



2009-11 M-SAA Dashboard

2009/10 YE Results

CE LHIN Board of Directors Meeting September 22, 2010

Engaged Communities.
Healthy Communities.

Multi-Sectoral Service Accountability Agreement (M-SAA)

LHIN's are required by Local Health System Integration Act (LHSIA, 2006) to have a signed M-SAA with each of our Community Health Service Providers :

- Community Care Access Centre (CCAC);
- Community Mental Health & Addictions (CMH&A);
- Community Support Services (CSS);
- Community Health Centres (CHC);

M-SAA Performance Framework

The Agreement promotes accountability enabling LHINs to measure outcomes and facilitate assessment of each HSP's services provided at both a functional centre (department/program) and corporate level, by analyzing:

- Outcomes as per negotiated targets/performance standards/corridors,
- Evaluation of actual versus budget and;
- Funding reconciliation;

In accordance with “Article 8 – Reporting, Accounting and Review” of the M-SAA, all HSP's must submit quarterly and annual reports.

Article 8.1

2009-11 Multi-Sectoral Service Accountability Agreement

8.1 Reporting

- (a) Generally. The LHIN's ability to enable its local health system to provide appropriate, coordinated, effective and efficient health services as contemplated by the Act, is heavily dependant on the timely collection and analysis of accurate information. The HSP acknowledges that the timely provision of accurate information related to the HSP is under the HSP's control.
- (b) Specific Obligations. The HSP
- (i) will provide to the LHIN, or to such other entity as the LHIN may direct, in the form and within the time specified by the LHIN, the plans, reports, financial statements and other information, other than personal health information as defined in subsection 31 (5) of the CFMA, that (i) the LHIN requires for the purposes of exercising its powers and duties under this Agreement, the Act or for the purposes that are prescribed under the Act, or (ii) may be requested under the CFMA.
 - (ii) will fulfil the specific reporting requirements set out in Schedule C.
 - (iii) will ensure that all information is complete, accurate, provided in a timely manner and in a form satisfactory by the LHIN; and
 - (iv) agrees that all information submitted to the LHIN by or on behalf of the HSP, will be deemed to have been authorized by the HSP for submission.

M-SAA Performance Dimensions

The Health Service Provider (HSP) performance is evaluated in the following areas:

- Financial performance/fiscal health;
- Organizational capacity;
- High quality & Access to health services;

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M-SAA Indicators

Financial Performance/ Fiscal Health

- Total margin
- Current ratio
- Cost per unit service
- Cost per individual served

Organizational Capacity

- Variance budget and forecast \$
- Variance budget and forecast units of service
- % of Total Admin & Undistributed Expenses of Total Expenses (Fund Type 2)
- Vacancy rate and Turnover rate

High Quality Health Services

- Service activity / volumes based on MIS functional centres
- Wait time from referral to assessment
- Wait times from assessment to service initiation
- Proportion of CHC clients with type 2 diabetes receiving inter-disciplinary care
- Percent female clients aged 18 to 69 who have had a pap test within the last three years

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M-SAA Dashboard – Walk-Through

Level of Reporting

M-SAAs are negotiated at the HSP functional centre level (e.g. Meals on wheels) and CE LHIN staff monitor and remediate as necessary at this level.

- For the purpose of Board reporting, information is rolled up to total corporate service levels for each indicator.
- Significant variances (above/below budget and/or target) that are detected at the functional centre level are further investigated by CE LHIN staff in collaboration with the HSP.

Reporting Perspectives

Each selected indicator displayed in the M-SAA Dashboard offers two perspectives:

