



# Urgent Priority Fund Allocations – 2010/11

**September 2010**

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# 10/11 UPF Funding Available

<b>Allocation</b>	<b>10/11 Total</b>	<b>10/11 ED/ALC</b>	<b>10/11 Core</b>
<b>Total Allocation</b>	\$ 3,837,898	\$ 1,688,675	\$ 2,149,223
<b>Allocated to date</b>	\$629,600	\$ 200,000	\$429,600
<b>Unallocated</b>	<b>\$3,208,298</b>	<b>\$ 1,488,675</b>	<b>\$ 1,719,623</b>

ED – Emergency Department  
 ALC – Alternate Level of Care

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# Proposals for Board Approval

Proposal	
The Scarborough Hospital (TSH) Geriatric Activation	ED / ALC
Community Support Service (CSS) – Home First	ED / ALC
Northumberland Hills Hospital (NHH) “HELP” Program	ED / ALC
Ross Memorial Cardiac Rehab	Core
Ross Memorial Magnetic Resonance Imaging (MRI) One-Time	Core
Haliburton Highlands Non-Urgent Transportation	Core
TSH Vascular Surgery	Core
Campbellford Memorial Self Care Unit	Core

HELP – Hospital Elder Life Program

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# Scarborough Hospital Geriatric Activation



## **PREVIOUSLY REVIEW UNDER Aging at Home (AAH)**

- Funding:
  - 2010: \$133,750 UPF
  - 2011: \$355,000 UPF

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# HOME FIRST – CSS Support Services

PREVIOUSLY REVIEW UNDER AAH



Hospital	% 2010-11	\$
The Scarborough Hospital (TSH)	22%	274,128
Rouge Valley Health System (RVHS)	15%	179,236
Lakeridge Health Corporation (LHC)	32%	390,675
Northumberland Hills Hospital (NHH)		nil – previous allocation
Ross Memorial Hospital (RMH)	7%	86,397
Peterborough Regional Health Centre (PRHC)	21%	253,917
Campbellford Memorial Hospital (CMH)	2%	30,241
Haliburton Highlands Health Services (HHHS)	1%	10,406
<b>TOTAL</b>		<b>\$1,225,000</b>

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# HOME FIRST – CSS Supportive Referral Coordinator



## PREVIOUSLY REVIEW UNDER AAH

<b>Community Care</b>	<b>FTE</b>	<b>2010-11</b>
TransCare (Scarborough)	1.5	\$37,500
Community Care Durham	1.5	\$37,500
Community Care Northumberland	0.8	\$20,000
Community Care Peterborough	1.0	\$25,000
Community Care Haliburton	0.2	\$5,000
Community Care Kawartha Lakes	0.5	\$12,500
<b>TOTAL</b>	<b>5.5 FTE</b>	<b>\$137,500</b>

- 2010/11 Allocation: \$137,500

2011/12 Allocation: \$275,000

FTE – Full-Time Equivalent

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# NHH – HELP PROGRAM



- \$154,000 UPF- ED/ALC

The H.E.L.P. Program will support a decrease in ALC patients and prevent ED visits as the program goals support:

- Maintenance of cognitive & physical functioning of high risk adults throughout hospitalization.
- Maximization of independence at discharge.
- The transition from hospital to home.
- Prevention of unplanned hospital readmissions Also as noted in the CE LHIN Integrated Health Services Plan (IHSP), H.E.L.P. will target one of the identified segments of the population where the CE LHIN will prioritize its efforts - seniors: who are in the hospital at risk of becoming ALC or suffering an adverse event or functional decline during their stay; require comprehensive community-based geriatric care, supportive housing, rehabilitation or other services to meet their complex needs; require services and supports for their acute and chronic illness such as dementia and their caregivers.

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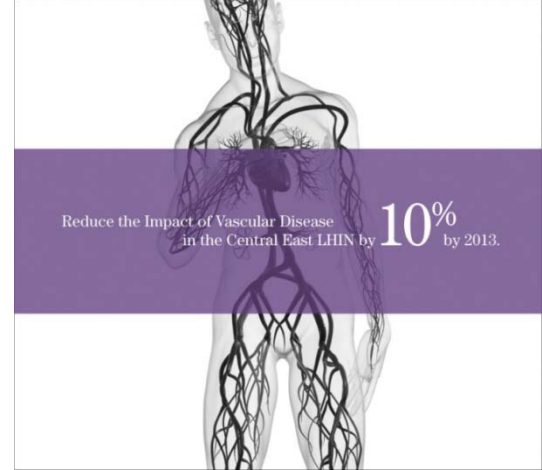
# Cardiac Service Model - Clinical Services Plan Recommendations

- Cardiac services across the Local Health Integration Network (LHIN) should be organized to reflect two clusters – North East, Durham/Scarborough. Percutaneous Coronary Intervention (PCI) services should be located at PRHC and RVHS-Centenary to serve the Central East LHIN.
- Inherent in this model is the role that the other sites will continue to play in the overall delivery of care; Local facilities will continue to provide core, emergency-related cardiac services with local and district sites offering general cardiac consults, and non-interventional diagnostics.
- This option will also weave in an integrated approach to delivering cardiac rehabilitation services, similar to a hub-and-spoke manner.



