Central East Local Health Integration Network
CEO Report to the Board
July 24, 2013

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

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

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

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

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

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

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

Transformational Leadership

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

Physiotherapy Reform:
A major change is occurring in Ontario related to how physiotherapy services, currently funded under the OHIP budget, will be funded in the future. The intent is to improve the availability of these services across the province and significantly boost access for seniors and others in need. As reported at the June Board meeting, there has been extensive activity in this portfolio:

a) **Exercise and Falls Prevention Classes** – The LHIN has been working diligently to understand the current state of OHIP-funded exercise and falls prevention classes to enable continuation of these services post August 1, 2013 when OHIP will no longer be able to be billed for such services. Dialogue with the Ministry is on a regular basis. An initial plan of volumes and locations was submitted on June 14th and continues to evolve daily as new information on classes to be replaced becomes available. It is expected that there will be some locations post August 1 that the LHIN is not aware of and a contingency plan is being developed. All eight lead agencies for this initiative are contacting their respective class locations to ensure as smooth a transition as possible. A weekly teleconference is scheduled with the lead agencies to assist with any barriers to implementation. OHIP-funded classes will be the priority for replacement by August 1, followed by consideration of adding new classes pending available funding. Funding for this initiative will flow directly through the LHINs.

b) **Physiotherapy in Long-Term Care** – All Long-Term Care Homes (LTCHs) have been advised of the changes to physiotherapy services and are now determining how best to procure the services. There is funding for one-to-one physiotherapy in the Homes (based on assessed need) as well as exercise/activation classes for LTCH residents. Funding will flow to the LHINs, who will then fund the LTCHs and amend LSAAs accordingly.

c) **Clinic-Based Physiotherapy** – The Ministry has released a Call for Applications for additional volumes of service in a clinic setting. The new funding model is $312/episode of care (EOC). An episode of care relates to the assessment, diagnosis, treatment and then discharge/transition for a specific issue. The Ministry has requested the LHINs to submit their recommendations on where additional volumes might best be placed within their geographies. This information, along with the applications, will be considered in the decision making process in which the LHINs were to be invited to participate during the last two

weeks of July. The Ministry will flow the funds to clinics initially with the thought that this funding will eventually be transitioned to the LHINs.

d) **Physiotherapy in the Community (CCAC)** – The Central East Community Care Access Centre (CECCAC) has been working at full steam connecting with Retirement Homes and other congregate living settings where physiotherapy on a 1:1 basis previously funded through OHIP is being provided. The intent is to transition current clients over as of August 1, gain an understanding of the magnitude of service levels and then follow through with more in-depth assessments over the Fall. Funding will flow through the LHIN to the CCAC.

e) **Primary Care** - The intent is to enhance the quality and effectiveness of interdisciplinary primary health care programs through the integration of physiotherapists into primary health care settings. The Ministry issued a Call for Applications on June 26, 2013 and are endeavoring to provide notification by the end of August of the successful recipients of funding. This stream is not dependent on the August 1 deadline.

Rehabilitative Care Alliance:
Building on the efforts of several previous initiatives including the Provincial ER/ALC Expert Panel, the OHA Complex Continuing Care and Rehabilitation Provincial Leadership Council and the recent Provincial Rehabilitation and Complex Continuing Care Expert Panel, a new provincial Alliance has been struck called the Rehabilitative Care Alliance.

The Rehabilitative Care Alliance has membership/expertise from across the province. Along with Central East LHIN staff, clinical/administrative leads from Lakeridge Health and Rouge Valley Health System are represented. A request to add representation from a small rural hospital in each LHIN resulted in the addition of a representative from Campbellford Memorial Hospital agreeing to participate in this exciting initiative.

Life or Limb and Repatriation Policy
A provincial “Life or Limb” policy has been drafted with the leadership of Critical Care Services Ontario (CCSO). The purpose of the Policy is to facilitate timely access to acute care services within 4 hours in order to improve outcomes for patients who are life or limb threatened. The adoption of the Life or Limb Policy will contribute to improving patient care, and will ensure standardization of significant elements of the policy and processes both within and across LHINs. While the Policy is still in the approval process, CCSO has committed to holding stakeholder meetings in each LHIN in the Fall 2013. These meetings will be an opportunity to share the finalized policy and to seek feedback on the implementation process locally. The Central East LHIN Critical Care and Emergency Department Physician Leads are working together with the LHIN and CCSO in planning the fall visit.

Health Service and System Integration

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

Orthopaedic Services Task Group:
The Orthopaedic Surgical Task Group (OSTG) has been meeting bi-weekly since late-November.

The Rehabilitation Services Task Group (RSTG) has continued to finalize a report over the month of June, with recommendations being modified and fine-tuned. For example, discussions about siting and sizing resulted in the acknowledgement that certain patient populations need to be considered separately and that a clear statement regarding the increased capacity in outpatient care was needed. How to better integrate preventative

care with rehabilitative services was also discussed. The final report, including an implementation strategy, will be shared with the Central East Executive Council (CEEC) and the Central East LHIN Board in August.

On July 3, 2013 a teleconference took place with Dr. James Waddell to further discuss appropriate strategies and opportunities to further transition the Integrated Orthopaedic Capacity Planning (IOCP) group into the planning stages. The discussion further helped review the concerns raised by hospital CEO's related to key system changes #1 and #2 (siting and sizing, and trauma). We are currently working through refining the process to ensure consensus amongst the CEOs and the OSTG. Next steps include developing within each Central East LHIN cluster an Orthopaedic Planning and Implementation Committee (OPIC) to prepare a directional plan that will:

- Articulate a vision statement and confirm goals;
- Identify 'in-scope' and 'out of scope' objectives;
- Prioritize Key System Changes and Action Steps;
- Describe strategies to achieve the desired outcomes (using the Central East LHIN decision-making framework); and
- Establish future planning and implementation processes and timelines, including required Working Groups.

Early areas of focus will include a detailed description of cluster-based vs. local services and identification of site(s) for cluster-based procedures and design of coordinated trauma response and repatriation.

Maternal Child Health Update:
The Central East LHIN Maternal, Neonatal and Paediatric Advisory Committee met on June 25, 2013. During this meeting, the members developed, reviewed and refined the following areas for the Advisory Committee including a collective vision, a mission statement, values, noble cause and strategic directions.

We will now compile all the feedback and suggestions and circulate amongst our group to reach consensus. During the months of July and August 2013, we will be actively engaged in a roadshow to our hospital stakeholders for feedback and suggestions on our strategic planning and visioning to ensure we are focusing on the appropriate change opportunities and future directions. The Advisory Committee will reconvene in September 2013 for a half-day Strategic Planning session to review feedback received during the summer roadshow and discuss our next steps for the Maternal, Neonatal and Paediatric population in the Central East LHIN.

Health Links:
Health Links was presented to the Central East LHIN Board on June 24, 2013. The following motion was passed:

- Be it resolved that the Central East LHIN Board supports Management's recommendations of future Health Links (Scarborough North, Scarborough South, Durham West, Durham North East, Northumberland, Haliburton Kawartha Lakes) within the Central East LHIN.

- And further, be it resolved that the Board directs Management to proceed with the implementation of future Health Links and bring back to the Board progress reports and other future items requiring Board approval such as funding or integration opportunities.

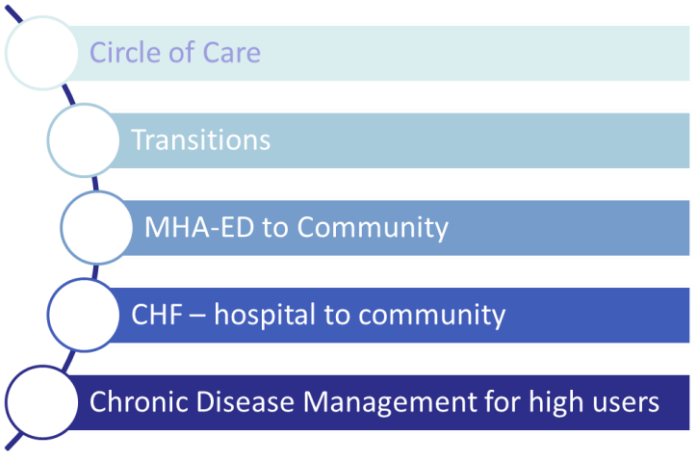
The next steps for Health Links are as follows:

- July 2013: The Central East LHIN will issue a call for interested participants for both the Durham North East Health Link and the Durham West Health Link. The call will be issued to Central East LHIN health services

providers and primary care providers. An engagement session will be held with health care providers to establish go-forward consensus. Interested Health Link participants will submit a "Readiness Assessment" for submission to the LHIN. The LHIN will review this proposal and determine staging for implementation. The LHIN and chosen Health Link participants will submit a Readiness Assessment to the Ministry for its consideration/approval.

- August 2013: A completed Business Case will be submitted to the Ministry for approval.

