Central East Local Health Integration Network
CEO Report to the Board
May 25, 2011

The following is a compilation of some of the major activities/events undertaken during the month of April 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. The Central East LHIN is working towards achieving 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 IHSP 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 accessed, sustainable and achieves good outcomes. Healthcare will be people-centred in safe environments of quality care.*

Save a Million Hours of Time Spent in the ER Department

Emergency Department (ED) Physician Lead:
The Central East LHIN is pleased to announce that Dr. Gary Mann, Program Chief in the Department of Emergency Medicine at the Rouge Valley Health System's Ajax and Pickering Campus, where he has been a full-time Emergency Medicine physician for nearly 30 years, has accepted the position of Emergency Department Physician Lead for the Central East LHIN.

In his capacity as CE LHIN ED Physician Lead, Dr. Mann will chair the CE LHIN Emergency Department Chiefs Group. He is also a member of the Provincial Emergency Physician LHIN Leads, chaired by Dr. Howard Ovens, as well as a member of the GTA Emergency Department Chiefs' Group.

ED Pay for Results (P4R) Year III:
Nine (9) CE LHIN hospital sites at six (6) hospital organizations participated in Year III of the Pay-for-Results program. FY2010 performance in the four (4) indicators, for which funding is recoverable, are as follows:

Site	Admitted % Within Target	Non-Admitted High Acuity % Within Target	Non-Admitted Low Acuity % Within Target	Time to PIA
	Provincial goal=90%			Target performance 10% decrease
LHB	Worsened from FY2009 baseline of 43% to 29%	Achieved target of maintenance of FY2009 performance of 95%	Achieved target of maintenance of FY2009 performance of 90%	Improved over FY2009 baseline of 2.8 hours to 2.7 hours, but did not achieve the target of 2.5 hours
LHO	Worsened from FY2009 baseline of 28% to 24%	Worsened from FY2009 baseline of 94% to 93%	Worsened from FY2009 baseline of 88% to 86%	Improved over FY2009 baseline of 3.2 hours to 3.0 hours, but did not achieve target of 2.8 hours
NHH	Improved from FY2009 baseline of 58% to 68%.	Improved from FY2009 baseline of 95% to 97%, exceeding the target of maintenance of performance over 90%.	Worsened from FY2009 baseline of 89% to 88%	Improved over FY2009 baseline of 3.7 hours to 3.6 hours, but did not achieve target of 3.3 hours
PRHC	Improved from FY2009 baseline of 30% to 39%.*	Maintained FY2009 baseline of 85%.*	Improved from FY2009 baseline of 69% to 86%.	Improved over FY2009 baseline of 4.6 hours to 3.7 hours, exceeding the target of 4.1 hours
RMH	Improved from FY2009 baseline of 27% to 29%.	Improved from FY2009 baseline of 87% to 95%.	Improved from FY2009 baseline of 85% to 91%.	Improved over FY2009 baseline of 3.3 hours to 2.9 hours, exceeding the target of 3.0 hours
RVAP	Worsened from FY2009 baseline of 21% to 18%	Improved from FY2009 baseline of 94% to 95%, achieving target of maintenance of performance over 90%.	Improved from FY2009 baseline of 82% to 89%, achieving target of maintenance of performance over 90%.	Improved over FY2009 baseline of 3.6 hours to 2.7 hours, exceeding the target of 3.2 hours
RVC	Improved from FY2009 baseline of 31% to 34%.	Improved from FY2009 baseline of 92% to 94%, exceeding the target of maintenance of performance over 90%.	Improved from FY2009 baseline of 79% to 84%.	Improved over FY2009 baseline of 4.1 hours to 3.5 hours, exceeding the target of 3.7 hours
TSB	Improved from FY2009 baseline of 31% to 36%.	Improved from FY2009 baseline of 85% to 89%.	Improved from FY2009 baseline of 72% to 82%.	Improved over FY2009 baseline of 4.2 hours to 3.4 hours, exceeding the target of 3.8 hours
TSG	Maintained FY2009 baseline of 26%.*	Improved from FY2009 baseline of 82% to 89%.	Improved from FY2009 baseline of 76% to 79%.	Improved over FY2009 baseline of 4.6 hours to 4.3 hours, but did not achieve target of 4.1 hours

**We have identified data quality issues at PRHC, which may alter reported performance in the admitted and non-admitted high acuity categories at this site.*

MOHLTC has yet to publish the final formula for recovery of the fixed-funding. The performance target published at the beginning of FY2009 was an aggregate increase of 15 percentage points over the FY2009 baseline. The year-end site performance against this target is as follows:

Hospital met performance target	Hospital did not meet performance target
PRHC	LHB
TSB	LHO
	NHH
	RMH
	RVAP
	RVC
	TSG

Although NHH and RMH did not meet the performance target, the protection of $250,000 per site of P4R funding from recovery (because of participation in the ED-PIP program) is expected to more than offset any recovery at these sites.

MOHLTC has given no indication of the recovery formula for the funding associated with the time measuring Physician Initial Assessment (PIA).

Throughout the fiscal year, each hospital corporation earned variable funding as part of the Pay-for-Results program. The total bonus funding earned by site is as follows:

	Total Bonuses				
Hospital	**Q1**	**Q2**	**Q3**	**Q4**	**FY2010**
LHB	$3,200	$33,100	$5,300	$3,600	**$45,200**
LHO	$55,200	$0	$26,100	$7,500	**$88,800**
NHH	$25,000	$44,700	$28,500	$28,000	**$126,200**
PRHC	$96,600	$157,300	$146,600	$211,500	**$612,000**
RMH	$115,000	$100,100	$68,700	$0	**$283,800**
RVAP	$50,500	$90,500	$76,000	$104,500	**$321,500**
RVC	$40,400	$42,200	$26,000	$115,100	**$223,700**
TSB	$64,300	$136,800	$186,400	$37,000	**$424,500**
TSG	$0	$0	$0	$36,000	**$36,000**

Actual Q4 bonuses paid may differ from amounts earned because the MOHLTC used the proxy of the highest performing month within the fiscal year for March to calculate these bonuses.

ED Pay for Results Year IV:
MOHLTC has identified the same nine (9) hospital sites as the designated sites for 2011/12. The Pay-for-Results program will continue to have Fixed, Variable, and time to PIA components, with the following changes:

Fixed:

- Although the three patient cohorts (Admitted, Non-Admitted High Acuity, and Non-Admitted Low Acuity) will continue to be measured, the metric will shift from being the percent of patients treated within the target timeframes to measuring the 90th percentile ED length of stay for each cohort, with the expectation that each site will work toward meeting the respective provincial targets for these cohorts of 25 (Admitted), 7 (Non-Admitted High Acuity), and 4 (Non-Admitted Low Acuity) hours.
- For those hospital sites already meeting the provincial targets, the hospitals will be required to further shorten the time spent caring for patients by 5%.
- For LHO, a substantial portion of the fixed funding is to be used to operate a 10-bed short-stay medical unit. Required performance for this unit is to achieve a 90th percentile time of 8 hours from decision to admit until the patient is transferred to a unit for all admitted patients. 22 hospital sites across the province have been selected to participate in this trial.

Variable:

- An additional source of variable funding for hospitals to earn is by decreasing the number of admitted patients with an ED length of stay of over 25 hours, from the 2010/11 baseline.
- LHO is not eligible for variable funding for any admitted patient streams, because of its selection to participate in the short-stay unit trial.

All other aspects of the Pay-for-Results program remain the same as 2010-11. No recovery formula for either Fixed funding or for time to PIA funding has been published for FY2011.

