

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

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The following is a compilation of some of the major activities/events undertaken in March 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 March 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 to manage the flow of patients across the continuum of care. Representatives from the Central East Community Care Access Centre (CECCAC), Community Health Centres (CHCs), Public Health, Hospitals, Emergency Medical Services (EMS) 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 the season.

Hospital Emergency Management Leads have identified challenges with repatriation, Alternate Level of Care (ALC), and high volumes of Emergency Department (ED) visits related to mental health as contributing factors to hospital surge. The Emergency Management Leads offered the idea of having a community of practice to share surge success stories and continue to collaborate across organizations and sectors until system pressures have resolved.

Health Links:

Lean White Belt Certification

The utilization of quality improvement methodology underpins all work carried out within the Central East Health Links. To facilitate the building of quality improvement capacity within the Central East LHIN and within the Central East Health Links, the Central East LHIN Health Links Project Management Office will be carrying out Lean White Belt Certification with Health Link network organizations throughout the month of March. Training will be facilitated by the Leading Edge Group and geared towards staff, including front-line, who participate in coordinated care planning, or sit on Health Link Quality Improvement Teams.

The Lean White Belt program is an introductory course to learn about Lean and its relevance across the health sector. The program also enables participants to recognize those processes and activities that provide value and quality care for patients and those who are wasteful which contribute to inefficient services and dissatisfaction. The training will take place across the three sectors with an anticipated attendance of 150 individuals.

Coordinated Care Plans (CCPs)

The Central East Health Links continue to progress and are actively completing Coordinated Care Plans 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
- Peterborough 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 developed a combined total of 1,216 CCPs for the current funding year.

The Durham West Health Link 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.

Health Links Maturity Journey

Utilizing the Health Links Maturity Journey as a guide, the Central East Health Links recently undertook a current state evaluation to determine each Health Link's maturity in relation to the domains of 1) Identification of Complex Patients; 2) Coordination of Care; 3) Patient-Centred Care; and 4) Measurement and Continuous Performance Improvement. With the exception of domain four (Measurement and Continuous Performance Improvement), it was felt that the Central East Health Links are operating at a functional level of excellence.

The current state evaluation also assessed the maturity of each Health Link network organization against the Maturity Journey. The results of the evaluation will be used to develop individualized action plans that will guide the work of each Health Link network organization, identify training and education needs and form the foundation of the Central East Health Links' 2017/18 Project Plan. The Central East Health Links Project Management Office will be developing the Central East Health Links' 2017/18 Project Plan throughout March 2017.

Central East Health Links Learning Modules

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.

Community Health Services (CHS) Integration Strategy – Phase II:

Discussions continue on how to effectively interface the Personal Support Services (PSS) Policy Implementation with the CHS Integration Strategy - Phase II as well as to further interface both initiatives with *Patients First: A Roadmap to Strengthen Home and Community Care*. This will mean in part determining how best to advance important PSS standardization respecting: *Intake, Assessment, Care and Service Planning, Care Coordination, Service Delivery and Wait Listing Management* across all CSS organizations and services.

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 and the Municipal Housing Manager group met on February 17, 2017. There was consensus on continuing work to align our collaboration as much as possible, given the process challenges. The next meeting will be held in May when the outcomes of the Housing Coordinator positions will be discussed. The LHIN's work with the City of Toronto has continued as a separate process given the size and diversity of Toronto itself. Central East LHIN staff are currently working with Municipal staff to align planning for the Year 3 allocation of Rent Supplements and Intensive Case Management supports. There are 16 Rent Supplements expected for Scarborough, Durham 4 and 1 Haliburton anticipated to be allocated by the Ministry by fiscal year end (March 31, 2017).

The Central East LHIN has been invited to attend a planning table with the other GTA LHINs and Toronto Community Housing to look at how we might work more closely together. This meeting will be scheduled in the near future. The LHIN staff are planning to meet with Northumberland County staff to discuss their recently released "20K Homes Report - Homelessness Capacity Assessment" at the end of March. The outcomes of this work will be extremely helpful in guiding our joint planning activities – including a very low vacancy rate across the County (0.4 Cobourg to a high of 3% in Brighton), and a high number of Indigenous Peoples struggling with homelessness. The LHIN staff are looking forward to aligning our work with that of Northumberland County to address the needs of Northumberland residents.

Quality and Safety

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

The Central East LHIN Critical Care Network (CE-LCCN)

The CE-LCCN quarterly meeting was held on February 22, 2016 and was well attended by Central East LHIN Critical Care physician and administrative leads. As part of the meeting, the CE-LCCN focused on Central East LHIN Critical Care performance and next steps in terms of evolving the current use of the data and moving towards hospital level performance reporting to inform system level change.

CritiCall provided an update on the Central East LHIN performance with respect to indicators that focused on patient repatriation, and the patient repatriation process. This is an important area of focus for the committee, and a Central East Repatriation Working Group was formed with the aim of optimizing repatriation within the Central East LHIN hospitals and those outside of the Central East LHIN.

The group discussed opportunity to collaborate on common order sets for critical care. This will be a focus of discussion at future meetings. In addition, the CE-LCCN was provided with an update on the Central East LHIN sub-region planning and LHIN renewal, and the importance of Critical Care within sub-region planning. The next meeting has been scheduled for May 24, 2017.

Emergency Care Steering Committee:

On February 10, 2017, the Emergency Care Steering Committee (ECSC) met for its third meeting. Meeting discussion included:

- Update from the Kawartha Medical Conference which took place on November 16, 2016;
- Central East LHIN sub-region planning and LHIN renewal, and the importance of Emergency systems of care within sub-region planning;
- Provincial Emergency Services Advisory Committee update. This included a discussion about the Provincial Opioid Strategy; and
- Discussion about Pay-for-Results process for 2017/18.

