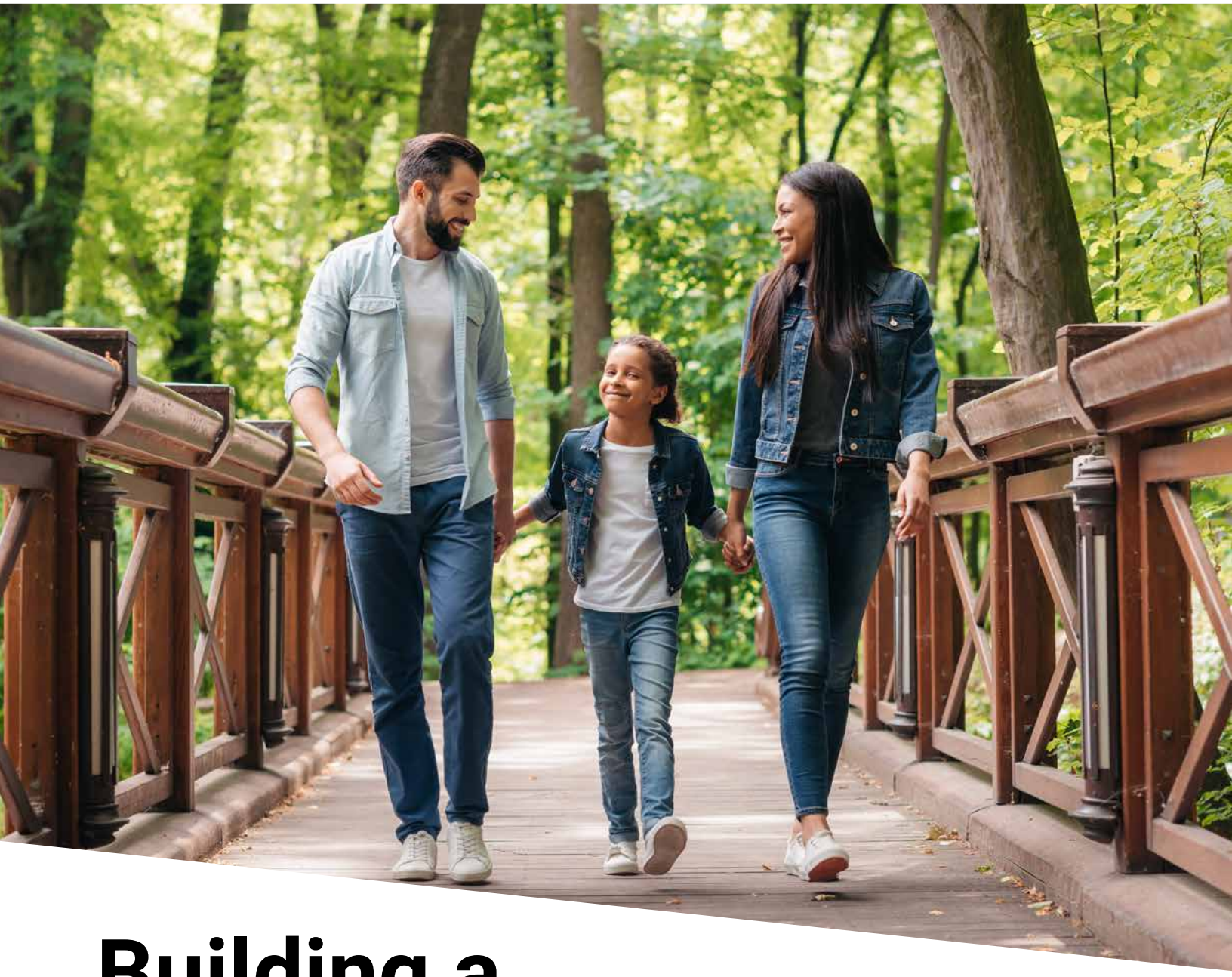
North West **LHIN**



Building a Healthy Future Together

North West LHIN Annual Report 2017-2018

Ontario

North West Local Health Integration Network

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A Message from the Chair and CEO

On behalf of the Board, management, and staff of the North West Local Health Integration Network (LHIN), we are pleased to provide you with the 2017-2018 North West LHIN Annual Report.

In December 2016, the *Patients First Act* came into effect in Ontario. Under this Act, Home and Community Care programs and services from the legacy North West Community Care Access Centre were transitioned to the North West LHIN on June 21, 2017. Additionally, for the first time, the North West LHIN received a Mandate Letter from the Minister of Health and Long-Term Care that outlined provincial priorities for the health care system.

The North West LHIN advanced initiatives aligned to the Board Strategic Directions focused on - improved health outcomes resulting in healthier people, Increased access to care as close to home as possible, continuous quality improvement, and a system-wide culture of accountability. Additionally, year six of the Board approved Health Services Blueprint was advanced. The Blueprint is based on resident and provider feedback for the redesign of the health care system towards one that is integrated and person-centred. Further, the strategic priorities outlined in the fourth Integrated Health Service Plan 2016-2019 (IHSP IV) were advanced and focused on - Improving the Patient Experience, Improving Access to Care and Reducing Inequities, Building an integrated eHealth Framework, and Ensuring Health System Accountability and Sustainability.

All of the initiatives outlined above align with the priorities of *Patient's First: Ontario's Action Plan* for Health Care, with a focus on improved access to care and the delivery of the highest quality of care for all Ontarians, including Indigenous and Francophone populations.

The North West LHIN is excited to be leading transformation of the health care system in Northwestern Ontario to one that is integrated, improves coordination of health service delivery, reduces duplication and disparities in access to care in order to achieve better health outcomes for the people of Northwestern Ontario. We look forward to continued work with government,

Dr. Rhonda Crocker Ellacott
Chief Executive Officer

Gil Labine
Chair, Board of Directors

as well as health service providers, system planners and the people of Northwestern Ontario to achieve the vision of *"Healthier people, a strong health system – our future."*

This annual report tells the story of how the North West LHIN was able to accomplish this work with health system partners, key stakeholders and the people of Northwestern Ontario and, how the North West LHIN has successfully transitioned to our new role in the delivery of Home and Community Care programs and services.

We would like to extend thanks to patients, families, health service providers, service provider organizations, and stakeholders for their commitment to collaborate and partner with each other to achieve the positive changes in health care delivery across Northwestern Ontario. Finally, we would also like to thank Board Members and staff of the North West LHIN for their dedication to improve access to care and health outcomes for the people living in this region.

Laura Kokocinski greets staff on June 21, 2017 when Home and Community Care programs and services transitioned to the North West LHIN.

Expanded Board of Directors for an Expanded LHIN Mandate

The North West LHIN is governed by a 12-member Board of Directors who are appointed by an Order in Council through a process administered by the Public Appointments Secretariat. The Board expanded from nine to 12 members in 2017-2018, in order to reflect the expanded mandate of the North West LHIN under the *Patients First Act* including the LHIN's enhanced role in the delivery of Home and Community Care.

The Board membership is skills-based and draws on the variety of knowledge and expertise of its members who come from across Northwestern Ontario. Board members bring to the table local voices and experiences of the people in the Northwest region by living and working in the communities they serve. Each day, members of the Board place the people of Northwestern Ontario at the centre of their decisions in service to the region and its many distinct communities.

The North West LHIN Board of Directors would like to acknowledge and thank Herb ZoBell for completing his three years of service to the Board as of March, 2018.

The Board added four new members in 2017-2018. Dorothy Piccinin, Cindy Jarvela and Beatrice Metzler in March 2017 and Francois Hastir, who was appointed to the Board on August 31, 2017.

Gil Labine, Board Chair
Resident of Thunder Bay
Date of first appointment: November 05, 2014
End of term appointment: February 21, 2020

Tina Copenace, Board Member
Resident of Kenora
Date of first appointment: October 18, 2012
End of term appointment: October 17, 2018

Darryl Allan, Board Member
Resident of Fort Frances
Date of first appointment: March 18, 2015
End of term appointment: December 31, 2018

Tim Berube, Board Member
Resident of Thunder Bay
Date of first appointment: March 25, 2015
End of term appointment: December 31, 2018

Beatrice Metzler, Board Member
Resident of Thunder Bay
Date of first appointment: March 1, 2017
End of term appointment: February 29, 2020

Cathy Farrell, Vice Chair
Resident of Thunder Bay
Date of first appointment: April 24, 2013
End of term appointment: April 23, 2019

Cindy Jarvela, Board Member
Resident of Thunder Bay
Date of first appointment: March 1, 2017
End of term appointment: March 7, 2020

Francois Hastir, Board Member
Resident of Thunder Bay
Date of first appointment: August 31, 2017
End of term appointment: August 30, 2020

Carol Neff, Board Member
Resident of Thunder Bay
Date of first appointment: December 7, 2016
End of term appointment: December 6, 2019

Dorothy Piccinin, Board Member
Resident of Thunder Bay
Date of first appointment: March 1, 2017
End of term appointment: February 29, 2020

Patients First: Action Plan for Health Care

Patients First: Action Plan for Health Care is the next phase of Ontario's plan for transforming and improving Ontario's health system, building on the progress that's been made since 2012 under the original Action Plan for Health Care 2012. It exemplifies the commitment to deliver on one clear health promise – to put people and patients first by improving their health care experience and their health outcomes.

Access
Improve access – providing faster access to the right care.

Inform
Support people and patients – providing the education, information and transparency they need to make the right decisions about their health.

Connect
Connect services – delivering better coordinated and integrated care in the community, closer to home.

Protect
Protect our universal public health care system – making evidence-based decisions on value and quality, to sustain the system for generations to come.

North West LHIN Strategic Directions

Through the Board Chair to the Minister of Health and Long-Term Care (MOHLTC), the North West LHIN Board of Directors is accountable for the use of public funds, the achievement of results through the execution of its strategic directions, and for the performance of the local health system.

2017-2018 marks the second year of 2016-2019 Board Strategic Plan. The Plan outlines four key strategic priorities which act as pillars in the development of an innovative, sustainable and efficient health care system:

1. Improved health outcomes resulting in healthier people
2. Increased access to care as close to home as possible
3. Continuous quality improvement
4. A system-wide culture of accountability

Vision

Healthier People, a strong health system - our future.

Mission

Develop an innovative, sustainable, and efficient health system in service to the health and wellness of the people of the North West LHIN.

Values

Person-centred, Culturally Sensitive, Sustainable, Accountable, Collaborative and Innovative.

Introduction

Planning for Better Health Care Services

The North West LHIN is one of 14 Ontario LHINs, and is responsible for the local planning, funding and integration activities centred on the populations they serve. In 2017, this responsibility expanded to include the delivery of Home and Community Care programs and services, as mandated by *Patients First*.

The North West LHIN embraces its role as a health system partner and works closely with health service providers and many other stakeholders to design the health care system for the residents of Northwestern Ontario. The health of populations, communities and people is dynamic. The North West LHIN faces various challenges in the delivery of health care with an aging population, large geography and dispersed population.

The North West LHIN remains committed to continuous quality improvement, a system-wide culture of accountability, the right care in the right place at the right time, and a more integrated system focused on improving the health outcomes for the people of Northwestern Ontario.

The 2017-2018 Annual Report looks back over the past year on the North West LHIN's activities and accomplishments during the second year of the IHSP IV. It was a transformative year in Ontario with *Patients First* and the new LHIN mandate and, for successful transition of home and community care services to the LHIN.

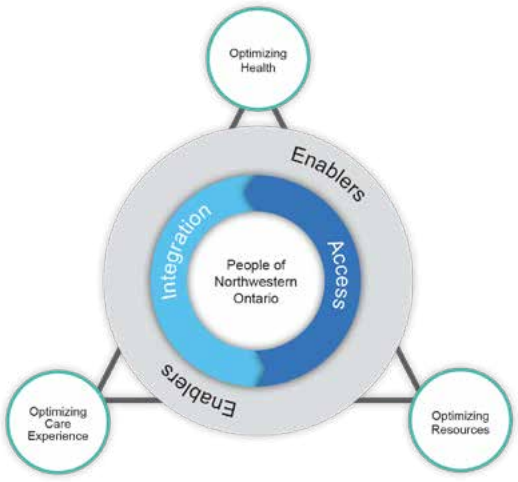
Integration of the North West Community Care Access Centre functions to the North West LHIN

The North West LHIN transitioned Home and Community Care programs and services to the LHIN on June 21, 2017. Continuity of care for patients and families was the top priority and the LHIN is pleased to have achieved this without any disruption to patient care.

During the remainder of 2017-2018, the North West LHIN continued integration of the functions and business processes of the former Community Care Access Centre into the new organizational structure while at the same time advancing the *Patients First: A Roadmap to Strengthen Home and Community Care*.

Building on the Triple Aim Framework

The North West LHIN strategic directions build upon the Triple Aim Framework developed by the Institute for Health Improvement. The Triple Aim Framework focuses on three key elements: Optimizing Health, or improving population health, Optimizing Care Experience, or delivering better quality from the patient perspective, and Optimizing Resources, or ensuring value is achieved through the best use of health care resources.



