Champlain **LHIN**

Transforming Health Care: One Person at a Time

Integrated Health Service Plan 2010 – 2013

November 2009

Ontario
Local Health Integration Network

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1) Introduction

The Integrated Health Service Plan (IHSP) is a strategic plan that describes priorities the Champlain Local Health Integration Network (LHIN) will focus on over the next three years. The IHSP sets out a direction for the LHIN to reach its vision and meet its mandate of integrating the health system at a local level while working toward provincial priorities. The Champlain IHSP 2010-2013 explains where we will place our attention and resources, what results we plan to achieve, how we plan to achieve them and how we will know we have made a difference.

This plan was prepared by seeking information about the health of people living in our region and the experiences people have with the health services they use. We talked to many residents in our communities to better understand the health issues they face and their suggestions for improving our health system. We also looked at statistics about our population and local health system and spoke with service providers working within and outside the health system to help us define where our efforts should be placed.

Historically, planning for health care has primarily addressed provider organizations such as hospitals, clinics and health centres. We believe that to transform the health system from a fragmented, provider-focused model to an integrated system, we must focus on the people who need the services. This is what we call a "person-centred" approach. We will focus our efforts on specific groups of people within the Champlain region to move us closer to our aims.

IHSP 2010-2013 is a strategic plan for all people and health service providers in Champlain. It includes our collective vision for our health system. It tells a story from the person's perspective of what needs to change and reveals what and how the LHIN plans to lead and measure those improvements over the next three years. It is everyone's responsibility to work toward better health, and contribute to a quality health system that will be there when and where we need it. This is a plan for action.

The IHSP 2010-2013 is meant to achieve three overall aims:

1) Improve the health of Champlain residents,
2) Improve their experience with the health system, and
3) Improve the performance of an accountable and sustainable health system.

2) Summary of Provincial Strategic Plan and the Alignment to the IHSP

The Integrated Health Service Plan (IHSP) is the road map to health improvement for all 14 LHINs. Our IHSP aligns with the Ontario Ministry of Health and Long-Term Care's priorities to improve health and promote equitable access to health and health care for all Ontarians.

At the same time, the improvement strategies we describe in the following chapters reflect local needs and local strengths. Until the Ministry releases its 10-year strategic plan for Ontario's health system, the LHINs have been asked to focus on improving access to care in three areas:

1) Reducing wait times in Emergency Departments
2) Reducing the time patients spend in alternate level of care beds in hospitals
3) Supporting the roll-out of Ontario's Diabetes Strategy

In addition, we are ready to participate in provincial strategies to improve care for mental health issues and problematic substance use, and build innovative infrastructure through eHealth.

Reducing Wait Times in Emergency Departments

Ontarians are entitled to safe, reliable, appropriate and high-quality care when they visit an Emergency Department. Because reducing wait times in Emergency Departments can significantly improve a patient's experience, it is one of the Ontario Government's top health care priorities.

To achieve shorter Emergency Department wait times, the LHINs must improve performance across the entire health system. After all, a bottleneck in one area can result in delays in many other areas.

In addition, patients with non-urgent or less urgent needs account for about half of all Emergency Department visits. As a result, the LHINs are building health service capacity in communities so people can access appropriate care outside Emergency Departments.

Under the Ministry's direction, we are working towards achieving provincial targets and publicly reporting our Emergency Department wait times.

Reducing Time in Alternate Level of Care Beds

When patients complete the acute care phase of their treatment in hospital, they may remain in an acute care bed while they are waiting to be discharged or transferred. They need an "Alternate Level of Care" – but none is available.

Close to 19% of patients currently in Ontario hospital beds are waiting for an Alternate Level of Care opening, such as a long-term care or rehabilitation care bed. This may mean that a patient in the Emergency Department cannot be admitted, causing a domino effect that leads to longer Emergency Department wait times.

The LHINs are working with the Ontario Government on a variety of initiatives that will help patients get the care they need – whether that's in a hospital, in a long-term care or rehabilitation care facility, in the community or at home.

Supporting Ontario's Diabetes Strategy

Ontario's Diabetes Strategy will help tackle a growing – and expensive – health care challenge. In 2008, about 900,000 Ontarians were living with diabetes (8.8% of the province's population). The number of Ontarians with diabetes has increased by 69% over the last 10 years, and is projected to grow from 900,000 to 1.2 million by 2010. Treatment for diabetes and related conditions (including heart disease, stroke and kidney disease) currently costs Ontario over $5 billion each year.

The Diabetes Strategy will improve access to prevention programs and team-based care. It includes an online registry that will give patients access to information and educational tools so they can better manage their disease. The registry will also enable health care providers to check patient records, access diagnostic information and send patient alerts. The registry will result in faster diagnosis, better treatment and improved management for Ontarians living with diabetes.

The LHINs are committed to improving access to diabetes care by supporting the rollout of the provincial Diabetes Strategy.

Enhancing Mental Health and Substance Addictions Services

Beyond these three priorities, the Ontario Government has announced that it plans to enhance mental health and addictions services. About one in five Ontarians will experience a mental health or addiction problem at some time, and the cost to individuals and society is enormous.

The Minister's Advisory Group on Mental Health and Addictions is laying the foundation for a 10-year strategy to address this important issue. For the first time, the province's strategy looks beyond health to include mental health and addictions services funded by other Ontario ministries.

The LHINs will implement the provincial Mental Health and Addictions Strategy, helping to create a system that provides everyone who needs care with equitable access to safe, respectful and effective services.

Building on an eHealth Framework

Ontario's eHealth Strategy supports the province's other strategies. By investing in information technology infrastructure, including the diabetes registry and electronic health records, we can improve patient care and access. The LHINs look forward to building on eHealth Strategy innovations to enhance system-wide integration and improve our health care system.

Imagine. A Healthier Ontario

The Ontario Government's strategic directions helped to shape this Integrated Health Service Plan. By aligning local initiatives with provincial priorities, we can provide appropriate, coordinated, safe and efficient health services. We can also achieve our common goal of Healthier People, Healthier Communities and a Healthier System for All.

3) LHIN's Vision for the Local Health System

Health is influenced by a multitude of factors, at every stage of life. Social and economic factors such as our education, income and social supports, the physical environment where we live, work and play, our individual behaviour, our own biology or genetics and the health care system itself all contribute a person's or population's health.[1] The Ontario government, the LHIN, health service providers and individuals all have a role to play in addressing health issues and in reaching our full health potential.

In 2007, the Champlain LHIN was given the mandate by the Ontario government to transform the way in which the local health system was working. With the responsibility to plan, fund and integrate the health system, the LHIN set out to identify key priorities for change in our region. Now, with a few years behind us, we all have much more experience and knowledge of what challenges people face and how the health system works.

People have told us that they want a health system that they can rely on to give quality care when and where they need it. They have said that more emphasis needs to be placed on preventing illness and keeping people healthy at home and in the communities where they live. They have let us know that we need to pay attention to how the health system is performing and to containing costs so that health services will be there today and in the future.

In our work with service providers, the LHIN has learned that building and encouraging relationships and partnerships among different parts of the health system leads to greater understanding and respect for each other's contribution to better quality care. Understanding the continuum of care, from primary prevention to palliative care, is critical to ensuring health services are well coordinated to meet the needs of our residents. We know that in order to focus more attention on prevention of illness and to address other determinants of health, the LHIN needs to work with many partners including public health, other funders, workplaces and schools. We know that working together is the only way to make best use of the resources we have available to us.

Creating an integrated system requires that services need to be organized differently. In order to improve the health of Champlain residents, improve their experience with the health system and improve the performance of the health system, the Champlain LHIN will work toward a new configuration of services.[2] All communities in the Champlain region need a strong network of community-based primary health services. People also need access to "service hubs" for a range of services that do not necessarily need to be solely offered in hospitals but can be found in convenient locations closer to home. Of course, we also need safe, accessible and high quality community-based hospitals as well as teaching hospitals that provide specialized staff, equipment and services. Although all these components are necessary to complete the health system, they cannot and must not function in isolation from another. All these components need to work together to make a seamless system of health services by

[1] Health Canada, 1998 Determinants of Health.

World Health Organization (WHO's) Commission on the Social Determinants of Health (2008) has stated that avoidable health inequalities arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness…"

[2] The LHIN and each Health Service Provider is required under the *Local Health System Integration Act, 2006* Section 24 to identify opportunities to integrate services within the local health system.

transferring services from the most complex organizations to the least wherever possible.

Working together will allow us to best meet the local challenges in health care so that people:

- know how to better manage their own conditions,
- know where to go to get service, and
- are cared for in the most appropriate setting.

In working towards this new configuration, the Champlain LHIN will pay particular attention to identifying appropriate models that ensure access to integrated and coordinated health services meeting the unique needs of Francophones.

Our Vision

Healthy, caring communities supported by quality health services that achieve results – today and for the future.

Ontario
Champlain Local Health Integration Network
Réseau local d'intégration des services de santé de Champlain

Our Mission

Linking services that help people stay healthy by building a coordinated, integrated, and accountable health system for people where and when they need it.

Our mission is based on a strong foundation of local community engagement, comprehensive planning, and appropriate resource allocation.

