

BRIEFING NOTE

January 31, 2018

For Information

Board of Directors Item 12.4 – Annual Business Plan Quarter 3 Performance Report 2017-18

PURPOSE

To provide the WWLHIN Board of Directors with an update on progress and performance on the Annual Business Plan for Q3 2017/18.

CORE CONTEXT

- ABP Quarterly Performance Report provides progress against the Strategic Plan, in alignment with the Strategic Directions and Corporate Objectives for 2017/18.
- Leadership and staff regularly review more detailed drilled-down reports related to specific metrics and project status updates to ensure efforts are on track toward achieving the overall strategic objectives outlined in this report.
- In Q3 the organization took a more specific look at the progress made on ABP Plans helping to achieve each Corporate Objective. The LHIN also identified specific actions for the remainder of 2017-18 to achieve and maintain needed transformation in the local health system.
- Overall, Q3 performance is an improvement over Q2, no items are “Red”, and “Green” items have increased from 14 to 20. Progress has been made toward all Strategic Directions.

RECOMMENDATION

N/A

Waterloo Wellington LHIN

BACKGROUND INFORMATION

In spring 2017, the WWLHIN Board of Directors updated the mission, vision and core value for WWLHIN and developed five strategic directions to guide the organization in the coming years. These directions were developed based on the experience of those who live, work, and receive care here and the priorities they want us and our health service providers to address. They are also in support of the Minister's mandate letter.

The five strategic directions informed the development of this year's key corporate objectives – 13 specific outcomes and objectives that represent the deliverables for the first year of the strategy. These objectives are outlined in the LHIN's 2017/18 [Annual Business Plan](#).

Overall performance

Although performance is variable, progress has been made on all Corporate Objectives. Following are some highlights related to each area of focus.

Strategic Direction #1: Starting with the Patient Experience

- *Be relentless on making specific improvements to the patient experience, including those who experience inequitable health outcomes.*
- *Designing and launching a Patient Experience Program*

Home and Community Care

- Alignment of care coordination with primary care continues, with 32% of primary care practitioners engaged.
- PSW third party review is underway, with KPMG selected as the third party reviewer. Initial findings will be reported to the Board in March. Numerous strategies are underway to help mitigate the PSW capacity challenges, including new policies and procedures, escalation calls with SPOs, new models of care in retirement homes, and enhanced contracts with independent living providers.
- Significant financial challenges will continue into next year, given the forecast demand for services.

Long-Term Care

- Nineteen of 36 homes eligible for redevelopment before 2025; construction started in Q2 on one (1) of nineteen homes, with planned opening in Q2 of 18-19.
- MOHLTC has announced 5000 new LTC (number of beds per sub-region for WWLHIN being confirmed), with capacity planning methodology being developed to address wait times for LTC.

Waterloo Wellington LHIN

Primary Care

- Assessment of unmet primary care need for complex-vulnerable populations completed in December 2017.
- Health Link tables examining moving to broader community health planning tables, with guidance and direction from WWLHIN executive.
- Interpretation pilot in primary care 50% complete - evaluation will help inform business case for sustainable funding.
- Nurse practitioner services now available at St. John's Medical Kitchen. Planning around RAAC physician recruitment and support underway. Discussions with hospitals related to hospital-based primary care NPs underway- options range from base funding recovery to redefinition of existing role. New MHA and refugee supports being hired at CFFM and Sanctuary Refugee Health Clinic through MOHLTC FHT expansion approval, and facilitator to support non-team based physician access to these resources will be in place by January 2018.
- New Supportive Housing business model being advanced with municipalities. WWLHIN awaiting confirmation of funding to implement up to 32 units in 17-18.

Wait times / Access:

- Wait times for acute care procedures and diagnostics overall continue to fall below standard. Specifics available on the System Dashboard.
 - Hip and knee wait-times overall have improved since 2016/17
 - Cataracts and diagnostics (CT, MRI) have remained constant
- A third party review of hospital performance has been initiated – it is currently in procurement and work will begin in early February.

Patient Experience

- Recruitment for the Patient and Family Advisory Committee is complete and two meetings have already been held. In addition, patient/family reps are being actively engaged to participate in a number of projects and initiatives.

Strategic Direction #2: Driving through community leadership

- *Actively engage in and facilitate whole-of-community solutions.*
- *Being relentless on decisions that are in the best interest of the health and wellbeing of our local residents.*

- WWLHIN staff provided leadership to KidsAbility on new innovation strategic planning as well as various local planning tables including Wellbeing Waterloo, the

Waterloo Wellington LHIN

County of Wellington on economic development opportunities related to health care/PSW etc.

- WWLHIN staff have been asked to be speakers at numerous local and provincial conferences on community leadership and innovation, including the Conference Board of Canada, local innovation conferences and service clubs.
- Patient experience and perspective is considered with all decisions and program changes. Staff lead and participate in numerous cross-sectoral initiatives like Well-Being Waterloo.
- WWLHIN gained support for additional surge beds in hospital and one-time funding for additional home and community care demand for 2017/18.

Strategic Direction #3: Igniting Innovation and Creativity

- *Create an organization of problem-solvers, building on and expanding the Waterloo Wellington LHIN's corporate innovation culture.*
- *Support and encourage staff, clinicians and health service providers to be opportunistic and take advantage of opportunities that arise.*
- *Implement specific digital health and process innovations in primary care, home and community care, mental health and addictions, and palliative care to achieve exponential impacts for patients.*
- *Continue to develop a health and social innovation ecosystem throughout Waterloo Wellington.*

Innovation

- Corporate Innovation program designed with input from representatives from across the org, and will include 'Ideation' workshops for staff.
- Work continues on establishing WWLHIN as the epicentre of health and social innovation across the province.
- Formal and informal partnerships now include Communitech, Accelerator Centre, St. Paul's Greenhouse, OCE, OCHIS, all working with the WWLHIN to help advance the health and social innovation ecosystem.

