

Central East Local Health Integration Network  
 CEO Report to the Board  
 February 25, 2015

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**Community First**

*Keeping at the forefront, the health care needs of our current and future local residents, changing demographics, fiscal realities, Ontario’s Action Plan for Health and the LHIN Mission and Vision, the overarching Central East LHIN Integrated Health Services Plan (IHSP) and its strategic aims can be described as ‘Community First’. The following is a compilation of some of the major activities/events undertaken over during January and February in support of the Central East LHIN’s Strategic Directions;*



**Transformational Leadership:** *The Central East LHIN Board will lead the transformation of the health care system into a culture of interdependence.*

**Quality and Safety:** *Health care will be people-centred in safe environments of quality care.*

**Health Service and System Integration:** *Create an integrated system of care that is easily accessed, sustainable and achieves good outcomes.*

**Fiscal Responsibility:** *Resource investments in the Central East LHIN will be fiscally responsible and prudent.*

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*The Central East LHIN is working towards achievement of the Strategic Aims of the 2013-2016 Integrated Health Service Plan;*

- 1. Reduce the demand for long-term care so that seniors spend 320,000 more days at home in their communities by 2016.*
- 2. Continue to improve the vascular health of residents so they spend 25,000 more days at home in their communities by 2016.*
- 3. Strengthen the system of supports for people with Mental Health and Addiction issues so they spend 15,000 more days at home in their communities by 2016.*
- 4. Increase the number of palliative patients who die at home by choice and spend 12,000 more days in their communities by 2016.*

## **Transformational Leadership**

*The Central East LHIN Board will lead the transformation of the health care system into a culture of interdependence.*

### **Physiotherapy Reform:**

A major change occurred in Ontario related to how physiotherapy services, previously funded under the Ontario Health Insurance Plan (OHIP) budget are now being funded. The intent is to improve the availability of these services across the province and significantly boost access for seniors and others in need.

### Exercise and Falls Prevention

Lead Agencies continue to implement services at new locations, with classes available at more than 95% of identified sites. Lead Agencies continue to participate in quarterly reporting to the Ministry of Health and Long-Term Care (MOHLTC) to demonstrate the use of indirect funding required to effectively support Exercise and Falls Prevention classes. The Central East LHIN is currently exploring opportunities to allocate remaining funding in this stream, with an additional round of new and/or expansion classes expected to be operationalized over the 2015/16 fiscal year.

## **Health Service and System Integration**

*The Central East LHIN organization will create an integrated system of care that is easily accessed, sustainable and achieves good outcomes.*

### **Integrated Orthopaedic Capacity Plan (IOCP) – Implementation:**

The Central East LHIN staff presented the next steps and future directions of the Central East LHIN Orthopaedic Planning and Implementation Committee (OPIC) to the Central East Executive Committee (CEEC) on January 23, 2015.

As a result of the presentation, the Central East LHIN Orthopaedic Advisory Committee will be established to ensure oversight, standardization and sustainability of implementation including reporting process and timelines by March 31, 2015. A request for membership on the Central East LHIN Orthopaedic Advisory Committee will be sent out and the expert LHIN-wide Advisory Committee will be responsible for the following:

- Oversee the planning and implementation of the IOCP, including delivering on project plans and spread of promising practices;

- Implement semi-annual reporting structure and processes including identification of key process and outcome indicators (i.e. key accomplishments, milestones achieved and current barriers and challenges).
- Ensure alignment and consistency of approach across clusters;
- Ensure standardization of process and care provision, where appropriate;
- Coordinate LHIN-wide service provision;
- Provide expert guidance to OPICs and Central East LHIN; and
- Ensure progress reports will highlight the following information when working towards completing the seven key system changes and 32 action items outlined in the IOCP.

### **Maternal Child Health:**

#### Advisory Committee

The Central East LHIN Maternal, Neonatal and Paediatric Advisory Committee held their first meeting of 2015 on January 27, 2015, and included the following objectives:

- To discuss the outcomes of the site visit engagement sessions and provide recommendations moving forward with the development of a Strategic Plan;
- To provide an update on the Baby Friendly Initiative Workshops in February 2015 for the Durham and Scarborough Cluster;
- To discuss the Paediatric Complex Care opportunities;
- To provide an update on the BORN initiative; and
- To gain a further understanding of initiatives and ideas currently taking place across the LHIN from our Advisory Committee members

For the next meeting, Committee members will be focussing on approving the proposed five (5) Strategic Directions and the Strategic Plan on a Page for maternal child health, this is being sought from all health service providers represented on the Advisory Committee. Upon approval, the Advisory Committee will present the Strategic Plan to the Central East LHIN for endorsement of the strategic directions outlined to be achieved over the next three years.

#### 2014 RVHS-TSH Motion 1B

On March 27, 2013, the Central East LHIN passed the following motion:

*“...in partnership with the Rouge Valley Health System (RVHS), local stakeholders and physician leaders, The Scarborough Hospital (TSH) is to develop a Service Delivery Model for Maternal-Child-Youth (MCY) services (which includes obstetrics, neonates and paediatrics) for the Scarborough Cluster, as well as a plan for a LHIN regional program for advanced neonatal and paediatric care as recommended in the 2009 Hospital Clinical Services Plan and endorsed by the respective hospital boards at that time, with a report back to Central East LHIN Board in no more than 90 days.”*

The *Motion 1b Working Group* held a planning meeting in early-January to discuss the re-run of the data analysis based on the agreed upon methodology by hospitals, The Scarborough Hospital (TSH) and Rouge Valley Health System (RVHS). The proposed methodology focused on three key areas:

- Equalization of Responses
- Extreme Values
- Transparency

The agreed upon survey results will not be the final decision making mechanism for the Motion 1B, and will act as one of many tools to support and provide input into the decision making process. Central East LHIN staff have recommended both hospitals focus their efforts on the two most viable options in preparing the final report:

- RVHS as the Lead hospital
- TSH-RVHS collaboration on establishing a LHIN model for advanced care

The final Report will be presented to the Central East LHIN Board in March for decision.

#### Toronto Preschool Speech and Language Program (PSL)

The Central East LHIN continues to work with the MOHLTC to finalize the 2014/15 Preschool Speech and Language Program funding recovery. The recovery for RVHS is \$46,164 and TSH is \$66,409. Existing PSL programs will be realigned as per the following program parameters:

- System participation (e.g., participation in planning and oversight meetings, adherence to an information-sharing framework).
- Adherence to Centralized Intake, Waitlist and Case Load Management, as determined and managed by the Toronto PSL lead agency.
- Delivery of a required range of interventions (e.g., parent training, group intervention, etc.) for a range of clinical needs (e.g., autism, hearing loss, augmentative/alternative communication).
- Compliance with integrated service planning, transition planning and associated document management as determined by the Toronto PSL lead agency.

Details of each of the above expectations will be provided by the Toronto PSL lead agency. LHIN staff are working on drafting a formal communication to RVHS and TSH to inform them of the funding and recovery process.

#### Special Needs Strategy

The Durham Planning table has successfully hired a facilitator for the development of the two proposals for the Special Needs Strategy, coordinated care plans and integrated rehab delivery. The Steering Committee for the Durham Planning table has received the initial funding allocation of \$40,000 for the care coordination proposal. The funding notification for the integrated rehab proposal (also \$40,000) should be received shortly.

The Steering Committee has submitted the third checkpoint template to identify potential barriers/challenges in completing the proposals within the timeframes provided by the MOHLTC. The Central East LHIN has been involved in conversations with the MOHLTC on identifying solutions for overcoming potential barriers and participating in webinars for the Chairs of the Special Needs Strategy tables to ensure open and transparent communication across the province and to share lessons learned.

The group will be reviewing and approving the proposed work plan with the Durham Planning Table in the coming weeks. They will be developing the child and youth consultation sessions and determine the appropriate levels of participation with the Peterborough, City of Kawartha Lakes and Northumberland Special Needs Strategy Planning Table.

Central East LHIN staff have reached out to the planning partners in the City of Toronto to become engaged in Scarborough planning initiatives. An overview of the Special Needs Strategy will be presented to the Central East LHIN Board of Directors on February 25, 2015.

**Health Links:**

Health Links Coordination and Oversight

The Health Links Planning Teams are meeting biweekly to discuss the coordinated implementation strategy, physician engagement strategy, patient engagement strategy, timelines and communications for each of the four new Health Links (Haliburton County - City of Kawartha Lakes, Northumberland County, Scarborough North and Scarborough South). The four Health Links being initiated now have developed regular meeting schedules and are in the process of completing Business Plans for submission to the Central East LHIN and the MOHLTC.

It is expected that submissions to the MOHLTC will be completed by end of February 2015. Patient Engagement, Communications, Information Technology, and Decision Support functions are now coordinated centrally and support all Central East LHIN Health Links.

A conference on *Patient Engagement in Health Links*, hosted by the Central East LHIN and The Change Foundation, was held on January 20<sup>th</sup>, 2015. Additional details on this event are listed under the Community Engagement section of this report.