Emergency Department Process Improvement Program (ED PIP):
Wave 4, the last wave of ED-PIP, has begun with full participation from all remaining CE LHIN P4R designated hospitals: RVAP, RVC, LHB, and LHO. LH- Port Perry is also being included in the LHC implementation. Team Lead, Project Lead, and Data Lead, and Executive Sponsor Training will happen in April and May, with Central Training Forums to occur as follows:

Launch	May 25
Diagnostic	Jul 14
Early Pilot	Sep 15
Roll-out	Dec 1

Hospital Scorecards:
Monthly scorecards have been developed, tracking the following seven (7) ED/ALC indicators for all CE LHIN hospitals.

- Emergency Medical Services (EMS) Offload Time
- 90th Percentile ED Length of Stay (LOS) for Admitted Patients (*MLPA indicator*)
- 90th Percentile ED Length of Stay (LOS) for Non-Admitted Complex Patients(*MLPA indicator*)

- 90th Percentile ED Length of Stay (LOS) for Non-Admitted Minor/Uncomplicated Patients(*MLPA indicator*)
- 90th Percentile time to Physician Initial Assessment (PIA) (*P4R indicator*)
- ALC-LTC Designation Rate (*Home First indicator*)
- % Alternate Level of Care (ALC) Days (*MLPA indicator*)
- % Hospital Discharges Before 11:00am

These monthly scorecards are sent to designated hospital staff accompanied by a LHIN request for a rationale for a given site's performance or a plan for how to correct underperformance when necessary.

Home First:
The Home First philosophy and the business processes supporting it have been initiated at all eight (8) Central East LHIN acute medical hospitals. Ontario Shores Centre for Mental Health Sciences will have its implementation later in FY2011. To date, over 2700 patients have been served through the Home First initiative. The CE CCAC has project-led the implementation of Home First, including the formation of a central LHIN-wide Steering Committee and Implementation Teams and Sustainability Committees at each hospital.

Given internal challenges pertaining to the uptake of Home First, a "refresh" of Home First is taking place at LHC in April and PRHC in May.

The sentinel indicator of Home First is the ALC to Long-Term Care designation rate. As the culture at each hospital changes, the expectation of all staff and all partner organizations is that every admitted patient will be discharged home at the end of his or her acute length of stay, which will then decrease the number of patients designated as ALC. Because ALC patients are discharged from the hospital on a regular basis, a drop in the designation rate will result in a drop in the overall ALC patient volume, which will free up acute inpatient beds. This is, in turn, expected to reduce the ED length of stay for Admitted patients.

Home First has been successful to date, and further success is expected as the culture is embedded at each hospital. The partnerships that have been developed among the CCAC, the hospitals, and the community services organizations, as a part of Home First, are expected to facilitate further work in 2011-12. The CCAC's leadership and industry in rolling out this implementation has been exemplary.

Specialized Geriatric Services Reports:
Work has been progressing on recommendations pertaining to a governance model for specialized geriatric services as well as an environmental scan of Psychogeriatric services. Both of these reports are intertwined with the Sustainable Access to Community Healthcare report (please see below). All three reports will be presented to the CE LHIN Board of Directors at its May 2011 meeting.

Transitional Care Program:
For the first time, in April 2011, the Rouge Valley Health System (20 rehab beds), Northumberland Hills Hospital (8 restorative beds), Peterborough Regional Health Care (7 interim LTC beds) and

Strathaven Lifecare Centre (15 convalescent care beds) reported through the Transitional Care Program Reporting System (TCPRS) on the 4th quarter of 2010/11. The MOHLTC will summarize and provide reports to the LHIN but a preliminary review of the submissions indicates that there is a very high occupancy rate along with Lengths of Stay within the target range for all locations.

Sustainable Access to Community Healthcare Services Project:
A final draft of the Sustainable Access report was delivered. Preyra Solutions Group will be delivering a presentation to the CE LHIN Board at the May Board meeting. The Project has had a high activity level with lots of interest by involved stakeholders including the Provincial ALC Lead, Dr. David Walker.

Senior Friendly Hospitals:
The Regional Geriatric Program of Toronto continued data analysis of CE LHIN hospital submissions, looking at their self-assessments and several requests for clarification were made to the hospitals through the LHIN Lead. The CE LHIN will have an opportunity to review and provide feedback prior to the completion of final draft report.

Residents First Quality Improvement Project:
The CE LHIN is very pleased to be one of seven (7) LHINs, who have been successful (as of end of April) in securing a Quality Improvement Coach – Cheryl Roses. Ms. Roses was hired by the Health Quality Ontario (HQO) to support the spread and sustainability of the Residents First program. This increased capacity to implement quality improvement across the long-term care sector in the Central East and will also benefit the health care system overall.

NPSTAT (Nurse Practitioners Supporting Teams Averting Transfers) Program:
The NPSTAT Steering Committee met and reviewed the activity of the Nurse Practitioners within the program according to the volume of work and outcomes for diverting ED visits. There have been several inquiries from other LHINs about the program indicating increased interest and activity in NP support to LTC residents and successful implementation of the program. Review of the 'time of day' data for transfers to the ED indicated some trends in after-hours transfers, which could be addressed by the NPSTAT future delivery model. The budgets are to be submitted by the end of May from each of the host organizations for consideration by the Steering Committee as part of the planning activity for 2011/12.

Excellent Care for All Act (ECFAA):
The LHIN office received copies of the Quality Improvement Plans (QIPs) from each of the CE LHIN hospitals and have conducted a high-level comparison of the QIPs. The critical analysis and feedback to hospitals is the responsibility of Health Quality Ontario but the LHIN initiated a planning process to host meetings of key stakeholder groups to review QIPs in the context of other planning initiatives:

1. Hospital plans to reduce readmissions from selected CMG (Case Mix Groups) in fulfillment of the HSAAA;
2. Sustainable Access to Community Healthcare Services;
3. Vascular Aim Strategic Plan.

Mental Health and Addictions (MH&A):
Activities in Mental Health and Addictions continued to be focused on planning and integration initiatives. CE LHIN staff met with John Yip, who is currently supporting Hong Fook Mental Health in their strategic planning work. Hong Fook is exploring innovative approaches to healthcare and how they can more effectively serve their clients. CE LHIN staff continue to work with the Addictions Supportive Housing Providers regarding the implementation of the Supportive Housing Beds and Case Management activities which were approved this Fiscal Year. Providers are in the process of standardizing operational policies and procedures, along with assessment protocols. New residents are now able to access this service. CE LHIN staff will continue to liaise with this group in order to track their progress and provide support.

CE LHIN staff have been working in collaboration with the CMHA-Peterborough and the CMHA-Kawartha Lakes, regarding integration opportunities. The first meeting was held on April 11, and was very productive. Subsequent meetings between the organizations and CE LHIN staff have been scheduled.

The MOHLTC hosted a Mental Health and Addictions teleconference on April 19, which CE LHIN staff participated in. Mental Health and Addiction integration initiatives were discussed. To date, there is no further information regarding the implementation of the recommendations that came from the Minister's Ten-Year Strategy report.

The CE LHIN staff have been working with the Salvation Army regarding their proposal to the LHIN, which involved restructuring the Liberty House Program, located in Parkdale. CE LHIN staff have been in close contact with TC LHIN staff to discuss this issue as it involves sites in both LHINs. It is anticipated that a final Business Plan for this initiative will be received from the Salvation Army by the end of May.

A meeting was held between the Executive Director of Durham Mental Health Services and CE LHIN staff, regarding the reorganization of the Central East Consumer Survivor Initiative (CSI) Network. This Network will emerge as a Community of Practice and shared initiatives which will include all CSI Providers in the CE LHIN.

CE LHIN staff attended the "Working Together for Kid's Mental Health" Webinar on April 27. This is an Inter-ministerial initiative which will provide a specific education program to the wider community of service providers that serve children in Ontario. This initiative is the first step in the Minister's Ten Year Strategy as it relates to improving Children's Mental Health supports in the province. Halliburton served as a "test community". There were several communities chosen from around the Province to "test drive" this new educational strategy.

