Report to the Board of Directors

Indigenous Mitigation and Amplification Matrix

Meeting Date: December 19, 2017

Submitted By: Kelly Gillis, Interim Co-Chief Executive Officer / Vice President, Strategy, System Design & Integration
Kristy McQueen, Interim Senior Director, Strategy, System Design and Integration
Vanessa Ambtman-Smith, Indigenous Health Lead

Submitted To: ☒ Board of Directors ☐ Board Committee

Purpose: ☐ Information Only ☒ Discussion ☐ Decision

Purpose
To inform the board of the opportunities identified in the Mitigation and Amplification matrix that was developed prior to the integration of the LHIN and Community Care Access Centre as part of a comprehensive Health Equity Impact Assessment (HEIA) and to provide an update on the ways the LHIN can support systematically monitoring and identifying opportunities to strengthen the profile of Indigenous health across the enhanced LHIN organization, specifically related to LHIN-delivered Home and Community Care.

Context and Background
Within the context of health equity, quality improvement and improving population based health, there has been heightened awareness and dialogue about the negative impact that the healthcare system is having on Indigenous people. Indigenous people continue to experience appalling and unparalleled health inequities and the resulting disparities cut across almost every major health outcome, health determinant, and measures of access. It is recognized that these health inequities are caused by structural barriers (coupled with colonialism and racism) that become embedded within Canadian systems. Attention must therefore be given to mitigate any unintended negative consequences as a result of significant structural changes (e.g. organizational integration; system changes; etc.), as well as amplify any potential unintended positive impacts and sustain positive action.

Part of this process has been to apply the decision support tool known as the Health Equity Impact Assessment (HEIA), which can enable healthcare organizations to systematically review opportunities to support improved health equity, including the reduction of avoidable health disparities between population groups.

Additionally, part of the work was to reframe the South West LHIN and the relationship with Indigenous peoples as part of a greater network of communities across Ontario, recognizing that when LHINs were

originally developed they were created with boundaries that were not necessarily meaningful to local Indigenous people nor do they accommodate the movements of Indigenous people within regions of the province. This means that LHINs have to continue to work collaboratively across LHIN boundaries and across the province to positively reduce health inequities. There are also broader relationships and formal agreements with respect to healthcare services and funding that are carried between First Nations communities and both the provincial and federal governments. It is within this much larger and connected context that LHINs must consider their role as but one part of a much larger system of care.

Given this broader context, the following considerations are important when advancing Indigenous inclusion and relationship activities:

- Understanding that what impacts one LHIN, influences the other LHINs (with respect to relationships with Indigenous communities);
- Recognizing there is a significant amount of work being done provincially/federally that will influence opportunities in health services, as well as potential collaboration with Indigenous communities, in particular First Nation communities (e.g. the First Nations Transformative Health Plan, which is the renegotiation of federally funded health services offered through each First Nation community, with the Province of Ontario and Chiefs of Ontario. It is anticipated that this new plan will alter and change the way First Nations health services are funded and delivered in First Nation communities across Ontario).

Key Considerations for LHIN Renewal – Indigenous focus

Inclusion of Indigenous voices in the context of health system planning is a collaborative process that includes the ongoing involvement and active participation of Indigenous communities in the design, development, delivery and evaluation of health services. Engagement is a component of inclusion that is the process of actively seeking input from Indigenous communities and organizations through a collaborative process that has a defined end result.

Based on the LHIN's obligation (LHSIA, 2006), each LHIN must support an environment for Indigenous engagement and First Nation, Inuit and Metis inclusion in decision-making within the defined boundaries of the LHIN. This obligation is also reinforced through the significant population health disparities and social exclusion that impact Indigenous peoples across Canada. Therefore, within the context of structural and systemic changes, there has been a deliberate attempt to identify, mitigate, monitor and amplify strategies to support Indigenous peoples through the period of transition into Patients First, including, but not limited to the LHINs' integration with Community Care Access Centres (CCACs).

Results of the Indigenous-focused HEIA

A Mitigation and Amplification Matrix was developed by a cross function team based on the application of the HEIA that was initiated to scope out any unintended negative or positive impacts as a result of the LHIN integration with the legacy CCAC; both the Indigenous and Francophone populations were considered, and the resulting matrix was adapted from the provincial French Language Services integration strategy, and aligned with the recommendations coming out of the HEIA (April 2017). The initial HEIA focused on four main priority areas and recommended mitigation strategies were identified for each risk (*see Appendix A for full matrix*):

1. Focus on maintaining and improving access to home care services for First Nations
2. Structures that are needed to support Indigenous Health during transition
3. Human Resources
4. Reporting and Accountability for Indigenous Access and Inclusion

The matrix has 8 main sections with detailed activities, strategies and mitigations associated with risks that were identified in the HEIA:

- Corporate/Governance level
- Indigenous Inclusion and Engagement Accountability
- Community Engagement
- Planning /Advancing Indigenous Cultural Safety
- Communications
- Direct Services to Clients – Home Care
- Human Resources
- Indigenous Health Planning and Inclusion Structure

The LHIN board has a potential role to play across multiple areas in the matrix and it is particularly important for the board to continue to increase knowledge and understanding of its role and responsibilities in setting an example and direction for the LHIN around reducing health inequities for Indigenous people.

Connection to the Roadmap for Indigenous Inclusion and Reconcili-ACTION

As reported at the November 2017 board meeting, the concept of the roadmap is to frame the direction and development of all Indigenous health activities supported by the LHIN through collaborative for the purposes of mobilizing the Indigenous voice to guide the planning and implementation of Patients First.

The South West LHIN roadmap outlines the process for Indigenous inclusion/ consultation to inform the work during the period of LHIN renewal and change, and also throughout the period of planning and implementation. This includes the activities, strategies and mitigations detailed throughout this matrix. It will be necessary to engage across the LHIN organization to ensure that other teams, leadership and staff are able to integrate and take responsibility for key actions. Currently, there is an internal team that has been taking the lead on detailing the process moving forward.

Next Steps

- Board to review the matrix and consider which elements are in the scope for the board to lead, participate in, watch and support, or hold the LHIN staff accountable to advance
- In March 2018, bring forward a briefing related to the Indigenous engagement and inclusion activities identified in the Reconcili-ACTION Roadmap to:
    - Summarize activities between January – March 2018
    - Planned activities and engagement from April – June 2018
- By April 2018, prepare annual report back on Indigenous Inclusion and Engagement for 2017-18

Agenda item 7.4

Report to the Board of Directors

French Language Services Planning

Meeting Date: December 19, 2017

Submitted By: Kelly Gillis, Interim Co-Chief Executive Officer / Vice President, Strategy, System Design & Integration
Kristy McQueen, Interim Senior Director, Strategy, System Design and Integration
Suzy Doucet-Simard, French Language Services Planner

Submitted To: ☒ **Board of Directors** ☐ **Board Committee**

Purpose: ☒ **Information Only** ☐ **Decision**

Purpose

To provide a presentation and briefing to support creating awareness of Francophone rights to services and to increase the understanding of the role of the LHIN in French Language Health Services planning and provision. *(see attached presentation)*

Local Context

There is a vibrant Francophone community in the South west LHIN of over 13,000 people of which more than 7,500 reside in the London Middlesex sub-region. It includes schools, community centers, organizations and a growing population. Of those 13,000, approximately 12,000 identify their mother tongue as French and just under 1,300 identified that between our two official languages, they are most comfortable in French.