The Peterborough Health Link continues to move forward with patient interviews to identify change opportunities. In June 2013, the following Improvement Teams were identified by the Design Team and endorsed by the Steering Committee:



Recruitment is underway for the following positions related to the Peterborough Health Link to help support the Improvement Teams:

- 2.5 Improvement Facilitators
- 1 Project Manager
- 1 Data Base Analyst

The Peterborough Health Link also submitted an abstract for an oral presentation to the Health Quality Ontario Transformation Conference in November 2013. The abstract is entitled "The use of patient experience in the development of individualized care plans".

Community Health Services (CHS) Integration Strategy:

Integration Planning Process in the North East Cluster (Haliburton County/City of Kawartha Lakes and Northumberland County):

The Halliburton County/City of Kawartha Lakes Implementation Planning Team (IPT) completed its high level discussions regarding service realignment and has initiated deeper analyses, including economic impact assessments to work towards identifying integration options. Back-office realignment continues to be discussed. Targeted stakeholder engagement was kicked off in June, to be followed by additional opportunities to discuss the process and current thinking with additional groups in July, including mental health providers, the Community Care Access Centre, Emergency Medical Service (EMS) and the Family Health Teams (FHTs). The IPT continues to meet weekly and is targeting to have options identified for the Boards of Governors in the Fall.

The Northumberland IPT is currently focussed on the risk analysis and opportunities for service improvement/realignment for three models. A Request for Service (RFS) was issued to support the financial impact analysis. The team is going to utilize their established evaluation criteria to review the current state model to further inform their analysis of new models. There will be a governors' check-in meeting on July 31st and the team's recommended investment plan for the Small Rural Northern Transformation plan will be prepared in August.

Durham Cluster Community Health Services (CHS) Integration Strategy:
Implementation of the key areas for transformation is underway. The team continues to work with HSPs involved in each of the key components for transformation in the new service delivery model. Notable accomplishment is the signing as of June 13th of the Durham North Zone Partnership Agreement.

The organizations named in this Durham North Zone partnership, have voluntarily agreed to enter into this partnership agreement, in part, in fulfillment of their obligations defined in the Local Health Services Integration Act, 2006 (LHSIA). The Durham North Zone is one of several integrations defined in the "Integration Plan, Community Health Services Integration-Durham Cluster" and "Advancing Integration: The Durham Community Health Services (CHS) Integration Plan".

The organizations named in the Durham North Zone, within the scope of their mandates, will endeavor to build on existing service partnerships and develop innovative approaches to serving clients in their local community. This will be achieved in a coordinated and cost effective manner with priority on high-needs, high-risk and complex clients.

The organizations named in this partnership agreement have committed to collaborating to:

1. Enhance the level of coordination of community health services currently provided by the partners in north Durham Region;
2. Achieve service improvements, coordinated assessment and referral, and better client experiences, where possible, investing any savings in enhanced service capacities;
3. Quantify projected in-year surpluses, if any, by September 1st, or earlier, of each fiscal year;
4. Identify options for spending any projected surpluses each year amongst the named partners in the Durham North Zone within the scope of their Central East LHIN funding mandate;
5. Analyze available health information sources and service profile information to identify community health service priorities and gaps in service and to identify individuals with the highest needs, highest risks and complexity;
6. Identify common clients and opportunities for coordinated and complementary approaches to serving those clients, as allowed by applicable legislation;
7. Explore efficient ways to liaise with other health service providers involved in the care of clients served by the organizations named in the partnership agreement;
8. Develop metrics and an evaluation protocol consistent with the purpose of the Durham North Zone to assess progress and the client experience;
9. Define best practices for rural community health services in the Durham North Zone;
10. Recommend health system improvements to more effectively serve clients with the highest needs, highest risks and complexity in the Durham North Zone.

The representatives of the organizations named in the Durham North Zone have committed to the development of a partnership and strategic alliance and the development of a strategic and operational plan by August 2, 2013. Brock Community Health Centre will prepare a report on the status of the Durham North Zone for the

Central East LHIN Board meeting to be held on August 28, 2013. Further deliverables will be identified in the strategic and operational plan to be finalized by August 2, 2013.

Quality and Safety

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

Behavioural Supports Ontario (BSO) Program:

1. Long Term Care

   An Early Adopter (EA) event was held (entitled: *Looking Back, Looking Forward),* successfully presenting the many accomplishments-to-date of each of the thirteen homes, setting out directions and goals for 2013-14, considering all of the lessons learned since the Fall of 2011. With 66 people in attendance, the EA homes were well-represented, as well as strong representation from the Integrated Care Team, the Design Team and the BSO Team. Feedback from those attending indicated a high value being placed on the opportunity to network share successes and plan for the future together.

   The remaining focused on and committed to BSO spread, three BSO Implementation Table meetings occurred in June. The EA homes continued to demonstrate strong leadership and support in helping to ensure BSO spread into Phase 2 homes.

   The Northeast Community of Practice (CoP) held an event at Victoria Manor. The event was extremely well-attended, with 64 attendees from across the LTCHs, including as well representation from Geriatric Mental Health Outreach Teams (GMHOT) Rouge Valley Health System (RVHS), Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT). Feedback indicated virtually all being either “satisfied” or “very satisfied” with the event. Networking, group discussions, case studies and success stories continue to provide much of the focus for CoP meetings.

   In an effort to standardize LTCH referral practices procedures across the GMHOT, the PDSA testing of a one page, common referral form was expanded to include two more homes including The Wynfield and Ontario Shores.

2. Metrics and Evaluation

   The BSO Team is continuing to work with LTCHs in the collecting and reporting of the required metrics, resulting in more Phase 2 homes reporting in a timely and effective manner.

3. Ontario Geriatric Mental Health Outreach Team Exchange

   The 28th annual *Ontario Geriatric Mental Health Outreach Team Exchange* was held in Peterborough. The two-day event has long traditionally provided an opportunity for the over 60 GMHOT teams in Ontario to come together and in an interactive format, share learning and experiences. But in recent years, with the ever growing and evolving world of Geriatric Mental Health, representation from across the sector has expanded. This year saw representation from the Alzheimer Knowledge Exchange (AKE), Seniors Health Knowledge Network (SHKN), GMHOTs, Geriatric Mental Health Addictions workers and **BSO partners**. The exchange, in a setting lending itself to inquiry and education, set a common goal of: *optimal care and quality of life for the seniors they serve*. Dementia and BSO-related topics were a main focus at the exchange.

IHSP Strategic Aims

Seniors

Assisted Living for High Risk Seniors Projects in Scarborough:
The basic premise of the Assisted Living program in the Central East LHIN is that effective community-based Assisted Living services may make substitutions from Long-Term Care Homes that are possible for high risk seniors and also make it possible to support them at 'home' longer. The High Risk Senior is not an easy group to support and often presents challenges to the existing structure of the health care system. The Central East LHIN, CECCAC, Carefirst Seniors and Community Services Association and Yee Hong Center for Geriatric Care are working collaboratively in supporting about sixty seniors in total (Yee Hong and Carefirst are serving thirty clients each) in Assisted Living settings.

Adult Day Program in Whitby:
In the first quarter, Community Care Durham (CCD) has served 27 clients and provided 301 days of service.
The transportation issue is in the process of being resolved. After many consultations with Durham Region Transit (DRT)the only way they will provide service to the Adult Day Program is if CCD change the direction of the one way flow of traffic turning into the driveway. This is because of safety issues. The way the traffic flows currently requires clients to disembark onto the driveway (where there is the risk of oncoming traffic) and not onto the sidewalk. For safety reasons DRT will not allow this. CCD has met with the building owner and have received permission to change the direction of the flow of traffic. CCD intends to complete this work during the month of July after they have informed clients, volunteers and staff of the change, and have the necessary work completed. The availability of accessible transportation plays an integral part in the success of the program.

CCD is continuing to promote this new service through newsletters, website, and leaflets at doctor's offices, meals on wheels bags, churches, libraries, recreation centers and through the CECCAC. They are also encouraging prospective clients who are on the Pickering waitlist to consider Whitby as an option. CCD plans to hold an official Open House in the Fall. Clients who are attending the program have provided excellent feedback.

Specialized Geriatric Services:
Work has continued with the Regional Specialized Geriatric Services (RSGS) entity in improving the system of care for frail seniors. Collaborative discussions have continued between RSGS, BSO and Geriatric Assessment and Intervention Network (GAIN) as opportunities to work better together are explored. Discussions on the role that GAIN can play in serving the initial high risk populations related to Health Links have been initiated at a high level.

Vascular Health

Cardiac Rehab:
Cardiovascular Rehabilitation and Secondary Prevention (CRSP) services is an evidence-based strategy. The burden of risk factors for vascular disease is greater in the Central East LHIN than mean levels provincially and nationally. The CRSP strategy of the Central East LHIN targets high risk patients with cardiovascular disease including coronary artery disease, congestive heart failure, peripheral vascular disease, non-disabling stroke, and high risk diabetics to improve long term clinical outcomes and reduce the impact of cardiovascular disease on the Central East LHIN.