1. Actuals;
2. Actuals versus Budget or Target;

**Year end (YE) and/or year-to-date (YTD), depending on reporting period*

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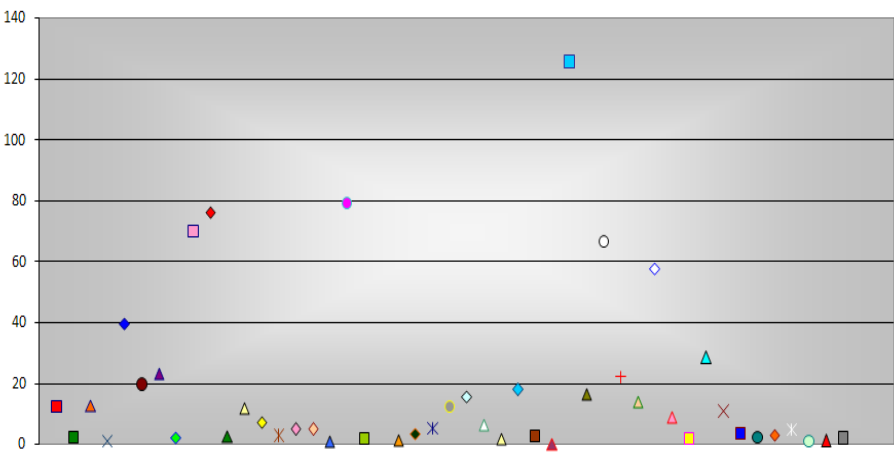
M-SAA Dashboard – Walk-Through..continued...

- CECCAC has a unique dashboard as only one HSP and has slightly different indicators
- 5 CE LHIN CHCs have a dashboard (the remaining 2 report through another host agency)
- CSS and CMHA agencies are represented separately in a scatter-plot dashboard
 - Due to the number of agencies, each one is represented by various shapes and colours, displayed in the chart legends. Indicator values are plotted as they appear below (from left to right and then down).

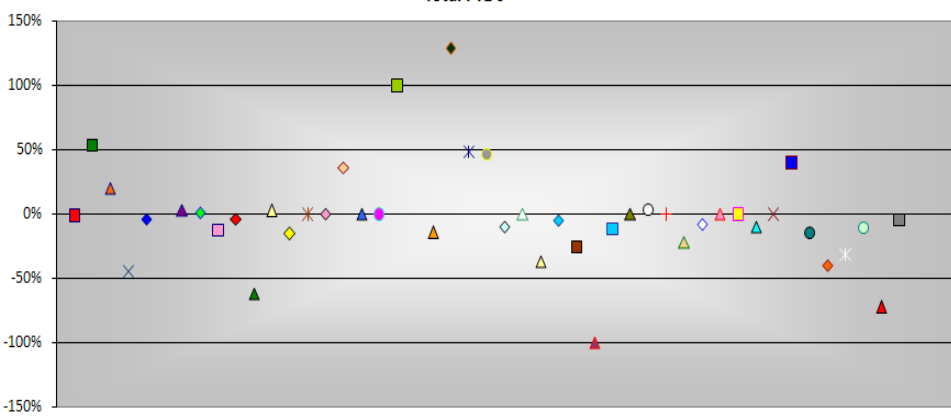
■ Haliburton Highlands Health Services	■ Curve Lake First Nation
▲ Faith Place	✕ St. John's Retirement Home Inc.
◆ Community Care, City of Kawartha Lakes	● Community Care Northumberland Inc.
▲ Rehabilitation Foundation for the Disabled - Durham	◆ Lakeridge Health Corporation
□ Personal Attendant Care Inc.	◆ Community Care Durham
▲ Community Care Haliburton County	△ Oshawa Senior Citizens Centre
◆ The Canadian Hearing Society - Peterborough/Durham	✕ The Canadian National Institute for the Blind, HKPR District
◇ Head Injury Association of Durham Region	◇ Hospice Peterborough
▲ Lovesick Lake Native Women's Association	● Kawartha Participation Projects
■ Hospice Kawartha Lakes	■ Sunrise Seniors Place (Oshawa-Durham) Inc.
▲ Activity Haven Senior Centre (Peterborough) Inc.	◆ Victorian Order of Nurses for Canada - Ontario Branch, Durham
✕ Alzheimer Society of Peterborough Haliburton and Northumberland	● Regional Municipality of Durham
◇ Momiji Health Care Society	△ Campbellford Memorial Multicare Lodge
△ Centre for Information and Community Services of Ontario	◆ Victorian Order of Nurses for Canada, Ontario Branch - Peterborough
■ Victorian Order of Nurses -Toronto-York Region Branch	▲ Apsley and District Satellite Homes for Seniors Inc.
■ Scarborough Support Services for the Elderly Inc.	▲ Branch 133, Legion Village Inc.
○ St. Paul's L'Amoreaux Centre	■ West Hill Community Services
△ Community Care Peterborough	◇ Carefirst Seniors and Community Services Association
▲ Participation House - Toronto Parent Association	■ Alderville First Nation Health and Social Services
▲ Yee Hong Centre for Geriatric Care (McNicoll)	✕ Regional Geriatric Program of Toronto
■ Alzheimer Society of Kawartha Lakes	● Community Counselling and Resource Centre
◆ Canadian National Institute for the Blind, Durham District	✕ Four Counties Brain Injury Association
○ Palliative Care Campbellford	▲ Supportive Initiatives for Residents in the County of Haliburton
■ Hospice Northumberland Lakeshore	△ Durham Hospice

