

# Health System Improvement Pre-Proposal (HSIP)

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Submission Guide

Version 1.0

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**You can obtain an HSIP form by contacting the WWLHIN directly by phone at 519-822-6208 or 1-866-306-5446. You may also download the form from the “For Health Service Providers” page on the WWLHIN website -[www.wwlhin.on.ca](http://www.wwlhin.on.ca).**

## Purpose

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The Health System Improvement Pre-Proposal (HSIP) Submission Guide intends to assist you in completing the HSIP form in a way that clearly communicates your idea to readers and is consistent with the processing requirements for HSIPs. Although it attempts to anticipate questions associated with each of the various sections, you are encouraged to contact your Waterloo Wellington Local Health Integration Network (WWLHIN) Liaison for assistance with your submission if required.

If you do not know who your WWLHIN liaison is please contact the WWLHIN office at 519-822-6208 or 1-866-306-5446) and we would be happy to assist you.

## Background

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The WWLHIN works with Health Service Providers (HSPs) and the community to plan, coordinate and assess local health system performance. The collective goal is to develop and maintain a quality health care system that is responsive to local needs, improves the health status of the population and is sustainable in the long term.

Our work is guided by the Integrated Health Service Plan (IHSP) – a three-year strategic plan that provides focus and direction for our local health system. The current IHSP (2010 – 2013) identifies eight priorities, four strategic dimensions, three key enablers and a number of system improvement strategies and builds upon the work and learning achieved through the inaugural IHSP (2007 – 2010).

Successful implementation of the IHSP 2010 – 2013 requires that all WWLHIN health services, programs and activities, align with the goals and objectives of the IHSP. The end result will be the delivery of high quality care programs and services for the people of Waterloo Wellington. All HSIPs submitted to the WWLHIN will be assessed within the context of the IHSP. The detailed IHSP for 2010 – 2013 “*Working Together for a Healthier Future*” can be found at [www.wwlhin.on.ca](http://www.wwlhin.on.ca) by following the menu link from our homepage.

To reduce the time and costs HSPs incur in preparing detailed business cases we have established a progressive elaboration process. The first step in this process is the completion of the HSIP. This pre-proposal stage represents the initial formal step in presenting an idea or request to the WWLHIN for consideration. Responsibility for the review and evaluation of HSIPs rests with the WWLHIN. The HSIP allows the WWLHIN

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to make a preliminary assessment of any request or activity contemplated by an HSP where WWLHIN approval is required.

For your HSIP to be considered, you need to be a Transfer Payment Agency (TPA) for the Province of Ontario or eligible to become one. An overview of what it means to be a TPA is found on the “For Health Service Providers” page of our website. Please note that the WWLHIN invests in health care operations and not in capital. Following the LHIN’s review and evaluation of the HSIP, you may be invited to submit a more detailed proposal (e.g. business plan) for consideration by the WWLHIN.

Please note that the submission of an HSIP is not formal notice of a proposed integration to the LHIN as contemplated by s. 27 of the Local Health System Integration Act, 2006 (“LHSIA”) HSPs wishing to provide notice to the LHIN of a proposed integration under s. 27 of LHSIA, should contact the LHIN for more information. The full text of LHSIA can be found on the “Accountability” page of our website.

The following guidelines are intended to help in your completion of an HSIP form. It is strongly recommended that you utilize the information provided below to assist you in understanding the WWLHIN’s informational requirements. If you have any questions regarding the completion of this form please contact the WWLHIN office at 519-822-6208 or email to [waterloowellington@lhins.on.ca](mailto:waterloowellington@lhins.on.ca).

**Your completed submission can be emailed (as above) or faxed to 519-822-5807.**

Following your submission, we will contact you to confirm receipt.

## Section 1: Submission Contact Information

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Provide the main contact for this pre-proposal as indicated on the form.

## Section 2: Partners in this Pre-Proposal

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### The WWLHIN values collaborative proposals.

A collaborative is made up of two or more organizations that jointly submit a pre-proposal to achieve a common goal. Collaborative organizations are your “partners”. At the pre-proposal stage, partners anticipate that they will provide funds, in-kind contributions (e.g., human resources, office space) and/or actively participate in delivery of the proposed system-improvement activity. Partners anticipate *active* involvement in some way.

Partners **are not** those organizations or individuals who simply review and/or endorse the proposed system-improvement activity.

As an HSIP may advance for further development (eg. a full business case), partners should anticipate who will act as the lead organization. This may or may not be the same organization identified in Section 1: Submission Contact Information.

It is expected that the lead organization would have the ability to receive funds as well as to accept responsibility for accounting for and reporting on any funding, expenditures and project-related deliverables.

The lead organization must be a WWLHIN health service provider or be eligible for health service provider status within the WWLHIN. The eligibility requirements to become a health service provider are outlined in a separate document (entitled “Eligibility Requirements to become a Health Service Provider”), which is posted on the WWLHIN website ([www.wwlhin.on.ca](http://www.wwlhin.on.ca)).

## Section 3: Overview and Scope

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The Overview and Scope section of the form is to give you a place to provide a high-level view of your proposal and to provide clarity regarding what you intend to accomplish.

The WWLHIN requests that you limit the written overview of your proposal to 100 words. We recognize that this is a very limited description, however the intent of the document is to communicate your idea at a high-level so that others can quickly understand how you hope to improve the health system through your idea.

