Central East Local Health Integration Network
CEO Report to the Board
March 27, 2013

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The following is a compilation of some of the major activities/events undertaken during the month of March in support of the Central East LHIN's Strategic Directions;

a) Transformational Leadership,
b) Quality and Safety,
c) Service and System Integration, and
d) Fiscal Responsibility.

Transformational Leadership: *The LHIN organization will demonstrate accountability and systems-thinking in all decision-making and leadership actions, reward innovation which is aligned with the Integrated Health Service Plan (IHSP) 2010 - 2013 and model fair, transparent, and honest interaction with one another and with Health Service Providers.*

Service and System Integration/Quality and Safety: *The LHIN organization will create an integrated system of care that is easily accessible, sustainable and achieves good outcomes. Healthcare will be people-centred in safe environments of quality care.*

Fiscal Responsibility: *The LHIN organization will maintain a primary focus on quality as a driver for cost-effectiveness and measure cost efficiency against our strategic priorities.*

The Central East LHIN is working towards achievement of the Strategic Aims of the 2010-2013 IHSP;
1. Save a Million Hours of Time Patients Spend in the Emergency Departments by 2013; and
2. Reduce the Impact of Vascular Disease by 10% by 2013 (2010-2013 IHSP).

Transformational Leadership

The LHIN organization will demonstrate accountability and systems-thinking in all decision-making and leadership actions, reward innovation which is aligned with the Integrated Health Service Plan (IHSP) 2010 - 2013 and model fair, transparent, and honest interaction with one another and with Health Service Providers.

Annual Business Plan (ABP) 2013-2014:
The 2013-2014 Annual Business Plan (ABP) was endorsed and approved on February 27, 2013 by the Central East LHIN Board of Directors. The ABP outlines the necessary action plans to operationalize the first year of the 2013-2016 Integrated Health Service Plan. The ABP will be submitted to the MOHLTC by March 31, 2013.

2013-2016 Integrated Health Service Plan (IHSP):
The 2013-2016 Central East LHIN Integrated Health Service Plan provides a blueprint for change for the local health care system that outlines shared priorities, strategies and proposed outcomes. This document forms the basis of accountability agreements with all Central East LHIN health service providers. The strategic aims were first presented to the Board on September 26, where the aims focused on the "*Community First*" theme.

Emergency Department Physician Lead Activity:
Dr. Gary Mann, Emergency Department Physician Lead for the Central East LHIN hosted a meeting on February 20, 2013 with the Chiefs of Emergency Departments in the Northeast Cluster. All Chiefs, with the exception of the Haliburton Highlands Health Services (HHHS) Chief, were in attendance. The agenda centred around the following key items:

- To provide input on the Emergency Department forms used for the Mental Health and Addictions Common Assessment Tool and corresponding Medical Stability Clearance Form. This input is being sought from Ontario Shores who are project managing this endeavour.
- To initiate dialogue and discussion on system planning for telestroke in the Northeast Cluster. A presentation was received from Jennifer White, District Stroke Coordinator, located at Peterborough Regional Health Centre.
- To brainstorm options around Emergency Department physician coverage during peak times (i.e. vacations, flu season, etc)

The meeting of the Emergency Department Chiefs in Durham and Scarborough (Southwest) was slated for March 20, 2013 a summary from this meeting will be provided in next month's report.

Service and System Integration

The LHIN organization will create an integrated system of care that is easily accessible, sustainable and achieves good outcomes. Healthcare will be people-centred in safe environments of quality care.

Assisted Living for High Risk Seniors:
In 2011-12, the Central East LHIN invested in the implementation of the Assisted Living Services for High Risk Seniors (ALS-HRS) program in Oshawa, Whitby, North Durham, Scarborough, Peterborough and Lakefield. The programs are enabling people to live in their homes and communities longer.

To further address the gap in Assisted Living Services in high-needs areas of the LHIN, new investments for the Assisted Living for High Risk Seniors were made in FY 2012-13 and are intended to prevent unnecessary institutionalization through the provision of community-based services. With an investment of $1.25 million for assisted living services, an additional 120 new clients will be served in the Scarborough and Ajax areas of the Central East LHIN.

Yee Hong Center for Geriatric Care and Carefirst Seniors and Community Services Association will be implementing the program in the Scarborough area of the LHIN. Collectively, approximately 80 individuals will be served. Key characteristics have been taken into consideration that are common to this population in the area, namely a higher number of new immigrants, have lower income levels and some are non-English speaking. The first meeting of the Scarborough hub was held on February 5, 2013 and included staff from the Central East LHIN, Central East Community Care Access Centre (CECCAC), Carefirst Seniors and Community Services Association and Yee Hong Center for Geriatric Care. The agencies are working with the CECCAC on identifying potential clients.

Clinical Service Plan – Orthopaedics:
All LHINs are required to submit an Integrated Orthopaedics Capacity Plan (IOCP) by March 31, 2013. This is in conjunction with several system imperatives including: Health System Funding Reform (HSFR), Quality Based Procedures (QBP) implementation and our ongoing pursuit of quality improvement and system sustainability.

The Central East LHIN, in consultation with various stakeholders including hospital and medical leadership and the CECCAC, is developing an approach that integrates the requirements of the surgical orthopaedic plan and the rehabilitation services planning, focusing on access, quality and value for money objectives and is implementation ready in fiscal year 2013-14. The approach will include three pillars of activity:

a) Orthopaedic Surgical Planning;
b) Rehabilitation Service Delivery Model Planning (inpatient and outpatient); and
c) Transition Management Planning (RM&R).

Orthopaedic Surgical Planning
The Orthopaedic Surgical Task Group (OSTG) has held bi-weekly meetings since late-November 2012. During the months of February and March, the OSTG continued to review and refine the future plan for orthopaedic services in the Central East LHIN. Key action items were defined and discussed, additional data on current state and projected needs were presented, and a decision-making framework was introduced into the future state design. At the February Central East LHIN Board meeting, the progress to date and the plan for engaging hospital stakeholders was shared for information. The final DRAFT Integrated Orthopaedic Capacity Plan will be presented at the March Board meeting for endorsement.

Rehabilitation Service Delivery Model Planning
The Rehabilitation Services Task Group (RSTG) continued to meet bi-weekly throughout February and March. The current state of rehabilitation services in the Central East LHIN has been documented and shared with Task Group members, gaps in services have been identified and a number of strategic recommendations for improvement have been agreed upon. Standardization of care is a key area of discussion and the Task Group is considering recommendations that address standardizing pre-operative education and post-operative care for hip and knee replacements. Implementing more robust data collection is also a recommendation that is being discussed. RSTG members are currently engaging stakeholders and discussing the report within their respective organizations. It is planned that a DRAFT report will be finalized by the end of March and the FINAL report will be tabled with the Central East LHIN Board for endorsement on April 22, 2013.

Health Links:
The Peterborough Health Link (PHL) Design Team successfully submitted its Business Plan to the Central East LHIN on February 18, 2013 and the plan was submitted to the Ministry of Health and Long-Term Care (MOHLTC) on February 22, 2013. Feedback from the Ministry of Health and Long-Term Care was received on March 8, 2013 and is being reviewed by staff. Appendix A is an article that was sent out by the Ontario Medical Association speaking briefly about Health Links.

The Business Plan was accompanied by *Principles for Supporting the PHL Process*. The purpose of the document was to establish a set of foundational principles, to be agreed to by the organizational partners, to guide discussions and actions related to the PHL.

All Health Link partners recognized at the onset of the process that specific details, strategies and tactics supporting PHL will evolve throughout the process and that these principles are foundational guidelines subject to revision only with the support of all organizational partners.