We have one French designated area in the South West LHIN, the City of London. In each of the 26 designated areas in Ontario, every government ministry and agency must offer French-language services to their clientele. The French Language Services Act (FLSA), stipulates that the francophone population has a right to receive services in French. For that reason, a number of Health Service Providers (HSPs) are identified to provide services in French, including the LHINs as health system planners and providers of health services (See Appendix A for key terms). Agencies may fall into one of three categories:

- Designated
- Identified
- Non-Identified

The South West LHIN and six (6) other HSPs in the London Middlesex sub-region are identified agencies. Identified agencies are working toward attaining designation. They are planning and delivering quality direct service in French. Identified agencies are required to have a French Language Service (FLS) work plan and update the LHIN annually on their progress toward designation. We currently have no designated agencies in the South West LHIN.

A number of tools, including a comprehensive French Language Services Toolkit, have been developed and provided to HSPs regarding the implementation of FLS to support the provision of services in French, development of Human Resources capacity, and organizational policy, processes and structures.

The South West LHIN, together with the Erie St. Clair LHIN, partner with our shared French Language Health Planning Entity ("the Entity"). In alignment with current legislative obligations and requirements we have developed a 3 year joint action plan and collaborate on projects and initiatives. We are also working closely with the Entity to advance the objectives from our Joint Action Plan such as engaging and informing the community about health system planning and changes to the health system. This partnership is important to creating a health system that takes in to consideration the specific needs of this population and to ensure cultural and linguistic safety.

For that reason, in collaboration with the Entity, we engaged the Francophone community and Francophone providers in our Patients First related structures. This includes Francophone patient participation at our Patient Family Advisory Committee, Francophone patient and providers at the London Middlesex Sub-Region Integration Table, and a leadership representation from the Entity on the Health System Renewal Advisory Committee (in development). This reinforces our commitment to better understand the Francophone community needs in the region.

To ensure FLS consideration during LHIN /CCAC transition, a FLS transition plan was created and led to the review of relevant internal processes and procedures. As the LHIN has assumed responsibility for the provision of H&CC services, we now embrace understanding and ensuring that those services are available in French, in accordance with the FLSA. The FLS transition plan identified key activities across a number of areas to be completed in the first 30 days, 30 – 60 days, first 180 days, and ongoing:

- Corporate obligations / Administrative By-laws
- Governance and Accountability
- Community Engagement
- Planning of FLS
- Identification and Designation
- Visual Identity and Communications
- Direct Services to Clients
- Human Resources
- French Language Health Planning Entity (FLHPE)

A small working group of internal staff including the French Language Services Planner, Regional Programs and Quality have been responsible for monitoring and tracking our progress against the plan. A few elements from Corporate Obligations / Administrative By-Laws that had been identified for the first 180 days including: the Board of Directors being informed of and endorsing its obligations to FLS; establishing an internal FLS committee; and developing a mechanism to manage complaints regarding FLS are not currently on track due to other high priority work in the first six months since transition.

Since May 2017 we have had 3 complaints from the Office of the French Language Services Commissioner that we are currently working with Quality, Provider Contracts and Allocations, and Home

& Community Care to resolve with interim solutions while we develop a longer term plan to address capacity issues: 2 related to the lack of provision of homecare services in French and 1 related to absence of French language services by an identified agency.

Background

In December 2015, the ministry released Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario. This proposal highlighted the need to address structural issues in Ontario's health care system to improve the accessibility, integration, and consistency of patient care. A key area of focus outlined in this proposal was to expand the role and mandate of the LHINs to enable system transformation in primary care, home and community care, public health and health equity for communities such as the Francophone population who often face challenges in obtaining health services in French.

In December 2016, Ontario passed the Patients First Act, 2016, reinforcing the expectation that LHINs respect the requirements of the French Language Services Act (FLSA) in the planning, design, delivery and evaluation of services, and emphasize the LHIN's responsibility to promote health equity and respect for diversity, including of Ontario's French-speaking community.

In addition, further clarification of the respective role, responsibilities, and accountability of the ministry, LHINs, Entities and Health Service Providers was identified as critical success factor for ensuring that all system transformation activities have a positive impact on the availability and accessibility of quality health services for Francophone communities.

Current Requirements and Obligations

In November 2017, the Ministry of Health and Long-Term Care (MOHLTC) produced a Guide to Requirements and Obligations Relating to French Language Health Services (FLHS). The purpose of Guide to FLHS is to help strengthen health system accountability and performance in support of access to linguistically and culturally appropriate services for Ontario's Francophone communities. The Guide outlines and clarifies expectations of the respective roles, responsibilities and accountability of the MOHLTC, LHINs, French Language Health Planning Entities (Entities), and Health Services providers as reflected in current legislation and accountability documents as they relates to their roles in planning, funding, and delivery of French Language Health Services. The Guide is also intended to inform the Boards and executive leadership teams of these organizations with regards to their FLHS obligations. Each organization is expected to fulfill and adhere to the requirements and obligations that apply to them.

LHINs have a range of responsibilities and obligations regarding FLS:

- As a crown agency, the LHIN must offer bilingual services in English and French to the public we serve. In order to do so it is important to develop internal capacity, to respect the communication guidelines recommended by the MOHLTC, and to apply the principles of active offer of FLS.
- As health system planners, LHINs are responsible:
  - To ensure that a continuum of care is available in French to the Francophone population through the HSPs they fund within their geographic area.
  - To include the Francophone lens at all stages of the planning process.
  - To identify HPSs to develop FLS, and monitor designation process.
  - To monitor annually progress of HSPs regarding the development and delivery of FLS.

  - To hold HSPs accountable for the provision of FLHS and reporting on the provision of FLHS as per the terms of the LHIN-HSP Service Accountability Agreements
  - To work with their French Language Health Planning Entity (Entity) according to the terms of the accountability agreement signed with them.
  - To demonstrate to the MOHLTC and the public that the LHIN planning activities take into consideration the needs of their French-speaking population
- As a deliverer of Home and Community Care
  - Ensuring that any service provided directly to the public including home and community care is delivered in accordance with the FLSA (available in both languages)
  - Comply with Third Party Regulation by ensuring that contracted service providers delivery any service, including home and community care service, on behalf of the LHIN, provide that service in accordance with the FLSA.
  - Work towards applying the principles associated with the concept of “Active Offer” in the provision of health services

The accompanying slide deck presentation has additional detail on the legislative framework; the roles of the MOHLTC, the LHIN, and HSPs; and responsibilities of the LHIN.
Recent legislative amendments, reinforce and strengthen requirements for LHINs, HSPs, and our contracted service providers to respect the FLSA to ensure provision of services in French to the Francophone community. The promotion of health equity and the reduction of health disparities and inequities are at the forefront of these legislative amendments.