Our Values

The LHIN works to achieve our vision through our core values:

- ✓ **Integrity**: Working with honesty, honour and reliability
- ✓ **Accountability**: Willing to accept responsibility and account for our actions
- ✓ **Respect**: Showing consideration for, appreciating and valuing our partners
- ✓ **Transparency**: Ensuring decision processes, procedures and constraints are known and followed
- ✓ **Trust**: Counting on all health partners to contribute to reaching our vision.

4) Overview of the Current Local Health System

Champlain is a health region that has all of the building blocks for an integrated health system:

- Our population is large enough to support all but a handful of highly specialized health services.
- Our economic infrastructure is, in general, relatively strong and stable; we have three universities and numerous colleges.
- We have a highly skilled pool of health care professionals (human resources), a large number of dedicated volunteers and a broad range of health service providers (organizations).

That said, there are numerous gaps and challenges: not every part of the LHIN has all of the building blocks; and where the blocks exist, they are not always organized in the optimal way.

Urban and rural differences, language and cultural diversity, and economic differences are found within our region, challenging us to find innovative ways to use our resources wisely. There is a lot to do as we move towards the vision of "healthy, caring communities supported by quality health services that achieve results – today and for the future". The work starts with a good understanding of our region's geography, population, health and health services.

Our Geography

Our region's history largely follows our rivers. Ninety-one percent of us live within twenty kilometres of the St. Lawrence, Ottawa, Rideau and Mississippi rivers.[i] Our largest centres are all river towns: Ottawa, Cornwall, Hawkesbury and Pembroke. In addition to our rivers, our 465 km shared border[ii] with Quebec is one of Champlain's defining characteristics.

Champlain is the easternmost LHIN. At about 18,000 square kilometres, Champlain is three times the size of Prince Edward Island. There are about 65 people living in every square kilometre of our region. This ranges, however, from over 4,000 persons per square kilometre in Ottawa's core to fewer than 10 in parts of Renfrew County.[iii] Champlain is a diverse region with diverse needs. As a result, we have six planning areas that help to put the 'L' (Local) in the LHIN:

- Renfrew County
- Ottawa West
- Ottawa Centre
- Ottawa East
- North Lanark and North Grenville
- Eastern Counties

Detailed information about each area is available in the Community of Care Profiles (See Section 9).

Our Population

Champlain has a population of 1.2 Million[iv], about the same as the population of Manitoba. Two-thirds (67%) of us are within a 30 minute drive of the centre of Ottawa. One out of every five of us (21%) lives in rural areas.[v] The rest of us live in large towns and small cities.

Our population is projected to grow about 0.9% every year between 2009 and 2029. People 65 years and over, however, will grow 3.5% per year, doubling in the next twenty years.[vi] As a result, by 2029, more than one in five of us (21.9%) will be over 65 compared with about one in seven today (13.5% in 2009). Seniors already made up more than 20% of the population in Hawkesbury and parts of Renfrew County back in 2006.[vii] Changes in the population's age structure are, in good part, a reflection of the aging 'baby boomer' generation and relatively low fertility rates (1.6 children per woman in 2006-07).[viii]

Champlain is diverse. A federal civil servant lives across the road from a sixth generation dairy farmer. The daughter of Lebanese immigrants is best friends with a Cree girl born in Northern Quebec. Rich and poor may live close to each other. English, French and other languages can be heard in many casual conversations.

About 4 out of 10 Champlain residents (39%) are able to speak French. One in five of us (19%) report French as our first language (vs. 4.4% for Ontario overall). In parts of Prescott-Russell, more than three-quarters have French as a mother tongue.[ix]

About 30,000 of us (2.7%) are First Nations, Inuit or Métis,[x] although the actual number is believed to be even higher. Champlain includes two First Nations communities: Akwesasne, the second most populous reserve in Canada, and Pikwàkanagàn on Golden Lake. The majority of the Aboriginal people in Champlain, however, live off-reserve in urban and rural areas. Ottawa is home to more Inuit than any city outside the north. The areas with the highest proportions of Aboriginal people are the Eastern Counties (6.5%) and Renfrew County (5.6%).[xi]

About one-sixth of us (17.6%) were born outside of Canada and one in twenty (5.3%) moved to Canada within the last 10 years.[xii] About one in seven of us are visible minorities (14.9%) including those of us who are Asian (4.1%), Black (3.6%), South Asian (2.6%), Arab (2.2%), Latin American (0.7%) and others (1.7%). The vast majority of immigrant and visible minorities live in Ottawa.[xiii]

Overall, one-seventh (13.8%) of Champlain residents fall below Statistics Canada's Low Income Cut-Off[3], slightly better than the provincial average (14.7%)[xiv]. This proportion in Ottawa Centre, however, reaches as high as one in five (20.7%). Among those 25 years of age and older, 62.3% completed some form of post secondary education compared with 56.8% in Ontario, overall. The lowest postsecondary rates were in Renfrew County (48.3%) and Eastern Counties (47.3%).[xv]

Our Health

In general, as a group, we are about as healthy as people in Ontario. Life expectancy, infant mortality, self-rated health, self-reported mental health and activity limitation due to health conditions were all comparable.[xvi] For specific conditions, however, there are differences. Lung cancer and breast cancer incidence, for example are higher in Champlain[xvii], while diabetes rates are lower.[xviii]

Compared with Ontarians overall, our risk factors for poor health are about the same (e.g. smoking, obesity) or better (physical activity, second hand smoke in vehicles and/or public places).[xix] Among those aged 12 and up, more than half of us (56.5%) fail to eat five servings of fruits and vegetables a day and one in seven (15%) smoke every day. Among those over 18, about half (51.2%) are considered overweight or obese.

[3] Statistics Canada Low-income cut-offs (LICOs) "represent levels of income where people spend disproportionate amounts of money for food, shelter and clothing." For more details, see: http://www12.statcan.gc.ca/health-sante/82-228/2009/06/details/page_Definitions.cfm?Lang=E&Geo1=HR&Code1=3551&Geo2=PR&Code2=35&Data=Rate&SearchText=ottawa&SearchType=Contains&SearchPR=01&B1=All&Custom=&LineID=9100

The overweight and obesity rates are highest among men and among those living outside of Ottawa.

Diabetes

Although diabetes rates are low, compared to Ontario overall, diabetes is of major concern in Champlain for several reasons. Rates are increasing quickly. Adults were 60% more likely to have diabetes in 2004-05 than they were 10 years earlier.[xx] We estimate that about one in 20 people in Champlain (5.1%) have diabetes. In Pikwàkanagàn, Hawkesbury, Rockland, Cornwall and Ottawa's rural northeast, the rates are above 6.5%.[xxi] Rates are higher among men and increase with age.

People with diabetes have high rates of complications, including heart disease (1.8 to 2.5 times higher than the general population), hospitalization for heart attack and stroke (about 3x), and end stage kidney disease (13x). People with diabetes live on average, about 13 years less than people without diabetes.[xxii]

Health care costs are significant. For example, 56% of lower limb amputations[xxiii], 59% of retinal surgeries[xxiv] and 43% of dialysis treatments are for people with diabetes[xxv].

Mental Health Issues and Problematic Substance Use

Mental health issues and problematic substance use are major health concerns. These conditions are widespread and affect a large proportion of the population. Among those 12 years and older, about 1 in 10 (9.7%) of us had a mood disorder, anxiety disorder and/or schizophrenia diagnosis in 2005. Youth and women were more likely to be impacted.

In 2002, 1 in 5 Ontarians 15 years and older (2.1%) were dependent on alcohol and 1 in 200 (0.5%) were dependent on illegal drugs.[xxvi] Those rates were higher among men. Dependency is only part of the story. It is also estimated that 25% of men and 9% of women are 'high risk drinkers, hazardous or harmful to themselves and/or others.[xxvii] We can also estimate that 30 – 54% of people with one mental health issue will also have another co-occurring mental health issue or problematic substance use.[4]

Youth in grades 7 to 12 were more likely than adults (18+) to have used cannabis (25.8% vs. 14.4%), cocaine (3.4% vs. 1.3%) and ecstasy (3.5% vs. 1.0%) in the previous 12 months.[xxviii] Among those in grades 9 to 12, other commonly used drugs include the non-medical use of opioid pain relievers, (19.7%), stimulants (6.9%) and sleeping medications (6.2%). In addition, about one quarter of students reported having been a passenger in a vehicle whose driver had smoked cannabis (23.6%) or had two drinks (27.3%) less than an hour before.[xxix]

Access to care for mental health issues and/or problematic substance use is poor. Costs to individuals, families and our communities are high. We estimate that mental health issue(s) and problematic substance use in Champlain cost $4.7 billion dollars a year, including direct (e.g. law enforcement, health care) and indirect costs (e.g. lost productivity). That is the equivalent of $4,000 per person.[xxx]

Complex Health Conditions

We know that there are many people in our region who live with complex health conditions. We describe these people as having one or more chronic health conditions and requiring significant assistance with activities of daily living and making frequent use of the health system or are dependent on technological devices.