The Guiding Principles are as follows:

1. Improved clinical/patient experience
2. Sustainability
3. Accountability
4. Quality Improvement
5. Commitment and Contribution
6. Communication
7. Community Engagement
8. Confidentiality
9. Flexibility & Innovation

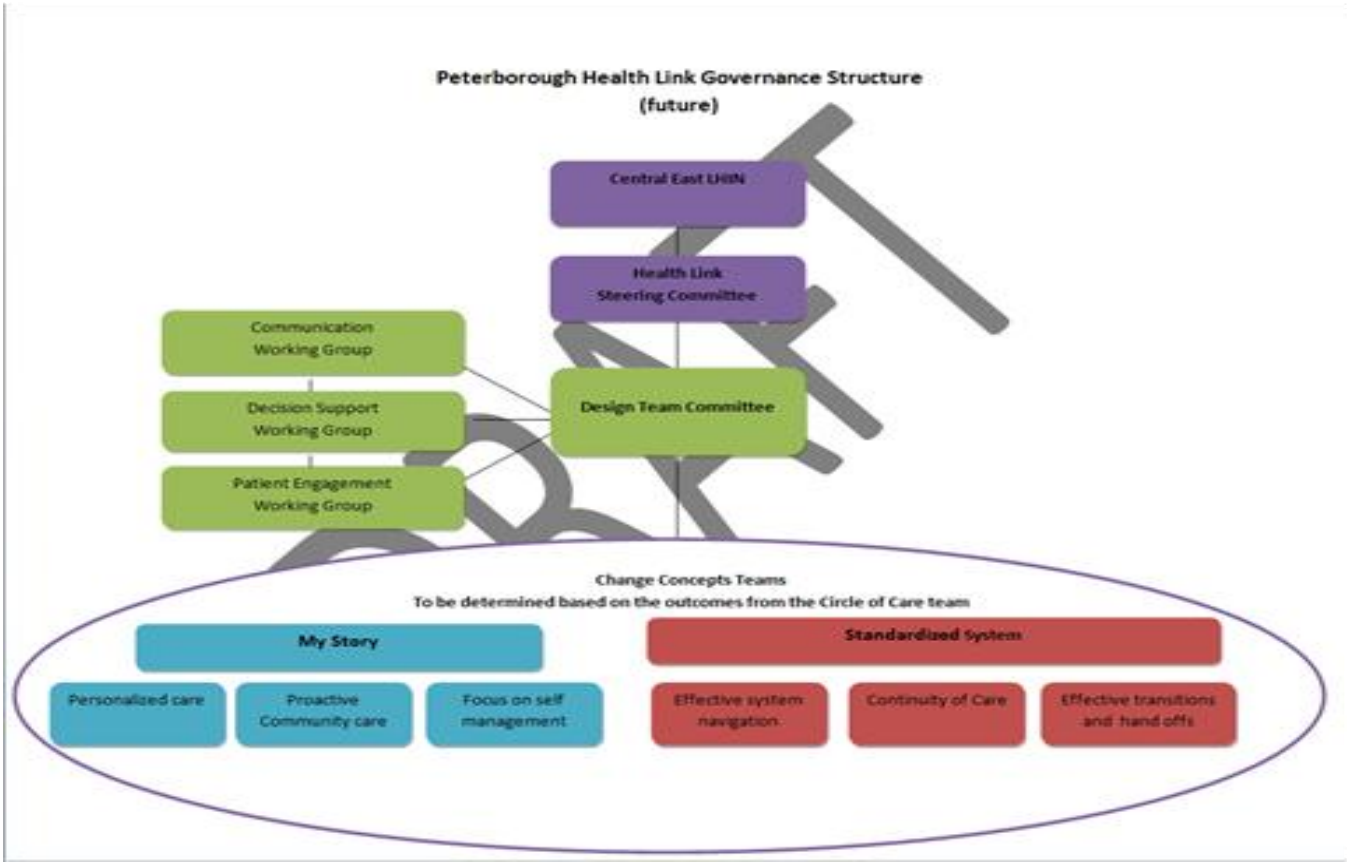
To date, we are focusing our efforts on the following two (2) cohorts:

<u>Identified Patient Cohorts</u>:

- *Cohort I*
  - Resident of Peterborough City and County (identify patients seen at Peterborough Regional Health Centre and readmitted to Peterborough Regional Health Centre).
  - Exacerbation of Congestive Heart Failure and at least one (1) readmission and/or one (1) Emergency Department visit within the past 90 days.
  - Age group 65+.
  - Primary diagnosis is Congestive Heart Failure (upon discharge or admit, will impact Length of Stay (LOS) but not what patient is being treated for) with a co-morbidity i.e. any diagnosis that increases length of stay or resources (current coding definition for a co-morbidity).
- *Cohort II*
  - Primary diagnosis as mental health and/or addictions.
  - Readmits and/or Emergency Department (ED) visits from inpatient psychiatric perspective/admissions to medical units.
  - Emergency Department readmissions within 90 days.

<u>PHL Governance Structure</u>
As the PHL continues to evolve and strategies for the change opportunities for each of the high-user patient cohorts are further refined and developed, breakout Task Groups from the Circle of Care Team will emerge. Each change opportunity will be supported by identified staff and organizations to test and successfully implement change ideas that improve care and patient experience.

The proposed future PHL Structure below is based on the current structure and shows how teams may form to support emerging intelligence and identified opportunities and priorities. It is expected that the Change Concept teams will be dynamic and will frequently re-focus their work to address emerging opportunities.



PHL next steps for March and April includes a face-to-face Steering Committee meeting to discuss reporting obligations; strategic next steps for project; principles for physicians/specialists engagement; and principles for client/patient/caregiver engagement.

A half-day educational session on Experience Based Design (EBD) and Quality Improvement Strategies was scheduled for March 25, 2013.

Maternal Child Health Update:
The Central East LHIN has received one submission from the Hay Group in response to the Request for Proposal (RFP) for the Advanced Neonatal Care and Pediatric Consulting that has been posted through the CECCAC. The Selection Committee will be interviewing the Hay Group on April 3, 2013 to gain a further understanding of the submitted RFP and address any outstanding questions.

The Central East LHIN Maternal Child Youth Advisory Committee held its kick-off meeting on February 26, 2013. The meeting was well attended with approximately 15 stakeholders representing our entire LHIN. The Terms of Reference for the Advisory Committee was reviewed and revised in detail. The next meeting is scheduled for March 26, 2013 where we will further refine the future priorities and direction for this group. The Committee will function in an advisory capacity, providing leadership to all relevant health service providers, partners, key stakeholders, including the Provincial Council Maternal Newborn Health (PCMCH) and the Central East LHIN to support the adoption of evidence-based practice with the goal of improving the health

of mothers and newborns. The overall role of the Advisory Committee will be to promote standardization, implementation of evidence and best practices within women's and children's programs.

Behavioural Supports Ontario (BSO) Program:
For the Behavioural Supports Ontario (BSO) initiative, February was a month devoted to sustainability, which saw the completion, submission and successful evaluation (by the Provincial Resource Team – PRT) of the LHINs' Sustainability Plans, installation of new BSO Responsive Behaviour Communities of Practice (CoPs), increases in the number of people receiving training and continued planning for moving BSO into the community.

