Appendix A: NSM LHIN Planning Framework and the IHSP Development Process

According to the Local Health System Integration Act (LHSIA, 2006), the role of the LHINs is to plan, fund and integrate the local 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".[26] The following framework has been developed as a guide for the NSM LHIN to fulfill this role as defined in the legislation. This approach has taken provincial resources and best practice and been tailored to align with the local methodology. There are numerous tools and resources available to support the steps of the planning process.

> *"A plan is defined as a map, as preparation, as an arrangement. Planning defines where one wants to go, how to get there and the timetable for the journey. Planning can also identify the journey's milestones. Complete planning sets out indicators for tracking progress and ways to measure if the trip was worth the investment. Charting a course, navigating and keeping a travel log are all parts of a good planning process"*
>
> The Health Planners Toolkit, 2006[27]

Within this appendix, planning will be described at a high level as it is applied in North Simcoe Muskoka. These planning steps include:

1. Defining the Destination
2. Describing the Current State
3. Gap Identification
4. Establishing Requirements and Evaluation Criteria
5. Developing and Evaluating Alternatives
6. Implementing Change
7. Monitoring and Evaluating Performance

Further detail of the process and key elements of each step will be detailed as well as the inputs, outputs, tools and techniques that are frequent elements of each step. Finally with each step, there will be a spotlight on how the planning process was applied with respect to the development of the 2016-2019 Integrated Health Service Plan. Implementation and monitoring of the deliverables of the IHSP will begin in the new fiscal year April 1, 2016.

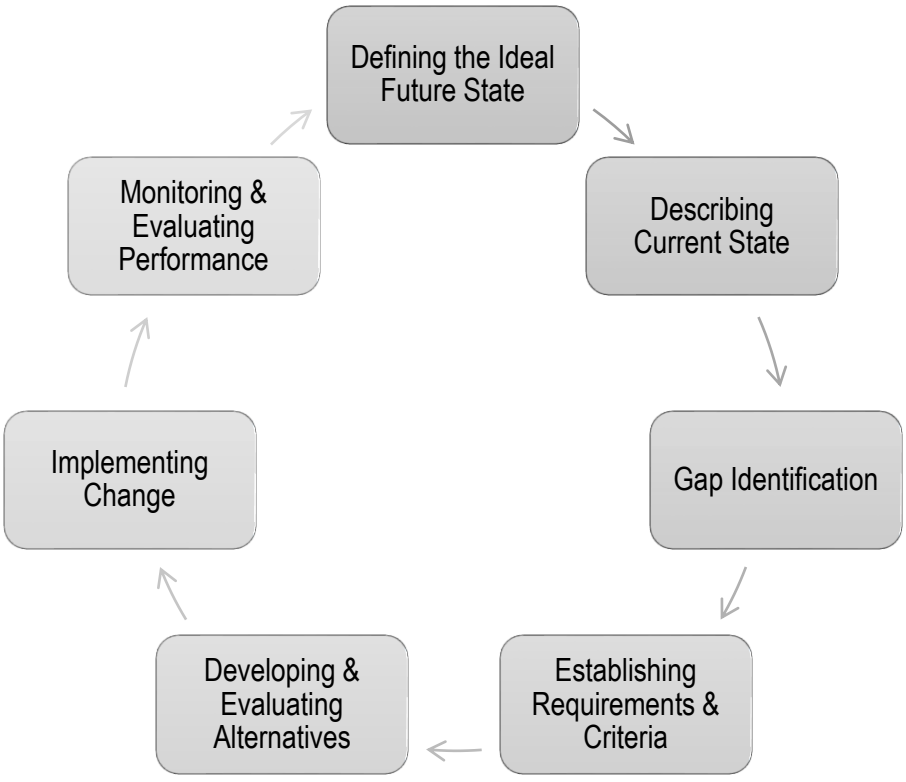
[26] Local Health System Integration Act, 2006.
[27] Health System Intelligence Project. The health planner's toolkit. Ministry of Health and Long-Term Care; 2006.