Nearly 4 in 10 Champlain residents (37.7%) aged 12 and older have at least 1 of 8 common health conditions (arthritis, hypertension, asthma, depression, diabetes, heart disease, chronic obstructive pulmonary disease, cancer and the effects of stroke). Among those aged 65 to 74, the vast majority (77.1%) have at least one, 40.2% have two or more and 13.9% have 3 or more. Among those 75 years and older the figures are even higher.[xxxi] Of those people on the wait list for long-term care (LTC) homes, 71% experience cognitive challenges.[xxxii]

Information from our region show that about 16% of people with complex health conditions need assistance with activities of daily living such as bathing, eating and grooming and as many as 74% require help with "instrumental activities of daily living" such as banking or grocery shopping. Informal care from family and friends accounts for as much as 18 hours per person with complex health conditions every week. About 20% of these informal caregivers experience stress and burnout.

Research shows that between 13 and 18 % of children and youth live with a chronic condition contributing to 80% of child related health care costs. Children with chronic health issues are three times more likely to need intensive care hospitalization and it is estimated that 32% of these admissions are potentially preventable.[xxxiii]

[4] Mental Health, Addictions and Problem Gambling - Ontario Landscape Report Spring 2009

Our Health Services

In 2008-09, the Champlain LHIN distributed $2.1 billion in funding to 210 health service provider organizations in 7 sectors.[xxxiv]

# Health Service Providers	Sector	$ Millions	% of Health System Budget
20	Hospitals	1,548.6	72.9
59	Long Term Care Homes	255.3	12.0
1	Community Care Access Centre	168.9	8.0
36	Community Mental Health Services	59.4	2.8
10	Community Health Centre	43.2	2.0
58	Community Support Services	34.0	1.6
26	Community Addictions Services	15.4	0.7
210	**Total**	**2,124.8**	**100.0**

Champlain takes care of its own. Our region is the most self-sufficient LHIN in terms of acute inpatient hospital services with only 2.6% of residents hospitalized outside Champlain. This compares with 5.5% to 38.6% for other LHINs.[xxxv]

Champlain also takes care of people who live outside of Ontario. In 2007-08, about one out of 25 hospital beds[5] in Champlain (4.2%) was occupied by patients from Quebec and an additional 1.0% was occupied by patients from other provinces, territories and countries (versus 1.0% for Ontario overall) Costs for out of province patients are covered by inter-provincial agreements.[xxxvi]

Primary care providers are key partners in an integrated health system. It is noteworthy that Champlain's doctor-to-population ratio is second best in the province.[xxxvii] The closest family physician is less than 14 minutes away for 95% of us.[xxxviii] On the other hand, we know that some geographic areas and populations are not well served. In fact, 8.2% of adults (16+ years) are 'unattached'—i.e. they have no family doctor.[xxxix]

[5] Excludes mental health, complex continuing care and rehabilitation beds

5) Framework for Planning

The planning framework for the IHSP 2010-2013 builds on what we have learned in the past and sets out the ways in which the LHIN and its partners will make health and health system improvements in the future.

The IHSP 2010-2013 has adapted a framework from the Institute for Healthcare Improvement called Triple Aim, as our approach to health system improvement. In simple terms, we will seek to make improvements in population health, client experience and health system performance. We have set goals and will be taking action to reach improvements by paying attention to all three areas for improvement at the same time.

The IHSP 2010-2013 takes a population-based focus so we can gain a better understanding of the problems faced by people with similar conditions. This focus will help us make health system improvements where they will have the most impact. We will fulfill the LHIN's mandate to ensure quality health services are available for all residents of Champlain. We will focus efforts and available resources to improve the health and health system for three specific populations:

- People with pre-diabetes or diabetes
- People with mental health issues and/or problematic substance use
- People with complex health conditions.

We believe health system improvements make a significant, positive difference when focused on the unique needs of these populations. We believe that working towards improvements for these populations will lay the foundation for improvement in other areas within our health system. We will look for improvement opportunities through new investments as they become available. We will seek to make better use of the resources we already have.

Integration: A Person-Centred Approach

A person-centred approach is at the core of integration and keeps our focus on what is important. Ideally, health services are matched to each person's health needs.

A person-centred health system:

- involves the person / caregiver, in all aspects of their own or loved one's care
- ensures there is coordination among providers of health care services, and is supported by an information technology system
- seeks to learn from the client's experience to drive continued improvements.

The health system should be there for you, regardless of:

- Whether you live on a small farm, in a rural village, or a large city
- Your background
- The language you speak
- Your stage of life,
- The path in life you have chosen
- Your health condition.

Champlain residents expect their health system to provide:

- The right services
- Available at the right place, and;
- Available at the right time.

The LHIN believes that an integrated health system:

- is organized around the needs of clients/populations, and not around the providers [6]
- exists when "a network of organizations provides, or arranges to provide, a coordinated continuum of services to a defined population, and is willing to be held clinically and fiscally accountable for the outcomes and the health status of the population served" [7]
- uses a variety of strategies for different populations/communities [8]

Community Engagement

Community engagement refers to a planned process to work with people from various communities to achieve a defined goal. Engagement covers a range of activities and involvement. It may simply be informing the community about a particular topic or may engage the community in final decision making.

A group of key representatives from across our region helped us determine how best to engage residents of Champlain to ensure our local community participated in shaping the strategic directions and priorities for an integrated health system for the next three years. Over 1,400 people from various groups across our region were consulted at each step in the IHSP 2010-2013 creation process. We used a variety of different methods and interactive techniques.[9] We sought input from subject matter experts, health service providers, administrators, clinicians, physicians, partners outside of health care and the public.

We also listened to people living with diabetes, people recovering from mental health issue(s) and/or problematic substance use and people with complex health conditions and their caregivers. What people told us has informed much of what is in the IHSP 2010-2013. Our IHSP 2010-2013 Community Engagement Summary Report can be found in Section 9.

The Champlain LHIN values community engagement. We believe community engagement is important to achieve:

- a focus on the needs of people
- enhanced local accountability
- a shared sense of understanding and responsibility for health system improvements
- informed decision - making focused on the needs of the people impacted
- locally sustainable solutions appropriate to each community.

In the next three years, we will continue to engage with residents of Champlain, health service providers, and other important non-LHIN partners through various ways. The Champlain LHIN decisions will be informed by the input we receive from:

- ***Community of Care Advisory Forums*** based in six geographic sub-regions offering knowledge of their local community health issues and priorities (Renfrew County, Eastern Counties, Ottawa West, Ottawa Centre, Ottawa East and North Lanark/North Grenville)

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[6] Leatt, Pink & Guerriere. Towards a Canadian model of integrated healthcare. *Healthcare Papers*, 1(2) 2000: 13-35

[7] Shortell, S.M.et al. The New World of Managed care: creating organized delivery systems. *Health Affairs*, Winter 1994.

[8] Change Foundation www.changefoundation.ca

[9] The IHSP Community Engagement process was guided by the core values and planning techniques of the International Association of Public Participation (IAP2).

- ***Community of Practice Networks*** providing subject matter expertise (for a list of Community of Practice Networks, please consult our website at www.champlainlhin.on.ca)
- ***Health Professional Advisory Council***, ***Health Human Resource Council***, and the ***eHealth Council*** advising on complex issues impacting health care
- ***Réseau des services de santé en français de l'Est de l'Ontario*** and the Francophone planning entity advising on the specific linguistic and cultural needs of Francophones[10]
- ***Aboriginal Health Circle Forum*** representing unique needs of our First Nations, Métis and Inuit communities.

Guiding Principles

The IHSP 2010-2013 goals are guided by a set of principles. These principles will ensure that we are taking into account diversity in our region and that our actions will be based on the best available evidence.

Our goals will:

- apply to all ages, gender, sexual orientation, cultures
- recognize the unique needs of Francophones in compliance with the *French Language Services Act*
- recognize the unique needs of Aboriginal peoples
- consider the unique needs of people in rural and urban communities
- require partnership & links among non-LHIN partners especially those impacted by social determinants of health
- assume health services will be provided with best practices (safe, effective, efficient)
- be reached by involving individuals, families, and caregivers in their own care.

[10] The Ontario government is expected to issue regulations related to the French language health planning entity in the near future.

Emphasis on Prevention and Health Promotion

We have heard loud and clear from our community that if we are to make improvements to health and if we are serious about making our health system more sustainable, we must focus more attention and resources on prevention initiatives along the entire continuum of health care. The LHIN is committed to advancing prevention and health promotion priorities and advocating for policy change that affect the health and well being for residents of Champlain and our three populations of focus. We recognize that prevention efforts require a long term commitment. The IHSP 2010-2013 is a starting point in this journey.

Partnerships

Family physicians and specialists, other primary health service providers, public health, municipal governments, and other funders are important players in the quest to creating healthy individuals and communities. The LHIN will continue to work with our key non-LHIN partners as we work towards our strategic directions and goals.

eHealth

Information technology and information management are critical parts of the IHSP, often referred to as eHealth. Our eHealth actions support the health system to provide the right information at the right time to the right person(s). eHealth is a top priority of the provincial government. It is also one of the top priorities of the Champlain LHIN.

We have strong eHealth leadership within our region. Enabling technologies are being planned and deployed in all aspects of our health system. Many initiatives are underway in the region to create a more seamless and person-centred health system. For example, we are working towards an electronic health record so that health providers and residents will have ready access to information, like lab test results and drug histories.