The Actual & Actual vs. Budget is Graphed for Each Indicator - CSS

CSS = 2009/10 Year End Actual
Total FTE's



CSS = 2009/10 Actual vs. Budget
Total FTE's



Outliers:
Community Care Northumberland Inc.: 464%

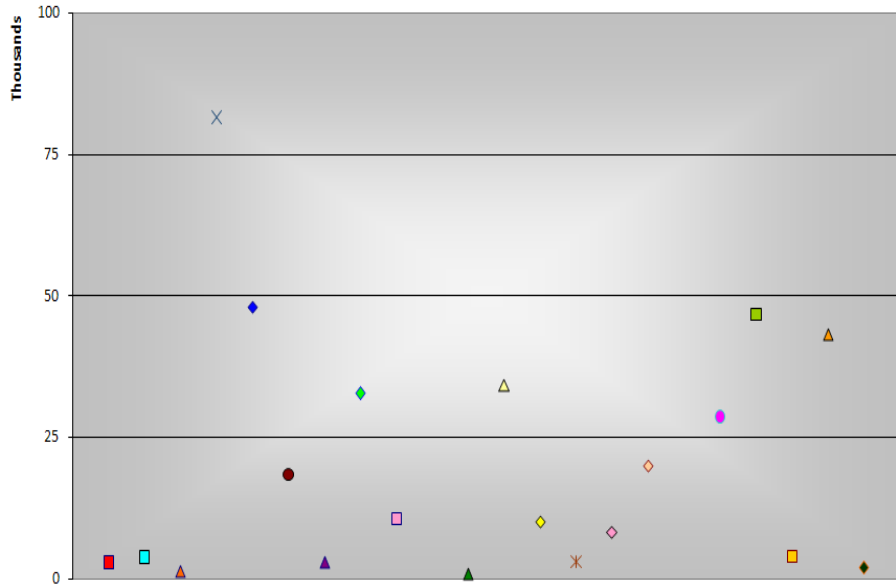
- Haliburton Highlands Health Services
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- Community Counselling and Resource Centre
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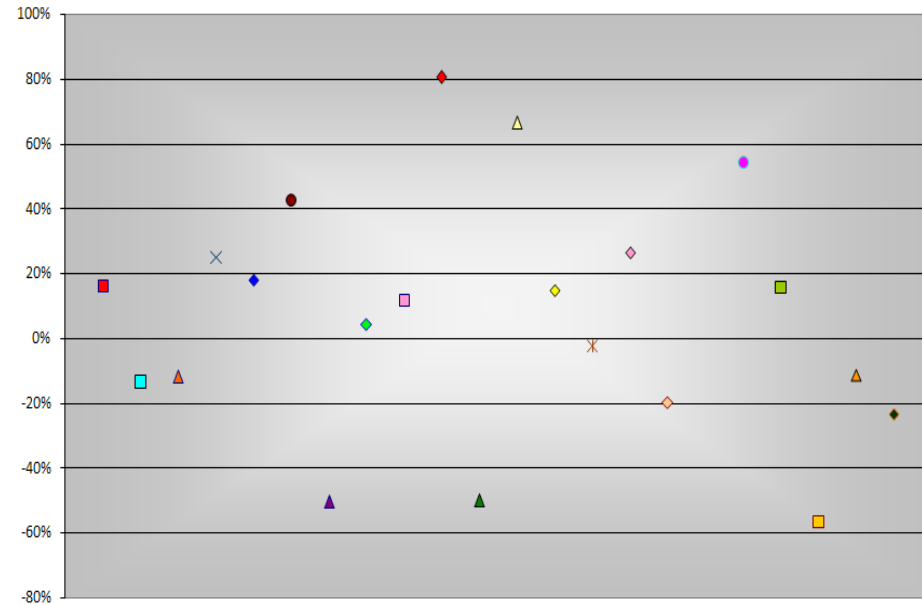
Engaged Communities.
Healthy Communities.

