

**Central East Local Health Integration Network  
CEO Report to the Board  
February 22, 2017**

## Table of Contents

<b>Health Service and System Integration .....</b>	<b>2</b>
<b>Transformational Leadership .....</b>	<b>4</b>
<b>Quality and Safety .....</b>	<b>4</b>
<b>IHSP Strategic Aims .....</b>	<b>5</b>
<b>Seniors .....</b>	<b>5</b>
<b>Vascular .....</b>	<b>7</b>
<b>Mental Health and Addictions .....</b>	<b>10</b>
<b>Palliative Care .....</b>	<b>11</b>
<b>Indigenous Services .....</b>	<b>13</b>
<b>French Language Services .....</b>	<b>13</b>
<b>Improving Access to Primary Care .....</b>	<b>14</b>
<b>Transitions in Care &amp; Electronic Health Information Management .....</b>	<b>15</b>
<b>Fiscal Responsibility .....</b>	<b>16</b>
<b>Hospital Sector .....</b>	<b>16</b>
<b>Community Sector: Community Support Services (CSS), Community Health Centre (CHC), and     Community Mental Health &amp; Addictions (CMHA) .....</b>	<b>20</b>
<b>Long-Term Care Sector Updates .....</b>	<b>22</b>
<b>Multi-Sector Updates .....</b>	<b>23</b>
<b>Community Engagement .....</b>	<b>26</b>
<b>Operations .....</b>	<b>27</b>

*The following is a compilation of some of the major activities/events undertaken in February in support of the Central East LHIN's Strategic Directions:*

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

**Quality and Safety:** *The Central East LHIN Board defines health care as being person-centred, safe and of high quality.*

**Health Service and System Integration:** *The Central East LHIN Board will work with all partners to integrate the health care delivery system to better meet the current and future needs of patients, caregivers and communities.*

**Fiscal Responsibility:** *Resource investments made by the Central East LHIN board will put people and patients first.*



## Central East Local Health Integration Network CEO Report to the Board February 22, 2017

*The Central East LHIN is working towards achievement of the Strategic Aims of the 2016-2019 Integrated Health Service Plan:*

- 1. Continue to support frail older adults to live healthier at home by spending 20,000 fewer days in hospital and reducing Alternate Level of Care days for people age 75+ by 20% by 2019.*
- 2. Continue to improve the vascular health of people to live healthier at home by spending 6,000 fewer days in hospital and reducing hospital readmissions for vascular conditions by 11% by 2019.*
- 3. Continue to support people to achieve an optimal level of mental health and live healthier at home by spending 15,000 fewer days in hospital and reducing repeat unscheduled emergency department visits for reasons of mental health or addictions by 13% by 2019.*
- 4. Continue to support palliative patients to die at home by choice and spend 15,000 fewer days in hospital by increasing the number of people discharged home with support by 17% by 2019.*

### Health Service and System Integration

*The Central East LHIN Board defines health care as being person-centred, safe and of high quality.*

#### Surge Update:

The Central East LHIN initiated a 2016/17 Holiday Surge response to monitor the anticipated effect of the Influenza (flu) season on the health system over the winter months. Staff have been hosting regular and ad hoc meetings to support health system partners manage the flow of patients across the continuum of care. Representatives from the CECCAC, Community Health Centres, Public Health, hospitals, Emergency Medical Services, and the Central East LHIN Physician Leads participate in roundtable discussions to assess capacity in the system. This integrated system response is an integral process that has successfully supported LHIN health system partners to manage extraordinary volumes and acuity throughout January 2017.

In collaboration with the Ontario Hospital Association, the Ministry of Health and Long-Term Care (the "Ministry") is requesting that hospitals complete a daily survey until the end of March to further inform local coordination efforts. This standardized data set will support planning and decision-making to manage surge pressures over the course of the flu season. In consideration of the Ministry's daily survey, the Central East LHIN has discontinued its weekly Google surge survey that was implemented among local hospitals in November 2016. The Central East LHIN will continue to collaborate with the Holiday Surge table until system pressures have resolved.

#### Health Links:

##### Coordinated Care Planning

The Central East Health Links continue to progress and are actively completing Coordinated Care Plans (CCP) to support patients in the Central East LHIN with complex care needs. In Q3 of the 2016/17 funding year, Central East Health Link network organizations initiated 729 CCPs. This is an improvement over Q2, in which 657 CCPs were initiated by Central East Health Link network organizations. The following provides the number of CCPs initiated in each Central East Health Link in Q3 of the 2016/17 funding year:

- Scarborough North Health Link: 140;

- Scarborough South Health Link: 332;
- Durham West Health Link: 35;
- Durham North East Health Link: 67;
- Northumberland County Health Link: 79;
- Haliburton County and City of Kawartha Lakes Health Link: 57; and
- Peterborough City and County Health Link: 19.

The Scarborough North and Scarborough South Health Links have successfully exceeded their combined target of 1,000 new basic CCPs for the 2016/17 funding year. In total, the Scarborough North and Scarborough South Health Links have together developed 1,216 CCPs for the current funding year.

The Durham West Health Link, our newest Health Link, has doubled the number of CCPs developed in Q3 over Q2 of the 2016/17 funding year, and are now reporting data to the Ministry of Health and Long-Term Care via Health Quality Ontario's QI-RAP platform.

### IDEAS (Improving & Driving Excellence Across Sectors) Program

The Central East Health Links currently have two teams participating in the Improving and Driving Excellence Across Sectors (IDEAS) program offered through Health Quality Ontario. The first team consists of cross-regional representation from the Peterborough City and County, Durham North East and Durham West Health Links and includes membership from the Health Links Project Management Office, the Central East LHIN, Durham Mental Health Services and the Canadian Mental Health Association. The Team is examining the applicability of the CCP when coordinating care for patients with mental health and addictions issues and aims to demonstrate the value of Health Link coordinated care planning processes. In response to feedback generated from focus groups held throughout the Central East Health Links, the team is creating a training module which was scheduled to be tested in January 2017 to assist those coordinating care for patients with mental health and addictions in utilizing the Health Links philosophy to care coordination as well as the CCP.

The second team consists of representatives from the Health Links Project Management Office, Northumberland Hills Hospital and the Northumberland Family Health Team. The Team is focusing on improving access to primary care, transitions from hospital to primary care and flagging patients who have a CCP. The team is developing processes to:

- Identify patients belonging to the Northumberland Family Health Team who are being discharged from acute care;
- Notify the right providers of the discharge; and
- Coordinate appropriate sharing of information, including the development of CCPs. It is expected that through this initiative, patients with complex care needs will gain meaningful and timely post-discharge appointments with primary care providers and improved transitions from hospital to home.

### Central East Health Links Learning Modules

The Central East Health Links network organizations have identified the need for virtual training to support the spread and scale of coordinated care planning processes within their organizations. The Health Links Project Management Office has also recognized the need to develop virtual training to reinforce a standard approach to coordinated care planning across the Central East LHIN. Work is currently underway to develop virtual training learning modules for Health Link network organizations. The virtual training will act as a supplement to other education and training offered

by the Health Links Project Management Office. The virtual training will be designed in a sequential order and will cover the following topics:

- Health Links background and the Central East Health Links;
- The Central East Health Links Coordinated Care Planning Framework;
- Identifying patients;
- Engaging patients;
- Collecting consent;
- The Coordinated Care Plan and User Guide;
- Developing patient goals;
- Coordinated care conferences; and
- Collaborating and communicating as a Care Team.

It is anticipated that the learning modules will be available in April 2017.

## Transformational Leadership

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

### Housing and Homelessness Framework:

Central East LHIN staff attended the second of two information sessions, titled “Request for Proposals: Maintaining Successful Tenancies” on January 27 in Toronto. The intent of this event was to announce a housing initiative from the City of Toronto inviting innovative proposals that will provide housing and housing supports to vulnerable people across Toronto who are either homeless or precariously housed. The proposal was developed in partnership with the GTA LHINs. Although there are no funds available to the LHINs at this time, there is a willingness to work with our municipal partners in aligning our work as much as possible. Health Service Providers (HSP) and Cross-Sectoral partners were informed that the LHINs would review the proposals supported by the City of Toronto with the intent of potentially funding support services with available resources, or through other partnership opportunities.

The Central East LHIN and Municipal Service Manager Steering Committee met on February 2<sup>nd</sup>. Again, the intent of these meetings is to align our work so that we might integrate our planning, implementation and evaluation of housing resources for homeless and/or precariously housed individuals and families throughout the Central East LHIN areas, and particularly in the LHIN sub-regions. This planning has become somewhat more focused as we have learned more about the supportive housing needs of those who have been declared Alternate Level of Care (ALC) in Central East LHIN hospitals. It is hoped that by working with our cross-sectoral partners, the Central East LHIN will be able to reduce the numbers of those declared ALC by more adequately addressing their housing needs.

## Quality and Safety

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### Central East LHIN Regional Thoracic Program:

The Central East Thoracic Clinic & Diagnostic Assessment Program (DAP) is a regional program providing access to thoracic care at three well-established clinics at partner sites throughout the Central East LHIN: Durham Regional

Cancer Centre, Peterborough Regional Health Centre and the Scarborough and Rouge Hospital, Centenary site. Thoracic surgical care is provided at the Level 1 Thoracic Centre at Lakeridge Health.