Sustainability Plan:
The Central East LHIN's BSO Sustainability Plan, was submitted to the Coordinating and Reporting Office (CRO) on February 15. The PRT, upon reviewing the plan, extended its congratulations to the BSO team in Central East for having satisfactorily met the evaluation elements in the six identified categories (Senior Leadership, Quality Improvement, Measurement and Accountability, Training, Collaboration and Communication, and Remaining Service Gaps). Following submission of the plan, each LHIN was required to present a summary of its plan to the PRT and the other LHINs. Central East presented its plan on February 22 along with six (6) other LHINs (the remaining LHINs were scheduled to present in early-March). Included as highlights for Central East were:

> **Senior leadership** will continue with the LHIN providing oversight to various implementation tables through BSO design team, with the oversight transitioning to the Central East LHIN Regional Specialized Geriatric Services (RSGS) in Q1-Q2 2013/14.
>
> **Quality Improvement (QI) strategy** of Focus, Learn, Spread and Sustain has been central to BSO values and philosophy and has anchored all planning, priority-setting, decision-making, implementation, spread and sustainability (more than 100 people have received Improvement Facilitator Training).
>
> **Measurement Indicators**, BSO metrics developed collaboratively with all Early Adopter (EA) homes and data collection has begun to occur (all LTCHs in early 2013).
>
> **Control Plan** with measures/flags has been identified to assess when a situation is on or off track (utilizing QI processes).
>
> **Education Plan** developed by the Education Committee – anchored in coordinated annual training schedule of BSO-related courses in three (3) clusters and monthly committee meetings.
>
> **Top priorities** across Three Pillars and include: full implementation of QI strategies, Access and Flow collaborative, coaching & mentoring, standardization of tools/processes, transfer and wait times, identifying role of Primary Health Care and caregivers and building capacity across community support and hospital sectors.

BSO Responsive Behaviour Communities of Practice (CoPs):
Over the next several months, the BSO Team in concert with all of the Central East LHIN's LTCHs and Integrated Care Teams (ICT) are holding a series of events aimed at building a BSO Responsive Behaviour Community of Practice to continue to build capacity, knowledge exchange and sustain BSO. Two events were held in February:

- Scarborough cluster: was attended by 66 participants; including 82% representation of Scarborough homes (18 of 22), Integrated Care Teams members and representation from two (2) Durham homes.

- Northeast cluster: was attended by 67 participants; including 89% representation of Northeast homes (25 of 28) and ICT members. The event was expediently and effectively orchestrated by utilizing OTN, enabling the inclusion of six (6) separate sites across the Northeast's large geographic area.

In addition to the excellent participation, the commitment to building sustainability for BSO was strong and extremely apparent at these two inaugural events.

Training:
With additional funding now available for training (including back-fill) before March 31, 2013, there was a significant increase in the number of people trained in February. With the BSO team currently experiencing a staff vacancy in the administrative position, the extent of this increase, including exact figures on courses offered and attendance which will be ready for review by the end of March. However, in the absence of hard data, it is estimated that upwards of 100 people were trained during the month.

Community:
Several Primary Health Care agencies (covering all three clusters) have been identified as potentially viable for conducting planning and small tests of change in partnership with other care provider partners in the community. Initial discussions with these groups was planned for March. These discussions will be helpful to develop the Community Value Stream Map (VSM).

In mid-February, as part of both focus and learn, a presentation was made to ten (10) Nurse Practitioners with the NPSTAT program (an important Integrated Care Team member) regarding BSO in the community. The support and commitment demonstrated by those present is encouraging as the community roll-out gathers momentum.

Mental Health and Addictions

Development of the Central East LHIN Opiate Strategy:
Both Pinewood and FourCAST have been working to implement the Opiate Strategy throughout the LHIN. There has been a great deal of interest from the Aboriginal Communities regarding the Concurrent Disorder Capacity Building Project. Aboriginal Health Service Providers are very keen to get the strategy up and running.

Assertive Community Treatment Team (ACTT) Value Stream Mapping:
A very well received ACTT Learning Day was held on February 1, 2013 at Ontario Shores. The day included presentations from Dr. Ian Musgrave and Dr. Susan Farrell that were very well received. This was followed by a series of events intended to initiate a process of ACTT system improvements. A Project Manager has been hired to oversee the system improvements.

Ontario Shores Centre for Mental Health Sciences/Oshawa Community Health Centre OTN Initiative:
This initiative has been implemented. A full report is expected to be provided to the Central East LHIN at the end of March. The Oshawa Community Health Centre has been able to access Psychiatric Consultation Services from Ontario Shores that has proven to be very beneficial to client care and to building the capacity of the OCHC itself.

Schedule 1 Bed Registry and Common Assessment Tool:
The Bed Registry and Common Assessment Tool will mark its one-year operational anniversary on March 31, 2013. The Steering Committee has been actively involved in the implementation and roll-out and met in mid-March to consider the ongoing oversight of the Project and reviewed its current status.

Acquired Brain Injuries and other Neurological Challenges:
Health Service Providers have been exploring opportunities for people living with acquired brain injuries and other neurological challenges. This group has been discussing their services, challenges and opportunities for improvement. A proposal that increased Day Program Services in the Northeast and Scarborough Clusters was submitted and approved for funding. This was developed by the members of this group and submitted as a joint project. The group includes both hospital and community-based health service providers from across the Central East LHIN. Currently, the group is exploring options for the future and will meet again on April 22, 2013.

Children's Developmental Assessments in the Central East LHIN:
Discussions have been taking place amongst providers to explore the current and future state of comprehensive developmental assessments for children in the Central East LHIN. The group has included cross-sectoral partners such as the Grandview Children's Centre, which has provided an opportunity to build relationships with this important organization. A proposal was submitted for one-time funding that will be used to complete Assessments at The Scarborough Hospital. They have also prepared a proposal for a future team-based project which would increase the capacity of the system to provide these assessments on an ongoing basis. Particular pressures have been noted in the Scarborough Cluster and to a lesser extent in the Durham Cluster. The group has also noted that while the capacity to increase assessments is important, it is also important to consider the services required to address the issues noted in the assessments. This was particularly noted by RVHS in terms of pre-term infants with developmental needs that are critical to address as quickly as possible. A future follow up meeting will be scheduled in the coming weeks.

Ministry of Children and Youth Services Teams in Toronto:
Central East LHIN staff have been attending a series of meetings hosted by the Toronto Central LHIN for the purpose of developing recommendations for expanding the current Ministry of Children and Youth Services (MCYS) Teams in the City of Toronto. The group includes representatives from the Toronto Schedule 1 Hospitals, Toronto Police Service, The Scarborough Hospital and the Toronto Central LHIN. The group is co-chaired by City of Toronto Deputy Police Chief Federico and Toronto East General CEO, Rob Devitt. One more meeting was scheduled to take place in March, where it was expected that the final recommendations would be tabled and then put forward to the Toronto Central LHIN to be finalized.

Integrations

Community Health Services Integration Strategy:
At their open Board meeting on November 28, 2012, the Board of the Central East LHIN passed a series of motions that resulted in changes to the timing, sequencing and scope of the current Community Health Services (CHS) Integration Strategy, first approved by the Board in February 2012, that focused on improving client access to high-quality services, creating readiness for future health system transformation and making the best use of the public's investment.

<u>Integration Planning Process in the North East Cluster (Haliburton/City of Kawartha Lakes and Northumberland)</u>
Both Northumberland County and Haliburton County/Kawartha Lakes Integration Planning Team (IPT) members continue to meet on a weekly basis. To date, the Integration Planning Teams have completed all of the presentations from each health service provider involved in the process, which outlines each agency's history, current state and various aspects of their back office, front line and governace/leadership. A "Request for Service" call was released in early-March to initiate a Literature Review on Hospital and Community Rural Health Hubs.