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

Vascular Health Strategic Aim Coalition (VHSAC):
The Vascular Health Strategic Aim Coalition was formed in May 2010 to provide leadership to the achievement of the Vascular Health Strategic Aim. The Coalition is comprised of 15 individuals from

acute, community and LTC Home sectors. This Strategic Aim Coalition is Co-Chaired by Helen Brenner, VP Northumberland Hills Hospital and Dr. Andrew Steele, Nephrologist, Lakeridge Health Corporation.

The Coalition met in April – further discussion on the development of their overarching guiding principles and key priority initiatives continued with focus on timeline for implementation and role for VHSAC in advancing these priorities. The Coalition will be finalizing its strategy and tactical plan document in June for subsequent presentation to the LHIN Board. At their April meeting, an initial review of progress to date on achieving Strategic Aim was discussed, updated information and clarification is forth-coming. CE LHIN priorities have been identified in alignment with the emerging Ontario Vascular Health Strategy.

30-day Readmission Hospital Quality Improvement Initiatives:
Through the VP/Chief Nursing Officer Group across the CE LHIN, hospitals are now discussing next steps for advancing the performance improvement initiatives in their selected areas of focus (Congestive Heart Failure, COPD, Diabetes and Pneumonia). The LHIN review of hospital submissions identified that their activities will focus on implementing best practice care and strengthening partnerships across the continuum of care within the hospital and community to address one or more of the following key components of care:

- Admission Assessment
- Standard Order Sets
- Care Path
- Patient Disease Education and Literature
- Medication Reconciliation /Counselling
- Written Discharge Instruction
- Follow up appointment with Primary Care
- Community follow up on discharge
- Self Management /Caregiver Support
- Ambulatory Care

Initial discussion amongst hospitals has identified a common interest to focus on activities related to discharge and follow-up with primary care and other community providers. A process for reporting on progress to the VHSAC will be established.

Chronic Kidney Disease (CKD)

Chronic Kidney Disease (CKD) screening tool for Primary Care:
Following dialogue with the LHIN Primary Care Working Group, the Central East Regional Renal steering committee will be developing a CKD assessment tool for family physicians as well as guidelines for education to support the patient while he/she waits for their Nephrologist appointment. Dr. Andrew Steele will be presenting a CKD update to the family physician group as part of the annual Central East LHIN Continuing Medical Education (CME) event organized by Dr. Christopher Jyu for May 18. In addition, Dr. Steele will conduct a series of 8 travelling CMEs related to Diabetes and Renal disease across the CE LHIN over the next few months.

Renal Care Coordination with Central East CCAC:
Stakeholders from the three (3) regional renal programs met with the Community Care Access Centre (CCAC) representatives on April 21, to discuss opportunities to improve the flow of renal patients and identify opportunities for enhanced CCAC engagement. A small committee to address renal care

within the CELHIN was formed and will meet bi-monthly with increased information sharing between the partners. Items for continued discussion included the development of a process flow map for patients with renal risks being admitted to LTC from hospital and the community and the process to support front-line service provider knowledge and continuity for renal clients.

Vascular Access for Renal Patients:
A task force with Vascular Access for renal patients with representation from each of the three regional renal programs and satellites met on May 17. The purpose of the first meeting was to identify the current process, gaps and opportunities for improvement LHIN-wide. Access to a Vascular Surgeon is a recognized barrier, and planning will include additional stakeholders i.e. surgeons, and intervention radiologists.

Cardiac Integration Advisory Committee (Cardiac Clinical Services Plan):
The Terms of Reference for the Committee have been finalized for this group. The next meeting will be on May 11, 2011 to review the LHC/RVHS Cardiac Rehab integration plan submitted by LHC and RVHS in April 2011.

Percutaneous Coronary Interview (PCI) and Code SegmenT Elevation Myocardial Infarction (STEMI) initiative (RVHS and PRHC):
The fast-track cardiac program first began in February 2009 as a pilot project serving patients in Scarborough. In April 2010, the program was endorsed by the CE LHIN and was expanded to service the Durham Region as well. Since 2009, more than 600 patients have received this life-saving treatment.

The program provides percutaneous coronary intervention (PCI) or angioplasty within a short period of time after a patient is presenting cardiac symptoms upon their arrival in the emergency department, which has been allowing for more lives to be saved.

In the event of specific types of heart attacks, LHC or TSH's emergency department team will call RVHS to activate the Code STEMI response. The service can also be activated by the EMS when the patient calls 9-1-1. The patient is then transported immediately via ambulance to the RVHS cardiac catheterization lab, located at RVC for an angioplasty. Following the angioplasty, the patient is returned to the hospital that is closest to their home for ongoing care and recuperation. The patient then participates in a cardiac rehabilitation program following their discharge from hospital.

The Central East LHIN through the Clinical Services Plan has prioritized extending access to primary PCI and Code STEMI response to people living in the Northeast Cluster. Peterborough Regional Health Centre continues to wait for the Ministry of Health's approval of their Stand-alone (no on-site cardiac surgical back-up) PCI Program. A response is pending from MOHLTC. A letter of inquiry was received from the ED Chiefs across the CE LHIN advocating for resolution on this issue.

Supporting an Integrated Roll-out of the Ontario Diabetes Strategy

The Central East LHIN Diabetes Regional Coordinating Centre and its team continue to take a leadership role in implementing integrated solutions within the LHIN. The next Steering Committee meeting is scheduled for May 25. Next meeting of Central East Diabetes Network is June 17.

Primary Care Engagement related to Diabetes Care:
A "Road Show" of 8 CMEs is under development for communities across the CE LHIN. The OMA, pharmaceutical partners, Primary Care Working Group and Renal providers of the CE LHIN are all partnering in this initiative.

Tools to support Primary Care providers include:

- a diabetes flow sheet to be used in a paper-based system to improve monitoring of patients with diabetes;
- a laminated Community Resources package which includes foot care, physical activity, optometry and pharmacy organizations that provide value added programming for people living with diabetes (can be stratified by service cluster within our LHIN);
- a paper chart system (in absence of electronic capability) to improve the quality of care for patients living with diabetes is being developed.

Diabetes Integration Priorities:
Centralized intake and a common referral process have been identified by MOHLTC as priority projects for all Diabetes Regional Coordinating Centres. The CE LHIN Regional Coordinating Centre is engaging with the Scarborough Diabetes Network and the Self Management Program regarding centralized intake and with the CE LHIN e-health staff regarding e-referral.

A gap has been identified in the process for planning and development of diabetes education services. The MOHLTC funds diabetes education programming which is flowed through funding to Family Health Teams. Currently, there is no process in place for the affected organizations to communicate and work collaboratively to ensure high quality services and avoid duplication.

Central East LHIN's Living Well with Diabetes Resource Guide:
With financial assistance provided by the Central East CCAC's Self Management Program, updating and reproduction of the Diabetes Resource Guide(s) was achieved. The guides now include self management goal setting pages. With this update, approximately 50,000 copies will be in circulation across the CE LHIN. Updates include the French, Cantonese and Tamil versions.

Transformational Leadership

Integration:
The SDI integration team is developing an "Integration Toolkit", which aims to bring together the various tools we currently have at our disposal. A draft report is in the process of being completed. Staff are also working with specific providers regarding a variety of integration proposals and initiatives. These include both horizontal and vertical opportunities. CE LHIN staff have undertaken a series of meetings with Community Providers to discuss their sector-specific integration initiatives. Sectors included the Mental Health and Addictions providers, Community Support Services, and Community Health Centres.

Canadian Mental Health Association – North East Cluster:
The Canadian Mental Health Association – Kawartha Lakes Branch (CMHA-KL) and Canadian Mental Health Association – Peterborough Branch (CMHA-P) have joined with the Central East Local Health Integration Network (CE LHIN) in discussing and exploring integration opportunities.