Durham North East Health Link (DNEHL)

The Design Team and the Steering Committee continue to meet regularly to move forward with the implementation of the project plan. At a meeting held on January 14, 2015, the Design Team compared the progress of the current Health Links with the Health Link Maturity Model, developed by the MOHLTC. Action steps will be developed from this exercise and provided to the Steering Committee. The Coordinated Care Plan (CCP) Improvement Team and the Transitions Improvement Team have now merged into one improvement team and are continuing to work on several PDSA (Plan, Do, Study, Act) cycles, including consent processes, development of a survey for feedback from care conference participants, and use of the CCP.

Peterborough Health Link (PHL)

The Design Team and Steering Committee continues to meet regularly to discuss the implementation and sustainability of the Health Link in the Peterborough region. The Peterborough Health Link has been selected by the MOHLTC, as a result of a thorough assessment by the Ministry and Health Link LHIN leads, as one of the two Wave 1 Health Links in the Care Coordination Tool (CCT) proof of concept. Immediate next steps involve confirming the collective intention of all members of the Peterborough Health Link team in participating on the CCT pilot.

**Community Health Services (CHS) Integration Strategy:**

The completion of Peterborough and Scarborough CHS processes mark completion of Phase 1 of CHS Integration across all LHIN clusters (Durham, Haliburton/CKL, Northumberland, Peterborough, Scarborough). A Move Forward Strategy for Phase 2 CHS (all clusters) was presented to the Central East LHIN Board in October and this phase will be rolled out in the coming months.

Integration Planning Process in Haliburton County and City of Kawartha Lakes (CKL)

On June 25, 2014, the Central East LHIN Board received a presentation on the integration planning in Haliburton County and the City of Kawartha Lakes. The Transition Plan was reviewed with a particular focus on the following two elements:

*One Entity Haliburton County Integration –*

The involved organizations are proceeding on course with the implementation of the voluntary merger between Community Care Haliburton County (CCHC) and Haliburton Highlands Health Services (HHHS) into one entity, and the transfer of LHIN-funded services currently being provided by Supportive Initiative for Residents in the County of Haliburton (SIRCH) and Victorian Order of Nurses (VON) to the one entity, as per approved motions at the June 25<sup>th</sup>, 2014 Central East LHIN Board meeting.

*Confirmation of Two Entities in the City of Kawartha Lakes –*

The transition plan for the transfer to the Adult Day Program (ADP) from VON to Community Care City of Kawartha Lakes (CCCKL) was received by Central East LHIN staff on September 29<sup>th</sup>, 2014. The plan was presented and approved at the December 3<sup>rd</sup>, 2014 meeting of the Central East LHIN Board. The involved organizations are planning for the program transition to be in effect on April 1, 2015.

Durham Cluster CHS Integration Strategy

a) *Durham Hospice and Victorian Order of Nurses (VON)*

The Durham Hospice/Victorian Order of Nurses Integration that was approved by the Central East LHIN Board on January 28, 2015 is proceeding on track, implementation steps are underway, with the full transition to be in effect as of April 1, 2015.

b) *Oshawa Community Health Centre (CHC) and The Youth Centre*

The Final Integration Plan presented and approved by the Central East LHIN Board of Directors on January 28, 2015 has moved into the implementation phase. Communication to internal and external stakeholders has taken place to advise of the approval of the Integration Plan and both organizations remain on track for achieving a full transition by October 1, 2015.

## Quality and Safety

*Health care will be people-centred in safe environments of quality care.*

### **Behavioural Supports Ontario (BSO) – Long Term Care Program:**

Registration has been completed for seventy-two staff from thirty-four providers to receive backfill funding for P.I.E.C.E.S. training. Fifty-one participants from ten Long-Term Care Homes (LTCHs) attended three “Energize Your BSO Team” training workshops in January. As six workshops in February and March are almost at capacity, additional workshops may be necessary. Planning is underway for the pilot Music & Memory iPod training for five to six providers.

The December metrics submission rate for LTCH homes remains strong at 97%, 66 of 68 LTCHs (Fairview Lodge not included due to fire). A draft metrics report card was reviewed and approved by the BSO Design Team. The draft 2015/2016 work plan was shared with the Joint Service operating Committee and the BSO team.

### **Behavioural Supports Ontario (BSO) Community Program:**

Geriatric Assessment and Intervention Network (GAIN) teams and the Regional Manager took part in a BSO Planning Day facilitated by the Seniors Care Network. Two BSO case reviews were facilitated with BSO clinicians throughout the month. A scoping exercise about BSO community visiting safety protocols was initiated by the GAIN Regional Office.

## IHSP Strategic Aims

### **Seniors**

#### **Geriatric Assessment and Intervention Network (GAIN):**

Since the last update the GAIN Regional Office has been involved in the following key initiatives:

#### Health Links

The Regional Manager participated in a discussion with representatives from Health Links about the interface of GAIN with Health Links and timeliness for incorporation of the Health Links Coordinated Care Plan into the Care Planning of the GAIN team as part of the Intensive Case Management. GAIN teams, who piloted Coordinated

Care Plans, were asked for their feedback which was compiled and presented to the Health Link teams. A Regional Rounds education session was provided for GAIN teams in conjunction with representatives from Health Links and the Central East LHIN. Planning is underway for another Regional Rounds session for GAIN teams in February. This will include a walk-through of completing a Coordinated Care Plan.

#### Indicators

A new interim data/metrics template was introduced in December and will be used in the March reporting cycle. A review of the draft Data Dictionary was completed; with input and edits provided to meet the emerging reporting needs for GAIN teams. Final indicators will be presented to the Seniors Care Network for approval in March 2015.

#### Integration of New Teams

GAIN welcomed the Haliburton Highlands Health Services and Campbellford Memorial Hospital teams in January 2015. The teams are being supported by the regional program with hiring, clinic space, reporting, team structure, clinical supervision, shadowing, orientation and communication.

#### Relationships with Geriatricians and Clinical Supervision

GAIN is working to standardize the approach to clinical supervision and formalize Geriatrician support for all teams. This work is already well underway as Geriatricians have been providing support to new teams in person or via OTN.

#### Reporting/Financials

Q2 Reporting was completed and submitted to the LHIN and Seniors Care Network. Two Health System Improvement Proposals were approved and received funding from the Central East LHIN for in-year regional initiatives supporting standardization and additional equipment for GAIN teams.

#### Communication

The GAIN Regional Manager met with the new LHIN-initiative Communication Support which was hosted by the Central East Community Care Access Centre (CECCAC). Communication activities this month include: presentations to the Seniors Care Network Board and the Professional Practice Network of Ontario, the identification of success stories for the Central East LHIN website and annual report and the creation of the newly revitalized GAIN Newsletter, which will be launched in February.

The next steps include a standardization of policies, procedures and processes, as well as an Audit process which will be developed in February/March 2015. Data Dictionary training will be provided for teams in February. The Scarborough Cluster will be holding an Assessment Urgency Algorithm (AUA) planning session in February and a meeting for all GAIN Nurse Practitioners will be held in February.

#### **Senior Friendly Hospital (SFH) Initiatives:**

The summary and 2014/15 Scorecard have been updated and circulated to the members of the Seniors Care Network. The members of the SFH Gerontological Infrastructure Task Group are currently drafting principles and practices. The SFH Advanced Leadership Training Program will be held on April 29, 2015 - May 1, 2015. An information webinar was held on January 9, 2015. The Senior Friendly Hospital Capacity Grant Steering Committee and Advisory Committee continue to develop the curriculum for the SFH Advanced Leadership Training Program.

#### **Supporting Capacity for Specialized Geriatric Services:**

Improving & Driving Excellence Across Sectors (IDEAS) is a provincially applied learning strategy, designed and delivered in Ontario, to support the health care system in achieving progress on Ontario's system priorities. A key component of the IDEAS program is an applied learning project.

In the region of the Central East LHIN, it has been acknowledged that approaches for identifying older adults presenting with dementia who are nearing end of life is not well established. As a result, many clients with late-stage dementia are not identified as palliative and are unable to access appropriate palliative supports. This may result in the pursuit of futile treatments and interventions as well as missed opportunities to promote comfort and reduce suffering for clients and families.

The current aims of the project include:

- Big Dot Aim (to be confirmed)
  - By March 1, 2015, 70% of inpatients presenting with dementia at Campbellford Memorial Hospital (CMH) will have been transitioned to palliative services.
- Project Aim
  - By March 1, 2015, 90% of inpatients presenting with dementia at CMH will be screened to determine appropriateness for transition to palliative services

The core project team members attended the fourth session of the IDEAS Advanced Learning Program on December 18 & 19, 2014. The topics covered included inter-professional team engagement, quality improvement anecdotes and stories, walk the wall storyboards (an exercise similar to value stream mapping using a wall to document the journey), statistical process control, sustainability, spread, leadership and quality improvement. The core and the project team continue to meet weekly.

The first Plan Do Study Act (PDSA) cycle was completed on December 12, 2014. The purpose of the Glossary PDSA was to test the understanding of the definitions in the glossary (dementia, palliative care, frailty) amongst CMH staff, physicians, patients/caregivers and community colleagues. The results were positive and the definitions will be adopted by the team.

There are currently two PDSAs in progress - one to test the application of the Frailty Assessment for Care-planning Tool (FACT) process and the second to test if rounds are the appropriate place to administer the FACT tool. The team is in the process of data collection.