Since the beginning of this fiscal year, approximately 800 patients have been seen in consultation across the three sites. In all DAPs, a key indicator focusing on timely access and wait times is closely monitored. In September 2015, the Central East Regional Thoracic DAP Collaborative Working Group was established, bringing together interdepartmental and multidisciplinary representatives from the three regional clinic sites to engage in strategies to improve access and wait times. The key indicator measures the date a patient is referred to the DAP to the date of diagnosis (or rule out) of cancer. This indicator captures multiple intervals of care: consultation, investigations and pathology/imaging reporting, and thus requires collaboration among many teams and departments. Success can be noted in several areas, including a notable improvement in access to Computed Tomography (CT) guided lung biopsies.

The creation of a Central East Regional Thoracic SharePoint site has been an extremely valuable and interactive initiative of the working group. The site is hosted on a secure portal where members of the group can access the information, allowing for real-time sharing of data among the partners resulting in timely responses to any changes in access to the intervals of care being monitored.

It is noted that a high number of patients living in the Scarborough and West Durham communities receive thoracic care outside of the Central East LHIN. In February 2017, through a partnership with the thoracic team at the Michael Garron Hospital, the Central East Thoracic program will be introducing a collaborative initiative to increase awareness of thoracic services close to home and will facilitate this access through a shared centralized referral process. Updates will soon be available on the thoracic pages of each hospital's website.

### **Long-Term Care (LTC) Capacity Planning in the Greater Toronto Area (GTA):**

The Central East and Toronto Central LHINs are finalizing work to develop a Long-Term Care (LTC) Capacity Plan to assess and recommend the types of services necessary to appropriately serve LTC residents in the Greater Toronto Area (GTA), including Scarborough, today and in the future. The established Advisory Committee met in November 2016 to review a draft Final Report, which was scheduled for completion in January 2017.

## **IHSP Strategic Aims**

### **Seniors**

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

##### Data Highlights

Highlights from December 2016 metrics include the following:

- Percent of residents exhibiting responsive behaviours shows a slight increase from 44% in Q2 to 46% in Q3. This is likely due to ongoing education to clarify operational definitions;
- Percent of clients with behaviours admitted to Long-Term Care Homes (LTCH) is showing an increase to 63% in Q3 from 58% in the previous four quarters. This increase may be attributed to both the increase of the population requiring LTC placement and recent CCAC Behavioural Assessment training conducted in Q2 and Q3; and
- LTCH waitlisted applications for Out of Region Behavioural Support Units (BSU) remains consistent with previous quarters, with 42 Central East LHIN patients requiring placement in a BSU.

## Capacity Planning Activities

Central East LHIN BSO is working with the Senior Friendly Hospital Working Group to complete an environmental scan to evaluate against new Health Quality Ontario Quality Standards for Dementia Patient Care for Symptoms of Agitation and Aggression. This scan will be used as a basis to launch Quality Improvement initiatives to spread BSO philosophy of care in acute and tertiary care.

A full education plan and schedule has been developed for Q4 and includes Physical, Intellectual, Emotional, Capabilities, Environment, Social and Cultural (P.I.E.C.E.S.), Gentle Persuasive Approaches (GPA), Dementiability - The Montessori Way, and Validation Communication Techniques. Two full-day Community of Practice events will be held in the spring, focusing on the topics of responsive behaviour documentation and how to best understand and support sexually expressive behaviours. These topics were selected in response to stakeholder-identified training needs. A Leadership Summit for LTCH corporate and leadership teams is also being planned for March 2017 to present the Central East LHIN BSO model, current initiatives, and to elicit input for future planning.

## **Dementia Strategy:**

The Ministry of Health and Long-Term Care (MOHLTC) is in the process of developing a Dementia Strategy for Ontario. A MOHLTC team has recently completed its public consultation process and is beginning to examine potential programs and services to meet the needs of Ontarians living with dementia, as well as their care partners. To support this work, the MOHLTC has asked LHINs to complete a survey indicating what is working, where gaps exist, and where there is capacity within the system. In collaboration with the Seniors Care Network and Adult Day Program (ADP) providers in the Central East LHIN, staff collated responses to the MOHLTC survey, identifying the current state of ADP services in the Central East LHIN as well as best practice that support people living with dementia and informal caregivers that could be scaled to other LHINs. The completion of this survey will assist the MOHLTC with the preparation of a Dementia Strategy that moves Ontario towards a seamless provision of care across the continuum.

## **Geriatric Emergency Management (GEM):**

In Q3 2016/17, GEMs saw a total of 1,153 patients during the reporting period (initial and follow-up), of which 85.6% were new patients. The greatest volumes of patients were seen in November of Q3 (n=408). The majority of patients were seen face-to-face in the Emergency Department (ED) (n=806) and the majority of patients were referred to the Central East Community Care Access Centre (CECCAC) (n=553), an equivalent of 50.7% of all new referrals.

## **Nurse Practitioner in the Long-Term Care Home:**

As per the *Attending Nurse Practitioners in Long-Term Care Homes Initiative Funding Policy*, a Project Report is required on an annual basis from the participating LTCHs. The Project Reports, completed by The Wexford and Altamont Community Care, include a summary of key achievements and activities related to the Attending NP role and the impact of the Attending NP in a number of key areas. These reports highlight the significance of the Attending NP role in the provision of comprehensive care, the creation of an organizational environment that supports the safety and quality of resident care, and the reduction of inappropriate transfers and admissions to the ED.

## **Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT):**

### NPSTAT 2016/17 Work Plan Highlights

NPSTAT remains fully staffed servicing all 68 Central East Long-Term Care Home partners and has met 2/3 of its initiatives for the 2016 work plan, with significant highlights including the following:

- Design of academic poster presented at 2016 Ontario Long-Term Care Clinician's Conference;
- Creation of policy, procedure, and clinical practice database for LTC;
- Enrollment of all NPs in College of Nurses-approved controlled substances prescribing courses;
- Alignment of NPs with local LHIN sub-region hospitals to facilitate system needs (i.e., emergency department surge);
- Automatic report design for LTC quality improvement plans; and
- Activation of electronic resources, including CHRIS operations, Meditech access, and eHealth portal functions (OTN eConsult, cGTA, DI Repository).

Ongoing priorities include the development of the Home First Common Client alert to support real time identification of LTC transfers and expansion to weekend and evening coverage. NPSTAT expects to meet all work plan goals by March 2017.

### ED Aversion Results

ED system impacts reflect the NPSTAT intervention model. Health Analytics Branch data shows that in Q2 2016, its most recent reporting period, the Central East LHIN was below the provincial average for ED transfers for the first time since recording began at 7.0% versus 7.3%.

### **Vascular**

#### **Centre for Complex Diabetes Care (CCDC):**

In December 2016, there were a total of 47 referrals assessed by Centralized Diabetes Intake (CDI) and forwarded to the CCDC care delivery sites. The breakdown of these 47 referrals is as follows:

- Scarborough and Rouge Hospital (SRH) received 19 referrals;
- Lakeridge Health received 16 referrals; and
- Peterborough Regional Health Centre (PRHC) received 12 referrals.

The Q3 CCDC quarterly report was submitted to the Central East LHIN at the end of January and included a breakdown of the number of active patients. SRH and PRHC are performing below their quarterly target, however it is anticipated that targets will be achieved by Q4.

#### **Centralized Diabetes Intake (CDI):**

In December 2016, the CDI Care Coordinators assessed a total of 166 referrals:

- 119 referrals were forwarded to Diabetes Education Program (DEP) sites across the Central East LHIN; and
- 21 patients were assessed, however, they declined to attend a DEP or CCDC for various reasons (i.e., clients already attending a DEP, client located out of region etc.).

A total of 1,502 clients have been referred through CDI, which exceeds the fiscal year target.

#### **Telewound Care:**

In November 2016, the Central East Community Care Access Centre (CECCAC), with support from the Central East LHIN, submitted a proposal to the Ontario Telemedicine Network (OTN). This submission was in response to a

provincial Expression of Interest (EOI) for a Telewound Care Project. The goal of the Telewound Care Project is to improve patient outcomes, patient/caregiver experience and reduce overall costs for managing wound care, which can be a lengthy process. Through this initiative, OTN-based technologies will be utilized and clinical care pathways that include this technology will be developed to optimize wound care. The project targets patients suffering from complex chronic and acute wounds and patients who rely on treatment from community care service providers to maintain a regular quality of life. The Central East CCAC was one of three CCAC's provincially that was selected in December 2016 to participate in this initiative.

OTN hosted a kick-off meeting on February 1<sup>st</sup> and included the following Central East project partners: Central East CCAC, Central East LHIN, ParaMed, PRHC, Saint Elizabeth Health Care, and the Scarborough and Rouge Hospital.

The program will be implemented in Scarborough and Durham regions, with plans to expand across the Central East LHIN.

