



Staging Considerations

The SNAGA project has focused on providing a foundation for an epidemiological needs based planning framework for the Central LHIN. The report has collected information from a wide array of data sources to provide a snapshot of the current state of the health needs and health service in the LHIN as well as population trends that are likely to modify the LHIN over the next ten years. Predicting the future has many challenges and, inevitably new circumstances, as diverse as changes to migration patterns or improved health practices, will modify the trends and projections provided in this report. The intent is that the databases will be continually updated and improved upon to inform future planning efforts.

The implementation of the new model will take significant effort from both the LHIN and service providers. As with any system transformation it should be expected that these changes will require sufficient time to evolve. It should also be expected that aspects of the model will change and adapt as the LHIN gains experience with integration models.

The SNAGA project is just one phase of ongoing planning activity that has been, and will continue to be, a primary focus of the LHIN. In the next year, the LHIN will be revisiting its IHSP and will likely be called upon to make planning decisions in response to the MOHLTC ten year strategic plan. The implementation plans outlined in this section are intended as guides for moving towards the new model laid out in this report and should be reviewed and modified on an annual basis.

Staging Plan

The Plateau Methodology is an implementation planning approach that is frequently deployed on large multi year projects. While typically used in large information systems implementations, the methodology can be effectively adapted to non-IT related projects such as a regional planning effort where significant change will result. In simple terms, the plateau approach allows an organization to reach a longer term goal through shorter, actionable activities. Using this methodology, the organization builds on “quick wins” to eventually reach the long-term desired result. The methodology helps to break the implementation into a series of smaller projects aimed at implementing the end-state step-by-step while minimizing implementation risk and that allow organizations to witness benefits throughout the process. Evolution toward the end state is achieved by defining a logically integrated series of initiatives that incrementally deliver value to the organization.

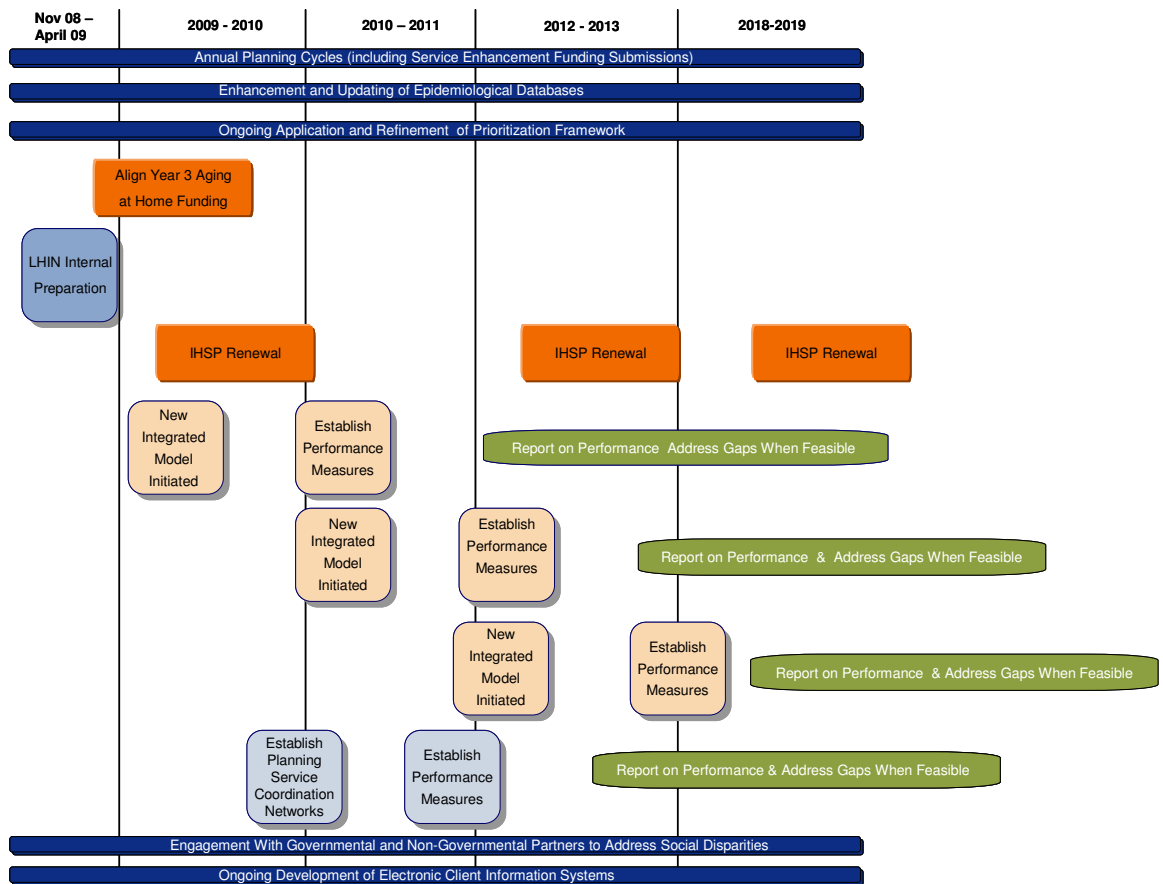
Implementation “plateaus” are stepping stones that will allow Central LHIN to effectively implement strategic projects. Each plateau can itself be considered a separate set of projects with firm deliverables and timelines. The deliverables of each plateau should create value to Central LHIN which will help to build confidence of the Central LHIN board, staff and local service providers in the process and valuable momentum in the project implementation and change process.

