chronic diseases
- improving access to family health care
- ensuring an electronic health record for all Ontarians by 2015.

Technology systems offer health service providers secure linkages to accurate information. They reduce time wasted on coordinating information. Committing to eHealth is essential for North Simcoe Muskoka's integrated health system. It is one of the keys to achieving better health, better care, and better value.

### Strategy

The North Simcoe Muskoka LHIN will identify ways to support new approaches to manage information electronically across this region. It has adapted the provincial eHealth Strategy into a LHIN-based plan, our 'Health-e' Strategy. The name reflects our focus: improving the health experience in the long term for people in the region.

### How will we achieve this?

#### *Urge health service providers to work together and invest in eHealth.*

- computerize manual processes
- share data
- collaborate and improve.

eHealth will directly support an effective, Integrated Health System.

*Information technology is changing health care around the world. It is helping health care providers to work smarter and patients to take better care of themselves.*

## CHAPTER 7

# Rationale for Strategic Directions

### *Meeting the Needs of Residents*

We know that many things have changed since our first IHSP, April 1, 2007.

The current economic challenges in Ontario affect all aspects of health care, including programs and services that the government funds.

- Today, our hospitals have even more alternate level of care patients in beds. They are waiting for a place in long-term care or for care in the community or at home.
- The North Simcoe Muskoka LHIN now has a much clearer grasp of the health profile of people we're serving in our region. We know that, compared to provincial averages, we have more elderly people. We have more people living with chronic diseases like diabetes. And people here make more visits to local emergency rooms.

The North Simcoe Muskoka LHIN will focus on the top three priorities over the next three years. That way, we can make measurable improvements in the patient experience, population health and sustainability of the health system.





The North Simcoe Muskoka LHIN worked through a process that included:

- identifying major health system issues
- exploring and assessing ways and ability to change
- identifying other possible local concerns that align with those of the Ministry of Health and Long-Term Care.

The result was the following top three priorities for the health system:

- improve access to appropriate care, beginning with the emergency room and alternate levels of care
- improve chronic disease management, beginning with access to integrated diabetes care
- design an integrated future state of the health care system in North Simcoe Muskoka.

These reflect our vision for North Simcoe Muskoka of fully integrating the health system here by 2020.

### **We need to integrate the health system**

We need to change the way the health system operates today. The status quo can no longer meet the needs of our population. We need to integrate services across and up and down the health system to make it more efficient and effective.

*We need to change the way the health system operates today because it is no longer meeting the needs of our population.*

We need to change our perspective. Rather than looking at individual services for a specific group of people or sector, we need to look at the entire system of care that patients, families and caregivers access.

We need the courage to make changes within the funding and resources available now.

The public, providers and funders alike clearly want to make the health system here work better. That includes how we coordinate services and manage information. It involves ensuring patients move from one level of care to another smoothly and in a timely way.

To do so, we need to begin operating as a single system across the continuum of care.

To make system-wide changes successful, we need a model. It will guide how we distribute and integrate services. It will help us ensure quality health care now that is cost effective and financially sustainable. It will also ensure that health care meets the future health needs of people in North Simcoe Muskoka.

### **How will the health care system be different in 2013?**

Over the next three years, we aim to tangibly improve patient experience, population health and sustainability of the health system. These are realistic, say our local health system partners. But to achieve them we must develop the technology and electronic systems we need for eHealth, and build more accountability at all levels of the health system.

What will Better Health, Better Care and Better Value look like in North Simcoe Muskoka in the next three years?

### **Better Health**

- People will be able to find their way around the health system more easily, no matter where they are in their pathway of care.
- People here will have more options available to get the primary care they need.
- There will be a stronger, more supportive network of community services to serve patients waiting for care.
- People will wait less time in emergency rooms.
- Fewer people will be coming into emergency rooms with non-urgent needs as their needs will be met in the community.
- Residents at risk of or living with diabetes will know how, where and from whom to get the care and services they need. They will see changes for the better in the care they receive, how it's delivered, and its impact on overall health.
- The community will value education and illness prevention.