The next meeting will take place in April 2017.

IHSP Strategic Aims

Seniors

Behavioural Supports Ontario (BSO):

Central East LHIN BSO continues to work 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 will be used as a basis to launch Quality Improvement initiatives to spread BSO philosophy of care in acute and tertiary care.

Central East LHIN BSO is planning and conducting BSO Education sessions until end of March with Central East Community Care Access Centre (CECCAC), Long-Term Care Homes (LTCHs), Geriatric Assessment and Intervention Network (GAIN), Hospitals and other community agencies. Two full-day Community of Practice events will be held in

March, focusing on the topics of responsive behaviour documentation and how to best understand and support sexually expressive behaviours. A Leadership Summit for LTCH corporate leadership teams is also being planned for March to present on the Central East BSO model, current initiatives, and to elicit input for future planning.

Caregiver Supports:

As part of the Ministry of Health and Long-Term Care's (MOHLTC) focus on the Patients First: Roadmap to Strengthen Home and Community Care, the Minister has asked for advice on how to improve access to and coordination of caregiver supports, including whether and how a new provincial caregiver organization could serve Ontario caregivers. The proposed purpose of a provincial caregiver organization would be to work with current service organizations to close these gaps and bridge these silos. The Central East LHIN staff attended an engagement session in March 2017 to provide input, which will inform advice to the Minister on developing a provincial organization.

Geriatric Assessment and Intervention Network (GAIN):

GAIN continues to work with the Central East BSO Regional Office to understand the current state of BSO in the community and to identify opportunities for standardization. A current state analysis will be completed by the end of March 2017. In 2017/18, GAIN and BSO regional staff will work with local teams to develop a future state model that standardizes processes and embraces local variations, while ensuring an efficient and effective approach to BSO in the community.

Geriatric Emergency Management (GEM):

The Central East GEM Program has developed a program logic model, finalized in February 2017, and established the 2017/18 GEM Work Plan. The Central East GEM Program is currently undergoing a strategic planning process, led by Seniors Care Network, which will support future regional coordination of the program.

Data Highlights

In Q3 2016/17, GEM 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 Practitioners Supporting Teams Averting Transfers (NPSTAT):

Data Highlights

Unique patient encounters for January 2017 were consistent with previous monthly activity. Direct face-to-face encounters totaled 429 across the Central East LHIN, with an additional 92 telephone consults.

As in previous months, the majority (61.2%) of clinical encounters in the month of January were for low acuity patients (CTAS IV and V). Of the patients assessed, 98.9% were managed in the home with only six patients transferred to hospital, five of which were admitted.

Senior Friendly Care:

The Central East LHIN Senior Friendly Hospital (SFH) Working Group continues to meet on a monthly basis to build on existing work that is currently underway throughout the Central East LHIN as well as implement its 2016/17 Work Plan. The vision of this group is to move from discrete initiatives to a comprehensive, coordinated approach to seniors' care and to foster a culture where senior friendly care is woven into the fabric of an organization.

The two-day face-to-face provincial Senior Friendly ACTION event held in March 2017 was attended by representatives of the entire collaborative, including 87 hospitals and close to 400 participants. The agenda included international and local speakers, as well as opportunities for SFH ACTION teams to showcase their work and share their key learnings.

Vascular

Centre for Complex Diabetes Care (CCDC):

In January 2017, there were a total of 46 referrals assessed by Centralized Diabetes Intake (CDI) and forwarded to the CCDC care delivery sites. The breakdown of these 46 referrals is as follows:

- Lakeridge Health (LH) received 13 referrals;
- Peterborough Regional Health Centre (PRHC) received 13; and
- Scarborough and Rouge Hospital (SRH) received 20 referrals.

SRH and LH exceeded the Q3 target number of new patients seen. PRHC did not meet the Q3 target of 42 as they saw 33 new patients in the quarter. This was mostly due to high cancellation and no show rates as well as low referral volumes at PRHC. The three sites combined were serving approximately 591 active CCDC patients at the end of Q3.

Centralized Diabetes Intake (CDI):

In January 2017, the CDI Care Coordinators assessed a total of 167 referrals:

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

Telewound Care:

Ontario Telemedicine Network (OTN) hosted a kick-off meeting on February 1, 2017 and included representatives from Central East Community Care Access Centre (CECCAC), Central East LHIN, ParaMed, Peterborough Regional Health Centre, Saint Elizabeth Health Care and the Scarborough and Rouge Hospital. The key principles of this program are to:

- Support convenient and timely access for patients;
- Maintain and enhance continuity of care;
- Improve communication between patients, providers and specialists;
- Help patients and caregivers become more engaged in their wound care; and
- Apply best practices in wound treatment.

This project is still in the preliminary planning stage.

Telehomecare:

In January, there were 71 patients referred to the Telehomecare program. The program has focused its efforts on hospital Emergency Departments (EDs) to capture referrals for patients who require no in-home support services but who are managing their Chronic Obstructive Pulmonary Disease (COPD) or Congestive Heart Failure (CHF) with frequent ED visits. A total of 98 patients are actively monitored on Telehomecare and receiving regular health coaching and teaching related to their COPD or CHF symptom management.

Central East CCAC Care Coordinators from Peterborough and Scarborough are referring patients to Telehomecare, and there is strong interest from Family Health Teams in both communities. Peterborough Regional Health Centre and Lakeridge Health are both in the planning stages of developing clinics for their COPD and CHF patient populations, with a commitment to include 'Referral to Telehomecare' in their respective processes. Currently, Ross Memorial Hospital has Telehomecare included on the order sets for COPD and CHF patients.

