

# Integrated Health Service Plan

## ***Integration Priority & Action Plans:***

### ***Improving Health System Performance***

Mississauga Halton Local Health Integration Network

Appendix G.1

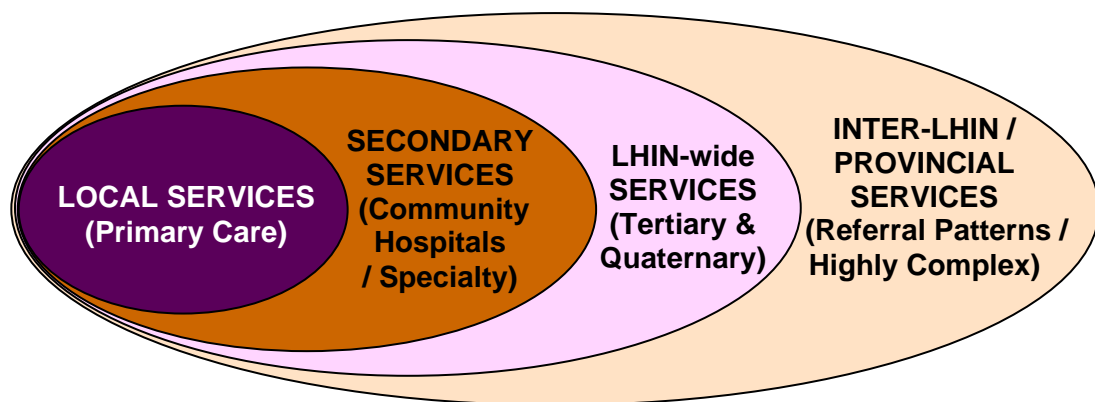
Appendix  
**G.1**

# Health System Performance

## Description

To achieve our integration goals of easy access to quality services as effectively and efficiently as possible, an overall systems view is necessary to coordinate all aspects of the priorities. This system level priority recognizes and integrates the interdependencies across our other priorities. As the overview to the integration priorities suggested, the five priorities and enabling strategies are not mutually exclusive. As a result, it is critical to understand that the other priorities will supply this system priority with data and information that will support analysis across the system both vertically and horizontally. These interdependencies are demonstrated in the Draft Overview of the Major Activities across the Priorities found at the end this priority, G.1. Taking a systems view will facilitate understanding the ‘ripple effect’ that closure or significant change in services and programs have on the system as a whole and ultimately the impact on access for our residents. This is a level of analysis has been missing within our current approach; as often the balancing of budgets that is perceived as good for one organization has detrimental effects on the provision of services across the system.

The focus of this priority is to maximize expertise across the network to deliver high quality services at the most appropriate level. The right set of core services need to be identified at the local, secondary, LHIN and inter-LHIN and provincial levels. This is further outlined in the diagram below:



We recognize that all communities are not the same and local planning and service development is necessary to meet the unique needs of our residents. The fundamental principle driving our system thinking is that services should go to patients in the local community. However, when services require critical mass (a large enough population to warrant service),

specialized equipment or expertise the client/patient will need to travel to the service.

### **Local Services**

These services require low intensity resources, with the emphasis on disease prevention, support services and primary care. All services are easily accessible; examples include, but not limited to:

- FHT and Primary Care Doctors
- Community Services
- Health Promotion and Disease prevention
- Urgent Care

### **Secondary Services**

These services are focused on health conditions that require more specialized and intensive health resources.

- Emergency Departments
- Hospital based care such as access to sub-specialists such as orthopedics, ophthalmology, specialists of Internal medicine, etc.

### **LHIN-wide Services**

The level provides the tertiary and possibly quaternary services that are highly complex and require critical mass, highly specialized resources and equipment, including for example:

- Cancer services
- Advanced Cardiac services
- Renal services
- Stroke service

### **Inter-LHIN and Provincial Services**

These tertiary and quaternary services are provided outside the Mississauga Halton LHIN. Inter-LHIN services are often a result of referral patterns based on knowing skilled specialists outside the network or improving access to services that are backlogged within the LHIN. Provincial services are those that are quaternary and highly complex with very limited supply across the province.

### **Local Solutions to Provincial Priorities**

There are a number of provincial priorities that require a local solution and a systems view to such planning will be necessary to achieve or better the targets set for the province within Mississauga Halton. Provincial priorities that will be focused on in the near term include:

- Wait time initiatives for:
  - Cancer Surgery
  - Cardiac Care
  - Cataract Surgery

- Joint Replacement (Hip or Knee)
- MRI/CT;
- Median time to long term care home placement;
- Perception of patients about quality of care;
- Percentage of Alternative Level of Care (“ALC”) days;
- Readmission rate for acute myocardial infarction (heart attack);
- Improvement in surgical throughput; and
- Critical care capacity development.