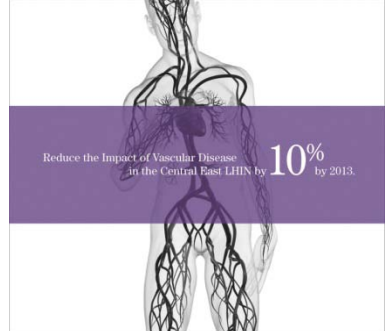
# Cardiopulmonary Rehabilitation in the City of Kawartha Lakes

- Cardiopulmonary rehabilitation program services post acute vascular healthcare outpatients at RMH.
- Serving patients from Kawartha Lakes, Peterborough, North Durham, Minden/Haliburton and Bancroft.
- Part of Health First Program at RMH - An integrated chronic disease management service.
- Aligns with the CE LHIN Strategic Aim to “Reduce the impact of vascular disease by 10% by 2013.”



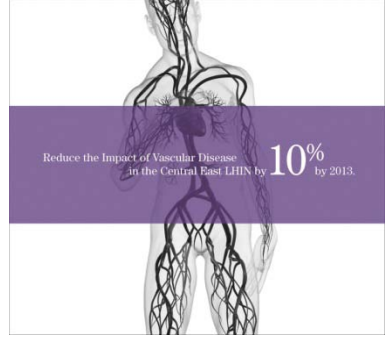
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# RMH Health First Program



Rehabilitation Services Offered	Number of Visits (09/10)
<p><b>Cardiovascular Rehabilitation – post Monitoring Indicator (MI), cardiac disease, complex chronic disease including diabetes, angina etc.</b></p> <ul style="list-style-type: none"> <li>• Clients attend 24 visits over a 12 week period.</li> <li>• After completion are referred to appropriate community resources.</li> <li>• Lower functioning clients whose needs cannot be met in the community are referred to "Retreads".</li> </ul>	2319
<p><b>Pulmonary Rehabilitation</b></p> <ul style="list-style-type: none"> <li>• Clients receive 24 visits over a 12 week period.</li> <li>• After completion are referred to appropriate community resources.</li> <li>• Lower functioning clients whose needs cannot be met in the community are referred to "Retreads".</li> </ul>	454
<p><b>Retreads</b></p> <ul style="list-style-type: none"> <li>• Graduates of cardiac and pulmonary rehab whose fragile health status make them a risk to exercise without resources such as O2, cardio-pulmonary monitoring, team access.</li> </ul>	4,039
<p><b>Heart Failure Program – includes the Heart Failure Clinic</b></p> <ul style="list-style-type: none"> <li>• Patients with diagnoses of congestive heart failure – all stages .</li> <li>• Lower functioning levels for exercise and monitoring .</li> </ul>	1,279
<p><b>Total Number of Visits</b></p>	8,091

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# Health First Program: Quality Indicators

## Performance

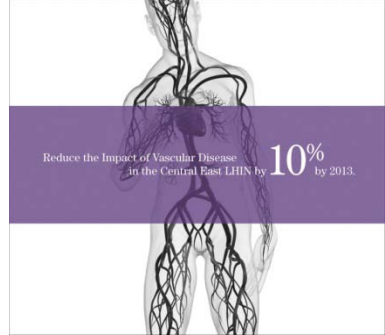
- Pre and Post 6-minute walk test.
- Pre and Post body composition (BMI) and waist circumference measurement.
- Pre and post cardiac knowledge questionnaire.
- Pre and post Framingham Risk Score.

## Measurement

- Pre and post measurement *consistently* demonstrated improvement in patient health status, based on these indicators\*

\*Random chart review of 6 Health First patients

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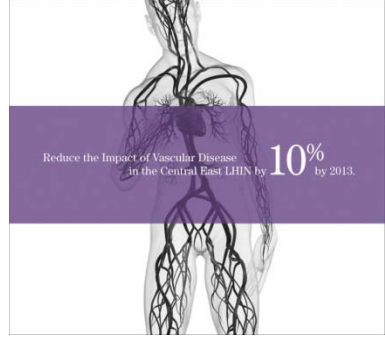
# Health First: Heart Failure Program

- Heart failure has the second highest rate of readmissions of all chronic diseases.<sup>1</sup>
- A survey of four provinces reported heart failure readmission rates at
  - 8.7% at 30 days;
  - 14.1% at 90 days; and
  - 23.6% at one year (post the index admission).<sup>2</sup>
- **Ross Memorial Hospital CHF Outpatient Clinic re-admission rate was 9% over a two year period\***
- **These results are well below National Re-admission Rates<sup>2</sup>**

