

Strategic Health System Plan Quarterly Update

To:	Governance Working Group Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN)
From:	Donna Cripps Chief Executive Officer
Date:	March 20, 2013
Proposed Motion:	That the Governance Working Group recommend that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receives and files the Strategic Health System Plan Quarterly Update
Recommended Action:	<input type="checkbox"/> For Decision <input type="checkbox"/> For Discussion <input checked="" type="checkbox"/> For Information
Session:	<input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed

Background:

- The Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) Board of Directors (The Board) formerly approved the Strategic Health System Plan (SHSP) – ACTION – at the December 12, 2012, meeting.
- The SHSP formed the basis of the LHIN’s third Integrated Health Service Plan (IHSP), which was also approved on December 12, 2012.
- The SHSP sets out the LHIN’s overall strategic aim:
 - *To dramatically improve the patient experience through quality, integration and value.*
- Three key strategic directions were identified supporting the strategic aim. This is to:
 1. Dramatically improve the patient experience by embedding a culture of quality throughout the system.
 2. Dramatically improve the patient experience by integrating service delivery.
 3. Dramatically improve the patient experience by evolving the role of the LHIN to become Health System Commissioners.
- As agreed when the plan was approved, the Board will receive quarterly updates on the progress of implementation, focusing on what has been accomplished relating to these strategic directions.

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- It is the intent to use a scorecard approach for these quarterly updates beginning with the first quarter of 2013-14 (June 2013).
- The base of information for the scorecard is taken from the Annual Business Plan (ABP), the draft of which was approved by the Board at the February 27, 2013, meeting. Additional information will be incorporated as it becomes available.
- The ABP outlines in detail, the actions to be taken related to the goals for each strategic direction.
- For this first quarterly update, a high level overview will be provided.

Analysis:

- Appendix A outlines the strategic directions and key goals from the SHSP and IHSP, and highlights the major activities and accomplishments since the plan was approved.
- At the March 27, 2013, Board meeting, the Board will receive three presentations which will highlight specific examples within each of the three strategic directions.
- These presentations include:
 - Performance accountability (from Quality and Safety Committee)
 - The status of health links (from Governance Committee)
 - Operational review of Hamilton Urban Core (HUC) Community Health Centre (CHC) (from Audit Committee)

Community Engagement:

- N/A

Measures of Success:

- N/A

Source of Funding:

- N/A

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File Path: [http://portal.lhins.on.ca/hn/operations/planning/Strategic Plans/ACTION - SHSP/Quarterly Updates/SHSP Quarterly Updates-BN-5Mar_13.docx](http://portal.lhins.on.ca/hn/operations/planning/Strategic%20Plans/ACTION%20-%20SHSP/Quarterly%20Updates/SHSP%20Quarterly%20Updates-BN-5Mar_13.docx)

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Appendix A

HNHB LHIN SHSP Update – January to March 2013 Aim: dramatically improve the patient experience through quality, integration and value	
Strategic Directions and Goals	Major Activities/Accomplishments in this Quarter
Strategic Direction 1- Embedding a culture of quality throughout the system	
<ul style="list-style-type: none"> Leverage Service Accountability Agreements for quality improvement and stakeholder engagement Align metrics and analytical support for strategic initiatives to measure improvement in Ministry-LHIN Performance Agreement (MLPA) indicators 	<ul style="list-style-type: none"> A Quality Obligation has been included in the 2013-16 Long-Term Care Service Accountability Agreement (L-SAA) and in the final year of the 2011-14 Multi-Sector Accountability Agreement (MSAA). The obligation includes the following requirements: <ul style="list-style-type: none"> Board approved policy on Quality, Balanced scorecard; and, An actional plan that addresses quality This obligation will also be included in the Hospital Sector Accountability Agreement (HSAA), which will be reflected in the second quarter (Q2) report back to the Board Quality Improvement Board policy will be presented to the Quality and Safety Committee –March 2013
Strategic Direction 2 – Integrating service delivery	
2.1. Implement Health Links across the HNHB LHIN geography	<ul style="list-style-type: none"> Health Link geographies mapped across the HNHB LHIN Initial 5% ‘high user’ data profile developed for all Health Link geographies Initial stakeholder engagement complete - Health Service Providers (HSPs) and primary care groups for all Health Links geographies Readiness Assessments and Business Plans in process: <ul style="list-style-type: none"> one Business Plan endorsed by HNHB LHIN and submitted to the Ministry of Health and Long-Term Care (ministry) one Readiness Assessment endorsed by HNHB LHIN and submitted to the ministry other Readiness Assessments in process
2.2. Implement LHIN-wide population-based strategies: <ul style="list-style-type: none"> Older Adults/Patient Flow Access to Emergency Department (ED) services Chronic Conditions Palliative/End of Life Care Aboriginal Health 	Older Adults- Patient Flow: <ul style="list-style-type: none"> Behavioural Supports Ontario (BSO) – completed sustainability plan for the HNHB LHIN's BSO strategy. This plan will be implemented in fiscal year 2013-14 Early Intervention Screening Tool (EIST) – initial planning meeting with Hamilton Health Sciences Corporation (HHSC) to implement the tool. With the inclusion of this site all LHIN hospital EDs will have implemented the tool Emergency Department (ED) Critical Link (agreement to partner small hospital ED to larger hospital ED). Memorandum of Understanding (MOU) drafted, and discussions with Critical Link underway for implementation in April 2013