The Actual & Actual vs. Budget is Graphed for Each Indicator – CMH&A

CMHA = 2009/10 Year End Actual
Total Visits (F2F, Telephone - IH, Contracted-Out)



CMHA = 2009/10 Actual vs. Budget
Total Visits (F2F, Telephone - IH, Contracted-Out)



Outliers:

Canadian Mental Health Association Durham Branch - CMH&A: 276,828

- | | |
|---|--|
| ■ UNITED SURVIVORS SUPPORT CENTRE - CMH&A | □ SURVIVORS PSYCHIATRIC ADVOCACY NETWORK (S.P.A.N.) - CMH&A |
| ▲ VICTORIAN ORDER OF NURSES - DURHAM REGION BRANCH - CMH&A | × DURHAM MENTAL HEALTH SERVICES - CMH&A |
| ◆ CANADIAN MENTAL HEALTH ASSOCIATION, PETERBOROUGH BRANCH - CMH&A | ● CANADIAN MENTAL HEALTH ASSOCIATION - KAWARTHA LAKES BRANCH - CMH&A |
| ▲ ALZHEIMER SOCIETY OF DURHAM REGION - CMH&A | ◆ HONG FOOK MENTAL HEALTH ASSOCIATION - CMH&A |
| □ THE SALVATION ARMY ONTARIO CENTRAL DIVISION - CMH&A | ◆ CANADIAN MENTAL HEALTH ASSOCIATION DURHAM BRANCH - CMH&A |
| ▲ CHINESE FAMILY SERVICES OF ONTARIO - CMH&A | △ THE GOVERNING COUNCIL OF THE SALVATION ARMY IN CANADA, TORONTO - CMH&A |
| ◇ FOUR COUNTIES ADDICTION SERVICES TEAM INC. (FOURCAST) - CMH&A | × CAMPBELLFORD MEMORIAL HOSPITAL - CMH&A |
| ◇ ROSS MEMORIAL HOSPITAL - CMH&A | ◇ PETERBOROUGH REGIONAL HEALTH CENTRE - CMH&A |
| ▲ HALBURTON HIGHLANDS HEALTH SERVICES CORPORATION - CMH&A | ● NORTHUMBERLAND HILLS HOSPITAL - CMH&A |
| □ Lakeridge Community Mental Health Services | □ ROUGE VALLEY HEALTH SYSTEM - CMH&A |
| ▲ SCARBOROUGH HOSPITAL (THE) - CMH&A | ◆ WHITBY Ontario Shores Centre For Mental Health Sciences |

- | | |
|---|--|
| ■ UNITED SURVIVORS SUPPORT CENTRE - CMH&A | □ SURVIVORS PSYCHIATRIC ADVOCACY NETWORK (S.P.A.N.) - CMH&A |
| ▲ VICTORIAN ORDER OF NURSES - DURHAM REGION BRANCH - CMH&A | × DURHAM MENTAL HEALTH SERVICES - CMH&A |
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| □ Lakeridge Community Mental Health Services | □ ROUGE VALLEY HEALTH SYSTEM - CMH&A |
| ▲ SCARBOROUGH HOSPITAL (THE) - CMH&A | ◆ WHITBY Ontario Shores Centre For Mental Health Sciences |

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The Actual & Actual vs. Budget is Graphed for Each Indicator – CCAC

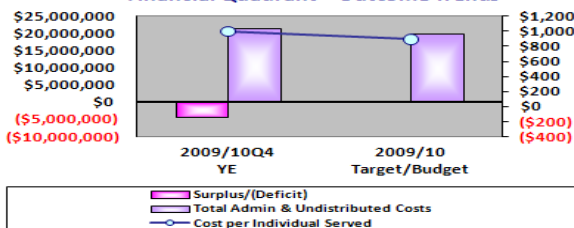
2009/10YE Multi-Sectoral Service Accountability Agreement/Community Analysis Tool Submission