In 2012, the Central East LHIN approved a CRSP strategy to create an integrated regional program with regional IT infrastructure, centralized referral and acceptance processes, harmonized referral criteria, standardization of service and volume expansion. Incremental funding was provided to achieve 50% of the regional need by 2014, with an ultimate goal to "close the gap" by 2016. Utilizing LEAN methodology, the

regional CRSP has achieved its primary objectives and all pre-specified performance metrics in 2013. Additionally substantial efficiencies were realized reducing cost per patient by more than 20%. In 2014, the service will exceed target volumes by 25% and achieve recommended wait time targets.

Diabetes:
The Diabetes and Vascular Health Team are wrapping up their outreach visits to all the Diabetes Education Programs (DEPs) that are accountable to the Central East LHIN. As part of the outreach, an overview of the internal processes, stakeholder engagement, patient satisfaction and clinical outcomes alongside barriers are being assessed. The Diabetes and Vascular Health team has also been engaged in an evaluation process looking at what key performance indicators are currently captured within the DEPs.

Stroke:
The governance of Stroke services across the Central East LHIN has facilitated the Diabetes and Vascular Health Team to organize a Stroke Care Working Group with regional coordinators and directors. Part of the groups' deliverables include: understanding the impact by the Quality Based Performance within the Health System Funding Reform, reviewing gap analyses surrounding stroke services across the continuum to rehabilitation and secondary prevention. As well, quality indicators which will feed into a report that will be submitted for review to the Health System Funding Working Group. The report will provide recommendations around the funding for infrastructure and resource allocation of stroke services within the Central East LHIN. The goal is to align with the stroke best practices, improve the quality of care, and improve equitable access which will lead to an increase in the number of days people spend in their communities. Most recently, a survey has been created by the Stroke Care Working group to be sent to designate Health Service Providers, which will delineate where the gaps are for stroke best practices in the region and help identify gaps and opportunities to improve quality of stroke care for all in our region.

Renal:
All Central East LHIN Regional Nephrology Programs have had two (2) key areas of foci: **1)** continued roll out of the new Chronic Kidney Disease (CKD) Funding Model; and, **2)** continued collection of data elements for measuring and reporting to the Ontario Renal Network (ORN). Both initiatives will require the programs to make clinical and operational changes to ensure targets are met and associated funding, including quality based procedure funding, is acquired and maximized. The ORN is meeting with each program to provide a review to ensure that the new readjusted rate and bundled model are understood and the Central East LHIN has been kept up to date on the changes. In regards to the data collection and reporting, there are multiple elements per patient that will need to be captured. To sustain quality reporting, the three CKD programs have been requested to sign a Memorandum of Understanding that will allow the set up and management of an electronic data system to be implemented in all CKD hospitals. This system will enable programs to view their data to support quality improvements that enables reaching of targets and ORN mandated expectations. To support this data collection, all three programs are exploring hiring of a coordinator to ensure quality reporting.

There is also a review with the Ministry, ORN and the Regional CKD programs for the capacity of a Dialysis Management Centre for Ajax-Pickering locations. The ORN is in the process of selecting a Regional Director for the Central East LHIN.

Mental Health and Addictions

Assertive Community Treatment Team (ACTT) Value Stream Mapping:
The first phase of the ACTT Value Stream mapping concluded with a "Reveal Day" held at Ontario Shores on June 26. This half day event was well attended by the various ACTT Teams across the LHIN, along with several ACTT Team representatives from outside the LHIN who attended via OTN. The final report of the ACTT working groups and oversight group was provided, along with a "hands on" training event with the ATR, (ACTT

Transition Readiness Scale). The training was provided jointly by Gary Cuddeback, Ph.D., from the University of North Carolina, Chapel Hill, who created the tool and Dr. Susan Farrell and Bill Dare from the Royal Ottawa Hospital. The Royal Ottawa Hospital has been piloting this particular tool and presented their findings regarding its potential for use in Ontario at the ACTT provincial conference, held in October of 2012. The final report and recommendations will be provided to the Central East LHIN in the coming months. The Oversight Committee members have requested an opportunity to present their work and recommendations for moving forward to the Central East LHIN Board.

Durham Collaborative Project:
Central East LHIN staff have been following the Durham Collaborative Project that is currently being developed by the Centre for Addiction and Mental Health (CAMH). It is the understanding of LHIN staff that this project is in its implementation phase. The LHIN has now been informed that three additional Collaboratives are to be established. Both the Durham and Northeast Cluster will be the sites of two new Collaboratives, while a Justice Collaborative will be established in East Toronto. This will include three LHINs: Central, Toronto Central and Central East. Discussions are planned between the three LHINs regarding this initiative.

Ontario Shores – Home First:
Home First at Ontario Shores has been proceeding successfully. Team meetings are being held on a bi-weekly basis. This work has highlighted some of the very complex needs of people who are receiving treatment at Ontario Shores and who are faced with significant challenges in finding a community placement. Many of these challenges relate either to complex medical needs, or to the need for high support behavioural interventions required to address assaultive behaviours.

Hospital to Home (H2H):
The Central East LHIN Hospital to Home Steering Committee met at the Canadian Mental Health Association (CMHA)-Durham on June 7. The Durham Coalition Group has been meeting on a monthly basis to discuss operational issues. Data analyses from the hospitals are showing some modest gains. One of the identified challenges has been capacity. It has been difficult for staff, particularly in the Northeast Cluster, to continue to respond to service requests while providing the short term case management required to prevent unscheduled visits. Data issues continue to be an important topic of discussion in terms of collecting and analysis of the information. The local Durham Coalition is working on the “small operational issues” that have a strong effect on the outcomes. These include some refinement of internal hospital processes, finding innovative ways to respond to Emergency Department (ED) visitors who do not have a phone number or address. The annual summary from the project is in process and will be available within the next month.

Lakeridge Health/Pinewood Strategic Plan:
Congratulations to Lakeridge Health/Pinewood Centre on the completion of their Strategic plan. The Plan is now in the process of being approved prior to release. Central East LHIN staff were very pleased to be included in this process, and look forward to supporting Lakeridge Health as they move forward with their plan.

Central East LHIN Paediatric and Adolescent Mental Health Advisory Committee:
The last meeting of the oversight group was held on June 14 to approve the final report and determine a plan for moving forward. A Business Case to support this plan is in the process of preparation and will shortly be submitted to the LHIN.

Canadian Mental Health Association – Haliburton Kawartha Pine Ridge (HKPR):
Central East LHIN staff were pleased to attend the final Annual General Meeting of CMHA Kawartha Lakes as they have transitioned to the new CMHA – Haliburton Kawatha Pine Ridge (HKPR) on June 20. It was a very moving event, and well attended. Both staff and board members were recognized for their many years of service and dedication to the organization and to their clients.

Palliative Care

Provincial Hospice Palliative Data and Performance Subcommittee:
During the May Data and Performance Subcommittee kick-off meeting, representatives were asked to complete an Environmental Scan template in order to identify current palliative and end of life data sets, indicators and research to date. Over the past few weeks, Central East LHIN and Cancer Care Ontario representatives have been worked together to collate all Environmental Scan information provided.
The Co-Chairs, James Meloche and Sara Urowitz, were meeting in July to strategize on an approach to complete the environmental scan. Discussion highlights will be communicated to the broader Data and Performance Subcommittee members. A Framework Evaluation task group was also struck to highlight recommendations to support evaluation and assessment of identified palliative indicators.

Laura Macdougall has stepped down as co-chair of the committee, and Sara Urowitz, Program Manager for Palliative at Cancer Care Ontario has taken her place. This change will promote greater alignment with CCO's Palliative Program.

Provincial Palliative End of Life Networks (PEOLCN):
Provincial End of Life Network Coordinators and LHIN representatives participated in a teleconference in late June to discuss items of common interest including:

- Clarification of Fall 2013 Declaration of Partnership Deliverable;
- Involvement in/relation to Health Links and palliative care planning;
- Residential Hospice funding & models; and
- Accountability Agreements – existing palliative care indicators/performance obligations.

The discussion resulted in a decision for further clarification on the required Fall 2013 deliverables due to varying interpretation. The group also agreed that further detail outlining the specific expectations and timelines of these objectives would be useful to moving forward, as well as help to achieve greater provincial consistency and alignment. As a result, a PEOLCN representative agreed to present the group's discussion and request for further clarification at the next Provincial Hospice Palliative Steering Committee.

Central East Hospice Palliative Care Network (CEHPCN or the Network):
The Network continues to meet on a monthly basis to develop a Central East LHIN Regional Palliative and End of Life Strategic Plan to support achievement of the 2013-16 IHSP palliative Aim. This includes identification of gaps and recommendations focusing on integrating and enhancing palliative and end of life transitions across acute, community and Long-Term Care settings.