Next steps for both Integration Planning Teams include the following:

- Hire two (2) Integration Facilitators to support Integration Planning Team processes (18 applications received, joint interview panel established with interviews scheduled in Campbellford that commenced on March 8, 2013).
- Summarizing strengths and opportunities resulting from presentations and documentation submitted to date.
- Begin Options Analysis.
- The next face-to-face Governance check-in meetings have been scheduled for April 2013.

Durham Cluster Community Health Services Integration Strategy

The Integration Plan – CHS Durham was released to the ten (10) Health Service Providers Board for their review and decision on February 12. The Plan was made available on Central East LHIN webpage and accompanied by a news release that has been circulated. The Integration Plan will be brought to the Central East LHIN Board on March 27. The Plan is currently moving through each Board between now and mid-March, where all responses from HSPs will be to submitted to the Central East LHIN office by March 15. The IPT continues to meet weekly – via teleconference to bring forward and discuss any questions or concerns coming forward from stakeholders – their Boards, staff, clients, public.

The ten (10) organizations participating in the Community Health Services facilitated integration process includes Brock Community Health Centre; The Youth Centre (The Barbara Black Centre for Youth Resources); Oshawa Community Health Centre; Community Care Durham; Faith Place Support Services; Sunrise Seniors Place; The Regional Municipality of Durham, Social Services Department (Long-Term Care and Services for Seniors); Durham Hospice; Oshawa Senior Citizens Centre and VON Canada, Ontario Branch, Durham Region Site.

The development of a new Integrated Service Delivery Model for community health services in Durham Region is part of a larger Community Health Services (CHS) Integration Strategy initiated by the Board of the Central East LHIN in early 2012.

Aligned with the LHIN's strategic focus on "Community First," the CHS Integration Strategy will help the LHIN deliver on its goal of helping Central East LHIN residents spend more time in their homes and their communities.

To download a copy of the Integration Plan, please visit the Central East LHIN website – www.centraleastlhin.on.ca – and click on "Resource Documents – Integration – Community Health Services Integration – Durham Cluster"

Northeast Canadian Mental Health Association Integration:

Congratulations to the Board and staff of the newly formed Canadian Mental Health Association (CMHA)-HKPR which will complete their integration process as of April 1, 2013. LHIN staff look forward to attending the celebrations that are planned for June of this year.

Activity Haven Integration:

The Adult Day Program Services currently provided by Acitivity Haven in Peterborough will transfer to VON Peterborough as of April 1, 2013. VON is working with Activity Haven to ensure ongoing programing until a new location is ready in summer 2013. The clients attending the current Congregate Dining Program at the Activity Haven location will continue to receive these services from other providers in Peterborough should they wish. These changes will permit Activitiy Haven to expand their services as an Elderly Person's Centre, while ensuring their most complex clients are served in settings more appropriate to their needs.

Aboriginal Services

Métis, Non-Status and Inuit Health Advisory Circle:
The Métis, Non-Status and Inuit Health Advisory Circle met on January 30, 2013. It is a pleasure to report that the Circle was joined by Michelle Osbourne of the Lovesick Lake Native Women's Association, who will continue to attend the Circle meetings. The meeting was well attended and very active. Members showed strong support and interest in the IHSP and the upcoming Aboriginal Chronic Disease Capacity building initiative.

Central East LHIN staff attended the "Big Drum Social" that was held at the UOIT campus in Oshawa on February 9, 2013. This was a wonderful event with traditional foods, dancing and other activities. Another Social is planned to take place in April. The Métis, Non-Status and Inuit Health Advisory Circle will meet again on April 8, at the Central East LHIN office. Central East LHIN staff have been regularly attending the Durham Aboriginal Circle which is supported by the Oshawa CHC. This is a large Circle that includes many urban Aboriginal providers and community members that has proven to be a very positive connection for the LHIN.

First Nations Health Advisory Circle:
The First Nations Health Advisory Circle met on February 22 at the Hiawatha First Nation. The Circle set its priorities for the upcoming Fiscal Year. These were consistent with the LHIN's 2013-2016 IHSP and included aims related to establishing Memorandums of Understandings (MOUs) with the CECCAC, working with Mental Health and Addictions Service Providers, and local hospital Emergency Departments. The other emergent need is around people living on the First Nation with dementia and mental health or concurrent disorder issues. Providing PSW services has become a challenge. This is related to the need to train PSW's to work with this population and the challenges in training and hiring PSW's overall. First Nations do offer PSW training to residents, but are experiencing great difficulty in attracting community members to these positions. Since the salaries are often low, those who do train as PSW's often leave the community to seek more lucrative employment elsewhere. The First Nations Circle has asked for the support of the LHIN in addressing this complex issue and in determining how the ongoing BSO Strategy might support them in addressing this need. The First Nations Circle is scheduled to meet again on Friday April 12, 2013, and the location is not yet confirmed.

French Language Services

French Language Health Planning Entity and LHINs Joint Action Plan 2013-2014:
Key joint actions have been identified for 2013-2014, in order to proactively achieve results that contribute to improving the health of the Francophone populations of Central-East LHIN region. Joint actions/interventions include:

- Improve access to the right French-language care, at the right place and at the right time for Francophones, as well as improve patient experience and reduce detrimental impact of linguistic and cultural barriers on health system performance. Sectors of actions include: Care for Seniors, Mental Health & Addictions, Primary Care, and Care for patients with a chronic condition. In fact, Central East LHIN and the Entity will specifically:
    - Ensure planning of health services which take the needs of the francophone population into consideration within the implementation of the LHIN's 2013-2016 IHSP.
    - Improve access for seniors to health services in French.
    - Improve access to services in French for francophones with mental health issues.
    - Improve access to primary care in French for the Francophone community.

- Improve the quality of life for Francophone patients with a chronic condition and reduce complications related to these conditions ameliorated by language barriers.

A follow-up meeting took place on February 20, 2013 to develop a FLS/Entity workplan that will focus on specific actions that will promote and work to achieve the Central East LHIN Aims and Priorities in 2013-2014. These actions have been incorporated into the Central East LHIN's Annual Business Plan.

French Language Health Planning Entité 4 Advisory Report 2012:
An Advisory Report has been prepared by the Entity and submitted to the Central-East LHIN. Overall, the Entity was complimentary of the actions taken by the Central East LHIN to support the health needs of the Francophone community. Areas of Central East LHIN recognition include:

- Start-up of a Steering Committee for Francophone stakeholders in June 2012;
- Work to date on the establishment of a Memory Centre within Bendale Acres Long-Term Care Facility.
- Implementation of French Language training modules in Chronic Disease Self-Management.
- Collaboration with the CECCAC to provide future workshops on *Living a Health Life with Chronic Conditions.*
- The Central East LHIN's support in working with the French Language Health Planning Entity, District School Boards and the CECCAC to implement the *Open Minds, Healthy Minds* strategy.

Palliative Care

Provincial Palliative and End of Life Care Steering Committee:
In December 2011, the Declaration of Partnership and Commitment to Action for Palliative Care, ('the Declaration') was published (Phase 1) through the collaborative effort of over 80 stakeholders from across Ontario. This document provides the framework for a common vision for palliative care in Ontario.

To support Phase 2 of the Declaration or implementation, a Hospice Palliative Care Provincial Steering Committee ('the Committee') has been created. This Committee includes tri-party sponsorship from the Ministry, LHINs and Quality Hospice Palliative Care Coalition with a mandate to advance the recommendations of the Declaration.