The Central East LHIN will provide leadership involvement in project governance, and ensure that the project objectives are being met.

### **Telehomecare:**

In December, there were 55 patients referred to the Telehomecare program. The program has focused on primary care engagements which have resulted in an increase of referrals from this sector, and accounted for 27% of referrals in December. A total of 95 patients are actively monitored through the program and receiving regular health coaching and teaching related to their Chronic Obstructive Pulmonary Disease (COPD) or Congestive Heart Failure (CHF) symptom management.

The Central East CCAC's 'Successful Discharge' rate for Telehomecare patients is exceeding the provincial OTN target of 60%, at 69%. This indicates that most patients who enroll in the program successfully meet the established goals.

Engagements have been initiated in the Peterborough sub-region, beginning with Central East CCAC Care Coordinators, the Peterborough Family Health Team (FHT) and Peterborough Regional Health Centre (PRHC).

### **Central East Self-Management Program (SMP):**

On January 30, 2016, the Central East SMP launched a new website along with a new domain name [www.ceselfmanagement.ca](http://www.ceselfmanagement.ca). The website will support the registration process for participants, build awareness about the program, and connect health care providers, patients, caregivers and the public at large with information and resources to promote healthy behaviours. The new website demonstrates the growth of the program and highlights the variety of self-management workshops and training available across the Central East LHIN.

The Central East LHIN and Central East SMP are responsible for coordinating and planning for centralized training across the province of Ontario for the 2017/18 fiscal year. This coordinating role was previously led by the Ministry of Health and Long-Term Care (MOHLTC). Through the diabetes divestment in July 2016, the Central East LHIN was selected to continue this work with all programs across the province. The planning process has begun, and the finalization of plans is expected to be completed by the end of Q4.

In February, an additional 'Powerful Tools for Caregivers' training was to be held to expand the number of leaders across the Central East LHIN. Increasing community capacity to offer this workshop will help to support caregivers; and the SMP is on track to meet its annual targets and deliverables.

### **Ontario Renal Network (ORN):**

#### Infrastructure/Data/IT

- Ontario Renal Reporting System (ORRS) release 6 (R6) is in progress. Preparation continues until going live April 1, 2017.

#### Funding:

- Regional Programs did receive confirmation of the reversal of an adjustment of 2.9% reduction that was indicated in the 2016/17 CKD Operating Funding Agreements. Revised agreements will be sent shortly. This was very good news for all programs in order to ensure full continued services and access to care for Nephrology patients in our region.

#### Capacity:

- Meetings and discussions progress with Scarborough and Rouge Hospital to support the potential opening of dialysis stations to be located at Scarborough and Rouge Hospital - Centenary. A new pre-capital submission will be sent to the Central East LHIN and the Regional Director/Regional Medical Lead, for review and approval through the Integrated Renal Program Council. This is now considered a "medium term" solution for their capacity issues and will move through the Ministry process for approvals. They will not be proceeding with a "temporary" solution at the Centenary site;
- Scarborough and Rouge Hospital also made two other submissions, one for Bridletowne Neighbourhood Centre, and another for additional stations at the Scarborough and Rouge Hospital - General site to deal with infection control issues. Both submissions were endorsed by the Integrated Renal Program Councils;
- There is a need to continue to work closely with Independent Health Facilities for dialysis planning and capacity review to ensure continued access in the Markham and Ajax Pickering clinics, and to help support capacity issues. This work is supported by the ORN; and
- The ORN will be reviewing the updates to information previously submitted for the approval of a new model of care for supporting Peritoneal Dialysis (PD) care at Hillsdale in collaboration with the CECCAC, ParaMed, and Lakeridge Health, to be supported by the Regional Director, to review and assess options. There are at least four patients waiting to access PD care within a Long-Term Care Home in Durham region.

### **Ontario Renal Plan II Goals:**

#### Goal #1: Empower and support patients and family members to be active in their care

- All programs are very active in their initiatives focused on Patient Engagement, have well-established Patient and Family Advisory Committees, and are utilizing patient and family advisors in most of the activities, planning within the programs.

#### Goal #2: Integrate patient care throughout the kidney care journey

Programs continue to move forward with their initiatives outlined in their Primary Care Engagement Plans. An Annual Primary Care Day is planned for the Durham Region on March 4, 2017.

All programs are on target to participate in the Renal Palliative Training: Learning Essential Approaches to Palliative Care (LEAP) for March 29, 2017, which is to be held at Lakeridge Health. Representatives from all three Regional Programs, the CECCAC, and Hospice and Dialysis Management Clinics will be present. Preparations are underway

for one to two Palliative Care Champions (from any of the three Regional Program Hospitals), in collaboration with the Regional Director, to present an update on the ORN's Palliative Strategy, at the next Central East LHIN Palliative Committee.

### Goal # 3: Improve patients' access to kidney care

Home and Community Care and Access: ongoing work continues to support the ORN's "Home First Strategy". The Renal Dialysis Working Group has been established, with CECCAC leadership, to focus on standardization and improved transitions of care for patients receiving peritoneal dialysis. Several meetings have occurred to-date; these are well attended with members from all three Regional Programs, the ORN Regional Director, the CECCAC, and providers of PD services in the community.

All programs continue to finalize their Emergency Management Plans, due in to the ORN in March 2017. All programs are now at least 50% completed, and on target for submission of their plans.

### **Mental Health and Addictions**

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

Deloitte was the selected vendor to conduct the analysis of Mental Health and Addictions services in Central East. This review is being completed in partnership with Ontario Shores (OS) and Lakeridge Health (LH). The Project will conclude at the end of April, 2017, when a final report is planned for submission to the Central East LHIN.

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

The appointment of the Central East LHIN Mental Health and Addictions Physician Lead is in the final stages; a formal announcement will be made in the coming months.

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

The reports from the Project have been provided to Deloitte in order to advise their work with the Mental Health and Addictions Review. This Project is currently on hold, pending the results of the review.

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

This Project is continuing with the oversight of the project steering committee. A final report is expected to be submitted to the Central East LHIN by June 30, 2017.

#### **Home First @ Ontario Shores:**

The Home First process at Ontario Shores continues to involve community partners in arriving at innovative solutions for the many complex people who have been declared ALC. As of November 30, Ontario Shores was holding at an ALC rate of 16.2% (58 clients), and expected to increase, given the shortages in both Long-Term Care and Supportive Housing. Identified barriers included the following: Long-Term Care (representing 50% of those designated ALC), Housing for those with Dual Diagnoses (Developmental Disability and Mental Health Diagnosis) awaiting appropriate housing placement, Group home/assisted living, and, lastly, Home with community supports. This process has been extremely helpful in identifying the potential solutions that would permit those with complex issues to leave Ontario Shores. Often this has to do with the level of support many people with Responsive Behaviours require in order to return to the community. Ontario Shores' staff have identified challenges in the forensic area, related to the ALC definitions. Appropriate ALC designations may result in higher ALC rates for Ontario Shores as increased efforts are made to accurately define this population within the ALC context.

## **Rent Supplements and Intensive Case Management Supports:**

Although Central East LHIN staff have been assured that the Rent Supplement and Intensive Case Management Support resources will be provided to the LHINs during 2016/17, they are outstanding.

## **Palliative Care**

### **Ontario Palliative Care Network/ Central East Hospice Palliative Care Network/Central East Regional Palliative Care Steering Committee:**

With its launch in March 2016, the Ontario Palliative Care Network (OPCN) committed to enhancing current Palliative Care Networks and clinical leadership across the province. One of the first deliverables of the OPCN was the development of 14 Regional Palliative Care Programs (one per LHIN) across the province.

To align with provincial direction and local strategy, a Terms of Reference (ToR) has been developed for the new Central East Regional Palliative Care Steering Committee (CERPCSC) with joint accountability to the Central East LHIN Chief Executive Officer (CEO) and the Central East Regional Cancer Program Regional Vice President (RVP). The newly formed CERPCSC had its inaugural meeting on January 31<sup>st</sup> and was co-chaired by the Central East LHIN CEO and RVP.

The Steering Committee will be developing the new Central East Regional Palliative Care Strategic Plan between February and April 2017, in alignment with provincial, Central East LHIN, and Central East Regional Cancer Program direction.

### **Palliative Care Community Teams:**

To support Palliative Care delivery across all Central East LHIN sub-regions, the Central East LHIN Board of Directors approved funding for six Palliative Care Community Teams (PCCTs):

- Phase 1 (implemented 2014/15)
  - Scarborough Centre for Healthy Communities (Scarborough North and South);
  - Community Care City of Kawartha Lakes (City of Kawartha Lakes); and
  - Haliburton Highlands Health Services (Haliburton).
- Phase 2 (implemented 2016/17)
  - VON (Durham West and Northeast)
  - Hospice Peterborough (Peterborough City and County)
  - Community Care Northumberland (Northumberland County).

Health service providers are working collaboratively across all six teams to support standardization where possible and implementation. Job postings for the Phase 2 PCCT positions are currently posted by the host agencies. Phase 2 PCCTs are expected to begin seeing clients in February 2017.