## Vascular

### Vascular Health Strategic Coalition:

The Vascular Strategic Aim Coalition is preparing for their quarterly meeting to be held on February 27, 2015. The focus of the meeting will be the use of Expert Choice and the Central East LHIN decision making criteria to prioritize vascular and diabetes proposal submissions received by the Central East LHIN. Expert Choice is a decision making software which allows for multiple stakeholders to easily provide their input to determine the priorities and the approval process. In addition, the Coalition will:

- Finalize the Terms of Reference
- Receive status updates of funding requests presented at the December meeting
- Receive updates on Cardiac Committees
- Obtain understanding of the Northumberland PATH project

### Regional Cardiovascular Rehabilitation & Secondary Prevention Program (CRSP):

The Regional CRSP has been awarded \$1 million with the foci of:

1. Closing the gap, by increasing the number of patients served and ensuring access throughout the region (i.e. North Eastern part of the region); and

2. Enhancing services, by embedding Congestive Heart Failure monitoring through the use of regional Nurse Practitioner roles.

The hub of the program is within the Rouge Valley Health Centre with spokes throughout the region. The next step for implementation in this program is expanding to the Peterborough region by March/April 2015.

**Diabetes:**

Diabetes Regional Coordination

Diabetes education programs are established by cluster within Scarborough, Durham and Northeast. The program staff are meeting regularly to ensure the coordination of diabetes care throughout all aspects of diabetes services offered within the Central East LHIN. Coordinated services include: Centre for Complex Diabetes Care, Centralized Diabetes Intake, Diabetes Education Programs (DEP), within the community and hospital settings.

New targets were set for the DEPs which reported to the LHINs for fiscal 2014/2015. The preliminary analysis of data submitted by each DEP shows that the clusters are working together to better understand how each of their work influences diabetes care. The Scarborough DEP cluster is currently testing processes for re-referrals from hospital to community DEPs for appropriate clients. On January 19, 2015, the Durham cluster met to explore opportunities for improvement and is developing PDSA cycles to test system changes, including collaborative education and communications.

On January 29, 2015, the Durham Cluster held their first meeting to review a cluster-based approach to quality improvement planning and strategies to achieve the goals of their action plan. The purpose of the action plan is to optimize flow of patients within the system and ensure access to diabetes care throughout the cluster. The next steps are to continue the implementation planning of the action plan and to identify opportunities for further collaboration.

Centre for Complex Diabetes Care (CCDC)

The Ministry advised in early January that the CCDC funding letter and program reporting templates would be provided. The three Central East CCDC sites of The Scarborough Hospital (TSH), Peterborough Regional Health Centre (PRHC) and Lakeridge Health (LH), continue to strive to improve their data quality. The Q3 CCDC data results will be submitted to the MOHLTC in late-January. Early review of the data indicates an improvement in the quality.

Centralized Diabetes Intake (CDI)

A total of 86 referrals were received and assessed by the CECCAC in December 2014. Of these referrals, 44 were referrals received for DEPs. In Q3 (September 1 to December 31, 2014) there were a total of 269 referrals received and processed by the CDI Care Coordinators. The targets for year-end (March 2015) are 880 CDI referrals, we are on track to achieving this target. Work continues with the Diabetes Networks in the Scarborough, Durham and Northeast clusters with CDI use as a standing item for each meeting. The increase use and positive uptake of CDI is evident. A meeting with the MOHLTC confirming targets, next steps and goals was held in January 2015. At this meeting, the Ministry indicated support for the Central East LHIN strategy to sustain and grow CDI.

**Ontario Renal Network (ORN):**

The ORN Plan 2 is under final review at the provincial table. Key successes for each of our three Regional Programs (TSH, PRHC and LH) will be highlighted in this new plan. Expected final completion is April 2015.

The elements to assist in defining a road map for patient engagement components that will be required in all Regional Programs are being finalized. These were to be reviewed at the provincial meeting on January 21.

The funding for all programs has been submitted in Q3. The in-year reconciliation process will soon be underway with program reviewing and validation at the end of January 2015. Funding support continues for small scale expansions (TSH, LH) and Independent Dialysis (ID) and Body Access (BA) Coordinators. These elements are focused on improving rates for patients to be on a home modality while improving overall access for dialysis patients (e.g. fistula, Peritoneal Dialysis catheter).

The Infrastructure/Data/IT component is in Phase R4 (Release 4) of the Ontario Renal Reporting System (ORRS) and will be ready for final go-live March 2015. Testing was underway between January 15 and February 12, 2015.

Clinically, TSH and PRHC have been awarded to become a Community of Practice (COP) pilot project for PD Catheter insertions. Both hospitals worked with the Regional Director/Regional Medical Lead and the ORN to finalize the implementation plans by January 23, 2015. Funding notices were expected to be released to these sites by January 30, 2015. TSH and LH have qualified for funding from the ORN to replace dialysis machines, both for in-centre hemodialysis and for home dialysis. The machines are required to be in the hospitals by March 31, 2015, to retain the allocated funding within this Fiscal Year. ID and BA Coordinators continue to meet regularly with the ORN, to assess progress in improved care.

Both PRHC and LH have had preliminary discussions with the ORN, to consider new proposals for improving early detection in pre-dialysis patients and working with the Nephrologists to support the care for earlier stages of CKD patients.

Meetings are being held with the leadership of TSH, ORN representatives and MOHLTC to discuss the model, scope and cost arrangements for the new Timothy Eaton Site and capacity planning.

In regards to the patient journey, PRHC is working with Case Manor Care Community – Leisureworld, to support a resident to receive peritoneal dialysis in the home, and not travel to PRHC three times per week for in-centre hemo-dialysis. The resident started on PD on January 12, 2015 and has been successful.

## **Mental Health and Addictions**

### **Implementation Strategy for the Central East LHIN's Mental Health and Addiction Strategic Aim:**

The Central East LHIN Mental Health and Addictions Strategic Coordinating Council will be meeting again on March 3, 2015.

### **Central East LHIN Mental Health and Addictions Physician Lead:**

Dr. Ian Dawe has been connecting with Health Service Providers and groups across the Central East LHIN in his role as Mental Health and Addictions Physician Lead for the Central East LHIN. Dr. Dawe met with Chief Williams at the Curve Lake First Nation in January and spoke at Whitby Sunrise Rotary Club on February 4

### **Community Crisis Review Priority Project:**

*The Community Crisis Review Priority Project is a comprehensive scan of the Community Crisis System throughout the Central East LHIN. This project will include an analysis of the Current State, Best Practices and recommendations for improvement. The guiding premise is that a strong Community Crisis system provides a viable alternative to Emergency Room visits for people who are experiencing a Mental Health and/or Addictions Crisis.*

The Community Crisis Review Priority Project is compliant with all project timelines. The Steering Committee has been engaging in extensive community consultations throughout January and February. The final report and recommendations will be submitted to the Central East LHIN on March 31, 2015.

**Assertive Community Treatment Team (ACTT) Value Stream Mapping (VSM):**

*The Assertive Community Treatment Teams (ACTT) provide intensive services to people with a diagnosed serious mental health issue that can also include a Concurrent Disorder. In FY 2011/12, a Value Stream Mapping exercise provided a series of recommendations to improve patient access and flow. One component of these recommendations included the implementation of a “Step Down” service, that would transition existing ACTT clients to a less intensive model of care, while still maintaining their connection to the team. The implementation of this model not only provides for an improved client experience, but it allows ACTT to take on an additional 20-25 high intensity clients per year.*

The ACTT Quality Improvement project is fully implemented and will submit its final report as of March 31, 2015.

**Home First @ Ontario Shores:**

Home First at Ontario Shores is continuing to move forward. The recent labour issues at the CECCAC have caused some disruption. Recent referral data is unavailable.

**Palliative Care**

**Community Investment – Palliative Care Physician Leadership and Educational Supports:**

As part of the Community Investment funding, the Central East LHIN Board approved the allocation of \$75,000 to the Central East CCAC for Palliative Care Physician Leadership and Educational Supports. The Central East LHIN is partnering with the Regional Cancer Centre for joint funding and accountability for a LHIN-wide Palliative Care Physician Lead. Within the delegation authority of the CEO, the Central East LHIN has re-allocated the Board approved funding to Lakeridge Health.

**Palliative Care Community Teams:**

Through a Request for Proposal (RFP) process, three (3) Palliative Care Community Teams have begun planning and implementation in the Central East LHIN. A Palliative Care Community Team will provide interdisciplinary clinical and non-clinical community-based care to palliative and end of life patients allowing patients to remain in their home.

The three (3) funded geographies and partners include:

*City of Kawartha Lakes* – Community Care City of Kawartha Lakes (CCCKL), Ross Memorial Hospital (RMH), Kawartha North Family Health Team (KNFHT), City of Kawartha Lakes Family Health Team, Central East Community Care Access Centre (CECCAC)

*Scarborough* – Scarborough Centre for Healthy Communities (SCFHC), The Scarborough Hospital (TSH), Providence Healthcare (PHC), East GTA Family Health Team, Central East Community Care Access Centre (CECCAC)

*Haliburton* – Haliburton Highlands Health Services (HHHS), Haliburton Highlands Family Health Team (HHFHT), Supportive Initiative for Residents in the County of Haliburton (SIRCH), Central East Community Care Access Centre (CECCAC). Haliburton is working in partnership with their GAIN team for integrated implementation. Teams will begin serving clients in April 2015.

