

April 2014



## Message from Jeff Low, Board Chair, South West LHIN

Hello and welcome to your new role as board governor of a health service provider in the South West LHIN. We know this role is a challenging one, but it is one that you will find personally rewarding as you work alongside your colleagues to improve the delivery of health care in your community.

This information has been compiled to give you a greater understanding of the South West Local Health Integration Network, the people we serve and how we will work with you to align health system goals and ensure greater accountability. Your role as a board member means the decisions you make will support the collaborative actions of all our health service providers to improve the health system for everyone who calls the South West LHIN home or those who rely on the services provided here. The alignment of health service provider strategies to the South West LHIN's Integrated Health Service Plan (IHSP) 2013-2016 is an important step towards health system transformation.

On behalf of the staff and Board of Directors of the South West LHIN, thank you for your commitment to ensuring Ontario's health system is sustainable for generations to come

Kind Regards,

Jeff Low, Board Chair, South West LHIN

### Board of Directors (2014)

Jeff Low, Chair (London)

Ron Bolton, Vice Chair (St. Marys)

Ronald Lipsett (Annan)

Gerry Moss (Port Elgin)

Aniko Varpalotai (Elgin)

Barbara West-Bartley (Warton)

Andrew Chunilall (London)

Wilfried Riecker (Port Stanley)

Lori Van Opstal (Tillsonburg)



*A health system that helps people stay healthy, delivers good care to them when they get sick and will be there for their children and grandchildren.*



*The South West LHIN is accountable for bringing people and organizations together to build a health system that balances quality, access and sustainability to achieve better health outcomes.*

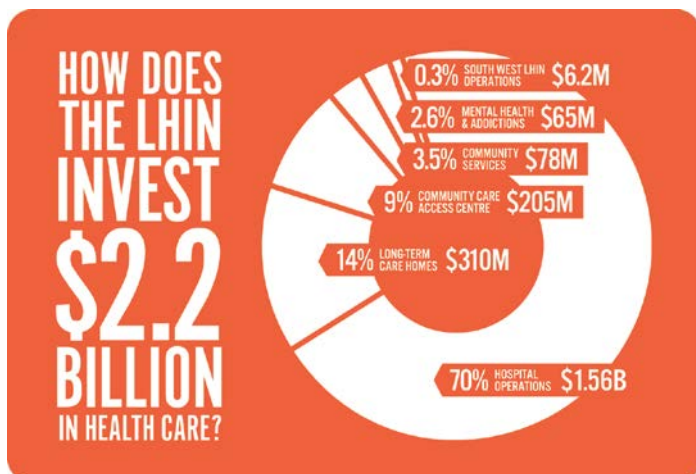
# South West LHIN Snapshot (2014)



## Population Profile:

- The South West LHIN is one of the largest LHINs in southern Ontario geographically covering almost 22,000 km<sup>2</sup>
- Population of over 924,000 people
- Large urban population within the City of London and a significant rural population
- Large proportion of seniors
- Smaller proportion of immigrants than other areas of the province
- 5 First Nations communities
- French Language Services designation

## Health Service Providers:



## Connect with the South West LHIN

[www.southwestlhin.on.ca](http://www.southwestlhin.on.ca)

1-866-294-5446



*The LHIN allocates 99.7% of all funding received to health service providers.*

## What is a LHIN?

- A crown agency established by the Ministry of Health and Long-term Care in 2006
- 14 LHINs cover 14 geographic regions in Ontario

## What is the job of the LHINs?

- To lead the way in transforming the health system to better meet the needs of the people of Ontario
- Responsible for planning, integrating and funding local health services

## Advantages of the LHINs

### Less bureaucracy

- LHINs replaced 7 regional offices of the Ministry and 16 District Health Councils
- South West LHIN has 40 employees, replacing 80-90 District Health Council and regional office employees
- LHINs reduce 'big government'

### Local decision-making

- Health care decisions, including funding, are now made locally at board meetings open to the public and the media
- All board packages are posted publicly on the website five working days in advance of the board meeting
- Local health service provider (hospital, community agencies, etc.) boards have been maintained

### Increased accountability

- LHINs have an accountability agreement with the Ministry of Health and Long-Term Care
- Health service providers have service accountability agreements with the LHIN
- Public reporting of all of our performance targets
- Ontario's health care system is more accountable than ever – accountability agreements outline responsibilities and performance requirements

### A 'System' approach to health care

- LHINs provide a structure to connect health service providers – breaking down silos
- LHINs provide structure to address the transition points in health care
- LHINs ensure that health service providers not only do what is right for their own organization, but also for the patient/client/resident and the system

### Health performance — *For the first time in Ontario:*

- We are setting targets, measuring and publicly reporting health care performance
- Holding organizations accountable for achieving these targets
- Achieving targets which are improving the lives of patients/clients/residents
- Majority of hospitals in the province have balanced budgets

### Community Engagement

- LHINs engage health service providers, the public and other partners in numerous ways to inform, educate, consult, involve and empower them in health service planning and decision-making processes

# Our Shared Accountability for the Delivery of Health Care

## What does shared accountability mean?

In this context, shared accountability refers to the role we all have – health service providers and the LHIN – in providing the best quality health care possible to people in the South West area. It means considering health services from a system perspective, collaborating with health service providers and the LHIN and improving our local health system, as defined under *LHSIA*.