### **Palliative Care Education:**

The Central East LHIN, in partnership with its Health Service Providers funded to provide palliative education, have developed a LHIN-wide Education Plan. The Education Plan includes formalized education programs (i.e., Fundamentals, Fundamentals Enhanced, Comprehensive Advanced Palliative Care Education (CAPCE) 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, including community and Long-Term Care.

The Central East LHIN is hosting the following Learning Essential Approaches to Palliative Care (LEAP) courses in winter 2017:

- LEAP Mini (1-day): Lakeridge Health Port Perry, February 28, 2017. Registration is available through Pallium Canada;
- LEAP Mini (1-day): Northumberland Hills Hospital, March 2, 2017. Registration is available through Pallium Canada; and
- Six (6) LEAP Long-Term Care courses across Central East LHIN.

### **Residential Hospice:**

In November 2016, a Residential Hospice Expression of Interest (EOI) was released to:

- Identify health service providers, organizations and/or individuals who are interested in working with local stakeholders and the Central East LHIN, and supporting the capital fundraising, planning and development of a residential hospice by 2018/19; and
- Identify a Lead Residential Hospice Provider who will be responsible for leading the planning, including the capital campaign, collaboratively with local partners.

Stakeholders are working collaboratively with the LHIN to plan and operate 53 additional residential hospice beds by March 31, 2019.

### **Palliative Care Leadership:**

To work in partnership with Dr. Osborne, Central East LHIN Palliative Care Physician Lead, a Central East Palliative Care Clinical Co-Lead (PALCC) (non-physician) is being hired to provide clinical leadership across the Central East LHIN championing both provincial and local strategies within the Central East context. The PALCC will collaborate with local partners to improve palliative care across all patient populations, illness trajectories and health care settings.

Working as a member of the Central East Palliative Care Community Team (PCCT) leadership group, the PALCC will provide clinical guidance, expert consultation and project management support to the region's six PCCTs. In doing so, this individual will promote, refine and implement a Central East PCCT standardized Model of Care for all teams.

### **Medical Assistance in Dying (MAID):**

In February 2015, the Supreme Court of Canada unanimously struck down the *Criminal Code* prohibition against physician-assisted dying. In June 2016, Bill C-14 received Royal Assent and assisted dying thereby became legal in Canada. To support MAID in the Central East LHIN, a Central East MAID Working Group has been established and is chaired by Dr. Bert Lauwers, CEO from Ross Memorial Hospital. The purpose of the Working Group is:

- *To plan for seamless, integrated, patient-centred provision of MAID through the development of a regional plan that promotes equity and access for the patient, resident or client in any organization in the Central East LHIN.*

A Terms of Reference has been created with the deliverable of the Working Group being “*A Regional Plan for the provision of MAID services in Central East LHIN.*” The Regional Plan will provide processes and pathways to be implemented within each sub-region, thereby ensuring access to MAID for all patients regardless of geography.

## Indigenous Services

### Central East LHIN Indigenous Peoples Strategy:

Central East LHIN staff are continuing to work with the Indigenous Health Advisory Circle members to secure a date for the follow-up meeting to the Annual Joint Circle meeting held last fall at the Curve Lake First Nation.

### First Nations Health Advisory Circle:

The meeting scheduled for February 2, 2017, has been rescheduled at the request of the Circle Members. An alternate date is currently being determined.

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

The Métis, Non-Status and Inuit Health Advisory Circle met at the new location of the Friendship Centre in Peterborough on February 9<sup>th</sup>. The meeting was well attended and permitted the Circle to conclude its workplan development process that had been undertaken during the fall of 2016

### Indigenous Cultural Safety Training:

Through funding provided by the Ministry of Health and Long-Term Care, 324 training spaces were made available to the Central East LHIN for Indigenous Cultural Safety Training, which is offered in an on-line, supported self-study format. There were two streams offered: Base and Mental Health. The spaces were offered initially to members of the hospital, CCAC and CHC sectors, based on the recommendation of the Central East LHIN Indigenous Health Advisory Circles. Those spaces not used by these providers were offered to the wider Health Service Provider groups and to cross-sectoral partners. These included the Durham Rape Crisis Centre, VAW and Homeless Shelters and the John Howard Society. The Central East LHIN was very pleased when each of the training spaces was reserved, and with the fact that demand was so great it was necessary to create a waiting list of over 25 potential participants. If there are additional seats available this year, then these will be offered to those on the waiting list. It is the Central East LHIN's understanding that an additional 200 spaces will be made available in 2017/18, which will be initially made available to those on the waiting list.

## French Language Services

### Coalition for Healthy Francophone Community of Scarborough (CHFCS):

With the support of Entité 4 and partners, TAIBU CHC is continuing to be successful in engaging the Francophone community (including schools, churches and community organizations) by offering health promotion and outreach activities. Ongoing health promotion activities include the Mental Health First Aid (MHFA) program, healthy eating programs, physical activities, and the Chronic Disease Self-Management workshops, which have had over 250 francophone participants in 2016/17.

Programs & Services	No of participants
Chronic Disease Self-Management	17
First Aid Mental Health Workshops	25
Physical Exercise (Zumba)	40
Physical Exercise (Men's Soccer)	50
Cognitive Health Forum	8
Community Kitchen	50
Christmas Health Awareness Event	60 Adults 40 Children

### **Francophone Community Table on Health-Durham Region (FCTHDR):**

This table has continued to collaborate with the CHFCS table in providing advice to the Central East LHIN regarding the health needs of the Durham Francophone community.

### **Mental Health First Aid Training in the Scarborough and Durham Clusters:**

To address gaps in terms of mental health and addictions among Francophone communities within the Central East LHIN, CHMA Durham, in partnership with TAIBU CHC and with Entité 4's support, coordinated the first Mental Health First Aid Program delivered by TAIBU CHC in November 2016. Twenty-five participants attended the 2-day program and there is a waiting list with 10 participants for the next session scheduled for March 2017. CHMA Durham will also coordinate and deliver a session in February 2017 for Francophones living in Durham region.

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

#### **Syrian Refugee Response:**

At the end of November 2016, a new group of Syrian refugees began arriving to the Central East LHIN and Central LHIN.

There were discussions with a broad range of stakeholders, including COSTI (primary Resettlement Assistance Program (RAP) for the Toronto area), Central East and Central LHIN, Dr. Paul Caulford (Central East LHIN Primary Care Physician LHIN Lead), Dr. Avnish Mehta (Scarborough South Sub-Region Primary Care Lead), community providers, and Toronto Public Health. Based on the lessons learned from the wave one (2015-/6) response for Syrian refugees, these stakeholders collaboratively developed a wave two (2016/17) response. The team has been meeting since November 30<sup>th</sup> to plan and mobilize an appropriate response.

The model was collaboratively developed under the leadership of Dr. Paul Caulford, Dr. Avnish Mehta, and the leadership team at the Scarborough Centre for Healthy Communities (SCHC). In developing the model, several principles were adopted, including the health and wellness of the newcomers, staff and volunteers involvement; quality of care; a collaborative response; maintaining access to services for existing SCHC clients; and overall risk management principles. The response team continues to meet via teleconference on Friday mornings, where updates on volumes and resource use/needs are provided. SCHC, as the lead agency, provides a weekly hotel clinic status report document to the team.

The status of Syrian Refugees at the Radisson as of January 26<sup>th</sup> 2017:

- 105 Syrian Refugees at the Radisson Hotel, 4 off-site;
- 264 clients triaged;
- 12 projected new arrivals between Feb 1st -14th, 2017; and
- 52 clients have moved out of the hotel from November 21, 2016, to January 27, 2017.

As the number of Syrian refugees decrease, the clinic hours were reduced from five to three days.

#### **LHIN Sub-Region Primary Care Physician Leads:**

The Central East LHIN has concluded the recruitment for its seventh and final LHIN sub-region Primary Care Physician Lead. Dr. Phillip Stratford is the sub-region Primary Care Lead for Northumberland. As part of the Central East LHIN's primary care strategy, physician leads have the opportunity to be engaged and lead transformation of the system through development and implementation of a robust stakeholder engagement strategy. The seven Primary Care

Physician Leads are currently working in collaboration with the Central East LHIN Primary Care Physician Lead, Dr. Paul Caulford, and the Central East LHIN to improve system access in their sub-regions. The sub-region Primary Care Physician Leads are preparing for an upcoming planning meeting in February.

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

The Primary Health Care Advisory Group meeting was cancelled for the month of January. The Group plans to reconvene on March 16, 2017.

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

### **Connecting Ontario:**

*ConnectingOntario is the provincial initiative that leverages provincial assets (such as the Ontario Laboratory Information System – OLIS) and assimilates the contribution from hospitals, CCACs, Long-Term Care and other organizations to build the electronic health record (EHR) to improve patient care and clinical efficiencies and provide a viewer for clinicians. The initiative currently is connecting the three regional initiatives of the GTA, the Southwest and the Northeast.*

The Central Ontario Cluster LHIN Leads met with eHealth to share information and discuss strategies for the Viewer rollout. eHealth is looking to the LHINs to provide guidance regarding prioritization, and sub-region planning was identified as a “filter” to be factored into the strategy. Actual use of the tool, not just enrollments, is also something that the team would like to see increased.