Digital Health

- eNotification model in WWLHIN to directly provide notifications from hospitals to Primary care through HRM (called HRMLite). Currently the solution does not provide this information to LHIN /HCC which will be reviewed for next fiscal. St. Mary's is planning for full implementation expected live 2018 with others all live on HRM lite (GGH, NWA, GMH, RGH)

Waterloo Wellington LHIN

- System Coordinated Access work continues on the 7 pathways with continued adoption on existing and planning to implement DI, MH&A and the MSK pathways aligned to the MSK Strategy for April 2018.
- Development has been completed within the CFFM / eCE on a query to capture and send immunization information. This has been shared with the Province. Additional improvements to further automate the process is ongoing.
- eConsult adoption by Primary Care continues to accelerate in the WWLHIN which is at the top in Ontario. Focus now is on onboarding specialists to support and increase the consults completed specifically increasing the psychiatry consults within the LHIN.
- QBIC work continues with additional tablets deployed, completed requests for additional forms and toolbar customization and patient surveys to all clinics with mental health forms. E-Visits (virtual visits) kickoff held Dec 8, and 10 PCOs are engaged on the project with the Award to Think Research and Statement of Work negotiations completed.

Creating capacity

- Much of the ABP relies on creation of capacity for front line staff, to provide the cycles required to achieve transformational change. Progress has been made in Q2 and Q3, with a range of initiatives in H&CC designed to reduce non value-added work for front line staff.
- A Continuous Improvement Taskforce (“The Force”) has been established and commenced work to identify and implement solutions to create front line capacity and improve the patient experience. 10 initiatives are currently underway, including reducing unnecessary home visits, reducing unnecessary assessments, etc.
- A WWLHIN working group has been established and commenced work on a new rewards and recognition program for all staff.

Strategic Direction #4: Empowering Clinical Leadership

- *Leverage the wisdom of clinical leaders to influence improvements to the patient experience and drive better outcomes in home and community care, primary care, and wait times.*
- *Intentionally engage clinicians in decision-making by providing forums for them to influence health service provider and LHIN decisions.*

Waterloo Wellington LHIN

Improvements continue to be made in collaboration with clinicians:

- Terms of Reference for Regional Quality Table under development and review. Expected launch of Jan/Feb 2018.
- Palliative Care EMR Tool has been developed and demonstrated for clinician feedback the Osteoporosis EMR Tool has been reviewed by Osteoporosis Canada and clinician feedback being gathered for enhancements.
- Telemedicine opportunities continue to be sourced, identified and implemented. Electronic onboarding tools are now available to the team through OTN.
- Chronic Disease:
 - Work has begun with a palliative care tool and an opioid EMR tool.
 - Chronic non-cancer pain EMR tool is complete and deployment has begun.
- We successfully hired Dr. Kunuk Rhee as our VP Clinical and a clinical leadership team of four MDs. These highly-skilled clinical leaders will bring the voice of the clinician and patient directly to the decision-making table as we look to make the right investments and improvements in the local health system. They will help us to continue our focus on quality and improved patient outcomes, supporting the consistent delivery of high-quality care that meets clinical best-practice standards for the residents of Waterloo Wellington.

Strategic Direction #5: Creating a great place to work

- *Continue to be known as a provincial leader and employer of choice.*
- *Continue to create a LHIN organization where all employees are passionate about acting in the best interests of residents' health and wellbeing.*
- *Continue to support a culture where the values of the organization are lived every day.*
- A WWLHIN working group has been established and commenced work on a new rewards and recognition program for all staff.
- Initiatives continue to promote wellness for staff leveraging our Employee and Family Assistance Program resources as well as the Certified Professional Accountants association.
- Values survey results will be shared with all staff in early 2018.
- The HR team has created a survey to be launched in Jan 2018 that will seek feedback from current candidates and new hires on the current hiring experience.
- HR Team has evaluated current hiring practices and is developing a leaner, efficient approach to optimize the candidate experience and ensure talent acquisition in a reasonable timeframe.

Strategic Direction #1: Starting with the patient experience

Success for 2017/18 looks like: Your experience will improve as we better connect different parts of the health system together for more seamless care. You'll have one place to call for help with local health care, your voice will be embedded in everything we do, and you will wait less time for vital health procedures