Stroke:

A meeting was held on January 31, 2017 with the three GTA LHINs (Central East, Central and Toronto Central) to further discuss planning for community-based stroke rehabilitation, in alignment with the MOHLTC's Patients First mandate. This meeting focused on development of conceptual models of community-based rehabilitation, including the confirmation of core elements and principles, planning considerations and application of the models to the sub-regions.

Next steps will focus on:

- Expanding population modelling from the Central LHIN to other LHINs using estimated demand for community-based stroke rehab services by postal code (FSA mapping) analysis by sub-region in each LHIN; and
- Determining the feasibility and implications of the different models of care based on estimated demand, resource mapping and critical mass requirements.

This ongoing work involves three LHINs (Central East, Central and Toronto Central) as well as four Stroke Networks (Central East, North and East GTA, South East Toronto and Toronto West). Next meeting is planned for May 2017.

Cardiac Care Network (CCN) and Ontario Stroke Network (OSN) have merged into one organization. Sheila Jarvis is the Interim CEO of the new blended organization. The Strategic Plan was presented to the CCN Board on February 15, 2017 and a spring release is anticipated. Branding is underway and focus groups are being conducted between March 15 and April 15, 2017 to provide input. The CCN's Board's decision regarding the branding is expected to be released on April 20, 2017.

Ontario Renal Network (ORN):

Scarborough and Rouge Hospital currently have two submissions to ORN for additional dialysis stations, one for Bridletowne Neighbourhood Centre and one for the Scarborough and Rouge Hospital (SRH) - Scarborough General site to deal with infection control issues. The ORN has requested more information from SRH to better understand their current and proposed future state, in terms of the number of dialysis stations and patient capacity before they approve and submit the request to the Ministry for consideration. This update was due back to the ORN for another review by Friday March 3, 2017.

Ontario Renal Plan II Goals:

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

- All programs continue to work toward two key objectives as directed by ORN and in review with the Patient-Centred Care Priority Panel. These are:

- Shared decision making: to utilize standardized tools and processes to enable shared decision making, encourage self-management and jointly establish goals of care with patients; and Patient Reported Experience Measures (PREMs): To collect and report on patient experience and outcome measures for targeted quality improvement. There will be two target patient populations who will complete surveys to assess this area. Patients who are attending pre-dialysis clinics and have attended within the last six months, and patients who started dialysis in the last three to six months.

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. Annual Primary Care Day will be held in Durham Region on March 4th, with attendance from primary care physicians.

All programs are on target to participate in the Renal Palliative Training titled “Learning Essential Approach to Palliative Care (LEAP)” on March 29, 2017 to be held at Lakeridge Health. Representatives from all three Regional Programs, Central East CCAC, Hospice, and Dialysis Management Clinics, will be present. Preparations are underway for one or 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 LHIN Palliative Committee in May 2017.

Goal # 3: Improve patients' access to kidney care

Home and Community Care and Access : Lakeridge Health (LH) and the ORN Regional Director, in collaboration with the Central East CCAC, ORN and Hillsdale, have submitted a Briefing Note for review by the ORN to support a change in model of care to enable Hillsdale to continue to support residents on peritoneal dialysis. They are awaiting response from the ORN to enable “ParaMed,” the provider for peritoneal dialysis in the community through Central East CCAC, to provide peritoneal dialysis in Hillsdale. Funding would be directed through the LH Regional Nephrology Program, if approved by the ORN.

Formal Expressions of Interest (EOI) have been received by the Regional Programs, to apply by April 10, 2017 to the ORN, for consideration of a new model of “bundled care” to support assisted peritoneal dialysis care delivery. The Regional Director will be helping to support this application process with the Regional Nephrology Programs, the Central East LHIN, Central East CCAC, and any other required partners in the process.

Renal Dialysis Working Group continues their work to focus on standardization and improve transitions of care for patients receiving peritoneal dialysis. Several meetings have occurred to date led by the CCAC, attended with members from all three Regional Programs, ORN Regional Director, and the providers of Peritoneal Dialysis (PD) services in the community.

Emergency Management Planning: All programs continue to finalize their Emergency Management Plans which are due to the ORN by March 31, 2017.

Mental Health and Addictions

Central East LHIN’s Mental Health and Addiction Strategic Aim:

Building on the work done by the Central East LHIN to date and on the October 5, 2016 event, Deloitte has now undertaken their work on the Central East LHIN Mental Health and Addictions Scan with guidance and oversight from the Project Sponsors. Five provider focus groups have been held in each sub-region with an additional six groups being held with service users and their supporters. One of these groups was held with members of the Central East LHIN

Indigenous Advisory Circles. Once these are complete, a Validation Session will be held at the end of March with a Shaping the Future Session to follow. This project is expected to conclude with the submission of Deloitte's final report on May 31, 2017.

Pan-LHIN Mental Health and Addictions Systems Table:

Central East LHIN staff attended the face-to-face meeting of the LHINs MHA Systems table held at the Toronto Central LHIN on March 6, 2017.

Central East LHIN Mental Health and Addictions Physician Lead:

Arrangements to bring the Central East LHIN's new Mental Health and Addictions Lead into their new role continue. We are hopeful that these arrangements will conclude soon and look forward to making this important announcement as soon as possible.

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

This project is nearing its conclusion as of the end of June, 2017. We look forward to receiving and reviewing the final project report. The ACTT Together Steering Committee is now working on an academic paper outlining the project and its outcomes and has been invited to return to the European Conference on Integrated Care to be held in Oslo, Norway later this year.