### **Hospital Report Manager (HRM)/ Timely Discharge Summary Information System (TDIS):**

*A provincial initiative to provide discharge and consult reports from hospitals directly into OntarioMD-certified EMRs of physicians that will inform providers and improve access to more timely information to improve the delivery of care and sunset the current regional system for TDIS.*

The Central East LHIN now has over 859 clinicians subscribing to Hospital Report Manager, and work continues to increase adoption, with a particular focus on those who had previously received reports through TDIS, which was officially retired at the end of November.

### **e-Notification:**

*The e-notification solution is an enhancement of the Hospital Report Manager and adds notification of admissions (to Emergency or Inpatient) within a hospital and passes the information from the hospitals through the CCAC CHRIS system (to add information if the patient has services by CCAC) and through the HRM system into the EMR of the physician. The project is implemented and managed through CCAC and the provincial association OACCAC.*

A gap analysis has been completed comparing eNotifications to the CECCAC HomeFirst solution. This analysis compared alert types and tasks, message direction, support model, Central East LHIN hospitals participating, deployments completed and estimated time for deployment. Patient Services is reviewing the analysis to determine the impact to current CCAC business processes.

### **Client Health and Related Information System (CHRIS) and Health Partner Gateway (HPG) Interim Electronic Solution:**

The implementation of the CHRIS and HPG Interim Electronic Solution to facilitate the joint authoring and editing of CCPs in the Central East Health Links not utilizing the Orion Health Care Coordination Tool (CCT) continues within the five Central East LHIN Health Links not utilizing the Orion Health CCT.

The provincial evaluation of Health Link CCT Interim Electronic Solutions was completed by KPMG, and the report has been submitted to the Ministry of Health and Long-Term Care (MOHLTC). Findings have not yet been released.

The CHRIS/HPG CCT Interim Electronic Solution which has “gone-live” in the Scarborough North Health Link and implementation has begun in the Scarborough South Health Link. A Steering Committee has been established to guide implementation of the CHRIS/HPG CCT Interim Electronic Solution in the Scarborough South Health Link and supporting working groups have been established, including the Privacy and Security, Business Process and Education, Technology, Data, Metrics and Evaluation and Communications Working Groups.

An updated Data Sharing Agreement has been reviewed by the Health Link teams. To facilitate the finalization of the Data Sharing Agreements (DSA), a live demonstration of the tool was provided to Health Link network organizations from the Scarborough South, Northumberland County, Haliburton County and City of Kawartha Lakes and Durham West Health Links on December 20, 2016, at which time the DSA was also shared. Feedback from the Scarborough South, Northumberland County, Haliburton County and City of Kawartha Lakes and Durham West Health Link network organizations on the DSA was gathered at this time. Feedback was provided to the Ontario Association of Community Care Access Centres for consideration. It is anticipated that the Scarborough South, Northumberland County, Haliburton County and City of Kawartha Lakes and Durham West Health Links will implement the CHRIS/HPG CCT Interim Electronic Solution by March 31, 2017.

### **Fiscal Responsibility**

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

### **Hospital Sector**

#### **Hospital Capital Status:**

On January 13, 2017, Central East LHIN staff communicated their support for the MOHLTC to conclude its review of the Emergency Department Redevelopment Project Pre-Capital Submission related to the former Rouge Valley Health System Centenary site. Staff also requested the Scarborough and Rouge Hospital (SRH) to provide MOHLTC with a letter indicating that the integrated Hospital continues to support the Pre-Capital Submission as is.

Central East LHIN staff continue to work with the Scarborough and Rouge Hospital (SRH) on clarifying SRH's Pre-Capital Submission for heating, ventilation and air conditioning (HVAC) upgrades, and on reviewing its Stage 2 submission for diagnostic imaging services, prior to presenting the submissions to the Central East LHIN Board of Directors.

The Central East LHIN is awaiting a response from the Ontario Renal Network on two Pre-Capital Submissions from SRH: Brideltowne Neighbourhood Centre, and the creation of a dedicated permanent isolation unit (8-12 stations) for hemodialysis at the General site.

Central East LHIN staff are working with the Central LHIN on reviewing the Markham Stouffville Hospital's (MSH) Pre-Capital Submission for the redevelopment of its Uxbridge site. In addition, evaluation of the service and program needs of the Durham North East sub-region continues.

Ontario Shores Centre for Mental Health Sciences (OSCMHS) staff presented a draft overview of their Master Planning Project for the development of a Stage 1 submission to the MOHLTC and the Central East LHIN in July 2017. The Central East LHIN Senior Team provided feedback and requested clarifications as well as other details in preparation for a presentation to the Central East LHIN Board of Directors planned for March 2017.

### **Hospital Service Accountability Agreement (2008-17 HSAA):**

The HSAA process was initiated by hospitals sharing their Hospital Accountability Planning Submissions (HAPS) with the Central East LHIN beginning on November 21, 2016. All interim HAPS submissions received by the Central East LHIN to-date show local hospitals to be in a balanced financial position. The interim HAPS received from Lakeridge Health (LH), Rouge Valley Health System (RVHS), and The Scarborough Hospital (TSH) exclude previously identified integration and transition costs. The HAPS received from these organizations will be revised based on the hospital integrations ordered by the Minister of Health and Long-Term Care, which were executed on December 1, 2016. Campbellford Memorial Hospital (CMH) submitted its interim HAPS on November 28, 2016; preliminary discussions are now underway to address the Hospital's operating position for 2017/18. Central East LHIN staff will work closely with CMH to gain a better understanding of operating pressures and to identify mitigation strategies.

LHIN staff have continued to work collaboratively with the hospitals to develop a comprehensive understanding of the unique pressures identified by each organization.

On January 4, 2017, the Central East LHIN received notice regarding the changes to the HSAA notice requirements when LHINs plan to enter into a new Service Accountability Agreement (SAA), or amend an existing SAA, due to the passing of the *Patients First Act, 2016* (Patients First). This notification has now been shared with hospitals. The HAPS are expected to be finalized on or before January 31, 2017, with a formal sign-off received from the respective Board of Directors. The 2017/18 HSAA schedules will be populated with data retrieved from the HAPS. The 2017/18 HSAA will be signed off and executed on or before March 31, 2017, with an effective date of April 1, 2017. As at January 31, 2017, the Central East LHIN was in receipt of six of nine 2017/18 HAPS submissions. The three outstanding submissions include Lakeridge Health (LH), the Rouge Valley Health System (RVHS), and The Scarborough Hospital (TSH). Over the next few weeks, the Central East LHIN will continue to work collaboratively with the integrated entities, with the objective of receiving two 2017/18 HAPS which will now reflect the 2017/18 consolidated operating positions for Lakeridge inclusive of the RVHS Ajax-Pickering site, and the Scarborough and Rouge Hospital (SRH) inclusive of the Centenary site.

### **Hospital Risks:**

Central East LHIN staff continue to monitor the effects of the performance factors affecting Northumberland Hills Hospital (NHH). While the Hospital was approved to implement its Hospital Improvement Plan (HIP), it faced significant challenges in terms of its operating and working funds deficits. The deficit was to be eliminated in 2016/17. In October, NHH was notified of additional funding, which will significantly reduce the risk. Ongoing discussions have occurred during the month of January with NHH staff. The Central East LHIN has obtained additional clarity regarding

assumptions made by NHH. In doing so, it is anticipated that the year-end position will confirm a balanced operating position for fiscal 2016/17.

As noted previously, as a result of the execution of the hospital integrations ordered by the Minister of Health and Long-Term Care on December 1, 2016, Central East LHIN staff continue to identify emerging financial risks related to transitional and restructuring expenses that may be incurred by LH, RVHS, and TSH. The materiality of these potential risks will be brought forward as the affected hospitals continue their work. The Central East LHIN continues to seek additional clarity from the MOHLTC regarding the process to address integration costs.

### **Hospital Performance:**

In 2015/16, the MOHLTC worked with all LHINs to revise a range of targets that are now included in the 2015-18 Ministry-LHIN Accountability Agreement (MLAA). Based on local experience in 2016/17, attaining a number of these targets continues to pose a moderate to significant challenge for hospitals. The most significant challenge relates to the Magnetic Resonance Imaging (MRI) target. The Central East LHIN provided one-time funding in June 2016 to support the public's access to an additional 1,900 MRI operating hours. However, wait lists continued to increase significantly, reflecting additional demand on the health care system.

Operating hours funded by the Ministry of Health and Long-Term Care (MOHLTC) have remained constant over the last few years, and HSPs have made many efforts to improve throughput and data capture, but the demand continues to grow. In January 2017, HSPs were requested to quantify any additional operating hours that could be scheduled in the 4<sup>th</sup> Quarter, based on human resource availability. The Central East LHIN Senior Team reviewed the operating hours requested and provided investment funding to support improved access to MRI services through year-end, within the constraints of any known funding sources.