The Cyclical Nature of Planning

Planning for the health care sector is not significantly different from other types of planning. The steps of planning constitute a cycle that is repeated in terms of planning for programs, systems, populations or health goals. The cycle is continually repeated for the following reasons:

- Definitions of what constitutes "health" and "wellness" change, necessitating planning to take into account the effect of the new definition on society's health goals. Unforeseen health conditions can emerge and factors related to the social determinants of health can change.
- Techniques and technologies to enable system improvement and health are continually emerging and improving.
- Changing economic conditions may necessitate a new cycle of planning. Further, in the current fiscal environment, continuous improvement that leverages existing system resources is paramount. Efficiency and value for money need to be continually optimized through strong oversight and reallocation of resources as necessary.
- Regular financial and performance monitoring will determine potential risks, required clarification and modifications that need to take place. Lessons learned will be applied to the next initiation of the planning cycle.

Figure A1: The LHIN Health System Planning Cycle in North Simcoe Muskoka



Planning at the Macro and Micro Level

The planning process is in essence the same whether government is planning system goals and provincial policy changes, LHINs and their boards are planning regional improvements, an organization is to looking to improve operations and sub-regional outcomes, or an individual is creating a plan to improve workflow or outcomes for individual patients. Within each there are those with certain accountabilities for different types of plans. Boards and organizational leadership create strategic plans, leadership and managers make operational plans, and subject matter experts and those with lived experience bring forward change ideas for implementation at all levels.

The regional vision or goals must be aligned with provincial goals. It is the role of all regions together to move the province as a whole forward in realizing their vision for the health care system while customizing solutions to best meet local needs. Alignment creates shared goals, complimentary actions and collective success.

Figure A2: Alignment as an Enabler of Success

The Value of Evidence and Community Engagement

As identified within the various planning steps the most important element to ensuring that ideal outcomes are achieved is the inclusion of evidence. Evidence is in the form of statistical health or system utilization data. The products of community engagement are also evidence that are required for planning. The challenge with discussing engagement unto itself is that at times the purpose of engagement is lost. Without engagement truly informing change and becoming the foundation for strong formal collaboration among providers, it has no purpose. In fact, engagement without purpose has a detrimental effect on accountability and transparency. For this reason, the foundation of data, which includes the products of engagement are presented together as foundational. In addition to the value of engagement as a source of evidence, community engagement serves to evoke passion and ensure individuals feel empowered to enable change. It strengthens community action, and enhances health advocacy efforts which builds capacity for future sustainability.

The process by which the NSM LHIN has established strategic priorities has endeavored to use different types of quantitative and qualitative evidence from diverse persons and entities through iterative processes to identify the current state and the future vision. Over the past three year the NSM LHIN has had the opportunity to engage a broad range of individuals and groups in the collaborative planning process.

The NSM LHIN Approach

Step 1 – Defining the Ideal Future State

Establishing the ideal is the first step to planning. Setting the destination allows the roadmap to be formed. To provide context, rationale and further precision to the ideal future state, evidence in the form of best practice and subject matter expertise must be utilized. Evidence, best practices and subject matter expertise will indicate for each condition, aliment, or challenge what are the appropriate types and number of services and supports to enable individuals to optimize their health outcomes. These inputs also inform how a demand for service can most effectively be prevented and how services can be delivered most efficiently. At this stage there is no requirement to look at local data or current state as the best practice evidence is predominately not region specific.

The final key input to this planning step is the inclusion of the products of community engagement. As per LHSIA, 2006 the LHIN *"shall engage the community of diverse persons and entities involved with the local health system about that system on an ongoing basis, including about the integrated health service plan and while setting priorities."*[28] The contributions of patients, community partners, service providers and other stakeholders provides a rich breadth of evidence to support planning. Not only should stakeholders be engaged, it is imperative that engagement is meaningful for all and that the perspectives and feedback obtained are purposefully and methodically included in the subsequent planning stages.

The ideal can be quite high level such as a vision or strategic goal. This stage in the planning process is part of the cycle but is often not revised or reevaluated as frequently as other parts of the framework due to their broad nature and the extent of change required in order for realization. The ideal as it is defined may however slightly evolve over time in terms of the specific definition. A change in provincial direction might be an underpinning that would trigger the destination or ideal to be reevaluated.