Home First @ Ontario Shores:

The Home First Community table challenge remains the lack of appropriate housing placement in the community. Ontario Shores (OS) has prepared a "White Paper on Housing" which will discuss challenges and options for improvement. The paper included a community consultation event which was attended by the Central East LHIN staff. We hope to see this paper released soon. As of January 25, 2017, the Alternate Level of Care (ALC) rate at OS was holding at 16.2% (58 clients) and expected to go up. 50% were waiting for Long-Term Care (LTC). Five clients were waiting for specialized housing for clients with Developmental Disabilities (this is the longest stay group of ALC clients with 1000's of days/years). The second group are those awaiting group home/assisted living. The final group are those awaiting home with community supports (five patients were waiting for home assessments/renovations).

Rent Supplements and Intensive Case Management Supports:

Central East LHIN staff were very pleased to learn that the Ministry expects to release the Year 3 of MHA Rent Supplements and accompanying supports by the end of this current fiscal year. These units are directed by the Ministry policy to be allocated to those who are either homeless or precariously housed, and intended as permanent housing offered from a Harm Reduction model.

The largest number of supplements and supports are directed to Scarborough (16 units), with Durham (4 units) and Halliburton (1 unit) receiving a smaller number of units. It was intended that the Scarborough units would be allocated in Year 3 as the LHIN's relationship with the City of Toronto was in its infancy in Year 1 (2014/15) when initially allocated. The Central East LHIN staff had anticipated that our relationship with the City would have matured to the point where we could collaborate on planning, thus making the allocation of these units more strategic. The Rent Supplement and Support allocations were approved by the Central East LHIN Board and submitted to the Ministry in 2015. The total number of units provided to the Central East LHIN under this provincial initiative was 84. This allocation for FY 16/17 represents the final year of the overall allocation. Currently, the Central East LHIN staff are working with Ministry staff on the allocation formula for another round of Rent Supplements and Supports expected during Q1 of FY 17/18.

Palliative Care

Central East Regional Palliative Care Steering Committee:

The newly formed Central East Regional Palliative Care Steering Committee is in the process of developing a new Palliative Care Strategic Plan and Work Plan for the Central East Region aligning with provincial, Central East LHIN, and Central East Regional Cancer Program direction. The Steering Committee members met for the first of two sessions on February 28, 2017 to begin to develop the Strategy and Work Plan, which are expected to be completed in April 2017. The CERPCSC is co-chaired by the Central East LHIN CEO and Central East Regional Cancer Program Regional Vice-President (RVP).

Palliative Care for the Homeless Population:

The Ministry of Health and Long-Term Care (Ministry) put out a call for proposals looking for innovative models of community palliative care for the homeless population. The Central East LHIN and the Central East Regional Palliative Care Steering Committee are working collaboratively with both health and social service providers in the Durham North East sub-region (targeting Oshawa) to develop a proposal. The proposal will be submitted to the Ministry by mid-March with an expected response from the Ministry by April.

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 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); and
 - Community Care Northumberland (Northumberland County).

Health Service Providers (HSPs) are working collaboratively across all six teams to support implementation and standardization where possible. 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 March 2017.

Palliative Care Education:

The Central East LHIN, in partnership with its HSPs 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 hosted the following Learning Essential Approaches to Palliative Care (LEAP) courses in winter 2017:

- LEAP Core (2-day): Ross Memorial Hospital, February 2-3, 2017;
- LEAP Mini (1-day): Lakeridge Health Port Perry, February 28, 2017;
- LEAP Mini (1-day): Northumberland Hills Hospital, March 2, 2017; and
- Six 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.

The following residential hospice beds are being planned across Central East LHIN:

LHIN Sub-Region	Lead Residential Hospice Provider	Number of Beds
Scarborough North	Yee Hong Centre for Geriatric Care	10
Durham West	Victorian Order of Nurses (VON)	10
Durham North East	Oak Ridges Residential Hospice	5
Durham North East	TBD (currently being led by Clarington Residential Hospice Committee)	5
Peterborough City and County	Hospice Peterborough	10
Northumberland County	Community Care Northumberland	3

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 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 to the extent that they prohibited physician-assisted dying. In June 2016, assisted dying became legal in Canada and Bill C-14 received Royal Assent. 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 of the 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 ensuring access to MAID for all patients regardless of geography. Health Service Providers across the Central East LHIN, including hospital, CCAC, physicians, and long-term care home providers are working collaboratively to provide a patient-centred approach for the provision of MAID.

Indigenous Services

Central East LHIN Indigenous Peoples Strategy:

The Central East LHIN Indigenous Health Planning Circles held their Joint Circle follow-up meeting at the Mississaugas of Scugog Island First Nation of March 9th. The meeting included a consultation with Deloitte regarding the Mental Health and Addictions Scan that Deloitte is conducting on behalf of the Central East LHIN.

First Nations Health Advisory Circle:

The Central East LHIN First Nations Health Advisory Circle met at the Alderville First Nation on March 17, 2017.

Métis, Non-Status and Inuit Health Advisory Circle:

The Métis, Non-Status and Inuit Health Advisory Circle will be meeting again in April, the date has not yet been confirmed.

Provincial Mental Health and Addictions Council:

A parallel process has been taking place with Indigenous communities in Ontario regarding the Mental Health and Addictions needs of Indigenous Peoples. The outcomes of this process were shared with the Provincial Mental Health and Addictions Council during their face-to-face meeting on March 6th.

