Central East Local Health Integration Network
CEO Report to the Board
October 26, 2011

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

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

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

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

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

Save a Million Hours of Time Spent in the ER Department

Emergency Department Process Improvement Program (ED PIP):
Wave 4, the last wave of ED-PIP, is completely underway with full participation from all remaining Central East LHIN Pay-for-Results (P4R) designated hospitals: Rouge Valley Ajax-Pickering (RVAP), Rouge Valley Centenary (RVC), Lakeridge Health Bowmanville (LHB) and Lakeridge Health Oshawa (LHO) with Lakeridge Health Port Perry also being included in the Lakeridge Health Corporation (LHC) implementation.

Each Wave of ED-PIP includes four (4) provincial forums, namely, the Kick-Off provincial forum for Wave 4 which took place on May 25, the Diagnostic forum which took place on July 14, and the Early Pilot forum which took place on September 15. The final roll out is scheduled on December 1 for central training forums.

ED Pay for Results (P4R) Year III:
Emergency Department (ED) performance results for Year III were available to the LHIN, Cancer Care Ontario (CCO), and the Ministry of Health and Long-Term Care (MOHLTC), in the last week of May. However, MOHLTC has not yet published the final formula for recovery of the fixed-funding or to suggest what the recovery formula may be for time to Physician Initial Assessment (PIA) funding. Therefore, there is no update from the information included in the May CEO report.

ED Pay for Results Year IV:
The Pay-for-Results (P4R) funding letters to the LHIN from MOHLTC were received on June 22, with a funding flow of $8,655,000 to the Central East LHIN for fiscal year 2011/12. Funding letters from the LHIN to the designated hospitals were sent out in early September.

From the funding indicated in the letter received from MOHLTC, $1,277,500 was designated by MOHLTC to operate a 10-bed Medical Short Stay Unit (MSSU) at Lakeridge Health Oshawa. The LHIN declined formal participation in the MSSU portion of P4R funding on Lakeridge Health Corporation's behalf, because of concerns around extremely aggressive performance requirements and financial risk that would follow such implementation. The LHIN is in negotiation with MOHLTC around designating these funds to another, more suitable site for the remainder of fiscal year 2011/12.

Conditions of fixed Pay-for-Results funding require all designated hospitals sites to achieve an aggregate reduction in 90th percentile Emergency Department Length of Stay (EDLOS) across three patient categories. The amount by which each site must reduce this time varies depending on fiscal year 2010/11 baseline performance. Although the MOHLTC Pay-for-Results program does not require patient stream-specific reductions, the Central East LHIN has established each hospital's Hospital Service Accountability Agreement (H-SAA) target as the Pay-for Results target[1]. Achievement of the H-SAA targets will result in achievement of the Pay-for-Results aggregate targets for eight (8) of the nine (9) designated sites.

Year-to-date (August) performance for the nine designated hospitals against their H-SAA targets is as follows:

Site	Admitted 90th Percentile Time (interim provincial target 25 hours)			Non-Admitted High Acuity 90th Percentile Time (provincial target 7 hours)			Non-Admitted Low Acuity 90th Percentile Time (provincial target 4 hours)		
	FY2010 Baseline	H-SAA Target	YTD Performance	FY2010 Baseline	H-SAA Target	YTD Performance	FY2010 Baseline	H-SAA Target	YTD Performance
LHB	38.83	34.42	26.38	6.05	6.05	5.52	3.92	3.92	3.53
LHO	80.10	61.45	76.60	6.82	6.60	7.22	4.48	4.00	5.18
NHH*	14.02	12.62	17.70	5.88	5.88	6.22	4.23	4.00	4.68
PRHC	41.52	38.43	32.27	7.80	7.60	7.77	4.40	4.00	4.35
RMH	45.70	37.38	29.07	6.72	6.72	6.77	3.92	3.92	4.35
RVAP	77.60	56.41	73.15	6.05	6.05	5.80	4.17	4.00	3.87
RVC	50.82	42.75	39.35	6.62	6.62	6.73	4.78	4.00	4.32
TSB	30.03	26.78	25.80	8.32	7.49	6.95	4.92	4.00	4.38
TSG	40.53	34.46	28.68	8.28	7.46	7.42	5.20	4.00	4.57

*Note that NHH performance, although increased over last year's baseline, remains the lowest of the group, and below the interim provincial target of 25 hours, although still above the provincial standard of 8 hours.

Legend:	
	Baseline above provincial target
	Baseline below provincial target
	YTD performance meeting HSAA target
	YTD performance improving, but not yet at HSAA target
	YTD performance longer than previous year's baseline

The funding letters from MOHLTC made no indication of what the recovery formula will be for this year for any funding stream. However, it is reasonable to assume that hospitals that have achieved their fixed funding

[1] Northumberland Hill Hospital (NHH) is the exception to this practice, as its baseline performance in the admitted category was below the interim provincial target of 25 hours. NHH was assigned a target in this category of 10% reduction over baseline.

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performance targets will have none of that funding recovered. Additionally, for the sites that are participating in ED-PIP this year, $250,000 of the allocated funds will be protected against Ministry recovery.