| | | Q1 | Q2 | Q3 | | | |
|--|---|--|---|---|---|---|--|
| Corporate Objective | ABP Plans | Current Performance on Corporate Objective | | | Specific Actions for remainder of 2017-18 to get to Green or stay at Green | System Risks | Action Required from Board |
| <p>Be relentless on making specific improvements to the patient experience, including those who experience inequitable health outcome</p> | <p>Aligning care coordinators and system navigators with primary care to ensure seamless relationships to better serve residents with improved coordination, navigation and connections to home and community care services. *Creating and implementing multiyear plan to support the respite needs of patients and reduce caregiver distress. *Identifying the top five ways to improve the patient experience for home and community care patients and implementing solutions to address them.</p> | | <p>In mid implementation, alignment of care coordinators is 21% with a target of 90% by year-end.</p> <p>PSW capacity constraints have continued to have an impact on patient flow through the system, and our ability to provide personal support to some patients.</p> <p>H&CC continues to experience significant financial pressures. Although we anticipate one-time funding this year that will allow us to balance, continued work is needed to make this sustainable in 2018/19</p> | <p>Care coordinator alignment increased to 26% in Q3 with 146 primary care physicians now aligned with a care coordinator and 32% engaged in planning for an enhanced working relationship with a care coordinator. The new clinical lead roles will be pivotal in helping to move the alignment work forward more rapidly in a spirit of partnership and collaboration.</p> <p>Additionally, change management support is being procured to support care coordinators in achieving an optimal state of readiness to move into this relationship with physicians. Although PSW capacity challenges continue a number of strategies to mitigate against the risk have been implemented and are showing early signs of significant positive impact: PSW escalation calls, a new provider contract, enhanced contracting with independent living providers and new models of care in retirement homes. Several fiscal management strategies have been implemented with a notable positive impact with regard to cost avoidance - a total of approximately \$3.5M in costs have been avoided without impact to patient outcomes. The WWLHIN PFAC committee has been engaged to provide input on patient-focused functions of care coordinators.</p> | <p>Improvements in home and community care. Work will be ongoing through 2017/18 to reduce spend rate to funding levels for 2018/19. Update to be provided to Finance and Audit, and the Board, in November.</p> <p>H&CC leadership will continue to engage primary care teams, moving forward with alignment where possible and seeking input from physicians as to optimal model setting by setting. Wound care best practice implementation will ramp up in Q4 and is anticipated to drive improved patient outcomes and further cost efficiencies. Respite work is ongoing.</p> | <p>H&CC continues to experience significant financial pressures. Although we anticipate one-time funding this year that will allow us to balance, continued work is needed to make this sustainable in 2018/19</p> <p>PSW capacity constraints have continued to have an impact on patient flow through the system, and our ability to provide personal support to some patients.</p> | <p>Board will be updated on findings of the PSW review as they develop, which may require some Board action at that time.</p> |
| | <p>*Supporting all WW long term care homes to deliver quality, consistent hospice palliative care. *Actioning the first phase of the local plan to redevelop older long term care homes to enable all homes meet the same quality standards</p> | | | <p>Pain and Symptom physician and clinical team implementing a palliative approach to care with performance dashboard now live as of Q3. Specific quality improvement plans being developed for Mar 31/18.</p> <p>Nineteen of 36 homes eligible for redevelopment before 2025; construction started in Q2 on one (1) of nineteen homes, with planned opening in Q2 of 18-19. MOHLTC has announced 5000 new LTC (number of beds per sub-region for WWLHIN being confirmed), with capacity planning methodology being developed to address wait times for LTC.</p> | <p>WWLHIN and MOHLTC quarterly meeting on risks and actions to accelerate redevelopment. See board action. (B. Philippi)</p> | <p>Rising construction costs are outpacing MOHLTC funding for redevelopment.</p> | <p>Continue to advocate with MOHLTC for LTC beds in C-ND sub-region.</p> |
| | <p>*I mprove access to inter-professional supports. *Use an equity lens to assess the number and proportion of primary care providers based on the needs of the local population *Facilitate effective and seamless transitions between primary care and other health and social services *Support the integrations of Health Links into sub-regional planning with input from primary care providers * Improve access to linguistically appropriate primary care * Enhance timely access to primary care for all residents * Improve access to mental health and addiction services in each sub-region, including self-management resources, access to structured psychotherapy, psychiatry, supportive housing programs and intensive mental health supports. *Establish referral networks for mental health and addiction services with primary care providers</p> | | | <p>Assessment of unmet primary care need for complex-vulnerable populations completed in December 2017. Broader primary care capacity planning underway- expecting MOHLTC capacity data by Q3 18/19.</p> <p>Development and implementation of shared care plan for health and social service communication around complex-vulnerable initiated in Fall 2017.</p> <p>All Health Link tables examining moving to broader community health planning tables, with guidance and direction from WWLHIN executive.</p> <p>Interpretation pilot in primary care 50% complete- evaluation will help form WWLHIN Board recommendation for sustainable interpretation funding in March 2018.</p> <p>Nurse practitioner services now available at St. Johns Medical Kitchen. Planning around RAAC physician recruitment and support underway. Discussions with hospitals related to hospital-based primary care NPs underway- options range from base funding recovery to redefinition of existing role. New MHA and refugee supports being hired at CFFM and Sanctuary Refugee Health Clinic through MOHLTC FHT expansion approval, and facilitator to support non-team based physician access to these resources will be in place by January 2018.</p> <p>New Supportive Housing business model being advanced with municipalities. WWLHIN awaiting confirmation of funding to implement up to 32 units in 17-18.</p> | <p>Liberting additional base hospital funding - specific primary care nurse practitioner base funding to serve homeless and most vulnerable - serving them where they attend e.g. soup kitchen, shelters, food banks, mobile vans. Interprofessional care application submitted November 2017 to MOHLTC for support for both KW4 and CND sub-regions to increase attachment and access to team-based care for most complex-vulnerable patients. Tiered approach to access- from street level, to where folks congregate around social need, to more traditional primary health care settings. Work with MOHLTC to implement as soon as possible. Complete interpretation services pilot and form Board recommendation for base funding. Continue to support sub-regional infrastructure development. (Sarah F) Reviewing system surplus reallocations to initiate the new Supportive Housing business model. (Blair P) (Rebecca W) M-H & A</p> | <p>Uncovering new information about the number of people who are homeless and very vulnerable who do not have a primary care provider and have difficulty maintaining a meaningful connection with primary care in a tradition way e.g. going to their primary care doctor.</p> <p>Supportive housing investment comes too late for funds to be used before March 31, 2018.</p> | <p>Board to review and approve any potential base funding transfers from hospitals to community for current hospital-based PC NP positions. March 2018- Board decision required for sustainable investment in primary health care interpretation services.</p> |