Recently, Network members agreed to establish the following working groups to support in depth discussion regarding recommended priorities and next steps. Working groups a include *Long Term Care Working Group* and a *Transitions within Acute to Community Working Group.*

Both groups supported individual teleconferences and identified next steps, including 1) a meeting with Hillsdale Estates LTCH to review their Palliative and End of Life Care Program supported across all three of their sites; and, 2) a meeting with the Regional Manager for the GAIN Clinics to discuss opportunities to enhance palliative and end of life transitions from hospital to home. The working groups were scheduled to provide updates to the broader CEHPCN during our July discussions.

Hospice Palliative Care stakeholders in the Scarborough Cluster continue to meet to highlight regional palliative care opportunities. Recently, representatives from The Scarborough Hospital met with Network members to

discuss the hiring of a one-time Project Manager to help guide the broader Scarborough group in their palliative and end of life discussions.

Aboriginal Palliative Report:
The Canadian Institutes of Health Research recently released the research paper entitled, "Provision of Palliative and End-of-Life Care Services to Ontario First Nations Communities: An Environmental Scan of Ontario Health Care Provider Organizations".

The purpose of this research was to identify direct care services that the Ontario government provides to individuals who are designated as palliative and live in First Nations communities. The research also sought to document some innovative practices in Ontario for providing access to palliative care services in First Nations communities.

Overall findings include: regional awareness and knowledge of palliative care programs provided in First Nations communities; palliative care innovative practices in First Nations communities in Ontario; as well as barriers and strengths in the delivery of palliative care services to Ontario First Nations communities. Based on these findings, the report highlights six recommendations in order to address palliative care needs of First Nations people. Recommendations are geared towards LHINs and End of Life Care Networks and will be presented to and discussed at the July Central East Hospice Palliative Care Network meeting.

Aboriginal Services

Métis, Non-Status and Inuit Health Advisory Circle:
The Metis, Non-Status and Inuit Health Advisory Circle did not meet in June.

First Nations Health Advisory Circle:
The First Nations Health Advisory Circle met on June 27, 2013 at the Scugog First Nation. The agenda was quite full, with presentations and discussion from the Central East LHIN Diabetes Team, the CECCAC, and Lakeridge Health Cancer Centre. The discussion centred on moving forward with specific strategies that included the finalization of the MOU between the Alderville First Nation and the CECCAC. The Central East LHIN Diabetes Team is looking forward to forming relationships with the four First Nations located in the Central East LHIN. The Circle also considered the implications of the motion passed by the Central East LHIN Board at the May Board meeting related to Aboriginal Cultural Competency. The Circle will be working toward determining accountability mechanisms related to this competency, and will be reporting to the Central East LHIN Board on their progress. The next meeting of the Central East LHIN First Nations Health Advisory Circle will be held in September, and the Joint Circle meeting will be held on October 10, 2013, at a location to be determined.

Cancer Care Ontario Aboriginal Navigator:
Tracy Soloninka of Lakeridge Health Cancer Centre attended the Central East LHIN First Nations Advisory Circle meeting to discuss their plan to hire an Aboriginal Patient Navigator. The idea was well received, and the resulting discussion was quite lively. Tracy will be working in partnership with Circle Members to ensure this process meets their needs.

Ontario Telemedicine Network (OTN) Capacity for First Nations:
Central East LHIN staff were very pleased to learn that both the Alderville First Nation and the Curve Lake First Nation are both going to receive OTN equipment. This will make a significant difference in the accessibility of health care services in those communities.

Mental Health and Addictions:
A follow up to the initial meeting held at the Curve Lake First Nation regarding working with Mental Health and Addictions Service Providers in the Northeast Cluster to alleviate Mental Health and Addictions issues on the Curve Lake First Nation took place on June 19, 2013. All of the Health Service Providers who attended the initial meeting in April were present. In addition, Marcie Williams, the new Mental Health and Addictions worker supported by MCYS was in attendance.

The discussion was an excellent one, and built on the original discussion in April. Now Curve Lake has OTN capability, which has opened up a plethora of new opportunities to provide service to people in the community. The intent of these meetings was to establish a relationship between the providers and the Curve Lake First Nation. That has been accomplished. A follow up meeting will be held, but has not been scheduled.

Enablers

Improving Access to Primary Care

Primary Health Care Advisory Group:
The Primary Health Care Advisory Group (PHCAG) met May 22, 2013. The PHCAG provided input and advice to the LHIN team regarding implementation of the IHSP Strategic Aim related to Mental Health and Addictions, as well as the future phase of Health Links development in the LHIN. The group last met on June 26, 2013, an update will be reported on next month.

Access and Wait Times – Including Emergency Department, Surgical and Diagnostic Services

Pay for Results:
In the 2012/13 fiscal year, the Ministry of Health and Long-Term Care provided the Central East LHIN with a one-time Pay for Results allocation. As stipulated in the funding agreement between the Ministry and the Central East LHIN, any unspent funds and any allocated funds not used for the intended and approved purposes are subject to recovery in accordance with the Ministry's year-end reconciliation policy.

The ministry is now engaging in the reconciliation process for these funds. The Ministry has shared a financial reconciliation template with the LHIN and has requested that information be completed for each of the sites in the LHIN and be submitted to the Ministry by July 31, 2013. The Central East LHIN is working with all the hospital partners in completing this task.

Transitions in Care & Electronic Health Information Management

Resource Matching and Referral (RM&R):
On July 9, 2013, eeach of the three provincial clusters performed simulation exercises to test the standards for all pathways prior to initial implementation. The intent for the simulation and initial implementation is that a coordinated approach for learning and knowledge transfer can be used, applying a provincial lens. Each LHIN has been asked to identify HSPs for initial implementation.

For the past months at Central East we have been working diligently to meet the various provincial deliverables. Locally, we have been working on finalizing the process maps for Rehab and Complex Continuing Care. Resources required to fully implement are almost in place.

Given these requirements, it is important to acknowledge at the present time, implementing a process locally and then aligning to the provincial standards will mean that we have to implement a process two times with changes to be incorporated within a very short timeframe. This will have a huge impact on implementation and change management. The Central East LHIN will now aim to participate in the provincial Simulation Exercise and align our implementation to the provincial timelines.

Central East LHIN eHealth Program Manager:
With the new eHealth Program Manager now in place, development of a current state briefing note for each technology initiative is being prepared for August that will be provided to the hospital CEOs in the Central East LHIN, Central East LHIN Senior Team, Information Management/Information Technology stakeholders and the Board.

Timely Discharge Information System (TDIS):
The TDIS system, now operational for more than two years, is being reviewed for improvement in maintenance, monitoring, scalability and potential for additional uses in the Health Links context. A current state assessment is being conducted which will include a survey to users over the summer. In addition, work is underway to activate Ontario Shores in the system, to complete the conversion of seven physicians who have moved Med Access as their Electronic Medical Record and correct any outstanding issues with the system. Discussion is ongoing with the Connecting GTA (cGTA) project to determine TDIS' place in the project.

Connecting GTA (cGTA):
Underway since January 2012, the LHIN has various levels of participation in this project to:

a. Provide a repository of patient data for the six LHINs in the central cluster, and
b. Provide view access through a common portal for clinicians to view the data in order to provide better access to information and deliver improved care. Currently, Phase I early adopters (The Scarborough Hospital, Rouge Valley Health System and Lakeridge Health) have completed the population of the repository and are working with the cGTA teams on view access. It is expected to go live in November 2013.

Wave 2 in the Central East LHIN includes Ross Memorial, Rouge Valley Health System and Peterborough Regional Health Centre working to provide data to the OLIS system (Ontario Laboratory Information System) through CGTA and then will also access this information through the CGTA viewer expected also in November 2013.

Work is being done over the summer to identify potential participants for Wave 3 – view only into the repository that will be offered to community-based organizations. A Town Hall will be held in August to introduce the initiative and provide an opportunity to the community agencies to determine their participation. This initiative is being reviewed in how it can support the Health Links initiative.

Clinical Information System (CIS) Refresh – Requirements Development:
Hospitals led by Lakeridge Health are pursuing an update of the Clinical Information System (CIS) and are working with HealthTech in a discovery phase to develop requirements to support an RFP. The process has been made open to all hospitals in the region and there are hospitals in other LHINs interested in participating. The eHealth Program at the LHIN is supporting the engagement and development of these requirements.

SUBMIT:
Work is being completed on a reporting server to provide a reporting system to both the LHIN and users that are separated from the transaction system to ensure no performance degradation to the clinicians and hospital users. Testing is being done and should be made available in August to the users; there will be a webinar hosted by Novari to refresh the reporting capabilities of the system.

Fiscal Responsibility

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

Funding and Allocations:

Hospital:

$337,100 Reallocation of funds resulting from the beds in Abeyance (BIA) 3-year approval to Northumberland Hills Hospital (NHH) for restorative care therapy.

$235,125 Urgent priority funding to Ross Memorial Hospital (RMH) for cardiac rehab program.