MRI investment funding has now been secured, and the Central East LHIN has funded HSPs with an additional 3,823 operating hours (approximately 5,734 additional MRI procedures will be performed in the 4<sup>th</sup> Quarter). HSPs are committed to improved access to care and reduced wait time days for patients requiring these services, which is evidenced by a negotiated rate of \$160 per operating hour; the provincial rate per operating hour is \$260. The negotiated rate will provide additional booking times and improve throughput.

### **Orthopaedic Quality Scorecard (OQS):**

The Orthopaedic Quality Scorecard (OQS) is circulated by Health Quality Ontario on a quarterly basis. The Central East LHIN received the 2016/17 1<sup>st</sup> Quarter performance results related to Unilateral Hip and Knee Replacements. Performance metrics include average acute length of stay (days) - all patients, average acute length of stay (days) - patients discharged home, 90<sup>th</sup> percentile acute length of stay (days) - patients discharged home, proportion of patients discharged home, rate of revisions within 365 days after primary joint replacement, and 90<sup>th</sup> percentile replacement wait time (days). The scorecard was reviewed at the January Wait Time Strategy Working Group (WTSWG) meeting, and it was requested that HSPs provide any relevant commentary prior to the next meeting of the WTSWG.

The Hip Replacement performance results demonstrate that the Central East LHIN has met all performance targets, and has favourably surpassed the overall provincial actual results. The Knee Replacement performance results demonstrate that the Central East LHIN has met all performance targets, and has favourably surpassed the overall provincial actual results, with the exception of 90<sup>th</sup> percentile wait time days. The performance for the 1<sup>st</sup> Quarter was impacted by a surgeon retirement at one HSP, and wait list challenges experienced by Ross Memorial Hospital.

## **Hospital Sector Working Groups:**

### Wait Time Strategy Working Group (WTSWG)

The WTSWG last met on January 26, 2017. Members discussed the year-to-date December performance results. Some challenges were identified regarding performance for Cataract Surgery, which was impacted by the recruitment of a new surgeon who replaced an ophthalmologist who recently retired. The new surgeon referrals are much higher, increasing the number of patients on the wait list. Due to system software upgrades which were required to address the integration of the Scarborough Hospital and the Rouge Valley Centenary site, a data capture issue has been identified related to Cancer surgery resulting in the perception of a decline in performance. The issue is being addressed by staff at the Scarborough and Rouge Hospital. PRHC experienced declining performance for Skin Cancer Surgery, where pre-surgical protocols to confirm diagnosis have been delayed. PRHC is reviewing current protocols to expedite diagnosis to surgery wait times. PRHC is also experiencing a slight decline in MRI performance, which has been impacted by unplanned MRI downtime for 3 days. As a result, some patients had to be rebooked, extending their wait time. General Surgery wait time performance has declined for NHH, where a new surgeon has been recruited. NHH staff are working closely with the surgeons to address this issue.

### Diagnostic Imaging Working Group (DIWG)

The Diagnostic Imaging Working Groups (DIWG) last met on January 20, 2017. The DI Directors reviewed and discussed specific performance challenges related to both Computed Tomography (CT) and Magnetic Resonance Imaging (MRI). It was identified that some HSPs continue to mandate that a radiologist be present for any MRIs where it is determined that a contrast injection is required to enhance the imaging. However, this mandate is not necessarily required, based on best practice guidelines. HSPs will engage the radiologists to determine if this component of the protocol is still required, as this may potentially impact wait times based on the availability of the radiologist.

The MRI Efficiencies Report highlighted a high number of records that excluded the postal code for patients who underwent an MRI. On further investigation, it has been determined that the majority of these patients are out-of-province, out-of-country or third party MRIs. Inpatient MRIs are usually expedited in order to expedite patient discharge. Some HSPs have experienced high volumes of inpatient MRIs, where the patient remains in hospital in order to expedite the MRI, and in these instances, HSPs have encouraged physicians to proceed with the patient discharge, and that an outpatient MRI booking would be expedited, wherever possible.

Members discussed a new metric being introduced by Access to Care related to Scheduling Accuracy. These reports will provide insight to the HSPs regarding the efficient utilization and booking of MRIs relative to the body part, as some MRIs are less complex and do not require a long scan booking. There are provincial standards regarding the average length of time for each MRI based on body part. Adherence to these standards will potentially improve throughput.

### Hospital/Community Care Access Centre Financial Leadership Group (HCFLG)

The Financial Leadership Group (FLG) last met on January 20, 2017. FLG received an update from the HSFR and Finance Leads Working Group (HFLG). The working group provides detailed analytics which address specific requests from the FLG. Most recently, analysis was undertaken to share the results of the HSFR Forecasting Tool, which informs the 2017/18 HAPS submission. There was also focused analysis of year-end projections of 2016/17 Quality Based Procedures (QBP) volumes. As a result, based on projections, all HSPs will achieve volumes well beyond specifically allocated funding, and therefore confirmed that there will be no in-year QBP reallocations for the current fiscal year.

Members addressed any challenges identified related to the upcoming deadline for the submission of the 2017/18 HAPS, which is due on January 31, 2017. As part of the discussion, HSPs shared status updates regarding the final sign-off of the 2017/18 HSAA schedules, which is due on or before March 31, 2017. Lakeridge Health and the Scarborough and Rouge Hospital indicated challenges in meeting these deadlines, given the complexity of the integrations and the timing of the execution of the integrations, which occurred in December.

### **Hospital Sector Initiatives:**

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

The most recent WTS Expansion related to additional data capture for Colorectal Screening. The data capture testing was completed, and the successful “go-live” implementation occurred on January 27, 2017.

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

#### **Community Sector Funding and Allocations:**

The Central East Community Care Access Centre (CECCAC) received \$103,000 due to the surge conditions being experienced at Lakeridge Health (LH) Oshawa. One-time funding is being provided to support enhanced CECCAC home care services to for up to 10 clients in order to facilitate their return to the community.

TAIBU Community Health Centre (TCHC) received \$15,000 in pro-rated one-time funding for an Intake Worker position for Francophone primary healthcare services. Annualized base funding of \$53,558 to support 1 Full-Time Equivalent (FTE) Intake Worker was approved for 2017/18.

Port Hope Community Health Centre (PCHC) received \$28,000 in one-time funding to increase the hours of a 0.6 Full-Time Equivalent (FTE) Nurse Practitioner in order to increase services to marginalized CHC clients through targeted primary care outreach initiatives.

Victorian Order of Nurses for Canada – Ontario Branch (VONCO) received approval for a one-time, \$20,000 in-year reallocation of funding to support the relocation expenses associated with its Cobourg Adult Day Program (ADP).

Les Centres d'Accueil Héritage (CAH) received \$15,000 in new base operating funding beginning in 2016/17 to support clients participating in the Francophone ADP in Oshawa. This funding will help cover the costs of vehicle maintenance, insurance, gas and a part-time driver.

Branch 133, Legion Village Inc. (B133-LVI) received approval for \$12,110 in one-time funding to address its documented operating pressures and thereby avoid ending the fiscal year in a deficit position as indicated in B133-LVI's January 2017 submission to the LHIN.

Hong Fook Mental Health Association (HFMHA) received approval for an \$18,300 in-year, one-time internal reallocation of funds to support the Ontario Perception of Care (OPOC) Translation Pilot. This funding is to support a pilot test of the effectiveness of the translated tools to meet the language needs of the clients served within HFMHA. To address this health equity concern, funds are to support the translation of the OPOC tool into five languages: Simplified Chinese (for Mandarin speakers), Traditional Chinese (for Cantonese and Taiwanese speakers), Korean, Cambodian, and Vietnamese.

Canadian Mental Health Association – Durham Branch (CMHA-DB) received approval for an \$8,846 one-time, in-year internal reallocation of funding to support Hearing Voices and Working with Voices staff training.

Durham Mental Health Services (DMHS) received approval for a \$10,000 one-time, in-year reallocation of existing funding to support the Wellness Recovery Action Plan (WRAP) Resources initiative.

Community Care Durham (CCD) received approval for a \$70,000 one-time, in-year allocation for its Creating Opportunities for Personal Excellence (COPE) program. This one-time funding will address operating expenses associated with its delivery of the COPE program.

Northumberland Hills Hospital (NHH) has received permission to reallocate existing funding as follows:

- \$40,000 in Seniors Care Network (SCN) surplus funds to support the Geriatric Education Initiative;
- \$15,000 to support a Collaborative Studentship, which will actively promote the transfer of knowledge of specialized geriatric services policy development to graduates of university programs; and
- \$20,000 to support the licensing of the Standardized Mini-Mental State Examination tool for the diagnosis of dementia.

Ontario Shores Centre for Mental Health Sciences (OSCMHS) received approval for an \$11,500 one-time, in-year internal reallocation of funding to support Phase 1 of the Stepped Care Model Evaluation. OSCMHS, in partnership with the Central East LHIN, eight Assertive Community Treatment Teams, affected hospitals, and community health service providers, will conduct the evaluation. Phase 1 of the evaluation will focus on statistical analysis of existing data.