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<ul style="list-style-type: none"> • Francophone Health 	<ul style="list-style-type: none"> • Emergency Services Steering Committee (ESSC) identified priorities of funding and issued Request for Proposals (RFPs) • Community Stroke Outpatient Rehab Working Group (CSORWG) - model has been defined and final report to be completed in April 2013 • Diabetes 2012-13 workplan completed. HNHB LHIN staff met with Niagara Diabetes Network (NDN) to begin engagement • Aboriginal Engagement full day session scheduled for March 19, 2013. This session will provide information to facilitate the incorporation of culturally appropriate Aboriginal health service planning throughout the implementation of the HNHB LHIN Strategic Health System Plan (SHSP)
<p>2.3 Implement LHIN-wide integrated clinical programs:</p> <ul style="list-style-type: none"> • Establish process and structure for LHIN-wide programs • Set scope and deliverables for 2013-14, based on Quality Based Performance (QBP) roll-out and Ministry-LHIN Performance Accountability (MLPA) opportunities • Implement in-scope LHIN-wide programs 	<ul style="list-style-type: none"> • The Integrated Orthopaedic Capacity Plan (IOCP) – Part 1, describes the current state of Total Joint Replacements (TJRs) in the HNHB LHIN, as well as innovative practices and processes which improve care for individuals across the continuum. This document was submitted to the ministry on January 31, 2013 • Key System Improvements have been identified and developed, which enable standardized processes to be implemented across the HNHB LHIN for TJR • The Walker Family Cancer Centre (WFCC) will begin seeing patients on March 25, 2013, at the new St. Catharines site. The WFCC is one part of the LHIN's Integrated Cancer Services Plan, a plan which has enabled the delivery of a single cancer program across multiple sites throughout the HNHB LHIN. • As a result of the establishment of a regional vascular bed, as a component of the Integrated Vascular Clinical Services Plan (IVCSP), there have been no refusals for care, and patients requiring vascular surgery have been provided the care they need in the most appropriate location • The development of a physician working group for ophthalmology has occurred with the goal of identification, development, and implementation of LHIN-wide strategies which will improve wait times for cataract surgeries across the HNHB LHIN
<p>2.4. Develop a plan to reduce duplication in administrative support services in the hospital and community sectors:</p> <ul style="list-style-type: none"> • Build on existing hospital-based shared services (Mohawk Shared Services) • Develop a plan for shared services in the community - Community Care Access Centre (CCAC) and community HSPs • Continue to implement LHIN-wide eHealth strategy 	<ul style="list-style-type: none"> • Ongoing discussions with Mohawk Shared Services to identify additional opportunities for hospital based shared services • Initial discussions with CCAC to explore opportunities in the community • Continued expansion of ClinicalConnect within HNHB LHIN; initial planning to implement IDS in the South West (SW) LHIN and the Toronto Central (TC) LHIN
<p>Strategic Direction 3 - evolving the role of the LHIN to become health system commissioners</p>	
<ul style="list-style-type: none"> • Develop and implement an Enterprise Risk Management (ERM) system in the HNHB LHIN office • Link performance with outcomes and funding 	<ul style="list-style-type: none"> • Performance Accountability Policy created setting out the philosophy, strategy, and framework for identifying, assessing, controlling and communicating service provider risks. • The policy's goal is to focus HNHB LHIN efforts on achieving its strategic direction of becoming a health system commissioner and also to set out clear action steps to work with HSPs to meet performance obligations. • Three examples of high risk agencies were presented utilizing the new framework. The examples provided are: Norfolk General

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	<p>Hospital (NGH), Hamilton Urban Core (HUC) Community Health Centre (CHC), and HNHB LHIN funded Social and Congregate Dining programs.</p>
<p>Communications and Engagement</p>	<ul style="list-style-type: none"> • The HNHB LHIN website www.hnhblhin.on.ca has been, and will continue to be, refreshed to reflect the current and ongoing SHSP work and in particular Health Links • A four-page brochure was created to summarize and support the SHSP (English and French) <ul style="list-style-type: none"> ○ more than 2,600 hard copies (and/or electronic copies) were distributed to HSPs and stakeholders in early February 2013 ○ available on the HNHB LHIN website • <i>LHINsight</i> (electronic newsletter) highlighted the SHSP work and Health Links • Donna’s Blog in January, February and March addressed the SHSP and specifically Health Links • Working with the internal Health Links team, including the HNHB LHIN Physician Lead, an introduction to Health Links letter for physicians was created to support stakeholder engagement sessions • SHSP and Health Links is a key message and central theme in presentations to community groups and HSPs including: <ul style="list-style-type: none"> ○ Shalom Village ○ Six Nations Elected Council • Media coverage <ul style="list-style-type: none"> ○ Hamilton Spectator – February 16, 2013 - Front page, double spread article “Top ER users; HNHB LHIN's five most frequent ER users, 2011” ○ Hamilton Spectator – February 16, 2013 – Editorial “Seeking solutions to chronic ER dependency” ○ Hamilton Spectator – February 28, 2013 – Editorial “The health minister states an unpopular truth” <ul style="list-style-type: none"> • QUOTE: <i>Local Health Integration Networks are doing essential work to rebalance the system.</i>