More specifically, the Committee is responsible for the overall guidance of the collaborative efforts to improve hospice palliative care across Ontario by:

- Re-establishing momentum to focus on implementation of the Action Plan from the Declaration.
- Ensuring the implementation efforts are aligned with the Declaration and are consistent with the 14 LHINs' regional plans.
- Continuing to extend the dialogue and discussion to identify further opportunities to advance and improve the value of palliative care delivery in Ontario.

The Committee will report to the joint-LHIN CEOs/ Ministry Management Committee (MMC). In view of identifying further opportunities to advance and improve the value of palliative care delivery in Ontario, this Committee is currently looking for representation from senior level individuals across different areas, namely the Provincial End of Life Care Network, Ontario Hospital Association, Long-Term Care Associations, Ontario Association of Non-Profit Homes and Services for Seniors, Community Care Access Centres, Home Care Providers, Community Support Services Providers, LHINs Primary Care Physician Group, CCO Palliative Care Physician Group, Provincial Council for Maternal Child Health, College Nurses of Ontario, Palliative Medicine

Research, Ontario College of Family Physicians, Ontario Medical Association-Palliative Section and Ontario Caregiver Coalition Table.

IHSP Strategic Aims

Save a Million Hours of Time Spent in the Emergency Room Department

The Winter Cycle Stocktake report template was published by the Ministry of Health and Long-Term Care on February 11, 2013 and the completed report was submitted to MOHLTC on February 26, 2013. The following summarizes some of the more salient aspects of the report:

- **Percentage Alternative Level of Care (% ALC):** The Central East LHIN's Q3 12/13 percent ALC days was 13.47%, well below the LHIN's MLPA target of 15.20%, yet higher than the provincial target of 9.46%. A significant decline in this indicator was seen over the last two quarters; however, this quarter has seen an upward trend. As reported earlier in December 2012, discussions with several hospitals indicated that an upward trend for the next reporting period was forseen.

- **For Admitted Emergency Department Length of Stay (ED-LOS):** Central East wait times decreased from 33.7 hours in Q1 12/13 to 31.9 hours in Q2 12/13 and increased to 35.03 hours in Q3 12/13. While the Central East LHIN performance is below its MLPA target of 36.0 hours, it still remains above the provincial interim target of 25.0 hours. Overall the province has seen an increase in Emergency Department (ED) volumes by 9.9% in December 2012 in comparison to December 2011 and patients presenting with complex conditions increased by 12.0%. December 2012 set an overall record for provincial ED volume and for admitted ED volume.

- **For Non-Admitted High Acuity ED-LOS:** Central East has sat at 6.7 hours for the first half of 12/13, below the LHIN and provincial target of 7.0 hours. The Central East LHIN performance has further decreased to 6.3 hours in Q3 2013 despite an increase in this indicator provincially.

- Central East, like most of the province, continues to be challenged with readmissions rates for select CMGs and repeat unplanned emergency visits within 30 days for mental health and substance abuse conditions.

- Central East LHIN **met all of its Surgical and Diagnostic wait times** for Q3 12/13.

Pay for Results (P4R):
A meeting of all Central East LHIN hospitals to receive a status update on the P4R initiatives funded for Year 5 of the program was planned for February 8, 2013. The meeting was cancelled due to inclement weather and was rescheduled for March 8, 2013.

Reducing the Impact of Vascular Disease by 10% (save 10,000 patient hospital days) by 2013

Rouge Valley Health Centre's Cardiac Care:
Rouge Valley Health Centre and its cardiac care partners have been recognized for its leadership by the International Academy for Management and Business (IAMB), which has accepted two abstract submissions from the regional cardiac program, led by Rouge Valley, for publication and presentation at the 15th Annual IAMB in April 2013.

Notice of voluntary integration for Cardiac Rehabilitation with Ross Memorial Hospital and Rouge Valley Health System was submitted on January 15, 2013. The options will be brought to the Board at the next meeting as the voluntary integration process and requirement tool is reviewed.

Supporting an Integrated Roll-out of the Ontario Diabetes Strategy

Planning the care for people with Diabetes within the Central East LHIN sustained through these initiatives-

Central East LHIN Complex Centre for Diabetes Centre (CCDC):
The Central East Centre for Complex Diabetes Care (CCDC) is nearing the end of its fourth quarter, and has seen over 130 clients– well on their way to meeting the 2012-13 target of supporting 230 clients with diabetes who have complex needs. Funding directly from the Ministry of Health to the CECCAC to support this initiative provides a significant additional resource to improve the care for people with diabetes within the region. Targeted engagement sessions have been held with Central East Diabetes Education Programs, a physician engagement working group consisting of primary care providers and endocrinologists, as well as a single information session provided recently to the Central East LHIN hospital partners. Significant stakeholder engagement work continues with the Diabetes Education programs and Community Health Centres as well as physician working group to clearly define the population best served by the various programs available to people with diabetes in the region.

A Fact Sheet was developed as part of the Central East Centre for Complex Care (CCDC) communication plan. The intent was to circulate the Fact Sheet and CCDC Referral Form along with a letter of introduction to stakeholders, such as physicians, hospitals, Diabetes Education Programs, and Community Health Centres. It was created with input from the CCDC Steering Committee, as well as feedback received at physician and DEP/CHC engagement meetings. To date, it has been circulated to Central East LHIN primary care physicians, hospital leaders, DEPs, CHC's. It will also be circulated at future outreach opportunities.

The Fact Sheet can be used as a reference guide as it includes information about the Central East CCDC, such as: who is appropriate for the CCDC, how to refer and who can be contacted for more information. As this is a regional program, we are hoping to maximize our reach in order to support clients with complex needs throughout the Central East LHIN (Appendix B).

Diabetes Education Program Transition:
The majority of the staff allocated to the Diabetes and Vascular Health Team within the Central East LHIN have assumed their designated roles and have begun to review the responsibilities, objectives and deliverables for the regional coordination of diabetes services. Outreaches as well as a 'meet and greet' for the community stakeholders has been initiated.

There are two (2) Requests for Services posted for the Diabetes Endocrinology Clinical Lead and Diabetes/Vascular Health Primary Lead which closed at the end of February and interviews by designated team members will be starting in the weeks to come.

Chronic Kidney Disease (CKD)/Renal System Development

Ontario Renal Network Proposals (ORN):
Lakeridge Health (LH) - The ORN approved three (3) stations for the hemodialysis transition unit within the in-centre unit which brings the capacity to 46 stations. A one-time budget for capital equipment and training was received. The anticipated operational use of the stations will be by April 1, 2013 and the focus will be for the

acute patient starts to help provide additional education to support the move towards choosing home modalities. Proposals for the Scarborough Hospital (TSH) and Peterborough Regional Hospital Centre (PRHC) are still outstanding from the ORN. A timeframe for approval has not been identified.

Home Incentive Funding:
The ORN has provided one-time funding to all hospitals to promote home growth. The purpose of this funding is to purchase home dialysis machines or peritoneal dialysis related supplies to support the growth of home modalities. Purchases need to be completed by March 31. PRHC, LH and TSH have received funding for this initiative. All three programs are reporting growth in Home Modalities, particularly in the area of Peritoneal Dialysis. This is noteworthy as the PD levels had plateaued off.

Central East LHIN - ORN Workplan:
An event was held on February 22, 2013 to bring program participants together to create the Central East LHIN Renal Workplan. This plan addresses the hospital specific and steering committee initiatives to support the ORN strategic priorities. Minor refinements needed to the plan prior to submission to the ORN by the end of March.