As a new organization evaluating and refreshing corporate policies, practices, structures and procedures we have a unique opportunity to strengthen our commitment and ensure we are setting an example for the system and our partners on actively working to improve the quality and accessibility of French health services in our region.

A formal internal FLS committee structure will ensure that the South West LHIN:
- is positioned to be successful in ensuring that the French-speaking population has access to services in French;
- that we are meeting all obligations and requirements; and
- integrates the principles of equity for the Francophone population into our work.

The mandate of the FLS Committee would be:
- To develop and implement an FLS plan
- To advise the Senior Leadership Team on issues that influence the implementation and delivery of FLS in accordance with the FLSA
- Prepare/ provide regular FLS updates to the Board of Director’s (minimum twice a year).
- To ensure the South West LHIN becomes compliant with:
  - Its corporate obligations and operational requirements;
  - Communications Guidelines;
  - The promotion of the principles of “active offer”;
  - Human Resource approach to ensure we are building the necessary capacity to provide services in French;
  - Development of structured processes to manage and resolve French Language complaints

Next Steps

This briefing and accompanying presentation to the South west LHIN Board is the first of a new regular FLS update which aims to provide Board members with the FLS background information they need to better understand their role as Board and to hold the organization accountable to the Requirements and Obligations relating to French language Health Services. Staff will provide updates a minimum of twice annual to the Board on our:

- Joint Action Plan with the Entity
- Progress on our internal FLS plan
- Other francophone projects outside of the Joint Action Plan that align with the IHSP

That the board consider inviting presentations from the:

- French Language Services Commissioner
- Erie St Clair/South West French Language Health Planning Entity

The LHIN Board makes a commitment that by the end of 2018/19 members will complete the Francophone Community Linguistic and Cultural Competency Training course currently in development in partnership with ESC LHIN and will include materials specifically adapted for governors.

Appendix A

Key Terms

Active offer - a set of measures taken by government agencies to ensure that French language services are clearly visible, readily available, easily accessible and publicized, and that the quality of these services is the equivalent to that of services offered in English. Active offer in principle means that the Francophone should not have to ask for services in French, rather it is the responsibility of the health service provide to be actively offering service in French. This includes: communications (signs, notices, other information) and the initiation of communication with French-speaking clients (bilingual messaging on phone system, live answer, etc).

Designated area – 26 in Ontario, one of which is the City of London, every government ministry and agency in these areas must offer French-language services to their clientele.

Designated HSP – have met designation criteria and have received official recognition from the Government of Ontario. They offer quality service in French on a permanent basis, guarantee access to its service in French, have French-speaking members on its board and its executive, have written policy for services in French that is adopted by the board.

French Language Health Planning Entity (“Entity”) – 6 entities in Ontario established in 2010 to support coordinated and effective engagement of French-speaking communities on matters related to FLHS. SW shared an Entity with ESC LHIN. Provide advice to the LHINs on matters regarding the health of the Francophone including: methods of engaging, health needs and priorities, identification and designation of HSPs, strategies to improve access, accessibility and integration of French language health services

Identified HSP – are working toward attaining designation. They are planning and delivering quality direct service in French.

Non-identified HSP – have no corporate obligation to plan and implement service in French. However, all LHIN-funded HSPs have a requirement to serve all populations in a culturally competent manner and be responsive to their needs. Must have mechanism to provide information on services available in French. Current mandatory reporting requirements for all HSPs (including non-identified) are being enhanced in 18-19 with a standard provincial collection tool.

South West LHIN

South West LHIN Responsibilities for French Language Services

December 19, 2017

Kristy McQueen Interim Senior Director, Strategy, System Design and Integration /
Suzy Doucet-Simard, French Language Services Planner

Ontario
Local Health Integration Network

Update on French Language Services in South West LHIN

- Purpose
- Background & Context
- Legislative Framework
- Responsibilities of the LHIN with respect to FLS
  - As a Crown Agency
  - As a Provider of Home and Community Care
  - As the Local Health System Manager
- Risks
- Next Steps
- Resources

Purpose

- To provide an overview of the Local Health Integration Network's (LHIN's) French Language Services (FLS) obligations under the French Language Services Act (FLSA) and the Local Health System Integration Act (LHSIA)

Background & Context

- In March 2006, the government of Ontario passed legislation creating the 14 LHINs
- The LHINs were mandated by the MOHLTC to plan, fund and integrate local health services
- LHINs work with health service providers and community members to set priorities and plan health services in their regions
- The LHINs, in their role as a crown agencies and local health system planners, are accountable for ensuring access to French Language Health Services (FLHS) in their geographic areas
- The French Language Service Advisor supports the LHINs in meeting their obligations with respect to French Language Services (FLS)
- FLS Advisors/Coordinators work collaboratively as part of a provincial network to develop common strategies and tools


REQUIREMENTS
RULES
STANDARDS
LAW
COMPLIANCE
GOVERNANCE
REGULATIONS
POLICIES
TRANSPARENCY

Put Yourself In Their Shoes

Key Terms

- Active offer – a set of measures taken by government agencies to ensure that French language services are clearly visible, readily available, easily accessible and publicized, and that the quality of these services is the equivalent to that of services offered in English.

- Designated Health Service Provider (HSP) – have met designation criteria and have received official recognition from the Government of Ontario. They offer quality service in French on a permanent basis.

- Identified HSP –working toward attaining designation. They are planning and delivery quality direct service in French.

- Non-identified HSP – have no corporate obligation to plan and implement service in French. However, all LHIN-funded HSPs have a requirement to serve all populations in a culturally competent manner and be responsive to their needs. Must have mechanism to provide information on services available in French.

- Designated area – 26 in Ontario, one of which is the City of London, every government ministry and agency in these areas must offer French-language services to their clientele.

- French Language Health Planning Entity (“Entity”) – 6 entities in Ontario, ours is shared with ESC LHIN. Provide advice to the LHINs on methods of engaging, health needs and priorities, identification and designation of HSPs, strategies to improve access, accessibility and integration of French language health services

Legislative Framework

- Key Elements of the *French Language Services Act* (FLSA) (1986):
  - Recognition of the contribution of the cultural heritage of the French-speaking population and wish to preserve it for future generations
  - Right to communicate in French with, and to receive services in French from the government and its agencies
  - Designation of 26 areas across the province *(includes City of London)*
  - Office of Francophone Affairs
  - French Language Services Commissioner

Legislative Framework (cont'd)

- Key Elements of the *Local Health System Integration Act* (LHSIA) (2006):
  - Preamble (f) - Commitment to equity and respect for diversity, and respect of the requirements of the FLSA
  - Object 5 (1.e) - *idem*
  - Part III, 14 (2) 2. – Establishment of a French Language Advisory Council
  - Part III, 14 (5) – Adherence to the FLSA
  - 16 (4) b. – Engagement with the French Language Health Planning Entity