**Central East Hospice Palliative Care Network (CEHPCN):**

CEHPCN members continue to meet to discuss and support implementation, planning and next steps for Regional Palliative Plan recommendations. The next CEHPCN meeting is scheduled for March 2015. Sub-Working Groups continue to plan and implement Integrated Hospice Palliative Care Hospital Programs and Integrated Hospice Palliative Care Programs in Long Term Care recommendations.

**Palliative Care Education:**

The third 2014/15 Learning Essential Approaches to Palliative and End of Life Care (LEAP) course is currently being offered in Whitby. The next course will be offered in spring 2015, the location is yet to be determined.

The Central East LHIN is working with its health service providers to provide palliative education in the development of a LHIN-wide Education Plan. The Education Plan will include formalized education programs (e.g., Fundamentals, *Comprehensive Advanced Palliative Care Education (CAPCE)*, LEAP) and educational opportunities provided by Central East LHIN Palliative Pain and Symptom Management Consultants (PPSMC). This education plan will increase access to specialized palliative care education and training opportunities across all settings.

An Expression of Interest (EOI) has been put forward by Cancer Care Ontario (CCO) for each LHIN to select two individuals to participate in Pallium Canada's Learning Essential Approaches to Palliative and End of Life Care (LEAP) Facilitator Training course. The EOI has been shared with LHIN service providers. Internal LHIN staff and members of the CEHPCN will use a template for selection of the two individuals.

**Paediatric Palliative Care Outreach Model:**

The Central East LHIN is partnering with Sick Kids Hospital (SKH) and four other Greater Toronto (GTA) LHINs for implementation of a paediatric palliative care outreach model. This model will provide expertise, consultation, formalized education, and support to community providers delivering paediatric palliative care services to children and families in the five (5) GTA LHINs.

## Aboriginal Services

**Central East LHIN Aboriginal Strategy:**

Central East LHIN staff were pleased to receive invitations to the Métis Nation of Ontario Health Summit, the Chiefs of Ontario Health Forum and the "Urban Aboriginal Health Counts" Project launch all held during the last week of February.

**First Nations Health Advisory Circle:**

The Central East LHIN First Nations Health Advisory Circle meeting was held on February 18, 2015 at the Curve Lake First Nation, an update on the meeting discussions will be provided in the next report.

**Métis, Non-Status and Inuit Health Advisory Circle:**

The Central East LHIN Métis, Non-Status and Inuit Health Advisory Circle members met on January 19, 2015. The Circle was pleased to welcome two new members, Jeff Dhondt, who is taking the place of Landy Anderson, representing the Native Family and Child Service in Scarborough, and Amy Archer is the Pain and Symptom Management Palliative Care Nurse for the Central East LHIN. The Circle is continuing to work on reviewing and revising their Terms of Reference and on planning the Joint Circle Mental Health and Addictions meeting. Members were pleased to learn about the upcoming Provincial Aboriginal LHIN Leads meeting that is scheduled for May 2015, and will be suggesting a member to attend.

## French Language Services

**Coalition for Healthy Francophone Community of Scarborough (CHFCS) and Vascular and Self-management Chronic Disease FLS Strategies:**

The Francophone Coalition held its quarterly meeting in January and focused discussions on the Central East LHIN strategic aims. The Coalition is reviewing its objectives based on the Quality Improvement Template that was developed to follow through the CHFCS milestones.

As the CHFCS is moving forward in collaboration with community partners of the French-speaking population, a partnership is being planned with “La Passerelle”, which is a Francophone Agency, based in Toronto. This partnership will be related to interpreting services and capacity building that will help improve services offered to the Francophone population of Scarborough.

The CHFCS noted that Primary Care services are being offered in French for clients at TAIBU. Further, an additional 18 Francophone individuals attended a training workshop on Self-Management for Chronic Disease.

### **Seniors Wellness Symposium Planning:**

A Steering Committee has been struck to plan for a Seniors Wellness Symposium taking place on June 16 and June 17, 2015. The main objective of this symposium is to educate and inform seniors and their families and the general public about resources available to them, their families and caregivers.

## **Enablers**

### **Improving Access to Primary Care**

#### **Primary Health Care Advisory Group (PHCAG):**

On February 4, 2015, the PHCAG held its first meeting of 2015 with a Strategic Planning session to determine the future direction and priorities of Primary Care in the Central East LHIN through the following objectives:

- To discuss current and emerging primary health care challenges and opportunities;
- Provide advice on building primary care leadership capacity and implementation of primary care leads within Health Links;
- To advise on the development of robust primary care network(s) in Central East LHIN;
- To discuss the potential re-design of PHCAG;
- To initiate dialogue on primary care priorities for IHSP #4 2017-2019;
- To identify our PHC priorities and immediate next steps for the year ahead;

The next PHCAG meeting will be scheduled for April 2015 to continue moving forward with the refresh of Primary Care in the Central East LHIN.

#### **Resource Matching and Referral (RM&R):**

The Central East LHIN Resource Matching & Referral (Central East LHIN RM&R) Project is part of a larger provincial Alternate Level of Care Business Transformation Initiative (ALC BTI). The objective is to standardize and streamline referral process through increased health service provider (HSP) collaboration and standardized referral processes.

The four pathways in scope are:

- Acute to Home (Central East LHIN has completed implementation);
- Acute to LTCH (Central East LHIN has completed implementation);
- Acute to Rehabilitation (Rehab); and
- Acute to Complex Continuing Care (CCC).

The RM&R implementation process (Acute to Rehab and Acute to CCC pathways) continues to be impacted by the labour disruption at the Central East CCAC. The Provincial Standards, the Provincial Standards sustainability office has communicated that all Rehab and CCC beds within acute care facilities should be part of the implementation of RM&R Business Transformation Initiative, to ensure transparent and equitable access for all patients to these services.

There are a number of Health Service Providers (HSPs) who currently restrict access to Rehab or CCC beds within their facility to only patients that have received their initial care within that same facility. Patients should be eligible to receive post-acute care closer to home and/or family, and access to services should not be restricted because they have received their specialized care elsewhere. Ensuring access to care when and where it is needed is a fundamental system change that helps to increase community capacity, patient equity, and access to care.

The goal is to ensure that:

- Patients requiring a Rehab or CCC bed are able to be referred to any bed that is deemed to be appropriate to them. There is no restriction based on where the patient is coming from, or where they have been a patient before. Applicable Rehab and CCC beds across the province are available. There is 'Open Access'.
- Patients can receive the care they need as soon as possible, and as close to home and/or family as possible. This may initially be challenging due to bed unavailability, or the level of care required being only available far from home. Once the patient is stable however, or a bed becomes available at a facility close to home, there is agreement that the patient be repatriated or transferred there. This supports 'Open Access'.

#### **Vision Plan Working Group (VPWG):**

The Central East LHIN Vision Plan Working Group (VPWG) developed a *"Directional Plan – Vision Care Strategy"* that focuses on inpatient and outpatient ophthalmic surgeries currently delivered by Central East LHIN hospitals. This Directional Plan, which has been endorsed by the Central East Executive Committee (CEEC) and Central East LHIN Board, aims to inform future Central East LHIN decision-making with respect to resource allocation, quality improvement, and access to services. The VPWG has reconvened to discuss the formation of an Advisory Group, which will oversee the implementation and sustainability of the recommendations outlined in the Directional Plan.

#### **Transitions in Care & Electronic Health Information Management**

*An Information Management/Information Technology initiative to improve the engagement model that supports the development of a regional integrated Health Information System has been undertaken to reduce siloed communication and increase bi-directional participation of health service partners. It is a refresh to the eHealth Steering Committee.*

#### **Hospital Information Systems Visioning:**

*This is a facilitated integration planning process to develop a longer term vision or directional plan for hospital information systems as they support a regional integrated health information system. Hospital leadership is participating with the LHIN in a facilitated process to provide recommendation to the LHIN Board in September 2014.*

A response has been submitted to the Deputy Minister regarding detail on funding the HIS systems. The procurement pause is currently in place.

As part of the annual planning exercise done by the IMIT Advisory Committee, the projects are being reviewed to identify which projects can be developed and those that would fall under the HIS Procurement pause. This information will be provided to the Central East Executive Committee (CEEC) committee in February.

The HIS Vision work is now continuing with planning of a roadmap for a Regional Integrated Health information System. The work will use the Vision elements as the basis and be developed for all sectors in 2015-16 to align to and support the IHSP with a technology plan.

**Portfolio Project Management (PPM) Electronic Solution:**

*Eclipse has been the PPM tool in the Central East LHIN for the past seven (7) years but has not reached full adoption in the LHIN. The new version has been successful in the North Simcoe Muskoka LHIN and is now being adopted by five of the Central Ontario Cluster LHINS. The Central East LHIN will use the electronic tool to manage its projects and any funded LHIN projects and provide better reporting and current state project information in real-time.*

The upgrade to Version 5 has been completed and the integration of the Central West, Mississauga Halton, Central East and North Simcoe Muskoka LHINs systems have been completed. The cluster leads are working together with the vendor to develop the configuration changes that can support all participating LHINs using the solution. This will provide a cluster-based reporting for projects by the eHealth Leads as well as begin to develop standards between LHINs in project management. Central East LHIN administrative and user training has been completed and final configuration work is being developed.