By mapping the requirements of the collective goals of the province, the evidence, and the results of community engagement, the vision or destination can be defined to inform planning next steps.

Table A1: Defining the Destination – Inputs, Outputs Tools & Techniques

Inputs	Tools & Techniques	Outputs
▪ Legislative requirements (LHSIA, 2006) ▪ Provincial directions ▪ MLAA indicators ▪ Best practice guidelines ▪ Subject matter expertise	▪ Community and stakeholder engagement ▪ Community Engagement Guidelines & Toolkit ▪ Core principles for NSM LHIN community engagement ▪ Strategic mapping ▪ Health Planners Toolkit	▪ Strategic goals ▪ Priorities ▪ Target high-level outcomes/big dot aims

"Defining the Destination" in IHSP Planning

As per LHSIA: "The integrated health service plan shall be consistent with a provincial strategic plan."[28] In 2015, The Local Integrated Health Networks were fortunate to have a strategic plan recently set out by the Ministry of Health and Long-Term Care that described the strategic goals and areas of focus at the provincial level. As such, outputs of this process were completed at the provincial level and are comprised of the four strategic goals:

- Improve access – providing faster access to the right care
- Connect services – delivering better coordinated and integrated care in the community closer to home
- Supporting people and patients – providing the education and information and transparency they need to make the right decisions about their health.

[28] Local Health System Integration Act, 2006.

- Protect our universal health care system – making decisions based on value and quality, to sustain the system for generations to come.

The "Patients First: Action Plan for Health Care"[29] sets out the destination and the LHSIA legislation defines the LHIN role. In this manner the collective destination and the LHIN role in supporting progress towards the destination has been well defined. Not all provincial projects identified under the provincial goals are within the scope or mandate of the LHIN jurisdiction. The LHIN will work with other ministry partners such as public health as they also work toward supporting the Ministry of Health and Long-Term Care.
In addition to the MOHLTC goals, strategic initiatives and areas of focus were created. These also serve as guides for work at the local level. These are included below as secondary outputs:

1. Transform the patient experience through a relentless focus on quality
2. Tackle health inequities by focusing on population health
3. Drive innovation and sustainable service delivery.

Collectively LHINs have agreed to build and foster integrated networks of care in and across each LHIN in the following priority areas:

1. Mental Health and Addiction Services
2. Health Links
3. Home and Community Care
4. Long-Term Care Redevelopment
5. End-of-Life / Palliative Care.

Finally, the provincial strategic goals have been refined and reframed locally as three board strategic priorities. The NSM LHIN Board of Directors has been actively stewarding the development of strategic priorities over the last year and a half. The balanced scorecard approach[30] was used to facilitate strategic planning. This approach is also presented in the Health Planners Toolkit as the Four Perspectives of the Public Sector Balanced Scorecard[31]. This approach goes beyond standard financial measures to include the following additional perspectives: the customer perspective, the internal process perspective, and the learning and growth perspective. Within this framework there is a logical connection between learning and growth leading to better business processes, which leads to increased value to the customer patient or client. Value to the customer is often positioned in the health care industry as patient-centredness or experience of care. This focus on learning growth and the value to patient inherently leads to improved financial performance.

It is critical to ensure that the work done in North Simcoe Muskoka is inclusive of the provincial mandate and the required areas of focus while still being sensitive to local needs and gaps. Improving appropriate access was a key issue according to the feedback of local patients and caregivers. Better coordination of care providers through integrated networks of care was also a key element along with value for money, efficiency and system sustainability. Patient feedback, health service provider input, and local data and all strongly supported these elements. Minor differences emerged in how some of the elements were framed within the local context. The provincial goal of "protect" discusses supporting those living with mental health and addictions as well as information, education and transparency as key elements of supporting those with chronic disease. It was agreed that these priority populations should not specifically be addressed in one area but that health outcomes could be improved, complications prevented and wellbeing improved through the other strategic priorities: improving access, building capacity, enhancing coordination. Driving system sustainability is also accepted as highly connected to prevention and wellness as the most cost effective disease is the disease that is prevented or the chronic condition that has very slow progression.