Year-to-date (August) performance for the nine (9) designated hospitals against their Pay-for-Results fixed funding aggregate targets is as follows, where green in the final column indicates that the site has achieved the required aggregate reduction, and red indicates that it has not:

Site	Admitted	Non-Admitted I-III	Non-Admitted IV-V	Performance Target	Overall Performance	ED-PIP Participant
LHB	32%	9%	10%	**6.6%**	51%	✓
LHO	4%	-6%	-16%	**8.0%**	-17%	✓
NHH	-26%	-6%	-11%	**6.6%**	-43%	
PRHC	22%	0%	1%	**10.0%**	24%	
RMH	36%	-1%	-11%	**6.6%**	25%	
RVAP	6%	4%	7%	**8.0%**	17%	✓
RVC	23%	-2%	10%	**8.0%**	31%	✓
TSB	14%	16%	11%	**10.0%**	41%	
TSG	29%	10%	12%	**10.0%**	52%	

Each designated Pay-for-Results site is also required to achieve a 10% reduction in the time to physician initial assessment (PIA) at the 90th percentile. Year to date (August) hospital performance in this indicator is as follows:

	Hours to PIA		
Site	FY2010 Baseline	**Target**	YTD
LHB	2.7	**2.4**	2.6
LHO	3.1	**2.7**	3.4
NHH	3.6	**3.3**	3.9
PRHC	3.7	**3.3**	3.6
RMH	2.9	**2.6**	3.2
RVAP	2.7	**2.4**	2.5
RVC	3.5	**3.1**	3.0
TSB	3.4	**3.1**	3.2
TSG	4.3	**3.9**	4.1

Legend	
	YTD performance meeting target
	YTD performance improving, but not yet at target
	YTD performance longer than previous year's baseline

Every designated hospital site, with the exception of Northumberland Hills Hospital, earned variable funding for Q1 performance. Funding letters for this performance have not yet been received from the MOHLTC.

The Chair of the Provincial Emergency Department LHIN Lead group has indicated that there may be an opportunity for the Emergency Department LHIN Leads to make recommendations to the MOHLTC about recalibration of the Pay-for-Results program for future years. The provincial Emergency Room (ER)/Alternative Level of Care (ALC) Performance Leads and LHIN Senior Directors have developed a document evaluating options to present to the MOHLTC. This document is expected to be delivered in the first week of October.

Hospital Scorecards:
Monthly scorecards have been developed, tracking the following seven (7) Emergency Department/Alternative Level of Care (ED/ALC) indicators for all Central East LHIN hospitals:

- Emergency Medical Services (EMS) Offload Time
- 90th Percentile ED Length of Stay (LOS) for Admitted Patients ((*Ministry-LHIN Performance Agreement) 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 Volume (*HSAA 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. September data will be posted by Cancer Care Ontario in the first few weeks of October, and scorecards will be sent out when this source data becomes available.

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 (OSCMHS) will have its implementation later in FY2011. To date, over 4000 patients have been served through the initiatives supporting the Home First philosophy. The Central East Community Care Access Centre (CECCAC) has project-led the implementation of Home First, including the formation of a central LHIN-wide Steering Committee and Implementation Teams as well as Sustainability Committees at each hospital. Business processes in support of the Home First philosophy are being adopted relatively smoothly at all hospitals across the LHIN.
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 to the next most appropriate destination at the end of his or her acute length of stay. Further, if that destination is outside of the hospital, the discharge destination from the hospital will be to the patient's home. This practice will 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 freeing up of capacity is, in turn, expected to reduce the ED length of stay for Admitted patients. A reduction in the total volume of ALC-LTC designated patients is a requirement in each hospital's Hospital-Service Accountability Agreement (H-SAA).

Home First has been successful to date, with many hospitals demonstrating a reduction in overall ALC volumes, and a corresponding decrease in admitted EDLOS. 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 service organizations, as a part of Home First, are expected to facilitate further work in 2011-12, including expansion to primary care, Emergency Medical Services (EMS), Retirement Homes, and Long Term Care Homes. The CECCAC has already begun some of this outreach, with presentations to Retirement Homes and Long Term Care Homes by geography.

GAIN (Geriatric Assessment and Intervention Network):
All four (4) GAIN clinics are fully operational. While no clinic is meeting its H-SAA target for assessments and associated follow ups, the current trends are in the right direction. In Q1, 687 referrals were received in total for

all four (4) clinics. Referrals originate from emergency departments, the community and post discharge clients. The origin of referrals is somewhat different for each site and provides feedback for communication and marketing efforts. In total, 531 comprehensive geriatric assessments were completed in Q1 with 457 referrals to the CCAC. Very moving patient testimonials are being received by all clinics expressing praise for the program and amazing staff. Significant effort is being focused on the standard data set. Q1 data is primarily "implementation" focused, while Q2 data will delve more into performance measures. Next steps include marketing efforts to increase assessment volumes, development of mechanisms to link with other providers/hospitals without clinics as well continued work on performance measurement and monitoring,

Specialized Geriatric Services: Regional Governance:
A process to select a Host Agency for the establishment of the Regional Specialize Geriatric Service Entity was initiated and implemented in late-August. At the August Board meeting, the Board announced that Northumberland Hills Hospital (NHH) was supported to take on this role. Immediate efforts to recruit a Project Manager were undertaken. It is expected that a successful candidate will be in place no later than the end of October. From there, efforts will be devoted to securing space at NHH for Entity staff, hiring additional Entity staff and proceeding with the selection of the initial Governance Authority. The end of the calendar year will see much of this work complete.

Assisted Living Services for High Risk Seniors:
The "Assisted Living Services for High Risk Seniors, 2011" project in the Central East LHIN intends to address the needs of high risk seniors who are able to reside at home and require the availability of personal support, homemaking, security check and reassurance services on a 24/7 basis.