The impetus for the discussions stem from the March 23, 2011 CE LHIN Board of Directors meeting where the Board asked to receive a report back on the alignment and integration possibilities between CMHA-KL and CMHA-P. During the integration of Consumer Survivor Services in the City of Kawartha Lakes between the Survivors Psychiatric Advocacy Network (SPAN) Centre and CMHA-P, the CE LHIN observed there were opportunities for closer cultural and operational alignment between the two CMHA branches in the CE LHIN's North East Cluster (comprising Haliburton, Kawartha, Peterborough and Northumberland Counties). The CE LHIN brought CMHA-KL and CMHA-P together on April 7, 2011 in a facilitated integration process to develop a stronger integrated community mental health services delivery model for the North East Cluster.

A set of Guiding Principles have been developed, a Planning Team has been established and Terms of Reference created. A meeting held on May 3 focused on the group beginning to look at opportunities for integration of Community Mental Health Services in the Northeast Cluster. These discussions have been initiated and are presently focused on understanding the two CMHA's and the services that they provide.

Central East Hospice Palliative Care Network:
Formed in 2005, as part of a provincial strategy to address end-of-life care, the networks were originally aligned with the District Health Council areas and the mandate for their creation and support was given to the CCACs. When the Local Health Integration Networks (LHINs) were created, the networks began to realign within the LHIN boundaries. The Central East Hospice Palliative Care Network (CEHPCN) was created in 2008 and Kirsten Schmidt-Chamberlain was hired as the Coordinator in October 2009.

The networks are responsible for providing leadership to support improvement in the delivery of integrated hospice palliative care services within their designated region. In addition, networks have an advisory role for the Palliative Pain and Symptom Management Consultation (PPSMS) Program.

In just over two years, the CEHPCN has been very successful in re-engaging hospice palliative care providers within Central East and beginning to develop initiatives which are improving the hospice palliative care which is provided in our region.

Over the last several months the CECCAC and CEHPCN Steering Committee has been engaged in discussions with the CE LHIN regarding the alignment and accountability of the networks, in view of the health care system changes which have occurred since its introduction. Similar discussions have been occurring in many areas of the province. As a result of these discussions, the Network Coordinator and the Network are moving under the auspices of the CE LHIN. It is believed that situating the Network and the Network Coordinator within the CE LHIN will strengthen palliative care planning and coordination, and obtain greater strategic alignment between the CEHPCN, the CE LHIN as well as its health service providers.

Projects on the go include: Interdisciplinary and Physician Education – 8 physicians and key nurses in Haliburton were trained this month, reviewing the intersection of ALC and palliative care at the front-line, developing a model for community-based consultation teams, assisting with the development of bereavement programs in Scarborough and coordinating physicians interested in palliative care in Scarborough.

French Language Health Services (FLHS):

The French Language Services Collaborative held a meeting on May 10. Discussions surrounded the French Language Services (FLS) policy, which was approved by the Board in April. The Implementation Plan will be going forward to the Senior Team for review in the coming month, and then brought to the Board at a future meeting. Entity #4 was reviewed as well as the election of the Board and its process. A new bilingual Family Health Team was announced for Scarborough as well.

The Entity:
The North Simcoe Muskoka, Central East and Central Local Health Integration Networks (LHIN) have signed an unprecedented funding and accountability agreement with the Entité de planification pour les services de santé en français #4 Centre Sud-Ouest / French language health planning entity #4 for Central South West Ontario. Nicole Rauzon-Wright is the interim Chair of the French Language Health Planning Entity #4.

A first meeting of the Liaison committee between the French Planning Entity for the region and the North Simcoe Muskoka, Central and Central East LHINs will take place in May 2011. The Liaison Committee will be comprised of six (6) representatives from the three (3) LHINs (two from each LHIN) and three representatives from the Entity.

On April 12, 2011, nine (9) members of the Entity's Board of Directors were elected via community nominations:

Central East	**North Simcoe Muskoka**	**Central**
Cindy Zamiska	Frédéric Boulanger	Monique Patenaude
François Nono	Jo-Anne David	Nicky Rauzon-Wright, President
Gilles Barbeau	Member to be named - Centre de santé Chigamik	Réjean Sirois

FLS Policy & Plan – update:
The Central East LHIN's French Language Services Implementation Plan will be reviewed by the Senior Team mid May. A translation procedure has been drafted and will be reviewed by the Corporate Business Support Manager and by the Communications Lead in May 2011.

Symposium 2011

The registration process ended on May 13, 2011. A waitlist was been developed for individuals who were not able to register, we have since been able to accommodate all those on the waitlist, and have close to 375 registrants, not including staff and members of the Board. Facilitators for the Coaching

Circles will attend one of the two orientation webinars scheduled for May 5 – May 10. All of the facilitators have been confirmed. Meetings are scheduled with the keynote speakers in mid-May.

Aboriginal Services

First Nations Health Advisory Circle and Métis, Non-Status and Inuit Health Advisory Circles:
The First Nations Health Advisory Circle met at the Scugog First Nation on April 24, 2011. The meeting was well attended. Work is now underway on the development of the Workplan for this current Fiscal Year. This year, the Circle will consider their follow up processes with the Mental Health and Addictions Providers from the meeting held in January, and with the Central East Community Care Access Centre who attended a meeting with the Circle in February.

Future meetings are planned with the Central East Stroke Network. The Alderville First Nation continues to express concern regarding the incidence of specific cancers in their community, and is developing a strategy for determining whether there is an underlying issue related to this. The Métis, Non-Status and Inuit Health Advisory Circle will meet in May. Work has been initiated on the Métis Health Survey that is being conducted jointly with the South East LHIN. The joint meeting of both Circles is planned for the fall. CE LHIN staff are also considering ways in which to involve First Nation communities in the other Health Planning processes within the CE LHIN.

Focus on Accessible Health Care:

Timely Discharge Information Systems (TDIS) – **Phase I and II:**
The Timely Discharge Information System (TDIS) has been developed to ensure family doctors and other community physicians receive the information concerning a patient's hospital stay within 72 hours of transcription from the hospital. TDIS continues to add new physicians weekly to receive live transmission of patient discharge summaries and reports directly into their information systems. All four (4) client management system (CMS) vendors (OSCAR, Purkinje, P&P Data Systems, Abelmed) completed their Physician Interface development. They are ready to begin the testing cycle.

Six (6) CE LHIN hospitals are now connected, and three (3) more remain in the testing phase. All hospitals have signed a Master Hosting agreement to begin feeding discharge summaries and reports from their systems to the TDIS, which is hosted at Lakeridge Health. The numbers of reports continue to increase; in December 2010, there were 6466 reports (Health Information Management (HIM) and Diagnostic Imaging (DI) reports), that number grew to 9,544 reports in March 2011. One hospital using Meditech 6.0, has reported issues with the interface, a work around is being developed to create a customized interface, which the Hospital is diligently working to implement which will resolve the issues reported.

eReferral – Primary Care to Specialty:
The eReferral–Primary Care to Specialty pilot project will automate referrals from Primary Care physicians to a Specialist or Specialty Services jointly with the South East LHIN and Central East LHIN. The goal is to improve the process, provide two-way communication for these physicians and provide tools for primary care to improve the referral process.

User testing is underway on the application and the resolutions of fixes are being incorporated. Testing with Ontario Shores for the Mental Health referral will begin the week of May 15. Family Physician testers will provide feedback on the process and tools. Currently the pilot team has developed a workaround to allow the family physician to export a patient encounter to the referral system where the information can securely be sent with the referral.

