

Integrated Health Service Plan Refresh: 2010-2013

Revised Strategic Priorities and Enabling Strategies August 2009

Priority Setting Criteria

Priority Criteria	Core commitments	Achievability	Benefits
	Is there a direct link to the LHIN & Provincial Health System priorities?	Do we have direct influence? Can we execute it successfully?	Will there be a positive impact on health outcomes? Improved accessibility; quality, safety?
	Severity and prevalence	Feasibility	Costs and Risks
	How severe is the problem? Where do we have influence? How many people experience this problem?	Can HSPs and LHIN staff do what it proposes? Are HSPs and others ready?	Can it lead to a sustainable system? Is there a positive cost /benefit or impact on social/political conditions?

Strategic Priorities and Enabling Strategies (2010 - 2013)

- Improving Access, Quality and Sustainability of the Health System
- Prevention and Management of Chronic Conditions
- Integrating Mental Health and Addictions Services
- Enhancing Seniors' Health, Wellness and Quality of Life
- Strengthening Primary Health Care

Enabling Strategies:

- Partnerships for Collaboration
- eHealth
- Transportation
- Efficiency and Affordability of the Health Care System
- Health Human Resources

Improving Access, Quality and Sustainability of the Health System

Goals:

- 1) Reduce time spent in Emergency Rooms and improve patient satisfaction.
- 2) Improve appropriate use of hospital beds.
- 3) Improve access to specialized services across the LHIN.
- 4) Improve management of patient/client flow throughout the system.

Objectives:

- 1) Reducing ER wait times via transformation of community capacity.
- 2) Reducing the amount of time that patients spend in hospital through increased supports in their 'home' and community.
- 3) Creation of LHIN-wide approaches to key services.

Outcomes:

- 1) Meeting all performance targets including decreasing Emergency Room wait times and Alternate Level of Care (ALC) days. (as described in the Accountability Agreement between the LHIN and the Ministry of Health and Long-Term Care)
- 2) Increase in patient satisfaction and quality of care.

Prevention and Management of Chronic Conditions

Goals:

- 1) Improve access to integrated diabetes services.
- 2) Improve access to a continuum of Chronic Kidney Disease (CKD) services across the LHIN.
- 3) Enhance the self-management supports for individuals with chronic conditions.

Objectives:

- 1) Implement the Ontario Diabetes Strategy.
- 2) Develop and implement a regional CKD integrated model.
- 3) Increase awareness and promote the application of principles of self-management for health care professionals and individuals with chronic conditions.

Outcomes:

- 1) Increase in # of patients with Diabetes who access integrated diabetes care.
- 2) Increase in the percentage of home-based dialysis therapies.
- 3) Increase in the # of LTC homes that provide peritoneal dialysis services.
- 4) Increase in the # of patients and health care professionals who are using self-management techniques or who have attended a self-management session.

Integrating Mental Health and Addictions Services

Goals:

- 1) Improve access to coordinated and integrated mental health and addictions services.
- 2) Improve community mental health supports and capacity to ensure appropriate use of Emergency Room services and reduce early return visits to hospitals.
- 3) Improve access to early intervention and identification programs and services.

Objectives:

- 1) Create and implement multi-service centres to enhance integration across the LHIN.
- 2) Implement a common intake and assessment tool for LHIN funded Mental Health and Addictions services.
- 3) Transform community-based mental health and addictions services to reduce reliance on ERs.
- 4) Partner and work with other ministries and jurisdictions to develop education models and supports.

Outcomes:

- 1) Increase in access to multiple and co-located mental health and addictions services. Increase in community visibility and voluntary integration.
- 2) Decrease in ER repeat visits for mental health and addictions clients.
- 3) Increase in accessibility to community supports.
- 4) Increase in early identification of mental health and addictions clients.

Enhancing Seniors' Health, Wellness and Quality of Life

Goals:

- 1) Achieve optimal services for “at risk” seniors in their homes and community.
- 2) Improve access to and coordination of services for seniors.
- 3) Support seniors to manage their own health, wellness and quality of life.

Objectives:

- 1) Transform community capacity and programs to help “at risk” seniors live at home as long as possible.
- 2) Determine future capacity needs for LTC home beds and services.
- 3) Implementation of specialized geriatric capacity services.
- 4) Work with health care agencies, disease associations, and the broader community services sector. who are leading efforts in preventive and wellness services.

Outcomes:

- 1) Decrease in all ER visits by “at risk” seniors.
- 2) Increase in supports and services for “at risk” seniors in their homes/community.
- 3) Increase in timely access to specialized geriatric assessment and consultation services.
- 4) Decrease in percentage of seniors 75 years of age and older living in institutional settings.
- 5) Increase in the percentage of seniors supported in the most appropriate setting (right place, right time).
- 6) Appropriate long-term care beds and services are available.