French Language Services

Central East LHIN staff have been very appreciative of the support from Entité 4 that has been provided in the absence of a Francophone Coordinator. Central East LHIN staff have worked collaboratively on the preparation of their Work Plan for FY 17/18, and will share that plan with the Board once it has been approved and finalized.

Enablers

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. The Central East LHIN, Scarborough Centre for Healthy Communities (SCHC), primary care providers and community partners, under leadership of Dr. Paul Caulford, Primary Care Physician LHIN Lead (PCPLL), continue to respond to Syrian refugees arriving to the Central East LHIN.

Status of Syrian Refugees at the Radisson as of February 27th 2017:

- 85 refugees are currently at the Radisson;
- February 27 to March 3, 2017 - 25 refugees are anticipated to arrive, and 18 are scheduled to depart; and
- March 5 – 13, 2017 - 32 refugees are scheduled to depart.

As the number of arriving Syrian refugees decrease, the next step is to develop a clinic transition plan to ensure the health needs are met, and services are provided to new refugee arrivals.

Primary Health Care Advisory Group (PHCAG):

The Primary Health Care Advisory Group is planning for their next meeting to be held on March 16, 2017 at the Central East LHIN office.

LHIN Sub-Region Primary Care Physician Leads:

On February 16, 2017, the LHIN Sub-Region Primary Care Physician Leads attended a face-to-face planning meeting to further develop a LHIN Primary Care Strategy. Chaired by Dr. Paul Caulford, the Primary Care Physician LHIN Lead (PCPLL), the group received information and discussed:

- Central East LHIN Transition and Transformation;
- Working collaboratively with other Central East LHIN level Physician Leads (i.e. Seniors, Mental Health and Addictions, Emergency Department, Critical Care, Palliative, Vascular, Quality Improvement);
- Health Link (sub-region) Profiles - Understanding our LHIN sub-regions;
- Primary Care Engagement, Empowerment and involvement in sub-regions; and
- Designing a sub-region model together: Key functions of importance from a primary care perspective.

The next steps are to develop an engagement plan by sub-region from (March - June 30, 2017). The Central East LHIN sub-region leads continue to participate in bi-weekly touch-based teleconferences.

Transitions in Care & Electronic Health Information Management

Order Sets for Quality Based Procedures – Provincial Initiative:

This is a provincial initiative project managed by St. Josephs to support the implementation by hospitals of electronic order sets through the vendor Think Research for QBPs. Currently all hospitals, except Peterborough Regional and Haliburton Highlands Hospital, are participating. Ontario Shores has already implemented order sets within the Meditech system and as a Mental Health facility is not eligible.

The Digital QBP Order Sets Regional Meeting was held on February 15 at the Central East LHIN. Facilitated by Think Research project management staff, the group had the opportunity to review the deliverables for the Development phase which was close to completion, and share lessons learned. Ross Memorial and Lakeridge Health each provided helpful tips based on their own experience implementing Digital Order Sets at their hospitals. Both organizations acknowledged the importance of the physician lead. The Implementation Phase is about to commence, with go live and rollouts beginning in mid-March.

PAN-LHIN Ontario MD (OMD) Referral Initiative – Primary care to Specialists:

The agency supporting physician's technology has been tasked by the Ministry of Health and Long Term Care to develop a business case to support referrals of primary care to specialists.

The Pan-LHIN Referral Management Working Group, with representatives from all 14 LHINS, met several times in February to review the draft business case that had been prepared by OntarioMD. During these sessions care was taken to ensure that feedback provided by this team was incorporated into the document. The revisions were then reviewed in a meeting with OntarioMD, and then left for them to discuss internally.

CERRI – Common Electronic Regional Referral and Intake:

The Novari system is being developed as a regional platform for referrals of all types and pathways to support clinicians one stop access to referrals and provide a ‘no door is the wrong door’ option for providers and patients. In the first phase, there are three pathways being implemented: Acute to Rehabilitation and Continuing Complex Care, Diabetes and Cardio Rehabilitation, as well as integration to other systems for ease of use.

Work was executed in February for a Privacy Impact Assessment (PIA) of the NovariHealth cloud environment. This was a joint initiative for the Central East and Mississauga Halton LHINS, with the RFB awarded to Anita Fineberg & Associates Inc. A series of interviews were conducted with stakeholder subject matter experts from each pathway that will be utilizing the new Novari platform. The final report will be presented to the core team in early March, and findings will then be shared with the respective Steering Committees. This activity is a prerequisite for go-live.

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 hospitals received 2016/17 Emergency Department (ED) Pay-for-Results (P4Rs) one-time funding:

1. Northumberland Hills Hospital (NHH):
 - A) \$68,155 – Reduction of Ambulance Offload Time: The twofold objective of reducing Ambulance Offload Time (AOT) is faster care for patients arriving by ambulance and enabling ambulances to return to service more quickly. Improved AOT should result in higher patient satisfaction, improved patient flow, increased system efficiency, and more prompt “hand offs” from Emergency Medical Services to hospital Emergency Departments.
 - B) \$32,188 - This funding is to support the hospital’s implementation of the electronic Canadian Triage and Acuity Scale (eCTAS) tool. This tool provides the Hospital and Central East LHIN with consistent and reliable eCTAS data to better understand the acuity of patients being treated. This funding is intended to cover projected expenses for Information Technology (IT) and Education/Backfill.
2. Campbellford Memorial Hospital (CMH):
\$25,000 - This funding is to support the hospital’s implementation of the eCTAS tool.
3. Haliburton Highlands Health Services (HHHS):
\$25,000 - This funding is to support the hospital’s implementation of the eCTAS tool.
4. Lakeridge Health (LH):
 - A) \$36,350 - Reduction of Ambulance Offload Time (AOT).