### **Better Care**

- Health system partners will pull together to focus on the needs of the patient.
- They will be working towards performing as a single, coordinated and integrated system.
- Emergency room staff will be able to respond faster to people with emergency and serious health care needs.

*Over the next three years, we aim to tangibly improve patient experience, population health and sustainability of the health system.*

- Hospital beds will be more readily available when needed.
- Health professionals will have the skills and tools to share patient diabetes health information electronically.
- People with diabetes will become better self-managers. They will find it easier to get consistent and high quality care throughout our local health system.
- eHealth/Technology will be available.

### **Better Value**

- Preventing and managing diabetes well will reduce the personal costs of this disease. It will also decrease the cost to the local health system.
- Reviewing utilization and demand for service across our region will help us understand where services are duplicated, how to avoid waste and deliver services more efficiently.
- Service delivery will be streamlined to best meet the needs of people here. For example, existing diabetes resources will be directed where they are most needed across North Simcoe Muskoka.
- Strategic investments will help improve capacity and performance in the ER. And inpatient hospital beds will be used for those patients that require that level of care.





## CHAPTER 8

# How Success will be Demonstrated

The North Simcoe Muskoka LHIN is committed to achieving this Integrated Health Service Plan. As public managers of the local health system, we will monitor and measure how well we do that. We will use tools that clearly measure what we've delivered.

### *What gets measured, gets done.*

If you don't measure something, you can't claim to manage it. However, if you try to measure everything, you can't manage anything. That is why the North Simcoe Muskoka LHIN is streamlining how we manage performance. We are focusing on developing:

- a core group of measures or indicators
- specific timelines with targets for how much we expect to have completed step by step over the next three years
- a process to monitor accountability.

Performance measurement, reporting and making improvements in quality in a health system are important to manage. Accountability is a guiding principle for system change. Results based on outcomes that can be measured will provide the facts we need to monitor and report on. They will show our success in changing and integrating the health system. To best manage those efforts over the next three years, the North Simcoe Muskoka LHIN will use certain tools. For example, balanced scorecards will help measure changes to the quality, value and sustainability of the health system.

In general, a balanced scorecard is a framework. It helps organizations turn strategy into business goals which direct how they act and what they do. A balanced scorecard looks at things from four perspectives or areas. Those form a chain of cause-and-effect relationships which helps managers see how the results they are monitoring in each area help achieve the organization's strategy.

### *LHIN-wide Balanced Scorecard*

The North Simcoe Muskoka LHIN is using a balanced scorecard focused on system integration. That will help achieve better health results for people in this region in both the short and long term. By focusing on system integration, we hope to make the system more stable financially. That will give us the means needed to help improve capacity and access to care across the local health system. A fair, accessible and cost-effective system should mean better care for people here.



These four areas each have specific indicators. Those will help show the level to which the LHIN achieves its goals of Better Health, Better Care, Better Value.

We are committed to investing over the long term in developing these management processes. We want to make sure we can use the data collected to improve the quality and delivery of services to the individual. We want to promote improvements system-wide. We will continue to work together with health service providers, system partners and the Ministry of Health and Long-Term Care to refine a final set of indicators. Our first measures will include:

- all indicators and targets agreed to as part of the Ministry-LHIN Accountability Agreement (MLAA)
- indicators included in health service provider Accountability Agreements (long-term care, community and hospital)
- indicators specific to priorities, and
- indicators of system capacity.

We will also develop scorecards for specific parts of the health system. We will begin with community support services, long-term care, acute care and primary care. Those scorecards will help identify more issues. For example, issues that are unique or that may need extra attention to support integration and focus on the patient. We will ensure these areas align with provincially standardized indicators.