*The Local Health System Integration Act (LHSIA), 2006, provides for an integrated health system to improve the health of Ontarians through better access to high quality health services, coordinated health care in local health systems and across the province and effective and efficient management of the health system at the local level by Local Health Integration Networks (LHINs).*

## Integration plays a key part in our shared accountability

### **Integration means:**

- Improving accessibility of health services to allow people to move more easily through the health system
- Improving the match between services provided and the multiple needs of clients/residents/patients
- Making the health care system more sustainable and accountable
- Innovation by enabling effective and efficient use of system resources and capacity

### **Integration includes:**

- Co-ordination of services and interactions between different persons and organizations
- Partnering with another person or organization in providing services or in operating
- Transferring, merging or amalgamating services, operations, persons or organizations
- Starting or ceasing providing services
- Ceasing to operate or to dissolve or wind up the operations of a person or organizations

### **The LHIN's role in integration:**

- Promote the integration of the local health system to provide appropriate, co-ordinated, effective and efficient health services
- Ensure that there are appropriate processes within the local health system to respond to concerns that people raise about the services that they receive
- Evaluate, monitor and report on and be accountable to the Minister for the performance of the local health system and its health services, including access to services and the utilization, co-ordination, integration and cost-effectiveness of services
- Develop strategies and co-operate with health service providers, including academic health science centres, other local health integration networks, providers of provincial services and others to improve the integration of the provincial and local health systems and the co-ordination of health services
- Bring economic efficiencies to the delivery of health services and to make the health system more sustainable
- Ensure the effective and efficient management of the human, material and financial resources of the network and to account to the Minister for the use of the resources

## **LHSIA directs health service providers to undertake “identifying integration opportunities”:**

- Each local health integration network and each health service provider shall separately and in conjunction with each other identify opportunities to integrate the services of the local health system to provide appropriate, coordinated, effective and efficient services.
- This direction is reinforced in your Service Accountability Agreement:

### ***Community Engagement –***

*The HSP will engage the community of diverse persons and entities in the area where it provides health services when setting priorities for the delivery of health services and when developing plans for submission to the LHIN including but not limited to planning submissions and integration proposals.*

### ***Integration –***

*The HSP will, separately and in conjunction with the LHIN and other health service providers, identify opportunities to integrate the services available to the local health system to provide appropriate, co-coordinated, effective and efficient services.*

## **LHSIA sets out how a LHIN may integrate the health system:**

- Providing or changing funding to a health service provider
- Facilitating and negotiating the integration of persons or entities where at least one of the persons or entities is a health service provider or the integration of services between health service providers or between a health service provider and a person or entity that is not a health service provider
- Issuing a decision that requires a health service provider to proceed with the integration described in the decision
- Issuing a decision that orders a health service provider not to proceed with the integration described in the decision.

## **How can your organization foster integration?**

- Organizing around the client/patient/resident, ensuring seamless transitions and equity
- Maximizing resources and expertise in the system – integration of front-line services, back-office functions, leadership and/or governance
- Establishment of alliances, partnerships – multi-service entities organized into sub-regions – supported by information technology to improve services and transitions of care
- Organizations not sovereign but working collectively – this requires a conceptual shift

# Frequently Asked Questions

## Health Service Providers

**Q.** How many health service providers (HSPs) does the South West LHIN have accountability agreements with?

**A.** We have over 150 HSPs and over 180 accountability agreements. A few HSPs have more than one agreement with us if they provide more than one type of service. For example, some hospitals provide community-based services, such as mental health programs, in addition to their regular hospital services.

## Board Activities

**Q.** Where and when are South West LHIN Board of Directors meetings held?

**A.** As the South West LHIN covers an area of about 22,000 km<sup>2</sup>, the LHIN board makes a very concerted effort to engage with all communities by holding the monthly board meetings throughout the LHIN. Over the years, we have been in Tobermory and Lion's Head in the north, Port Rowan and Newbury in the south and all points in between. The board meetings are open to all community members to attend including health service providers, the public and the media.

**Q.** Are the LHIN board meeting agendas and materials available to the public?

**A.** Yes, full board agenda packages are posted online in advance of the board meetings. Visit the 'Board of Directors' section of our website for a schedule of meetings and to access the agenda packages.

