Waterloo Wellington **LHIN**

BRIEFING NOTE

November 14, 2018

For Information

Board of Directors Item 10.5 – Annual Business Plan Update

PURPOSE

To provide the WWLHIN Board of Directors with an update on the progress and performance on the Annual Business Plan (ABP) for Q2 2018-2019 as well as the ABP Q3 and Q4 top-priority items.

CORE CONTEXT

- The ABP Quarterly Performance Report provides progress against the Strategic Plan, in alignment with the Strategic Directions and Corporate Objectives for 2018-2019.
- Leadership and staff regularly review more detailed, drilled-down reports related to specific metrics and project status updates to ensure efforts are on track towards achieving the overall strategic objectives outlined in this report.
- Appendix A: Q2 Status Summary captures the WWLHIN's current status towards achieving the 2018-2019 ABP initiatives and outcome metrics.
- Overall, the progress for the initiatives is very positive; however, many of the critical outcome metrics remain red. In order to focus efforts of limited resources on achieving the desired, top-priority outcomes for patients, staff have reviewed the current ABP and refined initiatives in order to achieve our year-end outcomes. Appendix B highlights how the organization will focus its collected efforts on refined-priority initiatives to turn red (at risk) items to green (on target) and blue (complete) by year-end.
- Appendix C: 2018-2019 ABP Outcome Metrics & Focus Initiatives for Q3/Q4.

RECOMMENDATION

No recommendation required at this time.

BACKGROUND INFORMATION

The WWLHIN ABP is the business plan for the entire health system in Waterloo Wellington and outlines our strategic priorities, objectives, and the actions we will take to deliver on the Minister's Mandate Letter All health service providers (HSP) are required to achieve the ABP with and through their sub-region care communities as part of the accountability of their Service Accountability Agreement (SAA).

Q2 Performance Status in Achieving the 2018-2019 ABP

Although the performance level is variable, progress has been made on all strategic directions. The status of the 87 total number of initiatives is 23 are blue (complete), 32 are green (on target), 23 are yellow (off target), and 9 are red (at risk). (Refer to Appendix A.) Of the total 48 metrics, 8 are green (on target), 29 are red (>10% from target), and 11 have no evaluation (no target or data for Q2). There is concern that some of the initiatives with year-end outcome goals are not impacting the desired outcomes articulated in the ABP for patients. Mid-year adjustment is underway.

Q3 Adjustments to Achieve Outcomes

In order to focus efforts and limited resources on achieving the top-priority outcomes for patients, staff have reviewed and refined the current ABP to focus on fewer relevant initiatives for the remainder of the year (Q3 and Q4).

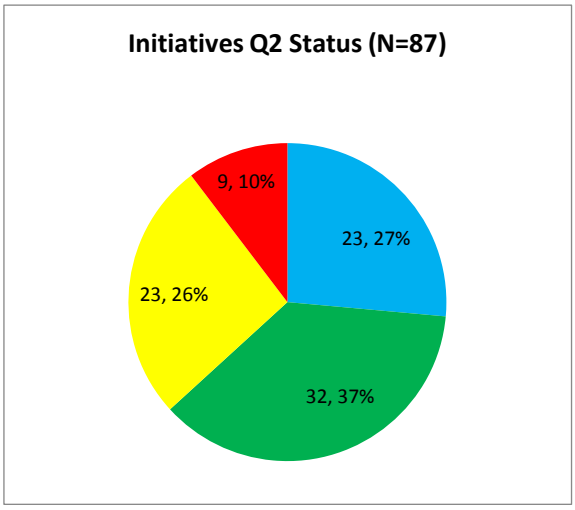
With election of the new government, the MOHLTC has recently outlined five provincial priorities and asked all LHINs to incorporate them into the 2019-2022 IHSP (Integrated Health Service Plan): hospital overcrowding, mental health and addictions, long-term care, home care, and capacity planning.