Strengthening Primary Health Care

Goals:

- 1) Improve access to family health care.
- 2) Improve support systems for physician Electronic Medical Records (EMR) adoption.

Objectives:

- 1) Increase capacity of family health care in the Mississauga Halton LHIN.
- 2) In partnership with Health Force Ontario, increase the number of physicians in the MH LHIN.
- 3) Facilitate Family Physicians with quick and efficient EMR selection and adoption.

Outcomes:

- 1) Increase in the number of practitioners delivering family health care.
- 2) Increase in the number of practitioners consulting and supporting family health care practitioners.
- 3) Increase attachment of unaffiliated complex and vulnerable patients to providers that will provide family health care.
- 4) Increase in the number of physician implementing EMRs in the MH LHIN.

Francophone Community

The Mississauga Halton LHIN is home to an estimated 16,580 residents whose mother tongue is French (representing 1.7% of the overall LHIN population). Over half of these residents live in the City of Mississauga.

We are fortunate to be working in partnership with the *Centre de Services de Santé– Peel et Halton* and the Ministry of Health and Long Term Care French Language Services Coordinator to plan for the service needs of the Francophone community in the Mississauga Halton region.

We acknowledge that access to care in French needs to be enhanced and we will continue working with the Francophone community, health service providers and as a cross LHIN collaboration to support our mandate of coordinating and integrating health services.

Aboriginal Community

There are 4,400 identified Aboriginal peoples within the Mississauga Halton LHIN with the highest concentration being in Halton Hills (representing 0.4% of the overall LHIN population). There is no First Nations reserve in the LHIN.

As a whole, Aboriginal people face numerous health issues including greater incidence of diabetes and mental illness. First Nations, Inuit and Métis peoples approach health in a holistic way – spiritually, mentally, physically, emotionally, and socially.

We'll continue to work with our Aboriginal health leaders and community and as a cross LHIN collaboration to better understand the health needs and services required for our Aboriginal people.

Strategic Enablers

- To address the challenges of our environment and succeed in achieving our strategic priorities, we have identified several enablers. These consist of five pillars that will support our success and will warrant their own actions for the next three years. These are:
 - Partnerships for Collaboration
 - eHealth
 - Transportation
 - Efficiencies and Affordability of the Health Care System
 - Health Human Resources

Partnerships for Collaboration

Each one of our strategic initiatives requires a partnership component. Our goal is to establish partnerships and dialogue in supporting a holistic approach to health care (promotion, prevention and treatment). This is especially important where other organizations have a responsibility for delivering on key health services.

Some examples of where we will focus our collaborative efforts include:

- implementation of our diabetes strategy which cannot be achieved without successful partnerships with public health, physicians, and health service providers.
- Strengthening primary health care which requires partnerships with health practitioners and health service provider organizations.

We also intend to look at facilitating partnerships and collaboration beyond the health care sector with non-traditional providers to support the objectives of our strategic priorities. For example, developing partnerships with the regional municipal governments and cities who are involved in delivering 'get active' health, wellness and promotion initiatives.

eHealth

eHealth is a critical enabler to our strategic priorities. There are opportunities to improve LHIN wide information integration and build capacity within our community.

We will also continue to align our eHealth initiatives with the Provincial eHealth Strategy. In particular, we will be supporting the implementation of:

- Diabetes management
- Medication management
- Wait times

Over the next few years, the LHIN will build the infrastructure to support information management across the LHIN in collaboration with other LHINs. We will leverage our existing information assets and implement a shared Information Technology/Information System.

Transportation

Transportation is a major enabler to achieving our strategic priorities. We've made investments in helping to better serve our community with transportation to medical appointments.

We rely on partnerships with our community service providers and volunteers who provide a variety of transportation services to our community.

We will engage municipal and other associations to be partners in this initiative.

We will assess and evaluate the current investments made in transportation and look for opportunities to improve access to medical programs and health services across the LHIN (especially for those who rely on transportation to get to appointments and day programs).

Efficiencies and Affordability of the Health Care System

Our goal is to ensure through integration that health service providers continue to improve sustainability and efficiency of the health care system.

Continuous focus on effectiveness and efficiency of financial, physical, and human resources, will ensure a sustainable system.

We will focus on efficiency initiatives that enable increasing front line care within existing resources.

Health Human Resources

The success of implementing our strategic priorities depends on having a workforce that is able to meet the health care needs of our community. Our workforce is dedicated and committed and without them, safe effective health care services could not be attained.

We will continue to work with our Health Professional Advisory Committee (HPAC) to advise us on health human resource issues.

We will work with Health Force Ontario (HFO) who has the lead in developing planning tools for health human resource planning to assist us in our planning. We will also work with HFO on recruitment initiatives to attract sufficient numbers of qualified personnel to work in our LHIN.