| | | | | | | |
|---|--|---|--|---|--|---|
| <p>*Support timely primary care follow-up with patients by ensuring notification regarding hospital admissions, discharge, and summaries with 48 hours of hospital discharge</p> | | | | (Mohamed) | | |
| <p>*Implement the WW Integrated Hospice Palliative Care Regional Program strategy to enhance equitable access to a primary palliative approach to care to specialized hospice palliative care services *Ensure patients, primary care, and pharmacies (as appropriate) have a "Best Possible Medication Discharge Plan" for each patient upon discharge from hospital</p> | | <p>New information uncovered related to need for improve access and attachment for most vulnerable as we do a deeper dive in understanding patient experience in sub-regions.</p> | <p>Emmi to speak to the Palliative program -this is likely yellow or green Medication Management at hospital discharge: Received plans for all hospital Local Obligations for 17-18 contract year. Compliance ranges from less than 25% to fully compliant.</p> | <p>Hospice Palliative Care (E. Perkins) Medication Management at hospital discharge: Achieve common definition of compliance through Hospital Pharmacy Directors support and develop innovation plan. (K. Bell)</p> | <p>Variability in common definition of discharge medication reconciliation.</p> | |
| <p>*Promote health equity and recognize the impact of social determinants of health to reduce or eliminate health disparities and inequities in the planning, design, delivery and evaluation of services *Improve access to mental health services for children and youth with all community partners *Work with system partners to improve how people move through the health system to avoid unnecessary hospital stays, reduce the length of time in hospital, including the emergency room, and reduce the number of people who are waiting in a hospital bed for the right type of care. *Improve wait times for hip/knee replacement surgery, cataract surgery and diagnostic imaging, and drive appropriate care utilization starting with people suffering from musculoskeletal (MSK) pain, and those suffering from mood disorders. *Improve hospital care for seniors adopting the principles and practices of Senior Friendly Hospitals (SFH) in all hospitals.</p> | | <p>*Hospitals are not meeting MRI wait time obligations; only CMH is meeting the CT wait time obligation *Hip and knee wait times are improving while cataract wait times are not. The WWLHIN is not meeting wait time obligations in these areas. *The WWLHIN did not meet EDLOS obligations, and data trends show that the ALC rate is rising and is at-risk of not meeting our performance obligation.</p> | <p>• Wait times for acute care procedures and diagnostics overall continue to fall below standard. Specifics available on the System Dashboard • Hip and knee wait-times overall have improved since 2016/17 • Cataracts and diagnostics (CT, MRI) have remained constant • A third party review of hospital performance has been initiated – it is currently in procurement and work will begin in early February. Child and Youth Mental Health: Regional Child and Youth Task Force launching Jan/18 to start with acute and ED care across WWLHIN, including transitions in/ out of CAIP, and specialty beds and reviewing alternatives supporting complex care in community. Exploring cross-ministry collaboration to use MCYS Youth Justice unused capacity to improve timeliness of care; proposal due Jan/18. Dementia and Older Adult: Expansion of seniors and dementia Day Programs, transportation and respite services expected to be implemented in Q4. A comprehensive WWLHIN Older Adult Plan is in development to address the local implementation of the MOHLTC Aging with Confidence strategy.</p> | <p>Implementation of Hospital Surge Bed funding and performance requirements to improve system flow, reduce Alternate Level of Care (ALC) and Emergency Department (ED) wait times. Implementation of Hospital Wait Times Review. Hospital Chief Nursing Executive (CNE) to submit Senior Friendly Hospital status report. (K. Bell)</p> | <p>Explore resourcing gap for Child and Youth MH services. Implementation of new hospital surge funding does not achieve improvement in performance expectations of reduced ALC and ED wait times. ALC, wait times to LTC and supporting residents with complex behaviours of dementia continues to challenge existing models of care and funding.</p> | <p>Joint governance conversation with HSPs, Public Health, Education and MCYS improvements and integration for Child and Youth MH. Implementation of Hospital Wait Times Review. Expanded strategic system leadership of WWLHIN Older Adult system with new partners is required. Awareness of pending integrations between hospitals and community providers to develop integrated systems of care for MHA in all sub-regions (Addictions treatment for Opioids and Intensive care for complex MH).</p> |
| <p>*Integrate Indigenous health needs into all aspects of LHIN planning, and health system improvements. *Work with Indigenous Health and Wellness programs to improve access to culturally appropriate health services starting with chronic disease, mental health and addictions, home and community care, and hospice palliative care. *Improve access to information on local Indigenous health care services</p> | | <p>There is currently a lack of financial resources and a lack of Indigenous Health Service Providers. Also, there is inadequate culturally safe services throughout the system.</p> | <p>*250 health service provider staff attended indigenous culture safety training in Nov 2017. *Traditional healing program for Palliative Care is now in place and information shared with the special team in Home Care *New community partnerships with Indigenous HSP is being created outside WWLHIN.</p> | <p>*A proposal for an Indigenous Family Health Team has been submitted by Hamilton Indigenous Community Health Centre. *Indigenous cultural and safety training continues for HSPs. *HSPs need to continue to utilize the ICS training web based programs, *The WWLHIN has 53 remaining seats available for ICS web based training and need to be filled by year end. *A Pilot project for Indigenous seniors day program has been approved to go to base funding in Kitchener and Guelph and will go to the LHIN board in January, 2018 for approval. (F. Tolhurst)</p> | <p>No additional risks.</p> | |

| | | | | | | | |
|--|---|--|--|---|---|-----------------------------|--------------------------------|
| | <p>*Work with the French Language Health Planning Entity to assess the capacity of health service providers to provide and active offer of health services in French.</p> <p>*Improve access to health services in French starting with mental health and addictions, primary care, and home and community care including system navigation.</p> <p>*Improve access to care information in French.</p> | | <p>Lack of French speaking health care professionals.</p> | <p>*A new Committee is in place at the WW LHIN for the implementation of FLS services internally at the LHIN.</p> <p>*The Internal Committee met for the first time in November 2017. .H&CC system navigation system is part of this committee work.</p> <p>*LHIN partnering with the planning entity to provide information to the french speaking community on service available in french</p> <p>* One time funding was approved in Q3 for French speaking senoiur day progam to start up in January of Q4.</p> | <p>*Th e LHIN is developing a strategy in partnership with Healthforce Ontario to recruit French speaking primary care health service providers.</p> <p>*A survey is being.completed in Q4 with the french community to determine the needs of French speaking family doctors in WW.</p> <p>*This MOH led Capacity project is going to take place in March and April of 2018</p> <p>*Implementation of the FLS Day program starts in January 2018</p> <p>(F. Tolhurst)</p> | <p>No additional risks.</p> | <p>No action at this time.</p> |
| <p>Design and launch a Patient Experience Program</p> | <p>*Establishing a Patient and Family Advisory Committee to ensure patients and families are involved in health care system decision-making.</p> <p>*Implementing a transparent process for receiving and addressing patient/caregiver concerns across the health system.</p> <p>*Designing and implementing an innovative patient experience program that supports creative engagement and inclusion of patients and caregivers in system improvement identification and implementation.</p> | | <p>The Patient and Family Advisory Committee has met twice. Members are scheduled to present at upcoming Board meetings to share the patient and family experience. The committee is looking at a possible refresh of the Patient Declaration of Values.</p> | <p>*The Patient and Family Advisory Committee has met three times. A subcommittee has been established with work now in progress on a system-wide collaborative update of the Patient Declaration of Values.</p> <p>*A new Incident Management System is currently being developed with a focus on shifting the culture to truly patient-centered care. Existing ETMS data is being summarized and will be publically posted on the LHIN website for WWLHIN residents.</p> <p>*A framework has been established for the Patient Experience Program. Strategic planning/oversight will be provided by the PFAC, with key actions planned to support transparent system feedback, patient/caregiver involvement in system (re)design and delivery and patient/caregiver involvement in organizational development activities.</p> | | <p>No current risks</p> | <p>No action at this time.</p> |