To better manage waiting lists for certain medical procedures, we are setting up collaborative space for electronic referrals and central intake initiatives. To help people access health services remotely from their own community, we are establishing electronic health records for individuals with diabetes and increasing our use of telemedicine. eHealth initiatives are "integrators" - ensuring the many pieces of the health system work together. Details of the Champlain eHealth Strategy can be found in Section 9.

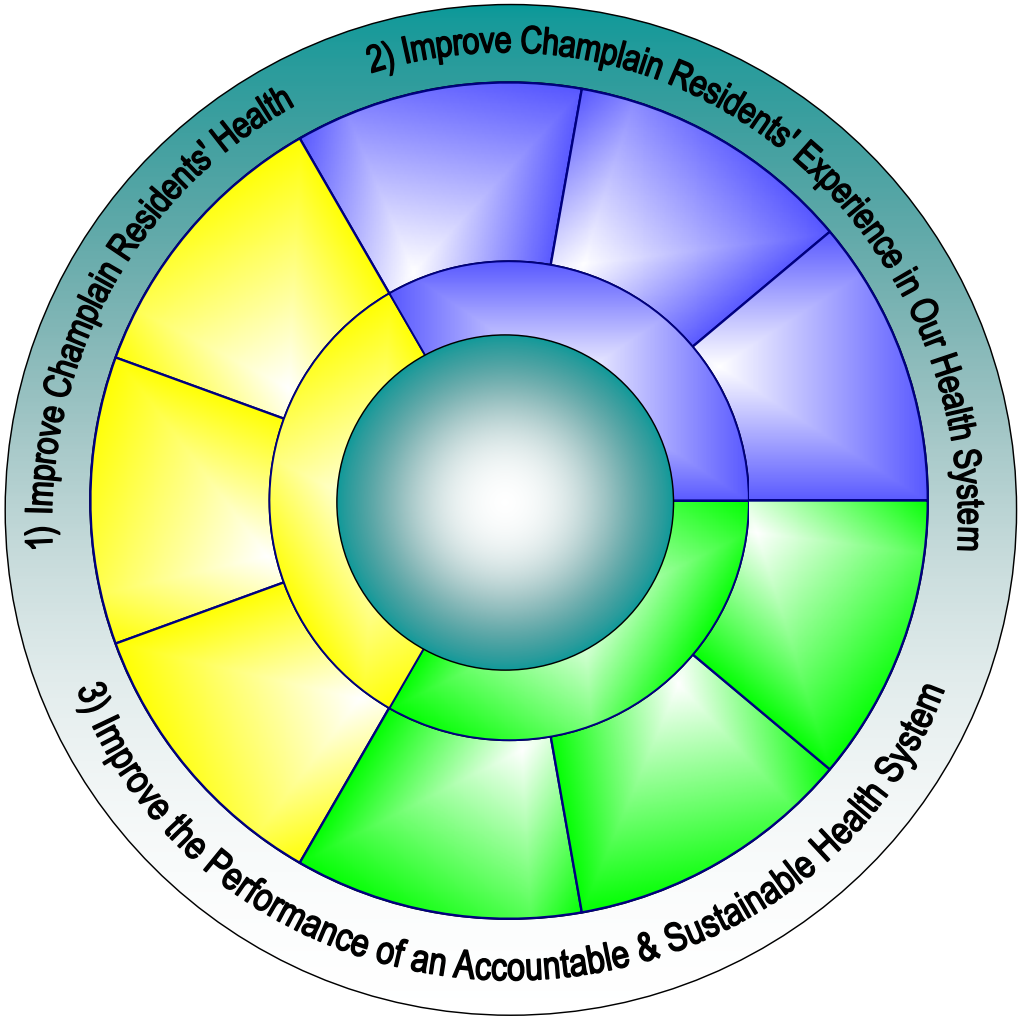
6) Priorities and Strategic Directions for the Local Health System

Our Strategic Directions

Over the next three years, the Champlain LHIN will work toward three strategic directions. The LHIN and all its partners will work to:

1) Improve the health of Champlain residents
2) Improve Champlain residents' experience with the health system
3) Improve the performance of an accountable and sustainable health system in Champlain

Our goals and actions will seek to achieve improvement in all three strategic directions for residents of Champlain and each population of focus.



Our Populations:

Residents of Champlain

Three key risk factors that contribute to ill health and many chronic diseases are tobacco use, high blood pressure and poor nutrition. Cigarette smoking is the leading preventable cause of death and disability in our region. There are an estimated 180,000 smokers in Champlain.

- People who smoke are twice as likely to have a heart attack or stroke as a non-smoker.
- Smoking is a leading contributor to lung diseases including cancer and chronic obstructive pulmonary disease.
- Cigarette smoking during pregnancy increases the risk of having a baby of low birth weight, which lowers the chances of the child to get a good start on life.

High blood pressure is an important health issue in our region and is one of the leading diagnoses resulting in visits to physician offices. Preventing and controlling high blood pressure can help reduce the risk of heart attack, stroke, and kidney disease. Overweight and obesity are a significant health issues in our region.

In partnership with our health service providers and non-LHIN partners, the LHIN will support prevention initiatives and advocate for policy change to reduce tobacco use and high blood pressure and improve nutrition among residents of Champlain. We want to help people lead healthier lives. Putting effort towards preventing disease and keeping people healthier is one way to work towards ensuring our health system is there for us now and in the future.

Many people experience waiting for health services, having to repeat our health history to multiple providers, not knowing where to get help, or being unable to book our appointments. We also have some of the longest wait times in the province for some diagnostic procedures (e.g. CT scans and MRI), and some surgeries. We recognize the anxiety and frustration that this creates.

Strategies to improve wait times for diagnostic and medical procedures (like hip and knee replacements, and cataract surgery) are underway and will continue over the next three years. Renewed efforts will be made to improve our non-urgent transportation system for people needing to get to appointments. Building an electronic health record will make significant improvements towards better integration and system functioning.

Our hospital Emergency Departments are busy places. Often, people who use them experience long waiting times (from the time you are first seen until the time you leave the Emergency Department). Overall, in Champlain, we are not yet meeting provincial targets for wait times in the Emergency Department. Our hospitals are also struggling to help patients find more appropriate care settings (Alternate Level of Care) when they no longer need acute care. We know that people requiring Alternate Level of Care who wait the longest in our hospitals, are waiting to go to long-term care homes.

The LHIN will continue to work with its partners to:

- Implement a range of innovative alternatives to long-term care in institutional settings,
- Increase community and home care supports and
- Implement solutions to our Emergency Department challenges.

Reducing wait times in Emergency Departments and reducing time in alternate level of care beds are key priorities for improvement in our region. Our Alternate Level of Care / Emergency Department Strategy and Aging at Home Strategy can be found in Section 9.

We want assurances that hospitals are safe places to receive care. We will monitor hospital patient safety indicators. Hospitals are places that should be working to improve health, so we will work to promote healthy food served in hospitals.

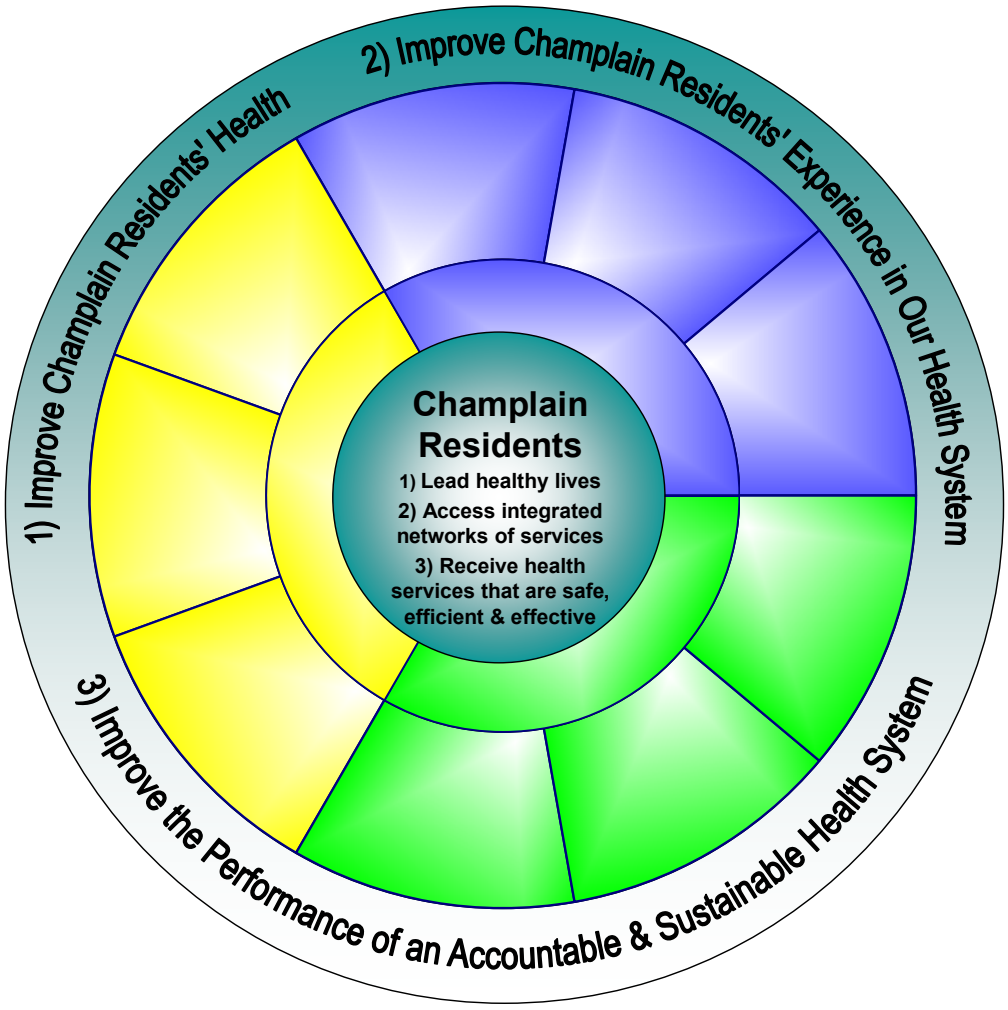
We value accountability:

- We expect our health service providers to meet the terms and conditions of their accountability agreements with us.
- We hold ourselves accountable to the Ontario Ministry of Health and Long-Term Care to work toward provincial priorities and deliver on our own obligations.

What We Want to Achieve

Champlain Residents…

1) Lead healthy lives
2) Access integrated networks of services
3) Receive health services that are safe, efficient and effective.



Integration Initiatives for Champlain Residents:

- ✓ Prevention initiatives on common risk factors to chronic disease (smoking, nutrition and blood pressure).
- ✓ Non-urgent health transportation
- ✓ Alternative level of care and Emergency Department strategies
- ✓ Health services distribution plans
- ✓ Health system reporting and monitoring (negotiate and monitor accountability agreements with all Health Service Providers, include measures specific to French language health services where appropriate, implement LHIN performance scorecard)
- ✓ Electronic health record
- ✓ Information Technology infrastructure
- ✓ Quality data, specific to Francophones.

People with Pre-Diabetes or Diabetes

"Some time ago, I was diagnosed with Type 2 Diabetes and put on oral medications, but my 3 month haemoglobin AIC tests were always higher than they should have been. I didn't feel good and the pills I was taking were giving me stomach problems so I was put on insulin to help get my blood sugars in control. My doctor sent me to the pharmacist to get my insulin but the pharmacist said taking insulin is far more involved than just giving yourself a needle. The pharmacist happened to know of a diabetes education program in the clinic building he worked in so I went to that thinking I was only going to learn about how to take the insulin. When I got there, a nurse and a dietician were there to explain everything about carbohydrates, how insulin works and how I can keep my blood sugars in control. I learned so much! My three-month haemoglobin AIC tests are now all below seven (within the normal range) but my doctor is encouraging me to try to get below six. Today, I feel so much better and function so much better." ~ Terry

Like Terry, over 68,000 or approximately 5% of people in Champlain have diabetes that they either developed as children (Type 1), as adults (Type 2) or while they were pregnant (gestational diabetes). Many other people have pre-diabetes (have blood glucose levels that are higher than normal) who could develop Type 2 diabetes.

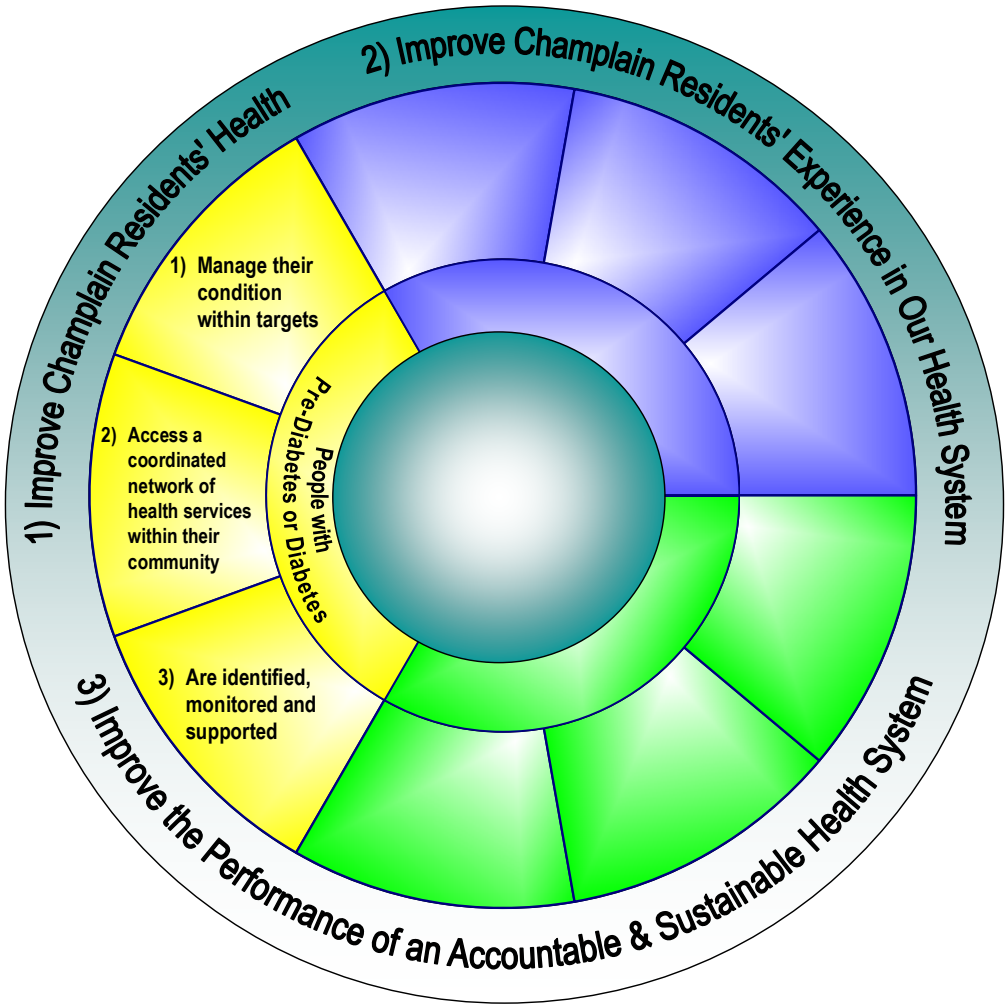
Currently people with diabetes in Champlain are not getting the standard of care they need to manage their conditions. Only 11.3% of people with diabetes in Champlain reported receiving recommended care such as yearly eye and foot examinations and a specific blood test (haemoglobin A1C) four or more times in the year. People with diabetes do not always know where to get help to manage their diabetes. Services for people with diabetes may not be available in their own community and are often not coordinated. These gaps in care are very concerning as the number of people with diabetes in Champlain has nearly doubled over a ten year period.

We need more effort placed on prevention. The first step is to identify those people at highest risk of diabetes (pre-diabetes) so that we can put a better system into place to help prevent them from moving further down the path to diabetes. We also need a better performing health system for people with diabetes. We want to ensure that we have identified people with diabetes so that we have coordinated services in place to help people manage their condition and prevent them from diabetes related complications. Initiatives such as a systematic screening programs, diabetes registry, inter-professional care teams, diabetes education, lifestyle and self-management programs and seamless interaction between specialists and primary care providers are important actions to improve health services for people with diabetes.

What We Want to Achieve

People with Pre-Diabetes or Diabetes…

1) Manage their condition within targets
2) Access a coordinated network of health services within their community
3) Are identified, monitored and supported.



Integration Initiatives for People with Pre-Diabetes or Diabetes:

- ✓ Inter-professional diabetes care, aligned with the Ontario Diabetes Strategy (e.g. diabetes education teams, standardizing referral processes, connecting people to primary care providers, improving coordination of services between community primary care and specialists, using more technology such as Telehealth)
- ✓ Diabetes Registry, an electronic patient record designed to support diabetes management
- ✓ Prevention programs and screening for pre-diabetes and diabetes including initiatives for high risk populations
- ✓ Coordinated self-management programs, tools and information.

People with Mental Health Issues and/or Problematic Substance Use (MHI &/or PSU)

By the time I was 20 years old, I had already left a toxic relationship that had paved the way for me to become addicted to alcohol and drugs. I turned to my family physician but he wasn't equipped to help me with all my problems. I would often end up to the Emergency Department in crisis. I've been diagnosed with a number of psychiatric illnesses. Even when I finally got some help – after a suicide attempt – there was never a coordinated effort to treat both my mental illness and addictions. ~ Tricia

Initially many years ago, I spoke to my family doctor about getting some help for my drug addiction in a full-time program. He mentioned that there was a 6 month or longer wait list. I could not believe this, as I needed immediate help and did not know where to turn. This made me feel very down (worried about my future) and very depressed. Instead of signing up and waiting for an opening in the program, I continued to use (at any cost) and my consumption of drugs escalated completely out of control. My marriage ended, my father passed away shortly thereafter, and I lost my job at the same time. I was also injured on my bicycle when hit by a car. Looking back now, though I had counseling and met with social workers and fellow addicts, I ignored all their warnings and continued to slowly kill myself. I was not ready for the commitment it takes to stay clean and sober. ~ John

Tricia and John describe situations that are common for many people in Champlain with MHI &/or PSU. This situation affects a large proportion of the population. Often, early symptoms of MHI &/or PSU show up during teenage years or early adulthood.