Legislative Framework (cont'd)

- Key Elements of the *Patients First Act*, 2016:
  - Effective Integration of Service and Greater Equity
  - Timely Access to, and Better Integration of, Primary Care
  - More Consistent, Accessible and Culturally-Adapted Home and Community Care
  - Stronger Links to Population and Public Health
  - Inclusion of Indigenous and Franco-Ontarian Voices in Health Care Planning

Legislative Framework (cont'd)

- Key Pillars of the *Mandate Letter* from the Ministry of Health and Long-Term Care to the South West LHIN dated May 1, 2017:
  - Promote health equity, and reduce health disparities and inequities
  - Respect the diversity of communities in the planning, design, delivery and evaluation of services, including culturally safe care for Indigenous people and meeting the requirements of the French Language Services Act
  - Continue to strengthen local engagement with Francophone and Indigenous communities
  - Work with health service providers and communities to plan and deliver health services

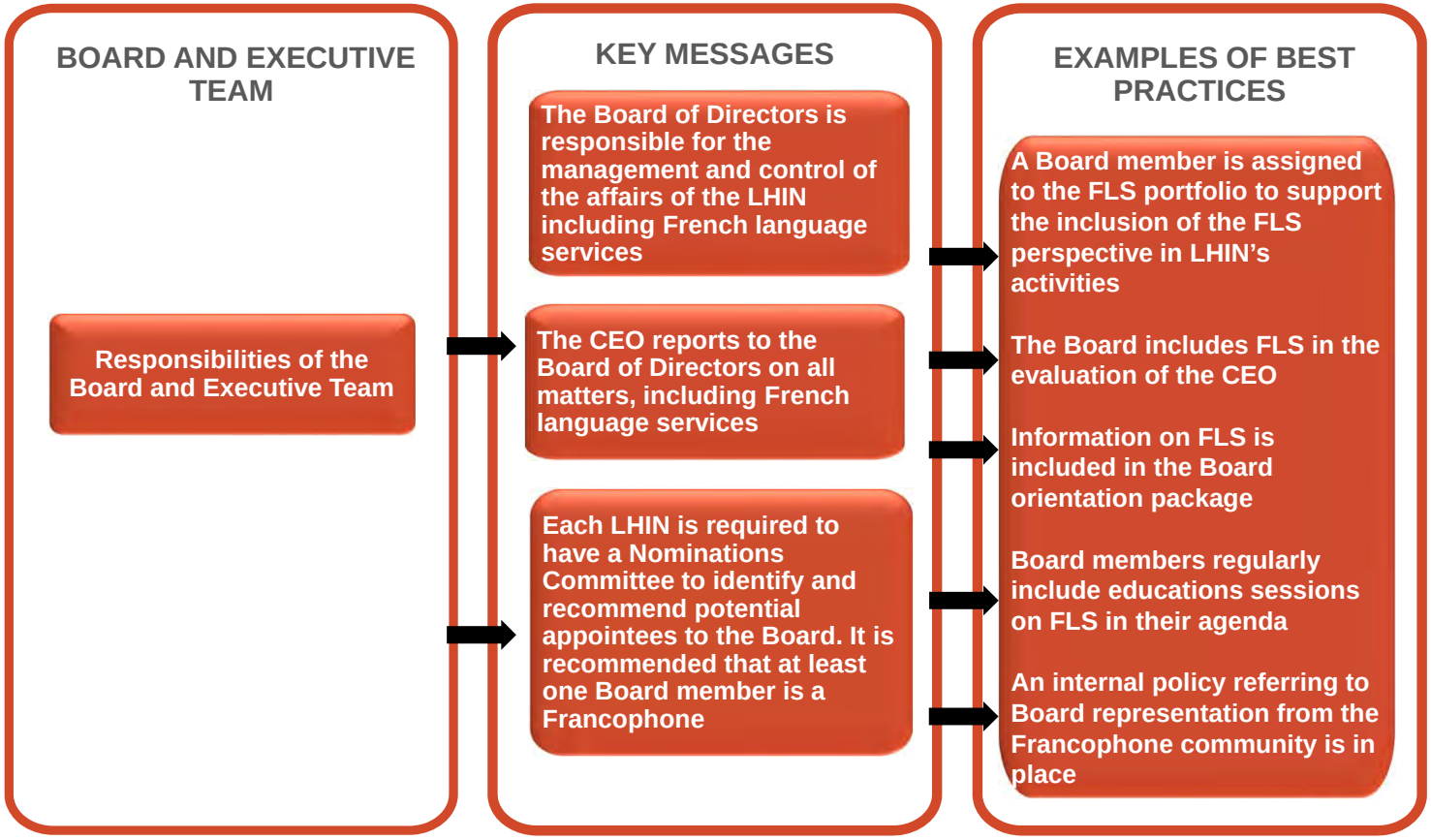
Legislative Framework – Roles of MOHLTC, LHIN and Entity

Government of Ontario - Responsible for establishing overall strategic direction and provincial priorities for provision of FLHS; developing implementing and administering both the LHSIA and the FLSA

LHINs - As Crown agencies; local health system planners, responsible for ensuring access to FLS in their geographic area; providers of home and community care services, responsible for delivering quality FLS; and responsible to liaise with the ministry and work with the Entities.