Year-to-Date Dashboard - Not for Public Review (Internal only)

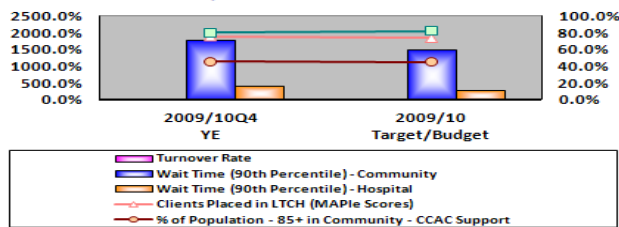
Central East Community Care Access Centre (CE CCAC)

Status	Indicators	2008/09 Budget	2009/10Q4 YE	2009/10 Target/Budget	% Variance 09/10 Budget vs 09/10 YE
1.0 Financial					
◆	1.1 - Financial Net Year End Position (Surplus/Deficit)	\$0	(\$4,221,912)	\$0	-100%
◆	1.2 - Base Funding - LHIN Allocation	\$191,491,895	\$203,020,389	\$202,656,747	0.18%
◆	1.3 - Funding - LHIN One-Time Allocation	\$3,675,017	\$6,429,340	\$2,119,500	203.34%
◆	1.4 - Total Revenue (All Fund Types)	\$195,975,242	\$212,180,079	\$205,676,247	3.16%
◆	1.5 - Total Expenses (All Fund Types)	\$195,975,242	\$216,401,991	\$205,676,247	5.21%
◆	1.6 - Total Revenue (Fund Type 2)	\$195,975,242	\$212,180,079	\$205,676,247	3.16%
◆	1.7 - Total Expenses (Fund Type 2)	\$195,975,242	\$216,401,991	\$205,676,247	5.21%
◆	1.8 - Total Admin & Undistributed Expenses (Fund Type 2)	\$18,321,502	\$21,401,501	\$20,081,826	6.57%
◆	1.9 - % of Total Admin & Undistributed Expenses of Total Expenses (Fund Type 2)	9.3%	9.9%	9.8%	0.13%
◆	1.10 - Total Cost per Functional Centre	\$192,674,080	\$216,321,839	\$205,676,247	5.18%
◆	1.11 - Cost per Service	\$59	\$61	\$59	4.14%
◆	1.12 - Cost per Individual Served	\$894	\$996	\$893	11.60%
2.0 Staff Utilization					
◆	2.1 - Total FTE's	446.00	527.00	476.90	10.51%
3.0 Volumes					
◆	3.1 - Total Visits (F2F, Telephone - IH, Contracted-Out)	3,272,454	3,529,594	3,494,688	1.00%
◆	3.5 - Individuals Served by F/C or as Appropriate Individuals Served by Organization	215,603	217,150	230,412	-5.76%
4.0 Schedule E - Performance (Rates)					
TBD	4.1 - Vacancy Rate	0	2.9%	TBD	TBD
◆	4.2 - Turnover Rate	0	6.8%	8.0%	-1.2%
5.0 Schedule E - Performance (Wait Times)					
◆	5.1 - From Referral date to Assessment Date (90th Percentile Referrals from Community)	0	18	15	20.00%
◆	5.2 - From Referral date to Assessment Date (90th Percentile Referrals from Hospital)	0	4	3	33.33%
TBD	5.3 - Assessment to Service Initiation	0	5,024	TBD	TBD
6.0 Schedule E - Performance (Other)					
◆	5.1 - Clients placed in LTCH with MAPLE scores high or very high as a percent of total clients placed	0.0%	76.0%	74.0%	2.0%
◆	5.2 - Percent of the Population 85+ living in community supported by CCAC	0.0%	46.0%	45.0%	1.0%
◆	5.3 - Percent of acute clients receiving first home visit within 3 days of referral to the CCAC	0.0%	80.0%	82.0%	-2.0%
◆	5.4 - Services:Clients Served (Hips & Knees)	0	1,568	1,413	11%