The Central East LHIN is working with Community Care Durham (CCD) in establishing this program in the Oshawa and Whitby areas with a target population of no fewer than 80 clients. Where possible, people will be transferred from CECCAC Homemaking Services to those provided by Community Care Durham. The CECCAC, CCD and the Central East LHIN are working in collaboration to monitor impact on clients based on the agreed upon outcome and process indicators. A Memorandum of Understanding (MOU) and a Project Charter is in the process of being finalized between the two organizations (CECCAC and CCD). The program has a targeted start date of November 1st, 2011. Based on the defined eligibility as outlined in the Assisted Living Services in Supportive Housing (ALSSH) policy, CECCAC staff are presently working on the identification of clients to be transferred to Community Care Durham in these specific geographical areas.

The Victorian Order of Nurses (VON) has been selected to provide assisted living services for up to 120 high risk seniors per year in four (4) areas of the LHIN: Peterborough, Lakefield, North Durham and Scarborough. Each "hub" will serve approximately 30 clients. The LHIN, together with housing providers and the CECCAC will be working collaboratively in this initiative with the VON.

Behavioural Supports Ontario (BSO) Program:
Behavioural Supports Ontario was created to enhance services for elderly people with complex behaviours wherever they live (at home, in long-term care or elsewhere) through the development and implementation of new models of care that focus on quality of care and quality of life for this population.

Specifically, the BSO population of concern is "older people with cognitive impairments due to mental health problems, addictions, dementia, or other neurological conditions [who] often exhibit responsive or challenging behaviours such as aggression, wandering, physical resistance and agitation".

Although all 14 LHINs will participate in the project, Central East was identified as one of four (4) "Early Adopter" LHINs. Each of the four (4) Early Adopter LHINs will be responsible for knowledge transfer, coaching and mentoring of subsequent LHINs. As an Early Adopter LHIN, Central East LHIN has developed a local BSO

Advisory Committee and Design Team and identified a Project Lead and Improvement Facilitator. In September, frontline providers participated in a Value Stream Mapping exercise to design the Central East BSO model and the Design Team drafted the first part of our BSO Action Plan.

The Action Plan was developed through quality improvement processes and considered three (3) key measures for determining success:

- Reduced resident transfers from Long-Term Care (LTC) to acute or specialized unit for behaviours;
- Delayed need for more intensive services, reducing admissions and risk of ALC;
- Reduced length of stay for persons in hospital who can be discharged to a LTC home with enhanced behavioural resources.

On September 26, the LHIN held a stakeholder engagement event for all health service providers where over 100 participants contributed their questions and suggestions to the draft Action Plan.

Residents First Quality Improvement Project:
The most recent focus of the Health Quality Ontario (HQO)-led Residents First (RF) program has been the "Leading Quality" stream. "Leading Quality" provides support to leaders within the long-term care sector in helping to prepare and support their organizations with implementing a quality improvement philosophy. LHINs have been less engaged in this stream and HQO is restructuring the role LHINs play in the RF program. Brian Laundry, Lead, Quality Improvement and Evaluation has been named as Interim Chairperson for the RF LHIN Lead Working Group and is working with HQO to revise the Terms of Reference of this group.

NPSTAT (Nurse Practitioners Supporting Teams Averting Transfers) Program:
NPSTAT has undergone a substantial change with the closing of the NP clinic at the Village of Taunton Mills. The NP who provided primary care service at the clinic left in early August which provided an opportunity to realign the clinic resources to more closely support the outreach mandate of the NPSTAT program. The clinic closed at the end of September and the restructuring of the NPSTAT program will consider both current resources and new opportunities for alignment with community palliative care services and the Behavioural Supports Ontario program.

Mental Health and Addictions (MH&A):
Two major Mental Health and Addictions priority projects took centre stage in September. A business case was submitted for the Emergency Department Diversion Project in Durham as well as the Northeast Cluster, both were reviewed by staff. In the next phase of implementation, staff at the Central East LHIN will be working with the Project Cluster Steering Committees to develop common metrics to assess outcomes and successes. A schedule for the steering committee is in the process of being developed.

The larger project is situated in the Durham Cluster, with the aim of reducing return visits to the ED within 30 Days for people with Mental Health and/or Concurrent Disorders. The funds for this project are being flowed through Lakeridge Health Oshawa – Pinewood, with specific MOU's to be negotiated with Durham Mental Health Services (DMHS), Canadian Mental Health Association – Durham (to enhance CTO, community Treatment order Case Management). There will be a Steering Committee made up of all involved Providers, LHO, Pinewood, CMHA-D and DMHS. It will also include the LHIN and other members to be determined. The funding will flow dependent on the MOU's. These are being negotiated now.

The Northeast Initiative is intended to have an impact on reducing the number of "unscheduled return visits to the Emergency Department by 10% for people with Mental Health and Concurrent Disorder issues in the

Emergency Departments of Peterborough Regional Health Centre and Ross Memorial Hospital. Canadian Mental Health Association – Peterborough is the lead agency who will work in collaboration with Canadian Mental Health Association – City of Kawartha Lakes. This will similarly place Case Managers in the emergency departments at Peterborough Regional Health Centre and Ross Memorial Hospital. The Steering Committee for the Northeast is in the process of being formed. It will also include the LHIN, and other local Providers, including FOURCAST.

The initiatives build on the work of the ED Avoidance Coalition, taking a Quality Improvement and Triple Aim approach. The success of the project will be monitored on an ongoing basis with a full evaluation to be completed after one full year of operating.