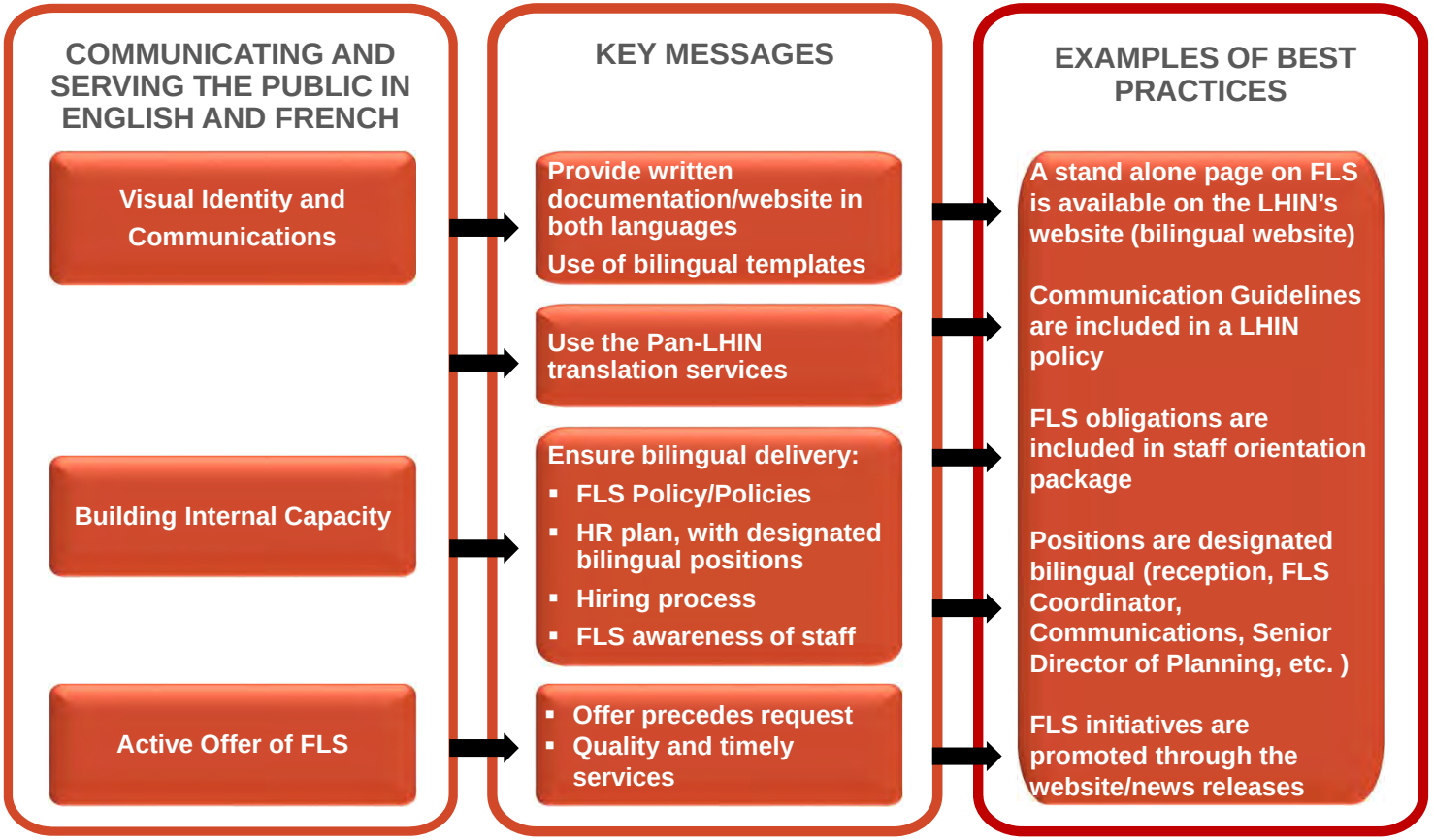
Health Service Providers - Responsible to develop and provide equitable access to quality FLS; different requirements for designated, identified and not designated nor identified