Strategic Direction #2: Driving through community leadership

Success for 2017/18 looks like: Your experience will improve as we better connect the many systems and sectors that support you and tackle the community issues that most affect your ability to live a healthier life.

| | | Q1 | Q2 | Q3 | | | |
|---|---|--|--|---|--|-------------------|----------------------------|
| Corporate Objective | ABP Plans | Current Performance on Corporate Objective | | | Specific Actions for remainder of 2017-18 to get to Green or stay at Green | System Risks | Action Required from Board |
| Actively engage in and facilitate whole-of-community solutions to address priority issues | <p>*Find uniquely "whole-of-community" solutions to improve wellness and address key unresolved health and social issues with community based non-health care sector partners. For example:</p> <ul style="list-style-type: none"> o Working with community partners to develop a Waterloo Wellington Action Plan to address opioid use at the local level. o Continuing to play a leadership role in creating multi-sector groups such as the Wellbeing Waterloo Region Initiative and The Rural Way to address the largest challenges facing communities. o Working with community partners to increase resiliency and prevent youth suicide by improving the coordination of mental health supports for post-secondary students. o Working with community partners to increase collaboration and multi-sector planning to improve access to affordable and supportive housing. o Leading alongside others at community tables and forums to support the health and wellness of our community. o Participating in the Waterloo Region Sexual Assault Task Force. o Supporting the ongoing success of Connectivity Tables in the Waterloo Wellington LHIN sub-regions. • Partner with universities, colleges and research institutions to bring research and system improvement projects together to champion new and innovative health technologies and processes. • Create more formal linkages between the LHIN and public health units to increase a focus on prevention. | | <ul style="list-style-type: none"> * Partnerships with KidsAbility on new innovation strategic planning, Wellbeing Waterloo, County of Wellington on economic development/PSW, Tech sector. * WWLHIN staff have been asked to be speakers at numerous local and provincial conferences on community leadership and innovation, including the Conference Board of Canada, local innovation conferences and service clubs. | WWLHIN co-sponsored Wellbeing Waterloo Region initiative has identified top areas of focus for all of community approach. | Find uniquely "whole-of-community" solutions to improve wellness and address key unresolved health and social issues with community based non-health care sector partners. Currently green, work must continue at accelerated pace to maintain trust, confidence and reputation of the WWLHIN. (E. Fung) | No current risks | None at this time. |
| | | | Conestoga College partnership established to create 'enhanced' PSW training to address capacity challenges. | | Partner with universities colleges and research institutions to bring research and system improvement projects together to champion new and innovative health technologies and processes. (E.Fung) | No current risks. | No action at this time. |
| | | | We have monthly meetings with Public Health. Planning to discuss ideas for MH promotion in schools at next meeting. | | Create more formal linkages between the LHIN and public health units to increase a focus on prevention. (E. Fung) | No current risks. | No action at this time. |

| | | | | | | | |
|--|--|---|--|---|--|-------------------------|--------------------------------|
| <p><i>Be relentless on decisions that are in the best interest of the health and wellbeing of our local residents</i></p> | <p>*Continue to advocate for local decisions anchored in what is best for the residents of Waterloo Wellington.</p> |  | <p>Patient experience and perspective is considered with all decisions and program changes. Staff lead and participate in numerous cross sectoral initiatives like WellBeing Waterloo.</p> |  | <p>Continue to advocate for local decisions anchored in what is best for the residents of Waterloo Wellington. Currently green, broader engagement with more WWLHIN staff should take place to ensure greatest spread and pace of change - for instance, more opportunities to partner with local agencies such as Meals On Wheels, Food Bank and United Way Waterloo Region to show support for their strategic goals.(E. Fung)</p> | <p>No current risks</p> | <p>No action at this time.</p> |
|--|--|---|--|---|--|-------------------------|--------------------------------|

Strategic Direction #3: Igniting Innovation and Creativity:

Success for 2017/18 looks like: Your experience will improve with easier access to specialist care, a better informed care team that means you won't have to repeat your story, and better access to tools and information to prevent illness and help you take care of you and your family.