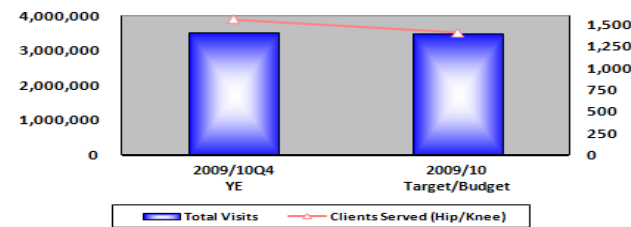
Financial Quadrant = Outcome Trends



Clinical Quadrant = Outcome Trends



Volumes = Outcome Trends



Legend - Status based on comparison to 2009-11 Schedule E Negotiated Targets and/or 2009/10 Revised Budget where no Schedule E Targets have been specified (M-SAA Performance Indicators highlighted in **Bold Orange Font**)

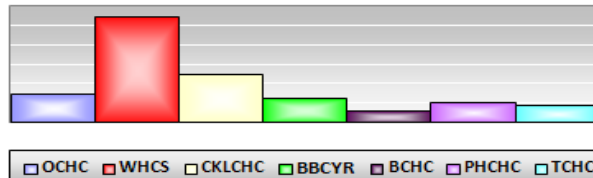
Performance Indicator assessments are based on Negotiated Performance Standards and/or Corridors as per MSA Technical Specifications Documentation for 2009-11

- ◆ Approved (equal to and/or +/-2% variance)
- ◆ Not Approved (> +/-5% variance)
- ◆ Approved with Monitoring (<= +/-5% variance)

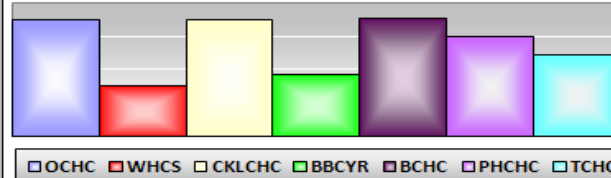
The Actual & Actual vs. Budget is Graphed for Each Indicator – CHC

M-SAA MONITORING, ASSESSMENT PROCESS & OVERVIEW Community Health Centre - 2009/10YE CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK

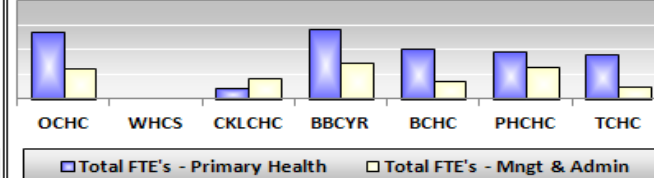
Total Expenses (All Fund Types)



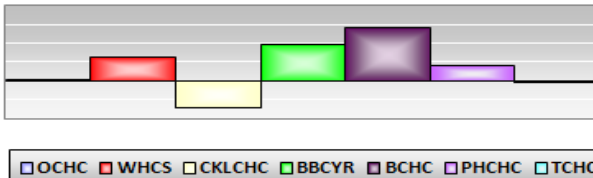
% of Total Admin & Undistributed Expenses of Total Expenses (Fund Type 2)



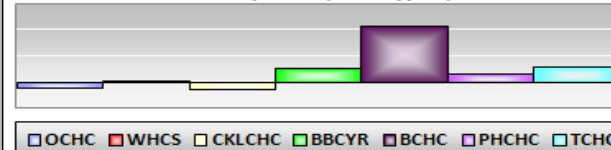
Total FTE's - Primary Health and Mngt & Admin



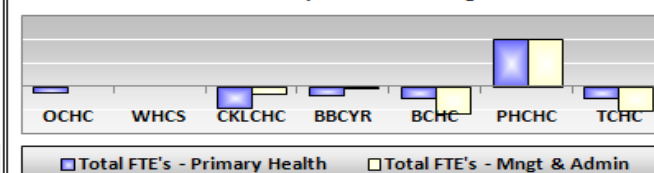
Financial Net Year End Position



% Above/Below Budget % of Total Admin & Undistributed Expenses of Total Expenses (Fund Type 2)



% Above/Below Budget Total FTE's - Primary Health and Mngt & Admin



Indicator Definition [Total Expense & YE] | Dashboard | ◆

Total Expense includes expenses incurred for all delivered services and programs, regardless of revenue types. It measures total operating expenses offset by internal and external recoveries within the facility.