**Connecting GTA (cGTA):**

*cGTA is the initiative to build a clinical repository of multi-sector patient information and a clinical viewer for the Central Ontario Cluster providing real-time recent data for providers from a large range of sectors and organizations in the Central Ontario Cluster including CCAC, Long-Term Care, Hospital, and Physician Electronic Medical Records as well as the provincial repositories such as Ontario Laboratory information System (OLIS).*

Central East LHIN cGTA early adopters have begun to expand the clinical users from 75 to 150, providers included are the CECCAC, The Scarborough Hospital, Rouge Valley Health System and Lakeridge Health

The cGTA team has confirmed funding and an updated schedule to support a Go Live date later this year. Participation Agreements are complete for the Wave 2 expansion, to increase rates of contribution and view access, and is now scheduling kickoff sessions in each LHIN. Participants in the Central East LHIN include Peterborough Regional Health Centre, Northumberland Hills Hospital and Campbellford Memorial Hospital, as contributors. Ontario Shores Centre for Mental Health Sciences is registered as a viewer with single view access. The Northumberland and Trent Family Health Teams and Port Hope and TAIBU Community Health Centres (CHCs) will be view access members. Hospitals that have completed the OLIS contribution access in Wave 1 (Ross Memorial Hospital and Haliburton Highlands Health Services) will also gain view access through the early-adopter phase.

**Health Links – Coordinated Care Tool (CCT) Pilot:**

*Support for Health Links includes the provincial development of a coordinated care plan tool that can support the diverse circle of care and provide input from the patient. Technology solutions within the LHIN are also included here to improve the use and function of Health Links in the LHIN.*

The Peterborough Health Link is a potential participant in the initial pilot to refine and implement the provincial Coordinated Care Plan Tool (CCT) between January and September 2015. Discussions with the team members and discussion with the CCT Team have been held to support their agreement to participate.

**Hospital Report Manager (HRM):**

*TDIS / HRM are systems designed to provide hospital reports from the Hospital Information System directly into the Physician Electronic Medical Record (EMR). The TDIS system is the Central East version developed prior to the provincial equivalent Hospital Report Manager (HRM) developed by OntarioMD, the provincial standard. The Central East LHIN is working to transition all members onto HRM by 2016.*

The following hospitals went live with contributing discharge and consultation reports to HRM in early-February: Peterborough Regional Health Centre, Northumberland Hills Hospital, and Campbellford Memorial Hospital. This is a direct connection to the HRM system as they have not yet implemented the ConnectingGTA (cGTA) project. Any organizations that are early adopters to the cGTA project are awaiting testing of fixes to allow HRM data to flow through the cGTA interfaces.

A total of three (3) engagement sessions have been organized to demonstrate the system's capabilities to physicians and attendees and provide the ability to sign up for HRM as well as other provincial electronic solutions (Ontario Laboratory Information System, Diagnostic Imaging Common Viewer, ONEID access to eHealth Ontario). A Scarborough session is booked on February 18, 2015, the Northeast cluster will be invited to meet on February 25, 2015 and on March 4, 2015, the Durham physicians will be invited to the final session.

#### **Community Services / Multi-Services Sector Technology Readiness:**

*Development of a model that can provide increased support of technology and procurement to the community sector in a sustainable model.*

As part of the Central Ontario Cluster five (5) LHINs (Central, Central West, Mississauga Halton, and North Simcoe Muskoka), a survey to the sector was developed to understand and gather an inventory of the sector technology and procurement current state and needs. The survey submitted in December has closed and Deloitte has been contracted to develop a repository to house and analyze the data. This will support planning for the sector by the LHINs, identify and support readiness of the sector to utilize the provincial technology assets being made available and provide information to support improvements to the sector's delivery of care through technology. The analysis of data is underway and staff expect the summary results to be presented shortly.

#### **eHealth / Enabling Technology Integration (ETI) Annual Planning:**

Planning for 2015/16 is underway for eHealth initiatives through the Central Ontario Cluster, the initial plan was submitted to the LHIN CEOs for review and this work will be reflected in the Annual Business Plan as it relates to transformation and enabling of technology.

### **Fiscal Responsibility**

*Resource Investments in the Central East Local Health Integration Network will be fiscally responsible and prudent.*

#### **Hospital Sector**

##### **Hospital Funding and Allocations:**

The following funding and allocation transactions were completed in the months of December and January:

##### 2013/14 Q2 In-Year Provincial Programs funding –

1. Peterborough Regional Health Centre (PRHC) – One-time funding of \$713,000; and
2. Rouge Valley Health System (RVHS) - One-time funding of \$1,689,400.

##### Episode of Care Physiotherapy Clinical services

Haliburton Highlands Health Services (HHHS) received base funding of \$110,760 in support of Episode of Care Physiotherapy Clinical services.

##### Preschool Speech and Language (SPL) funding recoveries

The following Preschool Speech and Language (SPL) funding recoveries were completed as stipulated by the MOHLTC:

1. RVHS – base recovery of \$45,164 for fiscal year 2014/15 and \$66,409 for fiscal year 2015/16; and
2. The Scarborough Hospital (TSH) – base recovery of \$52,387 for fiscal year 2014/15 and \$57,747 for fiscal year 2015/16.

These recoveries are being made consistent with the decision of the Ministry of Children and Youth Services to reorganize service provision along new regional lines.

#### In-Year Reallocations

Campbellford Memorial Hospital (CMH) received, for fiscal year 2014/15, the following one-time In-Year Reallocations to support the following:

1. Senior Friendly Experience - \$32,200;
2. Senior Friendly Environmental Initiatives - \$113,500;
3. Enhancement to Security - \$45,500; and
4. Palliative Care Renovation - \$15,000.

#### Cardiovascular Rehabilitation and Secondary Prevention

RVHS received for fiscal year 2014/15 one-time funding in support of the Cardiovascular Rehabilitation and Secondary Prevention - \$1,000,000.

#### One-Time Funding FY 2014/15

The following Hospitals received one-time funding for fiscal year 2014/15 in support of the Provincial Programs – Cardiac Services:

1. RVHS - \$3,223,700; and
2. PRHC - \$326,800.

The following Hospitals received one-time funding for fiscal year 2014/15 in support of the Provincial Programs – Critical Care Nurse Training Fund:

1. PRHC - \$68,300;
2. Lakeridge Health (LH) - \$102,400;
3. Ross Memorial Hospital (RMH) - \$17,100;
4. TSH - \$136,500.

#### **Hospital Capital Issues:**

##### Rouge Valley Health System (RVHS)

RVHS recently submitted three additional Pre-Capital-HSIPs related to renovation projects for recently approved Diagnostic Imaging (DI) machines. Central East LHIN staff will be tabling these items for the Board's decision on February 25, 2015.

##### Campbellford Memorial Hospital (CMH)

CMH has submitted a pre-capital Health System Improvement Proposal (PC-HSIP) along with a Stage 1 Proposal for a hospital redevelopment project. Central East LHIN staff will be bringing this item forward to the Board for decision on February 25, 2015.

##### The Scarborough Hospital

TSH has requested that a previously submitted modified Stage 2 Functional Program for the Diagnostic Imaging Concourse be re-activated. This project was previously placed on hold during the potential merger discussions. Central East LHIN staff are currently reviewing the program, including the hospital's response for refreshed data, and further comments to the MOHLTC will be forthcoming.

### **2014-15 Hospital Service Accountability Agreement (HSAA):**

The LHINs received notice in January that the 2008-15 HSAA will continue to be in effect through a one-year extension agreement. All Central East LHIN hospitals have completed the target negotiation phase with the LHIN and, with the exception of one, have indicated their plans to be in a balanced position for fiscal 2015/16.

In order to meet Board and Audit and Finance Committee deadlines, the LHIN has allowed some flexibility in the deadlines for the Hospital Annual Planning Submissions (HAPS) with all final submissions due no later than February 15<sup>th</sup>. All hospitals confirmed their agreement with HSAA target negotiations as of January 30<sup>th</sup>. Once the submissions are in and reviewed, schedules will be generated and amending agreements sent for hospital board review and signatures.

### **Hospital Risks:**

#### Quality-Based Procedures (QBP) Funded Volumes

The 2014/15 funded volumes for medical QBPs are based on reported actual volumes from 2013/14. *Urgent / emergent* (medical) QBPs, unlike *elective* QBPs (such as hip and knee replacements), cannot be directly controlled by hospitals. Given the demographic composition and growth in the Central East LHIN, the assumption of static volumes of medical QBPs is placing a financial hardship on Central East LHIN hospitals.

For 2014/15, Central East LHIN hospitals have forecasted the volumes of patients qualifying as a QBP case to exceed funded volumes. The forecast is currently based on actual volumes achieved through October 2014 related to the following *urgent / emergent* QBPs: Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Stroke, Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD), Non-Cardiac Vascular Aortic Aneurysm (AA), Hip Fracture, Pneumonia and Neonatal Jaundice.