Various local system initiatives will be identified as a result of work accomplished through provincial priorities which will enhance the overall integration and functioning of the system.

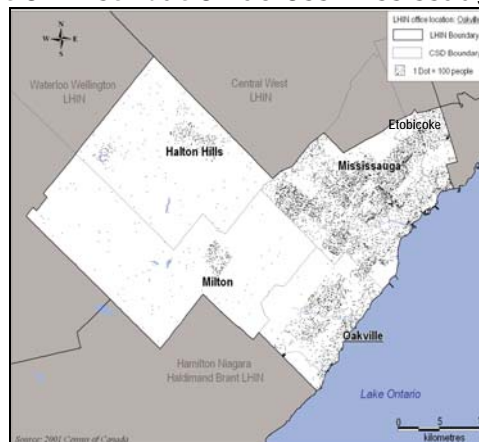
### Health System Integration Innovations

To continue to build and leverage partnerships in achieving our collective goals within the IHSP, it has been recognized that innovative integration ideas and opportunities exist across the LHIN. We require a process to collect, evaluate and appropriately resource innovative ideas that align with the strategic priorities of the LHIN.

### Rationale

Differences may have an impact on the specific health needs for the local community. Consequently the environmental scan looks at “sub-LHIN” communities in addition to the LHIN overall where possible on each demographic and socio-economic indicator. The “sub-LHIN” communities include Halton Hills, Milton, North-West Mississauga, Oakville, South-East Mississauga and South-West Etobicoke. The population density diagram map below clearly illustrates differences across the Mississauga Halton LHIN. It demonstrates the rural and urban nature of the LHIN.

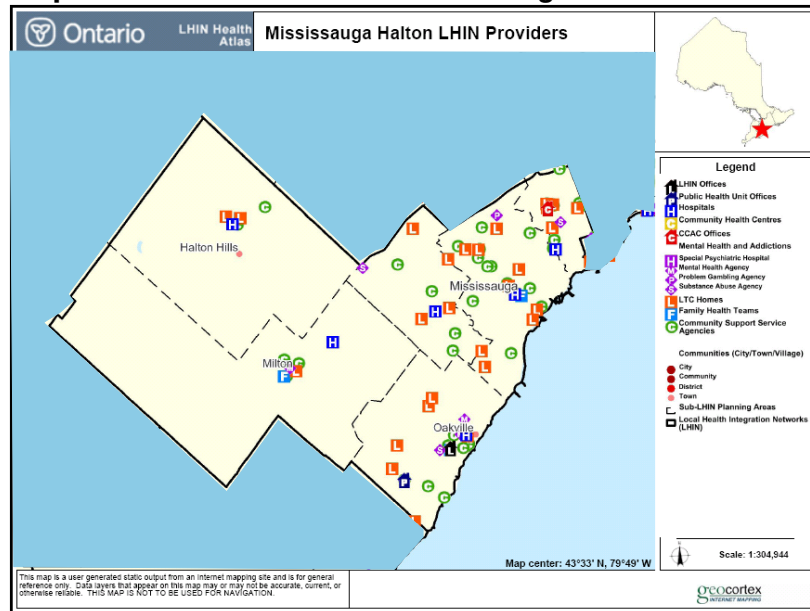
### Population Distribution across Mississauga Halton LHIN



Source: 2001 Census Canada

The map below shows the current location of providers. Understanding the location of service providers in relation to the point of delivery will need to be analyzed further to understand how each aligns with the needs of the population.

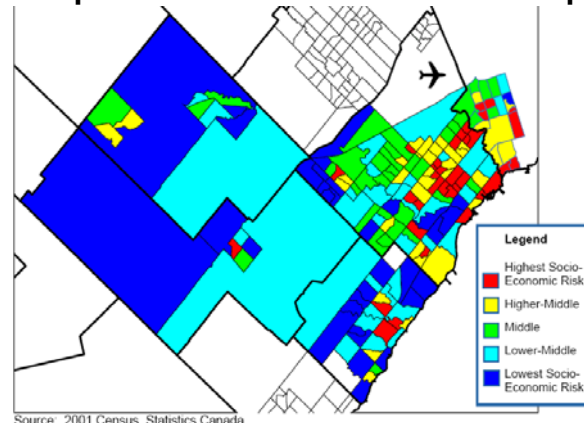
**Map of Service Providers in Mississauga Halton LHIN**



Source: LHIN Health Map Atlas

The Composite Socioeconomic Indicator measures the degree to which specific communities may be socio-economically “disadvantaged”. The indicator takes various dimensions of socio-economic status separately for census subdivisions and census tracts and distils them into a single value. This indicator includes community percentages of the population over 65; female lone parent families; aboriginals; unemployment rate; youth unemployment rate; non-participation rate; lack of high school education; government transfers; economic family low income; and housing affordability.