Legend

- Access to and Integration of Services
  - Improving the Patient Care Experience
  - Improving Access to Care and Reducing Inequities
  - Building an Integrated eHealth Framework
  - Ensuring Health System Accountability and Sustainability
- People of Northwestern Ontario
  - Aboriginal Health Services
  - French Language Health Services
- Enablers
  - Health Human Resources
  - eHealth
  - Integration of Services along Continuum of Care
- Triple Aim Framework

Figure 2: Planning for Better Health Care Services

Ministry Strategic Plan

Ontario's Action Plan for Health Care sets the direction for the health care system provincially.

→

Ministry Priorities Include:

- Keeping Ontario healthy
- Faster Access and a Stronger Link to Family Health Care
- Right Care, Right Time, Right Place

North West LHIN Strategic Plan

The LHIN Board of Directors' Strategic Plan sets the direction for the health care system in Northwestern Ontario.

→

North West LHIN Board Priorities:

- Improved health outcomes resulting in healthier people.
- Access to health care that people need, as close to home as possible
- Continuous quality improvement
- A system-wide culture of accountability

Integrated Health Service Plan IV (IHSP)

The LHIN planning document that broadly identifies and describes priorities and directions over a three-year period.

→

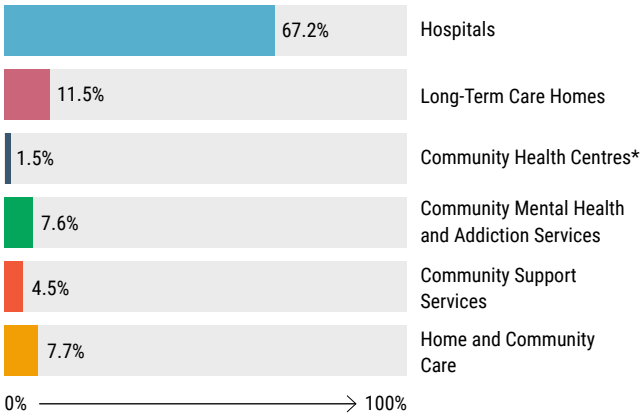
North West LHIN Priorities:

- Improving the Patient Care Experience
- Improving Access to Care and Reducing Inequities
- Building an Integrated eHealth Framework
- Ensuring Health System Accountability and Sustainability

Annual Business Plan

Plan that describes the annual activities and associated spending plans that will be conducted in order to implement the IHSP for the next three years, with emphasis on the upcoming fiscal year.

Figure 3: 2017-2018 Funding Allocation by Sector



Total number of health service provider programs or operations: **119**
Total number of health service provider organizations: **89**
Total number of Service Provider Organizations: **20**
Total allocation of funding: **$675,006,759**

Profile of the LHIN

Geography

The North West LHIN has the largest geography of all 14 LHINs in Ontario, covering 47 per cent of Ontario's land mass – an area nearly the size of France. Despite its size, the North West LHIN also has the lowest population density of all LHINs, with just 235, 900 and a population density of just 0.4 people per square kilometer. Together, the region's large geography and relatively small, dispersed population present unique challenges to health service delivery, including access to care, health human resources, the need for extensive travel and overall higher health care costs per capita.

Approximately two thirds of the communities in the North West LHIN do not have year-round road access, and can only be reached by air travel or ice roads in the winter. These communities extend from Hudson Bay in the north to the United States border in the south, and from the Manitoba border in the west to just short of White River in the east.

North West LHIN Sub-regions

*Community Health Centres allocation includes funding for some primary care initiatives. Note: This represents the number of individual health service providers (HSP) funded by the North West LHIN as of March 31, 2018. Some HSPs funded by the North West LHIN provide service in multiple sectors.

Population

With a total population of 235, 900 in the North West LHIN, Northwestern Ontario has unique demographic and health characteristics. Like the province, the percentage of seniors aged 65 and older is expected to increase over the next 10 years, and Northwestern Ontario expects a larger proportion of seniors than other regions. Another key difference is that the population in Northwestern Ontario is shrinking, while the growth of the younger population is outpacing that of the older population.

A notable geographic characteristic of the North West LHIN is that almost half (45 per cent) of its population is concentrated in one urban centre – the City of Thunder Bay, with 34.2 per cent of the population residing in a rural area. It is estimated that Indigenous people make up 21.4 per cent of the total population in the North West LHIN, a figure that represents the highest regional proportion of Indigenous people across Ontario's 14 LHINs. The health status of Indigenous people in Canada is poorer than non-Indigenous people on most measurable health indicators, and this trend remains true in the Northwest region.

Table 1: 2011 Census Population Characteristics

North West LHIN Sub-regions*	Total Population	% Age 65+	% Indigenous-Identity	% Francophone
Northern Sub-region	21,136	6.0	82.6	0.6
District of Kenora Sub-region	45,835	17.0	26.7	2.8
District of Rainy River Sub-region	20,047	19.0	22.3	1.8
City of Thunder Bay Sub-region	130,501	19.0	10.1	2.8
District of Thunder Bay Sub-region	17,967	16.0	23.9	13.2
North West LHIN*	235,666	17.0	21.4	0.6
Ontario	13,792,052	16.0	2.3	4.4

* In January 2017, the IDN and Health Link geographies were formalized, and renamed "LHIN sub-regions" to align with provincial terminology used across all other LHINs. Sources: 1. Statistics Canada. 2011 Census. 2. Statistics Canada. 2011 National Household Survey. The non-response rate for the Aboriginal Identity question in the NHS was approximately 30% for North West LHIN residents with significant variation between communities.

Population Health

Data shows that compared to the rest of the province, and based on Community Health Survey data, the North West LHIN has a high proportion of people who:

- Are heavy drinkers
- Are obese (age 18 and over)
- Are smokers
- Have high blood pressure

Furthermore, the people living in the North West LHIN have higher rates of hospitalization for accidental injuries and chronic conditions, including mental health and substance abuse conditions, as well as higher rates of diabetes, Chronic Obstructive Pulmonary Disease (COPD), and heart disease. In the North West LHIN, many emergency department visits and hospitalizations are for conditions that could have been prevented, managed or avoided if alternate services were more accessible at the community level.

Despite these health challenges, the people of Northwestern Ontario report having above average physical activity leisure time, perceive a strong sense of belonging in their communities, and have a very good or excellent perceived mental health.

North West LHIN Health Services Blueprint

In 2012, the North West LHIN released the Health Services Blueprint (Blueprint), a 10-year integration strategy to strengthen and transform health care in Northwestern Ontario. The Blueprint is the result of extensive evidence-based research, engagement and feedback from people who use the system and health service providers in the North West LHIN.

The Blueprint was developed by the people of the Northwest region to address the health care needs of the people of the North West LHIN. The Blueprint was approved by the North West LHIN Board of Directors and presents an opportunity to deliver a more integrated care experience and improve peoples' health outcomes in the Northwest region.

There are 44 recommendations contained in the Blueprint that outline an integrated service delivery model in which all health service providers work together to organize services and delivery of care at three levels – the local level, the district level and the regional level – to better meet the needs of the population. The model, which is person-centred, is designed to deliver the right care at the right place, at the right time, as close to home as possible.

2017-2018 marks Year Six of the Health Services Blueprint, which has focused on the advancement of sub-region planning, leadership development and engagement.

Health Services Blueprint
Integration. Transformation.
A North West LHIN Initiative

The North West LHIN continues to advance the Health Services Blueprint within five early adopter Local Health Hubs, as well as planning at the sub-region level and advancement of regional programs. Integrating services at these three levels within the system allows for improved coordination of care across programs and sectors The focus is on improved patient experiences, and better health outcomes for people by making it easier for people to access the right care in the right place when they need it, and as close to home as possible. Overall, integration results in improved access to care, improved quality of care, better coordination of services and programs and lower wait times.

North West LHIN

Health Services Blueprint in Action

2012-2013 ▶

2013-2014 ▶

2014-2015 ▶

2015-2016 ▶

2016-2017 ▶

2017-2018 ▶

2018-2019 ▶

2019-2020

2021-2022

The North West LHIN Health Services Blueprint was released in March 2012.

Year 1 Building awareness of the Blueprint and developing a common understanding of the vision for an integrated service delivery model.

Year 2-3 Planning, including determination of what services should be delivered at the Local, District and Regional levels.

Year 4-5 Early adopter implementation of the integrated service delivery model in five sites.

Year 6 Continued implementation through early adopters and alignment to population health planning (through sub-region planning); mid-point evaluation.

Year 7+ Continue implementing the integrated service delivery model across the entire LHIN, including Local Health Hubs, sub-regions and regional programs; continued expansion of population health planning and integration (through sub-region planning).

When the Health Services Blueprint was released, it was supported by health service provider (HSP) Boards across the region. The Blueprint is intended to improve health outcomes and patient experience through:

- Decreased duplication of services and minimized gaps in service
- Improved transitions in care for patients
- Reduced high reliance on institutional care through targeting admission and readmission rates of select diseases
- Realized savings in high cost areas through alignment to provincial standards
- Shifted care from hospital to community
- Optimized management of chronic diseases
- Improved integration across the health care system

North West LHIN Health Services Blueprint

Integration of Clinical Expertise

The 2017-2018 year saw the initiation of the Clinical Division of the North West LHIN. The division is composed of Vice President of Clinical, Clinical Leads in four of the five sub-regions, Clinical Leads for emergency department services, critical care, primary care and chronic disease prevention and management all of whom work closely with the LHIN team.

The goal of the clinical table is to make it easier for clinicians in the community to provide care across the spectrum from primary care to emergency services and to ensure that the priorities identified by the North West LHIN and partners at the sub-region planning tables are addressed from a clinical standpoint.

This clinical group is supporting the advancement of the following strategic priorities :

- Implementation of sub-region planning tables;
- Assessing and improving access to Family physicians and primary care services; and
- Improving mental health and addictions services including the Opioid Strategy.

Summit North – Addressing Health Human Resource Challenges

Recognizing the significant challenges that many of the communities face, the clinical team was involved in **Summit North**, a physician workforce planning strategy day held on January 24, 2018. This day brought together people representing hospital and clinic administrators, the Ministry of Health and Long-Term Care, educators at the Northern Ontario School of Medicine, clinicians, and communities.

Several ideas from other jurisdictions outside of Ontario were shared and specifically, "Made in Northern Ontario" ideas. Importantly, a commitment was made to move these ideas forward through a multilateral task force which began meeting in February of 2018. The goal of this task force is to work to improve access to physicians in communities across both the North East and the North West LHINs.

Dr. Sarah Newbery, Vice President, Clinical, North West LHIN

Sub-regions Established

The formalization of sub-regions (formerly Integrated District Networks) has advanced through the Sub-region Planning Tables.

Sub-region Planning Tables are bringing together stakeholders from across sectors and geographies to focus on understanding and addressing patient needs at the local level. By looking at care patterns through a smaller lens, the North West LHIN and system stakeholders are able to better identify and respond to community needs while improving access to care for patients across the entire LHIN region.

Integration at a Glance

Health care system integration improves the patient care experience by offering a more comprehensive basket of services for the patient based on their needs, as close to home as possible. By achieving efficiencies across the system, sustainability and population health outcomes are improved.

Service integrations are a central part of the Health Services Blueprint. They advance the integrated service delivery model by coordinating and combining services at the local level so that the system efficiencies improve access to care and the patient experience.

The following integration priorities occurred in 2017-2018:

- Created a specialized Integrated Health Care Organization with HAGI Community Supports for Independence and Northwestern Independent Living Services.
- Transferred services from Red Cross to Victorian Order of Nurses with integration of Home Help, Home Maintenance and Congregate Dining services under Victorian Order of Nurses' services to increase continuity of care and improve health outcomes.
- Continued early adopter work in Local Health Hubs, including Dryden and Area, Fort Frances District West, Manitouwadge, Nipigon, Marathon/Terrace Bay in alignment with the Health Services Blueprint.
- Integrated governance between Nipigon District Memorial Hospital and Family Health Team.
- Explored regional transportation integration; brought together regional stakeholders to develop an assessment and inventory of transportation services and identify improvement areas for the patient experience.

Other Integration activities in the North West LHIN

In 2016, Wilson Memorial Hospital and McCausland Hospital fully integrated their two hospitals into one new corporation titled North of Superior Healthcare Group. The organization and partners continue to explore integration opportunities focused on providing better coordination of care for their patients.

Working with Public Health

As mandated by the *Patients First Act,* the North West LHIN has initiated closer ties with the two Public Health Units in the Northwest. The focus is on population health planning, and advancing joint system strategies and initiatives to improve population health.

In 2017-2018, the North West LHIN:

- Monitored infection and disease outbreaks
- Jointly planned strategies to address opioid crisis

Initiatives Undertaken to Advance the Integrated Health Service Plan IV (2016-2019) and Ministry-LHIN Initiatives

The Integrated Health Service Plan (IHSP) IV priorities are:

Priority One
Improving the Patient Care Experience

Priority Two
Improving Access to Care and Reducing Inequities

Priority Three
Building an Integrated eHealth Framework

Priority Four
Ensuring Health System Accountability and Sustainability

These IHSP IV priorities align with the Minister of Health and Long-Term Care's Mandate Letter and describes how the North West LHIN advanced these priorities:

- Improve the Patient Experience
- Equity, Quality Improvement, Consistency and Outcomes-Based Delivery
- Home and Community Care
- Primary Care
- Build Healthy Communities Informed by Population Health Planning
- Hospitals and Partners
- Specialist Care
- Long-Term Care
- Dementia Care
- Mental Health and Addictions
- Innovation, Health Technologies and Digital Health
- Transparency and Public Accountability

Priority One

Improving the Patient Care Experience

Quality can mean different things depending on one's involvement in the health care system. For health system planners and clinicians providing frontline care, quality is measured by indicators such as performance targets, patient satisfaction, and health outcomes. To patients and families who receive care, quality is reflected in how quickly they access the services they need, the extent to which their input and goals are respected, and whether the care is effective.