The total corporate entity's (refers to LHIN funding as well as other funding sources) forecasted and/or actual fiscal year end financial operating position = Surplus/(Deficit), total expenses are under/over or equal to all sources of revenue. A basic requirement of a signed 2009-11 Multi-Sectoral Accountability Agreement (M-SAA) between a Health Service Provider and Central East LHIN is to achieve a balanced operating position for the total entity for each fiscal year of the M-SAA.

Indicator Definition [% of Admin Expenses] | Dashboard | ◆

The LHIN-managed operating expense in Administrative Services for the organization divided by the total LHIN-Managed operating expense.
 Numerator = Administrative Operating Costs;
 Denominator = Total Organization's Net operating costs.

For those health service providers who have more than a LHIN source of revenue, expenses (including central administration expenses), must be allocated appropriately to each specific revenue/funding source. Tracking and reporting of financial records should be segregated separately, according to LHIN vs Ministry funding in how the funding has been utilized.

* Hospital affiliated entities may have 0% cost allocation as maybe absorbed by the total corporate entity of hospital.

Indicator Definition [Total FTE's] | Dashboard | ■

The number of full-time equivalents - staff (worked total hours divided by 1950) reported who are in Primary Health Services in a Community Health Centre.

The number of full-time equivalents - staff (worked total hours divided by 1950) reported who are in Management and Administration services in a Community Health Centre.

Legend: CHCs with Performance outcomes outside the specified Performance Budget/Target, further investigation is recommended.

- ◆ || **Status** - All CHCs are within the Performance Corridor, within Target or within Budget
- ◆ || **Status** - 6 out of 7 CHCs within Performance Corridor or within Budget/Target
- ◆ || **Status** - Monitor - 4 out of 7 CHCs within Performance Corridor and/or within Budget/Target
- || **Status** - ATTENTION - 4 or more CHCs not meeting Target/Budget

Community Health Centres:

OCHC	Oshawa Community Health Centre	WHCS	West Hill Community Services
CKLCHC	City of Kawartha Lakes Community Health Centre	BBCYR	The Barbara Black Centre for Youth Resources
BCHC	Brock Community Health Centre	PHCHC	Port Hope Community Health Centre
TCHC	Taibu Community Health Centre (Malvern)		

CE LHIN Review Process

For All Providers:

An in-depth review of both financial & performance components involve the following:

- Financial review included:
 - Reconciled total funding amount (base & 1 time), balanced position with LHIN funding and other fund types, reporting under correct program, total expenses in line with program allocation, reported admin expenses, explanations provided for variances of +/- 10%.
- Performance review included:
 - Trend analysis for FY 2007/08, 2008/09, 2009/10, comparison from budget to actual (FTEs, visits, services provided, clients), explanations provided for variances of corridors that are outlined in the M-SAA.
- More in-depth analysis:
 - Review and discussion will take place in collaboration with the HSP where detailed action plans will be developed as required for mitigating risk and/or pressures.

Data Quality Improvements

Significant improvements have been made over the last two quarters:

1. Submission Timeliness
 - 2009/10YE reporting had a 78% submission compliance compared to a rate of 67% in 2009/10Q3 and 62% in 2009/10Q2;
2. Data Quality (e.g. empty submissions, etc.);
 - Consistently improving, YE reporting resulted in less than 5% empty submissions compared to approximately 25% in Q2

OHRIS/MIS Supplementary Reporting - Quarterly Report (through WERS) and Annual Reconciliation Report (ARR – submitted with Q4 Report)	
2009-2010	Due five (5) business days following Trial Balance Submission Due Date
2009-10 Q1	<i>Not required 2009-2010</i>
2009-10 Q2	November 6, 2009
2009-10 Q3	February 5, 2010
2009-10 Q4 and ARR	June 7, 2010
2010-2011	Due five (5) business days following Trial Balance Submission Due Date
2010-11 Q1	<i>Not required 2010-2011</i>
2010-11 Q2	November 5, 2010
2010-11 Q3	February 7, 2011
2010-11 Q4 and ARR	June 7, 2011

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