People with early symptoms, people who have already been diagnosed, and people who care for them are often unable to get the help they need at the time they may need it most. When services are available, they are often structured in a way that makes it difficult for the person with a problem to get the help they need.

Some people do not know where to get help. Without supports, people may end up in Emergency Departments or hospitalized. Sometimes individuals who are in the hospital wait to be moved to a more appropriate setting, or are discharged and sent home without the support they need. Health surveys show 40% to 80% of individuals with MHI &/or PSU do not receive treatment at all.

We know that people with MHI &/or PSU need:

- stable housing and support at home
- a coordinated system of services that matches their unique needs
- more outreach services for our children and youth with MHI &/or PSU.

Our Aboriginal communities have told us that MHI &/or PSU services for Aboriginal youth need more attention, specific to their unique needs. We need better coordination of services for our Francophone population.

The diagram below shows the range of services along the continuum of care for people with MHI &/or PSU. We need to build capacity in our health system for these individuals, and improve how the many parts in a complex system work together. People can then be assured access to quality care anywhere along the path to recovery.

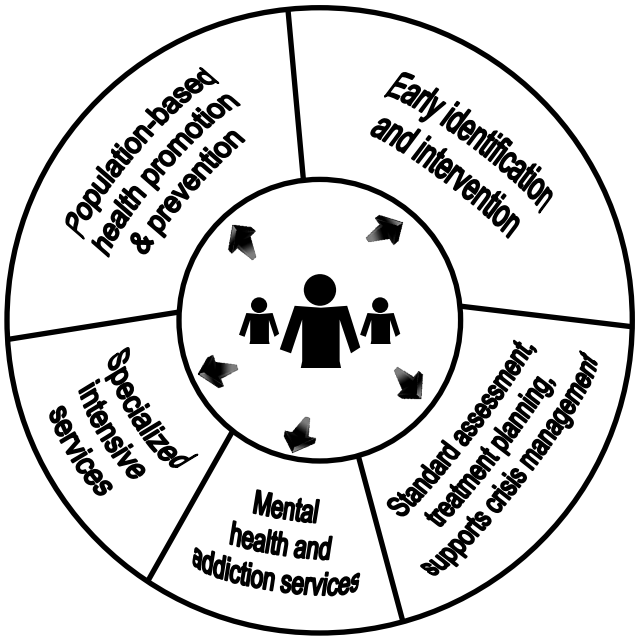
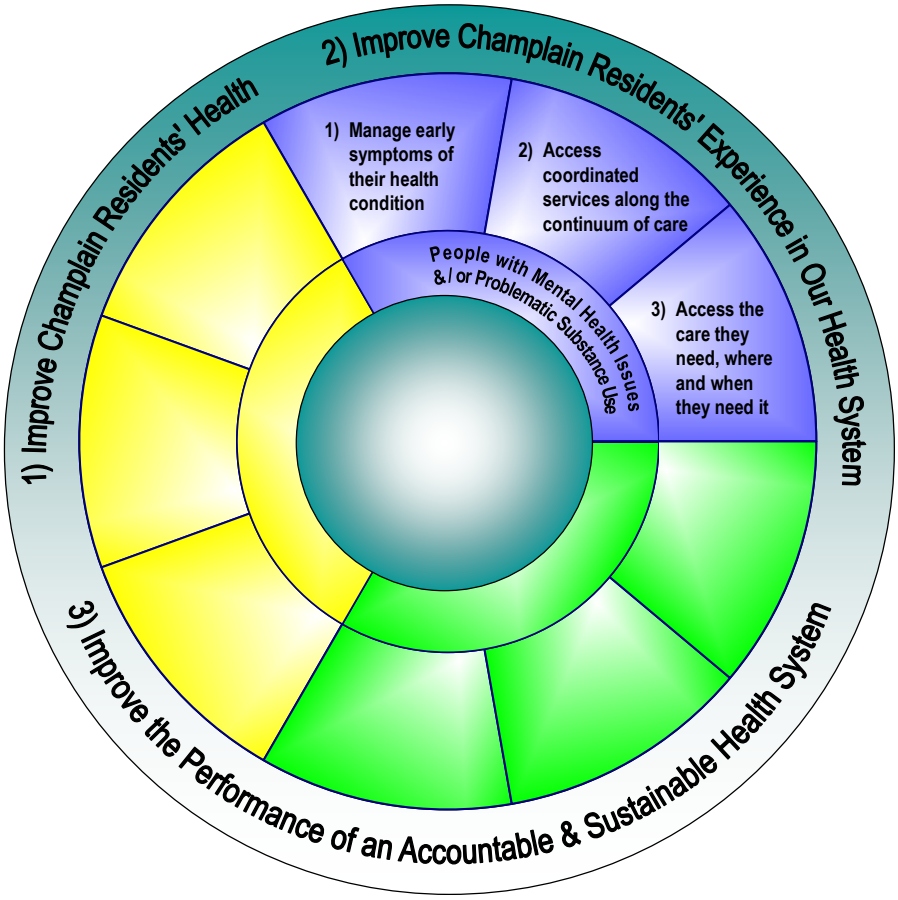


Diagram adapted from "Every Door is the Right Door: Towards a 10-Year Mental Health and Addictions Strategy A Discussion Paper". July 2009.

What We Want to Achieve

People with Mental Health Issues &/or Problematic Substance Use…

1) Manage early symptoms of their health condition
2) Access coordinated services along the continuum of care
3) Access the care they need, where and when they need it.



Integration Initiatives for People with Mental Health Issues &/or Problematic Substance Use (MHI &/or PSU):

- ✓ Transitional and supportive housing
- ✓ Services for youth with problematic substance use, including outreach models for children and youth at risk of MHI &/or PSU
- ✓ Standardized service definitions, tools and practices for early identification and intervention
- ✓ Evidence-based strategies implemented e.g. Case managers
- ✓ Initiatives for the Aboriginal population
- ✓ Coordinated MHI &/or PSU services for Francophones in Ottawa
- ✓ Coordinated entry and transition points for MHI&/or PSU services.

People with Complex Health Conditions

"As an informal caregiver for my husband I was faced with many challenges. Of course, there was the emotional and physical stress of caring for a dying loved one. However, the work of coordinating the necessary services for my husband's care added considerable stress and strain on me, as well as on my family and friends.

My husband's illness required progressively more assistance with the activities of daily living. I constantly needed to arrange and re-arrange services with health care providers to meet my husband's changing needs.

Apart from working and caring for my husband and my daughter, my daily tasks often included booking and re-booking appointments with various health care providers to make home visits or provide care, coordinating schedules with friends and family to cover care giving when home care was not available, arranging transportation when needed for clinic or doctor's appointments and applying/negotiating funding for the much needed equipment.

Trying to coordinate these services with the many different agencies involved was not only time consuming, it was also extremely frustrating to repeat my requests and complete application forms over and over again.

Having the ability to access services through one organization or having one person to help us manage our care at home would have benefited our situation greatly." ~ Julie, 2009

I am a parent of a child with severe physical and developmental disabilities and I took my child home for the first time when he was four months of age. I suffered from post-partum depression and the level of care my child needed was such that I felt unable to learn and perform the procedures he needed like tube feeding and suctioning.

My child didn't settle easily and did not sleep well either. I also have another child who is five years of age. We did go home from the hospital with the maximum nursing supports provided by home care, so my husband could return to work, but the number of hours and the consistency of the schedule provided did not meet our needs.

We were planning my return to work at the end of my maternity leave and tried to find a daycare service. We found out that nursing supports are not provided in a daycare setting unless these are funded by a source other than the daycare. Another daycare, which would meet our needs, was available but we would have to wait until he turned two years of age.

We needed so many services but not all of them were immediately available so we had our child's name was on various wait lists. We really needed help. We sought out supports and help by contacting a local central point of access for persons with developmental disabilities and autism. It took a lot of effort to find and apply for funding support so we could get the help we needed. At this point, we got funding to purchase the nursing hours we need from the Ministry of Child and Youth Services and home care is providing the balance of the required support. We have 25 caregivers come to our home from 13 different agencies. ~ Joan, 2009

We consider people with complex health conditions as having one or more chronic health condition(s) (including dementia) *and* who require significant assistance with activities of daily life (including ADL* and IADL**)[11] *and* who need to use the health system often or are dependent on technological devices. People with complex health conditions may be on a slow progressive decline and the chronic condition(s) they have are likely not reversible. People with complex health conditions and their caregivers are often trying to cope with many issues at any given time. The stories described by Julie and Joan represents the health challenges that people with complex health conditions face.

People with complex health conditions depend on a health system that can support daily living that many of us take for granted such as bathing, grooming, feeding, shopping for groceries or just getting around from one place to another within the community. It often "takes a village" to care for people with complex health conditions. We acknowledge that family, friends and volunteers are a key piece of the care picture.