Continuous quality improvement takes into account both perspectives, and is an essential characteristic of the person-centred system of care that the North West LHIN is building.

Quality Based Procedures Order Set Implementation across the North West LHIN

Quality Based Procedures (QBPs) are specific groups of patient services that offer best practice opportunities for health care providers to achieve better quality and system efficiencies. Through provincial funding, the province is accelerating the adoption of QBPs through Clinical Order Sets. Clinical Order Sets are pre-defined templates that provide support for health professionals in making clinical decisions for specific conditions or medical procedures. Through engagement with system partners, this voluntary provincial project has been adopted by 12 of the 13 hospitals within the North West LHIN. It is expected that hospitals will achieve significant cost and quality improvement benefits through, standardization of care for patients through the adoption of Quality based procedures and Clinical Order Sets.

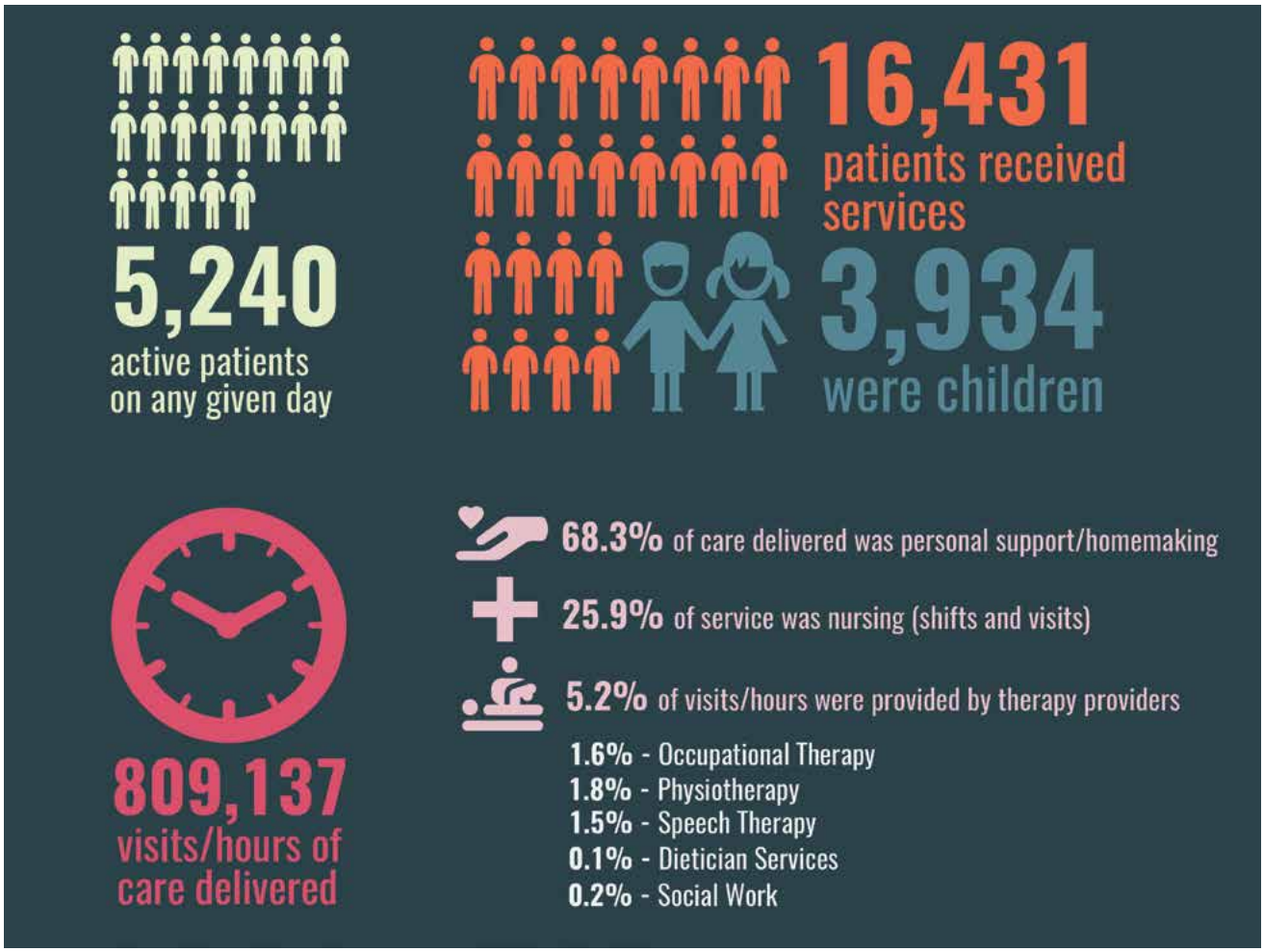
Enhancing Home and Community Care Services

The transition of Home and Community Care to the North West LHIN in June 2017 occurred smoothly, following extensive planning and coordination between the Ministry of Health and Long-Term Care, North West LHIN staff, and the former North West Community Care Access Centre. The process was transparent and continuity of care was maintained for patients in the Northwest region.

To advance Home and Community Care service and program delivery in 2017-2018, the North West LHIN implemented the following programs and strategies:

Renewal of Home and Community Care

- Developed and initiated education for providers on interRAI, a standardized assessment tool, which saves time and ensures consistency in the approach to care for the patient.
- Cleared the waitlist in Thunder Bay for Personal Support Services (PSS). As of March 2018, 64 Low and Moderate needs Personal Support Service patients have been actively transitioned to a Community Support Services provider, with 74 hours booked weekly for these patients.
- Aligned Home and Community Care Managers with each of the five sub-regions to participate as core team members at the planning table. Reducing Wait Times and Improving Patient Care.
- The North West LHIN Home and Community Care implemented a number of strategies to reduce wait times for patients newly referred for service to first in home visit:
  - → Renewed processes and revised documentation to improve wait time reporting;
  - → Provided staff education on key performance indicators;
  - → Established a process to confirm completion of patients' first in-home visit, and assess whether patient's expectations were met and patients were satisfied with the care they received.



Transforming Community Care Delivery: Levels of Care Framework

One of the foundational components of *Patients First Act* is the Levels of Care Framework. Levels of Care improves consistency and transparency, by supporting partnerships between patients and caregivers while promoting coordination between home care and other sectors.

The Provincial Levels of Care Expert Panel released their recommendations report called ***Thriving at Home: A Levels of Care Framework to Improve the Quality and Consistency of Home and Community Care for Ontarians***. The report is publicly available on the Ministry of Health and Long-Term Care (MOHLTC) website. The recommendations generated by this report are instrumental to create more transparency and consistency in Home and Community Care service delivery. As the North West LHIN moves into 2018-2019, work will continue with the MOHLTC and Health Shared Services Ontario to engage patients, caregivers and delivery partners to develop an implementation plan to roll out the Levels of Care Framework.

Family Managed Home Care Program

Family Managed Home Care (FMHC) enables eligible Home and Community Care patients to hire a service provider or purchase services from a provider of their choice, to allow for flexible service delivery arrangements. This model ensures patients and families greater choice over who provides services in their home and the timing of services. Family Managed Home Care also promotes continuity of care and closer working relationships between patients and care providers. The North West LHIN has continued work in 2017-2018 with the Ministry of Health and Long-Term Care and other LHINs on program specifications, eligibility guidelines and implementation plans, with FMHC available to patients and families in the North West LHIN as of March 2, 2018.

Enhancing Access to Primary Care

Improving access to primary care is a top health care priority for the North West LHIN. There are opportunities for improved collaboration between primary care providers and system partners, and for increased access to primary care on evenings and weekends to better support individuals living with medically complex conditions in the community.

The North West LHIN has continued to work with system partners to improve access to primary care for the people of Northwestern Ontario. Examples in 2017-2018 include:

- Expanded Urgent Care Clinic Hours to include weekend coverage at NorWest Community Health Centre exceeding targeted nursing triage visits. In 2017-2018, the number of evening/weekend urgent care clinic visits were 5,021 exceeding the target of 2,048.
- Launched the Indigenous Inter-professional Primary Care Teams Expansion initiative with the Ministry of Health and Long-Term Care and through this initiative supported the creation of five new Indigenous-led primary care teams in the North West LHIN.
- Developed the Northern Health Equity Strategy in partnership with health system partners, the North East LHIN and Health Quality Ontario to address the urgent health and social disparities in the North.

Health Links

In December 2012, the Ministry of Health and Long-Term Care (MOHLTC) launched integrated regional patient care networks called "Health Links," with primary care providers to help remove barriers to care for patients who had many health care needs.

In the North West LHIN, Health Links as an approach to care is aligned geographically to the following five sub-regions:

- District of Kenora
- District of Rainy River
- District of Thunder Bay
- City of Thunder Bay
- Northern

Health Links' performance measurement aligns with Health Quality Ontario and MOHLTC performance indicators:

- Number of Coordinated Care Plans developed
- Number of Health Link patients connected to primary care

The City of Thunder Bay Sub-region Health Link is fully operational. Both the District of Kenora and Northern Sub-region Health Links have been initiated, and the Northern Sub-region is currently in the development phase.

Health Links and Sub-region Alignment

Health Link maturation is fully aligned to sub-region planning. Evolution of the governance structure will occur in 2018-2019 with input from the Sub-region Planning Table, primary care leads, and the Health Link Steering Committee.

Health Link Successes

- Developed over 600 Coordinated Care Plans (since inception) for Health Link patients across the North West LHIN.
- All Health Links patients receive regular and timely access to primary care.
- All Coordinated Care Plans located in a patient portal, enabling patients, health service and primary care providers to access the Coordinated Care Plan and communicate securely and electronically.
- Health Links as an approach to care will be advanced and integrated into primary care over the next three-years. Health Link patient satisfaction survey shows positive patient response to the Health Links approach to care.

Chronic Disease Prevention and Management

Chronic Disease Prevention and Management continued to be a priority for the North West LHIN in 2017-2018, with progress being made on several fronts, particularly in the area of diabetes management.

Regional Diabetes Care Plan

- Added common patient outcome indicators to standard reporting for Diabetes Education Programs.
- Hosted the 6th Annual Diabetes Forum, with over 75 diabetes clinicians. The event focused on evidence informed inter-professional practice.
- Continued to support Point of Care Testing (PCCT) for Hemoglobin A1c (HbA1c) levels to improve access to care.
- Maintained Diabetes Point of Care Testing program in 15 organizations with 42 trained clinicians.
- Provided Point of Care testing to seven municipalities and 17 First Nation communities, and three programs offer services specifically to the urban Indigenous population.

Point of Care Testing (POCT) improves diabetes outcomes by providing key diabetes diagnostic testing at the point of care, therefore improving in-the-moment education and reducing the number of repeat visits.

POCT also aids in removing barriers for patients to access care, particularly for those who do not have access to transportation to attend appointments and education opportunities.

- Offered the region's first "Cancer Thriving and Surviving" program.
- Participating as one of four LHINS in the World Economic Forum Value in Healthcare Type 2 Diabetes pilot to align industry stakeholders on measurement and comparison of patient outcomes to improve the quality and cost of care delivered to patients living with Type 2 Diabetes.
- Increased linkage with Paediatric Endocrinology program in Manitoba to improve access to care and knowledge sharing and reestablished link with Sick Kids for Paediatric Endocrinology to support local clinicians.
- Increased diabetes education in schools in remote communities to improve awareness of diabetes and health outcomes.

Advanced Self-Management Programs:

- Trained 130 individuals with or at risk of developing chronic diseases, including diabetes in self-management.
- Provided peer support and coaching to 125 individuals with or at risk of developing chronic diseases, including diabetes. Seventy-five per cent of participants attended four weeks or more of the six week program.
- Maintained relationships with 65 Peer Leaders who actively donate their time to lead Chronic Disease Self-Management programs across the region. Five Master Trainers support the peer leaders.
- Trained 15 new Chronic Disease Self-Management peer leaders to improve Self-Management programming.
- Trained 24 clinicians in programs on Self-Management.

Self-Management Participant Feed Back

The Peer Leaders were compassionate but also came across as "we've now given you the tools and ideas to help yourself so get on with it". I will not let either one of them down because I will do even more for myself than I did before to help myself and also to spread the word of the availability of this great workshop.

What was most helpful about the workshop?
Learning how to make action plans. I get overwhelmed easily and that helps me break everything into manageable pieces.

It stressed that I need to be "team leader" in my health care and understand what the doctor says\ means.

Regional Wound Care

- Enhanced the Regional Wound Care Program with Telewound technology, enabling patients to receive specialty wound care closer to home through digital consults. Over 800 digital consults occurred in 2017-2018.
- Participated in two educational and training sessions to support implementation of the Health Quality Ontario wound care standards in collaboration with Home and Community Care.
- Enhanced clinician capacity through agreements for publicly funded offloading (relieving pressure on wounds) in three North West LHIN sub-regions (City of Thunder Bay, District of Kenora and District of Rainy River).