| | | Q1 | Q2 | Q3 | | | |
|---|---|--|---|---|---|--|----------------------------|
| Corporate Objective | ABP Plans | Current Performance on Corporate Objective | | | Specific Actions for remainder of 2017-18 to get to Green or stay at Green | System Risks | Action Required from Board |
| <p>Create an organization of problem-solvers, building on and expanding the Waterloo Wellington LHIN's corporate innovation culture.</p> | <p>* Launch the Waterloo Wellington LHIN Corporate Innovation Program to help incent, drive and encourage even greater innovation within the LHIN organization. *Work closely with innovative organizations to support a LHIN and health system of innovative problem solvers.</p> | | <p>* Corporate Innovation program designed with input from representatives from across the org, and will include 'Ideation' workshops for staff. Will launch those in January '18.</p> | | <p>Launch the WWLHIN Corporate Innovation Program to help, incent, drive and encourage even greater innovation within the LHIN organization. Currently green: Q3 and Q4 the Ideation Workshops will take place, with follow up assessments to evaluate effectiveness on helping staff innovate. HROD team will help to embed this as part of the culture (E. Fung)</p> | No current risks. | No action at this time. |
| | | | <p>* Formal and informal partnerships now include Communitech, Accelerator Centre, St. Pauls Greenhouse, OCE, OCHIS, all working with the WWLHIN to help advance the health and social innovation ecosystem.</p> | | <p>Work closely with innovative organizations to support a LHIN and health system of innovative problem solvers. Currently green: as part of the strategy to create an organization of problem-solvers, need to ensure that more staff experience time with other innovative organizations to help spread the knowledge and culture.(E. Fung)</p> | No current risks. | No action at this time. |
| <p>Support and encourage staff, clinicians and health service providers to be opportunistic and take advantage of opportunities that arise.</p> | <p>* Develop a culture that rewards staff innovation and creativity and those who take advantage of opportunities that achieve the strategic outcomes of the Waterloo Wellington LHIN, including those that are out of sequence with planned activities.</p> | | <p>Creating a culture of problem solvers where employees are empowered to initiative ideas and suggestions to enhance the patient experience. Currently engaged with the Pan-LHIN HR Council to develop a rewards and recognition program.</p> | <p>The "Force" working group has been established and commenced work to identify and implement solutions to enhance process and improve the patient experience. A WWLHIN working group has been established and commenced work on a new rewards and recognition program for all staff.</p> | <p>Develop a culture that rewards staff innovation and creativity and those who take advantage of opportunities that achieve the strategic outcomes of the Waterloo Wellington LHIN, including those that are out of sequence with planned activities. Continue working with the Council on the rewards and recognition program as well as existing culture work.(L. Wood)</p> | None at this time. | No action at this time. |
| <p>Implement specific digital health and process innovations in primary care, home and community care, mental health and addictions, and palliative care to achieve exponential impacts for patients</p> | <p>*Identify and eliminate processes that do not add value to improving patient outcomes/patient experience.Rob * Leverage technology to make home and community care better and more efficient. * Facilitate adoption of telemedicine to support better access to care for residents.</p> | | <p>Numerous initiatives underway to free capacity of care coordinators, with additional ones planned.</p> | <p>Quality Improvement Taskforce has been established, and has identified 10 core processes to eliminate or streamline. Work commenced December 2017 and initial results will be available in Feb</p> | <p>Continue to work with front line staff and Taskforce to identify unnecessary, non-value-add, or duplicative processes to address(Rob)</p> | a Rapid Improvement Team is being established in November to kick start process improvements and the elimination of redundant or non-value-add work. | |

| | | | | | | |
|--|--|--|---|---|---|--|
| <ul style="list-style-type: none"> • Evaluate and build upon the telehomecare pilot project for people with chronic disease conditions. • Share Care Plans from Home and Community Care to ClinicalConnect so that all care providers are aware of a patient's goals and patients do not have to repeat their story. • Find innovations that allow us to direct more money to direct patient service by performing value for money reviews of specific programs and services. | | <p>Specific initiatives launched however awaiting to see the uptake of these initiatives with patients, primary care and their care teams.</p> | | <p>Improvements in primary care. Continue to market new service and ensure patient experience to gain access is easy. Support primary care practices with change teams who can help implement solutions to make it easier for patients to stay healthy through preventative care, easier access to services and streamline business practices. Continue work around access to MHA through e-consult. Building awareness with residents, providers of new digital MH&A self-management tools to assist people with their depression, anxiety as they wait for services- CMHA now live with Big White Wall. (Mohamed)</p> | <p>Set amount of licenses for Big White Wall Mitigation- may leverage OTN licenses should be needed.</p> | |
| <ul style="list-style-type: none"> • Create real time notification to home and community care coordinators and other primary care providers of emergency department visits, inpatient admissions and discharges to support timely provision of services. • Support more efficient referral processes through System Coordinated Access (SCA) for hip and knee replacement surgery, diagnostic imaging, cataract surgery, and other specialty care streams as appropriate, to optimize waitlists. | | | <p>eNotification model in WWLHIN to directly provide notifications from hospitals to Primary care through HRM (called HRMLite). Currently the solution does not provide this information to LHIN /HCC which will be reviewed for next fiscal. St. Mary's is planning for full implementation expected live 2018 with others all live on HRM lite (GGH, NWHA, GMH, RGH) SCA work continues on the 7 pathways with continued adoption on existing and planning to implement DI, MH&A and the MSK pathways aligned to the MSK Strategy for April 2018.</p> | <p>(Mohamed)</p> | <p>Risk for e-notification that the current implementations do not send notification to HCC. Mitigation discussion to make modifications or changes in progress. Also MOHLTC not recognizing the current implementations of the lite version in provincial scorecard, and continue to advocate that this is in place. SCA risk to continue to align the Centralized assessment model with the Referral coordination. Mitigation is for the two teams to work more closely together.</p> | |