We need to ensure that trained workers are there to meet the specific needs of those with complex health conditions. Often, people with complex health conditions and their loved ones do not know where and how to access services. Their care requires a multitude of caregivers but often there is no one person with the overview of the person's health or their plan of care.

The goals set out for people with complex health conditions aim to optimize their health by preventing complications and reducing the number and severity of episodes of decline. We want to ensure that people with complex health conditions receive the right level of coordinated care in a setting that is most appropriate for them.

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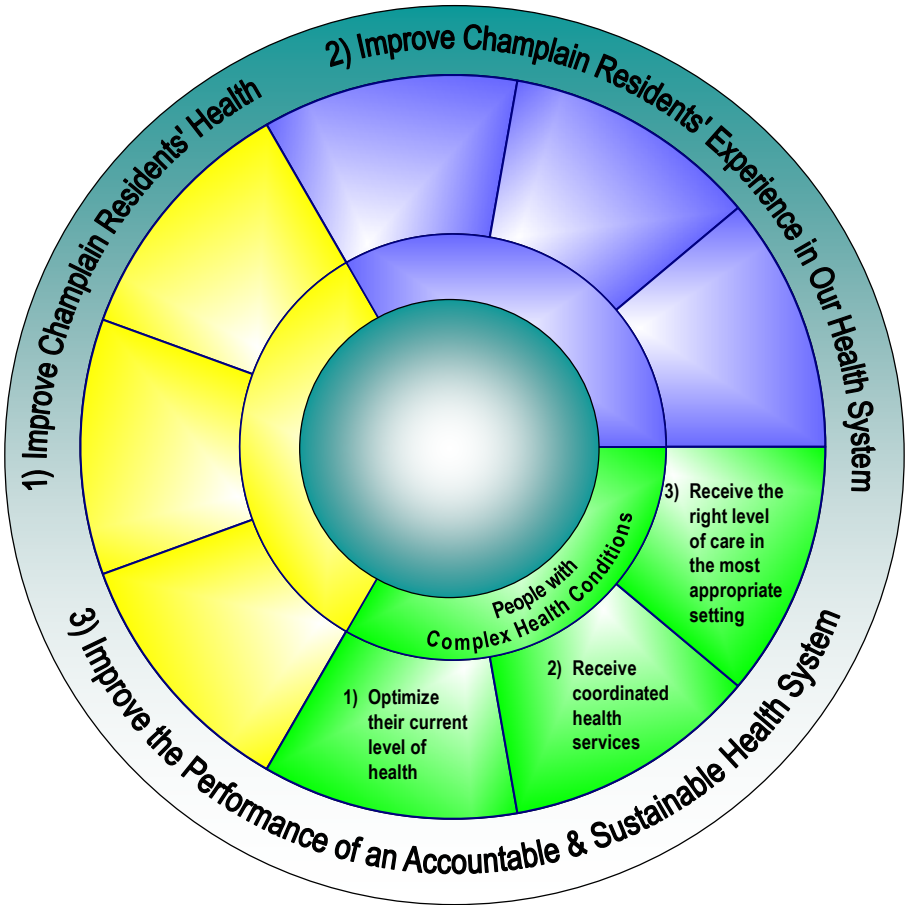
[11] * *Activities of Daily Living*: e.g. bathing, grooming, dressing, feeding;
** *Instrumental Activities of Daily Living*: e.g. shopping, transportation, housekeeping

What We Want to Achieve

People with Complex Health Conditions…

1) Optimize their current level of health
2) Receive coordinated health services
3) Receive the right level of care in the most appropriate setting.



Integration Initiatives for People with Complex Health Conditions:

- ✓ Coordinated and integrated home and community services
- ✓ Organized care & assignment of lead case managers
- ✓ Expansion of integrated day programs
- ✓ Expansion of supportive housing
- ✓ Caregiver education about multi-agency care plans
- ✓ Trained attendants matched to appropriate clients
- ✓ Coordinated care for children with complex health conditions
- ✓ Community-based outreach services.

7) Rationale for Strategic Directions

The IHSP 2010-2013 was informed by best practice.[12] Other areas in Canada and other countries have used a similar approach to make health system improvements. This approach has been shown to produce measurable, positive results. The Champlain LHIN will work with our partners to improve the health of Champlain residents, improve Champlain resident's experience with the health system and improve the performance of an accountable and sustainable health system. By establishing measurable goals and specific integration initiatives within each strategic direction, we will be addressing the most compelling issues faced by the health system today:

- rising costs without necessarily improved health outcomes
- preventable harm – for example: people waiting too long for diagnosis and treatments, people staying in inappropriate care settings
- fragmentation and inconsistencies in healthcare delivery – for example: lack of communication between one health provider and another when transferring care; people unable to get access to services in their own community; people not being able to get services in either official language
- client dissatisfaction - for example: people not having or knowing their own care plan; people having to repeat their medical histories several times; people unable to access services when they need it

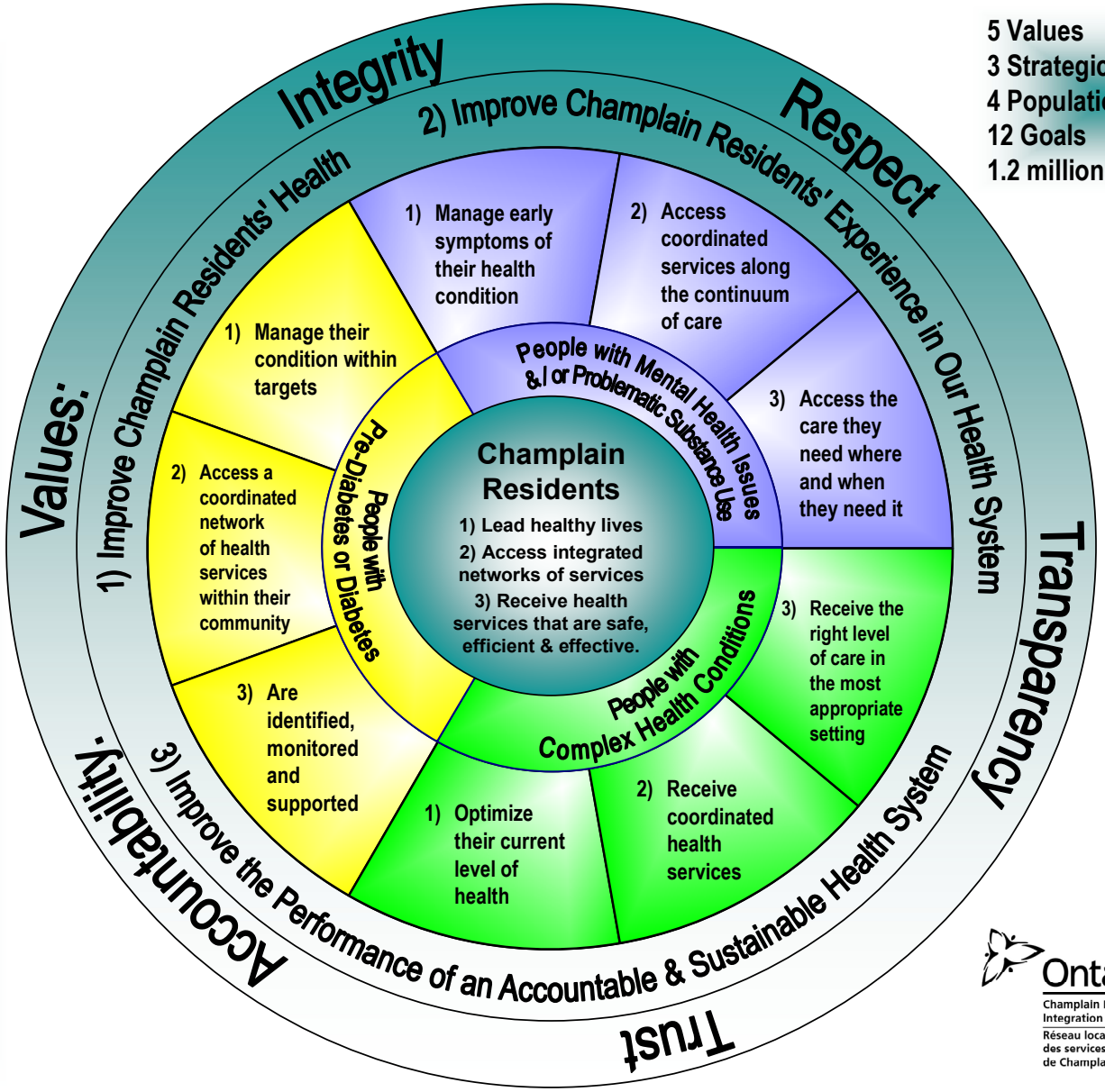
Our rationale for focusing attention on specific populations is based on several important factors. These groups of people have significant barriers to accessing quality and coordinated care. They rely on the health system to help them maintain and improve their health. People of all ages and from all walks of life experience these health issues. Improving the health system for people who are managing these health conditions are important local and provincial priorities.