Fact

Access to publicly funded offloading devices has the potential to reduce amputation rates by ~9 per cent annually in the North West LHIN.

Persons living with Diabetic Foot ulcers experience improved quality of life through access to publicly funded offloading devices. Offloading reduces healing time and decreases the need for complex wound care, as well as reduce Length of Hospital Stay and potentially reduce hospitalizations and ED visits for the treatment of diabetic foot ulcers.

Chronic Disease Prevention and Management

Chronic Disease Prevention and Management continued to be a priority for the North West LHIN in 2017-2018, with progress being made on several fronts as outlined below.

- Participated with Medtronics, Thunder Bay Regional Health Sciences Centre and regional cross-sector stakeholders to identify and map the core basket of services for patients living with Congestive Heart Failure and Chronic Obstructive Lung Disease. Collaboration ensuring seamless care along the patient journey.
- Advanced Telehomecare for patients living with Chronic Heart Failure (CHF) and Chronic Obstructive Pulmonary Lung Disease (COPD):
  - → Received 139 referrals
  - → Enrolled 89 persons living with COPD or CHF
  - → Monitored 67 patients in November

Achieved with this population:

- Clinically and statistically significant reduction in Blood Pressure;
- Decreased weight gain for individuals living with CHF; and
- Achieved a significant decrease in the hypoxemic events.

Patients living with CHF who complete the Telehomecare program can expect a significant reduction in their blood pressure as well as a decrease in weight gain which will in turn decrease exacerbations and improve quality of life.

"Telehomecare has helped me understand my disease and when I need to get help."

~ Telehomecare Patient

- Continued the Shared-care Partnership Model between Superior North Emergency Medical Services and North West LHIN Telehomecare program focused on patients living with Congestive Heart Failure and Chronic Obstructive Lung Disease.

Superior North Emergency Medical Services

Our Community Paramedicine and Home and Community Care partnership with Telehomecare patients/clients has been a very rewarding experience. Patients often have a lot of questions regarding how to use the equipment and are typically intimidated with the equipment. After a session with the Community Paramedic, they see how easy the equipment is to use and they have a lot more confidence after the home visit. The Community Paramedic can provide advice on where to place the equipment and provide on scene troubleshooting for any potential equipment problems. They can also address other issues and ensure completion of care plans is as effortless as possible. Additionally, being in the patient's home, the paramedic gets an instant impression on whether additional safety issues need to be addressed and can relay that information back to Home and Community Care for further assessment. The Telehomecare staff are great to work with and it is clear how much they care about their patients and the quality of the program. By providing a patient centered focus, our paramedics see the value of the program and encourage all patients to participate.

Senior Care

The population of seniors is growing and changing in the North West LHIN. People are living longer with multiple and complex comorbidities, resulting in greater demand for health care. The North West LHIN has advanced work to improve programs and care for the senior population, such as:

- Enhanced dementia programs in Kenora, Sioux Lookout, Thunder Bay, Fort Frances, Emo, Rainy River, and in 9 First Nations communities.
- Increased access to adult day programs across the region.
- Enhanced the central intake role for senior services including behavioural support services within the City of Thunder Bay.

Centralized intake will enable one-stop approach for individuals seeking senior's services. It is a central point of coordination for patient referrals by triaging the referral to the appropriate health care sector while also coordinating access to specialty consultation.

- Increased Behavioural Supports to Long-Term Care homes across the region including new resources to the District of Thunder Bay (Manitouwadge and Geraldton).

Additional ***Behavioural Supports Ontario*** resources improve access to behavioural support services particularly in communities with limited to no supports previously. Dedicated resources improve access to supports and coordination of care while also providing interventions for older adults who are exhibiting challenging and complex behaviours including cognitive impairments.

Rehabilitation and Continuing Complex Care

The North West LHIN is advancing work towards an integrated system of rehabilitative care, from inpatient rehabilitation to outpatient rehabilitation and reintegration to the community.

Examples of improving access and quality of rehabilitative care include:

- Completed self-assessments for total knee and hip replacement, and hip fracture at all regional surgical sites, which helps to standardize practice and improve delivery of care to patients across the region.
- Hosted the first annual Rehabilitative Care Conference to share best practices in the North West LHIN with system partners and service providers.
- Completed capacity plan with focus on inpatient and in-home rehabilitative care.

Integrated Palliative Care Service Delivery

The North West LHIN has advanced Palliative Care planning and implementation of the program across the region. Successes in 2017-2018 include:

- Formalized agreements with 10 out of 11 Local Health Hubs to develop local community palliative care programs.
- Initiated development of Integrated Palliative Care service delivery model for the City of Thunder Bay Sub-region which acts as a centralized point of access for all palliative care services in the City.

Palliative Care Pathways to Improve Access and Quality of Care

- Implemented Palliative Care outpatient clinic for patients managing non-cancerous conditions to improve access to palliative care physicians in a community setting.
- Standardized the regional Symptom Management Kit form to address gaps patients endure when accessing medications.
- Supported the 24/7 Health Care Provider Palliative Care consultation line and community information sessions 3 times a week to all regional providers to improve timely access to palliative care expertise.
- Improved access to five Palliative Care physicians' through eConsult services.
- Provided Indigenous language translation services for Substitute Decision Maker Hierarchy.
- Promoted learning with First Nations' Palliative Care Community of Practice.
- Facilitated six curriculum-based Palliative Care education events with 59 educational presentations.

A Distributed Hospice Model: Palliative Care Closer to Home

- Co-located six hospice beds in hospital settings in the Local Health Hubs of: Geraldton, Manitouwadge, Nipigon, Dryden, Fort Frances and Kenora.

Patients now receive end-of-life support in a comfortable setting close to home.

- Collaborated with system partners to plan and implement a mature Medical Assistance in Dying (MAID) system to enable access to MAID services across the region.

Access to Care

Improving access to care is a critical component of the health system transformation. This is true for jurisdictions everywhere, and it is particularly true in a jurisdiction as vast, remote and sparsely populated as Northwestern Ontario. The North West LHIN is committed to providing equitable care to all residents of the Northwest, and continues to explore new and innovative ways to do so.

The 2017-2018 year included many key achievements that support improved access to care.

Regional Critical Care Response Program

Thunder Bay Regional Health Sciences Centre (TBRHSC) Regional Critical Care Response (RCCR) Program was established March 31, 2015 to provide real-time access via telemedicine to evidence based, critical care services using an inter-professional care team.

Since March 2015, the Regional Critical Care Response Program has:

- Connected 11 regional hospitals and eight Indigenous community nursing stations to critical care trained physicians, nurses and respiratory therapists at TBRHSC. There are plans to expand an additional 11 Indigenous community nursing stations in the Northern Sub-region.
- Provided 24/7 access for adult patients who are critically ill or medically unstable.
- Assessed 763 patients remotely.
- Enabled 208 patients to remain in their home communities with the support of the (RCCR).
- Completed 284 additional follow up visits while patients waited for transfer or remained in their home communities with the support of RCCR.

In addition to significantly improving patient care, the estimated savings to the Ontario Health Care system is $4,576,000 since March 2015.

"Regional Critical Care Response promotes a culture of patient safety and responsiveness, acute care education, and sharing of best practices. Most importantly, it results in better outcomes for our patients and families through earlier access to specialized treatments, shorter transfer times, and potentially eliminating the need to transfer a patient at all, resulting in exceptional care closer to home."

~ Dr. Michael Scott, Chief of Critical Care, Thunder Bay Regional Health Sciences Centre

Surge Planning and Influenza in the North West LHIN

During the influenza peak season, the North West LHIN implemented an annual planning process for the System-Wide Surge Protocol.

This process involved bringing together health service providers from across all sectors in Thunder Bay to plan and outline responsibilities for managing potential increased demand on the health system as a result of influenza. Emergency Department (ED) volumes were monitored by Thunder Bay Regional Health Sciences Centre (TBRHSC) and information was shared with the North West LHIN and a broad group of system partners when increased volumes occurred. TBRHSC and system partners worked well together within the structure of the System-Wide Surge Protocol in response to the influenza outbreak in the first months of 2018. All this work supports shorter wait times in small community Emergency Departments while providing better access to urgent care for the people of the region. A total of 49 additional spaces were created to ease capacity pressures in the region through work with health system partners.

Surge Planning

Notified primary care clinics to maintain clinic hours over the holidays, and update hours with 211 and northwesthealthline.ca.

- Distributed "Know Your Options" poster to primary

care clinics and other providers including newspaper advertisements.
- Reduced Emergency Department visits and admissions to hospital where possible from long-term care through nurse-led outreach team.
- Engaged Ambutrans to secure adequate holiday transport service.
- Monitored system capacity at hospitals across the region.
- Established a partnership with Ornge for a dedicated morning flight, and with Central Ambulance Communication Centres to arrange and expedite repatriation of patients to their home community.
- Partnered with Thunder Bay District Health Unit to return patients safely to long-term care homes while in an outbreak situation.

Province Steps Up Funding for Flu Season

Surge Flex Beds

With patient needs and acute care pressures increasing across the province, the Ministry of Health and Long-Term Care funded additional beds and spaces in 2017-2018 to improve patient access and reduce wait times in hospitals, at home and in the community. The North West LHIN received funding to increase capacity in the following areas:

- Lake of the Woods District Hospital in Kenora – four beds
- Thunder Bay Regional Health Sciences Centre – 12 beds
- An additional 19 acute/post-acute beds in the City of Thunder Bay

Emergency Department Times Improving

The Emergency Room Pay for Results (ER P4R) program at Thunder Bay Regional Health Sciences Centre has been in place for the past ten years. In the tenth year 2017-2018, the program focused on reducing length of stay for patients who are waiting for an inpatient bed.

More specifically, the North West LHIN through the support of health system partners has:

- Decreased length-of-stay (LOS) for complex patients, reaching 10.27 hours in September to October of 2017-2018, which is better than the provincial average.
- Decreased LOS for uncomplicated patients to 4.63 hours in September to October of 2017-2018.
- Decreased the overall number of low acuity Canadian Triage Acuity Scale IV-V (CTAS IV-V) Emergency Department visits across the North West LHIN.
- Achieved a reduction from 4,744 low acuity visits between October and December of 2016-2017 to 4,330 visits between October and December in 2017-2018 at Thunder Bay Regional Health Sciences Centre, the busiest Emergency Department in the region.

Alternate Level of Care

Collaborative effort has continued with health system partners to address Alternate Level of Care (ALC) pressures in communities including Thunder Bay and Kenora. ALC days refers to the time spent in hospital waiting for care in more appropriate settings.

The North West LHIN working with system partners maximized capacity in Thunder Bay and the region with the following measures:

- Ensured all available capacity was utilized.
- Maximized all capacity for Home and Community Care Wait at Home service.
- Assisted regional hospitals to manage their capacity pressures and enable repatriation of patients from Thunder Bay Regional Health Sciences Centre (TBRHSC) to their home community.
- Added a Discharge Planner to Sioux Lookout Meno Ya Win, to enable more timely discharge home and repatriation of patients from TBRHSC.
- Supported TBRHSC in reducing Length-of-Stay (LOS) in hospital.
- Expanded the Geriatric Emergency Management (GEM) Nurse initiative at TBRHSC, which provides early interventions for high risk seniors, either to prevent an admission or facilitate a discharge.

Priority Two

Improving Access to Care and Reducing Inequities

The vast geography and low population density in Northwestern Ontario create challenges in the equitable delivery of health services, particularly for those living in small, rural, and remote communities where volumes may not exist to support local delivery of complex, high-cost services. However, the North West LHIN has a longstanding reputation for taking advantage of creativity, innovation, and technology to improve access to care for residents across the region.

During community engagement with the public, many people report being moved from provider to provider. There is frustration from repeating their story, and lengthy wait times in the Emergency Department, for appointments with primary care providers, to see a specialist or for surgery. To respond, the North West LHIN has prioritized equitable access to the care when residents need it, as close to home as possible.

Improving Access to Care

Improving Access to Specialty Care

Access to specialty care remains a challenge in the North West LHIN. The North West LHIN Health Services Blueprint indicates that patients who live in rural areas often travel long distances to Thunder Bay, Winnipeg or elsewhere to access specialized services, including cardiac, pediatrics and high risk obstetrical care.

To improve access to specialty consultation and reduce travel, a network of virtual care has been established and continues to evolve to help meet the demand for specialty services in the North West LHIN, and connect residents with the appropriate, timely care. The North West LHIN is a provincial leader in this area.

Regional Orthopaedics Program

In 2017-2018, there were significant achievements in the North West LHIN with improved access to specialty care, including the development of the Regional Orthopaedics Program. The focus is on orthopaedic surgery, which accounts for approximately 25 per cent of regional surgical activity. Thanks to advanced structures already in place in the Northwest, the regional Orthopaedics program was identified by the Ministry of Health and Long-Term Care as an area to significantly improve access to specialty care over the next three years.

The Regional Orthopaedics Program secured funding for the next three years to improve access to Musculoskeletal (MSK) care locally through the following initiatives:

- Expansion of Musculoskeletal central intake and assessment centres across the North West LHIN for hip and knee replacement referrals and ISAEC (Inter-professional Spine Assessment and Referral).
- Advancement of electronic referral pathways and expansion of regional services.