For the Central East LHIN, this represents \$835K in unfunded procedures across the local health system. The current forecast may not reflect the increased pressures on volumes that are usually experienced over the winter months, and therefore the forecast will continue to be closely monitored throughout the fiscal year. The forecast also includes actual volumes achieved through October 2014 related to the following *elective* QBPs: Cataracts, Unilateral Hip / Knee Replacement, Bilateral Hip / Knee Replacement, Inpatient and Outpatient Joint Replacement Rehabilitation, and Tonsillectomy. Although these QBPs are more easily managed by the providers, the wait lists for these procedures and associated risk is increasing. For the Central East LHIN, this represents \$4.3M in unfunded procedures across the local health system, which is compromising global funding, designated for other services. In total, the QBP volume risk remains at approximately \$5.1M.

The Central East LHIN Decision Support Working Group has developed a consistent reporting, monitoring and forecasting tool to profile urgent / emergent QBP volumes. The HSRF Local Partnership (LP) is also actively reviewing these results and recommending actions and / or potential reallocations to mitigate financial pressures where possible.

In 2013/14, the LP prepared a briefing note for the MOHLTC highlighting the magnitude of unfunded QBP volumes, and proposed potential solutions. The MOHLTC responded to the proposal and issue of unfunded volumes as part of the methodology review for 2014/15, and recognized additional funded volumes.

Regardless of the 2014/15 QBP reconciliation process, which allows providers to net both funded volumes not met and unfunded volumes within defined groupings, the Central East LHIN continues to experience pressures reflecting the volume risk associated with QBPs. QBP funding will be reconciled based on the QBP aggregated net envelope level and not on a QBP-by-QBP basis.

#### Wait Time Strategy (WTS) Funded Volumes

2014/15 funded volumes for WTS are defined by the MOHLTC. As part of the methodology in determining the volume allocations for the current fiscal, the MOHLTC determined that providers who did not meet performance

targets (i.e. wait time days exceeding the performance targets) should receive additional volumes. As a result, the Central East LHIN realized significant reductions in volumes relative to prior year. Providers discuss, monitor, and review both volumes and wait time performance on a monthly basis. Based on 2014/15 activity through December 2014, achievement of priority IV wait time access, performance will potentially be at risk for some procedures. The immediate risk relates to MRI, where the wait lists continue to grow due to loss of funded operating hours in the current fiscal year. The Central East LHIN performance is currently 50%, with the performance target of 50%. Performance is being mitigated by some providers exceeding the target in-year, but this is unlikely to continue.

It has also been identified that, based on the current patient wait list, providers will potentially need to subsidize volumes from their global funding to meet the wait list challenges. These challenges relate, in part, to General Surgery and MRI. It should be noted that providers have already exhausted many of the mitigations related to process improvement, data quality and capture, and constant monitoring of wait list cases. The Central East LHIN has also invested funds through in-year reallocations in order to provide additional operating hours for MRI. Provider-to-provider reallocations are also being explored.

#### **Hospital Sector Working Groups & Committees:**

##### Health System Funding Reform (HSFR) LHIN Advisory Committee (AC)

The HSFR LHIN AC meets on a monthly basis. Membership includes Senior Directors of each LHIN, with a mandate of HSFR oversight and impact analysis as it relates to local LHINs and their respective providers. The committee members provide input to the Ministry of Health and Long-Term Care (MOHLTC), as HSFR evolves over time. The committee last met on January 22, 2015.

The MOHLTC provided updates regarding the current focus with regard to the Health Based Allocation Methodology (HBAM) and the impacts of growth factors relative to some of the current Quality Based Procedures (QBPs), including those that will be introduced in 2015/16. The new QBPs planned for 2015/16 are: Prostate and Colorectal Cancer Surgery, Colposcopy, Retinal Disease, Coronary Artery Disease, Aortic Valve Replacement and Knee Arthroscopy.

There is continued focus on data quality and the MOHLTC will again be providing “Data Blitz” sessions to Health Service Providers (HSPs) and LHINs. This year the sessions will be held at each individual LHIN, to better support local and regional understanding of the impacts of data quality.

The MOHLTC continues discussions and analysis related to “bundled payment” funding, also known as integrated funding. The funding approach supports the patient centred continuum of care, as HSFR evolves. Moving forward, the MOHLTC has requested that any providers that have identified new and innovative approaches to an integrated care model be encouraged to join the discussions.

The QBP Working Group has made recommendations regarding QBPs and both the MOHLTC and LHINs will provide further documentation, including a planning guide, over the coming weeks.

##### Wait Time Strategy Working Group (WTSWG)

The WTSWG last met on January 22, 2015, and members continued to focus on data quality and source databases. Members had previously requested the most recent WTS definitions, and are now focusing significant attention on coded data quality and capture. This is particularly important as we move closer to the fiscal year end.

The next meeting will focus on 2015/16 WTS and volume methodology. Recommendations will be brought forward to the Hospital/CCAC Financial Leadership Group (HCFLG) in the coming months.

Hospital-Community Care Access Centre Financial Leadership Group (HCFLG)

The HCFLG last met on January 16, 2015. At this meeting, members agreed to continue focus on the existing Terms of Reference (TOR) which have now been reviewed and accepted by all members. There will be continuous efforts made to reduce duplication of decision making while supporting other Central East LHIN working groups.

It was noted that the QBP funded volume allocations may present a risk to both the providers and to the Central East LHIN as a whole. Mitigation strategies will be defined and implemented over the coming weeks.

The HCFLG Chair will be presenting an update to the Central East Executive Council (CEEC) at their next meeting in February. The presentation will outline the 2014/15 accomplishments relative to the defined work plan. Overall objectives were achieved, and the members will now begin to develop the work plan for 2015/16. Volume Planning and Volume Management will remain a priority as part of the 2015/16 planning cycle.

Diagnostic Imaging Working Group (DIWG)

The DI Working Group last met on January 16, 2015, and members of the group discussed the increasing wait lists for MRI procedures. Some facilities are now using operating hours beyond their funded volumes in order to improve wait time performance. It was noted that many LHINs are experiencing similar challenges in meeting the percent priority IV performance target.

Members were advised that the Central East LHIN has also invested funding in order to provide additional operating hours for MRI.

The DI Software solution which streamlines operational processes from family physician referral, patient procedure scheduling to radiologist reporting continues to move forward. Radiologists will be engaged in this process over the coming weeks.

Other discussions included a review of the MRI / CT Efficiency reports, as well as the Delays Affecting Readiness to Treat (DART) tracking. Both reports indicate that the facilities in the Central East LHIN are performing well. Data quality issues continue to be addressed as they are made available through the review process.

**Hospital Sector Initiatives:**

Wait Time Strategy (WTS) Expansion

Many providers continue to be challenged to address the additional data elements which need to be captured as defined by this expansion. The final deadline for implementation is 2015/16 Q3, and providers will continue to work with the Central East LHIN to determine viable solutions that will address the challenges.

**Community Sector:** Community Support Services (CSS), Community Health Centre (CHC), and Community Mental Health & Addictions (CMHA)

**Community Sector Funding and Allocations:**

FourCAST Addictions Services Team Inc. (FCASTI) received \$30,000 of pro-rated base funding in support of a Housing Coordinator through Community Investments. This funding will annualize to \$90,000 in fiscal year 2015/16.

Canadian Mental Health Association – Haliburton, Kawartha Pine Ridge (CMHA-HKPR) received \$25,050 of pro-rated base funding in support of the Telemedicine expansion through Community Investments. This funding will annualize to \$100,200 in fiscal year 2015/16.

Alzheimer Society of Durham Region (ASDR) received \$87,661 of base funding in support of the First Link Program for fiscal year 2015/16 through Community Investments.

Community Care City of Kawartha Lakes (CCCKL) received additional base funding of \$2,000 for fiscal year 2015/16 and an additional \$3,000 of base funding for fiscal year 2017/18 through Community Investments for the Lindsay Adult Day Program.

CMHA-HKPR received one time funding of \$75,000 in support of the 2014/15 Housing Infrastructure Coordinator position.

The following HSPs received 2014/15 and 2015/16 Assisted Living Service (ALS) for High-Risk Seniors base funding through Community Investments:

1. Carefirst Seniors Community Services Association (CSCSA) – Pro-rated base funding of \$79,525 for 2014/15 and annualized base funding of \$303,100 for 2015/16;
2. HHHS – Pro-rated base funding of \$72,985 for 2014/15 and annualized base funding of \$148,337 for 2015/16; and,
3. Victorian Order of Nurses for Canada (VONCO) – Pro-rated base funding of \$74,165,013 for 2014/15 and \$364,927 for 2015/16.

The CECCAC received one-time funding of \$323,438 in support of the Centralized Intake Services for fiscal year 2014/15.

Hospice Peterborough (HP) received one-time 2014/15 In-Year Reallocation funding in support of: Operating and Staffing Expenses - \$17,080 and funding to support HP's Start Up Costs - \$99,342.