This framework supports three things. One, we maintain our commitment to the health of residents in North Simcoe Muskoka. Two, services are delivered in keeping with our legal responsibility to the Minister of Health and Long-Term Care. And three, health service providers take ownership of and are accountable for system-wide improvement.

## LHIN-wide Balanced Scorecard

System Integration	Patient Outcomes & Population Health
<ul style="list-style-type: none"> <li>• % ALC days</li> <li>• Median wait time to LTC</li> <li>• Rapid referrals to CCAC</li> <li>• Electronic health record adoption by physicians</li> <li>• Service accountability agreements</li> <li>• Avoidable ER visits (visits that could be managed elsewhere)</li> <li>• Perceptions of integration (consumers, providers, staff)</li> </ul>	<ul style="list-style-type: none"> <li>• Patient and staff satisfaction</li> <li>• Potential years of lost life*</li> <li>• Hospital standardized mortality rate</li> <li>• Adverse events</li> <li>• Readmissions for heart attacks</li> <li>• Admissions for ambulatory care</li> <li>• Sensitive conditions</li> <li>• Short-term and long-term diabetic complications</li> </ul>
Financial Health & Sustainability	System Access & Capacity
<ul style="list-style-type: none"> <li>• Cost per weighted case</li> <li>• Average resource intensity weight**</li> <li>• Average direct cost per individual</li> <li>• Staff turnover and sick time</li> <li>• Community providers meeting service targets</li> </ul>	<ul style="list-style-type: none"> <li>• ER wait times</li> <li>• Wait times for specialized services</li> <li>• Number of patients per 1000 population without primary care provider</li> <li>• Proportion of diabetics having feet/eyes checked in last year</li> <li>• CCAC wait time from referral to assessment and from assessment to service initiation</li> <li>• LTC beds per 100,000 population</li> </ul>

\*Potential years of lost life – people who die earlier than on average are said to have lost years of potential life. That is compared to the average life expectancy for a person of that sex. Or an arbitrary value (such as 75 years) can be used for everyone.

\*\*Resource Intensity Weight (RIW) – This is a measure of the relative cost of the resources needed to provide care for similar cases in comparison to an average case. So the higher the RIW, the more the case will cost in comparison to an average case.



## CHAPTER 9

# Setting the Stage for 2020

The integrated health system design will outline the services and programs being delivered now, in what regions they are offered, and how they are to be managed to avoid duplication and waste. It will also define specific performance measures, such as how long it should take people to access care in hospital, community or long-term care.

The Integrated Health System Design will provide a multi-year roadmap that will guide how we make and assess system changes and their effects on the health of people here.

*It will be clear what services will be delivered, where they will be delivered and by whom.*

People will receive the appropriate acute care when needed, more care in the community and better supports for managing their own health.

Health system partners will collaborate regularly and share patient information securely, using integrated information systems and technology.

Residents will access care through:

- local health and related services in their geographic area
- core health care services provided in all areas across the LHIN
- regional health care services provided in North Simcoe Muskoka
- specialized health care services offered in the region
- specialized health care services offered in neighbouring regions.

We will have determined the demand for those services, their costs, and where they are best delivered, so funding can be allocated effectively.

Working together, the people of North Simcoe Muskoka can achieve Better Health, Better Care, Better Value. ■

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## Supporting Technical Documents

Available on the North Simcoe Muskoka LHIN website at [www.nsmhlin.on.ca](http://www.nsmhlin.on.ca):

Emergency Room / Alternate Level of Care Three-year Strategy

North Simcoe Muskoka LHIN’s IHSP Communications and Community Engagement

Directions from a local scan: Self-management and empowering the person living with diabetes in the North Simcoe Muskoka LHIN.

Ontario’s eHealth Strategy

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## Contact Us

### Telephone

705-326-7750  
1-866-903-5446

### Address

210 Memorial Avenue,  
Suite 127-130  
Orillia, ON L3V 7V1

### Website

[www.nsmhlin.on.ca](http://www.nsmhlin.on.ca)