The Regional Orthopaedics Program expanded the number of surgical providers and volumes of services delivered at the following regional sites: Kenora, Fort Frances, Thunder Bay and Geraldton. Surgical scheduling is now electronically booked through PROMIS (Procedure Management Information System). The PROMIS solution went live in September 2017, resulting in the following benefits:

- Standardized consent forms, lab forms and processes for joint replacement surgery, and application of Choosing Wisely recommendations across the region;
- Improved queueing of patients on the wait list, ensuring that patients are prioritized and booked for surgery accordingly.
- Enabled schedulers to access regional operating room capacity for patients willing to travel.
- All referrals for hip and knee replacement surgery are sent through the Regional Joint Assessment Center.

In addition to new initiatives, the Program has maintained increased access to telemedicine fracture clinics and follow up appointments in the local communities so patients do not have to travel for follow-up care. In the upcoming year, the Program will also implement a bundled care funding model for patients receiving hip and knee surgery in the North West LHIN.

As a result of focused efforts and/ investments in the Program, the following high level outcomes are expected in the region:

- Improved timely access to care – through central intake, patients will receive rapid access to initial consultations and will be directed to a surgical or conservative management pathway improving wait times to definitive treatment. Providers will also have one number to call for information and referrals
- Improved health outcomes – timely access to assessment and treatment will improve patient's health outcomes. High quality regional surgical services will result in improved treatment outcomes and quality of life for patients.
- Improved system outcomes – through regional central intake and other standardization initiatives, system costs will be reduced.

Access to Diagnostic Imaging

As of January 2018, the North West LHIN is outperforming provincial averages for completing Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) cases. Other progress include:

- Completed 76.47 per cent of cases for hip replacement within the target between October - December of 2017-2018.
- Completed 72.38 per cent of cases for knee replacement within the target between October - December of 2017-2018. Performance of these surgeries remain better than provincial average.
- Improved wait times in Hip and Knee surgery, further improvements will occur with the 2018 implementation of software that will actively manage and queue patients.
- Completed 74.72 per cent of Computed Tomography cases within the wait time target between October - December of 2017-2018.
- Completed 83.05 per cent of Magnetic Resonance Imaging cases within the wait time target between October - December of 2017-2018.

Improved Wait Times for Home and Community Care Services

- Maintained no waitlist for Personal Support Worker (PSW) Services.
- Achieved 87.10 per cent of patients receiving personal support visits within target of five days.
- Achieved 95 per cent of patients receiving nursing visits within target of five days.
- Achieved 96.15 per cent with nursing visits which is higher than the provincial target.

Integrating the System of Care for Mental Health and Addictions

To improve access and reduce inequities across the system, the North West LHIN has identified the need for a comprehensive, integrated, and regional model of care for mental health and addictions. This incorporates awareness, education, assessment, early intervention and long-term supports to improve the quality of life and health outcomes for all people living with mental health issues.

In 2017-2018, there were significant achievements in the North West LHIN with improved integration of the system of care for mental health and addictions:

- Allocated $1.65 million in opioid crisis funding across North West LHIN Sub-regions.
- Implemented Rapid Access Addiction Medicine (RAAM)

clinic in the City of Thunder Bay. These clinics are a step in bridging the gap for patients between the Emergency Department, primary care and the addiction treatment and mental health service system.

- The Rapid Access Addiction Medicine (RAAM) clinic model is very flexible and can be adjusted to suit a variety of circumstances. The model is intended to be low-barrier, walk-in, and patient-centred site. Patients of RAAM can expect to receive timely access to patient-centred care, improved health outcomes and supported access to a range of services and supports available in the community while reducing the number of unnecessary emergency visits and need for hospitalizations. The goal of the RAAM clinic is to meet patients where they are at and to work in partnership to create a health care plan based on personal preferences that will restore a sense of wellbeing and hope for the future.
- Provided funding for a three-day educational event in Thunder Bay that brought together Indigenous and non-Indigenous local service providers to learn about the evidence based, best and promising practices for opioid treatment; as well as a day spent with youth, discussing the important aspects of being well and how community treatment organizations can support them.
- An overwhelming message came from the youth attending the session – youth want to be heard and be part of the dialogue. Youth expressed their confidence to be a part of the solution. "As we go forward, we need to develop strategies with our youth, our warriors," says Darcia Borg, Executive Director.
- Provided funding for a three day opioid training event for front line staff, service providers and community stakeholders across the District of Rainy River, focusing on modernizing opioid prescribing, access to culturally appropriate care, overdose prevention and response, as well as best practices and lessons learned in addressing the opioid crisis.
- Provided $403,700 in one-time funding to the Canadian Mental Health Association (CMHA) Thunder Bay to implement a Joint Mobile Crisis Response Team (JMCRT), in partnership with the Thunder Bay Police Services to support individuals experiencing a mental health crisis in the City of Thunder Bay.
- Once implemented, the Joint Mobile Crisis Response program will provide the appropriate support to individuals in crisis at the time of the incident. Rather than the emergency department or the justice system being their only option, there will be a range of interventions available, such as community mental health supports, admission to crisis support residences, and/or facilitating transport to a hospital emergency department.

Supportive Care for Mental Health and Addictions

- Completed an in-depth needs assessment of supportive housing across the Northwest region and worked closely with District Social Services Administration Boards

(DSSABs) to improve integration in supportive housing planning.

- Kenora District Services Administration Board and Meno Ya Win Health Centre have partnered in a joint 20-bed supportive housing initiative in Sioux Lookout. Patient transitions from the local shelter to the new facility are planned for early 2018-2019.
- Continued implementation of Managed Alcohol Programs in both Kenora and the City of Thunder Bay.
- Completed an environmental scan of all North West LHIN funded, community mental health and addictions services. Initial data is being analyzed by Canadian Association for Mental Health. This work identifies gaps or duplications in service, and supports planning for a more integrated continuum of mental health and addictions care.

Improving Equity in Access to Mental Health Services

Improving equity to all services is an ongoing priority for the North West LHIN. The need for equitable access to mental health services has been addressed by the North West LHIN in the following ways in 2017-2018:

- Assembled a working group in partnership with Health Canada and the Ministry of Child and Youth Services to include an Indigenous perspective, to examine mental health resources and better serve youth (Indigenous and non-Indigenous) admitted to the Child and Adolescent Mental Health Unit in Thunder Bay.

Miranda Thibeault, Mental Health and Addictions Nurse, North West LHIN

Care providers in Northwestern Ontario often face unique challenges that come with a large geography and a dispersed population. The most common challenges are often related to access to care, and the barriers faced by the people of the region in accessing their care in a manner that is convenient, timely, and close to home. Recognizing these challenges, particularly when it comes to mental health services for young people, a program was put in place to help ensure youth who need the support of a care provider are able to access the care they need. The Mental Health and Addictions Nurses in Schools (MHAN) program places mental health and addictions nurses in schools to provide on-site support to students in need.

Mental Health and Addictions Nurses, like Miranda Thibeault, work out of schools across the region and help children and young adults face their mental health and addictions challenges in a familiar, safe and accessible environment.

“This really is a nursing role. We have our nursing bag and all the tools you expect a nurse to have, the only difference is that our focus is on mental health and addictions, and we’re working directly in the schools, so we can build trust and relationships with students who might not be as likely to come forward or seek care if we weren’t available as an option. And there are definitely walk-ins and self-referrals, which shows us these services are needed, and we are playing an important role in their lives.”

“We were put in the schools to fill gaps in service – it’s why we’re here,” says Miranda. “We don’t only provide care, but also help with system navigation, transition to and from school between hospitals or treatment clinics, assist with medication management, and aim to reduce readmissions and hospital visits.”

Miranda Thibeault, Mental Health and Addictions Nurse

Reducing Inequities

Health Equity

The population of the Northwest experiences poorer health outcomes on many key health indicators compared to the rest of the province. A focus on equity is a core component of the second priority of the North West LHIN IHSP IV - Improving Access to Care and Reducing Inequities.

Achievements of the past year include:

- Through the initiation of sub-region planning, the LHIN has established regional planning tables which will focus on health equity, improved access to primary care and inter-professional health care providers and effective and seamless transitions between primary care and other health and social services.
- The North West LHIN has initiated discussions with Medical Officers of Health across the North West LHIN, to identify opportunities for improved population health planning to advance health promotion, harm reduction, and other initiatives to improve the health status of the population.
- The North West LHIN worked closely with Health Quality Ontario (HQO) and a diverse group of stakeholders on the development of the Northern Ontario Health Equity Strategy. Production of the strategy involved extensive community engagement led by HQO and the Strategy's steering committee, and moving forward the strategy provides a framework for action on health equity in both the North West and North East LHIN catchment areas.
- The North West LHIN has continued to focus on improving access to primary care to improve health equity as primary care is the entry point to the health care system for most residents. Evidence shows that jurisdictions with a strong foundation of primary care also have better health equity and overall improved health system performance.
- The North West LHIN, through a Working Group of the Joint Primary Care Council (the Primary Care Forecasting Working Group), engaged in state assessment of primary care to address equity in primary care services. The Working Group is comprised of Primary Care providers from all North West LHIN sub-regions, and identifies surplus/gaps between the community/population need, utilization of services and health care workforce supporting the community, including Indigenous and Francophone populations. Unique and individual community/population characteristics will underscore the model, and a gap analysis will reveal areas of high need.

The North West LHIN has developed specific action plans to focus on health equity in 2018-2019:

- Address health equity through sub-region planning;
- Include equity specific activities in the 2018-2019 North West LHIN quality improvement plan;
- Continue to develop stronger links to population and Public Health;
- Develop a framework for assessing and addressing the existence and impact of health inequities and collaborate with system partners to develop effective strategies to address these equities;
- Continue to focus on improving access to care and health outcomes for Indigenous and Francophone patients across the Northwest who currently experience significant inequity.

Indigenous Health Services

Indigenous residents living in First Nation communities and urban centres continue to face significant challenges when accessing health care services. Remote populations spread across a large geography, language and cultural barriers, historical traumas that impact current health status, challenges in timely access to services, and the need for greater coordination between various funding agencies and levels of government, are all factors that contribute to inequitable access and the quality of care that Indigenous individuals receive.

To address these barriers, the North West LHIN recognizes the crucial role it has in continuing to build relationships and partnerships with health service providers, organizations, various local, provincial and federal agencies, and to ensure engagement and inclusion of Indigenous leaders, organizations, communities and patients.

Notable achievements in 2017-2018 include:

- The North West LHIN is a member of a number of Health Services Integration Fund (HSIF) projects aimed at advancing the integration of health programs and services to better meet the needs of First Nation communities. These projects are a result of a collaborative planning and partnership initiative between Health Canada, the North West LHIN, First Nation communities, health service providers funded by the North West LHIN, and provincial ministries/agencies.
- Continued to fund Dennis Franklin Cromarty High School to manage drug withdrawal for students including wrap-around cultural and recreational services this past year.
- Advanced work on cultural diversity through the support of Indigenous Cultural Safety training across the Northwest has included cultural diversity indicators in the service accountability agreements of health service provider (HSPs) organizations to ensure that all HSPs are planning for health services that are culturally competent.
  - → Within the North West LHIN organization, 100 per cent of the North West LHIN Board of Directors and senior staff will complete online Indigenous Cultural Safety Training by the end of 2018-2019. This training provides the knowledge, self-awareness, and skills necessary to work effectively with Indigenous people.
  - → To date, 349 health care workers have registered for this training.
- Following the lead of First Nations Organizations and Communities, assisted in supporting response to social crisis:
  - → Coordinated a system response with LHIN-funded health service providers to assist the communities in crisis and, facilitated discussions between multiple system stakeholders on initiatives identified as necessary for support by communities.
  - → Provided crisis response funding to Wapekeka First Nation to enhance local support for youth and families as well as developing local community capacity.
- Provided Point of Care testing to seven municipalities and 17 First Nation communities. Three programs offer services to urban Indigenous populations.
- Worked with several community stakeholders to identify priorities for one-time, short term funded initiatives in 2017-2018. Successful proposals included a wide-range of initiatives:

  - → Community crisis response;
  - → Youth mental health;
  - → Community support services; and
  - → Local community support services worker training and capacity building.

Improving Access to Care in Pikangikum and Sandy Lake

For patients with diabetes in remote fly-in communities, improving access to care is a top priority for the North West LHIN and its federal health care partners.

Introduction of the i-STAT handheld test accelerates decision-making for patient care with a system that makes patient-side testing fast, easy and accurate. The i-STAT handheld operates with advanced technology of single-use i-STAT test cartridges where together, this blood analysis system provides health care professionals with the information they need to make timely treatment decisions, which enhances quality of care and improved system efficiency.

The North West LHIN has been involved with a project in partnership with Health Canada and Ornge to implement a point-of-care lab testing system in the communities of Sandy Lake and Pikangikum First Nations. The technology will put health care into the hands of patients, improving access to care by accelerating the blood work turnaround time for people with diabetes.

The implementation of i-STAT allows for blood testing in First Nations' nursing stations, thus delivering care closer to home, reducing uncertainty of diagnosis, avoiding unnecessary transfers and gaining associated cost savings. This technology also empowers nurses to provide necessary services that would have required a specialist in the past.

The project has just begun in Sandy Lake and Pikangikum. Expansion of i-STAT implementation to all 22 remote fly-in nursing stations across the North West LHIN region is planned for later this year and into 2018 -2019.