**Q.** How does the LHIN board engage HSP boards?

**A.** In addition to the open board meetings, the LHIN board...

- Hosts bi-monthly board-to-board engagements, following the board meeting, where board governors engage in discussion with LHIN and other HSP board members
- Holds regional meetings for governors designed to inform and engage on key topics and to foster dialogue and collaboration among sectors. For example, a series of regional meetings with governors was held throughout fall 2013 to talk about the strategic implications of our Integrated Health Service Plan 2013-16
- Hosts governance education sessions to provide training on the 'Fundamentals of Governance' and 'Governing for Quality'. Sessions held in spring 2012 and spring 2014
- Hosts quarterly meetings of a Board-to-Board Reference Group to discuss creating awareness among board governors and governance issues
- Invites board governors to attend the South West LHIN annual Quality Symposium, a full-day event held in the spring featuring high-calibre speakers with approximately 500 attendees



- Welcomes invitations to meet with health service provider boards upon request and encourages boards to come together for this purpose
- Distributes communications on key topics/opportunities to the Board Chairs of health service provider boards to share with their board governors

**Q.** How can a HSP board invite a LHIN board member to attend a meeting/event?

**A.** On many occasions throughout the year, local providers ask that a LHIN board member attend, bring greetings to, or speak at their annual general meetings or other events. Normally 1-2 board members would attend an event like this. We are happy to engage with our provider partners in this way and the request can be sent using the contact information on the board of directors' page of the website.

**Q.** Does the South West LHIN board accept delegations or presentations at its meetings?

**A.** We do not accept formal delegations from health service providers or other stakeholder groups; however the board is currently developing a policy to accept delegations. Members of the LHIN board will meet with health service providers or members of the public outside of the board meeting.

**Q.** Who presents and gets to speak at LHIN board meetings?

**A.** Presentations are done at the request of the board and are relevant to the agenda items under discussion at that meeting. These are normally progress reports on work we have funded or overviews of proposals to be voted on. Presentations are followed by questions from board members.

## Accountability

**Q.** How is the LHIN held accountable for its actions?

**A.** The LHIN is bound by the Local Health System Integration Act that determines our authority and mandate. We have a Ministry-LHIN Performance Agreement with the Ministry of Health and Long-Term Care that outlines our key responsibilities and accountability to the government. As well, we sign a Memorandum of Understanding that binds the LHIN to operational commitments with the Ministry that provides clarity on the role of the Minister, CEO, Board Chair and the financial and administrative responsibilities of both parties.

**Q.** How do we know if the LHIN is performing its role?

**A.** Under the terms of the Ministry-LHIN Performance Agreement, we report on a series of key health system indicators such as emergency room wait-times and surgical wait-times to name a few. That information is in the performance section of our website as well as provider-level information for all hospitals in the LHIN. These LHIN-level performance indicators are one way to judge us on what impact we are having on the system. Another is to look at the programs and initiatives we fund to see if they are changing the health system to make it more sustainable while ensuring quality care.

Q. How does the LHIN report to the community on its performance?

A. The South West has an interactive Report on Performance on our website and the data in it is refreshed every month. We also issue a quarterly Scorecard to the Board of Directors that highlights accomplishments on the indicators we have aligned with the achievement of our strategic goals. Both of these reports are posted at [www.southwestlhin.on.ca/performance.aspx](http://www.southwestlhin.on.ca/performance.aspx)

Q. What is the process for the service accountability agreements with the LHINs?

A. The process varies slightly for hospitals, long-term care homes and community agencies. Generally, for all agreements the health service provider (HSP) submits their Annual Planning Submission to the LHIN for review of the financial data, performance plans and service levels that the provider will meet. From those planning submissions, the LHIN will develop the relevant Service Accountability Agreement and send it to the HSP for comment, board approval and signature. The agreements are then approved by the South West LHIN Board when they are returned, normally they are signed by the Board Chair and Senior Administrator.

- For the hospitals, the current agreements, called Hospital Service Accountability Agreements (H-SAA), have been extended until new agreements are in place at the end of the 2014/15 fiscal year and will last until 2017.
- For the long-term care homes, the current agreements, called Long-Term Care Home Service Accountability Agreements (L-SAA), were just refreshed and are in force for 2013 to 2016.
- For the community sector, the current agreements, called Multi-Sector Service Accountability Agreements (M-SAA), are being refreshed and a new agreement will be in place from April 2014 until the end of the 2017 fiscal year.

## Information

Q. What other information does the South West LHIN provide for board governors?

A. Visit [www.southwestlhin.on.ca](http://www.southwestlhin.on.ca) for information...

- About our LHIN – Accountability, Facts & FAQs, Leadership Team, LHIN Policies
- Board of Directors – Schedule of Meetings & Agenda Packages, Board Members, Board By-Laws & Governance Policies, Board Recruitment, Board Governor Resources
- Community Engagement – Upcoming Activities, Advisory Groups, Past Engagements
- Health Service Providers – Community Sector, Hospital Sector, Long-Term Care Sector, Integration
- Performance – Strategy Map, Report on Performance Scorecard, Interventions Report, Quarterly Stocktake Report
- Program Areas & Initiatives
- Provincial Initiatives & Reports
- LHIN staff – areas of responsibility and contact information

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