**Composite Socioeconomic Indicator Map, Mississauga Halton LHIN**



Source: 2001 Census, Statistics Canada

Census tracts use a similar set of variables, with the addition of male lone parent families; lack of official language; recent immigration; and visible minorities. The map below reflects the areas within Mississauga Halton LHIN that are considered socio-economically disadvantaged. This map demonstrates the differences that exist at the local community level and underscores the need to support local services for local communities.

### **Community Engagement:**

#### Phase 1 Engagement:

Participants in the public and provider forums suggested the need to:

- Easy access to get services for patients by one number to get the needed support – public knows where, when and how to access care (including marginalized and diverse groups)
- One phone call to find and access services
- Access to timely care within a reasonable distance; services available locally or transportation to those services that are available regionally
- Easy to navigate the system
- System is seamless
- Not being told that ‘this is not our mandate’
- Patient-centered care; improved patient/client experience; physicians spend more time with patients
- More patient choice (based on information) and flexibility
- Focus on health promotion and disease prevention
- People take responsibility for their own health and the health care system at the level they are capable
- Providers are serving the appropriate population with the correct services
- Focus on results/outcomes
- Integrated information system that supports sharing information across providers; one patient health record
- Easy communication with other professionals
- Trust relationships that promote exchange of information
- Service providers are less territorial
- Processes to bring providers together across sectors
- No unnecessary duplication of services (and savings redirected to enhance services)
- Sufficient resources and resources are allocated and aligned to priorities, including health promotion and disease prevention
- Greater cooperation in non-clinical areas (e.g. HR, IT)
- No extra charges for health services
- Funding supports local priorities
- Value for money; efficiency; no system abuse

- Use of best practices
- Intergovernmental cooperation to promote good health

Phase 2 Engagement:

This phase has included dialogue with physicians, numerous forums with the public, expert panels made up of providers and partners from the LHIN and the provider conference. From these conversations it has been suggested that:

- e-health is extremely important as the lack of available information is a critical barrier. We must get this right in order to be successful.
- Our LHIN is growing and this must be recognized at the federal and provincial levels.
- Need to understand the best place for delivering services within the hospital setting versus the community setting and then make rational decisions based on that knowledge to achieve sustainability.
- Agree with the priorities – but the one that is missing is the beginning or life care and children and youth. This is a significant deficit as we cannot meet the demands of these populations currently. We need to focus on these areas.
- Need to look at developing a model for addressing multiple morbidities.
- We need to develop effective mechanisms to integrate across non-funded agencies and providers.
- The family doctors and specialists are looking at improving integration across unaffiliated family physicians as this is a huge issue. There is an initiative currently that is working on connecting these unaffiliated doctors.
- Operating room is a very expensive place – 40% of what is done in the OR could be done on an outpatient basis
- Education and information is needed by providers and physicians regarding what services are available and how to access services.
- Language differences further complicates the understanding of the availability of and access to services.
- Concern that patients will not have access to services because of one's address.
- Receiving services in a person's own language is less important than having access to the services as there are community supports available to support people in their language to access and navigate services if they use such supports.
- After hour care is needed **and not emergency rooms.**

## **Overview of Action Plans**

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The overall implementation plan will require one action plan:

- 1) Strengthen coordination and integration across providers to improve client/patient access and movement across the continuum.
- 2) Develop innovative local solutions to provincial priorities in partnership with providers across the LHIN.

## Action Plan #1

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### **Strengthen coordination and integration across providers to improve client/patient access and movement across the continuum.**

#### **Description**

Improved access and movement through the system are critical to success, for the public, providers and the Mississauga Halton LHIN and a disciplined approach to improved coordination across the network is required. This will guide the work of not only the current action plan but will amalgamate the work of the other priorities to ensure that all interdependencies are incorporated effectively.

#### **Deliverables – Years one to three**

##### **Year 1 Deliverables:**

Establish a Rapid Action Team to complete the following:

- Review the best practices in idea management process development;
- Develop the innovative integration idea management process including the following components:
  - Integration Idea Submission Form
  - Integration Idea Scorecard
  - Integration Idea Management Process (visual)
- Communication plan and materials to announce the Mississauga Halton LHIN Innovative Integration Idea Process.

Establish a Detailed Planning and Action (DP&A) Team to complete the following:

- Develop a total service inventory by coordinating the inputs of the three other DP&A Teams to ensure there is no duplication of effort.
- Conduct a detailed review to identify population driven needs to address the local differences across the network.
- All the Priority DP&A Teams data will supply this team with information in a coordinated manner to enable horizontal and vertical analysis of all data.