French Language Health Services

In accordance with the Local Health System Integration Act, 2006, and the *French Language Services Act*, 1986, the North West LHIN is working in partnership with the Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO) to engage the Francophone population. Through work with the RMEFNO, community engagement findings on the needs of the Francophone community are presented to health service providers (HSPs) at the French Language Services (FLS) sub-region planning sessions.

The North West LHIN collaborates with HSPs in their efforts to expand access to FLS, build Francophone health human resource capacity across the care continuum, identify and share existing resources and tools and promote leading practices underway locally and across the region.

Notable achievements in 2017-2018 include:

Sub-region French Language Services Planning

- Held six French Language Services (FLS) planning sessions with the identified health service providers for FLS and the non-identified health service providers for the development of FLS sub-region plans for three sub-regions (District of Kenora, City of Thunder Bay, and District of Thunder Bay).
  - → Active Offer of services in French was presented as a method to improve access to existing health services in French at the sub-region planning sessions in January 2018.
  - → The health service providers are working towards connecting health services in French using the Active Offer of services in French approach.
  - → Implementing a project on Active Offer of services in French at Thunder Bay Regional Health Sciences Centre. The first step to launch of the implementation of the linguistic variable questions was in November 2017.
- Implemented a new French Language Services reporting tool for the 2017-2018 reporting period.

Improving the Patient Experience for Francophones

To improve health services for Francophones in 2017-2018, the North West LHIN has:

- Collaborated with the RMEFNO to complete phase one of a study on Long-Term Care (LTC) and FLS to determine the needs of the elderly Francophone population LTC Homes and developed recommendations on how to improve the patient experience by offering culturally sensitive services.
- Helped the French Language Health Planning Entity to provide training sessions in Dryden and Greenstone, 'Interpretation and You', designed to train staff on how to interpret when caring for a Francophone patient.
- Held a workshop on mental health first aid in French in May 2017, hosted by the RMEFNO in Thunder Bay, with six Francophone organizations attending.
- Completed training for French speaking peer leaders to enhance access to self-management programs for the Francophone population.
- Four health service providers have included the linguistic variable questions in their initial assessment process.
- Offered interpretation services via Ontario Telemedicine Network (OTN) through the office of l'Accueil francophone de Thunder Bay that is accessible in the Northwest region.
- Highlighted best practices on Active Offer of services in French at the FLS sub-region planning sessions in June 2017.

Priority Three

Building an Integrated eHealth Framework

Electronic Health (eHealth) is a critical enabler to health care system integration. While Northwestern Ontario has made significant advances in eHealth there is considerable work left to do. Tremendous progress has been made in the adoption of electronic medical records, but there are many stand-alone, non-integrated information systems throughout the region that do not assist health care providers with the information they need across the continuum of care. The majority of specialists in the region do not use electronic medical records. There are also many remote communities in the North West LHIN without the infrastructure, bandwidth, or training to support advances in eHealth.

Communication and sharing of critical medical information between providers, across sectors, and with patients has dramatically improved with technological solutions. Sensors and wearables, remote monitoring, mobile health, portal technology and virtual health care are becoming more widely available to clinicians and patients, with the potential to save time, facilitate communication, and improve care experiences and health outcomes by directly empowering and engaging people in monitoring their health and making health care decisions.

In order to continue to advance eHealth in the region, the North West LHIN continues to seek out and find innovative solutions to priority issues, establish appropriate organizational structures and service offerings, and collaborate regionally for cost-effective, integrated solutions.

In 2017-2018, there were notable eHealth achievements in the North West LHIN.

Hospital Information Renewal

In alignment with the provincial Hospital Information System (HIS) renewal initiative, a preliminary regional HIS roadmap has been developed aimed at:

- → Increasing the current capabilities of Meditech to support advancing clinical functions that will improve clinical efficiencies and patient safety;
- → Improving regional clinical standards providing an opportunity for organizations to move to best/evidence based practice, reducing clinical variation in the way care is delivered; and
- → Standardizing Information Technology (IT) infrastructure and further advance a regional approach for IT shared service that will evolve regional HIS services into standardized, infrastructure-type services with predictable and measurable costs and performance.

Supporting Ontario's eHealth Strategy

The eNotification initiative has expanded in the region, which enables the sharing of information between hospitals and the Home and Community CHRIS system. These near real-time electronic notifications are sent to inform physicians that the patient was discharged from the hospital Emergency Department, admitted as an in-patient, or discharged as an in-patient. Patients benefit from eNotifications by receiving faster follow-up care from their primary care providers. Continuity of care between acute and primary care settings is improved because primary care providers are notified of Emergency Department and in-patient unit visits sooner and are empowered by timely and accurate patient information.

For clinicians, eNotifications provide quicker access to the latest patient information needed for making decisions about appropriate follow-up care. eNotifications enable clinicians to improve their ability to meet the recommended ministry guideline of follow-up with patients within seven days post-discharge.

Expanding eReferrals for health service providers

The North West LHIN is focusing on the care pathway from primary care to orthopaedic specialist in alignment with the roll out of the provincial musculoskeletal (MSK) central intake initiatives. This initiative will be run under the direction of the System Coordinated Access Program, eHealth Centre of Excellence in the Waterloo Wellington LHIN.

Priority Four

Ensuring Health System Accountability and Sustainability

Building a sustainable health care system requires proactive planning to ensure sufficient resources are available to meet the needs of everyone who depends on them now and in the future. The North West LHIN recognizes the challenges facing local health systems, health service providers, and other system partners. A few examples of these challenges include growing expectations for access to care, financial pressures on hospitals, and human resource recruitment and retention. System transformation is required to achieve cost-efficiency, improved health outcomes and quality of care, and system sustainability with limited resources.

The North West LHIN allocates funding so that it is more closely linked to the patient's specific needs and the best treatment options. This approach, known as Health System Funding Reform, aligns funding with high quality care, bases decisions on the best evidence to improve patient outcomes, and enables the most efficient use of resources. These changes improve system balance and efficiency by responding to demographic changes and health care needs specific to each community.

The province is moving towards standardized indicators for the health system that will be achieved over time.

In 2017-2018, the North West LHIN advanced several initiatives that support the provincial direction and contribute to improved system accountability and sustainability:

- → Identified targets for measuring the operational efficiency of services delivered by health service providers.
- → Negotiated service accountability agreement (SAA) targets for providers with the objective to align SAA targets with LHIN standards, and ensured that accountability within these agreements align with established LHIN targets.
- → Developed and implemented tools and processes to identify providers that are experiencing challenges with reporting, and proactively work with providers to improve reporting compliance and data quality.

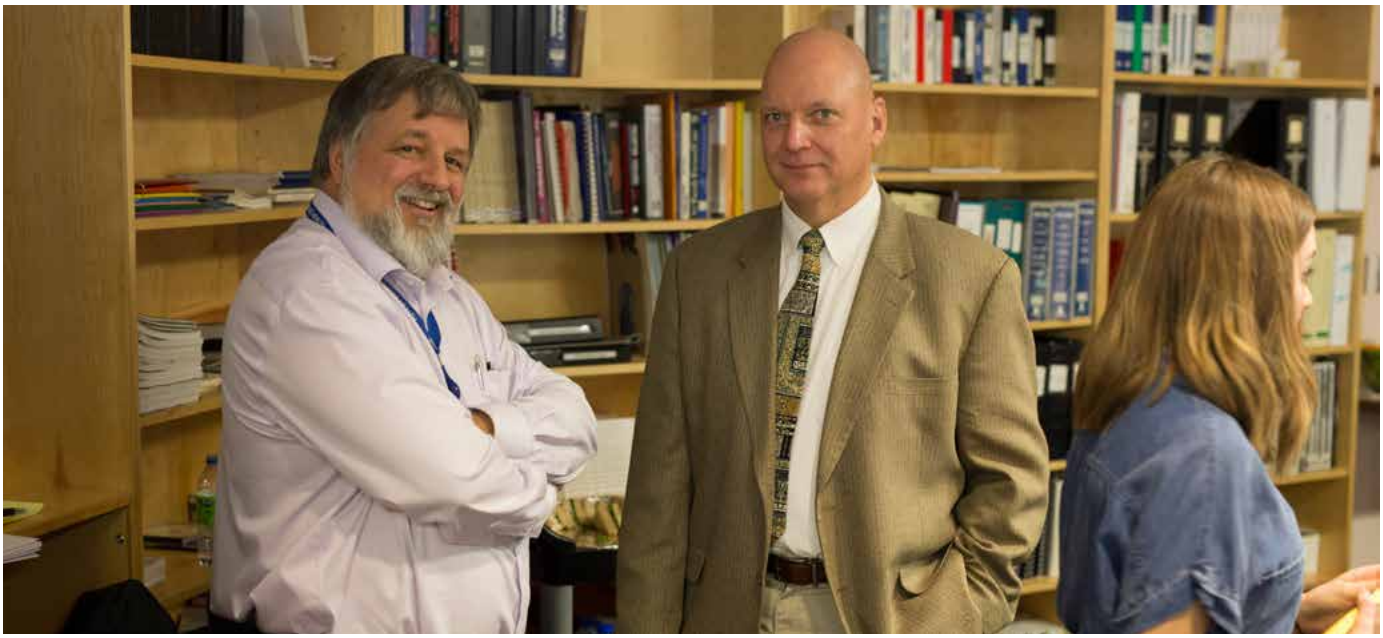
Engaging Communities

Engagement with the people of Northwestern Ontario is an ongoing priority of the North West LHIN. The LHIN values input of local residents, which is why community engagement is a core value that guides planning and decision-making processes. In this way, the health care system in Northwestern Ontario is one that is informed and designed by and for the people of Northwestern Ontario.

In 2017-2018, the North West LHIN engaged with a total of 8,283 individuals across 1,241 engagement events.

The North West LHIN is grateful for the invaluable input from the people, health service providers, and communities across the Northwest region. Through this engagement, the North West LHIN has been privileged to continue strengthening and deepening its connection to the people, families and care providers from the region.

The North West LHIN continues with its region-wide engagement campaign to inform the development of the next *Integrated Health Service Plan* (2019-2022). The campaign, called *Picture Your Health: Your Future*, was launched on March 12, 2018 and ends on May 7, 2018.



Manitouwadge community engagement session during the Picture Your Health campaign.

Atikokan residents join a community workshop in April during the Picture Your Health campaign.

The Communications Team of the North West LHIN meets with residents at the Thunder Bay Regional Health Sciences Centre.

North West LHIN Leadership Award

The North West LHIN Board of Directors presented the third annual North West LHIN Leadership Award in December 2017, to acknowledge outstanding contributions in transformation, partnerships and leadership excellence in service to the people of Northwestern Ontario.

North West LHIN-funded health service providers were invited to nominate individuals, teams, and organizations from across the region for the Leadership Award, which is presented at the annual Open House event. In 2017, the Board of Directors received a record number of exceptionally strong applicants.

Gil Labine, Board Chair, North West LHIN, announced the recipients in the categories of Collaboration/Partnership, Stakeholder Engagement and Individual Distinguished Contribution (see below):

"The North West LHIN Board of Directors takes great pride in highlighting the exemplary leaders in our region who are improving health care delivery, integration and innovation for the benefit of Northwestern Ontarians. I couldn't be more pleased to congratulate this year's Leadership Award recipients."

- Gil Labine, Board Chair, North West Local Health Integration Network

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Wade Petranik, CEO of Dryden Regional Health Centre was the recipient of the Distinguished Contribution Award. Wade has demonstrated exceptional leadership and commitment to the health system over the past 20 years.

St. Joseph's Care Group, North West LHIN Regional Palliative Care Program was recognized for their exceptional approach to stakeholder engagement.

Thunder Bay Regional Health Sciences Centre, Regional Critical Care Response Program was recognized for their exceptional approach to collaboration/partnership.

Thunder Bay Regional Health Sciences Centre (TBRHSC), Regional Orthopaedic Program was recognized for their exceptional approach to collaboration/partnership.

Members of the North West LHIN Patient and Family Advisory Committee gather for the inaugural meeting held in Thunder Bay.

Patient and Family Advisory Committee

On November 22, 2017, the North West LHIN announced the selection of 15 members to its inaugural Patient and Family Advisory Committee (PFAC). PFAC supports the North West LHIN's ongoing commitment to include the voices of patients in their health care, by providing advice on key local health issues and programs from the patient's perspective.

The 15 members selected have experience as patients or caregivers of patients in the North West LHIN, and reflect the diversity of the people and communities of the LHIN. Members have been selected to serve as a voice for patients and families, by sharing unique stories, experiences, opinions and perspectives in order to strengthen the engagement of patients, caregivers and the public. These perspectives and advice feed into important local health planning, funding, integration and delivery decisions and policies that affect patients and families across the North West LHIN.

PFAC is scheduled to meet four times annually. In 2017-2018, North West LHIN PFAC members had two meetings, one in November and one in February. In these meetings, PFAC members:

- Appointed two Co-Chairs
- Reviewed and set the PFAC Terms of Reference
- Updated on LHIN operations and provincial priorities
- Engaged on the North West LHIN Quality Strategy to Improve Health Outcomes Report

We're all in it together, we all have our opportunity to contribute. We're here to ensure respect for relations across the region.