Responsibilities of the LHIN Board with respect to FLS

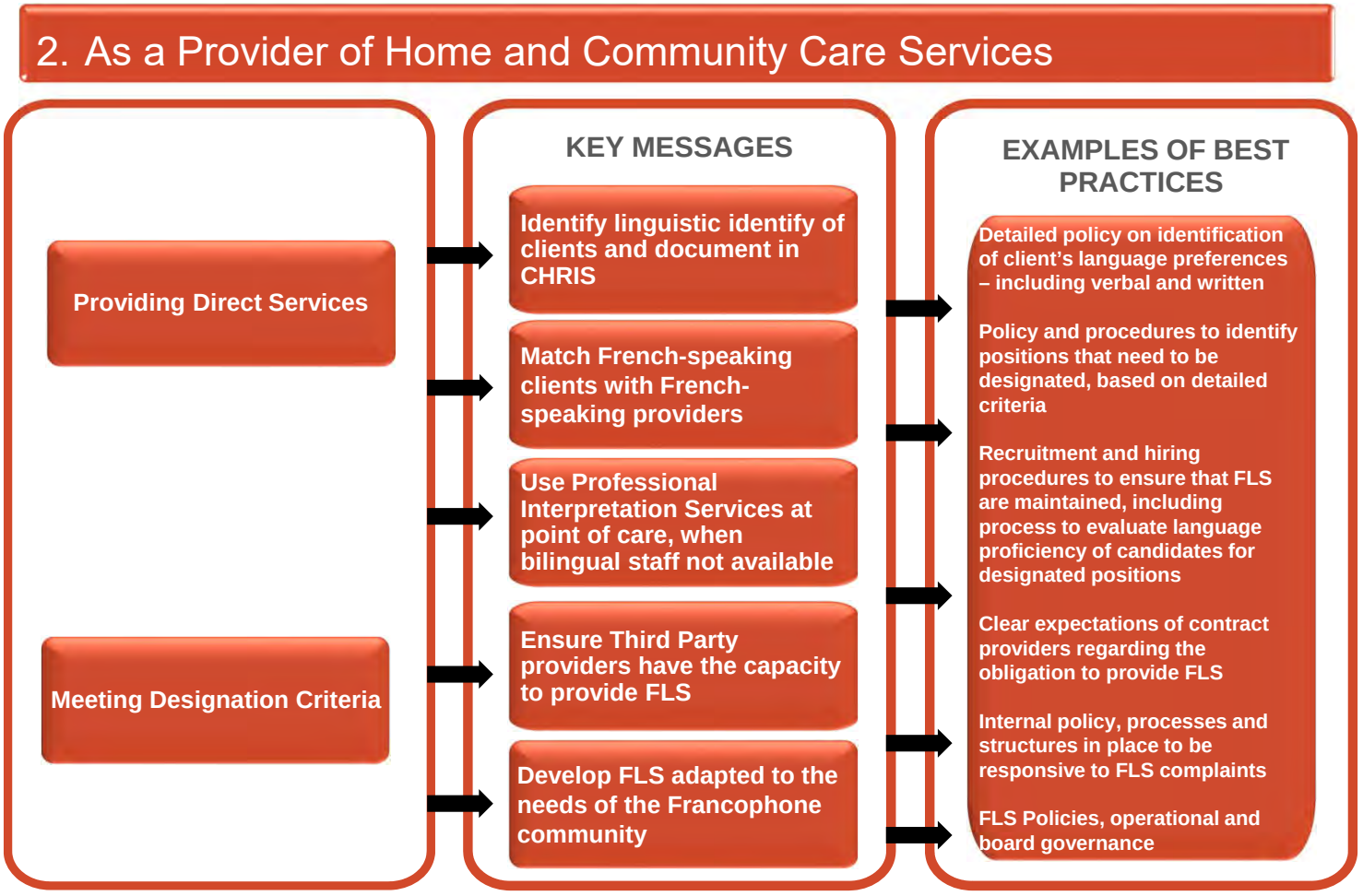


Responsibilities of the LHIN with respect to FLS

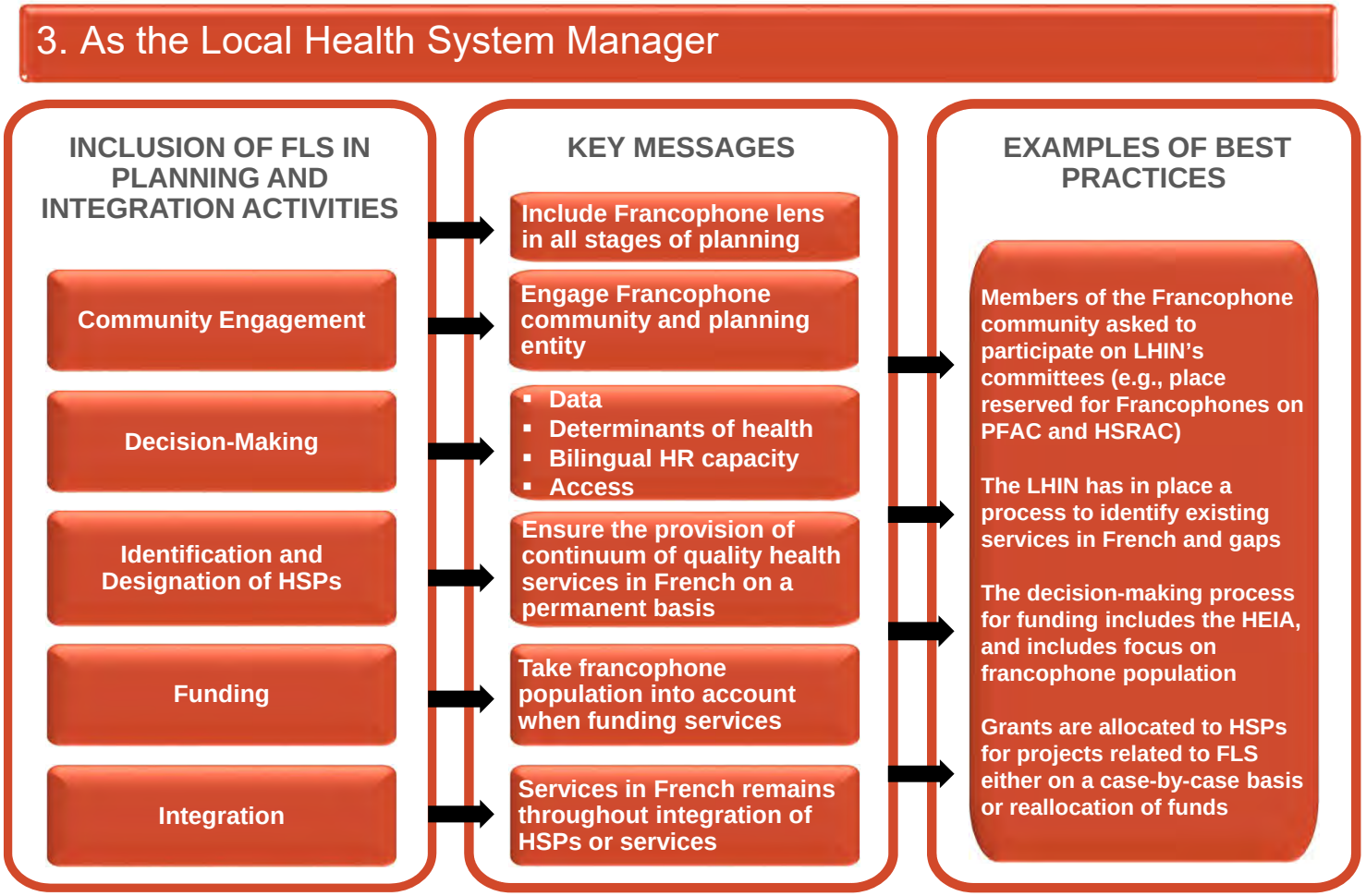
1. As a Crown Agency



Responsibilities of the LHIN with respect to FLS

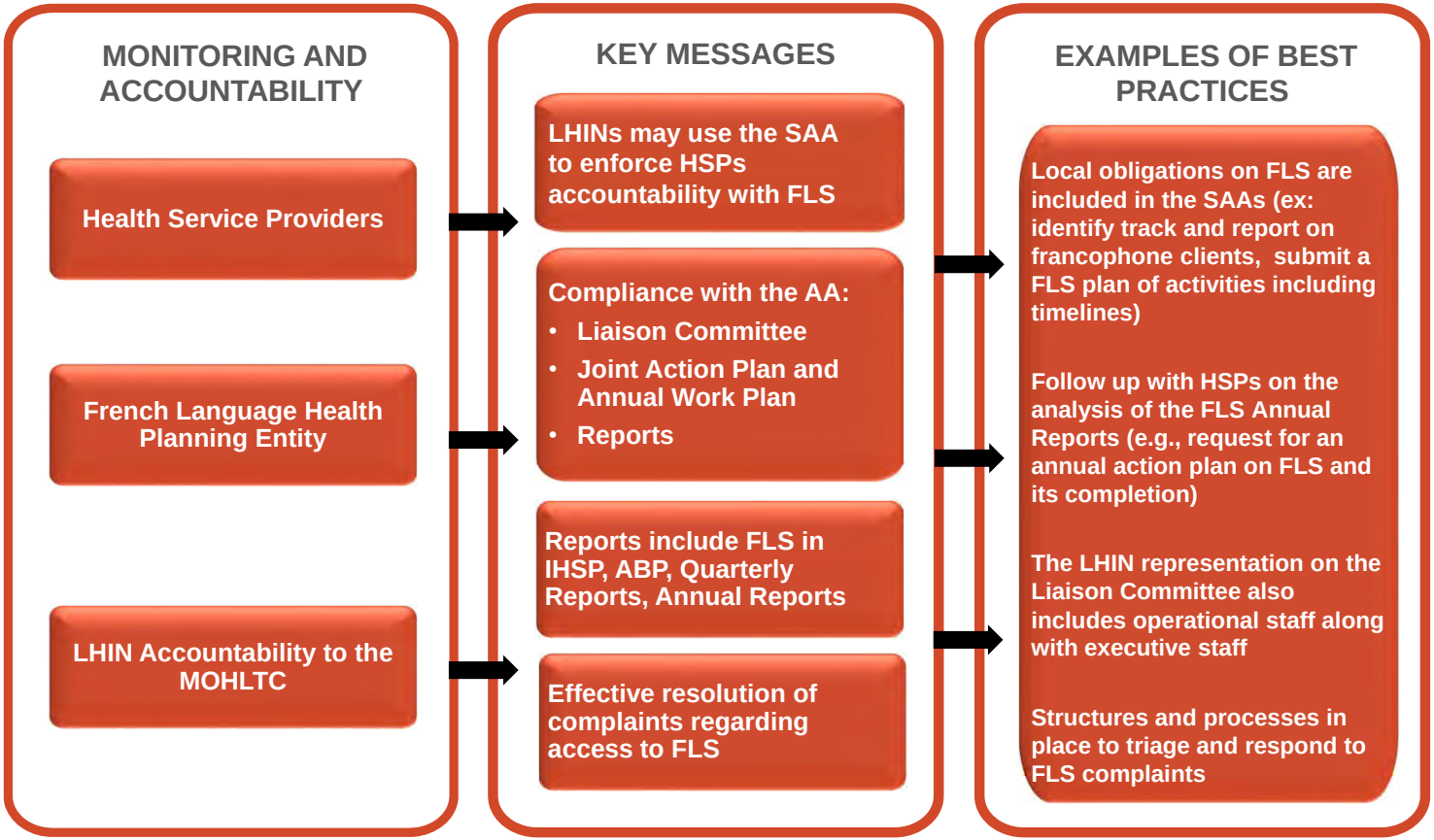


Responsibilities of the LHIN with respect to FLS



Responsibilities of the LHIN with respect to FLS

3. As the Local Health System Manager (cont'd)



Risks

- Operational risk
- Financial risk
- Reputational risk
- Strategic risk
- Health risk
- Administrative or litigation risk