- B) \$55,861 - This funding is to support the hospital's implementation of the eCTAS tool.
- C) \$65,000 - Funding to increase the number of certified and fully qualified Emergency Department physicians within the ranks of Central East LHIN hospital ED Physicians to improve the quality of patient care and safety. This will enable a larger pool of ED physicians to staff all of the EDs in the Central East LHIN.

5. Peterborough Regional Health Centre (PRHC):

- A) \$36,350 - Funding to increase the number of certified and fully qualified Emergency Department physicians.
- B) \$41,960 - This funding is to support the hospital's implementation of the eCTAS tool.
- C) \$200,000 - This funding will support the costs of the external expertise needed to assist the developing cluster to develop a governance framework and the preferred pathway to implementing a common Health Information Systems (HIS) platform.

6. Ross Memorial Hospital (RMH):

- A) \$68,155 - Reducing Ambulance Offload Time (AOT).
- B) \$34,425 - This funding is to support the hospital's implementation of the eCTAS tool.

7. Scarborough Rouge Hospital (SRH) – Rouge Valley:

- A) \$136,310 - Reduction of Ambulance Offload Time (AOT)
- B) \$52,405 - This funding is to support the hospital's implementation of the eCTAS tool.

Scarborough Rouge Hospital (SRH) – Scarborough:

- A) \$72,699 – Reduction of Ambulance Offload Time (AOT).
- B) \$50,142 - This funding is to support the hospital's implementation of the eCTAS tool.

Hospital Capital Status:

Lakeridge Health sent the LHIN a pre-capital submission for a Mental Health Inpatient Unit and an Emergency Department (ED) Mental Health Services Unit at its Ajax Pickering site. LH's request is to create two secure examination/assessment rooms in the current ED to assess patients who present at the ED with mental health issues. LH also seeks to create an Inpatient Mental Health Unit in an area that previously was used for mental health and is currently being used for medical patients.

On February 10, 2017, MOHLTC advised Lakeridge Health that it approved two Own Funds Stage 4.1 Working Drawings and Specifications submissions:

- Port Perry Site Electrical Upgrade Project, and
- Durham Regional Cancer Centre (DRCC) Optimization Project

These projects have been accepted and approval to tender. Lakeridge Health will be solely responsible for the capital and operating costs associated with the projects. The Ministry will not be providing financial assistance for these projects, now, or in the future.

On February 13, 2017, MOHLTC approved a one-time capital funding of up to \$5,000,000 to support Master Planning for each of the Scarborough and Durham region hospitals as recommended by The Scarborough/West Durham Panel in its November 2, 2015 report. The approved capital planning grant has been allocated as follows:

- Up to \$2,250,000 for Scarborough and Rouge Hospital to support development of a current/updated Stage 1: Proposal, including a Master Plan, encompassing all the sites of Scarborough and Rouge Hospital;
- Up to \$2,250,000 for Lakeridge Health to support development of a current/updated Stage 1: Proposal, including a Master Plan, encompassing all the sites of Lakeridge Health; and
- Up to \$500,000 for Scarborough and Rouge Hospital to support planning for proposed redevelopment of the Centenary Site Emergency Department.

Hospital Service Accountability Agreement (2008-16 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 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. In consideration of the Lakeridge Health asset transfer and the Scarborough and Rouge Hospital amalgamation, it is anticipated that there will ultimately be eight HAPS submitted, and that seven of the eight HSAA agreements will be signed off by their respective Boards on or before March 31, 2017, and come into effect on April 1, 2017. The Central East LHIN Board of Directors approved a deadline extension for the Scarborough and Rouge Hospital to June 30, 2017. Two of eight HSPs have submitted final HAPS, and HSAA final schedules have been generated for both HSPs.

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 Central East LHIN has obtained additional clarity regarding assumptions made by NHH. Based on the 2016/17 3rd quarter reporting, NHH has confirmed a forecasted balanced operating position for 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. There has been significant due diligence undertaken by the affected entities, with the objective of presenting respective consolidated operating positions for 2017/18. 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 HSPs continue to experience a significant challenge regarding performance results for 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 4th 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.

In light of the additional MRI investment funding announced in January, HSP MRI performance has improved. It should be noted that the legacy RVHS performance for Priority 2, 3 and 4 MRI procedures has improved from 36% in November to 54% in February.

Hospital Sector Working Groups:

Diagnostic Imaging Working Group (DIWG)

The Diagnostic Imaging Working Groups (DIWG) last met on February 17 2017. The DI Directors reviewed and discussed specific performance challenges related to both Computed Tomography (CT) and Magnetic Resonance Imaging (MRI). The legacy RVHS experienced some challenges regarding the management of booking schedules related to the retirement of the booking clerk. However, performance is projected to improve through year-end.

HSPs have uncovered a potential impact on no show / same day cancellation of procedures. If a procedure is rescheduled, the current software continues to capture wait time days based on the original booking date, which negatively impacts the overall wait time days and performance results. It was also noted that the amount of time required between procedures varies across HSPs. Variances relate to Emergency Department (ED) patients requiring an MRI, particularly in the instance where the patient may require a significant amount of equipment to be relocated. Inpatient isolation patients or paediatric patients requiring sedation, also require special set-up. Variability of actual operating hour utilization was also highlighted. Further discussion identified that ED and inpatient MRI procedures are not currently booked procedures, which would impact utilization.

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

Community Sector Funding and Allocations:

Port Hope Community Health Centre (PCHC) has received approval for a one-time, in-year internal reallocation of existing physician surplus funding to increase its Nurse Practitioner (NP) hours of service. Funding is to increase the hours of a 0.6 Full-Time Equivalent (FTE) NP in order to increase services to marginalized CHC clients through targeted primary care outreach initiatives.