~ George Saarinen, Patient and Family Advisory Committee Co-Chair

Online Community Engagement Trends

The North West LHIN engages audiences within Northwestern Ontario through traditional and new media channels to build relationships, and to enhance the trust, profile and reputation of the organization.

In 2017-2018, the North West LHIN website had 33,186 visitors, 16 per cent more than the previous year. The existing social media platforms increased their respective audiences, and The North West LHIN introduced a channel through Instagram to encourage participation of diverse audiences including millennials in health care planning.

Indigenous Community Engagement

The North West LHIN is committed to promoting close working relationships with Indigenous agencies and communities. Highlights of this year include: the promotion of provincially-funded Indigenous Cultural Safety Training to LHIN funded providers across the region.

The LHIN looks forward to working with stakeholders on the priorities that have been identified through community engagement from this past year.

Notable achievements over the past year include:

- Offered urban Indigenous planning sessions in Dryden and Fort Frances. These were aimed at coordinating services for urban Indigenous people in those municipalities and inform the province's Urban Aboriginal Strategy.
- Supported diabetes program review in Fort Frances with Gizhewaadiziwin First Nation, Aboriginal Health Access Centres (AHAC), Fort Frances Tribal Area Health Services (FFTAHS), and Sunset Family Health Team. These sessions supported the integration of the activities of various programs that serve the indigenous populations.
- Participated with the Community Health Worker (CHW) Diabetes Project, part of the Sioux Lookout First Nations Health Authority (SLFNHA). This working group focused on providing standardized education to local health workers in four remote First Nations communities.
- The North West LHIN is a member of a number of Health Services Integration Fund (HSIF) projects aimed at advancing the integration of health programs and services to better meet the needs of First Nation communities. These HSIF projects are a result of a collaborative planning and partnership initiative between Health Canada, the North West LHIN, First Nation communities, health service providers funded by the North West LHIN, and provincial ministries/agencies.
- Participated in Steering Committees with Kenora Chiefs Advisory and Sioux Lookout First Nation Health Authority on Public Health initiatives focused on self-management.

Francophone Community Engagement

The North West LHIN works with the North East LHIN and the Réseau du mieux-être francophone du Nord de l'Ontario, (French Language Health Planning Entity, FLHPE) to address the health care needs of the Francophone population in the North. The North West LHIN, in collaboration with the FLHPE, developed a three-year joint action plan (2016-2019) that aims to improve access, coordination and the sustainability of equitable French Language Services (FLS) for Francophones in Northern Ontario.

- Provided a training session through RMEFNO in Dryden for French-speaking health professionals to share best practices about how to interpret when caring for a French-speaking patient.
- Helped to coordinate 13 Carrefours santé meetings across the region in Dryden, Ignace, Thunder Bay, Terrace Bay and Greenstone. Topics discussed included Active Offer of FLS, interpretation services via Ontario Telemedicine Network (OTN), mental health first aid sessions and long-term care.
- Promoted interpretation services available via OTN through l'Accueil francophone was offered in Thunder Bay, Dryden, Ignace, Terrace Bay and Geraldton with health service providers and community members.
- The RMEFNO presented on Active Offer of FLS at the June 2017 Health Quality Rounds session.

Ministry LHIN Accountability Agreement (MLAA) Indicators

North West LHIN Performance Indicators

2017-2018 ANNUAL REPORT

DATED: May 11, 2018

INDICATOR	Provincial Target (P)	Provincial				LHIN			
		2014-2015 Fiscal Year Result	2015-2016 Fiscal Year Result	2016-2017 Fiscal Year Result	2017-2018 Result	2014-2015 Fiscal Year Result	2015-2016 Fiscal Year Result	2016-2017 Fiscal Year Result	2017-2018 Result
Performance Indicators									
Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services	95.00%	85.39%	85.36%	89.86%	88.50%	76.43%	78.52%	83.92%	80.65%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	95.00%	93.71%	94.00%	96.07%	96.21%	89.31%	88.32%	95.86%	95.67%
90th Percentile Wait Time for Home Care Services - Application from Community Setting to first Home Care Service (excluding case management)	21 days	29.00	29.00	30.00	29.00	35.00	28.00	30.00	27.00
90th Percentile Wait Time from Hospital Discharge to Service Initiation for Home and Community Care	TBD	7.00	7.00	7.00	7.00	5.00	5.00	5.00	5.00
90th percentile emergency department (ED) length of stay for complex patients	8 hours	10.13	9.97	10.38	10.75	9.73	9.33	9.58	10.30
90th percentile emergency department (ED) length of stay for minor/uncomplicated patients	4 hours	4.03	4.07	4.15	4.38	3.88	3.93	4.18	4.67
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	90.00%	81.51%	79.97%	78.47%	77.99%	73.04%	83.08%	78.65%	76.65%
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	90.00%	79.76%	79.14%	75.02%	73.72%	64.66%	71.85%	76.61%	74.49%
Percentage of Alternate Level of Care (ALC) Days	9.46%	14.35%	14.50%	15.69%	15.18%	21.72%	21.27%	26.07%	22.62%
ALC Rate	12.70%	13.70%	13.98%	15.19%	15.68%	27.60%	27.76%	30.58%	33.98%
Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions	16.30%	19.62%	20.19%	20.67%	20.97%	16.32%	16.98%	18.12%	19.43%
Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions	22.40%	31.34%	33.01%	32.50%	32.25%	43.22%	46.24%	43.76%	41.76%
Readmission within 30 days for selected HIG conditions	15.50%	16.60%	16.65%	16.74%	16.41%	16.64%	16.45%	17.75%	17.79%

INDICATOR	Provincial Target	Provincial				LHIN			
		2014-2015 Fiscal Year Result	2015-2016 Fiscal Year Result	Most Recent Quarter	2016-2017 Result	2014-2015 Fiscal Year Result	2015-2016 Fiscal Year Result	Most Recent Quarter	2016-2017 Result
Monitoring Indicators									
Percent of priority 2 and 3 cases completed within access target for cataract surgery	90.00%	91.93%	88.09%	85.01%	83.95%	93.87%	91.51%	89.21%	82.73%
Percent of priority 2 and 3 cases completed within access target for MRI scans	90.00%	59.47%	62.58%	67.57%	69.77%	89.65%	88.88%	83.38%	77.61%
Percent of priority 2 and 3 cases completed within access target for CT scans	90.00%	78.25%	78.18%	82.11%	84.73%	80.58%	59.46%	89.42%	88.29%
Wait times from application to eligibility determination for long-term care home placements: from community setting	NA	14.00	14.00	13.00	14.00	35.00	34.50	32.00	21.00
Wait times from application to eligibility determination for long-term care home placements: from acute-care setting	NA	8.00	7.00	7.00	7.00	15.00	12.00	14.00	9.00
Rate of emergency visits for conditions best managed elsewhere per 1,000 population	NA	19.56	18.47	17.12	12.06	42.67	42.62	39.71	24.99
Hospitalization rate for ambulatory care sensitive conditions per 100,000 population	NA	320.78	320.13	321.18	243.31	519.59	564.67	600.65	459.00
Percentage of acute care patients who had a follow-up with a physician within 7 days of discharge	NA	46.09%	46.61%	47.43%	47.31%	36.98%	36.89%	38.65%	38.51%

Indicator	Report on North West LHIN Performance
Home Care Service Wait Times	Wait times for home care services are a priority of the North West LHIN. Performance with respect to home care wait times have been improving over the past several years. The North West LHIN has implemented operational tactics to manage wait times and ensure that clients are not waiting longer than anticipated for service initiation. See **page 13** for additional information on strategies implemented to improve home care services delivery.
Emergency Room Length of Stay	Wait times in emergency departments in Northwestern Ontario for high acuity patients were lower than the provincial average in 2017/18, while low acuity wait times were slightly above provincial results. This performance is notable given the operating pressures placed on hospitals as a result of continued overcapacity challenges. See **page 20** for additional information on strategies implemented to manage emergency department wait times.
Cataract Wait Times	Wait times for cataract surgeries in the North West LHIN are consistent with those experienced across the province. The North West LHIN continues to monitor performance of wait times for cataract surgery and will implement strategies as required to manage performance.
Hip and Knee Replacement	Wait times for both hip and knee replacement in the North West LHIN remained consistent in 2017/18. In 2017/18, the North West LHIN Regional Orthopaedics Program provided oversight to orthopaedics services for the entire North West LHIN. This required implementing processes, tools and structures to deliver and monitor and govern service delivery. See **page 22** for additional information on the Regional Orthopaedics Program.
Diagnostic MRI and CT Scans	Wait times in the North West LHIN for diagnostic MRI and CT scans increased in 2017/18. The increase in wait times is attributed to an increase in demand for diagnostic imaging from primary care, and increased volume of high priority cases. Strategies implemented to manage wait times for diagnostic procedures include the use of queuing theory to schedule and engaging with clinicians ensure diagnostic imaging utilization is clinically appropriate.
Alternate Level of Care	The Alternate Level of Care (ALC) rate increased marginally in the North West LHIN in 2017/18. This increase was anticipated as the LHIN implemented incremental transitional care spaces in hospital settings to care for patients that were appropriate for post-acute care settings. These temporary investments were put in place to address the hospital overcapacity experienced in 2017/18. Refer to **page 20** for additional information related to strategies implemented to improve performance related to ALC.
Readmission Rates	Readmission rates in the North West LHIN remained stable in 2017/18. Readmission rates are linked to several factors including hospital discharge practices, access to primary care and chronic disease prevention and management. The North West LHIN is committed to working with a stakeholders to manage readmission rates and ensure quality outcomes for patients.
Rate of Repeat Emergency Department Visits for Mental Health Conditions	The rate of repeat emergency department visits for substance abuse related conditions decreased while rate for mental health conditions increased slightly in 2017/18 in the North West LHIN. In 2017/18, the North West LHIN implemented strategies aimed at improving the care experience for patients with mental health and addictions related conditions. See **page 22** for additional information related to strategies implemented for mental health and addictions services.
Hospitalization Rates	The North West LHIN has identified that rates of hospitalization are higher than those experienced elsewhere in Ontario. This is primarily attributed to the lower overall health status of residents of the North West. In response to this, the North West LHIN is implementing strategies to minimize the rate of hospitalization for chronic conditions, standardize care pathways for admitted patients and reduce readmission rates.
Long-Term Care Home Eligibility Assessment Wait Times	Within the North West LHIN, demand for long-term care beds is exceeds supply. As a result, wait times experienced for those applying to long-term care are longer than elsewhere in the province. Despite these pressures, the North West LHIN has implemented process improvement strategies to reduce the time from application to assessment and is working with system partners to improve wait times for these indicators.
Emergency Department Utilization	Within the North West LHIN, emergency department utilization has historically been higher than rates experienced elsewhere in the province. The rate of emergency department utilization is significantly influenced by small and rural hospitals which have capacity to provide low acuity services within the fixed hospital infrastructure. Despite these realities, the LHIN is expanding efforts to reduce emergency department utilization through the expansion of Health Links and developing strategies in conjunction with primary care providers.
Access to Primary Care	Access to primary care services is considered a key enabler to developing an effective patient centered health system. The LHIN recognizes that the rate of access to primary care in the North West LHIN is below that of the province. In alignment with the North West LHIN Health Services Blueprint, The North West LHIN is engaging with stakeholders including primary care practitioners to improve access to primary care services.

Financial statements of

North West Local Health Integration Network

March 31, 2018

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Independent Auditor's Report

To the Members of the Board of Directors of the
North West Local Health Integration Network

We have audited the accompanying financial statements of the North West Local Health Integration Network (the "LHIN"), which comprise the statement of financial position as at March 31, 2018, and the statement of operations and changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the LHIN as at March 31, 2018, and the results of its operations, changes in its net assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards

Deloitte LLP

Chartered Professional Accountants
Licensed Public Accountants
June 26 2018

North West Local Health Integration Network

Statement of financial position

As at March 31, 2018

	Notes	2018	2017
	3	$	$
Assets			
Current assets			
Cash		**6,935,590**	444,497
Due from Ministry of Health and Long-Term Care ("MOHLTC") - HSP Transfer payments	15	**8,016,497**	4,869,393
Accounts receivable		**380,052**	84,767
Prepaid expenses		**87,078**	6,610
		15,419,217	5,405,267
Capital assets	7	**178,360**	80,215
		15,597,577	5,485,482
Liabilities			
Current liabilities			
Accounts payable and accrued liabilities		**5,604,421**	428,318
Due to Health Service Providers ("HSPs")	15	**8,016,497**	4,869,393
Due to MOHLTC	4	**1,798,299**	95,247
Due to Health Shared Services Ontario		**—**	12,309
		15,419,217	5,405,267
Deferred capital contributions	8	**178,360**	80,215
		15,597,577	5,485,482
Commitments	10		
Net assets		**—**	—
		15,597,577	5,485,482

The accompanying notes are an integral part of the financial statements.