Durham Hospice (DH) received one-time 2014/15 In-Year Reallocation funding in support of the Expansion of Children's Grief Support Program - \$12,822.

**Multi-Sector Service Accountability Agreement (2014-17 MSAA):**

The 2015/16 MSAA refresh is underway. Community agencies submitted their Community Annual Planning Submissions (CAPs) in early-January and staff are in the process of reviewing these submissions, with a particular emphasis on agencies that fall into one of the following categories:

- Integration activity has taken place;
- Funding letters were issued with the performance requirement to review volumes for the 2015/16 year;
- Performance for 2014/15 is below the performance standard for multiple years and warrants further investigation;
- Funding has been changed;
- HSPs receiving funds for the Personal Support Services (PSS) Hourly increase;
- The HSP presents a case for renegotiation;
- Larger or multi-service HSPs; and,
- Analysis demonstrates that HSPs have had a chronic issue with meeting performance targets historically and in comparison with peers. Agencies identifying issues, risks or opportunities for integration in the Service Plan Narrative.

New performance indicators and targets affecting primarily the CHC sector have been sent out to the sector for review and discussion. A sector-wide teleconference was scheduled for early-February.

**Performance and Risks:**

Central East Community Care Access Centre (CECCAC)

The CECCAC anticipates a balanced position at March 31, 2015, for the Base portion of its budget. This includes an expected in-year recovery of \$2.9M by the Central East LHIN.

The CECCAC continues to work with the Central East LHIN and hospital partners to mitigate hospital surge pressures during the peak flu season. Strategies include the increase of maximum weekly personal support hours to 70 hours per week to serve patients who would otherwise remain in hospital and the implementation (for a period of eight days) of Category 1 status to facilitate the placement of hospital ALC-LTC patients.

A tremendous amount of assessments/re-assessments and associated work to facilitate transfers of patients from hospital to home and long-term care has been done over the past month.

Aside from the surge issues, the CECCAC continues to experience growth in high needs complex and chronic patients. One impact of this pressure is the need to have a personal support waitlist, which currently has more than 1,700 patients waiting. Going forward, another impact will be the issue of sustainability and the Community Care Access Centres (CCACs) ability to meet the required service needs in 2015/16 should the growth in high needs patients continue at the current rate.

There may be additional surplus at year-end due to the Ontario Nurses' Association strike currently in progress.

Home Care and Placement update –

Report	Analysis
Demand on Home Care Statistics	<ul style="list-style-type: none"> <li>The number of newly active patients receiving PSS in December (1,222) surpassed the average in the 6 months (1,216; December 2013 to May 2014) prior to cost containment strategies were implemented to only serve the highest needs patients. This further confirms that the acuity of patients is worsening. This includes patients with PSS added during the first 8 days of the hospital surge period.</li> <li>The increase in patients on the personal support waitlist was minimal in December at 7 patients.</li> </ul>
Long-Term Care Placement Statistics	<ul style="list-style-type: none"> <li>Category 1 status at Central East hospitals was not a significant impact to volume of Crisis placements for the month of December.</li> </ul>
All other CECCAC LHIN Reports	<ul style="list-style-type: none"> <li>No new trends or anomalies to be reported at this time.</li> </ul>

**CHC/CSS/CMHA:**

As part of the MSAA negotiations, an engagement session relating to MSAA targets will be held with the CHCs in February.

**Long-Term Care Sector**

**Long-Term Care Funding and Allocations:**

Funding for the relocated placements of Fairview Lodge (FL) residents is flowing through the MOHLTC to the individual locations based on the Temporary Emergency Licences that were issued to each organization. Since residents were transferred away from Revera-Cedarcroft Place and RMH prior to the expiry date of the Temporary Licences, these two organizations will be paid for the actual number of days based on a report provided by the CECCAC. Reconciliation will be handled between the Region of Durham and the MOHLTC.

The MOHLTC designated the communication of Case Mix Index (CMI) results for 2015/16 Nursing and Personal Care Funding for LTCHs to the Central East LHIN. On January 30, 2015, an email was sent to each individual LTCH with its CMI data. The change in approach is consistent with how LHINs share funding-related information with Hospitals and CCACs, and recognizes the LHINs' role in funding LTC Homes under the *Local Health System Integration Act* (LHSIA). The Central East LHIN staff is now the first point of contact for LTC Homes for CMI results.

**Long-Term Care Home (LTCH) Service Accountability Agreement (LSAA) 2013-16:**

2013-16 LSAs were issued and executed to the Region of Durham for LH both Oshawa and Whitby sites, RVHS, both Ajax and Centenary sites, Ontario Shores and the Village of Taunton Mills; Revera Retirement Genpar Inc. for Cedarcroft Place (a retirement home) as well as RMH. These LSAs will be updated as required until FL residents return to the redeveloped home.

The 2015-16 LSAA Schedule D – Performance Indicators has been updated and will accompany the Amendment letter to all LTCHs in February.

**Long-Term Care Sector Performance and Risks:**

The Ministry B, C and D redevelopment process continues to progress, with the establishment of the core committees and Project Management Office. Two staff representatives from the Central East LHIN have been successfully appointed one on the Scheduling Process Working Group and the other on the Policies Working Group. The committees also include representation from the two LTCH associations, non-profit homes and corporate homes as well as Ministry staff.

The Scheduling Process Working Group were to meet in February and discuss a survey which is designed to establish an understanding of the readiness at the home and corporate level to redevelop, their preliminary plans, and the anticipated barriers. In late-February and early-March, the Ministry will co-host engagement sessions with the LHINs to further discuss the process with LTCH and their LHIN partners on a local basis.

**Cross Sector**

**Self-Reporting Initiative (SRI):**

As of January 1, 2015, the templates for the Q3 Quarterly reports were available to HSPs. The Q3 Quarterly reports were due in SRI on February 6, 2015. The Central East LHIN staff will be assisting the HSPs with any questions regarding the reports and SRI.

**Ministry-LHIN Performance Agreement Performance Indicators:**

The MLPA defines the obligations and responsibilities of both the LHIN and the Ministry over a specified period of time. At Central East LHIN, a summarized report is completed collaboratively by representatives of all LHIN staff and is distributed to stakeholders both internally and externally. The commentary is summarized below for the November 2014 MLPA.

Central East LHIN met all but one of the Surgical/Diagnostic Imaging targets in November 2014. Percent of Priority IV Cases Completed within Access Target (28 days) for Diagnostic MRI Scan ranked 3<sup>rd</sup> across all LHINs but did not meet our target of 50%. It should be noted that the Central East LHIN performance regarding Percent Priority IV Access Target (182 days) compared with all LHINs across the province, ranked 1/14 LHINs for both Hip and Knee Replacement.

Central East LHIN did not meet its MLPA target for 90<sup>th</sup> Percentile ER Length of Stay for Admitted patients. This can be attributed to one hospital that has had four (4) months of poor performance. Discussions continue with the organization.

A number of our indicators are 'lag' indicators which are reported quarterly. These indicators include Percentage ALC days, Repeat Unplanned ER visits for Mental Health conditions, Repeat Unplanned ER visits for Substance Abuse Conditions, 90<sup>th</sup> Percentile Wait Time for CCAC In-Home Services-Applications from Community Setting to First CCAC Service and Readmission within 30 days for Selected CMGs. The update for these indicators can be found in the January 2015 CEO report. More recent information will be available in March 2015.

CENTRAL EAST LHIN											
MLPA PERFORMANCE INDICATOR DASHBOARD											
Performance effective as of:											
November 2014											
	Performance Indicator (PI)	Indicator Type	Provincial Target	LHIN Starting Point or Baseline 13/14	LHIN Fiscal Year 2014/15 Target	Actual LHIN Performance	Current Status	Trend 1	LHIN Ranking 3	Data Source 2	Reporting Period
1	Percent of Priority IV Cases Completed Within Access Target (84 days) for Cancer Surgery 7	Access	90%	96%	90%	97%	●	↔	5	WTIS	November 2014
2	Percent of Priority IV Cases Completed Within Access Target (182 days) for Cataract Surgery 7	Access	90%	99%	90%	98%	●	↓	2	WTIS	November 2014
3	Percent of Priority IV Cases Completed Within Access Target (182 days) for Hip Replacement Surgery 7	Access	90%	96%	90%	98%	●	↔	1	WTIS	November 2014
4	Percent of Priority IV Cases Completed Within Access Target (182 days) for Knee Replacement Surgery 7	Access	90%	96%	90%	96%	●	↔	1	WTIS	November 2014
5	Percent of Priority IV Cases Completed Within Access Target (28 days) for Diagnostic MRI Scan 7	Access	90%	47%	50%	49%	●	↓	3	WTIS	November 2014
6	Percent of Priority IV Cases Completed Within Access Target (28 days) for Diagnostic CT Scan 7	Access	90%	91%	90%	94%	●	↓	3	WTIS	November 2014
7	Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution 4	Integration	9.46%	13.48%	12.8%	14.7%	●	↓	9	DAD	2014/15 Q1
8	90th Percentile ER Length of Stay for Admitted Patients	Access	25 hours	33.72	30.0	33.1	●	↑	10	ERNI	November 2014
9	90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Access	7 hours	6.45	6.45	5.93	●	↓	2	ERNI	November 2014
10	90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Access	4 hours	4.13	4.00	3.83	●	↓	5	ERNI	November 2014
11	Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions 5	Access	TBD	18.6%	17.0%	18.7%	●	↓	10	NACRS	2014/15 Q1
12	Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions 5	Access	TBD	24.3%	22.5%	23.5%	●	↑	6	NACRS	2014/15 Q1
13	90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management) 6, 4	Access	TBD	29	29	22	●	↓	5	HCD	2014/15 Q1
14	Readmission within 30 Days for Selected CMGs 5	Efficiency (Quality)	TBD	16.2%	14.8%	14.93%	●	↓	4	DAD	2013/14 Q4