Rouge Valley –CKD patients:
The Nephrologists at Rouge Valley Health System (RVHS) are not on staff at a regional program and refer their Chronic Kidney Disease (CKD) patients requiring dialysis to the Nephrologists at TSH and LH close to the time that they require dialysis. Earlier assessment and follow-up by the multidisciplinary team is essential to support modality choice and appropriate access for dialysis. Physician collaboration has been established to create a process to support the RV CKD patients earlier on. A team from TSH and LH will go to RVHS and work with the RVHS Nephrologist, identify the patients needing earlier assessment. A shared-care model will be adopted where the patients are seen by the interdisciplinary team at either LH or TSH (closer to where the patient lives), and will continue to be followed by the RVHS Nephrologist until the later CKD stage when care will be transferred to the Nephrologist at TSH/LH.

Assisted Dialysis Transportation:
The Scarborough Ride transportation service for the TSH dialysis patients is working very well. The memorandum of understanding between the Scarborough Centre for Healthy Communities and The Scarborough Hospital has been signed off by all parties.

Enablers – eHealth

Resource Matching and Referral (RM&R):
Resource Matching and Referral (RM&R) is an electronic information and referral system that matches patients/clients to the earliest available services that best meet their individual needs. RM&R improves the patient/client experience and is designed to ensure all individuals have equitable access to safe and high quality services. It is a powerful tool that can be applied to reduce Alternate Level of Care (ALC) days and contributes to lower Emergency Room (ER) wait times.

The current phase of the project is focused on enagaging the three clusters in two significant work efforts:

- Developing cluster based referral workflows
- Designing provincially standardized referral forms

To help facilitate the above a fuzion session was held on February 21, 2013. Subject Matter Experts (SMEs) from Acute Care Hospitals, Long Term Care (LTC) Homes and the CCACs focused their attention on refining the Provincial Acute to LTC referral form and future state workflows.

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

Funding and Allocations:

Hospitals

1. Haliburton Highlands Health Services (HHHS) received $110,000 in one-time funding for fiscal year 2012/13 In-Year Reallocation – Information Technology (IT) project.

2. HHHS and Campbellford Memorial Hospital (CMH) both received one-time funding for fiscal year 2012/13 to support the Small, Rural and Northern Hospital Transformation Fund. HHHS received $562,500 to support the Haliburton County/Kawartha Lakes Community Health Service (CHS) integration strategy. CMH received $$427,400 to support the Northumberland County Community Health Services (CHS) integration strategy. The Ministry of Health & Long-Term Care's (MOHLTC's) objective is to improve collaboration between small and rural hospital care and community care to create integrated networks that will:

    - Ensure patient access to core acute services, including emergency, surgical, medical and obstetrical care;
    - Ensure collaboration with community services, including family health care, home care, Mental Health and Addictions (MH&A) services, and Community Support Services (CSS);
    - Respond to community needs for post-acute and palliative services, as appropriate;
    - Improve the quality and safety of services for patients; and
    - Ensure good value for money.

3. The Scarborough Hospital (TSH) received $ 50,000 in one-time funding for fiscal year 2012/13 In-Year Reallocation – Children's Assessment Services.

4. Northumberland Hills Hospital (NHH) received $2,825 in one-time funding for fiscal year 2012/13 In-Year Reallocation – Ontario Telemedicine Network (OTN) set up fee.

Community Support Services (CSS):

5. Community Care Northumberland (CCN) received $7,000 in one-time funding for fiscal year 2012/13 in support of the In-Year Reallocation – Audit and Legal Costs for Palliative Care Services.

6. Community Care Durham (CCD) received $97,394 in one-time funding for fiscal year 2012/13 to support the Urgent Priority Fund (UPF) – Enhanced Services – Home First (HF) program. This will allow for 3295 additional clients to be served.

7. CCD received $219,989 in one-time funding for fiscal year 2012/13 to support the UPF – Enhanced Services – Home at Last (HAL) program. The number of additional clients to be serviced is 767.

Community Mental Health Program (CMHP):

8. Durham Mental Health Services (DMHS) received 2012/13 one-time funding for the following:
    - Funding for New Leaf Program - $22,000;
    - Furniture for the Community Crisis Program - $10,000; and
    - Purchase of 14 Laptop computers - $20,000.

Community Health Centres (CHC):

9. Port Hope Community Health Centre (PHCHC) received $15,820 in one-time funding for fiscal year 2012/13 In-Year Reallocation – Ontario Telemedicine Network (OTN) set up fee. This funding amount includes $8,475 for the East Greater Toronto Area (GTA) Family Health Team (FHT) OTN equipment.

Community Care Access Centre (CCAC):

10. The Central East Community Care Access Centre (CECCAC) received $92,400 in one-time funding for fiscal year 2012/13 In-Year Reallocation – Utilization Management – Medworxx. The vendor is to submit to the Central East Local Health Integration Network (Central East LHIN) a completed readiness assessment for Medworxx for Rouge Valley Health System (RVHS), The Scarborough Hospital (TSH) and Campbellford Memorial Hospital (CMH) by April 1, 2013.

Long-Term Care Home

11. OMNI Healthcare – Streamway Villa received 2012/13 one-time funding to support new behavioural staffing resources for Behavioural Supports Ontario (BSO) project. Funding to be used solely for salaries and benefits (prorated from February 1, 2013 to support an additional 0.5 Full Time Equivalent (FTE) Registered Practical Nurse (RPN) position. The provider will actively participate in the design and implementation of the BSO Project within the Central East Local Health Integration Network (Central East LHIN). Staff will actively engage in the quality improvement process used to develop the BSO Model of Care, standardized tools, processes and practices and collaborate with other providers involved in client care.

Fiscal Responsibility: HOSPITAL SECTOR

Ross Memorial Hospital

On July 6, 2011, the MOHLTC granted approval to Ross Memorial Hospital (RMH) to implement the Key Infrastructure Upgrades Project and identified a grant of up to $9,701,766 towards an estimated total project cost of $9,989,163.

Based on the Ministry's review of the Final Estimate of Cost (FEC) form for the Project and discussions with RMH staff over recent weeks, the Ministry has now reduced the previously approved grant to a maximum of $8,489,636 towards a total project cost of $9,382,090. RMH will be responsible for the remaining $892,454. This has been approved by RMH's Board of Directors.

2012/13 Health Infrastructure Renewal Fund (HIRF):

The Health Infrastructure Renewal Fund (HIRF) provides funding assistance to hospitals to enable them to renew their hospital facilities and to supplement their renewal needs on a priority basis. For fiscal 2012/13; the Central East LHIN was allocated $5,847,682 from this fund.

HIRF Guidelines and LHIN allocations were distributed to the LHINs on November 23, 2012. Hospital Submission Forms were submitted to the LHIN and then to the MOHLTC on January 14, 2013. Ministry HIRF approval letters were to be sent to the hospitals by no later than February 4, 2013 (as of March 6th they have not been sent as yet), and the HIRF payment was due to be processed by the Ministry in early March.

Hospital Service Accountability Agreement (2012/15 H-SAA):

The Hospital Annual Planning Submission (HAPS) was due on March 1, 2013. Most hospitals have submitted or requested a short extension. The submissions are being reviewed to ensure that they align with the previously negotiated targets and plans. Follow up to clarify any issues or concerns will take place throughout the month in preparation for an agreement on March 31, 2013. While the provincial H-SAA steering committee has not determined what the terms of the extension will be, it has been determined that the legal template language in the current 2008-13 H-SAA will not be revisited by the March 31st deadline.