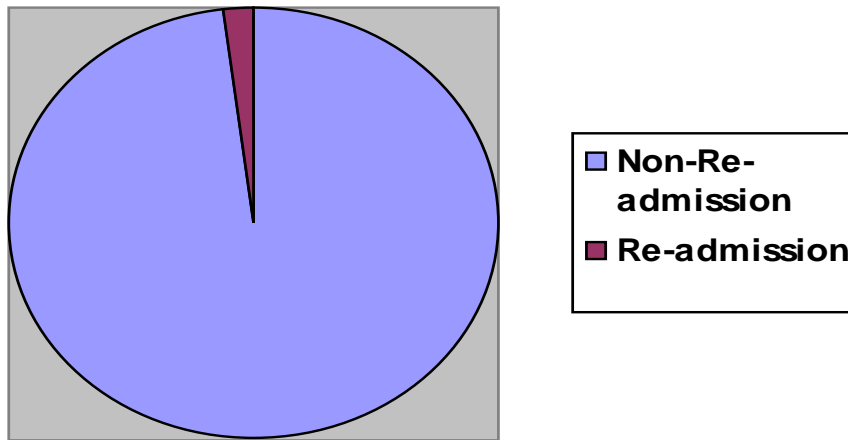
1. Canadian Institute for Health Information. Health Indicators 2008. Ottawa: CIHI; 2008

2. Lee DS, Johansen H, Gong Y, Hall RE, Tu JV, Cox JL. Regional outcomes of heart failure in Canada. Can J Cardiol 2004;20(6):599-607

# Health First: Acute Coronary Syndrome Readmission Rates



- Of 100 Cardiac Rehabilitation Patients, only 2 were re-admitted for ACS\*

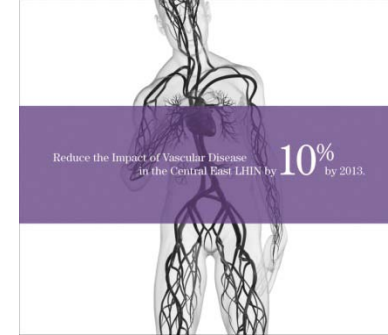


\*March 2009 – May 2010

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# Proposed Central East LHIN Direction

- \$150,000 one-time funding from 2010/11 Urgent Priorities Funding.
- One-time funding for fiscal stabilization of the program while planning continues for CSP implementation.



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## RMH - MRI

- \$150,000 Urgent Priority Funding (UPF) CORE.
- One-time funding to cover start-up expenses for new MRI.

## HHHS – NON URGENT TRANSPORTATION

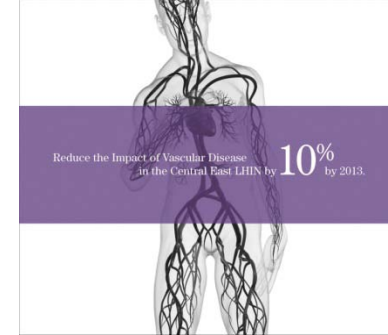
- \$150,000 UPF CORE
- Additional funding to offset costs of rural non-urgent transportation.

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# TSH Vascular Surgery

- \$180,000 UPF CORE.
- Endovascular Graft program relating to ability to attract highly skilled physicians.



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## CMH – SELF CARE UNIT

- \$55,000 UPF CORE.
- One-time funding to cover start-up pressure of Self Care units in the hospital.

# 10/11 UPF Summary

<b>Proposal</b>	<b>10/11 ED / ALC</b>	<b>10/11 Core</b>	<b>10/11 Total</b>
Previously Allocated	\$200,000	\$429,600	\$629,600
TSH Geriatric Activation	\$133,750		
CSS – Home First	\$1,362,500		
NHH “HELP” Program	\$154,000		
Ross Memorial Cardiac Rehab		\$150,000	
Ross Memorial MRI One-Time		\$150,000	
Haliburton Highlands Non-Urgent Transportation		\$150,000	
TSH Vascular Surgery		\$180,000	
Campbellford Memorial Self Care Unit		\$55,000	
<b>Total</b>	<b>\$1,850,250</b>	<b>\$1,114,600</b>	<b>\$2,964,850</b>
<b>Remaining Unallocated</b>	<b>\$(161,575)</b>	<b>\$1,034,623</b>	<b>\$873,048</b>

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## What's Next?

- Staff continue to pursue options in support of strategic aims and Ministry LHIN Performance Agreement (MLPA).
  - Bed configurations / activation services at CMH, HHHS, RMH
  - Data Sharing / Decision Support Integration
  - Clinical Utilization Management
  - MRI Capacity
  - Smoking Cessation
- Further and final investment recommendations will be brought to the Board in October.