As the proposal moves through the approval process, you will be provided an opportunity to expand on your proposal and to incorporate feedback received through the community engagement process the proposal may go through.

The Scope section is intended to help you think about what you specifically intend to accomplish and what specifically you intend to leave out. As an example, imagine someone describes a proposal to build a new house in the overview section of the document. In the scope section the submitter envisions that they will build the foundation, complete framing and roof, insulate and do drywall. These items would be 'in scope.' They, however, do not intend to complete the kitchen, bathrooms, or interior in any way. These items would be out of scope.

Again the idea of the scope section is for you to clearly define the boundaries of the project and to explicitly contain the project to what is being proposed. The scope section is useful to exclude activities or deliverables that someone may assume is included. The scope section of the document helps you provide clarity to the reader of the proposal regarding what you are considering.

## Section 4: Alignment

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Ensure you indicate the IHSP priority that your pre-proposal supports by placing an 'X' beside the most appropriate priority listed on the form.

### **Strategic Dimensions:**

The questions found under each strategic dimension below are intended to guide the content of your narrative for this section.

Please also provide information on how your Pre-Proposal addresses each of the following four dimensions. Some questions you might consider in each section are provided here:

### **Population Health:**

- What is the evidence, clinical or otherwise to support the care/service recommended?
- What are the desired health outcomes for individuals or specific populations?
- What will be the measurable impact on specific populations according to our strategic priorities?
- How will it impact on the clinical outcomes of patients/clients?
- How will it enable individuals to direct their own care?

**System Performance:**

- How does the proposal improve current approaches and/or practices?
- What is the gap in health status, service availability, or access that is addressed?
- How does your idea align with existing resources and/or providers?

What is the cost benefit to the individual/system?

**Community Capacity:**

- How does your idea build community capacity including non-traditional linkages and partnerships?
- How does your idea utilize and/or improve existing infrastructure to ensure system sustainability and performance outcomes? A sustainable system means that a good system of care, informed by population need, can be maintained into the future within the financial, human and physical resources available.
- What community engagement occurred in the development of your idea?

**Strategic Fit:**

- How does your proposal transform the system?
- What is the impact on local priority performance objectives and measures?
- How does your initiative improve community awareness and participation in preventative practices?
- How does your proposal improve the health and wellness of the population?

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## Section 5: Expected Service Outcomes and Volumes & System Outcomes

**Service Outcomes:** In serving these people what are the expected outcomes: Identify key client, population, and/or program outcomes. In order to identify key client outcomes, it may be helpful to start with identifying the key client needs for the population which will lead to the expected outcomes of the proposed service. Please be as specific as possible in terms of the expected outcomes.

**Planned volumes:** Provide a description of the client or service type. If you know the functional centre code this can be added following the client or service type description. Estimate the volume based on your knowledge and expertise and the unit of measure (i.e. hours, days) that is anticipated.

**System Outcomes:** Describe the expected impact on the local healthcare system: Identify what impact the initiative will have on the broader system in healthcare and potentially beyond. This could include how this will influence the existing continuum of care as well as how it may impact broader system indicators such as those identified in the IHSP 2010-2013 (examples could include but are not limited to % Alternate Level of Care days, Emergency Department Wait Times, etc.).

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## Section 6: Proposed Timeline

As best possible, please list high level activities (milestones) and anticipated timelines in months with the first activity starting at date '0' and the last activity and timeline when the proposed service is fully operational.

## Section 7: Funding Details

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Please see the footnotes found on the form template.

## Section 8: Stakeholders Analysis

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For the purpose of stakeholder identification, “communities” can be interpreted to mean geographic locations (i.e. Cambridge, Proton Station), communities of interest or communities of practice.

**Community of Interest (COI)** - an informal, self-organized, network of individuals brought together around a common interest, issue, concern or opportunity. They need not meet physically and may only ever connect with one another on an ad hoc basis, around that common element.

**Community of Practice (COP)** - an Informal, self-organized, network of peers with a common area of practice or profession. Such groups are held together by the members' desire to help others (by sharing information) and the need to advance their own knowledge (by learning from others).

**Political Entity:** For the purpose of stakeholder identification, “political entity” is an individual, organization or group with known political interests or public responsibility. This may include officials in public office, or organized labour or citizens groups.

**Level of Outcomes impact:** indicates the degree to which you anticipate a stakeholder will be affected by the outcome, if implemented, of the idea you propose (i.e. by the decision being made, service being changed etc.).

**Level of Influence on outcomes:** indicates the degree to which you anticipate a stakeholder may influence or affect change on the outcomes you propose if your idea is implemented. For example, does this stakeholder have to agree to the change? Is their cooperation important to successful implementation?

**Level of Concern or interest:** indicates the degree to which stakeholders are aware or care about how they are impacted by the outcomes of your proposed idea, if implemented. Will they know how they might be affected or perceive themselves to be adversely or positively affected?

**Issue of greatest concern or opportunity:** Building on what is identified as the level of concern or interest on the part of stakeholders, what is the single greatest idea, concern or concept to require communication?

**Low Impact/Influence:** Stakeholder is unlikely to be aware of impact on themselves, if implemented and are unlikely to show interest in influencing the direction of the idea or project – as judged by HSIP proponents *at time of writing*.

**Moderate – High Impact/Influence:** Stakeholders will be aware and will know/feel the impact on themselves and would have interest in influencing the direction of the idea or project, to varying degrees – as judged by HSIP proponents *at time of writing*.