The first H-SAA LHIN Leads meeting was held March 7th and the majority of hospitals have been able to submit a HAPs by the March 1st deadline. Some LHINs are still in process with the negotiation with their hospitals, while others have completed this phase in the process.

Hospital Sector Performance and Risks:

Post Construction Operating Funds (PCOP); Peterborough Regional Health Centre and Rouge Valley Health System

The MOHLTC recently conducted PCOP reconciliations back to fiscal year 2000/01 and all years following. The hospitals noted above are challenging a number of potential recoveries; however, both the MOHLTC and the hospitals have experienced staff turnover and difficulty in locating supporting documents to refute particular recoveries. The total identified recoveries are as follows:

- Peterborough Regional Health Centre; $7.2M
- Rouge Valley Health System; $5.8M

The Central East LHIN has maintained contact with the hospitals and reviewed their submissions with the MOHLTC. The hospitals have significant working capital deficits and there is little to no ability to pay back these recoveries. The MOHLTC has informed the hospitals that they are still reviewing the comments and calculations provided to them. They will provide a decision by March 31, 2013 and a recovery will occur for the 2013/14 fiscal year. The MOHLTC has reduced the liability for Northumberland Hills Hospital to zero.

Current Budget at Northumberland Hills Hospital

NHH has demonstrated a marked improvement in their forecasted year-end position, ($206,700) which is down from the first quarter position of ($435,448). The hospital continues to work to address the following pressures:

1. Decline in revenue base as a result of (a) decrease in patient/insurance coverage, (b) increase in occupancy reducing the hospital's flexibility to place patients in preferred accommodations, and (c) increase in isolations due to outbreaks or repatriated patients.
2. Need for additional staffing and supplies to manage the higher than planned (a) occupancy and acuity in the intensive-care unit (ICU) (patient days up 14% and occupancy up 8% from same period last year; ventilator occupancy increased by 8% from last year), and (b) increase in number and length of stay of admitted patients in the ED (increased by 11% from same period last year).

Savings related to mitigating strategies implemented since Q1 include:

1. Reduction in sick time through the attendance awareness program;
2. Reduction in overtime by approximately 0.56% since 2011/2012;
3. Implementation of non-urgent patient transportation policy in October 2012 to reduce patient transportation costs in Q3 and Q4;
4. Savings achieved due to vacancies being filled.

Hospital Sector Working Groups:

Wait Time Strategy Working Group (WTSWG)

The WTSWG group met at the end of February and discussed whether there were any additional unmet volumes for reallocation. Three hospitals confirmed volumes for reallocation in March. In addition, the LHIN received the funding letter for 127 bilateral cataract procedures from the Ministry. This one-time funding is in addition to the Quality-Based Procedure (QBP) funding for cataracts. The LHIN is still waiting for Ministry approval for the second round of reallocations submitted at the end of January. The group also requested that the Central East LHIN and other LHIN CEOs advocate the importance of much quicker turnaround times at the Ministry, especially for funding approvals. The LHIN continues to address this issue with the Ministry.

Healthy System Funding Reform Local Partnership (HSFR LP):
On February 25th, the Ministry released an HSFR memo indicating the QBPs that will be implemented in the upcoming fiscal year. They are:

- Stroke;
- COPD;
- CHF;
- Non-Cardiac Vascular;
- Chemotherapy; and
- Endoscopy.

A health sector engagement session calendar was also released. Data blitzes and clinical engagement strategies will be held for the Central East LHIN in early March. HBAM results are to be released in early March as well. The Ministry is currently working on pricing strategies for the upcoming QBPs. Analysis related to both HBAM and QBPs (central components of HSFR) continues through the Central East LHIN Local Partnership. Hospital results and data are being thoroughly reviewed and discussed. The Central East LHIN is adopting a proactive strategy on planning for funding methodology impacts.

Hospital Sector Initiatives:
SUBMIT Update
The upgrade to Novari 6.0 is being tested between February and March 16 and will be installed by March 16/17. Features of this upgrade include: 1) a software upgrade; 2) the addition of three levels of wait times targets (provincial, LHIN and hospital); and 3) the move to the SQL virtual environment for increased speed and monitoring tools.

Karol Eskedjian, SUBMIT project manager, had previously presented SUBMIT at the LHIN Senior Directors meeting in November 2012. Due to the huge interest in this project, she hosted a webinar for the LHIN Senior Directors and other interested individuals on February 28. Novari representatives were also available to answer questions.

Orthopaedic Quality Scorecard (OQS):
The OQS Working Group (OQSWG) met in early February and it was decided that a working group would be established with a focus on opportunities to standardize guidelines in the pre-operative clinic (education and scripting). A representative from each hospital and a member of the OQSWG to be the sponsor are being sought. The group also decided that the March meeting will be cancelled and bi-monthly meetings will take place starting in April 2013.

Fiscal Responsibility: COMMUNITY SECTOR

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

Multi-Sector Service Accountability Agreement (M-SAA):
M-SAA schedules are currently being prepared/populated and reconciled with previous schedules. Preliminary schedules have been sent out to HSPs after final review by senior performance and finance staff. Final packages, including the LHIN-signed amending letter and schedules, are currently being sent to HSPs for sign back. All M-SAAs refresh targets are expected to be executed by March 31, 2013.

Performance and Risks:

TAIBU Community Health Centre (CHC)

TAIBU CHC was notified in December, 2012 that the MOHLTC would be recovering funds used to purchase capital items during the 2008/09, 2009/10 and 2010/11 fiscal years. These purchases were made without prior LHIN approval. Central East LHIN granted retroactive approval for these capital purchases in November. The MOHLTC did not originally accept this retroactive approval as prior approval is stipulated in their Community Financial Policy. They have since, however, agreed to allow retroactive approval for these purchases contingent on Taibu CHC providing all required outstanding reporting on a timely basis. Taibu CHC submitted all required Audited Financial Statements and Auditor Reconciliation Reports by the stated deadline of February 15th. The MOHLTC is now reviewing the documents to ensure compliance has been met.

Fiscal Responsibility: LONG TERM CARE SECTOR

Long-Term Care Home (LTCH) Service Accountability Agreement (L-SAA):

The L-SAA agreements were sent out this month to 69 long term care homes in the Central East LHIN. Although, negotiations were certainly less challenging than in the case of the multi-sector or hospital agreements, this year represents the renewal of an L-SAA agreement, as opposed to a refresh or an extension. Some of the homes have raised questions over elements of the agreement itself, and these are being responded to on a case by case basis.

Provincially, it has been reported in some LHINs that homes are following the advice of the Ontario Long Term Care Association (OLTCA) and will not be signing the agreement until clarification is sought regarding Section 27 of the Long Term Care Act, and the responsibilities and powers of the LHIN and the Ministry of Health and Long Term Care with respect to integration in the long term care sector. The Ministry LHIN Liaison Branch is working on a policy document with the LSAA Steering Committee Chairs to help clarify this issue. To date, this issue has not been raised in the Central East LHIN and signed L-SAA agreements have begun to trickle in. It is anticipated that all agreements will be executed by the deadline of March 31, 2013.

Long Term Care Sector Initiatives:

Beds in Abeyance (BIA)

Ballycliffe Lodge in Ajax submitted a request to place four (4) Semi-Private C beds in Abeyance from January to April 2013 to perform some renovations and repairs on the building. The Beds in Abeyance policy states that during the Agreement term, the Home's license will continue to include the BIA Beds; however, the established number of BIA Beds will be removed for the purpose of calculating occupancy and providing funding. The LHIN reviewed and submitted a recommendation to the Ministry of Health and Long Term Care to approve the BIA application. Approval was received on February 27th. The funds resulting are potentially available for the LHIN to collect and repurpose.

