



**Consolidated
Local Health
Integration Network
Annual Report
2020/21**

Table of Contents

Message from the Local Health Integration Networks’ Board Chair	3
Introduction	4
Supporting Pandemic Response	4
Maintaining Continuity of Care	4
Supporting Better Connected Care	5
Population Profile	6
Description of Activities over the Year	7
Supporting Provincial Pandemic Response	7
Reducing Hospital Overcrowding	12
Improving Mental Health & Addictions Services	14
Improving Long-Term Care	17
Improving the Delivery of Home Care	21
Capacity Planning	25
Health System Transformation	26
Community Engagement	30
Engagement with Francophone Communities	30
Engagement with Indigenous Communities	31
Engagement with Other Communities and Populations	32
Health System Performance	34
Challenges	37
Appointees	38
Financial Analysis	39
Audited Financial Statements	41
Appendix One – LHIN Populations Profiles	42
Appendix Two- LHIN Performance Data	48

Message from the Local Health Integration Networks' Board Chair

On behalf of the Board of Directors, I am very pleased to share the Consolidated Local Health Integration Network Annual Report for 2020/21.

The 2020/21 year began with the COVID-19 pandemic which created an unprecedented challenge for our health care system and Ontarians. Together with partnership from Ontario Health, the Local Health Integration Networks (LHINs) played an integral role in activating the system's response, including an early and critical rapid response through frontline care delivery, as well as capacity planning and stabilization supports for health system partners to meet the urgent, complex and growing health needs of Ontarians.

Over the last year, the LHINs collaborated with the Ministry of Health and Ontario Health, as well as home and community care and other health system partners to increase service levels and ensure continuity of care during the COVID-19 pandemic response. They consistently demonstrated strong community relationships and local health system expertise by working together and with health service providers, contracted service providers, patients, families and caregivers to deliver uninterrupted, high-quality care and to support Ontarians throughout their care journey.

While supporting the provincial response to the pandemic was front and centre, the LHINs worked diligently to carry out their mandate to plan, integrate and fund local health care, and to deliver, and provide access to, home and community care.

It was anticipated that LHIN non-patient care functions would transfer into Ontario Health in early 2020 and as previously announced by the Minister of Health, that the home and community care and long-term care home placement functions would become known as Home and Community Care Support Services. This transition was paused due to the COVID-19 pandemic in order to maintain health system stability, and to ensure resources focused on addressing the pandemic and protecting the health and well-being of Ontarians.

Later in 2020, planning for this important piece of the government's plan for health system transformation resumed. The Ministry of Health, Ontario Health and the LHINs worked together to ensure a smooth transition of these functions and staff on April 1, 2021.

Integral to their success in 2020/21 was collaboration; the LHINs worked to break down silos, geographic lines and other barriers to work together as a united team. Despite the unprecedented demands put onto the LHINs and their staff this last year, the pages of this report detail the LHINs' continued leadership in providing innovative and collaborative solutions to support and coordinate the health care system in their regions and across the province.

The Board of Directors would like to extend our deep appreciation to the tremendously hard working and dedicated professionals throughout the LHINs, as well as to the heroic health care providers and community partners they serve.

Bill Hatanaka
Board Chair, Local Health Integration Networks

17 (a)	Wait times from application to eligibility determination for long-term care home placements: from community setting**	NA	20.00	21.00	24.00	24.00	23.00	13.00	20.00
17 (b)	Wait times from application to eligibility determination for long-term care home placements: from acute-care setting**	NA	11.00	10.00	9.00	13.00	16.00	N/R** *	N/R** *
18	Rate of emergency visits for conditions best managed elsewhere per 1,000 population*	NA	21.94	20.23	18.66	19.25	17.01	15.22	5.11
19	Hospitalization rate for ambulatory care sensitive conditions per 100,000 population*	NA	297.25	305.79	303.84	304.59	305.52	319.34	173.27
20	Percentage of acute care patients who had a follow-up with a physician within 7 days of discharge**	NA	42.31%	42.08%	43.03%	41.59%	41.37%	38.84%	24.78%

*FY 2020/21 is based on the available data from the fiscal year (Q1-Q3, 2020/21)

**FY 2020/21 is based on the available data from the fiscal year (Q1-Q2, 2020/21)

NORTH SIMCOE MUSKOKA LHIN MLAA INDICATORS 2020/21 ANNUAL REPORT DATA

No.	Indicator	Provincial target	LHIN							2020/21 Fiscal Year Result (Year to Date)
			2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	2016/17 Fiscal Year Result	2017/18 Fiscal Year Result	2018/19 Fiscal Year Result	2019/20 Fiscal Year Result		
1.	Performance Indicators									

	Days for Mental Health Conditions*								
12	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	22.40 %	43.22 %	46.24 %	43.76 %	43.00 %	46.76 %	47.54 %	47.23 %
13	Readmission within 30 days for selected HIG conditions**	15.50 %	16.64 %	16.45 %	17.75 %	17.27 %	17.40 %	17.04 %	18.35 %
2. Monitoring Indicators									
14	Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery	90.00 %	93.87 %	91.51 %	89.21 %	82.73 %	93.32 %	87.09 %	74.00 %
15	Percent of priority 2 and 3 cases completed within access target for MRI scans	90.00 %	89.65 %	88.88 %	83.38 %	77.61 %	64.41 %	64.99 %	80.00 %
16	Percent of priority 2 and 3 cases completed within access target for CT scans	90.00 %	80.58 %	59.46 %	89.42 %	88.29 %	82.85 %	68.93 %	69.00 %
17 (a)	Wait times from application to eligibility determination for long-term care home placements: from community setting**	NA	35.00	34.50	32.00	27.00	36.00	16.00	8.00
17 (b)	Wait times from application to eligibility determination for long-term care home placements: from acute-care setting**	NA	15.00	12.00	14.00	11.00	12.00	10.00	8.00
18	Rate of emergency visits for conditions best managed elsewhere per 1,000 population*	NA	42.67	42.62	39.71	35.19	32.37	34.38	10.87
19	Hospitalization rate for ambulatory care sensitive conditions per 100,000 population*	NA	519.59	564.67	600.65	619.81	559.38	608.50	388.27
20	Percentage of acute care patients who had a follow-up with a physician within 7 days of discharge**	NA	36.98 %	36.89 %	38.65 %	39.72 %	36.97 %	36.49 %	28.63 %

*FY 2020/21 is based on the available data from the fiscal year (Q1-Q3, 2020/21)

**FY 2020/21 is based on the available data from the fiscal year (Q1-Q2, 2020/21)