[29] Office of the Minister, Ministry of Health and Long-Term Care. Patients first: action plan for health care. Ministry of Health and Long-Term Care; 2015.
[30] Kaplan RS, Norton DP. The balanced scorecard: translating strategy into action. Harvard Business Review Press; 1996.
[31] Health System Intelligence Project. The health planner's toolkit. Ministry of Health and Long-Term Care; 2006.

Integration was recognized as a foundational role of the LHINs and therefore a mechanism by which access, coordination and efficiency would be achieved rather than an element of one strategic priority. Patients and clients also provided feedback that integration was a word used by providers and funders and that what they wanted to see in North Simcoe Muskoka was service providers, practitioners and clinicians working better together and coordinating better. For these reasons coordination was the language used with regard to the strategic priority. Integration will remain a foundational role through the LHIN's legislated mandated defined in LHSIA.

The term quality was also removed because Health Quality Ontario defines nine different attributes of quality. Therefore the attributes of quality care are addressed across the three strategic priorities as well as within the core principles that have been developed for planning in North Simcoe Muskoka.
Potential courses of action in terms of priorities and areas of focus were discussed and refined during the community engagement process.

Overall, the work completed locally to create the strategic priorities, the mission and vision of the NSM LHIN are well aligned within the strategic goals of the province. These three strategic priorities are the final output to this stage of IHSP planning and will act as the compass to direct the North Simcoe Muskoka region moving forward into 2016-19.

2016-2019 NSM LHIN Strategic Priorities

1. Improve Access to Appropriate Care
2. Build Capacity and Enhance Coordination
3. Drive System Sustainability

In reference to the priority areas established across LHINs, discussion and strategic mapping exercises lead to the addition of three areas of focus to the provincial five. These include a focus on seniors, primary care and technological integration. The final output of this stage was agreement on the following seven areas of focus:

2016-2019 NSM LHIN Areas of Focus

1. Seniors Services
2. Primary Care
3. Health Links
4. Home & Community Care
5. Long-Term Care Redevelopment
6. Mental Health & Addictions
7. End-of-Life / Palliative Care

Step 2 – Describing Current State

Once high level goals or the vision is clearly defined, the roadmap to achieve these goals can begin to be developed. As mentioned, the vision or the destination usually does not drastically change over time unless there is a significant turn in provincial direction, the evidence, or community perspective. Current state includes a measurement of the services and supports available to individuals against the actual demand or need for these services and supports.

Current and accurate data or evidence is critical to paint a true picture of the current state. The number and range of providers or clinicians, utilization data, volumes, and financial information is all related to what is currently available. Other evidence such as risk reports, waitlists, inappropriate utilization, patient inflow to and outflow from the region, adverse effects, and poor health outcomes are all data elements that may provide indications that current services and supports are not aligning properly with demands.

Throughout the planning process, engagement takes place for different purposes. In the first step it was to get feedback on the ideal future state and how it would look. In this step community engagement is a tool to better understand and quantify all of the components of the current state described above. Community engagement is also valuable in setting context regarding the needs of individuals. Engagement of multiple individuals, entities, and stakeholders all serve to provide a picture of current state from varied perspectives. Potential and current users of the health care system as well health service providers and other caregivers are all invaluable to the understanding of current state. The local Aboriginal health planning entity (NSM Aboriginal Health Circle) and French language health planning entity (Entité 4) for the region are additional stakeholders that can inform current state from their relative perspectives. There are a number of provincial tools and resources available to support effective community engagement and ensure the products of these engagements are meaningful to the planning process.

Finally, current state is also about understanding the enablers in place. Subject matter expertise and stakeholder feedback can inform what types of policies, processes and procedures, systems and tools are in place. These enablers are important to the current state because their presence or utilization either supports the intended directions or in many cases detract from it, or are causing negative incentives. Current risks and issues are also part of the current state that can be identified through community engagement or other evidence.