Fiscal Responsibility: CROSS SECTOR

Quarterly Report Highlights – Ministry of Health and Long-Term Care (MOHLTC):

Reallocations to Date

To date, the Central East LHIN has recovered surplus funds from the following sectors:

Hospitals	$ 300,000
Community Health Centres	$2,784,223
Community Support Services	$ 399,740
Community Mental Health Programs	$ 339,100

Long-term Care	$ 349,600
CCAC	$ 265,300

These funds have been reallocated to the following sectors:

Hospitals	$ 2,296,074
Community Health Centres	$ 454,787
Community Support Services	$ 7,000
Community Mental Health Programs	$ 297,155
Long-term Care	$ 357,900
CCAC	$ 970,750

Further adjustments will be forthcoming.

Self-Reporting Initiative (SRI):
The Q3 reporting process was much smoother than Q2 with more than 85% of submissions uploaded to SRI on or before the deadline. The exact percentage of reports submitted on time is unknown as a glitch in the SRI system was identified by LHIN staff. The error resulted in uploaded submissions which were only visible by SRI technical support staff even though the agencies received confirmation messages indicating successful upload of their submission. The LHIN is working with SRI to have the cause of this glitch identified and addressed for future reporting.

Central East LHIN staff are currently reviewing 2012/13 Q3 CATLite submissions and following up with agencies on any data quality issues.

Ministry-LHIN Performance Agreement (MLPA) Performance Requirements and Risks:
The latest Central East LHIN MLPA Performance Indicator Dashboard is attached below. All wait time and diagnostic imaging results are within target and trending down. Full trending analysis and explanations are included in the tracker for each of the wait time areas.

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 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.

Regular contact with the Central East LHIN Communications Network and Central East LHIN Communications Subcommittee ensures that the LHIN is aware of communications and community engagement activities at the provider level and in some cases the LHIN is an observer at some of the HSP engagement tables, providing system level advice and support.

Through the Central East LHIN Communications Subcommittee, which is comprised of communications leads from all Central East LHIN hospitals, the CCAC and the LHIN, shared communication and community

engagement plans are developed and implemented on a number of shared initiatives and programs. At the present time this includes continuing to support the work of the HSFR Local Leadership Table and the development of an Integrated Orthopaedic Capacity Plan.

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.

Below are listings of recent activities that involved Central East LHIN staff:

- The Haliburton County/City of Kawartha Lakes and the Northumberland County Integration Planning Teams began meeting weekly on January 31st.
- Jeanne Thomas, Lead SDI, presented at the Heart and Stroke Foundation forum "Call for Integrated Action: Recovery Journey for Chinese Ontarians Living with Heart Disease or Stroke". The topic of Jeanne's presentation was CDMP Strategy from LHIN's Perspective.
- On February 13th, James Meloche presented the 2013-2016 IHSP to the Ajax/Pickering chapter of CARP. Approximately 45 members were in attendance.
- Deborah Hammons and Wayne Gladstone joined Minister of Health Deb Matthews when she visited Lakeridge Health Oshawa on February 22 to congratulate the Lakeridge Health team on their innovative solutions to battling C-Diff in the hospital.
- On February 26th James Meloche was invited to speak to the Momiji Health Care Society Board of Directors on the 2013-2016 IHSP and other LHIN initiatives that impact the services they provide.
- Deborah Hammons and Wayne Gladstone met with Durham MPPs Christine Elliott and John O'Toole on March 12th to update them on the 2013-2106 IHSP and other LHIN initiatives.

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.

In February 2013, some of these stories included:

- February 6, 2013 – CMHA Durham awarded Four Year Exemplary Accreditation
- February 6, 2013 – Top Cancer Care, Close to Home – Durham Regional Cancer Centre
- February 12, 2013 – Release of the 2013 – 16 Integrated Health Service Plan (IHSP)
- February 13, 2013 – Release of the Durham CHS Integration Plan
- February 19, 2013 – Central East LHIN continues it support for Regional Specialized Geriatric Services
- February 19, 2013 – Agencies working together on Service Transfer – Activity Haven and VON
- February 25, 2013 – Regional Cardiac Care recognized on World Stage

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 February 2013, there were 7,706 visits to the Central East LHIN website made by 4,492 unique visitors. Visitors called up and viewed 24,146 pages during the month. The Careers page continued to have the greatest number of hits (1,356) but was closely followed by the About our LHIN page (826) and the CHS Durham Integration page (800).

At the end of February 2013, 2,280 people had created MY PAGE accounts and at the time of this report that number had increased to 2,303. These individuals are receiving web alerts for the areas of the website that they have subscribed to.

A number of Central East LHIN staff have been trained as website editors and are responsible for posting new content to both the public pages and the password protected pages that support document exchange with Planning Partner teams. Going forward this includes the FLHS co-ordinator and the Diabetes/Vascular Health team who will be using the website to reach out to their stakeholders.

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 January 2013 the Central East LHIN Twitter account had 575 followers and another 40 have signed on over the last four weeks for a February total of 615. 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 February included:

February 6, 2013

CentralEastLHIN @CentralEastLHIN
#LHIN #ASO #BSO project making a difference in #dementia care across the province
http://bit.ly/wGiE4k @Deb_Matthews

February 12, 2013

CentralEastLHIN @CentralEastLHIN
Outcome focused, clear, measurable, IHSP3 sets out bold but realistic road map 4 health care improvement
http://bit.ly/SJ5WqB

February 13, 2013-03-18

CentralEastLHIN @CentralEastLHIN
local #LHIN providers partner to id integrated way of community based care delivery, see
http://bit.ly/yY5zyY, now with Boards

February 15, 2013-03-18

CentralEastLHIN @CentralEastLHIN
#LHIN working with @CARPNews on client centered health care, great info night in Pickering
http://bit.ly/XSPRm0 pic.twitter.com/52Wvdn79

February 16, 2013-03-18

CentralEastLHIN @CentralEastLHIN

@Deb_Matthews Outcome focused, clear, measurable, #LHIN IHSP3 sets out road map 4 health care improvement http://bit.ly/SJ5WqB

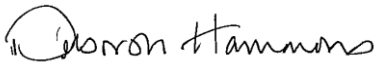
CentralEastLHIN @CentralEastLHIN 16 Feb
@Deb_Matthews thanks for rt. Team ready to go on srs, palliative, vascular and mha initiatives

Other Announcements

New CECCAC website helps connect residents to health care resources: A new Information and Referral (IR&R) website was launched by the CECCAC on February 25, 2013. www.CentralEastHealthLine.ca is a robust and easy to use website with enhanced search capabilities designed to provide accurate and up-to-date information about health services and health care providers across the Central East LHIN. The website replaces the 310-CCAC website, that is being phased out across the province by Spring 2013. The 310-CCAC telephone number will still be accessible to connect clients with their closest branch of the CCAC.

Prehabilitation program at Rouge Valley Health System: The prehabilitation program based at Rouge Valley Ajax and Pickering hospital campus provides education and self-conditioning classes to hip and knee replacement patients so that they can reach their optimal physical and functional level before having surgery. Rouge Valley has also been utilizing the new Skype service, which utilizes the popular web-based video conferencing tool to do virtual appointments.

Respectfully Submitted,



Deborah Hammons
Chief Executive Officer
Central East Local Health Integration Network

Appendices

Appendix A

Health Links.pdf

Appendix B

Central East CCDC
Fact Sheet FINAL Fet

Appendix C

March CECCAC
report.pdf

Appendix D

MLPA Dashboard.pdf