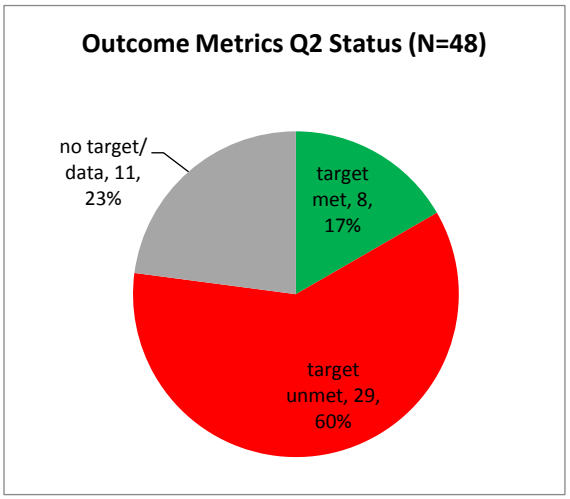
Staff have incorporated these provincial priorities into the new 2019-2022 IHSP and 2019-2020 ABP and adjusted our focus for the remainder of the year. To further align with the current ABP, staff portfolios have been restructured to ensure that concrete deliverables with patient-centred outcomes will be achieved in the next 90 days (Q3).

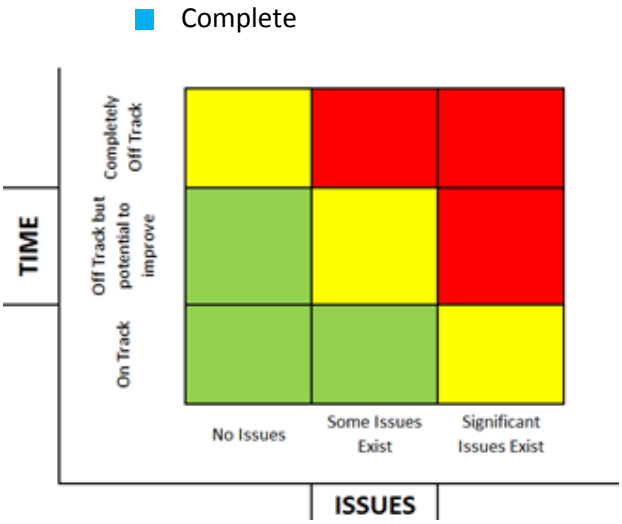
NEXT STEPS

1. Implement risk mitigation plans in Q3 and Q4 for all ABP initiatives at risk.

APPENDIX A: 2018-19 ABP Q2 STATUS SUMMARY







APPENDIX B: 2018-2019 ABP Q3 & Q4 FOCUSED INITIATIVES AND PRIORITY DELIVERABLES

Strategic Direction	Q2 Initiative Status (TOTAL: 87)	Q3/Q4 Focus with Refined Initiatives (TOTAL: 28)	Q3/Q4 Priority Deliverables to move RED to BLUE
1. Starting with the Patient Experience	Total: 38 • 10 complete • 14 on target • 12 off target • 2 at risk	Focus on: 16 • Embedding the Patient Voice • Building Community Care Model • *Access to Mental Health & Addictions • *Access to LTC Homes • *Access to PSW (Home and Community Care)	• HSP adoption of Patient Declaration of Values • Regional Integrated Older Adult Program • MH&A – Structured Psychotherapy • LTC – BSO (Behavioural and Specialized Services) • PSW Capacity Strategy implementation
2. Igniting Innovation and Creativity	Total: 15 • 7 complete • 4 on target • 1 off target • 3 at risk	Focus on: 1 • * Home and Community Care - New and Innovative Model (cutting red tape) and Value for Money (efficiency) • Health Innovation Hub and Innovation Ecosystem	• Bloom Care Solutions • Streamlined intake and referral program • Evolution of Care Coordinator role • Test of integrated care team in CND

3. Driving through Community Leadership	Total: 10
	• 1 complete
	• 7 on target
	• 2 off target
		Focus on: 4
		• Improve the health and wellbeing of our community:
		  ○ Indigenous residents
		  ○ French-speaking residents
			• Staff completion of Indigenous Culture Safety Training through strong management support
			• Increase awareness through increased collaboration and expanded network with the French-speaking community