Hospital Sector

Post Construction Operation Plans (PCOP):

Peterborough Regional Health Centre (PRHC) and Lakeridge Health (LH) worked closely with Central East LHIN to update their 2013/14 PCOP Funding Requests (existing). Their LHIN CEO endorsed reports were submitted to the MOHLTC in June.

Hospital Service Accountability Agreement (2012/13 H-SAA):

A draft copy of the next version of the Hospital Annual Planning Submission (HAPS) forms have been received for review and feedback. All issues and suggestions previously submitted by the Central East LHIN staff have been incorporated. There were no additional changes submitted by Central East LHIN at this time. The provincial steering committee is meeting in early July and plans to release a refreshed H-SAA agreement prior to the September 30th deadline when current agreements expire.

Capital update:

On a quarterly basis, staff prepare for the Board an update on hospital, community health centre, long-term care facility, community mental health/addictions or other community capital projects (Appendix A). Information is gathered primarily through bi-monthly meetings with the MOHLTC's Health Capital Investment Branch (HCIB). Highlights of this quarter include:

- Lakeridge Health Care Hospital: In Aug 2012 LHC submitted a self-initiated/un-solicited Stage 1 Proposal for the proposed Bowmanville Emergency Dept and Related Clinical Services project (hospital priority #1)and the proposed Oshawa Cancer Diagnostic Services Expansion project (hospital priority #2), as well as Master Programs for Port Perry and Whitby. To date no MOHLTC approvals have been granted. Once MOHLTC initial comments are shared with the LHIN, the LHIN team will initiate the development of comments. It is anticipated that MOHLTC feedback will be available this summer;
- Scarborough Hospital: No active review of capital projects will be conducted by LHIN team until the outcome of the Scarborough Hospital Integration process is known. As such, it is anticipated that the LHIN will be able to re-initiate any capital review in the Fall/Winter 2013.
- CHCs capital development in Pickering (The Youth Centre) is proceeding through approval Stages. A new MOHLTC team has been assigned from HCIB and transition is underway/nearing completion. A Stage 2 submission is anticipated from Brock CHC to MOHLTC, at which time the LHIN will be asked to provide comments to HCIB and Brock CHC.

The next capital update will be provided in October 2013.

Hospital Risks:

PCOP Recovery – Peterborough Regional Health Centre (PRHC) and Rouge Valley Health System (RVHS)

The MOHLTC has informed the hospitals of their confirmed recovery amount for the period up to 2010/11 and notified them that this will be deducted via bi-weekly payments occurring in 2013/14 (beginning as of August

15th). The hospitals have confirmed that they have budgeted for this recovery. Possible further recoveries for PRHC are possible, which are not budgeted for and would prove to be destabilizing to the hospital. Central East LHIN staff are continuing to closely monitor the situation and work toward a successful resolution with the Ministry and hospital.

2012/13 Year End Financial Results at Northumberland Hills Hospital (NHH)
NHH has shown an audited operating 2012/13 year end deficit. Although the work done to reduce the pressures has been extensive, the net deficit (as per audited financial statements) of $753K includes net restructuring expenses and building amortization costs.

At the March 27, 2013 Central East LHIN Board meeting, a motion was resolved that the proposed NHH H-SAA Amending Agreement made as of the 1st of April, 2013 and amending the 2008/13 H-SAA by extending its term to September 30, 2013 and by replacing the 2012/13 Schedules with 2013/14 Schedules, be approved with the following conditions:

- NHH is required to use the current facilitated integration process with its community and hospital partners to identify sustainable solutions that will address the hospital's on-going financial pressures. These solutions will be tabled back to the LHIN as part of the integration planning report process; and,

- NHH is to develop and submit to the Central East LHIN Board at its July 24th, 2013 meeting, a plan to pay down any increase in working funds deficit generated during fiscal 2012-13.

Hospital Sector Working Groups:
Wait Time Strategy Working Group (WTSWG)
The WTSWG met at the end of June and discussed the new MLPA wait time indicator —% of Priority IV Cases Completed within Provincial Access Target. 2012/13 performance results were reviewed and most hospitals were meeting the target of 90% for cataracts, hips, knees, cancer and CT. For MRI, the MOHLTC and the Central East LHIN are in negotiations to determine the target. The group also discussed Wait Time Information System (WTIS) data versus coded data for the tracking of volumes. Clarification from the MOHLTC is being sought as to which type of data should be used for volume reconciliations.

Since the hospitals are operating without confirmation of 2013/14 volumes, the LHIN Board approved the commitment of 25% of the 2012/13 QBP volumes at the May Board meeting.

Diagnostic Imaging (DI) Working Group:
The DI Working Group met in June and hosted guest speakers from University Health Network (UHN) to discuss their DI appropriateness tool project. There is significant alignment between the early work that UHN has completed and preliminary work done to date on the Central East LHIN DI centralized booking system project (DIRECT). The Central East LHIN intends to pursue discussions and plans to integrate this work into the DIRECT Project proposal and re-scope the DIRECT Business Case and Plan.

There will be no DI Working Group meetings in July and August, with the next meeting being held on September 27th, 2013.

Hospital-Community Care Access Centre Financial Leadership Group (HCFLG):
There was affirmation that the Central East LHIN hospital three-year financial scenario planning document is forecasting estimates of future year hospital pressures (not deficits). All hospitals are working to mitigate these pressures and are taking the necessary steps to balance their budgets. A continuation of the -2% worst case

Health Based Allocation Model (HBAM) assumption was maintained given results for our hospitals this year and last. There is still significant uncertainty/risk at this level.

There was extensive discussion and queries regarding the changes in funding for Quality-Based Procedures (QBP). These changes included the carve out and funding methodology vs. prior year methodology. The group discussed implications for current year funding allocations and planning for next year.

Healthy System Funding Reform Local Partnership (HSFR LP):
Health System Funding Reform (HSFR) funding results were released to Central East LHIN hospitals. These results were presented to the Central East LHIN Board in June 2013. The Central East LHIN Local Partnership (LP) continues to plan for the delivery of evidence-based care contained in the clinical handbooks for each quality based procedure QBP. A gap analysis related to stroke care is being initiated in early July. Staff at the Central East LHIN continue to work with hospital staff to ensure there is a detailed understanding of the HSFR funding impacts.

Community Sector: Community Support Services (CSS), Community Health Centre (CHC), and Community Mental Health & Addictions (CMHA)
Multi-Sector Service Accountability Agreement (M-SAA):
The M-SAA Advisory Committee met in early June and the plan is to finalize the M-SAA in October and launch the Community Accountability Planning Submission (CAPS) process in November. Membership for the M-SAA Planning & Schedules Work Group and the M-SAA Indicators Work Group is being finalized. An M-SAA Communiqué confirming the administrative details is expected to be issued soon.

Performance and Risks:
Central East Community Care Access Centre (CECCAC)
The CECCAC has achieved good results through Q1 2013/14 and is on track to a balanced position by March 31, 2014. There is evidence of some growth in service demand through the April to June period which resulted in the surplus trending lower through Q1 with two (2) weeks of deficit in June. Nursing service volume growth through May has now leveled off.

The ratio of admissions to discharge was 1.01 in June reflecting modest growth in admissions. The efficiency initiatives implemented in 2012/13 are still in place. Further work continues in areas such as point of access and medical supplies to achieve additional efficiencies.

The provincial budget and post-budget high-level announcements indicate additional home care funding is to be allocated to the community sector. Base funding adjustments may allow the CECCAC to begin to address the personal support waitlist and minimize future potential ALC/ED impacts. The recently announced provincial physiotherapy strategy includes an enhancement to the provision of in-home services by CCACs. The CECCAC is working with retirement homes and other partners to assess physiotherapy needs and ensure the program is ready to implement on August 1, 2013.

Community Health Centres (CHC)/Community Support Services (CSS)/Community Mental Health and Addictions (CMHA):
Port Hope Community Health Centre (PHCHC)
Two local physicians in the Port Hope community were set to retire at the end of June. Their combined practice has 1,200 patients. They have not been able to find a replacement physician(s) to take over the practice.
These patients will most likely have to access the hospital and walk-in clinic for care.

PHCHC is aware of a physician who is interested in joining their CHC on a full-time basis. This would allow the PHCHC to take on the patients who are currently seeing the retiring physicians. The current wait list for primary care is 1,013 clients. The Central East LHIN is currently exploring options to allow this expansion at PHCHC.