The Scarborough Centre for Healthy Communities (SCHC) will receive \$114,200 in base operating funding beginning in 2016/17 for Visiting Hospice Volunteer Services.

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

The 2017/18 MSA Extension is a one-year extension of the current 2014-17 MSA. Health Service providers were expected to maintain or improve service activity at 2016/17 levels. LHIN staff have ensured that the 2016/17 4th Quarter refreshes are up to date (with known funding) and form the basis for the 2017/18 schedules. Also in 2016/17 through the Community Investment exercise, Health Service Providers increased targets in activities in which they are over-performing as a condition of receipt of the Tier 2 funding. Health Service Providers also submitted Service Delivery Change Request (SDCR) forms to request movement of activity or dollars, reductions or increases to targets. A full report on the MSA process to date will be provided at the March Board Meeting.

Performance and Risks:

Central East Community Care Access Centre (CECCAC)

The Central East CCAC anticipates a balanced budget position at March 31, 2017.

The table below identifies the number of patients released from adult waitlists and the number of patients remaining on adult waitlists as of February 20, 2017.

Waitlist	Total Patients Released from Waitlist	Total Patients Remaining on Waitlist
PSS Caregiver Respite Waitlist	301	0
PSS Enhanced Waitlist	1,061	672
OT Waitlist	308	34
PT Waitlist	182	41
SW Waitlist	8	2
NUT Waitlist	5	2
SLP Waitlist	21	8
PSS Regular Waitlist	773	2,234
Grand Total	2,659	2,993

Additional patients will be released from the personal support waitlist and the adult therapy waitlists in early March 2017. The Central East CCAC has monitored overall monthly spend to ensure a deficit position is not created in early 2017/18.

The Central East CCAC is supporting hospitals in surge through the provision of short-term extraordinary service volumes to certain patients who can safely be discharged and cared for in the home with enhanced service levels.

High Level Home Care and Placement Report Update:

Demand on Home Care

- Referrals for physiotherapy and occupational therapy were up significantly in January compared to December; volume of referrals was greater than 10% higher than the average over the preceding 12 months. This did not impact the service waitlist which experienced month over month reductions. The OT waitlist is the lowest it has been in over 12 months.
- Referrals for Rapid Response Nursing also increased and were the highest they have been in over 13 months.
- No new trends or anomalies to be reported at this time for the therapies or school services.

Long-Term Care Sector Updates

LTC Sector Funding and Allocations:

Fifty-eight Long-Term Care Homes received 2016/17 Enhancement of Behavioural Supports Ontario (BSO) In-Year Education funding. This funding is to be used for costs directly associated with training and orientation activities, including course registration fees and workbooks. BSO training includes core behavioural-related courses such as Physical, Intellectual, Emotional, Capabilities, Environment and Social self (P.I.E.C.E.S.), Gentle Persuasive Approach (GPA), U-FIRST, and Montessori. Examples of orientation activities include dedicated BSO hours to train staff how to complete behavioural assessments, implement and evaluate care plans, participate in BSO rounds/huddles, partner home visits for shadowing, and admission planning, including Alternate Level of Care (ALC) to LTC patient transition planning. The total funding allocation for this initiative was \$267,000.

Ten Long-Term Care Homes received 2016/17 Behavioural Supports Ontario Specialized Staffing Resources funding. This initiative is a part of the Central East LHIN's Seniors Aim, Seniors Care Network (SCN) Strategic Directions and the Central East BSO program, which includes trained health professionals and programming helping older people with challenging behaviours resulting from complex mental health, addictions, dementia and other neurodegenerative issues. The total funding issued to the 10 LTC Homes was \$49,388.

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

The 2017/18 Refresh to the 2016-19 Long Term Care Home Service Accountability Agreement process is nearing completion. Sixty-eight Long-Term Care Homes have LSAA agreements with the Central East LHIN. These comprise nine multi-home LSAAs (covering 37 separate Homes) and 31 single-home LSAAs. This year's refresh contained updated schedules and a minor amendment to the LSAA itself (removing reference to a report which is no longer required). Performance indicators, targets and obligations have all remained at 2016/17 levels. Adjustments to schedules were also made to update changes to licence expiry dates for New class beds, and updates to accreditation dates. For more information on the amending agreement or changes to the schedule templates, please refer to the Central East LHIN Board presentation on December 21, 2016.

Multi-Sector Updates

Self Reporting Initiative (SRI):

The 3rd Quarter Community and Hospital SRI reports were due on February 7, 2017. The Central East LHIN received 96% of the Community submissions and 88% of the Hospital submissions by the due date. Central East LHIN staff will review the 3rd Quarter and follow-up with HSPs as required.

Ministry-LHIN Accountability Agreement Performance Indicators:

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

- 90th Percentile Emergency Department (ED) Length of Stay for Complex Patients; and
- Percent of Priority 2, 3 and 4 Cases Completed Within Access Target for MRI Scan.

Central East LHIN did not meet its quarterly MLAA 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);
 - The Central East CCAC will continue to monitor the impact of waitlist removal on this target and it is noted that new patients who require service are being waitlisted upon admittance. All potential cost savings to be derived from service modifications have been considered;
- Percentage of Alternate Level of Care (ALC) Days;
- ALC Rate;
 - The limited LTC bed capacity within the Central East LHIN is negatively affecting this indicator. The Central East LHIN is working with HSPs to develop strategies and improvement plans that would focus on the needs of individuals who need long-term care as a means of meeting the provincial target.
- Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions; and
- Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions.
 - The development of a comprehensive system level Mental Health and Addictions Strategy that is being led by Lakeridge Health and Ontario Shores is expected to lead to a measureable implementation plan that will support the consistent achievement of these MLAA indicators. In addition, the development and eventual opening of a Mental Health Emergency Department at Lakeridge Health Oshawa will assist in providing focused treatment and support to people with concurrent disorders.