### **Community Sector Capital Update:**

To launch the 2017/18 Community Infrastructure Renewal Fund (CIRF) Program, MOHLTC is conducting a Community Asset Inventory Survey for all eligible community sector HSPs. This information will facilitate the development of a comprehensive database to inform the condition of assets and capital requirements across all eligible community sectors, and will be used to inform the roll-out of the 2017/18 CIRF Program. Central East LHIN staff have circulated the survey to eligible HSPs with a February 7, 2017 deadline. The compiled surveys are due to the MOHLTC on February 17, 2017.

By January 20, 2017, the two HSPs in the Central East LHIN that received CIRF funding for 2016/17 submitted their Status Reports to the MOHLTC. These HSPs are Hong Fook Mental Health Association (\$35,000 for minor infrastructure renewal) and TAIBU Community Health Centre (\$26,685 for replacing existing doors with viewing panels).

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

The 2017/18 Notice of MSA was issued to community HSPs during the week of January 16, 2017. An extension for a February HSP Board-approved Community Annual Planning submission (CAPS) was provided to a number of HSPs, thereby allowing the Central East LHIN to ensure that the 2017/18 MSA reflects the most current level of funding (as of January 31, 2017) in addition to any Service Delivery Change Requests. The CAPS reviews continue with some HSPs scheduled to receive the 2017/18 MSA in early February.

## Performance and Risks:

### Central East Community Care Access Centre (CECCAC)

The Central East CCAC anticipates a balanced budget position at March 31, 2017. Personal Support volumes continued to increase through January. The growth can be attributed to the provision of service to patients on the enhanced and regular personal support waitlists, the implementation of caregiver respite as well as the continued growth related to the admission of new patients. The Central East CCAC monitors the personal support volumes related to waitlists, caregiver support and growth to ensure that each area remains within budget.

The following chart summarizes the number of patients released from the waitlists as of January 26, 2017.

Waitlist	Total Patients Released
Caregiver Respite (Personal Support)	299
Enhanced Personal Support Waitlist	1,060
Adult Occupational Therapy Waitlist	304
Adult Physiotherapy Waitlist	181
Adult Social Work Waitlist	8
Adult Nutrition Waitlist	5
Adult Speech Language Pathology	21
Regular Personal Support Waitlist	773
<b>Total Patients Released From Waitlists</b>	<b>2,651</b>

No further patients will be released from the waitlist at this time. The waitlist criteria remains in place for new patients to ensure that growth does not impact the CCAC's ability to achieve a balanced budget position at year-end.

### Demand on Home Care

- December 2016 saw the highest volume of patients active for Occupational Therapy since August 2015.
- The volume of patients active for Personal Support also spiked in December 2016 with the highest month-over-month increase in over a year. The number of new active Personal Support patients had a concurrent spike in December 2016, while the waitlist decreased to its lowest volume since December 2015.

### Enhanced Personal Support

- 33% of patients waiting for Enhanced Personal Support at the end of December 2016 were newly added to the waitlist in that month, consistent with November; in the 11 months prior to that, the average of newly waitlisted patients as of the end of the month was 12%.

### Long-Term Care

- There were 16% fewer admissions to long-stay beds in December 2016 than in December 2015. December 2016 had 10% more admissions that were Crisis than December 2015. This may correlate to the December 2016 number of patients admitted to LTCH directly from hospital (Flow to Long Term Placement Statistics), which was the lowest count in over 13 months.

## Long-Term Care Sector Updates

### **Long-Term Care Home (LTCH) Service Accountability Agreement (2016-19 LSAA):**

The current LSAA has been signed for the period April 1, 2016 to March 31, 2019. However, the LHINs collectively approved a minor amendment to the Agreement, along with a Schedule refresh for 2017/18. On this basis, the Board-

approved 2016-19 LSAA Amending Agreement and Schedules were released to all 68 Long-Term Care Homes in January.

## Multi-Sector Updates

### Health System Funding Reform (HSFR) Local Health Integration Network (LHIN) Advisory Committee (AC):

HSFR LHIN AC last met on January 11, 2017. Discussions included updates from the provincial Hospital Advisory Committee (HAC). The refreshed framework for HSFR LHIN Local Partnerships has now been approved and endorsed by HAC. A rollout process and schedule will be circulated in the coming weeks, and LHINs are encouraged to discuss the revised framework and mandates, as their Local Partnership meeting schedule permits.

The Advancing Quality subgroup presented a preliminary summary of the Quality Based Procedures Assessment survey, which was undertaken in the 3rd Quarter. The objective of the survey was to identify those QBPs which have experienced improvement regarding adoption of the clinical handbooks, and associated best practice guidelines, and to identify those QBPs that continue to present challenges. The results summary also highlights HSPs that are QBP leaders in terms of advancing QBPs across their respective organizations. LHINs are now in receipt of detailed HSP results, and detailed analysis will occur over the coming weeks.

### Self-Reporting Initiative (SRI):

The 3<sup>rd</sup> Quarter reporting templates were available in SRI on January 19, 2017. Central East LHIN staff are providing HSPs with assistance in completing the reports. The 3<sup>rd</sup> Quarter SRI Report submission deadline is February 7, 2017. Central East LHIN staff will review the reports and follow up with HSPs on any reporting issues.

## Ministry-LHIN Accountability Agreement Performance Indicators:

The table below summarizes the MLAA indicators that were available for the month of November 2016.

Central East LHIN met the MLAA performance target for the following indicators:

- Percentage of Home Care Clients with Complex Needs who received their Personal Support Visit within 5 Days of the date that they were authorized for Personal Support Services
- Percentage of Home Care Clients who received their nursing visit within 5 days of the date they were authorized for Nursing Services
- 90th Percentile ED Length of Stay for Minor/Uncomplicated Patients
- Percent of Priority 2, 3, and 4 Cases Completed Within Access Target for Diagnostic CT Scan
- Percent of Priority 2, 3 and 4 Cases Completed Within Access Targets for Hip Replacement
- Percent of Priority 2, 3 and 4 Cases Completed Within Access Target for Knee Replacement

Central East LHIN did not meet the MLAA performance target for the following indicators:

- 90th Percentile Wait Time from community for CCAC In-Home Services: Application from community setting to first CCAC service (excluding case management)
- 90th Percentile Emergency Department (ED) Length of Stay for Complex Patients
- Percent of Priority 2, 3, and 4 Cases Completed Within Access Target for MRI Scan

For those indicators that are reported quarterly through Stocktake:

The Central East LHIN did not meet the Percentage of Alternate Level of Care (ALC) Days (Q1 2016/17) and ALC Rate (Q2 2016/17). The Central East LHIN is examining strategies to assist with the high ALC rate include initiatives to reduce transfers from LTC to the ED, and to support frail seniors in the community and those with behavioural issues through investments in ADP and Assisted Living. The Central East LHIN has limited bed capacity. Without further investment in LTC beds, there will continue to be significant pressure. Redevelopment of 38 of 68 LTC homes may continue to put pressure on the Central East LHIN's ALC rate in the future.

The Central East LHIN did not meet the target for Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions (Q1 2016/17). The Central East has developed an Outcomes Monitoring Schedule with the Providers to monitor the outcomes. It is anticipated that the development of an overall strategy to address Mental Health issues and improvements, as led by Ontario Shores (OS) and Lakeridge Health, (LH), will provide a comprehensive plan to effect system-service level improvements across the LHIN. In addition, there are three anticipated improvements that will have a positive effect on this indicator. These include the opening of a community crisis facility in downtown Oshawa in close proximity to the LHO ED, the installation of a specialized eight-bed Mental Health Emergency Unit at LHO, and the integration of the Rouge Valley Ajax Pickering hospital site with LH.

The Central East LHIN did not meet the target for Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions (Q1 2016/17). The Central East LHIN plans to continue its Quality Improvement approach to Service Planning and Implementation. The Central East LHIN has set up an Outcomes Monitoring Schedule with the Providers to monitor the outcomes of these strategies. The development of a comprehensive, system-level Mental Health and Addictions Strategy will lead to a measurable implementation plan that will support the consistent achievement of this MLAA indicator.

The Central East LHIN did not meet the target for Readmissions within 30 days for Selected HIG Conditions (Q1 2016/17). Hospitals across the Central East LHIN have identified strategies in their Hospital Quality Improvement Plans (QIPs) to reduce readmission rates for patients with Pneumonia, CHF and COPD. The Central East LHIN will continue to follow up with hospitals to ensure their QIPs are being achieved. These improvements identified are expected to show a decrease in readmissions.