4. Empowering Clinical Leadership	Total: 15 • 2 complete • 4 on target • 6 off target • 3 at risk	Focus on: 8 • *Reducing Hospital Overcrowding (ALC rate) • Access to specialist services (Hip and Knee, Cataract, CT and MRI) – *Capacity Planning	• ALC Reduction & Wait-Time Strategy • Regional Surge Plan • Advancing Central Intake • Regional program roll-out – Cardiac, Ophthalmology, Clinical, Neuro, MSK
5. Creating a Great Place to Work	Total: 9 • 3 complete • 3 on target • 1 off target • 1 at risk	Focus on: 3 • Physically and psychologically safe place to work • Employee health and wellness	• Increase awareness of zero-tolerance policy for workplace violence including Board participation in training • Activities to increase employee engagement

*2019-2022 IHSP Provincial Priorities

2018/2019 Annual Business Plan

MISSION: **TO MAKE IT EASY FOR YOU TO BE HEALTHY, AND TO GET THE CARE AND SUPPORT YOU NEED.**
VISION: **HEALTHY PEOPLE, THRIVING COMMUNITEIS, BRIGHT FUTURES.**

2018-19 ABP - OUTCOME METRICS & FOCUS INITIATIVES FOR Q3-Q4

Ontario
Waterloo Wellington Local Health Integration Network

Strategy								Provincial Focus					WWLHIN							
Strategic Direction	**Corporate Objectives**	**#**	**Plan for 2018/19**	**#**	**Outcome Metrics (2019-2020 Concrete Tangibles)**	**Target**	**Current Performance (Q2)**	**Hospital Overcrowding**	**MHA**	**LTC**	**Home Care**	**Capacity Planning**	**Primary Care**	**Innovation**	**Digital Health**	**#**	**Focus Initiatives**	**Current Performance (Q2)**	**ACTIONS & IDEAS for Q3 & Q4 Focus**	**Board Intervention**
Starting with the Patient Experience "We will listen, learn, and be relentless in making improvements to the patient experience."	Embed the Patient Voice across the health system	**1.1**	Engage the Patient and Family advisory Committee (PFAC) in specific projects to improve the patient experience (i.e. patient declaration of values)	**1.1.1**	% of HSP endorsement and adoption of a Patient Declaration of Values (PDoV)	74/74 (100%)	0/74		X	X	X		X			**1.1.1**	New Patient Declaration of Values launched		Engagement with clinicians to support an implementation process that is well aligned with HSP objectives.	G2G engagement on 2/74 HSPs unwilling to adopt.
		1.3	Improve access and meaningful attachment to primary care (especially for the vulnerable/complex)													**1.3.2**	Intake and referral revamp to include primary care attachment workflow; attachment and access analysis and solutions supported by recruiters, clinical leads and primary care partners at sub-region level		Test of change in Health Care Connector's role Communication with Ministry reg additional metrics obtained thru new process & roles	Not required for now
				1.3.3	Increase in patients who can access their primary care provider when they need to by 20%	10%	4% increase (2017)	X					X			**1.3.3**	>80% of complex patients have a coordinated care plan in place using the coordinated care tool - 3 points from 1.6.1		see note below (1.6.1)	Not required for now
				1.3.3	Decreased rate of hospital readmissions for chronic conditions	16%	16.2% Q3 (2017-18)	X									New initiative required.			
				1.3.4	Residents with a chronic condition will have a follow-up with a physician within 7 days of hospital discharge	TBD (no target)	44.60%	X					X			**1.3.4**	Leverage successful Guelph models to other sub-regions and collaboration with Rapid Response Nurses program		Spread the integration results approach between Guelph FHT and Guelph General Hospital in other sub-regions; collaborate with Rapid Response Nurses program to review and implement test of change	Not required for now
				1.3.5	75% of organizations within the LHIN will be involved in identifying individuals who are eligible for the Health Links approach to care	75%	28%						X			**1.3.5**	Establishment of health links working group to engage with cohort providers at each of the sub-regions		A communication plan has been developed for knowledge transfer on identifying and referring patients who would benefit from a health links approach	Not required for now
		1.4	Improve access to quality, coordinated mental health and addictions services in each sub-region	**1.4.1**	WT: Wait time for patients with the most complex MH&A care needs reduced by 30%	30% increase (550 Days)	33% Increase (1,048 days)	X	X							**1.4.1**	Complete implementation of FACTT in all sub-regions		- Explore alternative sources for psychiatry to support FACTT teams. - Hire 2 additional MH nurses and integrate into FACTT to support flow	Board to board discussions may be required.
				1.4.2	Fewer residents will have repeat visits to the emergency department for Substance Abuse	22.4%	27% (Q4 2017-18)	X	X							**1.4.2**	Launch RAAC in all sub-regions		Implement as planned.	Board to board discussions may be required.