Long-Term Care (LTC) Sector

Long-Term Care (LTC) Sector Funding and Allocations:

$373,130 Reallocation of Behavioural Supports Ontario (BSO) funds from Streamway Villa ($23,530 for 0.5 FTE PSW) for additional personal support workers. Also reallocation of BSO funds from Fairhaven ($349,600 for 7.0 FTEs) to the following homes for additional personal support workers

Amount	LTCH	FTE
$ 72,085	St Joseph's at Fleming	1.5
$ 51,314	Warkworth Community Nursing Home	1.0
$ 48,048	Extendicare – Lakefield	1.0
$ 77,611	Tendercare Living	1.5
$124,072	Hillsdale Estates	2.0
$349,600	**Total**	**7.0**

Long-Term Care Home Low Occupancy Recommendations:

In summer 2011, the MOHLTC implemented a short-term funding policy to support LTC homes with occupancy rates under 97% until a longer term solution could be identified and implemented (as outlined in the *LTCH Occupancy Targets Policy Amendment* as of January 1, 2011*).*

> "*On March 1, 2012, the Ministry of Health and Long-Term Care (MOHLTC) announced the extension of the 2011 interim measure in the LTCH Occupancy Targets Policy with amendments. The purpose of the interim measure is to provide interim relief to LTCHs experiencing occupancy between 90 to less than 97 percent, provided that Homes meet certain conditions. A fundamental change from the 2011 interim measure is the active involvement of the Local Health Integration Networks (LHINs) in working collaboratively with Homes to ascertain the root cause(s) of their occupancy challenges, review and endorse Action and Implementation Plans developed by the Home to address their occupancy issues, and to evaluate the effectiveness of those plans. If the LHIN endorses the Home's Action and Implementation Plans, and provided the evaluation of those Plans is positive, funding will be provided as follows:*
>
> - *For occupancy between 90% to less than 94% - actual occupancy + 1% of maximum resident days*
> - *For occupancy between 94% to less than 97% - actual occupancy + 2% of maximum resident days.*
>
> *The LHIN must provide its endorsement to the Ministry by June 29, 2013. For 2013, the LHINs must submit to the LLB a list of LTCHs which the LHIN does or does not endorse to receive the actual plus 1-2% funding. This list must be received by the LHIN Liaison Branch before May 30, 2014."*

In addition to the low occupancy plan endorsement required by the MOHLTC, the Central East LHIN expanded the scope to include discussions with LTCHs which were struggling with the L-SAA Long-Stay Utilization target. The Central East LHIN L-SAA Agreement, Schedule D, stated that "All LTCHs in Central East LHIN will have a performance target of ≥98%. Homes that are not able to meet that target will work with the Central East LHIN to develop occupancy improvement plans".

The MOHLTC provided the following list to the Central East LHIN for LHIN endorsement:

1. Craiglee Nursing Home Limited
2. Strathaven Life Care Centre

3. Extendicare Toronto Inc. (Extendicare/Scarborough)
4. Tony Stacey Centre For Veterans Care - Royal Canadian Legion District 'D Care Centre
5. Ina Grafton Gage Home

The following LTCHs were added to the LHIN list during the L-SAA process:

1. Extendicare Oshawa
2. Extendicare Peterborough
3. Extendicare Guildwood
4. Pleasant Meadow Manor
5. Streamway Villa
6. Kennedy Lodge
7. Tendercare Living Centre

A Low Occupancy Improvement Plan template was developed and sent to all of the above homes in February 2013 along with an agenda for the teleconference with the Central East LHIN. The CECCAC Program Director, Chronic Disease Management and Senior Manager, Placement participated in all of the meetings as it was recognized that the CECCAC and LTCHs together play an integral role in the occupancy and system flow.

Most of the LTCHs requiring LHIN endorsement were required to submit Occupancy Improvement Plans with the exception of Craiglee which is under new ownership and is performing significantly better. For the other LTCHs, completion of the plan was optional; however, meetings were held to discuss any issues and facilitate dialogue with the CECCAC.

In addition to the occupancy improvement plans submitted by the LTCHs, they were asked to report on their 2012 occupancy and project their 2013 occupancy. This data was compared with actual MOHLTC 2011 occupancy data and CECCAC 2011, and 2012 data. The MOHLTC 2012 data has not yet been published.

Dependent upon verification of actual 2012 data with the MOHLTC to verify that occupancy is below 97%, Tony Stacey Centre For Veterans Care - Royal Canadian Legion District 'D Care Centre will receive a Central East LHIN recommendation for “top up funding”.

It has been concluded that endorsement is not required for the remaining homes as follows:

- Glen Hill Terrace - Strathaven Lifecare Centre
- Ina Grafton Gage Home
- Craiglee Nursing Home Limited
- Extendicare Toronto Inc. (Extendicare/Scarborough)
- Streamway Villa

Based on the analysis, the following actions will be taken to monitor Occupancy and Occupancy Improvement Plans.

1. To monitor the Convalescent Care Bed occupancy with respect to Extendicare Scarborough.
2. Tony Stacey Centre For Veterans Care - Royal Canadian Legion District 'D Care Centre to be monitored closely with an update meeting to be held in Q2.
3. Homes such as Extendicare Scarborough with initiatives such as waitlist flow management will be asked to share best practices. The Central East LHIN will facilitate a teleconference with all older C class homes to discuss initiatives aimed at branding, improving flow, etc.
4. CECCAC will continue to maintain dialogue with LTCHs in cooperation with the Central East LHIN.

5. The Central East LHIN will facilitate a follow up conversation between Kennedy Lodge and the CECCAC to ensure that all possible actions are being taken to improve flow.
6. Follow up is required with Tendercare Living Centre around their short stay program and the system implications of reducing their program.
7. Streamway Villa was not on the MOHLTC's original list but should be added for verification of 2012 data and subsequent recommendation to the MOHLTC.
8. Monitor outcomes of CECCAC initiatives.

LTC Sector Performance and Risks:
The Central East LHIN continues to work with Ina Grafton Gage Long-Term Care Home. Progress is being made with respect to receiving their 2011 audited financial statements.

An update regarding St. Joseph's at Fleming (SJAF) was provided to the LHIN from the ministry, stating that admissions have been put on hold by the Compliance branch of the MOHLTC for the purpose of the ongoing investigation. The Catholic Health Corporation of Ontario which is the Catholic health care sponsoring agency for a system of 16 health care providers in the province (including SJAF), issued a press release on June 26, 2013 to state that they have restructured the Board of Directors of SJAF. The Board now includes new Directors as well as previously-serving Directors, with a mandate to provide the best possible care for residents into the future. The new Board composition provides much-valued continuity and gives new members an opportunity to share their in-depth knowledge and understanding of governance within the long-term care sector. Some of the new members also serve on the Board of Providence Care in Kingston, and have considerable expertise in long-term care governance. On July 15th, Mr. Paul O'Krafka was appointed by the Board as the new Chief Executive Officer.

Cross Sector

Ministry-LHIN Performance Agreement (MLPA) Performance Requirements and Risks:
The April 2013 MLPA dashboard has been prepared (Appendix B). All Surgical and Diagnostic Imaging targets were met in April.

The Central East LHIN 90th percentile wait time (WT) for cancer surgery increased slightly from 37 days in March to 41 days in April. This is still below the 2012/13 negotiated target of 49 days. Compared to last month, the wait times primarily increased for RVHS and TSH, although they were still below the Central East LHIN target. (Note that the wait time for TSH, previously impacted by surgeon vacation time in the summer, substantially decreased in October due to ongoing waitlist management and increased operating room [OR] time.) The 90th percentile wait time for cataract surgery increased from 97 days in March to 110 days in April. This is well below the 2012/13 negotiated target of 135 days. Compared to last month, the wait times primarily increased for LH, NHH, PRHC and TSH, although they were well below their H-SAA targets, except for TSH. TSH received fewer volumes last fiscal year than in previous years, resulting in deferred surgeries, which led to increased wait times in April. Note that RVHS will no longer be performing cataract surgery starting in 2013/14 and their volumes are being transferred to TSH.

The 90th percentile wait time for hip replacement surgery increased from 145 days in March to 195 days in April. This is above the 2012/13 negotiated target of 179 days. Compared to last month, the wait times primarily increased for LH, RMH and TSH. The increased wait time for LH was due to surgeon unavailability and several long-wait cases. LH continues to work actively with surgeons' offices to reduce wait times and review data reporting processes. RMH capped their volumes at the end of 2012/13, which led to increased wait times in April. TSH used up their funded volumes last fiscal year and had to defer surgeries to 2013/14, which led to increased wait times this month as well. However, live data shows wait time reductions for Central East LHIN to below 150 days in May.

The 90th percentile wait time for knee replacement surgery decreased slightly from 161 days in March to 160 days in April. This is still below the 2012/13 negotiated target of 179 days. Compared to last month, the wait times increased for all hospitals. Only PRHC, RMH and TSH were above their H-SAA targets. The wait time for PRHC increased due to March Break OR closures and rebounding from Q4 wait time reductions. RMH capped their volumes at the end of 2012/13, which led to increased wait times in April. TSH used up their funded volumes last fiscal year and had to defer surgeries to 2013/14, which led to increased wait times this month as well.