# CENTRAL EAST LHIN

## MLAA PERFORMANCE INDICATOR DASHBOARD

Performance effective as of:  
November 2016

Table 1: Performance Indicators

	Provincial Target	LHIN Actual	Current Status	Data Source	Reporting Period
Percentage of Home Care Clients with Complex Needs who received their Personal Support Visit within 5 Days of the date that they were authorized for Personal Support Services	95%	91.4%	▲	DoN	2016/17 Q1
Percentage of Home Care Clients who received their nursing visit within 5 days of the date they were authorized for Nursing Services	95%	96.9%	●	DoN	2016/17 Q1
90th Percentile Wait Time from community for CCAC In-Home Services: Application from community setting to first CCAC service (excluding case management)	21 days	42	◆	DoN	2016/17 Q1
90th Percentile Emergency Department (ED) Length of Stay for Complex Patients	8 hours	10.9	◆	DoN	Nov-16
90th Percentile ED Length of Stay for Minor/Uncomplicated Patients	4 hours	3.98	●	DoN	Nov-16
Percent of Priority 2, 3, and 4 Cases Completed Within Access Target for MRI Scan	90%	58.3%	◆	ATC	Nov-16
Percent of Priority 2, 3, and 4 Cases Completed Within Access Target for Diagnostic CT Scan	90%	93.7%	●	ATC	Nov-16
Percent of Priority 2, 3 and 4 Cases Completed Within Access Targets for Hip Replacement	90%	94.4%	●	ATC	Nov-16
Percent of Priority 2, 3 and 4 Cases Completed Within Access Target for Knee Replacement	90%	89.7%	▲	ATC	Nov-16
Percentage of Alternate Level of Care (ALC) Days	9.46%	17.29%	◆	ATC	2016/17 Q1
ALC Rate	12.70%	23.22%	◆	ATC	2016/17 Q2
Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions	16.30%	20.75%	◆	DoN	2016/17 Q1
Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions	22.40%	25.32%	◆	DoN	2016/17 Q1
Readmissions within 30 days for Selected HIG Conditions	15.50%	17.48%	◆	DoN	2015/16 Q4

Table 2: Monitoring Indicators

Percent of Priority 2, 3 and 4 Cases Completed Within Access Target for Cancer Surgery <sup>1</sup>	N/A	91%		ATC	Nov-16
Percent of Priority 2, 3 and 4 Cases Completed Within Access Target for Cataract Surgery <sup>1</sup>		96%		ATC	Nov-16
CCAC Wait times from Application to Eligibility Determination for Long-Term Care Home Placement: From community setting <sup>1</sup>		20		DoN	2015/16 Q4
CCAC Wait times from Application to Eligibility Determination for Long-Term Care Home Placement: From acute-care setting <sup>1</sup>		10		DoN	2015/16 Q4
Rate of emergency visits for conditions best managed elsewhere <sup>1</sup>		3.2		DoN	2016/17 Q1
Hospitalization rate for ambulatory care sensitive conditions <sup>1</sup>		79.2		DoN	2016/17 Q1
Percent of Acute Care Patients who have had a follow-up with a physician within 7 days of discharge <sup>1</sup>		46.6%		DoN	2015/16 Q4

<sup>1</sup> No established Target; monitoring indicator only

**Current Status legend**

- Indicator has met or exceeded its target
- ▲ Indicator has not met its target but is within a 10% corridor
- ◆ Indicator has not met its target and is not within a 10% corridor

## 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 the Central East LHIN in tracking its Community Engagement activities, an ongoing Calendar of Events is kept up to date and shared 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.centraleastlin.on.ca/showcalender.aspx](http://www.centraleastlin.on.ca/showcalender.aspx).

On January 26<sup>th</sup>, the last in the series of sub-region funding announcements was held in Haliburton at Haliburton Highlands Health System. Board Member Marg Risk announced a total of \$2,663,920 additional funding for the Haliburton and City of Kawartha Lakes sub-region. This funding includes additional hospital funding, pay for results funding, additional base funding for some community support service agencies and additional funding to support wait lists for assisted living for high risk seniors and adult day programs. The event was attended by Haliburton-Kawartha Lakes-Brock MPP Laurie Scott, many local municipal leaders and health service providers.

On February 2, Dr. Judith Armstrong, Dr. Sheila Mae Young and Jeanne Thomas attended the Association of Family Health Teams of Ontario (AHFTO) Central East Regional Good Governance forum in Peterborough. Dr. Armstrong and Jeanne presented an overview of the Central East Primary Care strategy and how to continue to strengthen processes and relationships to work effectively with primary care across our sub-regions.

On February 10<sup>th</sup>, the Communications Team was a guest of the Durham College School of Health and Community Services Gerontology - Activation Coordination class. Katie Cronin-Wood presented information on the role of the LHIN and the value that we bring to the overall health care system, an overview of the IHSP, as well as a brief summary of the *Patients First Act 2016*.

View [news releases](http://www.centraleastlin.on.ca/en/newsandevents.aspx) on the Central East LHIN website at <http://www.centraleastlin.on.ca/en/newsandevents.aspx>.

### **Engagement Tables:**

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.centraleastlin.on.ca/communityengagement.aspx>.

### **Media Relations/Tell a Story:**

Engaging with 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 and Long-Term Care. The goal is to share information that supports the LHIN's Strategic Aims. See <http://www.centraleastlin.on.ca/newsandevents.aspx>

### **Website:**

The Central East LHIN website continued to be the primary vehicle for both communication and engagement with our stakeholders through the posting of monthly Board packages, news releases, patient stories, performance documents and/or engagement opportunities.

Month	Visits by unique visitors	Pages Viewed	% of visitors – New vs. Returning
January	3,954	14,822	59%/41%

## Social Media:

### Twitter:

Twitter is used to generate awareness of LHIN initiatives. As of January 31<sup>st</sup>, Central East LHIN's Twitter account had more than 2,700 followers and followed about 700 accounts.

Following is a summary of January's Twitter activity.

JAN 2017 SUMMARY	
Tweets	Tweet impressions
11	14.3K
Profile visits	Mentions
1,165	24
New followers	
24	

### Top Tweet earned 996 impressions

#Northumberland receives over \$2.6million for health care services! @PortHopeCHC @LouRinaldiMPP @NorHillsHosp bit.ly/14hEUnd #LHINs pic.twitter.com/PTj6DIh6k



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### Top mention earned 124 engagements

**PeterboroughExaminer**  
@PtboExaminer · Jan 11  
New role @CentralEastLHIN for local doctor tinyurl.com/jjcnkf pic.twitter.com/fsI8drWHQ2



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### Facebook:

Through a web-enabled link, tweets from the Central East LHIN Twitter account are automatically posted to the Central East LHIN Facebook page.

### YouTube:

The Central East LHIN YouTube channel is a platform for videos created by the Central East LHIN and links to these videos are sent out via Twitter and Facebook. Additionally, other HSPs use YouTube to post videos which the LHIN repurposes.

### Sound Cloud:

The Central East LHIN uses SoundCloud, an online audio platform, to share audio recordings with its stakeholders. Through the use of a free account, wave files can be uploaded and then hyperlinked to the Central East LHIN website.

## Operations

### Finance:

The Audit and Finance Committee met on January 11, 2017, to review quarterly reports including the Q3 Ministry-LHIN, Consolidated reports and Governance expenses. The Audit and Finance Committee reviewed the Audit service plan for 2016/17 as presented by the appointed auditors Lead Auditor from Deloitte, 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. Deloitte's approach involves consideration on key elements such as

Scope, Materiality, Risk Assessment, Revenue Recognition and Internal Controls. Deloitte will provide an Independent Auditor's Report on the Central East LHIN's Financial Statements and communicate its audit findings to the Audit and Finance Committee to assist the Committee in fulfilling its responsibilities as required by applicable auditing standards.

### **Human Resources Update:**

Janice Kelly resigned from her position as SFPM Administrative Assistant, her last day was February 3, 2017. Since 2014, Janice has brought a strong team spirit and rigour to the work of the System Finance and Performance Management team. SharePoint, Customer Relationship Management (CRM), and the Yellowbrick process all show the clear evidence of Janice's determination to advance the LHIN's work in a standardized and collaborative way. We wish Janice all the best in her future endeavours.

Parisa Mehrfar joined the System Design and Integration unit as a Planner (on contract) on February 6, 2017. Parisa's experience includes being a clinician of interprofessional teams at two tertiary and four remote community centres, as well as a nephrology dietitian at SickKids. Her most recent role was at Nestle Health Science as a Hospital Specialist where she has built partnerships with a broad range of stakeholders and developed project proposals including detailed cost analyses and operational logistics. She has attained a Master in Science from McGill University and is working on completing a Master of Business Administration at Wilfrid Laurier University.

Ron Blakey joined the ETI unit as a Project Manager (on contract) on February 6, 2017. Ron's experience includes a lengthy tenure with the Regional Municipality of Durham, most recently in the role of Director of Technology Services. He then moved to eHealth Ontario as a Manager, Infrastructure Services, and most recently has been a sole proprietor providing contracting services. Ron has a Bachelor of Mathematics from the University of Waterloo and is Information Technology Infrastructure Library Certified.

Suzanne Way joined the Decision Support Unit as a Decision Support Analyst (on contract) on February 6, 2017. Suzanne's experience started off at the General Motors of Canada as an analyst. Suzanne then moved to Peterborough Regional Health Centre as a program support partner and was most recently most recently an instructor for the Health Information Management Program at Fleming College.. She has a Bachelor of Science from the University of Guelph and is a Certified Health Information Management Professional.

Respectfully Submitted,

### **ORIGINAL SIGNED BY**

Deborah Hammons  
Chief Executive Officer  
Central East Local Health Integration Network