SUBMIT – Surgical Utilization Booking Management Integration Tool:
Integration of this tool entails the implementation of an electronic solution to provide improved wait list management to surgeons and provide reporting on Wait Times for surgical procedures, without duplicated data entry in a regional and centralized system. The goal is to improve the data quality and management of Operating Room bookings and Wait Times reporting. The Project team has completed the following:

- Development of the Internal Team; including a Team Lead per organization
- Development of a governance structure to sustain the project
- Customization; system revisions to meet each organization's "readiness"
- Customized training materials and templates for a seamless rollout

Interface work for Operating Room (OR) bookings have been negotiated and procured for RVHS; the same is in progress for LHC. This will provide an automated process from booking in NOVARI to flow directly to the OR System. The Project Team will be meeting again in early May with LHC and TSH. The Phase I completion date is September 1, 2011, which includes three (3) hospitals. Discussion is underway with Wait Times Ontario (WTO) to complete a single complex access for WTIS.
Planning for Phase II has begun for the remaining four (4) hospitals and initial estimates are being developed as well as introductory presentations to the hospital staff and surgeons.

Resource Matching & Referral (RM&R):
Phase II of the Resource Matching & Referral Project is based on the 2009 – 2010 project in seven (7) LHINs to understand and document the current state for Alternative Level of Care (ALC) referrals from hospitals to either Rehab, Complex Continuing Care, through the CCAC to In-Home Services, or through the CCAC to Long-Term Care. Phase II will develop a model for an automated referral and undertake the planning and design of the system provincially.

Phase II of the RM&R project is being developed by representatives from each LHIN on the Provincial Steering Committee and led by the CEOs of TC LHIN and NE LHIN. The Provincial Steering Committee has developed the following:

- A recommended model of implementation; establishing three (3) clusters of LHINs, which will each implement an automated application.
- Recommended governance model to implement/sustain the project; the model has been provided to each of the clusters and is being implemented in May/June 2011.

The CE LHIN will participate in Cluster #2 (the six (6) GTA LHINs), which was identified as the best link, based on logical referral patterns into the Toronto/GTA area, as well as governance and initiatives already in place with the six (6) GTA LHINs, as consistent with cGTA.

A report will be provided to the MOHLTC Management Board in September for approval and funding for implementation of an automated solution will be requested at that time. The committee has adopted the TC LHIN process of "readiness" steps for each LHIN that will prepare the provider environment to automate. The timeframe is expected to be 18 months for completion. The CE LHIN has considered Stage 2 of 7 (see diagram). Work will be done to complete the rollout priorities before the expected date of deployment for the automated solution in September 2012.

Currently, the Project Team at Toronto Central LHIN is updating the state of information and developing an inventory of resources and technology supporting the ALC improvements (i.e. eReferral pilot; Home First Technology; Rehab SharePoint at LHC etc.).

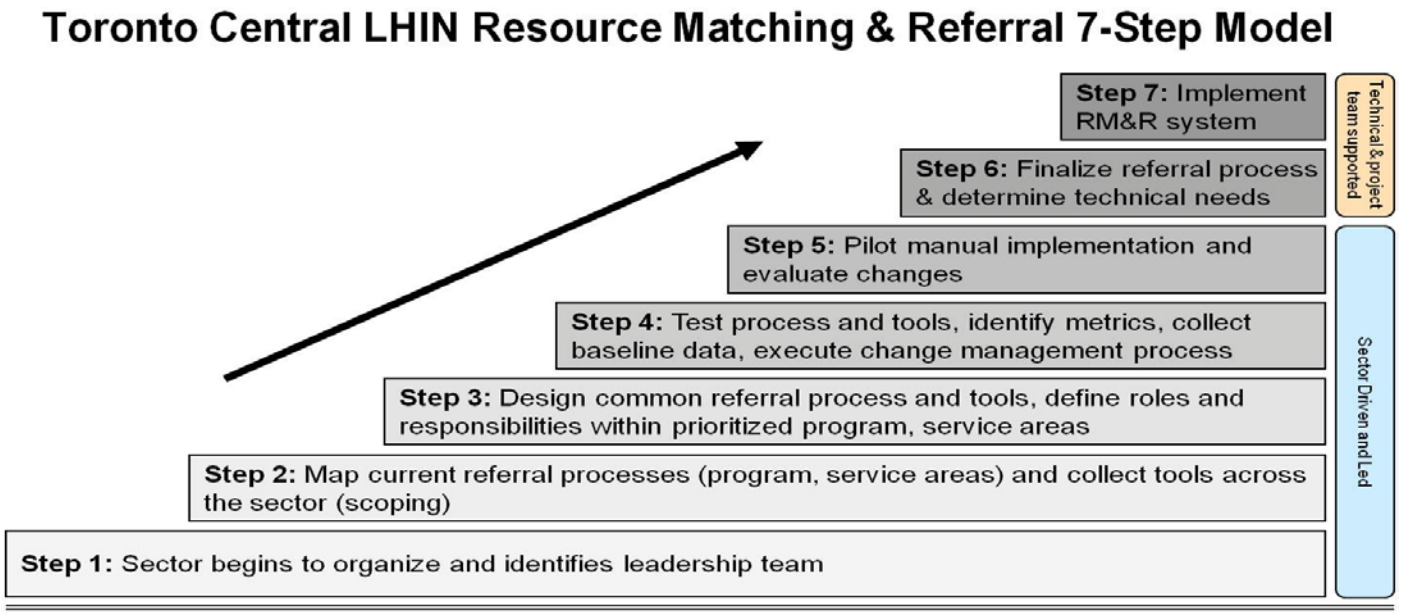


Figure 1: The Toronto Central LHIN Resource Matching and Referral 7-Step Model. This model outlines the series of business-driven activities that enable a sector, program or service to implement the RM&R system.

Enablers – e-Health:

CCIM – Community Care Information Management – Tool Adoption:
The CCIM project consists of supporting the implementation of the Human Resources Information System (HRIS) and the various Common Assessment tools (CAT) within the CE LHIN. CE eHealth is acting as the Project Sponsor to the CCIM Project Team and as Project Manager within the region. The Project Charter for the CE LHIN to provide communication and coordination support has been completed and approved. The support will be provided through e-Health. See Appendix B for the Spring 2011 newsletter.

HRIS – Human Resources Information System (HRIS): Implementation of HRIS systems for Community Care agencies and Mental Health Community Providers is underway to align with the completion of project funding in 2012. CE LHIN provided an overview/workshop session in April to engage those providers who have yet to implement the process. A second session is scheduled for May. The Long-Term Care sector has begun discussions with the LHIN to begin implementation of the MIS/HRIS tools in that sector over the next 18 months.

IAR – Integrated Assessment Record: Classified as an additional project that will provide a centralized repository to house all the common assessment tools for all sectors. In addition, it also provides the information that is tied to a specific patient over time and a web-based secure viewer for providers to access all assessments for patients. The IAR will be implemented by the cluster of the 5 LHINs to house all common assessment tools, including the CCAC assessment and the RAI-MH for Hospital Mental Health in-patients with a target date of November 2011 for completion. The CE LHIN is providing information sessions in conjunction with the OCAN implementation. The IAR Steering Committee has been formed with representation of 6 GTA LHINs (Central East, Central, Toronto Central, Central West, South West and North Simcoe Muskoka).

cGTA – ConnectingGTA:
ConnectingGTA is a project with the five (5) GTA LHINs to "integrate electronic patient information from across the care continuum, and make it available at the point-of-care, to improve the patient and clinician experience".

The ConnectingGTA project will allow 700 service providers to securely share patient health information across the five (5) GTA Local Health Integration Networks (LHINs). Currently, electronic health information is shared in silos within the system. Soon, all 700 service providers will be connected under one "electronic roof" – allowing patient information to move from one service provider to another within the system.