Next Steps

- Continue to advance work on the LHIN French language transition plan
- Create an internal FLS Committee
- Invite the Erie St Clair/South West French Language Health Planning Entity to present to the Board
- Invite the French Language Services Commissioner to engage with the Board
- By the end of 2018-19 board members will complete the Francophone Community Linguistic and Cultural Competency Training course currently in development

Questions…

Resources

- Pan-LHIN FLS Coordinators Network, *LHINs Accountability Framework for French Language Services – Highlighting Best Practices*, March 2017
- Pan-LHIN FLS Coordinators Network, *Framework for French Language Services within LHIN Renewal*, January 2017
- Ministry of Health and Long-Term Care, *Guide to French Language Services Requirements and Obligations*
- Erie St. Clair and South West LHINs, LHIN Current State and Transition Plan Template

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Agenda Item 7.5

Report to the Board of Directors

Access & Flow through the Holiday Season

Meeting Date: **December 19, 2017**

Submitted By: **Kelly Gillis, Interim Co-CEO**
Donna Ladouceur, Interim Co-CEO
Andrea McInerney, Manager, Quality Improvement
Jana Fear, Health System Planner

Submitted To: ☒ **Board of Directors** ☐ **Board Committee**

Purpose: ☒ **Information** ☐ **Decision**

Purpose

The purpose of this report is to inform the South West LHIN Board of Directors of the approach to managing Access and Flow within and across the region's hospitals through the holiday season.

Background

Every year, emergency departments and urgent care centres experience a predictable increase in demand for resources over the winter holidays and into the early part of the New Year. Over the past six years there has been a significant increase in the volume of ED visits over the holiday period (approximately 500 additional ED visits in the South West between 2011-2016 on December 25th and December 26th). The impact of influenza further exacerbates hospital capacity challenges during this predictable surge period.

Approach and Desired Outcomes

Through the implementation of the Holiday Surge Plan 2017/18, One-Time Surge and Flex Bed Funding, the Critical Care Moderate Surge Process, and the Winter Holiday Surge Communications Plan, the approach to managing Access and Flow in the South West LHIN is aimed at achieving the following outcomes over the holiday and winter period:

- Maintain access to ED and inpatient beds
- Maintain discharge practices and levels in acute and post-acute care hospitals
- Maintain access to non-elective surgical services during periods of planned Operating Room slowdowns

- Ensure effective escalation processes are in place for addressing surge in real time within and across the sub-regions
- Increase communication and awareness of access to services through a public awareness campaign
- Collaborative approach to maintain access to essential services

Holiday Surge Plan 2017/18

Over each of the last three years, South West LHIN partners have implemented a plan to manage hospital surge pressures over the holiday period.

The activities undertaken to prepare for the 2017/18 holiday surge include:

- Inventory of planned acute care service reductions and mitigation strategies
    - Hospitals have engaged with local and sub-region hospital partners to coordinate coverage for essential services (e.g., non-elective surgery)
- Collection and distribution of key acute care contacts for the holidays
    - All South West LHIN hospital sites have provided key contact names and contact phone numbers for a “decision maker” for each day of the holiday period

The process for monitoring and responding to surge capacity issues includes:

- Daily occupancy monitoring process
    - Each hospital will populate occupancy/census data into an online tool
    - Each hospitals “Decision Maker” will review and sign-off on hospital census data with yes/no decision for triggering a triage huddle call, within a sub-region or across the South West
    - Regional data will be reviewed daily and support provided for problem solving and issue management
- Triggered triage huddle calls
    - Should a triage huddle call be triggered, appropriate regional hospital and home and community care partners (within a sub-region and/or across the South West) will participate in a huddle call
    - Patient transfers will be discussed and coordinated to mitigate and manage surge based on a principle of utilizing collective system capacity

2017/18 One-Time Targeted Surge and Flex Bed Funding

On October 23, 2017, the Ministry of Health and Long-Term Care announced funding for over 2,000 additional beds and spaces across the province to improve patient access to the care they need, whether in hospital, at home or in the community. The South West LHIN received a total of 102 beds/spaces as follows:

South West LHIN	
LHSC – University Hospital Beds	10
LHSC – Victoria Hospital Beds	14
LHSC – Mental Health Beds	24
St. Joseph's Health Care Beds	6
Additional Beds/Spaces	**43**
Short-term Transitional Care Spaces in London (partnership with the LHIN, LHSC, St. Joe's, CMHA-Middlesex)	5

Targeted Surge Bed Allocation and Monitoring:

30 targeted surge beds (one-time funding) have been allocated as follows:

- London Health Sciences Centre – University Hospital: 10 medical/surgical beds
- London Health Sciences Centre – Victoria Hospital: 14 medical/surgical beds
- St. Joseph's Health Care, London: 6 complex continuing care beds

The above hospital sites were selected based on demonstrated pressures impacting access to the highest levels of care and/or specialty services, and the site's ability to operationalize additional conventional beds by mid-November 2017. The beds are to be net new and above baseline. Targeted surge beds have confirmed funding until March 31, 2018. Occupancy rates will be reviewed and monitored regularly.

In addition, London Health Sciences Centre received 24 base-funded mental health beds. It is anticipated that, due to staffing challenges, the mental health beds may not become operational until February 2018.

Flex Bed Allocation and Monitoring:

The South West LHIN received 43 one-time funded flex beds to be allocated within communities that demonstrate occupancy pressures in the winter months and have indicated an ability to operationalize additional conventional beds on an as-needed basis. Beds must also be net new and above baseline. Consideration in allocation was be given to sub-region population density and other system pressures with the sub-region.

Once allotted, occupancy rates will be reviewed and allocations adjusted where necessary. During the defined holiday period, monitoring will be embedded into the holiday surge process described above. Following the holidays, daily bed census reporting will be monitored by LHIN staff and additional flex beds will be allocated and opened as need is demonstrated.

Although allocated to specific hospital sites, the surge and flex beds will be considered *system beds* to support inpatient capacity within a particular sub-region or across the LHIN as needed. Clear access and flow protocols will be in place to support patients in times of surge.

South West LHIN Critical Care Moderate Surge Process Review & Update

In 2011, the South West LHIN Critical Care Moderate Surge Process, with guidance from Critical Care Services Ontario, was implemented.

The level of response to a surge is determined by unit occupancy thresholds. Criticall Ontario facilitates the initiation of the process with leadership from the LHIN CEO (or delegate) and the LHIN Critical Care Lead (Dr. Ian Ball). Standardized protocols for the transport of critical care patients during surge and the acquisition of additional ventilation equipment (if required) are built into the overall process.