The 90th percentile wait time for MRI scan increased from 31 days in March to 40 days in April. This is well below the 2012/13 negotiated target of 83 days. Additional volumes are an important factor in reducing wait times. Due to the additional LHIN-funded hours provided in January 2013, wait times have significantly decreased for all hospitals in February and March. Compared to last month, the wait times primarily increased for LH, NHH and RMH. Only LH was above their H-SAA target. Patients at LH were already booked into April before notification of additional funding from the MOHLTC in mid-March. However, LH expects their wait time to decrease in May.

Funding/Allocations

At the end of April 2013, the MOHLTC informed the Central East LHIN of the draft 2013/14 Wait Time Strategy (WTS) incremental allocations, which increased significantly from 2012/13. The 90th percentile wait time for CT scan increased slightly from 14 days in March to 17 days in April. This is well below the 2012/13 negotiated target of 28 days, and all hospitals were below the Central East LHIN target.

CENTRAL EAST LHIN

MLPA PERFORMANCE INDICATOR DASHBOARD

Performance effective as of: April 2013

	Performance Indicator (PI)	Indicator Type	Provincial Target	LHIN Starting Point or Baseline 12/13	LHIN FY2012/13 Target	Actual LHIN Performance	Current Status	Trend [1]	LHIN Ranking [3]	Data Source [2]	Reporting Period
1	90th Percentile Wait Times for Cancer Surgery	Access	84 days	47	49	41	●	↑	4	WTIS	April 2013
2	90th Percentile Wait Times for Cataract Surgery	Access	182 days	114	135	110	●	↑	4	WTIS	April 2013
3	90th Percentile Wait Times for Hip Replacement	Access	182 days	163	179	195	●	↑	7	WTIS	April 2013
4	90th Percentile Wait Times for Knee Replacement	Access	182 days	166	179	160	●	↓	2	WTIS	April 2013
5	90th Percentile Wait Times for Diagnostic MRI Scan	Access	28 days	83	83	40	●	↑	7	WTIS	April 2013
6	90th Percentile Wait Times for Diagnostic CT Scan	Access	28 days	23	28	17	●	↑	2	WTIS	April 2013
7	Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution [4]	Integration	9.46%	17.35%	14.8%	15.0%	●	↑	9	DAD	2012/13 Q3
8	90th Percentile ER Length of Stay for Admitted Patients	Access	8 hours	44.53	36	28	●	↓	11	ERNI	April 2013
9	90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Access	7 hours	6.83	7.0	6.0	●	↑	1	ERNI	April 2013
10	90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Access	4 hours	4.33	4.0	4.0	●	↓	8	ERNI	April 2013
11	Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions [5]	Access	TBD	18.66%	17.0%	19.3%	●	↑	11	NACRS	2012/13 Q2
12	Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions [5]	Access	TBD	21.87%	19.6%	22.2%	●	↓	6	NACRS	2012/13 Q2
13	90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management) [6,4]	Access	TBD	56	40	28	●	↓	7	HCD	2012/13 Q3
14	Readmission within 30 Days for Selected CMGs [5]	Efficiency (Quality)	TBD	15.74%	14.9%	16.56%	●	↑	5	DAD	2012/13 Q2

NOTES:

1. Trend analysis comparison to prior reporting period and/or established baseline (where applicable) of current reporting period
2. Data Sources: WTIS = Wait Time Information System. MRI and CT are submitted by hospitals via Central East LHIN's WTIS Working Group's monthly survey
   ALC = Alternate Level of Care; CIHI Inpatient Discharge Abstract Database (DAD), HAB, Intellihealth
   ERNI = National Ambulatory Care Administrative Database (NACRS, CIHI) via Ontario's ER NACRS Initiative (ERNI-Level 1)
   NACRS = National Ambulatory Care Reporting System (NACRS)
   HCD = Home Care Database (HCD), OACCAC, Health Data Branch SAS EG Server
3. LHIN Ranking (1 = shortest, 14 = longest) indicates how the LHIN's current value compares against all other LHINs in the province.
4. 2012/13 Q3 data Trend analysis comparison to prior reporting period
5. 2012/13 Q2 data - Most recent available data
6. No established Target; monitoring indicator only

Self-Reporting Initiative (SRI):
The deadline for the Annual Reconciliation Reports (ARR) submission in SRI is June 30, 2013. The ARR process has been smooth for 2012/13, with 81% of submission uploaded before the deadline.

For fiscal year 2012/13 the ARR was redesigned by the Financial Management Branch (FMB) at the MOHLTC. Communication about the redesigned ARR and the ARR process to HSPs was done via email through the Central East LHIN. All HSPs are required to submit a hard copy of their ARR to both the MOHLTC and the Central East LHIN.

Central East LHIN staff will work together with FMB staff to review 2012/13 ARR submissions and follow up with agencies on any data quality issues.

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.

Engagement Tables and Communication Support
As noted previously in this report, Central East LHIN staff continue to engage with stakeholders on a regular basis to manage the local health care system. For more information on these engagement tables see http://www.centraleastlhin.on.ca/getinvolved.aspx?ekmensel=e2f22c9. Communications staff assists their colleagues in sharing stories that arise from this engagement through public communications. Additionally Communications staff is involved in a number of integration planning team tables.

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

During the month of June, the Central East CCAC celebrated caregiver recognition through their Heroes in the Home program. This new recognition program allowed nominations for outstanding caregivers from our communities. Joanne Hough and Valmay Barkey represented the Central East LHIN at Heroes in the Home events in Port Hope and Peterborough. Heartwarming stories of care were shared with the attendees and the CCAC reported over 130 nominations were received from across the LHIN.

Samantha Singh brought greetings on behalf of the Central East LHIN to the Grand Opening of the Radiation Suite at Peterborough Regional Health Centre on June 7th.

James Meloche and Brian Laundry represented the Central East LHIN at the Provincial Health Links Planning Day in Toronto on June 17th.

The annual Central East LHIN Communicators Sub-Committee face to face meeting was held on June 18th at Lakeridge Health. This annual meeting brings together the Communications Leads from all Central East LHIN hospitals and CCAC as well as the Central East LHIN Communications team to discuss shared initiatives and best practices.

Jai Mills attended the "Past, Present, Future" event in Lindsay that combined the close out AGM for CMHA Kawartha Lakes and the celebration of the new, integrated CMHA HKPR organization on June 20th.

James Meloche was the keynote speaker at Community Care Durham's Annual General Meeting on June 21st. Wayne Gladstone also attended and brought greetings on behalf of the Central East LHIN.

The staff and board of the Central East LHIN attended a fascinating day in Alderville First Nation participating in Aboriginal Awareness Training. Feedback from many staff was that it was a very informative, enlightening experience and they gained a greater understanding of the historical and current Aboriginal context and how it impacts interactions with the health care system.

Deb Hammons, along with special guest, Deb Matthews, the Minister of Health and Long Term Care attended a Senior's Summit in Peterborough on June 27th. Organized by the Seniors Planning Table for the City and County of Peterborough, the "P's and Q's of Healthcare" also boasted the participation of Dr. Samir Sinha, Provincial lead of Ontario's Senior's Strategy. Deb Hammons participated as a table discussion lead and was given the honour of thanking Minister Matthews for her participation.

Media Relations/Tell a Story

Engaging with our media partners includes the development and distribution of news stories either through Central East LHIN news releases or repurposing information shared by our health service providers or the Ministry of Health. The goal is to share information that supports the LHIN's Strategic Aims. See http://www.centraleastlhin.on.ca/pressrelease.aspx?ekmensel=e2f22c9a_72_190_btnlink_20.

In June 2013, some of these stories included:

June 7, 2013: I BEAT DEPRESSION – A former Laker talks about how he escaped the darkest period of his life

In his early 20s, Kyle Dupont had already compiled a list of accomplishments that would make any parent's chest swell with pride. With a university degree and a Mann Cup championship with the Peterborough Lakers under his belt, he was by all accounts, a successful guy. He had a circle of friends to fill his Friday nights with and his love for the game led to a stint on a professional lacrosse team in Chicago. Still, he describes the time in his life as a "black hole."

June 21, 2013: LOCAL HEALTH CARE PROVIDERS CONTINUE INTEGRATION WORK – Literature review of regional rural health models highlights innovation and inventiveness

Integration Planning Teams, in both Haliburton County/City of Kawartha Lakes and Northumberland County, are continuing to meet on a weekly basis as part of a facilitated integration process to design new models for how acute care and community-based health services could be better provided to people living in their local communities. The two planning teams, which began meeting in their respective communities in January, include representatives from local hospitals, community health centres and support service agencies.

June 24, 2013: HOSPITALS MOVING FORWARD WITH INTEGRATION PLANNING – LHIN Board extends deadline to provide more time for engagement

The Scarborough Hospital and Rouge Valley Health System will now take the next step in a facilitated integration process, to design and implement a Scarborough Cluster hospital services delivery model, after submitting a 23-page Planning Framework to the Central East LHIN Board at the LHIN's Open Board meeting on June 24, 2013.