Community Mental Health in the Northeast Cluster:
Discussions are underway with two teams formed to consider options around Back Office and Front Line Integration of services at Canadian Mental Health Association (CMHA) Peterborough and the City of Kawartha Lakes. Feedback from the teams will be reported to the larger Integration group and is expected to be prepared by the end of October. The Emergency Department Diversion initiative continues to be a focus for the Northeast CMHA's who are collectively working with Ross Memorial Hospital and the Peterborough Regional Health Centre to implement.

Utilization Management Software Request for Proposals (RFP):
The Central East LHIN is seeking a vendor capable of providing all of the hospitals in our area with utilization management software, that will help the hospitals to manage inpatient/patient flow from the decision to admit until the patient leaves the hospital. The tool should interface smoothly with existing software in use at hospitals and by other Health Service Providers, and should align with provincial guidelines and with inter-professional processes already in place at Central East hospitals, such as Home First.

The tool will be required to provide operational recommendations to clinicians regarding admission, bed matching, estimated discharge date and ALC designation. It must also provide customizable, real-time reports at appropriate levels to both hospitals, the Central East CCAC, and the Central East LHIN. These reports should include volumes of patients admitted to each hospital, their designations, their discharge destinations, any barriers to discharge, and the length of time that patients have been in an ALC designation. They should also provide operational information on all inpatient beds within the hospital, including indications of how long beds are empty and real-time indication (such as a bed board) of what beds are available at any time. The tool must provide standard reports that enable comparisons amongst various sites and corporations, but must also be customizable to each hospital's operating processes.

The RFP for this tool was published on April 19 to the Public Sector selection site, and responses were due on May 30. Three responses were received to the RFP, and reviewed by the evaluation team including representatives from the LHIN, the CCAC, and hospitals. After thorough review, a respondent was selected, who then submitted a final proposal on October 3. The evaluation group is now in negotiation with that respondent to gather further information and make a recommendation to the LHIN Senior Team on direction to proceed.

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 current focus of VHSAC is on the strategies to implement key priorities and identifying, quick wins including low cost 'investments', given the significant investment in Cardiac Rehab this fiscal year.

The VHSAC met on September 30 and will meet again in October. The Provincial Integrated Vascular Health Strategy Project Lead attended the September meeting to dialogue with members on successes and lessons learned in developing the Central East Vascular Strategy. Key areas of importance identified by VHSAC for the Integrated Vascular Health Strategy (IVHS) accounted for the importance of including the full continuum from primary care and specifically including acute care/hyper acute care in IVHS planning.

VHSAC provided input into the upcoming Mosaic of Stroke day, scheduled for November 22, and received an overview of the Ontario Stroke Network's Strategic Plan. The Mosaic is a joint initiative of the Central East Stroke Network, Central East LHIN and host organizations such as the Royal Victoria Hospital, Lakeridge Health Corporation and Peterborough Regional Health Centre.

Goals for the session include:

- To understand the impact of best practice stroke rehabilitation on reducing ALC rates, reducing ED visits, and reducing length of stay and on improving quality of life and functional outcomes for stroke survivors and their families and caregivers;
- To advance the planning for best practice stroke rehabilitation across the Central East, Central and North Simcoe Muskoka LHINs;
- To accelerate best practice adoption for stroke rehabilitation and focus on moving from planning to action in implementation of best practice for stroke rehabilitation;
- To support system integration and transformation;
- To establish common principles and plan next steps for implementation.

The event will include a review of current research, evidence and best practices by keynote speaker Dr. Mark Bayley, Medical Director of the Neurological Rehabilitation Program, Toronto Rehab, and Chair of the Stroke Evaluation Quality Committee from the Ontario Stroke Network. The event will also review the current rehabilitation status and gaps in service while also examining the patient experience with stories and lessons learned.

On October 14, staff participated in a knowledge transfer dialogue between Primary Care Services from Peterborough's Comprehensive Vascular Disease Prevention and Management Initiative (CVDPMI) project team and the Southeast LHIN Cardiovascular Clinical Services Roadmap project team. The purpose was to explore ways to adapt and implement components of CVDPMI in the Southeast LHIN.

30 day-Readmission Rate – Hospital Improvement Initiatives:
Staff will meet with VP/CNO group in October to discuss progress and process for quarterly status updates. These initiatives are moving forward at the hospital level under the leadership of the VP/CNO group, which include monitoring of COPD, Congestive Heart Failure (CHF), etc. The CHF improvement initiatives are being informed and planned to follow the Institute for Healthcare Improvement (IHI) guidelines and promising practices.

Chronic Kidney Disease (CKD) – Renal Care System

In 2010, the province created the Ontario Renal Network (ORN), organized to align to provincial LHIN boundaries. A Central East LHIN Advisory body comprised of medical and administrative leadership from the three (3) Regional Renal Programs: Peterborough and Area (PRHC), Durham (LHC) and Scarborough (TSH) were established. The ORN Regional Director is Jay Wilson and the Clinical Lead is Dr. Andrew Steele.

Ontario Renal Network Regional Programs Quarterly Review:

A 1st quarter review was scheduled for October 7. The focus for this review is on the process and success to date in implementation of the Ontario Renal Network's Provincial strategies. Q2 and Q3 review will focus more on volumes.

Independent Dialysis:

The Central East LHIN programs are doing well in Independent Dialysis, particularly in the area of Home Hemodialysis, but improvement is needed in Vascular Access. Lakeridge Health is a leader in Home Modalities for both Home Hemodialysis (HHD) and Home Peritoneal Dialysis (PD). They have demonstrated significant growth in HHD since they started the program in 2005 with four (4) patients – now at 48 with two (2) in training. The Scarborough Hospital currently has 15 clients enrolled in HHD and three (3) in training. PRHC had five (5) patients on HHD and one (1) in training.