| | | | | | | |
|--|--|---|---|---|--|--|
| <p>*Support the exchange of immunization records between primary care and Public Health to decrease unnecessary visits, support appropriate immunization, and facilitate effective medical records management.</p> <ul style="list-style-type: none"> • Continue expansion of eConsult services across the Waterloo Wellington LHIN. • Expand the Quality Based Improvement in Care (QBIC) program in primary care to increase access, enable e-visits and deploy tools for better managing patients with chronic disease and mental health and addiction conditions. • Facilitate self-care for patients with mental health and addictions issues through the launch of digital solutions such as the Big White Wall. | | | <p>Development has been completed within the CFFM / eCE on a query to capture and send immunization information. This has been shared with the Province. Additional improvements to further automate the process is ongoing.</p> <p>eConsult adoption by Primary Care continues to accelerate in the WWLHIN which is at the top in Ontario. Focus now is on onboarding specialists to support and increase the consults completed specifically increasing the psychiatry consults within the LHIN. QBIC work continues with additional tablets deployed, completed requests for additional forms and toolbar customization and patient surveys to all clinics with mental health forms. E-Visits (virtual visits) kickoff held Dec 8, and 10 PCOs are engaged on the project with the Award to Think Research and Statement of Work negotiations completed.</p> | <p>Ensure criteria to access Big White Wall appropriate for getting residents online that would benefit from this service (Mohamed)</p> | <p>Risks identified that the criteria for patient was too stringent to participate in BWW has been revised. This is being monitored.</p> <p>Risk identified for Act / Fact teams to document in multiple solutions and difficulties in sharing information and is being reviewed as part of the EMR Consolidation proposal.</p> | |
| <p>*Implement the 'first-in-Ontario' Collaborative Quality Improvement Plans in each sub-region which are committed to and overseen by health service provider governors across multiple organizations to improve quality and integration.</p> <ul style="list-style-type: none"> • Support the provincial opioid strategy, and provide support to connect patients with quality addictions treatment. • Support hospitals to enable the adoption of innovations in patient care, like bundled care. | | <p>*Hospitals are not meeting MRI wait time obligations; only CMH is meeting the CT wait time obligation</p> <p>*Hip and knee wait times are improving while cataract wait times are not. The WWLHIN is not meeting wait time obligations in these areas.</p> <p>*The WWLHIN did not meet EDLOS obligations, and data trends show that the ALC rate is rising and is at-risk of not meeting our performance obligation.</p> | <p>Collaborative Quality Improvement Plans (C-QIP): All sub-regions confirmed as proceeding with C-QIPs for 2018-19.</p> <p>Opioid Strategy: \$2.3M in funding to address prevention in primary care and enhance treatment options with colleges/ universities, day and residential treatment, withdrawal management and addictions care for those complex MH needs.</p> | <p>Improvements in wait times/access. Opioid funding being mobilized to spread community withdrawal options, Rapid Access Addictions Clinics (RAAC) and addictions counselling and treatment for residents to all sub-regions. (K. Bell)</p> | <p>Directed opioid funding may not be mobilized to service through providers before March 31, 2018; developing risk plan for redeployment of funding.</p> <p>Hospital and WWLHIN capacity constraints resulted in no formal bundled funding pilot being adopted at this time. Will continue to learn from other provincial pilots.</p> | <p>Champion collective governance tables in each sub-region to support collaborative oversight of the C-QIP.</p> |

Strategic Direction #4: Empowering Clinical Leadership

Success for 2017/18 looks like: Your experience will improve as your needs are better reflected in the design and delivery of local health care through the empowerment of your care team and other clinical experts

| | | Q1 | Q2 | Q3 | | | |
|--|--|--|---|---|---|--|---|
| Corporate Objective | ABP Plans | Current Performance on Corporate Objective | | | Specific Actions for remainder of 2017-18 to get to Green or stay at Green | System Risks | Action Required from Board |
| <p><i>Leverage the wisdom of clinical leaders to influence improvements to the patient experience and drive better outcomes in home and community care, primary care, and wait times</i></p> | <p>*Use and build upon existing sub-region clinical leadership groups to advise on pacing and prioritization to create equitable comprehensive primary care.</p> <ul style="list-style-type: none"> • Work with clinician leaders to improve quality of care and access in each sub-region. • Create a regional Quality Table and work with local clinicians at a community level to support implementation of quality standards in partnership with Health Quality Ontario. | | <p>Clinical leaders validating areas of priority with clinicians within their sub-regions - clinical leaders in place for past month.</p> | <p>Terms of Reference for Regional Quality Table under development and review. Expected launch of Jan/Feb 2018.</p> | <p>Adapt current local planning tables at the sub-region level to develop sub-region action plans. Launch Sub-Region Integration Tables in Feb/Mar 2018. (K. Bell)</p> | <p>Change management for providers in the system from integrated councils via the hospital CEOs to WWLHIN-based Regional Quality Table and new overall Health System Transformation Table will create a new platform for change.</p> | <p>Support community momentum for health system transformation and collective governance at the sub-region level.</p> |
| | <ul style="list-style-type: none"> • Support primary care practices with change teams who can help implement solutions to make it easier for patients to stay healthy through preventative care, easier to access services, and streamline business practices | | <p>Change teams are divided into three streams of work: Chronic Disease Prevention & Management (CDPM), Telehealthcare, & Practice Efficiencies. Here's a quick update on all three streams. I've put which stream they correspond to in brackets.</p> <ul style="list-style-type: none"> - Work has begun with a palliative care tool and an opioid EMR tool. (CDPM) - CNCP (Chronic non-cancer pain) EMR tool is complete and deployment has begun. (CDPM) - We have met and exceeded the adoption target of 50% to 52% with 357 eConsults being sent in Q2. (Telehealthcare) - Identifying opportunities within different sectors where telemedicine can be adopted is continuing. (Telehealthcare) - Tablet deployment is well underway with all primary care organizations. 12 clinics have gone live (Practice Efficiencies) | <p>Continue to support change teams and identify supports. An example is that the Palliative Care EMR Tool has been developed and demonstrated for clinician feedback the Osteoporosis EMR Tool has been reviewed by Osteoporosis Canada and clinician feedback being gathered for enhancements Telemedicine opportunities continue to be sourced, identified and implemented. Electronic onboarding tools are now available to the team through OTN.</p> | <p>Continue Engagement with Clinicians around tools developed to increase use. (Mohamed)</p> | <p>No current risks.</p> | <p>No action at this time.</p> |
| <p><i>Intentionally engage clinicians in decision-making by providing forums for them to influence health service provider and LHIN decisions</i></p> | <ul style="list-style-type: none"> *Consistently invite clinicians to participate in performance improvement discussions with health service providers. • Appoint a Vice-President Clinical and sub-region clinical leaders to help influence change and give greater voice to clinicians in decisions made at the LHIN, sub-region and health service provider levels. | | <p>Planning and quarterly meetings with hospitals have included both clinical leads as well as Chiefs of Staff of hospitals.</p> | <p>Complete and sustained.</p> | | | |

| | | | | | | | |
|--|--|--|--|-------------------------|--|--|--|
| | | | VP Clinical and four clinical leads hired, and bring the voice of the clinician directly to the decision-making table and drive quality and performance improvement at the sub-region. | Complete and sustained. | Adapt current local planning tables at the sub-region level to develop sub-region action plans. Launch Sub-Region Integration Tables in Feb/Mar 2018. (K. Bell) | Change management for providers in the system current sub-region tables to include mandate for health system transformation. | Support community momentum for health system transformation and collective governance at the sub-region level. |
|--|--|--|--|-------------------------|--|--|--|