A news release included the following information related to the cGTA initiatives, as of May 10:

- Work is underway to ensure health care providers will be able to share electronic health information for Greater Toronto Area (GTA) residents, who represent 47% of the province's population.
- In the project's first few months, priority patient data such as clinical reports, diagnostic images, drug information, and lab test results will be shared. Major technology pieces will also be put in place in the coming months to help providers access and exchange information more easily.
- The first phase of ConnectingGTA will be completed in 2013.
- ConnectingGTA is the latest in a series of eHealth Ontario milestones which include rolling out the Emergency Neuro Image Transfer System (ENITS), the Electronic Medical Record (EMR) adoption program, and the recent EMR procurement initiative for Ontario's Community Health Centres.

CE LHIN Hospital IT Shared Services (HITSS):
The Central East Executive Committee (CEEC) has agreed to explore the development of a business case and business/enterprise model for CE LHIN Hospital IT Shared Services (HITSS). A final report

was completed and circulated to the Steering Committee. The report includes the various modles for shared services as appendices of information for subsequent phases. The next steps will include Healthtech being invited to present the final report to the CEEC at the next meeting, where the CEEC will then provide direction on the proposed immediate actions identified within the final report.

ER Kiosks:
As part of Ontario's Wait Time Strategy, the Ministry will install information kiosks as a 'pilot' project to reduce wait times in the Emergency Departments. The hospital selection is based on the following:

- high volume hospitals (total visits over 30,000)
- high volume of low-acuity patients
- performance on the 4-hour target

The Ministry's Project Management group is working directly with the four (4) hospitals (PRHC, TSH, RVH, LHC) to install the Kiosk. They are on target to complete installations by the end of June 2011. This initiative aims to raise awareness amongst Ontarians about the number of health care options available, and also provide education on the alternatives to the Emergency Room for non-emergency situations, while also improving patient satisfaction.

Fiscal Responsibility: Resource investments in the CE LHIN will be fiscally responsible and prudent:

Allocations:
The following Administration Letters for 2010-11 are still pending from the Ministry:
a) 2008 Physician Services Agreement Sessional Rate Increase $404K;
b) WTS ER P4R Q4 Premium $601K.

Funding:
Funding letters were sent and/or payments were processed for:
a) HIRF grant $3.3M;
b) WTS P4R Premium Q3 $564K;
b) Hospital Provincial Program Q3 Reallocation payout $980K;
c) Hospital Submit Project $900K;
d) Kiosk Project $7K;
e) Peer Result of Sault Area hospital $125K;
f) 2008 Physician Services Agreement (PSA) increase to Assertive Community Treatments $115K;
f) Nurse Practitioner for eating Disorders $29K;
g) CHC Physician On-call funding $127K.

Other:
a) The Finance staff will be reviewing their process flow during Q1, in order to better implement suggestions from the HAST audit team. Performance analyses will be included along with most financial analyses processes in order to obtain a more complete picture of each Health Service Provider. This will result in the CE LHIN's Performance Team and Finance Team being in closer

communication with each other and will provide a more robust review of the current status of organizations, and any potential risks.

b) The Transfer Payment Audit for 2010/11 by Deloitte was completed in May as part of the Annual Audit.
c) Q4 CAT and ARR reports were loaded in the first week of May with the ARR being due in June.
d) The WERS system, which is used to report the financial and statistical data by the service providers and by the LHIN to run the dashboards, will cease to exist as of July 31, 2011. It is anticipated that the new SRI (Self Reporting Initiative) system will be fully functional as of August 1, 2011. The LHIN will have to provide training to the service providers on the use of SRI during the month of July.

HAST:
A review of the CE LHIN was approved by MOHLTC Audit Committee as part of MOHLTC 2010-13 Internal Audit Plan. The review was focused on fiscal years 2008/09 to present. The review was led by the Health Audit Services Team (HAST) of the Ontario Internal Audit Division (OIAD) of the Ministry of Finance via outsourcing to PwC, a Chartered Accounting firm.

The objectives of the review have been:

a) To assess the CE LHIN's compliance with the Ministry-LHIN Memorandum of Understanding (MOU) and the Ministry-LHIN Accountability Agreement (MLAA) and Performance Agreement (MLPA). This review includes the key elements such as the roles & responsibilities of the Board and CEO, funding and allocation frameworks and compliance with the Management Board of Cabinet's (MBC) directives.
b) To assess the CE LHIN's governance and accountability framework/mechanisms and compliance with the Transfer Payment Accountability Directive (TPAD).

The SFPM, SDI and Corporate teams submitted extensive information and held elaborate discussions with PwC relating to the MLAA/PA, TPAD and the funding and allocation framework. PwC conducted field work from March 7, 2011 through to April 6, 2011. The Senior Team participated in opportunities to confirm factual accuracies after the initial observations were received. Management responses to the preliminary audit observations/recommendations were submitted by the CE LHIN Senior Team in mid-May. There will be further meetings over the next few weeks with PwC to discuss the draft report, prior to the final copy being published.

CE LHIN Hospitals:
The 2010/11 hospital-base funding allocation (1.47% for CE LHIN), together with a portion of the reallocation dollars and year-end Ministry funding, have been used to offset most of the restructuring costs and other deficits for our hospitals. One hospital (PRHC) remains to face a deficit this year. The Peterborough Hospital has been working diligently with the CE LHIN to reduce their expenditures and have now forecasted a relatively small deficit of $4.9M (after Ministry assistance with restructuring pressures this fiscal year). The CE LHIN has been working with all of the hospitals to identify and implement mitigation strategies to ensure the balanced run-rate is maintained in the new fiscal year.

Central East Community Care Access Centre (CECCAC):
The CECCAC is finalizing their year-end expenditures and will be in a balanced position for 2010/11. The Ministry has committed to allow the CECCAC to retain their $14.2M surplus, which will result in the multi-year balancing efforts, after which it is expected that the CCAC will operate with a balanced run-rate. The CECCAC is still reporting on their financial status monthly to the Team Lead of Finance and the CE LHIN Senior Team, and quarterly to the CE LHIN Board. The CECCAC has produced a high-level implementation plan for the CCAC enhanced role in placement and this has been forwarded to the Ministry for review.

Community Health Centres (CHCs):
Funding is still an issue, related to the Ministry's calculations for the allocation of operating costs at 24% of the total compensation costs (inclusive of benefits & relief) for rent expenses. This does not meet the current market costs (related to building leases) for the establishment of new CHCs in the CE LHIN (i.e. with TAIBU, Port Hope, new satellite of The Youth Centre, City of Kawartha Lakes and Brock once they occupy their permanent site). Other Ministry-related issues facing the CHCs pertain to the availability of operating funds from MOHLTC for satellite buildings that have been built with capital primary care funds and/or providing capital funds from the Primary Care Branch or Capital Branch to build satellites where operating funds have already been allocated by MOHLTC. Both of these issues have produced a projected $3M year-end forecast surplus in the CHCs.

Multi-Sector Service Accountability Agreements (M-SAAs):
The CE LHIN mailed out all sixty-six executed M-SAA agreements with a reminder to the agencies of the key accountabilities and requirements outlined in the agreements (See Appendix A). These include but are not limited to the following:

1. Article 9, which stipulates that acknowledgement of CE LHIN support must be included in any future publications, electronic or hard copy.
2. Health Service Providers (HSPs) must publicly display copies of the signed accountability agreements in an easily accessible location in the HSP's office, as well as on the HSP's website (where applicable), as consistent with Article 8.5. Agencies must provide links to the CE LHIN for verification.
3. Policies listed in Schedule D of the M-SAA will also be posted on the CE LHIN website shortly. Insurance Certificates must be submitted and filed with the CE LHIN to comply with Article 11.4(c).
4. The CE LHIN is taking steps to complete inventory of available French Language Services and ensure compliance with the French Language Services Act (FLSA) in the CE LHIN, despite the fact that there are no French language designated community HSPs in the CE LHIN.
5. A process will be developed over the next few months to provide guidance to assist with meeting the requirements for a semi-annual Declaration of Compliance at the HSP level.