The chart below highlights Prevalent (All) as of Q1 2011-12 for the Independent Dialysis Modalities and Prevalent (All) for Vascular Access as of October 2010 and Incident (New) Vascular Access Fistula as of Q1 2011-2012:

The Prevalent rates for Vascular Access are measured yearly thus the % as of October 2010 is:

	Province	TSH	Lakeridge	Peterborough
All Patients Home Dialysis Q1 2011	22%	26.32%	36.32%	15%
All Patients Home HD Q1 2011 (April –June 2011)	5%	1.59%	11.6%	.67%
All Patients Home PD Q1 2011	17.22 %	24.72%	24.57%	14.33%
All Patients Vascular Access Oct 31, 2010	40.6%	36.3%	31.27%	31.37%
New Patients Vascular Access Q1 2011-2012	11.62%	15.91%	3.85%	11.1%

The lack of dedicated surgical resources is a challenge for LH to grow their Vascular Rates with one clinic and one or approximately every six weeks.

Central East LHIN Vascular Access Task force:

This is a new task force staff have created which is made up of clinical representation from each regional renal programs and satellites within the Central East LHIN. Dr. Steele and J. Wilson co-chair this meeting. At present, the focus has been on sharing educational material and documentation. The Scarborough Hospital (TSH) has developed a Vascular Access Algorithm that identifies specific responsibilities and checklist for specific levels of eGFR (estimated glomerular filtration rate). The algorithm also includes a patient consent which the patient signs if he/she refuses a fistula and has been provided with the benefits and risks of fistula. As part of the current improvement action plan, the Task Force will begin to look at the Enablers/Challenges for each step of the Vascular Access procedure from booking through to and including surgery, recovery and interventional

radiology. The Scarborough Hospital will be invited to participate in the monthly Vascular Access and quarterly Morbidity rounds. Mortality rounds are currently shared between PRHC and LHC.

Rouge Valley- Continuous Renal Replacement Therapy (CRRT):
CRRT refers to a form of dialysis for acute unstable patients in the Intensive Care Unit. Rouge Valley Health System has been performing CRRT for a number of years, independent of a regional program and without MOH funding support. The Tri-partnership agreement supports Rouge Valley to perform CRRT in their ICU, but with oversight from the regional programs for quality monitoring to ensure best practice standards are being followed, as well as financial oversight for the CRRT actual volumes performed.

The benefit for Rouge Valley Health System to perform CRRT means that critically unstable patients are not being transferred out for their dialysis treatment. Care is provided in the right location in a timely manner. This also minimizes the impact on the capacity of the other ICU's within the LHIN. Dr. Wax (Critical Care Lead) projects that the Central East LHIN ICUs will continue to be very busy, therefore supporting Rouge Valley Health System to maintain the CRRT patient in their ICU, which in turn supports the other ICU's capacity issues.

Additional rationale for Rouge Valley to maintain CRRT is the increased growth projections for cardio-vascular and code STEMI over the next few years. Some of these patients may become compromised, have acute renal failure and require CRRT. The earlier you can treat acute renal failure along with the other system failures the patient is having, this reduces the mortality risk, as well as the patients need for ongoing chronic hemodialysis.

When the patient is stabilized and the Rouge Nephrologist identifies that the patient will require ongoing chronic hemodialysis, he/she will call the Scarborough Hospital (TSH) for transfer to the chronic hemodialysis. If TSH is at capacity, or if the patient lives closer to Lakeridge Health, the two programs will work together to decide the best place for the patient to receive his chronic dialysis treatments.

In this model, Lakeridge Health (Dr. Steele) will provide the quality oversight. Rouge Valley staff will also be invited to attend any educational sessions that the regional programs run related to CRRT. Policies and procedures related to CRRT will be reviewed through the Regional Renal steering committee, and Rouge Valley leadership will be invited to the steering committee on a semi-annual basis.

The equipment purchase order has been signed off and the machines will come in six (6) weeks. Nursing orientation is scheduled for November.

WheelTrans:
Approximately 220 patients at TSH will be impacted if the Toronto Transit Commission (TTC) changes its eligibility criteria to restrict patients without mobility aids using WheelTrans. Numerous advocacy attempts by/on behalf of the hemodialysis patients have been unsuccessful. The Ontario Renal Network (ORN) has been in conversation with the Ministry of Health (MOH) about this issue. TSH has prepared a Patient Notice updating the patients about the WheelTrans situation and provided contact information and links for the patient to access.

Ontario Renal Plan:
A Provincial "Think Tank" session was held in September with a core group of Physicians, the ORN Provincial team, and members from the Provincial Renal Council. Next steps include the Provincial Office, who will be attending the Steering committees to share an update on the plan. Central East LHIN has a meeting scheduled for December. In addition to the Steering committee members, renal stakeholders who provided feedback to the plan, will be invited to attend.

Central East LHIN Renal/CCAC task force:
A meeting of CCAC and Service providers was held in mid-September to discuss educational needs in providing Peritoneal Dialysis in the community, the CCAC has identified one service provider per cluster (Scarborough, Oshawa, Peterborough).

Supporting an Integrated Roll-out of the Ontario Diabetes Strategy

Central East LHIN Diabetes Regional Coordinating Centre (DRCC):
The DRCC has been established to organize, integrate and coordinate regional diabetes programming that includes primary care, specialty care and diabetes education programs and other community resources. Central East LHIN has the highest rates of diabetes of all the 14 LHINs.