Table A2: Describing Current State – Inputs, Outputs Tools and Techniques

Inputs	Tools & Techniques	Outputs
▪ Local outcome data (prevalence) ▪ Local demographic data ▪ Patients, caregivers and community as stakeholders ▪ Service/volume and system utilization data	▪ Community and stakeholder engagement ▪ Community Engagement Guidelines & Toolkit ▪ Core principles for NSM LHIN community engagement ▪ Primary Care Physician Engagement Resource Guide & Toolkit ▪ Health Equity Impact Assessment	▪ Current state environmental scan ▪ Assessment of needs

"Describing Current State" in Integrated Health Service Planning
In preparation for discussions on current state a great deal of data was analyzed. A detailed environmental scan was provided for all LHINs as well as supplementary detailed data tables provided for the LHIN's IHSP planning. In addition, subject matter experts provided commentary and assisted with interpretation of regional data associated with these areas. Currently in depth analysis is underway in the areas of seniors services, complex continuing care, ALC rates, mental health and addictions, primary care and community capacity planning at a regional and sub-regional level. Expertise and local data in these areas was examined and included as additional pieces that are essential to understanding current state. As mentioned in the description of this step, defining current state is always challenging because it is ever changing and the ability to obtain current data with sufficient level of detail is essential to this process.

The data obtained through the current state analysis was presented during community engagement so that a range of stakeholders could discuss how the data reflected their actual experiences as either a patient, client, health service provider or administrator. Context was shared from each perspective and participants identified what was surprising in the data or how it aligned well with their experiences. The following key stakeholders were engaged over the past six months specifically to address current state and the data analysis of the environmental scan. These engagements were as follows:

Table A3: Engagements specific to Integrated Health Services Planning

Engagement Specific to IHSP Planning	Number of Participants
NSM LHIN Board (4 board meetings)	55 over 4 events
LHIN Staff/ Portfolio Managers	33
LHIN Leadership Council/ HSP Advisory Committee	52
Aboriginal Health Circle	57
Francophone Community (partnering with Entité 4/Compass)	44
Patient and Family Advisory Committee	11
Acute Care Sector Summit	34
LTC Sector Summit	32

In addition, a patient, client family survey was distributed across the region to ask individuals about their experiences with local health care services. Two hundred and forty-two individuals responded and the data was used to inform the strategic priorities and the rationale for each.

Step 3 – Gap Identification

With a complete picture of the current state and the ideal future state as products of step one and two, analysis can occur to identify and quantify the gaps between the two. As identified, current state is changing with every moment, and therefore the gap between current and the ideal future state is also always in flux.

While certain evidence provides information about current state, other types of data elements specifically point to potential gaps. These types of evidence include the information included in risk reports, and data regarding waitlists, inappropriate utilization, patient inflow to and outflow from the region, adverse effects, and poor health outcomes. These are data elements that may provide indications that current services and supports are not aligning properly with demands.

Table A4: Gap Identification – Inputs, Outputs Tools and Techniques

Inputs	Tools & Techniques	Outputs
▪ Description of ideal future state or goal ▪ Current state environmental scan ▪ Assessment of needs ▪ Analysis of gaps	▪ Gap analysis	▪ Gap report

"Gap Identification" in Integrated Health Service Planning

With regard to the IHSP planning process, the gap analysis took the goal as defined both provincially and locally and compared it to the outputs of the current state analysis. The result of the analysis will be the rationale that is described for each strategic priority and area of focus. Strategic priorities and areas of focus are based on areas

where improvements are required or gaps exist. Greater detail describing the gaps themselves is found in these sections. However, it can be stated without full reiteration of the results of analysis, that there were some high level themes or gaps identified which solidified the phrasing of the priorities and informed the actions within each. These themes as high level outputs of this planning process include:

1. Patients too often remain in a hospital bed awaiting an alternate level of care (ALC) in a non-acute setting.
2. Individuals are not accessing care that is appropriate to their needs.
3. Individuals more frequently have chronic conditions often relating to poor health outcomes and high system utilization.
4. System resources could be used more effectively and efficiently.