##### **Year 2 Deliverables:**

- Develop the roadmap for strengthening coordination based on the Year 1 recommendations of the four priorities to address the areas of most critical need based on the analysis of the current inventory and population based approach to planning.
- Execute on the roadmap.

##### **Year 3 Deliverables:**

- Refine the roadmap as appropriate based on the input from the other four priorities and the accomplishments achieved to date in the areas of access and improved movement across the continuum.

**Outcomes**

- Quality
  - Improved client/patient satisfaction with movement through the system
- Access
  - Improved access to services
- Efficiency
  - Improved efficiencies due to increased utilization of expertise
- System/Process
  - Improved coordination across providers
  - Better understanding of services available

**Performance Measurement**

- Critical indicators from each of the priorities will be identified and provide input to the overall system indicators.
- Upon completion of the Performance Management Framework, the overall system indicators will be finalized, including those for managing integration and collaboration.

## **Action Plan #2**

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### **In partnership with providers across the LHIN, develop innovative local solutions to provincial priorities.**

#### **Description**

The performance achieved on provincial priorities impact not only the performance of the Mississauga Halton LHIN, but also the performance of the individual provider. The focus of this plan is to work in cooperation with the providers across the LHIN to develop innovative local solutions to achieve established targets or improve on those targets.

#### **Deliverables – Years one to three**

##### **Year 1 Deliverables:**

Establish a Detailed Planning and Action (DP&A) Team to complete the following:

- Identify appropriate planning opportunities for achieving provincial priorities utilizing optimal local system-wide strategies.
- Further enhance planning across the LHIN, share environmental scan data with providers to enable planning at the local level.

##### **Year 2 Deliverables:**

- Address the next phase of the provincial priorities building on the most effective strategies from Year 1.

##### **Year 3 Deliverables:**

- Continue to work collaboratively with providers to address provincial priorities through local solutions.

#### **Outcomes**

- Quality
  - Improved client/patient satisfaction with movement through the system
- Access
  - Improved wait times
  - Improved access to services
- Efficiency
  - Improved efficiencies within provincial priority areas
- System/Process
  - Improved coordination across providers
  - Better understanding of services available

**Performance Measurement**

- For Wait Times-we have a MH LHIN Wait Times Committee that is reviewing quarterly our LHIN performance v/s provincial bench marks and also considering further LHIN-wide efforts to improve quality and access
- Specific to cancer surgery, we will work with the Regional V.P. for cancer care fro our LHIN to get status update on achievement of volume targets; improvement in quality of care v/s consolidated surgical sites etc.
- For Critical Care we have a MH LHIN Critical Care Committee in place with Dr. Chau as the lead. This group also meets quarterly and reviews MOHLTC priorities, benchmarks ( once established) and MH LHIN wide considerations to improve access and quality (e.g. across hospitals)
- For Score Card related indicators that we have to report in this year as per our Accountability Agreement, we are using a combination of the Wait Times group and the hospitals are asked to provide recent data on current status e.g. "readmission rate for MI" etc.

Mississauga Halton LHIN  
**Draft Overview of Major Activities Across Priorities**

Major Activities / Integration Priorities	Continuum of Care	Develop Integrated Service Delivery Model (ISDM)	Detailed Environmental Scan	Detailed Services Inventory	Detailed Community Engagement	Detailed Design - ISDM/program-service	Accountability Structures	Performance Management	Detailed Local/Secondary/Tertiary LHIN wide Analysis	Local Community Definition	Strategic Implementation Planning	Implementation Project Plan Design	Execution of Implementation Plan	Early Wins	
Health System Action Plan 1	■		Additional major activities to be determined.						■	■					■
Health System Action Plan 2			■	■		■	■	■	■	■	■	■	■	■	
Primary Health Care Action Plan 1		■	■	■	■	■	■	■	■		■	■	■	■	
Primary Health Care Action Plan 2			■	■			■		■					■	
Primary Health Care Action Plan 3			■	■			■		■					■	
Seniors Action Plan 1			■	■		■	■	■	■	■	■	■	■	■	
Seniors Action Plan 2			■	■		■	■				■	■	■	■	
Seniors Action Plan 3						■	■				■	■	■	■	
Chronic Disease Prevention and Management Action Plan 1		■	■	■		■	■	■			■	■	■	■	
Chronic Disease Prevention and Management Action Plan 2						■	■	■			■	■	■	■	
Mental Health and Addictions Action Plan 1		■	■	■		■	■	■			■	■	■	■	
Mental Health and Addictions Action Plan 2						■	■	■			■	■	■	■	

Legend	
■	Year 1
■	Year 2
■	Year 3