Strategic Direction #5: Creating a Great Place to Work

Success for 2017/18 looks like: Your experience will improve as you receive care and support from people who love what they do, who are rewarded for putting you first and delivering the best care possible, who directly observe the challenge you and others face first-hand and who bring forward action solutions to address these challenges to improve your care experience.

| | | Q1 | Q2 | Q3 | | | |
|---|--|--|---|---|---|--------------------|----------------------------|
| Corporate Objective | ABP Plans | Current Performance on Corporate Objective | | | Specific Actions for remainder of 2017-18 to get to Green or stay at Green | System Risks | Action Required from Board |
| <p>Continuing to be known as a provincial leader and employer of choice</p> | <p>*Continue to make the Waterloo Wellington LHIN and the broader health system the best place to work in health care.</p> <ul style="list-style-type: none"> Support employees to take risks and be innovative to improve the patient experience. | | <p>Enhancing the experience of all staff through our Wellness initiatives and Leadership Development program.</p> <p>Promoting a values based culture through socialization of the values survey and development of organizational values and behaviours.</p> <p>VP, People Culture and Development is actively engaged with two Provincial Work Streams promoting and generating awareness of the WW LHIN.</p> | <p>A WWLHIN working group has been established and commenced work on a new rewards and recognition program for all staff.</p> <p>Initiatives continue to promote wellness for staff leveraging our EFAP resources as well as the Certified Professional Accountants association.</p> <p>Values survey results will be shared with all staff in early 2018.</p> | <p>Continue to make the Waterloo Wellington LHIN and the broader health system the best place to work in health care.</p> <p>Working group has been established and commenced work on a new rewards and recognition program for all staff (Andrew D)</p> | None at this time. | No board action. |
| | | | <p>Creating a culture of problem solvers where employees are empowered to initiative ideas and suggestions to enhance the patient experience.</p> | <p>The "Force" working group has been established and commenced work to identify and implement solutions to enhance process and improve the patient experience.</p> | | | |
| <p>Continuing to create a LHIN organization where all employees are passionate about acting in the best interests of residents' health and wellbeing</p> | <p>*Continue to recruit individuals who are passionate about putting patients first.</p> <ul style="list-style-type: none"> Support staff in spending more time with the wide range of patients in our LHIN, particularly the vulnerable. Continue to enable staff to identify and take action to improve the patient experience and patient outcomes. | | <p>Reviewing the Care Coordinator and Team Assistant interview templates focusing on the technical requirements, soft skills and essential attributes of the role to make better informed hiring decisions and ensure individuals are successful in their role.</p> <p>Conducting an end to end multi stakeholder review of current talent acquisition process to provide a consistent professional experience and ensure best in class hiring decisions aligned with our culture and values.</p> | <p>The HR team has created a survey to be launched in Jan 2018 that will seek feedback from current candidates and new hires on the current hiring experience. Additionally, the HR Team has evaluated current hiring practices and is developing a more lean, efficient approach to optimize the candidate experience and ensure talent acquisition in a reasonable timeframe.</p> | <p>Continue to recruit individuals who are passionate about putting patients first.</p> <p>Complete review of care coordinator and TA recruitment process.</p> <p>Complete review of talent acquisition process and implement recommendations (Andrew D)</p> | None at this time. | No board action. |
| | | | <p>People Patient Connections is a resource guide and process that was developed to assist staff in meeting with colleagues, external providers and patients.</p> | <p>Senior Leadership is reviewing People Patient Connections as a resource tool to be used throughout the organization.</p> | | | |

| | | | | | | | |
|--|---|--|--|--|--|--------------------|------------------|
| | | | Creating a culture of problem solvers where employees are empowered to initiative ideas and suggestions to enhance the patient experience. | The "Force" working group has been established and commenced work to identify and implement solutions to enhance the process and improve the patient experience. | The "Force" working group has been established and commenced work to identify and implement solutions to enhance the process and improve the patient experience (Andrew D) | None at this time. | No board action. |
| Continuing to support a culture where the values of the organization are lived every day | *Create an employee recognition program that celebrates staff for living the organizational values and achieving results to improve the patient experience. • Implement a new initiative that leverages the ideas of staff to create an organization of empowered problem-solvers. | | Work is currently being undertaken with the Pan-LHIN HR Council to develop a rewards and recognition program. | WW LHIN working group has been established and commenced work on a new rewards and recognition program for all staff. | .Working group has been established and commenced work on a new rewards and recognition program for staff.(Andrew D) | None at this time. | No board action. |
| | | | Creating a culture of problem solvers where employees are empowered to initiative ideas and suggestions to enhance the patient experience. | The "Force" working group has been established and commenced work to identify and implement solutions to enhance the process and improve the patient experience. | The "Force" working group has been established and commenced work to identify and implement solutions to enhance the process and improve the patient experience.(Andrew D) | None at this time. | No board action. |

ABP Initiatives - Colour Coding Matrix

| | | | | |
|------|---|-----------|-------------------|--------------------------|
| TIME | Off Track but Completely potential to Off Track improve | Yellow | Red | Red |
| | On Track | Green | Yellow | Red |
| | | No Issues | Some Issues exist | Significant Issues exist |
| | | ISSUES | | |