Step 4 – Establishing Requirements and Evaluation Criteria

Drawing upon the products of the previous stage, detail of the gap analysis is used inform what needs to be done or the actions that are implemented to create system change. For gaps on the micro level which do not require any resources to implement, the process of establishing requirements and evaluation criteria as the precursor to decision making can be as simple as a conversation or a meeting which ends in a decision. At the LHIN level it is important to have processes in place for more macro level system changes. The process in order to be successful needs to be equitable and transparent. It is this more macro level decision making that will be discussed within this step.

In alignment with the provincial Decision Making Framework[32] developed for use by all LHINs, the preparation for decision making is completed during this stage of planning. The NSM LHIN has standardized and formalized the proposal intake and evaluation processes, including mechanisms to receive, communicate and evaluate the system improvement proposals that are received. The framework includes pre-set domains and criteria. In alignment with the provincial requirements for decision making, the basic tool is then customized by the LHIN in three ways: (i) the current local priorities or strategic objectives are added as a means of ensuring aligned proposals are prioritized; (ii) rating scales are created; and (iii) items are assigned a specific weighting that is related to the requirements set out in the request for proposals.

In the discussions about the vision for the region and the work of the next three years, it was determined that specific elements of quality and the provincial mandate should not be limited to any one specific strategic direction. Equity, like integration, is a LHIN imperative as defined by LHSIA and should therefore be a foundational principle to all the work that takes place locally. Evidence, as key to informing strategy and funding allocation, has also been deemed as foundational and a key component to ensure transparency and accountability for results. Patient-centredness, satisfaction and experience of care were also attributes of quality that should not fall within any one strategic priority but become pervasive across all areas. Finally, improved health outcomes and improved wellness for all is the absolute goal for all work to be done. These are all reflected in the decision making framework and the rating scale and weighting will be adjusted accordingly to reflect the core priorities.

Table A5: Establishing Requirements and Evaluation Criteria – Inputs, Outputs Tools and Techniques

Inputs	Tools & Techniques	Outputs
▪ Gap analysis	▪ Brainstorming ▪ Root cause analysis ▪ Community engagement ▪ Health System Improvement Proposal Template ▪ Business Case Template ▪ Capital Planning Request Form ▪ Request for Formal Integration Template	▪ Areas of focus for further action ▪ Requests for Proposals ▪ Proposal evaluation criteria

[32] LHIN Collaborative. LHIN priority setting and decision making framework toolkit. LHIN Collaborative Council; 2010.

"Establishing Requirements and Evaluation Criteria" in Integrated Health Service Planning

A template was provided for subject matter experts to complete regarding the work and proposed actions within a specific area of focus. In alignment with the provincial decision making framework, proposed actions and system improvements have been guided by the following steps of the decision making framework as one of the inputs to this process:

Table A6: Change Idea/Action Evaluation Criteria

Compliance Screen	Apply Criteria	Cost Benefit Analysis	System Readiness
▪ Is the proposed action real and concrete? (e.g. often verbs like support, consider, and review do not lead to measurable action) ▪ Does the LHIN have the authority to implement the action?	▪ How well does it align with the strategic objective? ▪ Is the evidence sufficient to identify how the proposed action would have a measureable effect? ▪ How significant, or long lasting would the effect be?	▪ Is the proposed action something that could be done within existing resources as per LHSIA: "The integrated health service plan shall be consistent with a provincial strategic plan, (and) the funding that the network receives."?	▪ Are there risks, dependencies, or potential negative effects related to the proposed action? ▪ Are there upcoming system wide changes that affect the timeliness of the action?

Step 5 – Developing and Evaluating Alternatives

Once health system improvement proposals, requests for formal integration, capital requests, or business cases have been received they will be evaluated according to the degree to which they meet local criteria. The elements of the provincial decision making framework[33] have been implemented locally as the framework used to evaluate potential system improvements.

The process of strategic planning in North Simcoe Muskoka has reinforced, through community and stakeholder consultation and discussion of provincial goals, that there are elements that should not solely be embedded in any one priority. Where strategic priorities are specific to a time period, certain elements are foundations upon which all decisions are made. This is also reflected in the provincial priority setting and decision making framework.