Website

The Central East LHIN website continues to be a primary vehicle for both communication and engagement with our stakeholders with ongoing information posted on the 2013-16 IHSP, integration activities, health service provider activities and accomplishments, performance results and accountability agreements.

In June 2013, there were 7,241 visits to the Central East LHIN website made by 4,265 unique visitors. While this is a significant decrease in the number of pages viewed, it is only a slight decrease over the visitor stats seen in May. Visitors called up and viewed 21,134 pages during the month compared to 26,687 in May.

MY PAGE account membership increased slightly in the month of June with 2,294 receiving web alerts for the areas of the website that they have subscribed to. More importantly, 1,224 subscribers continue to have access to password protected collaborative workspaces. The use of the collaborative workspaces allows LHIN staff and other external leads to share documents with Planning Partner teams as they move forward with current IHSP initiatives. However, ongoing challenges with the software will now see some teams begin using the CCAC portal for document sharing and management.

Social Media

Over the past year Communications staff has been using Twitter to generate awareness of LHIN initiatives and opportunities with our followers and those who "retweet" our "tweets."

In May 2013 the Central East LHIN Twitter account had 749 followers and now, as of this report, that number is 787. We continue to attract interest from a variety of stakeholders including provincial associations, health care providers, elected officials and their staff, media and the general public who "retweet" or make comments about what we have posted.

Tweets in June included:

CentralEastLHIN @CentralEastLHIN 28 Jun

- your support in smooth transition to more accessible physio system 4 seniors much appreciated - check out http://bit.ly/153iP8m

OMNI Health Care @omnihealthcare 28 Jun

- There was an incredible documentary on CBC last night - You can see it in the doc-zone here. #longtermcare http://ow.ly/mumTC Retweeted by CentralEastLHIN

LongwoodsNotes @LongwoodsNotes 28 Jun

- To help ensure patient safety @CentralEastLHIN nixes plans for @ScarboroughHosp reorg. http://www.thestar.com/life/health_wellness/2013/06/25/scarborough_hospital_reorganization_nixed.html…via @torontostar

Rouge Valley @RougeValley 27 Jun

- @CentralEastLHIN Bd supports planning framework @RougeValley @ScarboroughHosp. #open_communication... http://fb.me/Nmk9qhxw

Scarborough Mirror @SCMirror 24 Jun

- The @CentralEastLHIN approves merger study for @RougeValley + @ScarboroughHosp but gives hospitals more time - until November - to consult.

YourScarboroughCondo @StcCondos4Sale 21 Jun

- MT @SCMirror: #Scarborough's two #hospital systems to study merger. http://ow.ly/1XNCDs @RougeValley @ScarboroughHosp @CentralEastLHIN

Scarborough Mirror @SCMirror 20 Jun

- Scarborough's two hospital systems to study merger. http://insidetoronto.com/news-story/3849550-scarborough-s-two-hospital-systems-to-study-merger/…@RougeValley @ScarboroughHosp @CentralEastLHIN #ScarbTO #ONhealth

Scarborough Mirror @SCMirror 19 Jun

- TSH CEO says merger with RVHS Centenary is not certain; it must first see due diligence, public engagement and approval by @CentralEastLHIN

Barley Chironda, CIC @barleychironda 15 Jun

- HATS off to @ScarboroughHosp & @RougeValley for gearing up for #CBRN disasters via @CentralEastLHIN: http://www.youtube.com/watch?v=YfH9bATssYY…@Deb_Matthews"

CentralEastLHIN @CentralEastLHIN 15 Jun

- wow! just wow! amazing teams at our hospitals http://www.youtube.com/watch?v=YfH9bATssYY… @scarboroughhosp @RougeValley @Deb_Matthews

Rouge Valley @RougeValley 11 Jun

- Boards @RougeValley & @ScarboroughHosp consider proposed Planning Framework on June 19.... http://fb.me/27EzuSkeX Retweeted by CentralEastLHIN

CentralEastLHIN @CentralEastLHIN 8 Jun

- Same for our #IHSP MT NEW FR Lang. Services Commissioner AR WW receives an Hon. mention http://bit.ly/199pTn6 @WW_LHIN

CentralEastLHIN @CentralEastLHIN 7 Jun

- Congrats2all MT Radiation bunker @PRHC1 is open. First patient gets treated in 2 weeks https://pic.twitter.com/6TTukblfTF

Operations

The Q1 Consolidated report covering between April 1, 2013 and June 30, 2013 was completed and submitted to the Ministry on June 28, 2013. This report will be tabled at the Audit and Finance Committee for review, as well as the Board Governance budget, travel expenses and per diem claims. These reports continue to be reviewed on a quarterly basis by the Audit and Finance Committee as outlined in the Audit and Finance Committee work plan.

The Ministry of Health and Long-Term Care directed LHINs to publish expenses online. Following approval by the Audit and Finance Committee, this information will be made available on the Central East LHIN website and will include claims from the first quarter (Q1) for the Board of Directors, CEO and Senior Directors, to support our commitment to being accountable and transparent.

The Use of Consultants Report 2012-13 was submitted to the Ministry of Health & Long-Term Care on June 28, 2013, this report included all the consultants retained by the Central East LHIN including the breakdown on procurement, value and management of all such services during each fiscal year.

The Performance Management Program (PMP) for Central East LHIN employees continues to be underway, this process includes performance evaluations which measure the key accountabilities related to each position as well as core competencies for the organization. Employees continue to work with their supervisors on completing their Individual Development Plans for the July 2013 deadline.

Staffing Announcements

Yvonne Winkle joined the Central East LHIN as the Interim Administrative Assistant to the CEO and Board of Directors on July 8, 2013. Yvonne's past experience includes administrative support roles at the Canadian Cancer Society, Ontario Real Estate Association and the Ministry of Health and Long-Term Care in the Health System Strategy Division. Carol Cudmore's last day in this contract role was on June 12, 2013.

Melissa Chard joined the System Design & Implementation unit as an Administrative Assistant on July 15, 2013. Ms. Chard holds a Medical Administration diploma from Durham College and her past work experience at the

Hospital for Sick Children involved supporting the Department of Paediatric Laboratory Medicine and the Chief of Paediatrics.

Other Announcements

HealthForceOntario Central East Regional Advisor, Amanda English is National Recruiter of the Year: Our very own Amanda English was recognized by the Canadian Association of Staff Physician Recruiters (CASPR) as the National Recruiter of the Year in May at their annual conference in Saskatoon. The award is given to an outstanding physician recruiter who demonstrates innovation and presents as a role model for future recruiters. The recipient also must demonstrate superior commitment and passion for physician attraction, recruitment and retention, all of which Amanda does a fabulous job with in the Central East LHIN. Congratulations Amanda – you deserve it!

CMHA HKPR Amalgamation Savings used to Create Three New Front-Line Positions: The Canadian Mental Health Association Haliburton, Kawartha, Pine Ridge Branch Board of Directors announced on July 5th that as a result of savings realized from the amalgamation of the Kawartha Lakes branch and the Peterborough branch, three new front line positions were created, including a Mental Health Case Manager - Hospital to Home program in Peterborough, a Housing Support Worker in Kawartha Lakes and a Peer Outreach worker in Kawartha Lakes and surrounding area.

Lakeridge Health Receives International Recognition for Work on C.diff Controls: Lakeridge Health has drastically reduced its C. difficile rates in the last two years and is now receiving international recognition through the HAI WATCHDOG Awards for efforts to stop the spread of hospital-acquired infections. The award recognizes healthcare facilities that strive to prevent hospital-acquired infections (HAI) through the innovative and effective efforts of dedicated healthcare professionals.

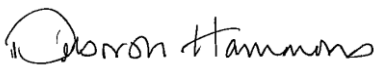
Nurse Practitioner-Led Clinic opens in Scarborough: Hong Fook announced the opening of the HF Connecting Health Nurse Practitioner-Led Clinic in July. The Clinical team includes two dedidated nurse practitioners and an administrative team at present and will expand this Fall to a full roster.

Incoming CEO of Health Quality Ontario Announced: Dr. Joshua Tepper has been appointed to the role of President and Chief Executive Officer of HQO, and will be commencing in this position on September 23, 2013.

Ontario Shores Achieves Accreditation with 'Exemplary Standing' Status: Accreditation Canada provided the organization with the highest designation attainable in July. Accreditation Canada sets standards for quality and safety in healthcare, accrediting health organizations in Canada and around the world.

PRHC Uses Initiative to Keep Employees Safe: July 12th marked 100 days without a 'lost time' injury for staff at Peterborough Regional Health Centre, the organization's previous record was set a 43 days – keep up the good work!

Respectfully Submitted,



Deborah Hammons
Chief Executive Officer
Central East Local Health Integration Network

Appendices

Capital Project Summary LHIN Board

Appendix A

MLPA.pdf

Appendix B

05.12 - BN - Children's Developme

Appendix C

05.12 - BN - Culture Diversity and Equity \

Appendix D

05.12 - BN Mental Health Case Mgmt W

Appendix E