Integrating Diabetes Services across the Sectors:
The Ontario TeleMedicine Network (OTN) continues to be the case conference host for the DRCC initiative on Endocrinology with the next session scheduled for October 19. To date, there has not been sufficient uptake of this service. Additional suggestions were put forward on additional marketing efforts that might be helpful in promoting this initiative.

Optimizing the Individual's Experience of Diabetes Care:
The Consumer Consultation planning is complete and will be implemented during October and November. Focus groups for individuals with Type 1 and Type 2 diabetes, aboriginal populations and visible minorities will be included in a process that reflects the geographic diversity of the LHIN. Attention will be focused to ensure that both patients who have received diabetes care by a multidisciplinary team as well as from those whose diabetes have been managed exclusively by their primary care provider are included. A report is expected to be complete by January 31, 2012.

Facilitating Timely and Equitable Access to Diabetes Services:
The Central East LHIN Diabetes Regional Coordinating Centre is currently undertaking a pilot program in partnership with Central East Self Management program. Program offers an 8-week program, 6-week Self Management, followed by 2 weeks of Diabetes Education. Staff in a physician's office have piloted a 1-week Diabetes Education session that is being facilitated by the Durham Region Diabetes Network, followed by the 6-week Self Management for Diabetes Program in the same physician's office. This doctor reports that his patients are very reluctant to attend the Diabetes Education program (DEP) so this pilot will test the ability of the DEP staff to engage with patients in their physician's office and perhaps influence them to continue to receive education at the DEP site.

Promoting Equity in the provision of Diabetes Services:
The Southern Ontario Aboriginal Diabetes Initiative (SOADI) launched new diabetes education curriculum which will be available to share with diabetes educators in the Central East LHIN in the coming months.

Facilitating Knowledge Translation and Exchange of Best Practices in Diabetes Care:
The joint diabetes and renal "Continuing Medical Education Road-show" is scheduled to provide the following workshops:

East GTA FHO	October 4, 2011	Expecting 60 participants
West Durham	October 5, 2011	Expecting 17 participants
North East Cluster	TBD	TBD
Scarborough Academic FHT	January 2012	TBD
Port Perry	March 2012	TBD

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

Lunch and Learn sessions for primary care providers are being provided across the LHIN by the Primary Care Lead, Tom Bell and the DRCC's Outreach Coordinator.

Central East LHIN Self Management Program:
In April 2010, after successful completion of the Central East LHIN Self Management Training for Consumers and Caregivers project, a permanent Central East LHIN Self Management program was created under the leadership of the CECCAC. This was the first provincial roll-out of a LHIN-wide Self Management Program. A LHIN and CCAC Memorandum of Understanding (MOU) are in place. From April 1 – June 30, 2011 (Quarter 1) the program delivered twenty-seven "Living a Healthy Life" workshops throughout the LHIN and reached over 340 individuals.

Central East LHIN Self-Management Program (Central East CCAC) will be hosting a one-day conference on November 18, 2011 entitled "Understanding the Patient Experience: The Key to promoting Behaviour Change" with keynote speaker (Michele Nanchoff-Glatt, Canadian course leader for the "Choices & Changes" program). It is targeted for all Central East health care providers who have taken the "Choices & Changes" workshop inclusive of providers from hospitals, Family Health Teams, Community Health Centres, Diabetes Education Programs, Home Care Service Providers, and many other sectors.

Transformational Leadership

Service and System Integration/Quality and Safety

Integration:
An Integration Repository has been developed, and is in the final stages of approval. Once complete, the Repository will be updated on a monthly basis, and will provide information about Integration Projects in all phases of development, including those that have been completed.

The Integration Toolkit has also been completed and is in the final stages of approval by Central East LHIN staff; the final version is anticipated to be a valuable resource across the LHINs for integration activities of any size and covers the initiative and process involved in the Northeast Cluster Mental Health Integration discussions and plans.

Integration planning is underway in Apsley with the Board of Directors of Spruce Corners. Earlier this year, the LHIN was approached to assist with a facilitated integration involving this single service organization's assisted living program. Once the integration is complete, the Board will proceed with a voluntary wind-down of the corporation. Meetings have taken place with the Board of Directors of the organization and an Integration Team comprised LHIN staff and Board members of the corporation. A Communications Plan has been developed and shared and meetings with staff and tenants/families have taken place to notify these stakeholders of the intent of the Board and provide the opportunity to resolve any concerns related to the service impacts. Currently, the focus of the Integration Team is centred on securing a suitable integration partner. An Expression of Interest process for a partner organization will be introduced in mid-October.

Central East LHIN Hospice Palliative Care Network (CEHPCN):
The CEHPCN has been helping to facilitate palliative care courses for physicians this fall. Using OTN this October, we will be able to offer this training simultaneously in Scarborough and Durham Region. Training sessions for other health professionals in the fundamentals of hospice palliative care were started in all areas of the Central East LHIN. We have also supported an application by the Palliative and Pain Symptom Management Consultation Service (PPSMCS) in Durham for additional funds to train and mentor more physicians in the Central East LHIN.

The CEHPCN oversees the development of annual plans for the Palliative Pain and Symptom Management Consultation Service (Scarborough, Durham, & North East). We are currently establishing benchmarks to create evaluation processes, assessing the difference the PPSMCS is making. Plans are also underway to look at how we can help roll out the death-at-home-package in the North East, roll out the common referral form across the Central East LHIN, and roll out the Cancer Care Ontario Symptom Management Toolkit. This group is also taking leadership this fall to call together all of the consultants working in long-term care homes (e.g., RNAO Best Practice Consultant, Psychogeriatric Consultants) to enhance communication.