Approved by the Board

Director

Director

North West Local Health Integration Network

Statement of operations and changes in net Assets

Year ended March 31, 2018

	Notes	2018 Actual	2017 Actual
	3	$	$
Revenue			
MOHLTC funding - transfer payments	15	**656,997,507**	674,545,363
Base funding		**50,016,826**	6,046,958
One time funding		**1,918,645**	399,731
Other Ministry funding		**319,121**	
Other revenue		**768,984**	510,000
Amortization of deferred capital contribution		**89,252**	63,451
		53,112,828	7,020,140
		710,110,335	681,565,503
Expenses			
HSP transfer payments	15	**656,997,507**	674,545,363
Purchased Client Services			
Nursing		**8,914,356**	—
Personal support		**15,571,756**	—
Residential hospice		**167,704**	—
Other healthcare services		**4,366,250**	—
Medical supplies and equipment		**2,444,147**	—
Salaries and benefits		**18,586,581**	5,101,940
Supplies & sundry		**2,211,830**	1,505,947
Building and ground		**990,799**	348,802
Amortization		**89,252**	63,451
		53,342,675	7,020,140
		710,340,182	681,565,503
Excess of expenses over revenue before the undernoted		**(229,847)**	—
Net assets assumed on transition	13	**229,847**	—
Excess of revenue over expenses		**—**	—
Net assets, beginning of year		**—**	—
Net assets, end of year		**—**	—

The accompanying notes are an integral part of the financial statements.

North West Local Health Integration Network

Statement of cash flows

Year ended March 31, 2018

	Notes	2018	2017
		$	$
Operating activities			
Excess of revenue over expenses		—	—
Cash received on transition		2,758,941	—
Net assets assumed on transition		(229,847)	—
Less amounts not affecting cash			
Amortization of capital assets		89,252	63,461
Amortization of deferred capital contributions		(89,252)	(63,461)
		2,529,094	—
Changes in non-cash working capital items		3,961,999	34,503
		6,491,093	34,503
Investing activity			
Purchase of capital assets		(107,911)	(26,322)
Financing activity			
Deferred capital contributions received		107,911	26,322
Net increase in cash		6,491,093	34,503
Cash, beginning of year		444,497	409,994
Cash, end of year		6,935,590	444,497

The accompanying notes are an integral part of the financial statements.

1. Description of Business

The North West Local Health Integration Network was incorporated by Letters Patent on June 16, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the North West Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandate of the LHIN is as follows:

(a) Plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers the Districts of Thunder Bay, Rainy River and most of Kenora. The LHIN enters into service accountability agreements with health service providers.

The LHIN has also entered into an accountability agreement with the Ministry of Health and Long Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

All funding payments to LHIN managed Health Service Providers are flowed through the LHIN's financial statements. Funding payments authorized by the LHIN to Health Service Providers, are recorded in the LHIN's Financial Statements as revenue from the MOHLTC and as transfer payment expenses to Health Service Providers.

(b) Effective June 21, 2017 the LHIN assumed the responsibility to provide health and related social services and supplies and equipment for the care of persons in home, community and other settings and to provide goods and services to assist caregivers in the provision of care for such persons, to manage the placement of persons into long-term care homes, supportive housing programs, chronic care and rehabilitation beds in hospitals, and other programs and places where community services are provided under the Home Care and Community Services Act, 1994 and to provide information to the public about, and make referrals to, health and social services.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations including the 4200 series standards, as issued by the Public Sector Accounting Board. Significant accounting policies adopted by the LHIN are as follows:

Revenue recognition

The LHIN follows the deferral method of accounting for contributions. Contributions from the MOHLTC represent externally restricted contributions which must be spent within the fiscal year provided. Unspent contributions from the MOHLTC are set up as repayable to the MOHLTC at the end of the year. Unrestricted contributions are recognized when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

2. Significant accounting policies (continued)

Ministry of Health and long-term care Funding

The LHIN is funded by the Province of Ontario in accordance with the Ministry-LHIN Accountability Agreement ("MLAA"), which describes budgetary arrangements established by the MOHLTC. The Financial Statements reflect funding arrangements approved by the MOHLTC. The LHIN cannot authorize payments in excess of the budgetary allocation set by the MOHLTC. Due to the nature of the Accountability Agreement, the LHIN is economically dependent on the MOHLTC.

Transfer payment amounts to Health Service Providers are based on the terms of the Health Service Provider Accountability Agreements with the LHIN, including any amendments made throughout the year. During the year, the LHIN authorizes the transfer of cash to the Health Service Providers. The cash associated with the transfer payment flows directly from the MOHLTC and does not flow through the LHIN bank account.

LHIN Financial Statements do not include transfer payment funds not included in the Ministry-LHIN Accountability Agreement.

Capital assets

Purchased capital assets are recorded at cost. Repairs and maintenance costs are charged to expense. Betterments, which extend the estimated life of an asset, are capitalized

Capital assets are amortized on a straight-line basis based on their estimated useful life as follows:	
Furniture and equipment	5 years
Computer equipment	3 years
Leasehold improvements	5 years

For assets acquired or brought into use, during the year, amortization is provided for a full year.

Deferred capital contributions

Contributions received for the purchase of capital assets are deferred and amortized to income at the same rate as the corresponding capital asset.

Adoption of PSAS 3430 – Restructuring transactions

The LHIN has implemented Public sector Accounting Board ("PSAB") section 3430 Restructuring Transactions. Section 3430 requires that the assets and liabilities assumed in a restructuring agreement be recorded at the carrying value and that the increase in net assets or net liabilities received from the transferor be recognized as revenue or expense. Restructuring is an event that changes the economics of the recipient from the restructuring date onward. It does not change their history or accountability in the past, and therefore retroactive application with restatement of prior periods permitted only in certain circumstances.

Financial instruments

Financial assets and liabilities are measured at amortized cost, with the exception of cash that is measured at fair value. Financial instruments measured at amortized cost are initially recognized at cost, and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets. Transaction costs related to financial instruments in the amortized cost category are added to the carrying value of the instrument.

2. Significant accounting policies (continued)

Financial instruments (continued)

Write-downs on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision, and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the write-down being recognized in the statement of operations and changes in net assets.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Significant estimates include depreciation rates for capital assets and certain accruals. Actual results could differ from those estimates.

3. Change in accounting policy

As a result of the transition of responsibility for the delivery of certain services related to home care as described above, there has been a significant change in the operations of the LHIN over prior year. As a result of these changes, the LHIN has determined that the adoption of Canadian public sector accounting standards for Government not-for-profit organizations is appropriate. Previously the LHIN followed Canadian public sector accounting standards. The adoption of this policy has no impact on numbers previously reported. The impact of the change is limited to presentation only, and as a result the prior year figures presented for comparative purposes have been reclassified to conform with the current year's presentation.

4. Funding repayable to the MOHLTC

In accordance with the MLAA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

The amount due to the MOHLTC at March 31 is made up as follows:

	2018	2017
	$	$
Due to MOHLTC, beginning of year	**95,247**	137,920
Funding repaid to MOHLTC	**(95,247)**	(126,789)
Funding repayable to the MOHLTC related to current year activities	**1,798,299**	84,116
Due to MOHLTC, end of year	**1,798,299**	95,247

5. Enabling technologies for integration project management office

Effective February 1, 2012 the LHIN entered into an agreement with the South East LHIN, North East LHIN and Champlain LHIN (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Under the agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The LHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies for Integration Project Management Offices for its Cluster and related expenses. During the year, the LHIN received and expensed funding from Champlain LHIN of $510,000 ($510,000 in 2017).

6. Related party transactions

Health Shared Services Ontario (HSSO)

HSSO is a provincial agency established January 1, 2017 by O. Reg. 456/16 made under LHSIA with objects to provide shared services to LHINs in areas that include human resources management, logistics, finance and administration and procurement. HSSO as a provincial agency is subject to legislation, policies and directives of the Government of Ontario and the Memorandum of Understanding between HSSO and the Minister of Health and Long-Term Care.

7. Capital assets

			2018	2017
	Cost	**Accumulated amortization**	**Net book value**	Net book value
	$	**$**	**$**	$
Computer equipment	**641,611**	**624,247**	**17,364**	5,225
Leasehold improvements	**940,742**	**907,115**	**33,627**	51,286
Furniture and equipment	**2,079,907**	**1,952,538**	**127,369**	23,704
	3,662,260	**3,483,900**	**178,360**	80,215

8. Deferred capital contributions

The changes in the deferred capital contributions balance are as follows:

	2018	2017
	$	$
Balance, beginning of year	**80,215**	117,344
Capital contributions transferred from CCAC	**79,486**	—
Capital contributions received during the year	**107,911**	26,322
Amortization for the year	**(89,252)**	(63,451)
Balance, end of year	**178,360**	80,215

9. Board costs

The following provides the details of Board expenses reported in the statement of operations and changes in net assets:

	2018	2017
	$	$
Board Chair per diem expesnes	**32,060**	31,325
Other Board members' per diem expenses	**76,965**	52,931
Other governance and travel costs	**64,321**	85,584
	173,346	169,840

10. Commitments

The LHIN has commitments under various operating leases related to building and equipment extending to 2021. Minimum lease payments due in each of the next five year are as follows:

	$
2019	1,197,898
2020	1,124,949
2021	344,197
2022	84,062
2023	42,817
	2,793,923

11. Contingencies

The LHIN enters into accountability agreements with Health Service Providers which include planned funding targets. The actual funding provided by the LHIN is contingent on the MOHLTC providing the funding.

The LHIN has been named as defendants in various claims. Based on the opinion of legal counsel as to the realistic estimates of the merits of these actions and the LHINs potential liability, management believes any liability resulting from these actions would be adequately covered by existing liability insurance.

12. Additional information to the statement of cash flows

	2018	2017
	$	$
Due from MOHLTC - HSP transfer payment	**(3,147,104)**	4,391,678
Accounts receivable	**893,640**	17,019
Prepaid expenses	**330**	4,480
Accounts payable and accrued liabilities	**1,377,286**	55,677
Due to health service providers	**3,147,104**	(4,391,678)
Due to MOHLTC	**1,703,052**	(42,673)
Due to Health Shares Services Ontario	**(12,309)**	—
Total change in non-cash working capital items	**3,961,999**	34,503

13. Transition of North West Community Care Access Centre

On April 3, 2017 the Minister of Health and Long-Term Care made an order under the provisions of the Local Health System Integration Act, 2006, as amended by the Patients First Act, 2016 to require the transfer of all assets, liabilities, rights and obligations of the North West Community Care Access Centre the (CCAC), to the North Westl LHIN, including the transfer of all employees of the North West CCAC. This transition took place on June 21, 2017. Prior to the transition, the LHIN funded a significant portion of the CCACs operations via HSP transfer payements. Subsequent to transition date, the costs incurred for the delivery of services previously provided by the CCAC were incurred directly by the LHIN and are reported in the appropriate lines in the statement of operations and changes in net assets.

The LHIN assumed the following assets and liabilities, which were recorded at the carrying value of the CCAC.

Cash	2,758,941
Accounts receivable	1,188,925
Prepaid expenses	80,798
Tangible capital assets	79,486
	4,108,150
Accounts payable and accrured liabilities	3,798,817
Deferred capital contributions	79,486
	3,878,303
Net assets assumed	229,847

The net assets resulting from this transaction is recorded as revenue in the statement of operations.

14. Pension plan

The LHIN contributes to the Healthcare of Ontario Pension Plan (“HOOPP”), which is a multi-employer plan, on behalf of approximately 235 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2018 was $1,404,676 ($399,085 in 2017) for current service costs and is included as an expense in the Statement of Financial Operations. The last actuarial valuation was completed for the plan as of December 31, 2017. At that time, the plan was fully funded.

15. Transfer payment to HSPs

The LHIN has authorization to allocate funding of $656,997,507 to various HSPs in its geographic area. The LHIN approved transfer payments to various sectors in 2017 as follows:

	2018	2017
	$	$
Operations of hospitals	**469,865,639**	450,138,937
Grants to compensate for municipal taxation – public hospitals	**105,375**	105,375
Long-Term care Homes	**80,359,399**	77,181,486
Community care access centres	**11,881,866**	57,079,225
Community support services	**17,024,946**	15,806,326
Acquired brain in jury	**1,039,811**	1,038,082
Assisted living services in supportive housing	**13,761,572**	13,488,520
Community health centres	**10,672,463**	10,147,480
Community mental health program	**34,098,267**	33,463,391
Addictions program	**18,188,169**	16,096,541
	656,997,507	674,545,363

The LHIN receives funding from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2018, an amount of $8,016,497 ($4,869,393 in 2017) was receivable from the MOHLTC, and was payable to HSPs. These amounts have been reflected as revenue and expenses in the Statement of operations and are included in the table above.

Pursuant to note 13, effective June 21, 2017 the LHIN assumed the assets, liabilities, rights and obligations of the North West CCAC. Current year amounts reported in respect of the CCAC in the table above represent funding provided to the CCAC up to the date of transfer.

16. Financial risk

The LHIN through its exposure to financial assets and liabilities, has exposure to credit risk and liquidity risk as follows:

Credit risk relates to the potential that one party to a financial instrument will fail to discharge an obligation and incur a financial loss. The maximum exposure to credit risk is the carrying value reported in the statement of financial position. Credit risk is mitigated through collection practices and the diverse nature of amounts with accounts receivable.

Liquidity risk is the risk that the LHIN will not be able to meet all cash flow obligations as they come due. The LHIN mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and cash flow analysis.

17. Guarantees

The LHIN is subject to the provisions of the Financial Administration Act. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favor of third parties, except in accordance with the Financial Administration Act and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the Local Health System Integration Act, 2006 and in accordance with s.28 of the Financial Administration Act.

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