				1.4.3	Fewer residents will have repeat visits to the emergency department for Mental Health Conditions	16.3%	18.1% (Q4 2017-18)	X	X							**1.4.3**	- Build streamlined process for primary care to access level 2/3 supports for MHA - Integrate BB (bounced back) and BWW (Big White Wall) with primary care and HSP supporting tools		- Develop model to provide level 2/3 supports to PC and crisis walk-in services, with existing FSO providing MH counselling.	Not required for now
				1.4.4	10% reduction in EDLOS and ALOS through the new model of care being implemented through STTCM	no target - new metric	new metric		X							**1.4.4**	Reduce ED LOS and inpatient ALC for children and youth MHA by establishing CAIP transition program and ED diversion/CAIP avoidance pathways		- Maximize use of STTCM funding and support integrated plan for Child & Youth respite / ED diversion - Explore options for sustainabili8ty beyond end of fiscal	Not required for now
	Continue to build a care community model	**1.5**	Increase LTC capacity and improve quality of care and facilities	**1.5.1**	WT: Eligibility for LTC placement will be determined in a timely manner (Community)	TBD	10 days			X						**1.5.1**	100% of WWLHIN LTC homes meet or exceed quality standards		See 90-day deliverables LTC work plan	Board support may be required.
				1.5.2	WT: Eligibility for LTC placement will be determined in a timely manner (Acute)	TBD	5 days	X		X						**1.5.2**	Reduction in ALC to LTC for patients with responsive behaviours			Not required for now
		1.6	Improve consistency and coordination of Home and Community Care: o Align care coordinators to primary care o Increase PSW capacity o Improve the Patient Experience	**1.6.1**	Primary Care Providers have the support of dedicated Care Coordinator	100	40.6%						X			**1.6.1**	- Complete 100% engagement of Primary Care providers reg: opportunity for CC support - Ensure 100% of interested providers have the support of dedicated CC - Building care communities/virtual care teams with primary care		- CC Secondment and EMR comm solution to increase success - Secure funding to support EMR communication solution	Not required for now
				1.6.2	WT: Following service authorization, residents with complex needs will wait no more than 5 days for in-home personal support worker services	95%	91% (Q4 2017-18)	X			X					**1.6.2**	PSW Capacity initiative implementation		- Strengthen contract language, inform provincial direction around changing PSW working conditions - Ramped up communication to SPO reg PSW recruitment and retention strategies. - Developing strategy to put in front of Ministry for consideration reg provincial action reg PSW working conditions and contracts.	Not required for now
					WT: Following service authorization, residents will wait no more than 5 days for in-home nursing services	95%	96.3% (Q4 2017-18)	X			X									Not required for now
				1.6.3/ 1.6.10	Missed care rate for PSW services is <0.05%	0.05%	1.02%				X					**1.6.3**	< 0.5% Missed care			May require B2B conversations with SPO Boards
				1.6.4. /1.6.9	Residents will receive timely access to home care services from time of hospital discharge to service initiation	TBD	5 days	X			X					**1.6.10**	Health Human Resources Strategy Developed			
		1.7	Bring more speciality care, closer to home (i.e. cardiac, vision care)													**1.7.1**	Regional cardiac rehab program is operational		- Utilize other OR availability - TAVI to be completed in the cath lab until hybrid OR is available - Pilot research to prove value in moving cataract surgery out of hospital - WW/SW LHINs discussions for local medical and surgical retina services in WW - CCSO - Integrated vision program (neurosurgery for retina)	Oversight of Regional Cardiac Program Implementation
																1.7.2	Cardiac program offers comprehensive arrhythmia services			Engage political leaders to advocate for advancement of the capital components and operational requirements of the cardiac program with the MOHLTC capital branch and Premier's office.
				1.7.3 / 1.7.4	0% outflow of EP and TAVI	0%	100% (Q4)	X								**1.7.3**	Cardiac program offers TAVI services			
				1.7.5	Physicians perception of access to specialist and specialty care	No Target	48%						X			**1.7.5**	System Coordinated Access (SCA) to be used for referral management by Orthopaedics, Ophthalmology and Post FIT Colonoscopy.		-ongoing discussions w/Ministry to support program & budget beyond 18/10	-Ongoing support for the eCE to receive funding to advance
		1.8	Implement the Ontario Palliative Care Network plan to increase access to a palliative approach to care	**1.8.2**	Percent of decedents who had 1 or more emergency department visits in the last 30 days of life	47.80%	49.63% (2016-17)						X			**1.8.2**	Palliative patients discharged home will be sent home with support		Implement Palliative Early Identification Electronic Medical Record (EMR) Tool and Palliative Support Line	Not required for now