Benefits of this implementation planning approach include:

- **Reduction of risks** – by boxing in the implementation into smaller sub-projects, teams can maintain focus on tasks at hand which allows for tighter risk control. Further, by constantly building on previous success, risk is continually minimized throughout the project;
- **Maintain progress** – Given the short time horizon for each plateau (usually 6 -12 months), organizations can focus on the immediate time horizons. This will aid in keeping all stakeholders excited about the opportunity, and focused on the tasks at hand; and
- **Obtain Quick Wins** – By focusing on shorter time horizons, the project teams are able to create many small quick wins (such as the completion of subcomponents, interfaces, etc) that are used as the foundation for the next quick win in an iterative fashion.

The following exhibit provides an example of possible key stages of activities to help the LHIN and health service providers move towards the new model as described in the report. The timing of each stage is intended to provide building blocks that will enable successful change. This plan would need to be further developed by the LHIN into detailed project plans for each initiative in collaboration with its health service providers.

Exhibit 81: Key Stages of Activities



The first year of the plan is focused on developing the foundation for change. This will require the LHIN to review its own planning structures to align them with the potential program models and planning areas. The LHIN would also need to assess its capacity to support new initiatives. It is recommended that the only one or two program models be started in the first year so that all parties can learn from the experience. Given the local needs and Ministry priorities these may include Mental Health, Chronic Diseases and Community Supports to Seniors.

In the second year the programs should confirm their performance measures and begin operating regionally. In each subsequent year they should provide the LHIN with annual reports on their progress against these measures. Also in the second year the LHIN should begin establishing the local service delivery coordination Networks. These Networks will then also have to identify performance measures and report on them in subsequent years.

There are five ongoing activities that will support or impact on the implementation plan. These include:

- **Annual Planning Cycles** – which provide an opportunity to shift funding toward population needs;
- **Enhancement and Updating of the Epidemiological databases** – which are key to maintaining a population health view of the LHIN;
- **Ongoing Application and Refinement of the prioritization Framework** – so that the Board can align its decisions with population needs;
- **Engagement with Governmental and Non-Governmental Partners to address Social Disparities** – this provides the LHIN the opportunity to facilitate collective action;
- **Ongoing Development of Electronic Client Information Systems** – this is essential for the integration changes to succeed.

In addition, the planning should consider the opportunities to align the next phase of Aging at Home funding to support this plan. The regular renewals of the IHSP also present opportunities to continually use the population health databases to refine the LHIN priorities.

It will be essential that this plan be further developed and reviewed at least annually in collaboration with health service providers.