Strategic priorities and areas of focus form the foundation for the operational planning, tactical planning and resource allocation that will take place. Being strategic is about making difficult choices on complex issues and ensuring all of the stakeholders are aligned to drive progress. It is acknowledged that the nuances of the political landscape and opportunities for improvement in the health system are ever-changing. The number of challenges faced in designing a high quality health care system and the opportunities that could be leveraged are vast. As such it remains a delicate balance to optimize the effectiveness of the health care system moving forward while ensuring the strategic plan is clear, focused and balanced.

[33] LHIN Collaborative. LHIN priority setting and decision making framework toolkit. LHIN Collaborative Council; 2010.

Table A7: Developing and Evaluating Alternatives – Inputs, Outputs Tools and Techniques

Inputs	Tools & Techniques	Outputs
▪ Lessons learned ▪ Best practice ▪ Subject matter expertise ▪ Priority Setting and Decision Making Framework ▪ HSIP Scoring Matrix	▪ Health System Improvement Proposals ▪ Requests for formal integration ▪ Capital requests ▪ Business cases ▪ Evaluation criteria/scoring matrix	▪ Proposed business cases ▪ Capital requests ▪ Completed Health System Improvement Proposals ▪ Requests for integration ▪ Decisions ▪ Actions to be implemented

"Developing and Evaluating Alternatives" in Integrated Health Service Planning

A great deal of consultation has taken place on creating specific and measureable actions. Within each focus project area, key initiative, or priority population, there are actions and initiatives that cut across the continuum of care and across the strategic priorities. This cross pollination is not negative but makes planning in terms of alignment and the creation of indicators within each strategy area complex. For example, a patient who has access to appropriate care as measured by same day next day access, probably received that access in part because practitioners were working together better and were better coordinated to provide care. This access in turn may have allowed that patient to avoid a complication of their chronic disease (as an improved health outcome), and possibly an associated emergency department visit as potentially measured by conditions better managed elsewhere. This emergency department visit and or the disease complication are both more expensive to the system. This example demonstrates how every action has a ripple effect; and therefore it become difficult to measure the many impacts resulting from one change in the system.

The process of creating alternatives and measurable actions has begun with the Integrated Health Service Planning for 2016-2019. During the process of engaging patients, families, providers and decision makers, the discussion inevitably went to the specific work, analysis, decisions, and integration that would be required in 2016-2019 to realize the vision and deliver on objectives. Patient, clients, families, service providers and other stakeholders informed the process of developing actions by sharing what was working well and what has been improved over time. These elements become best practices and lessons learned that can be leveraged and drawn upon as the foundation of future actions.

Subject matter experts were identified and asked to brainstorm the rationale for the work planned for the next three years, how the work relates to one or more of the three strategic priorities, the specific actions that will be completed, and how these actions will create measureable success in the priority area. This process has been highly iterative. This exercise to take strategic priorities and areas of focus and tie them to planned concrete and measureable actions has been challenging. Facilitation, leading questions, asking the whys, and coaching have been methodologies employed in this process. As a result, the rationale for actions within each strategic priority have been strengthened and substantiated by evidence and the products of community engagement. Ideas or alternatives in terms of the actions are more concrete and fully developed and measureable. Throughout the process, items that were originally identified as actions have been accepted, further developed, or excluded based on the degree to which they met the evaluation criteria set out in the previous planning step.

However, planning is cyclical and current state is always changing. Therefore the specific details of actions to implement will also continue to evolve as clinical practice, technology and best practice continually improve. Opportunities will present themselves, new lessons will be learned and unanticipated risk may arise. For this reason the deliverables presented in the strategic priorities section are the best examples given current state and current knowledge. The LHIN Annual Business Planning Process for 2016-2017, 2017-2018, and 2018-2019 is the opportunity to update the intended actions, provide a greater depth of detail, identify risks and provide updates on measurable successes.

Step 6 – Implementing Change

Within this step, the best alternatives for system improvement that have been selected are implemented. This requires the details of the improvement to be solidified and any additional information be gathered. The role of the LHIN is to facilitate change through policies and oversight. In that sense, the LHIN role is to set the requirements and expectations within which system improvement will be implemented. This applies regardless of whether the improvement involves a service enhancement or reduction, change in process, capital investment, or a facilitated or involuntary integration.