Strategy								Provincial Focus					WWLHIN							
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Igniting Innovation and Creativity "We will ignite innovation and creativity to exponentially impact the patient experience."	Make it easier for staff, clinicians and patients by empowering staff to do things differently in the set interest of the residents	**2.1**	Free-up capacity through reducing red-tape and executing big impact ideas through the WWLHIN's Continuous Improvement Taskforce	**2.1.1**	Value of time saved	$375,000	$645, 00					X		X		**2.1.1**	Increase in HCC front-line capacity --> incorporated into the Rapid Transformation Initiatives New Model of Care (i.e. Streamlined intake and referral program, Evolution of Care Coordinator role)		- Bloom Care Solutions - Streamlined intake and referral program - Evolution of Care Coordinator role - Test of integrated care team in CND	Not required for now
Driving through Community Leadership "We will be recognized as a trusted, credible & influential system leader in the community."	Improve the health and wellbeing of our community	**3.4**	Improve indigenous health and wellbeing through collaboration with Indigenous leaders, providers, and patients.													**3.4.1**	Increase meaningful relationships and partnerships with Indigenous Community leaders to address the diverse needs of Indigenous Communities in the region and close the health equity gap.		Ask Ministry to consider lifting hiring freeze to continue recruitment for an Indigenous Community member as the Indigenous Health & Wellness lead	Not required for now
																3.4.2	Increased Indigenous Cultural Safety Training by staff and Community Partners		Manager support to ensure staff have allocated time scheduled to complete training. Work with HR to communicate importance of training to staff.	Not required for now
		3.5	Improve the health and wellbeing of French-speaking residents	**3.5.1**	Active French speaking clients will be identified	100	32/100						X			**3.5.1**	Assessment of health services active French offer complete		Establish steering community (ex. City of Cambridge) to recruit and program education sessions on the importance of identifying the language of patients.	Not required for now
																3.5.2	Increase in availability of WWLHIN information available in French		Collaboration with FL community and beyond health care organization to get information out.	Not required for now
Empowering Clinical Leadership "We will work hand-in-hand with clinical to improve quality and the care experience."	Empower clinical leadership to improve quality across the system, both at the regional and sub-regional levels	**4.3**	Make it easier for clinicians to help their patients by increasing access to services, and supporting clinician wellbeing.	**4.3.2**	The percentage of hospital beds (acute and post-acute) occupied by patients who could be receiving care in a more appropriate location (ALC rate) will be lower	12.7%	11.9% (Q1)	X				X				**4.3.2**	- ALC wait times - Short-term-transitional care models (STTCM) for MH&A		Gain MOHLTC support for regional acute clinical services plan	Provide support and advance requirements w/hospitals to provide access of medical specialty care
		4.5	4.5 Implement a one-team approach to improve how people move through the health system	**4.5.1 /4.5.3**	The percentage of days residents spend in acute care hospital beds when they should be receiving their care in a more appropriate location (ALC) will be lower	9.5%	17.8% (Q4 17-18)	X				X				**4.5.1 /4.5.3**	ALC Regional Escalation Policy & Balanced Scorecard launched and operational ALC days reduced		Develop approach for PC gap analysis & implementation plan, escalation with HSPs for prioritization of this work	Review of aggregate Gap and Implementation Plan Analysis. Follow up w/HSP Boards as required.