[12] Institute for Healthcare Improvement uses an approach to health system improvement with three aims: improving health of populations, improving the patient's experience with care and reducing per capita costs of health care [www.ihi.org]). This "Triple Aim Approach to Health System Improvement" was modified and adapted by the Champlain LHIN in our approach for planning the IHSP 2010-2013.

Vision:
Healthy, caring communities supported by quality health services that achieve results – today and for the future.

Mission:
To build a coordinated, integrated, and accountable health system for people where and when they need it.

Our mission is based on a strong foundation of local community engagement, comprehensive planning, and appropriate resource allocation.



5 Values
3 Strategic Directions
4 Populations
12 Goals
1.2 million people

Ontario
Champlain Local Health Integration Network
Réseau local d'intégration des services de santé de Champlain

8) How Success will be Demonstrated / Measured

The LHIN is committed to measuring our progress toward our goals. This is not an easy task.

Our work to demonstrate success will include several different measures. For some goals, we will measure what we are doing (process measures) and for others we will begin to capture information and develop measures on whether we are making a difference (outcome measures). This work will take time and we will learn along the way. Just as a foundation is built "brick by brick" from the ground up, we are committed to building performance measures, one step at a time.

We will build our measurements on proven methods and recognized criteria. If the information is not yet collected, the LHIN will work with our partners to find out how best to capture what is needed.

If the performance measure does not tell us what we need to know, we will adapt it. If we are not able to measure our progress on the whole population of focus, we will start by focusing on smaller groups of people, learn from their experience and expand the measure across the LHIN. We will begin to look into differences between various groups of people such as those living in different parts of our LHIN, Francophones, and Aboriginal people.

How will you know we have made progress on our priorities? Every year we are going to let people know how we are doing. In keeping with our values we will report to you on the progress that is being made in our region.

How will we know we made a difference?

Champlain Residents

- % who smoke
- % who have high blood pressure
- % who are satisfied with health services in Champlain
- % of health service providers that meet the terms & conditions of their Accountability Agreements
- Ministry-LHIN Accountability Agreements wait time indicators
- % of alternative level of care days
- Hospital Patient Safety Indicators - hand hygiene compliance, C.difficile rates and hospital standardized mortality ratios
- % who do not have a primary care provider (family physician or nurse practitioner).

People with Mental Health Issues &/or Problematic Substance Use

- % who are admitted to hospital
- Rate of re-admission to hospital for people with MHI &/or PSU
- % who report a satisfactory experience with their MHI &/or PSU care
- Wait time for initial assessments
- Wait time for treatment
- Number of Emergency Department visits for people with MHI &/or PSU
- % of alternative level of care days for people with MHI &/or PSU
- Rate of hospitalization for people with MHI &/or PSU receiving community services
- % who do not have a primary care provider (family physician or nurse practitioner).

People with Pre-Diabetes or Diabetes

- % who are within target ranges for blood glucose, HA1C (glycated haemoglobin A1C), blood pressure and LDL-C (low-density lipoprotein cholesterol)
- % who report a positive experience with their diabetes care
- % people screened for diabetes
- % who use diabetes education programs
- % people with diabetes who are admitted to hospital via Emergency Department
- Average length of stay in hospital for people with diabetes admitted via Emergency Department
- % who do not have a primary care provider (family physician or nurse practitioner).

People with Complex Health Conditions

- % admitted to hospital
- % who visit an Emergency Department
- Average length of stay in hospital
- % who report a positive experience with their health care
- % of alternate level of care days for people with complex health conditions
- % who do not have a primary care provider (family physician or nurse practitioner).

9) Supporting Documents *(available separately)*

Learn more about some of the sections of the IHSP, and the Champlain LHIN, by visiting our website at: www.champlainlhin.on.ca.

The supporting documents are entitled:

1) Community of Care Profiles
2) Community Engagement Summary Report
3) Emergency Department / Alternate Level of Care Strategy
4) Diabetes Strategy
5) eHealth Strategy
6) Aging at Home Strategy
7) Definitions for Mental Health Issues and Problematic Substance Use.

Endnotes

[i] Champlain LHIN special analysis.

[ii] Champlain LHIN special analysis.

[iii] Based on Census 2006 (Statistics Canada).

[iv] Source: Ontario Ministry of Finance population projections (as of August 2009).

[v] Fewer than 1,000 persons and/or population density under 400 persons per square kilometer (source: Statistics Canada Health Profile)

[vi] Source: Ontario Ministry of Finance population projections (as of August 2009).

[vii] See Community of Care Profiles in Section 9 for more information.

[viii] IBID

[ix] IBID

[x] The estimate is based on the 2006 Census Aboriginal "Identity" population (www.statcan.gc.ca/bsolc/olc-cel/olc-cel?catno=12-592-XIE&lang=eng) plus the on-reserve Registered Indian population for Akwesasne (which did not participate in Census).

[xi] Source: Community of Care Profiles (in Section 9).

[xii] Between 1996 and the 2006 Census.

[xiii] Source Census 2006, Statistics Canada.

[xiv] "As of August, 2008, data on the number of individuals living below Statistics Canada's Low Income Cut-Off (LICO) are not available for areas below the scale of the Census Sub-Division. To estimate the percentage below LICO for the sub-LHINs and LHINs, the prevalence of the population below LICO -- which was available -- was applied to the total persons in private households for each geographic unit prior to aggregation. This estimated number was then used to calculate LHIN-and-sub-LHIN level LICOs. These estimates are likely to be similar to those based on counts, but some caution is warranted." Source: Health Analytics Branch, HSIMI Division

[xv] See definitions and details in August 2008 'Local Health Integration Network Sub-LHIN Planning Area Socio-Demographic Profile, Census 2006' prepared by Health Analytics Branch, HSIMI Division

Ministry of Health and Long-Term Care.

[xvi] See Community of Care Profiles in Appendix X for details.

[xvii] IBID

[xviii] Sources: 2008 Canadian Community Health Survey, ages 12+. Source: Statistics Canada CANSIM Table 105-0501 and Institute of Clinical and Evaluative Sciences InTool 2004-05 based on Ontario Diabetes Database algorithm for adults 20+ years of age.

[xix] 2008 Canadian Community Health Survey, ages 12+. Source: Statistics Canada CANSIM Table 105-0501.

[xx] Adults 20 years of age and older in 2004-05 vs. 1995-96. Source: Institute of Clinical and Evaluative Sciences InTool.

[xxi] 'Diabetes in Champlain: Statistical Compilation', Champlain LHIN, April 2009.

[xxii] Sources: Diabetics Management Expert Panel Report, Implementation Recommendations for a Comprehensive Diabetes Management Plan, July 2006 and Diabetes in Ontario. Institute of Clinical and Evaluative Sciences. 2003.

[xxiii] BC Data: Dr. Ballem. Nov 19 08 Presentation: Optimizing Opportunities: Improved Chronic Disease Prevention and Management in the North West LHIN.

[xxiv] IBID

[xxv] Champlain LHIN internal estimates.

[xxvi] Defined as "highly probable" cases. Source 2002 Canadian Community Health Survey Table 105-1100, Statistics Canada.

[xxvii] 'Mental Health and Addictions in Ontario LHINs', Health System Intelligence Project, Ministry of Health and Long Term Care, April 2008.

[xxviii] Addiction & mental health indictors for Ontario (CAMH Monitor, 04-05). Ontario Student Drug Use & Health Survey (OSDUHS) 2007.

[xxix] Ontario Student Drug Use & Health Survey (OSDUHS) 2007.

[xxx] Based on Centre for Addictions and Mental Health. The Economic Costs of Mental Disorders, Alcohol, Tobacco, and Illicit Drug Abuse in Ontario, 2000. Ontario figures pro-rated to Champlain population and grown 5% / year to 2009.*Direct costs include: health providers, hospitalizations, community programs, drugs, law enforcement, supportive housing, fire losses, research, education, prevention, capital costs.

[xxxi] 2005 Canadian Community Health Survey, Ages 12+.

[xxxii] The Champlain Balance of Care Project: Final Report. October 7, 2009

[xxxiii] Newachek, P.W. et al., (2008). An Epidemiological profile of children with special health care needs. Pedicatrics 102:pp117-123

Scchetti, A. et al., (2000). The potential for errors in children with special health care needs. Acad Emerg Med. 7 pp1330-1333.

Slonim, A. et al., (2003). Hospital reported medical errors in children. Pediatrics. 111. pp617-621.

[xxxiv] As of June 2009. Final year end figures are expected to differ.

[xxxv] "LHIN Patient Flow Report", Health System Intelligence Project (Ministry of Health and Long Term Care), June 2007.

[xxxvi] "Outaouais and Champlain Regions: Health Data", March 26 2009, Presentation to the Champlain LHIN Board. http://www.champlainlhin.ca/BoardOther.aspx?id=2168&ekmensel=e2f22c9a_72_188_2168_6

[xxxvii] Based on Full Time Equivalent (FTE) GP/FPs per 10,000 population. Source: Ontario Physicians Workforce Database 2006.

[xxxviii] Champlain LHIN analysis based on family practitioner list maintained by the C.T. Lamont Primary Health Care Research Centre (Ottawa), updated June 2009.

[xxxix] 2008 Primary Care Access Survey, Ontario Ministry of Health and Long-Term Care.