**NOTES:**

- Trend analysis comparison to prior reporting period and/or established baseline (where applicable) of current reporting period
- Data Sources:  
WTIS = Wait Time Information System. Percent of priority IV cases completed within access target from Cancer Care Ontario (CCO) iPort application. MRI and CT waitlists are submitted by hospitals via Central East LHIN's Wait Time Strategy Working Group's monthly survey.
- ALC = Alternate Level of Care; CIHI Inpatient Discharge Abstract Database (DAD), HAB, Intellihealth
- ERNI = National Ambulatory Care Administrative Database (NACRS, CIHI) via Ontario's ER NACRS Initiative (ERNI-Level 1)
- NACRS = National Ambulatory Care Reporting System (NACRS)
- HCD = Home Care Database (HCD), OACCAC, Health Data Branch SAS EG Server
- LHIN Ranking (1 = shortest, 14 = longest) indicates how the LHIN's current value compares against all other LHINs in the province.
- 2014/15 Q1 data - Trend analysis comparison to prior reporting period
- 2014/15 Q1 data - Most recent available data
- No established Target; monitoring indicator only
- Actual LHIN Performance value is fiscal year-to-date, not monthly

## Community Engagement

Community Engagement is the foundation of all activity at the Central East LHIN. Being more responsive to local needs and opportunities requires ongoing dialogue and planning with those who use and deliver health services. Engagement with a wide range of stakeholders can be conducted at various levels including informing and educating; gathering input; consulting; involving and empowering.

### Calendar of Events

To assist us in tracking our Community Engagement activities, an ongoing Calendar of Events is kept up to date and shared weekly with staff. It documents all engagement activities with a wide range of stakeholders. Many of these events are also posted on the Central East LHIN website: [www.centraleastlinh.on.ca/showcalender.aspx](http://www.centraleastlinh.on.ca/showcalender.aspx). Below are listings of recent activities that involved Central East LHIN staff:

In conjunction with The Change Foundation, the Central East LHIN hosted a Patient Engagement workshop on January 20<sup>th</sup> at the Ajax Convention Centre. Over 140 were in attendance, including health service providers, patients and caregivers and LHIN staff who enjoyed an informative day, sharing ideas and innovations around patient engagement in the Central East LHIN. The event entitled “Working Better Together”, was focused on Health Links but the learning’s were important for all participants. The conference featured a keynote presentation by Carolyn Canfield, recipient of the Canadian Safety Champion Award for 2014, and provided an opportunity for Health Link groups to develop action plans for engaging patients in Health Links work.

In the coming weeks, there will be a series of announcements at various locations in the Central East LHIN as together with our health service providers and our local MPPs we formally announce the Community Investment allocations. Dates to be confirmed soon.

#### Engagement Tables and Communication Support

As noted previously in this report, Central East LHIN staff continue to engage with stakeholders on a regular basis to manage the local health care system. For more information on these engagement tables see <http://www.centraleasthin.on.ca/getinvolved.aspx?ekmensele2f22c9>.

#### Media Relations/Tell a Story

Engaging with our media partners includes the development and distribution of news stories either through Central East LHIN news releases or repurposing information shared by our health service providers or the Ministry of Health. The goal is to share information that supports the LHIN’s Strategic Aims. See [http://www.centraleasthin.on.ca/pressrelease.aspx?ekmensele2f22c9a\\_72\\_190\\_btnlink\\_20](http://www.centraleasthin.on.ca/pressrelease.aspx?ekmensele2f22c9a_72_190_btnlink_20).

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#### Social Media

Communications staff are continuing to use Twitter to generate awareness of LHIN initiatives and opportunities with our followers and those who “retweet” our “tweets.” Twitter is an excellent vehicle for sharing immediate news with a large diverse audience on health alerts, special events, interesting news, engagement opportunities etc.

Tweets can be seen by following the Central East LHIN twitter account – see [@CentralEastLHIN](http://www.twitter.com).

## Operations

### **Finance:**

The Audit and Finance Committee met on January 14, 2015, and reviewed quarterly reports including the Q3 Ministry-LHIN Consolidated reports and Governance expenses. The Audit and Finance Committee reviewed the Audit Service Plan for Fiscal Year 2014/15, as presented by the appointed Auditors Deloitte, Lead Auditor, Steve Stewart. Deloitte’s audit approach adheres to Generally Accepted Auditing Standards (GAAS) and, accordingly, is risk-based and tailored to address the significant risks to financial reporting. Their approach involves the consideration of key elements such as: Scope, Materiality, Risk Assessment and Internal Controls. Deloitte will provide an Independent Auditor’s Report on our Financial Statements and communicate their audit findings to the Audit and Finance Committee in May 2015 to assist the Committee in fulfilling its responsibilities, as required by applicable auditing standards.

**Administration:**

The Information, Privacy and Archives Division of the Ministry of Government and Consumer Services (MGCS) reviewed the nine (9) LHIN-Specific Operational Record Series and presented recommendations for revision and resubmission.

The Archives & Recordkeeping Act Provincial Working Group (ARAPWG) resubmitted the revised series on January 8<sup>th</sup> for approval. A total of three (3) LHIN database record series have also been submitted to the MOHLTC for a preliminary review.

The first Records Management (RM) training session has been scheduled for the LHIN Controllers. This sessions will highlight the work of the ARAPWG, provide insight on RM policies and showcase the RM Program Toolkit that can be used in implementing a Records Retention Schedule. Central East LHIN continues its training and knowledge transfer of the RM Program with the Mississauga Halton LHIN.

The Performance Management Program (PMP) for 2014/15 is in full swing for Central East LHIN employees and will wrap up by March 31, 2015. This process includes performance evaluation forms that aim to measure performance throughout the year against the key accountabilities related to each position as well as core competencies for the organization. Our Human Resources team has been focused on defining and developing Individual Development Plans for each employee to promote growth and employee satisfaction throughout the organization.

**Staffing Announcements:**

Adam Erwood, Planner with the System Design & Implementation Team has accepted another position and will be leaving the Central East LHIN on February 27, 2015. Since joining the Central East LHIN in August 2013, Adam has been an invaluable asset to the organization with his technical and strategic planning skills. We wish Adam continued success as he moves on with his career at the Markham Stouffville Hospital in the position of Manager, Quality Improvement & Innovation. Congratulations Adam!

Monika Smith will be joining the Central East LHIN team to work on the Hospital Report Manager (HRM) project for the eHealth Program at the LHIN. This project involves coordinating the implementation of HRM in all nine hospitals and the transition from the Timely Discharge Information System (TDIS) to HRM as well as initiating uptake and usage of HRM with physicians in the LHIN. Ms. Smith will begin at the Central East on January 19<sup>th</sup>.

The System Design & Implementation team welcomes Ms. Lisa Gotell, who is completing a curricular-based student placement at the Central East LHIN during this semester. Lisa is currently enrolled at Ryerson University in the Health Information Management Program. While at the LHIN, Ms. Gotell's work will be focused on a project related to the CECCAC and Health Links.

**Other Announcements**

**Labour Disruption Affecting Nine Community Care Access Centres:**

Ontario's Community Care Access Centres want to ensure that their patients, caregivers, health care partners and the general public have the information they need about the impact of the strike by employees represented by the Ontario Nurses' Association.

On January 30, 2015, employees represented by the Ontario Nurses' Association (ONA), working in nine CCACs went on strike. The nine CCACs affected by ONA's strike action include: Central, Central East, Erie St. Clair, North East, North Simcoe Muskoka, North West, South East, South West and Waterloo Wellington.

Contingency plans have been implemented in all impacted CCACs to support the ongoing provision of priority services to patients during this labour disruption.

CCAC employees not represented by ONA, at the impacted CCACs, are working during the labour disruption to support the ongoing provision of priority services to patients. Regulated health professionals continue to oversee patient care and all possible resources have been mobilized to ensure the ongoing provision of priority services to patients.

As always, all CCACs are working closely with their health care partners – physicians, hospitals, our contracted nursing and other provider agencies – to best support the continuity of care for patients with minimal disruption.

**Dr. Dhun Noria of The Scarborough Hospital Receives Order of Ontario:**

Dr. Noria, Chief of Laboratory Medicine and Medical Director of Laboratories at The Scarborough Hospital, was presented with the Order of Ontario for her unwavering commitment to excellence in health care. Congratulations to Dr. Noria on this prestigious accomplishment!

Respectfully Submitted,

**ORIGINAL SIGNED BY**

Deborah Hammons  
Chief Executive Officer  
Central East Local Health Integration Network