The ALC/ED/Hospice Palliative Care (HPC) Working Group has been working to better understand how to help patients accessing the emergency departments who need palliative care. Many of the hospitals have been busy this summer developing and/or evaluating hospice palliative care program models – we hope to create a template for how to include hospice palliative care in all areas (ED, ICU, rehab, Complex Continuing Care, medical, renal clinics, etc). Other Networks in the province are looking forward to such a tool for replication in their areas. Many of the hospitals locally have seen an increase in Assisted Living cases which has significant impacts on hospice palliative care – this needs further attention. Further engagement is planned with all relevant stakeholders. Provincially, the Ministry of Health is very busy with a system-wide review of hospice palliative care.

Provincial Primary Care Leads:
Central East LHIN is working in partnership with the other 13 LHINs to procure a primary care LHIN Lead, who is expected to be named in December. The role will strengthen and focus the relationships of the LHINs with local primary care providers to positively impact the integrated and seamless care for patients through direct engagement with physicians.

Unattached Patients - Health Care Connects:
The Health Care Connects program (a provincial program hosted locally by the CECCAC) was launched in February 2009 to support the placement or 'connection' of individuals without a primary care provider with a comprehensive primary care practice. The Health Care Connects (HCC) update for this report is reflective of the results to date since the program launched on February 12, 2009 to August 31, 2011.

The statistics provided below demonstrate an overview of program performance for the dates described above. Please note C-V stands for complex-vulnerable patients. Patients are assigned complex-vulnerable based on the following categories evaluated by the physician during the initial assessment:

1. General health status
2. Presence of one or more chronic conditions
3. Activity limiting disability
4. Mental health issues
5. Obesity

Provincially, a total of 169,652 patients have been registered with Health Care Connects (HCC). Within Central East LHIN 19,522 have been registered – an increase of 3537 individuals since May 2011. In Central East LHIN, a total of 10,415 patients have been referred to a primary care practitioner (53%). 73.5% of patients have been referred to a provider within 10km of their residence within the Central East LHIN.

There has been an increase since the last reporting period in the number of patients who have not been referred in all categories. A priority group for attention by HCC is C-V patients who have waited > 4 months (n=179). The table below focuses on patients yet to be referred.

	Time	Total # of Unreferred Patients Current (prior period)	Total # of Unreferred C-V Patients Current (prior period)
Feb. 2009 – May 2011	<1 month	708 (820) ↓	23 (40) ↓
	1-2 months	739 (448) ↑	29 (21) ↑
	2-4 months	952 (755) ↑	52 (35) ↑
	>4 months	3360 (2650) ↑	179 (125) ↑
TOTAL		5759 (4673) ↑	283 (221) ↑

An additional Health Care Connector has been approved by the MOHLTC that will make it a total of three for the Central East LHIN.

French Language Health Services (FLHS)

Meeting with French Language Service Coordinators:
French Language Service Coordinators of Toronto Central, Central, North Simcoe Muskoka and Central East met on September 13 to discuss and exchange on several issues:

- The role of the French Language Health Planning Entities (FLHPE) in advising the LHINS in identifying or designating an agency under the French Language Services Act (FLSA). The LHIN has the final say in this.
- The role of FLS coordinators with the arrival of the Entities.
- The impact of the amendment aims at granting greater services in French to Francophone in their interaction with CCAC (Community Care Access Corporations).
- The impact of the Ontario Regulation 284-11 made under the French-Language Services Act, 1986 aims at ensuring that francophone have access to provincial government services in French provided by third parties by eliminating loopholes.

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 Curve Lake First Nations on September 21, 2011. Central East LHIN staff also attended the opening of the new electronic Drug Dispensary at the Health Centre there. Debby Hammons has been invited to attend a meeting of the Curve Lake Chief and Council on October 3, 2011. The Métis, Non-Status and Inuit Health Advisory Circle met on September 28, 2011. The Health Needs Survey being conducted in partnership with the SE LHIN is well underway. The annual joint meeting of the Central East Aboriginal Health Advisory Circles is set to take place on October 6, 2011 at the LHIN office. The agenda

includes a conversation with representatives from Mental Health and Addictions Health Service Providers as well as the CECCAC.

Enablers - eHealth

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 and user acceptance testing. 14 pilot physicians are now turned over to receive live data via TDIS. There are 150+ physicians currently receiving discharge summaries and other reports into their clinical management systems (CMS) via TDIS. More than 10,000 reports are being accessed on a monthly basis and early feedback supports the fact that clinicians are better able to make timely and informed decisions for patient care.

Some of the feedback indicates that Physicians would also like to have laboratory and pathology results made available through the TDIS system. TDIS was funded by eHealth Ontario (EHO) as a demonstration project, and the TDIS Project team has presented the budget and received tentative confirmation from eHO for approval. The next step is to determine the Transfer Payment Agency process. A meeting with e-Health Ontario and cGTA was scheduled for mid-October

The TDIS project team initiated and coordinated a panel session at the ITHealthcare Conference on October 19. The panel session consisted of four physicians from each project and discussed ideas for enhancements, which will add clinical value, and debate ideas about how their projects can continually change and adapt to meet the evolving needs of health care. Dr. Chris Jyu participated and represented TDIS.