2011-12 Hospital Service Accountability Amending Agreement (H-SAAA):
The CE LHIN is in the process of sending out the ED/ALC and Surgical Wait Time targets as well as the methodology to the hospitals for a final review, following extensive negotiations. These will be appended to the opening allocation funding letters for fiscal 2011/12, which will amend their 2011-12 H-SAAA.

CE LHIN Wait Times:
CE LHIN Wait Times have been improving in most areas on a monthly basis, driven by the data quality improvement initiatives, as well as additional Wait Time volumes funded by the CE LHIN. As follows is the CE LHIN's Wait Times performance dashboard for March 2011. The quarterly results will be available around mid-May and preliminary estimates reflect that for the first time, the CE LHIN has met all Surgical and DI Wait Time LHIN & Provincial Targets with the exception of Magnetic Resonance Imaging (MRI). With the addition of new machines at Ross Memorial Hospital, Rouge Valley Health System and The Scarborough Hospital, it is anticipated that this target will be achievable.

CENTRAL EAST LHIN MLPA PERFORMANCE INDICATOR DASHBOARD

Performance effective as of March 2011

PI No.	Performance Indicator (PI)	Indicator Type	Provincial Target	LHIN Starting Point or Baseline	LHIN FY2010/11 Target	Previous Period Actual LHIN Performance	Actual LHIN Performance	Current Status	Trend	LHIN Ranking	Data Source	Reporting Period
1	90th Percentile Wait Times for Cancer Surgery [1]	Access	84 days	49	49	43	41	●	↓	3	WTIO, CCO	Mar 2011
2	90th Percentile Wait Times for Cataract Surgery [1]	Access	182 days	127	140	105	101	●	↓	5	WTIO, CCO	Mar 2011
3	90th Percentile Wait Times for Hip Replacement [1]	Access	182 days	173	179	163	163	●	↔	8	WTIO, CCO	Mar 2011
4	90th Percentile Wait Times for Knee Replacement [1]	Access	182 days	171	179	168	161	●	↓	6	WTIO, CCO	Mar 2011
5	90th Percentile Wait Times for Diagnostic MRI Scan [1]	Access	28 days	107	77	76	73	●	↓	5	WTIO, CCO	Mar 2011
6	90th Percentile Wait Times for Diagnostic CT Scan [1]	Access	28 days	41	36	25	25	●	↔	4	WTIO, CCO	Mar 2011

DART Cards:
Together with the support of the Wait Time Coordinators, the Diagnostic Imaging Group (DI) and the Wait Times Strategy Working Group, the CE LHIN has prepared educational materials for clinicians, and DI offices. The CE LHIN has also developed Decision Affecting Readiness to Treat (DART) information sheets and quick reference guides to distribute to clinicians via the Wait Time Coordinators.

Ministry Announcements

Release and Implementation of Early Psychosis Intervention (EPI) Program Standards: A recent memo was sent to the LHIN CEOs from the Ministry, indicating that the standards for EPI have been released, these service standards are intended to support the provision of new and existing EPI programs, to ensure that clients/consumers receive consistent, evidence-informed services. Additional information is available through the Ministry's website.

2011/12 funding for Telestroke confirmed: Funding for Telestroke on-call stroke neurologist payments for providing comprehensive on-call coverage will continue according to the current fees. The Ministry is working on the details regarding the distribution for the funding. The Ministry has

requested for the Ontario Stroke Network to provide further information regarding physician groups who are eligible to receive this funding.

Other Announcements

North West LHIN welcomes four new Board Members: Reg Jones of Thunder Bay and Dan Levesque of Greenstone will commence their appointments on the North West (NW) LHIN Board, as of April 18. Reg Jones brings a diverse background of community involvement as well as many years of experience serving as the Vice-President of Corporate Services at Confederation College. Dan Levesque recently retired as Staff Sergeant for the Greenstone OPP detachment, and possesses skills and experience related to the support services in the NW region. Goyce Kakegamic was also appointed, and will commence his term as Director on the NW Board, as of June 16. Goyce is currently Education Coordinator for Keewaytinook Okimakanak, a non political Chiefs Council that serves communities in Northern Ontario. As an educator, he has taught in various communities in the north, served as Director of Education for Keewaywin First Nation and worked as a post secondary education counselor for the Department of Indian Affairs. Dianne Loubier will be commencing her appointment to the Board on August 21. Dianne, of Ignace, has over 25 years of senior level experience, including work in the health care sector. She currently operates a part-time financial consulting business and is Chair of the Ignace Economic Development Committee and Treasurer of the Ignace Golf & Country Club.

Board Chair and Vice-Chair Announced for North West LHIN: Joy Warkentin will be the new Board Chair for the North West LHIN, as of, August 21. Ms. Warkentin will continue in her role as current Vice-Chair of the North West LHIN Board until May 17, 2011, at which point Anne Krassilowsky will be taking over as the new Vice-Chair. Ms. Krassilowsky has extensive experience in municipal politics, having served as Mayor of the City of Dryden from 2004 to 2010 and as Councillor in Dryden from 2001 to 2003.

North Simcoe Muskoka LHIN announces new Board Chair: Robert Morton's appointment as the new Board Chair of the North Simcoe Muskoka (NSM) LHIN will commence on June 9, 2011. Robert is a highly experienced health care executive with over 35 years of experience in the health and social service systems. The announcement was made by current Board Chair Ruben Rosen, who will be completing his term, as of June 8, 2011.

New Board Chair announced for Mississauga Halton LHIN: Graeme Goebelle will begin as the new Board Chair for the Mississauga Halton LHIN, as of June 9, 2011. Mr. Goebelle is a distinguished Chartered Accountant widely recognized for his outstanding service to the profession and is a founding member of Goebelle Macadam Alexander LLP. Current Board Chair, John Magill will end his term on June 8, 2011, and is regarded for his leadership contributions across the LHINs.

Incoming Board Chair announced for Central West LHIN: Maria Britto's appointment as the new Board Chair for Central West is effective June 9, 2011. Maria's deep community roots stem from over 30 years of experience in business and related community involvement. She has served on Boards such as the William Osler Health System, and is currently Chair of the Community Council for the

Women's Abuse Shelter in Brampton. Current Board Chair, Joe McReynolds will be ending his term on June 8, 2011

Board Chair and Members announced for South West LHIN: Three new members have been appointed to the South West LHIN Board. Barbara West-Bartley's appointment was effected May 4, 2011. A resident of Wiarton, Ms. West-Bartley has extensive experience in community and social services. Gerry Moss of Port Elgin begins on May 17. His professional background is in education, where he worked as a principal with the Bluewater District School Board. Robert Wood of London begins on June 2, and adds a strong financial background to the South West LHIN Board. A Certified Management Accountant, he is currently the Chief Financial Officer with Biorem Technologies Inc.

Central LHIN Announces New Board Chair: John M. Langs currently sits as a Director on the Central LHIN Board, effective June 2, 2011, John will take over as the new Board Chair following Ken Morrison's completion of term. John is a seasoned leader in healthcare and governance. John has been a member of the Central LHIN Board since 2008. He is a former Board Governor of the North York General Hospital. In addition, John served as a Governor of the Board of the North York General Hospital Foundation. John recently retired as a firm partner at Fraser Milner Casgrain LLP, where his area of practice was largely in Corporate Commercial law.