The South West LHIN Critical Care Lead and Network are reviewing the process and updating documentation to ensure the South West LHIN is prepared to activate the process over the holiday/winter influenza season if necessary.

Winter Holiday Surge Communications Plan

The Winter Holiday Surge Communications Plan was developed with the communication goals of proactively demonstrating the South West LHIN's planning efforts and creating awareness of and providing information about resources and tools offered by health services providers during the 2017/18 winter holiday season to residents in the South West LHIN.

Communications objectives include; strengthening partnerships between health service providers to communicate messages regarding joint planning across the health care system and offering expanded information, resources, and tools, for internal and external audiences in a central location leading up to and including the 2017/18 winter holiday season.

Target Audiences

- Health Service Providers who care for:
  - People who are frail and/or have medically complex conditions or disabilities and their caregivers
  - People living with mental health and/or addiction issues and their caregivers
  - People living with chronic disease(s) and their caregivers
- Health service provider governance
- Public
- Elected and municipal leaders
- Media

Partnerships/Opportunities for Collaboration

- Hospitals
- southwesthealthline.ca
- Primary care
- Mental health and addictions agencies
- Public Health
- Long-term Care homes

Key messages have been developed and shared with internal staff and external partners to ensure consistencies and for use in local communication efforts. The South West Healthline has been leveraged as the common place for information to be posted to inform patients and families about health care services available over the holiday period (holidays.southwesthealthline.ca).

Planned communication tactics include:

- Proactive/earned media release (highlighting holiday.southwesthealthline.ca resources)
- Letters to Primary Care from Chief Clinical and Clinical Leads
- Social media campaign
- Web content
- “Where to go for care” posters and fact sheets (see Appendix A & B)
- Planned engagement with HSP communicators
- Socialization of plan with Public Health

Appendix A: Holiday Care Options Poster

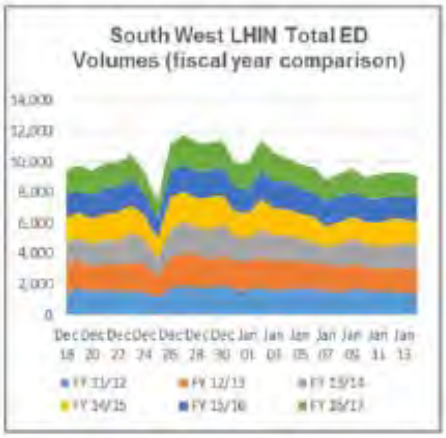
Appendix B: Winter Holiday Surge Fact Sheet

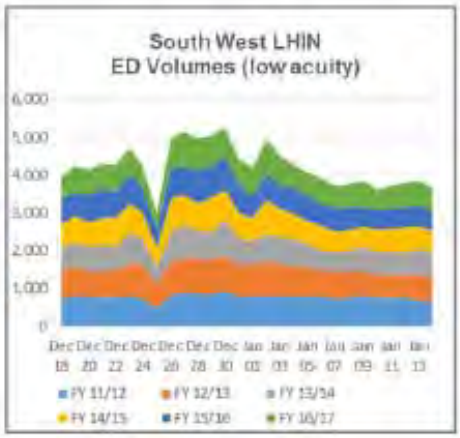
South West **LHIN**

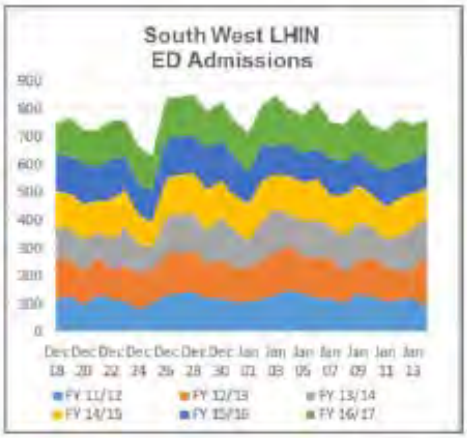
Winter holiday surge fact sheet December, 2017
The importance of maintaining access to health care resources over the holiday period

- Urgent care, emergency departments and hospitals experience an annual and predictable increase in demand for resources over the winter holidays and into the early part of the New Year.
- As shown below, over the past six years there has been a significant increase in the volume of ED visits over the holiday period. While visits initially drop on December 25, there has been an average increase between December 25 and 26 of:
  - Approximately 49% in total emergency department volumes (200 additional visits)
  - Approximately 68% in *CTAS 4 and 5 volumes (less urgent and non-urgent ED visits) (350 additional visits)
  - Approximately 34% in emergency department admissions.
- The average number of daily visits to emergency departments in the South West LHIN was approximately 1,500 to 1,550 over the past six years.
- A significantly lower number of patients are discharged from hospital during this period thus contributing to inpatient capacity challenges in hospitals.
- Emergency department visits continue to be above the average throughout the holiday period with additional peaks experienced during the New Year's period. The impact of influenza will further exacerbate hospital capacity challenges during the predictable surge period.

*CTAS = Prehospital Canadian Triage and Acuity Scale







Agenda item 7.6

Report to the Board of Directors

Board Quality Committee Highlights and Reflections

Meeting Date: **December 19, 2017**

Submitted By: **Linda Ballantyne, Chair, Quality Committee**

Submitted To: ☒ **Board of Directors** ☐ **Board Committee**

Purpose: ☒ **Information** ☐ **Decision**

The following are highlights and reflections from the South West LHIN Board Quality Committee held on November 23, 2017. The purpose of this report is to provide highlights and reflections beyond standard committee meeting minutes (located in consent agenda) in order to foster ongoing learning, sharing, and stimulating dialogue on key matters as part of the LHIN Board's quality and safety maturation journey.

Patient Relations

- It is important to understand and ensure the organization has robust processes in place to receive, manage and respond to patient feedback in a timely manner.
- Patients need to be able to provide feedback in a safe and effective manner, including culturally appropriate feedback processes.
- Foster a Just Culture, where the organization is promoting reporting from a learning and continuous improvement objective, and not a blame perspective.

Engagement with Partners

- Representatives from St. Joseph's Health Care, London shared their quality journey experiences speaking to its evolution, patient engagement, and connection to the SJHC Board of Directors. Key message was the importance of co-designing patient engagement with patients/patient groups and engaging with purpose.

Quality Improvement

- It is important to drive our home and community care objectives through our organizational quality improvement plan but we cannot do so without understanding the priorities and actions of our partners and how these will positively contribute to shared quality goals.
- Spent time reviewing and discussing quality improvement planning snapshots produced by Health Quality Ontario helping partners plan and share actions and objectives.

Accreditation and Standards

- Continue to move forward with the approach of embedding standards in the design of LHIN policies and procedures governing how we undertake the work to fulfil our mandate.

- It is recommended that we take a pragmatic and paced approach to the accreditation survey in order to enable our organization to adapt to the integration and change and build the necessary skillset within our staff and board members to successfully advance through accreditation.