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%	86.0%	▲	DoN	2016/17 Q2
Percentage of Home Care Clients who received their nursing visit within 5 days of the date they were authorized for Nursing Services	95%	96.5%	●	DoN	2016/17 Q2
90th Percentile Wait Time from community for CCAC In-Home Services: Application from community setting to first CCAC service (excluding case management)	21 days	52	◆	DoN	2016/17 Q2
90th Percentile Emergency Department (ED) Length of Stay for Complex Patients	8 hours	10.0	◆	DoN	Dec-16
90th Percentile ED Length of Stay for Minor/Uncomplicated Patients	4 hours	4.15	▲	DoN	Dec-16
Percent of Priority 2, 3, and 4 Cases Completed Within Access Target for MRI Scan	90%	58.1%	◆	ATC	Dec-16
Percent of Priority 2, 3, and 4 Cases Completed Within Access Target for Diagnostic CT Scan	90%	95.0%	●	ATC	Dec-16
Percent of Priority 2, 3 and 4 Cases Completed Within Access Targets for Hip Replacement	90%	94.3%	●	ATC	Dec-16
Percent of Priority 2, 3 and 4 Cases Completed Within Access Target for Knee Replacement	90%	88.3%	▲	ATC	Dec-16
Percentage of Alternate Level of Care (ALC) Days	9.46%	17.52%	◆	ATC	2016/17 Q2
ALC Rate	12.70%	24.48%	◆	ATC	2016/17 Q3
Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions	16.30%	23.40%	◆	DoN	2016/17 Q2
Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions	22.40%	30.10%	◆	DoN	2016/17 Q2
Readmissions within 30 days for Selected HIG Conditions	15.50%	16.66%	▲	DoN	2016/17 Q1

Table 2: Monitoring Indicators

Percent of Priority 2, 3 and 4 Cases Completed Within Access Target for Cancer Surgery ¹	N/A	94%		ATC	Dec-16
Percent of Priority 2, 3 and 4 Cases Completed Within Access Target for Cataract Surgery ¹		99%		ATC	Dec-16
CCAC Wait times from Application to Eligibility Determination for Long-Term Care Home Placement: From community setting ¹		N/R ₂		DoN	2016/17 Q1
CCAC Wait times from Application to Eligibility Determination for Long-Term Care Home Placement: From acute-care setting ¹		N/R ₂		DoN	2016/17 Q1
Rate of emergency visits for conditions best managed elsewhere ¹		2.7		DoN	2016/17 Q2
Hospitalization rate for ambulatory care sensitive conditions ¹		70.8		DoN	2016/17 Q2
Percent of Acute Care Patients who have had a follow-up with a physician within 7 days of discharge ¹		49.2%		DoN	2016/17 Q1

¹ No established Target; monitoring indicator only

² Indicators not provided for 2016/17 Q1 due to data quality issue. Once the issue has been rectified, the indicators will be calculated.

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.centraleasthin.on.ca/showcalender.aspx.

On February 24th, Deborah Hammons and Louis O'Brien met with Haliburton-Kawartha Lakes-Brock MPP Laurie Scott. The purpose of the meeting was to introduce Louis to MPP Scott and provide an update on current initiatives and a general discussion about services and future plans. Plans are underway to schedule introduction meetings with all Central East LHIN MPPs and Louis.

On February 28th, staff participated in a consultation session regarding the MCIT (Mobile Crisis Intervention Team) program in Durham Region. Participants included Durham Regional Police, Durham Mental Health, CMHA, Lakeridge Health, Pinewood, Frontenac, Kinark, and Ontario Shores. Discussions were held around potential new models of the MCIT Program.

On March 1st, the Central East LHIN Patient and Family Advisory Committee (PFAC) held their inaugural meeting. The new members of the Central East LHIN PFAC spent time sharing their patient and caregiver stories with each other. The members are anxious to start their work and will be meeting again within the next few weeks to finalize their Terms of Reference and appoint co-chairs.

Staff attended a community engagement session in Scarborough that was sponsored by Scarborough-Guildwood MPP Mitzie Hunter on March 3rd. The topic of conversation was Community Hubs. The session was well attended by many community partners including school boards, mental health agencies, community health centres and other municipal community services.

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

Website:

The Central East L^HIN website continues to be the primary vehicle for communicating with and engaging our stakeholders through the posting of monthly Board packages, news releases, patient stories, performance documents and engagement opportunities. The chart below shows the current visitor activity on the website:

Month	Visits by unique visitors	Pages Viewed	% of visitors – New vs. Returning
February	4,439	16,772	42.3% / 57.7%

Social Media:

Twitter:

Twitter is used to generate awareness of L^HIN initiatives. As of February 28, Central East L^HIN's Twitter account had close to 2,800 followers and followed about 700 accounts.

Following is a summary of February's Twitter activity.

FEB 2017 SUMMARY

Tweets

17

Tweet impressions

14K

Profile visits

1,153

Mentions

28

New followers

31



Facebook:

Through a web-enabled link, tweets from the Central East L^HIN Twitter account are automatically posted to the Central East L^HIN 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.

Respectfully Submitted,

ORIGINAL SIGNED BY

Deborah Hammons
Chief Executive Officer
Central East Local Health Integration Network