New Board Members announced by Toronto Central LHIN: Dr. Kathleen Gallagher-Ross, Mr. John Fraser, and Ms. Carol Perry were announced as new Directors to the Board of the Toronto Central LHIN. These three accomplished individuals have a depth of diverse experience in health and community services, Boards and business which will be a tremendous asset to the LHIN and health care system overall. Dr. Gallagher-Ross was formerly the Director of Public Policy at United Way Toronto and has extensive knowledge of urban health and community needs and challenges. Dr. Gallagher-Ross's appointment was effective April 18, 2011. Mr. Fraser has extensive experience in strategic planning and advancing operational efficiencies in a variety of industries from both Board and management perspectives. He worked as a Partner and Vice Chairman at KMPG. Mr. Fraser's appointment is effective June 27, 2011. Ms. Perry is a former Commissioner of the Ontario Securities Commission. She brings a strong background in finance and management and a broad perspective on governance. Ms. Perry's appointment is effective June 2, 2011.

Joan Fisk appointed as new Board Chair for Waterloo Wellington LHIN: Effective, June 2, Ms. Fisk will step into her role on the Waterloo Wellington LHIN Board of Directors. Ms. Fisk has held leadership positions within the business community, including President and CEO, Tiger Brand Knitting Company Ltd, and most recently serving as President and CEO of the Greater Kitchener Waterloo Chamber of Commerce from 2008 - 2010. Ms. Fisk's appointment comes just as founding Chair Kathy Durst's second three-year term ends. Durst was the first WWLHIN Board Chair serving from June 2, 2005 to June 1, 2011. She led the Board as the WWLHIN worked with local health service providers to improve access to care for Waterloo Wellington residents.

Ontario Shores appoints new Physician-in Chief: Ian Dawe, MHSc, MD, FRCP(C) steps into the new role, as of May 24, 2011. Dr. Dawe joins Ontario Shores from St. Michael's Hospital where he is currently the Medical Director of the Psychiatric Emergency Service and a Research Associate with both the Keenan Research Centre of the Li Ka Shing Knowledge Institute of St Michael's Hospital and

the Arthur Sommer Rotenberg Chair in Suicide Studies at the University of Toronto. Dr. Dawe worked previously as the Mental Health Lead for the Toronto Central LHIN. He will play a key role in continuing to strengthen patient care at Ontario Shores.

Ontario Health Quality Council partners with the CE LHIN: We welcome Cheryl Roses, she is one of fourteen Quality Improvement (QI) Coaches who will be looking at the program development and delivery in the building of QI capacity at the regional level with a focus on Residents First and other activities of the LHIN.

Excellent Care for All Strategy – Liaison Function: For consistency LHINs are expected to involve the Health Quality Ontario (HQO) Liaison Office in their interactions with HQO. Vanessa Bennett (Vanessa.t.bennett@ontario.ca) has been identified as the LHIN point of contact (HQO Liaison).

South West LHIN appoints external reviewer in London: The South West Board recommended the appointment of an external reviewer to examine clinical coverage at the Urgent Care Centre at St. Joseph's Health and at both the University Hospital and Victoria Hospital emergency departments of London Health Sciences Centre (LHSC).

The Ross Memorial Hospital becomes a 100% smoke-free property: Effective May 12, smoking is no longer permitted anywhere on hospital grounds, including the vehicles in the parking lot.

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.

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. Notice of many of these events are also posted on the CE LHIN website calendar: http://www.centraleastlhin.on.ca/showcalender.aspx

Below are listings of recent activities that the Central East LHIN Staff have been involved with:

- Presentations to our Municipal Councils continued through April and May, with visits to Scugog (April 18), Galway-Cavendish-Harvey (April 19), Cavan-Monaghan (May 2) and Whitby (May 9). The Council members were engaged in the information that was provided which was evident through the insightful questions that were raised.
    - Upcoming Council presentations are scheduled for:
        - May 16 – City of Pickering Council
        - May 18 – Durham Regional Council
        - June 27 – Uxbridge Council
        - June 29 – County of Peterborough
- On April 13, Deb Hammons attended the TAIBU Community Health Centre Grand-Opening in Scarborough along with Ron Francis from the CE LHIN Board.

- April 28 marked the one-year anniversary of the Code STEMI program. This program came together as a result of an innovative partnership between RVHS, LHC, TSH, Durham EMS, Toronto EMS and the Central East Local Health Integration Network (CE LHIN) working collaboratively to offer gold standard cardiac care to the patients of east Toronto and Durham. James Meloche represented the Central East LHIN at this "heart"-felt celebration. The successes of the RVHS primary PCI CODE STEMI program were celebrated on April 21.
- On May 4, the Kawartha Lakes Reach for Recovery Centre (formerly known as SPAN), officially opened the doors of their new location in downtown Lindsay. Participating in the ribbon-cutting was Jean Achmatowicz-MacLeod of the CE LHIN Board, Jai Mills and Barry Hyde.
- On May 5, a news release announcing the Central East LHIN's incoming Board Chair was sent out across the LHIN. Our incoming Chair, Wayne Gladstone, has reached out to all 13 Central East LHIN MPPs to introduce himself and we are now in the process of setting up face-to-face meetings.
- Peterborough MPP Jeff Leal, announced Pay-for-Results funding that has been allocated to Peterborough Regional Health Centre on May 6. Attending the announcement on behalf of the Central East LHIN was Kate Reed. Other MPP-led Pay-for-Results funding announcements are continuing throughout the month of May in the Central East LHIN, with a LHIN-wide news release scheduled for May 20.
- The Minister of Health and Long-Term Care visited Northumberland Hills Hospital on May 10, to announce that a record number of international medical graduates are now working in Ontario. Two physicians currently working at Northumberland Hills Hospital were showcased, and much credit was given to Amanda English, the Central East LHIN's Health Force Ontario Partnership Coordinator for her work in supporting physicians as they choose Central East LHIN communities as locations to practice medicine.
- The Symposium Planning Team is working very hard to ensure that the 5th Annual Symposium on May 31 is extremely successful. The demand for registration has been so great that we now have a waiting list to attend. Everyone is looking forward to a rewarding event.

The Central East LHIN website continues to be a primary vehicle for both communication and engagement with our stakeholders. From April 1 – 30, there were 5,493 visits made by 3,448 visitors. There were 18,483 pages viewed. After the splash page, the page with the biggest number of hits is still the Careers page with 1,738 unique views

We are continuing to encourage people to subscribe to the website to be alerted to new content as it is posted. This will ensure our communities are informed, educated, can provide input, be involved and consulted on the work being done to create an integrated system of care that provides better care, better health and better value for money.

Core Business Requirements – CE LHIN Operations

Audit:

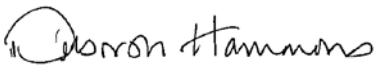
The Corporate Business Unit is diligently preparing the financial schedules and all supporting documentation for the external audit review of the Operations budget, Initiatives funding, and the Transfer Payment Agencies processes and financial accountabilities. Deloitte was on-site at the CE LHIN gathering the data and information for the week of May 2 through to May 6. The Draft Audited Statements are set to be reviewed by the Board at the May Board meeting.

Operational Policies:
The implementation plan for the Code of Conduct required the development of Compliance and Whistleblower policies; they were presented to the Audit committee of the Board and are currently in review with the employees of the CE LHIN. These policies include procedures for disclosure/reporting, investigating, non-compliance measures and accountability roles. The Compliance policy also includes a Conflict Resolution Algorithm to resolve situations which may occur.

Staff Announcements:
Carol Anderson will be moving on from her role as the Lead for Regional Specialized Geriatric Program Development, as of April 29, 2011 as her short-term contract comes to an end. Thank you Carol for all your contributions to the CE LHIN and we wish you well in your new ventures.

Also, Karol Eskedjian, Senior Planning Manager with our eHealth team, will be leaving as of May 27. We wish Karol all the best, as she pursues a new venture, where she will be working as an IT Project Manager at Lakeridge Health.

Respectfully Submitted,



Deborah Hammons
Chief Executive Officer
Central East Local Health Integration Network

Appendices

Appendix A

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Appendix B

GTA LHIN Spring Issue newsletter_201

Appendix C

MEMO%20from%20Ken%20Tremblay_Ap

Appendix D

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