				4.5.2	Patients with minor uncomplicated needs requiring care in an emergency department will be seen and sent home in 4 hours or less	90th Percentile Wait Time (Hours)	4.9	X								**4.5.2**	Reduced ED LOS		- System-wide comprehensive Surge Planning initiated to improve comm and patient flow throughout the health care system.	Integration requirement for Diagnostic Imaging
					Patients arriving at the emergency department with complex needs will be seen and sent home or transferred to a hospital bed in 8 hours or less	90th Percentile Wait Time (Hours)	8.8	X												
		4.6	Reduce hospital wait times, focusing first on hip and knee surgery, cataract, MRI, and CT.	**4.6.2a**	WT: Residents will receive timely access to non-emergency HIP replacements	90%	65.60%	X								**4.6.2a**	Wait times for HIP & KNEE replacement achieve minimum quality standard.		- Implementation of MSK system transformation	Not required for now
					WT: Residents will receive timely access to non-emergency KNEE replacements	90%	54.80%	X												
				4.6.2b	Residents will receive timely access to non-emergency CATARACT SURGERY	90%	63.80%	X								**4.6.2b**	Wait times for CATARACT SURGERY achieve minimum quality standard.		- New model of care for the delivery of cataract surgery are being planned among the LHIN, hospitals, clinical leaders and the School of Optometry and UoW. - Continue the work on advancing central intake for cataract surgery	- Potential shift of services from WWLHIN HCC to hospital for these pathways - Awareness and monitoring - Engage with non-participating hospitals if required
				4.6.2c	WT: Residents will receive timely access to non-emergency MRIs	90%	28.90%	X								**4.6.2c**	Wait times for DI and ED achieve minimum quality standard.		- Leverage SCA/RCC to move referrals to Guelph and Cambridge based on WT access - Work w/surgeons and physio to streamline the assessment process and include only what is clinically relevant in order to increase throughput and job satisfaction among the advanced practice physio - Confirm QBP target to achieve target	- Awareness and Monitoring
					WT: Residents will receive timely access to non-emergency CTs	90%	92.2%	X												
				4.6.3	Readmission rate for COPD and CHF - NEW Metrics	TBD (new)	TBD (new)	X								**4.6.3**	2 hospital pilots launched for bundled funding: Hip & Knees and one of CHF/COPD		- Transition from current ICC model to a new community based model may require overlap as new services are established	Not required for now
				4.6.4	100% of hip/knee referrals go through central intake	100%	60%	X						X	X	**4.6.4**	Central Intake and Assessment Centres launched for hips, knees and spine care.			Not required for now
Creating a Great Place to Work "Great staff experience = Great patient experience"	Address the quadruple aim in improving the work-life of staff & clinicians across the health system	**5.1**	Make the WWLHIN the most physically and psychologically safe place to work.	**5.1.1**	All reported incidents of physical and psychological safety in the workplace investigated and addressed	100%	100%				X					**5.1.1**	Increase in reported incidents of workplace violence and harassment		N/A	Board members participate in training on H&S
																5.1.2	Increase in staff and public awareness of the WWLHIN's zero tolerance policy for workplace violence and harassment.		VP of People, Culture & Development to check in regularly w/staff at GRH to seek out issues prior to issue reaching critical stage	Not required for now
		5.2	Implement strategies to improve employee health and wellness	**5.2.3**	Maintain best practice turnover rate	Yes	Yes				X					**5.2.1**	Positive increase in employee engagement scores		Explore in-house survey due to government spending freeze.	Not required for now