The Local Health System Integration Act[34] requires LHINs to enter into Accountability Agreements with health service providers. Most system changes involve a new Service Accountability Agreement to be created or amendment to an existing Service Accountability Agreement to be issued. The LHIN and health service providers work collaboratively to come to an agreement on reasonable planning assumptions and related performance targets to be incorporated in the accountability agreements. Targets, corridors, deliverables and expectations are set based on content of the final approved business case, capital request, and request for integration or Health System Improvement Proposal that was the approved output of the previous step. The resulting agreement or amendment describes the roles and requirements in implementing the system change. Funding allocations and performance standards incorporated in HSP Agreements are to be aligned with the Ministry and other LHINs, and therefore any applicable provincial requirements are also included.

The result is a documented signed agreement in which the expectations, requirements and performance metrics of deliverables are clear. The NSM LHIN has a step by step process for managing the letters, approvals, and sign backs for amendments to the accountability agreements of health service providers. In some cases partnership agreements, data sharing agreements or flow through funding agreements need to be put in place to facilitate the successful implementation of a system improvement and ensure clear communication takes place.

Table A8: Implementing Change – Inputs, Outputs Tools and Techniques

Inputs	Tools & Techniques	Outputs
▪ Legislative requirements (LHSIA, 2006) ▪ Funding (through reallocation or as available)	▪ Project management tools ▪ Funding allocation process ▪ Rational Reallocation Framework	▪ Service Accountability Agreements or Amendments to Service Accountability Agreements ▪ Performance targets

"Implementing Change" in Integrated Health Service Planning
With regard to the integrated health service planning for 2016-2019, the final plan will be formally implemented on April 1, 2016. Because this plan is a strategic document with strategic actions, implementation does not require immediate or specific changes in the Service Accountability Agreements in order to be implemented. The communications process will ensure that key messages are communicated to local providers and stakeholders. Unlike a specific system change proposed by a service provider for which the LHIN has oversight, community engagement and communication will be used as the tool to ensure that the strategic priorities and areas of focus are understood and adopted as much as possible by health service providers. Communications and community engagement during 2016 -2019 will help ensure that actions take place across organizations to support collective success in reaching strategic objectives.

[34] Local Health System Integration Act, 2006.

Step 7 – Monitoring & Evaluating Success

The final document signed by both parties as the output of Step 6 becomes the foundation for oversight, performance monitoring and accountability. The NSM LHIN leads an ongoing process of development and establishment of local health care system funding plans and performance standards engaging health service providers across multiple sectors. Performance agreements are managed through strong relationship with local partners and regular monitoring and evaluation.

The NSM LHIN is required to implement and maintain a robust performance management process for service providers including financials, service delivery and compliance. Continuing improvement and opportunities to incorporate technology are key. In addition to regular performance management activities, the NSM LHIN provides ongoing advice and support to HSPs and resolves issues brought forward.

Table A9: Monitoring and Evaluating Success – Inputs, Outputs Tools and Techniques

Inputs	Tools & Techniques	Outputs
▪ LHSIA, 2006 ▪ Service Accountability Agreements ▪ Indicators/measures/metrics ▪ Performance targets and corridors ▪ Quarterly reports (including performance, financial, risk) ▪ Quality Improvement Plans (QIPs)	▪ Performance Indicator Framework ▪ The Balanced Scorecard Approach	▪ Lessons learned

"Monitoring and Evaluating Success" in Integrated Health Service Planning
The creation of clear actions and related indicators in the IHSP form the foundation for monitoring and reporting on progress over the next three years. Indicators will be compiled and measured on a regular basis and reported to LHIN leadership and the NSM LHIN Board of Directors on a regular basis. An NSM reporting scorecard will be developed to support this process. The NSM LHIN Board of Directors has a lead role in reviewing and enabling progress by holding the system accountable. The Annual Business Plan also provides the framework to report on successes made toward reaching the objectives of the IHSP to add actions to be completed within the year and to discuss any required course corrections. In this manner the IHSP Scorecard, board meetings and Annual Business Plan are all tools to monitor progress, ensure accountability and identify success.