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. Funding has been secured for 11/12 ALC RM&R Business Transformation Initiative (BTI). Key project outputs include:

1. Standardized and validated future state workflow processes, referral terminology and referral forms for in-scope pathways in each of the 3 Clusters
2. Standardized reporting, benefits, privacy, technical and security requirements
3. Refreshed Provincial Reference Model (PRM) for RM&R and evidence-informed provincial deployment recommendations

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. Final user acceptance testing was scheduled with Ontario Shores on September 29. Central East LHIN has recently identified two additional physicians who are interested in using eReferrals. Staff will work with Ontario Shores to focus stakeholder engagement to bring on their key physicians to adopt the system.

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 Central East LHIN. Two CCIM tools are being implemented that impact the Hospitals and CCAC sectors, namely the Ontario Common Assessment of Need (OCAN) and Integrated Assessment Record (IAR), which will allow hospitals to view all assessments by patient in a central repository and storage environment for OCAN and Resident Assessment Instrument-Mental Health (RAI-MH). Uptake by the Health Service Providers has been incredibly successful; information sessions and training events over the course of October and November will provide concrete numbers for LHIN staff on participating HSPs to date for IAR.

IAR - Integrated Assessment Record Repository and Viewer:
This initiative is being rolled out to include the CCAC assessment and the RAI-MH for Hospital mental health inpatients and will be implemented by a five-LHIN cluster group to house all common assessment tools, including the CCAC assessment and the RAI-MH for Hospital mental health inpatients. To date, 14 participating Community Mental Health organizations have completed all of their pre Go-Live OCAN training.

The Final Integrated Assessment training event was scheduled for early October. Next steps in the implementation phase include an information session that will be held in Oshawa on November 17, 2011, to provide information on the IAR tools, the implementation approach and an overview of timelines as well as discuss the anticipated impact of common assessments with the organizations.

OCAN - Integrated Assessment Record Repository and Viewer:
The local and GTA-wide OCAN implementation events were attended by staff in September. A local OCAN Steering Committee has been formed, and met for the first time in September. Central East LHIN staff have been working to form the cross-sectoral connections that will support the implementation of the Minister's Mental Health Strategy. This work has included the Ministry of Community and Social Services under the Dual Diagnosis initiatives as well as the Ministry of Child and Youth Services.

cGTA – ConnectingGTA:
ConnectingGTA is a project with the five (5) GTA LHINs structured 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 contained in silos within the system. Over time, 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.

On September 15, 2011, an information session was held with the Central East LHIN Health Service Providers (HSPs) where the cGTA team discussed upcoming opportunities to participate in the project's initial implementation phase. Approximately 56 HSPs were represented at the information session.

Over the past few months the ConnectingGTA Steering Committee members have been working to establish criteria and a process to determine the first wave of participants for ConnectingGTA. While all health care service providers will be connected to ConnectingGTA at completion, the project will be working closely with a first group of participants to refine the project's implementation approach and gather lessons learned for future expansion.

At a high-level the ConnectingGTA Wave 1 participants will:

- Support continuity of care and seamless transition between providers
- Deliver clinical value to clinicians as quickly and efficiently as possible

- Utilize existing expertise and work effort
- Build a compelling value proposition for clinicians

Community Support Services Common Assessment Project (CSS CAP):
In order to better meet the diverse needs of a broad client base, the CSS sector has identified an opportunity to implement a standardized assessment. The first Steering Committee meeting of the Central East LHIN CSS CAP Steering Committee was held on September 16, 2011.

Central East LHIN and CCIM analyzed functional centres used by the Community Support Service providers in the LHIN to determine eligibility for the interRAI CHA and the Screener tool. The Central East LHIN Steering Committee members participated in a technology call that provided LHINs and HSPs with an overview of the software and technology requirements to successfull successfully implement the interRAI CHA software solution. The interRAI Community Health Assessment (CHA) was developed in response to user requests for a common assessment tool for referrals within the community.

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

Funding and Allocations:

The following funding letters were issued in August and September:

August:

- Funding for LHC – 2011/12 Funding for the purchase of 8 Wireless Capsule Endoscopy Cameras: $5,600 and 2012/13 Funding for the purchase of 12 Wireless Capsule Endoscopy Cameras $8,400;
- Annualized Base Funding Increase for Operating Pressures related to Leasing/Occupancy and Program Costs (Community Health Centres (CHC) for:
  - Brock CHC $22,000;
  - Port Hope CHC $77,800;
  - TAIBU CHC $100,000.

September:

- Central East Community Care Access Centre (CECCAC) - Nurse Led Long-Term Care Outreach Team Program: This additional one-time funding of $192,382 is intended to cover the salary and benefits for 4 Full Time Equivalent (FTE) nursing positions for the period of September 1, 2011 to March 31, 2012.
- Lakeridge Health Corporation (LHC) – Critical Care Capacity: This base funding is to support the expansion of 2 (two) critical care level 3 beds as part of Ontario's Critical Care Strategy for $1,000,000.
- Critical Care Nurse Training Initiative: (one-time funding of $315,000) to support the delivery of the Critical Care Nurse Training Initiative as part of Ontario's Critical Care Strategy. This initiative will assist hospitals with the costs of educating and training nurses new to critical care. This funding will support Ontario's Critical Care Strategy which includes implementing a set of initiatives designed to improve the quality and consistency of critical care nurse training across the province while simultaneously increasing the number of critical care nurses trained each year.
  - The Scarborough Hospital (TSH) General Site – 4 Nurses $36,000, and Birchmount Site – 3 Nurses $27,000;
  - Rouge Valley Health System (RVHS) Centenary Campus 6 Nurses $54,000, and Ajax Pickering campus 2 nurses $18,000;

- Peterborough Regional Health Centre (PRHC) 8 Nurses - $72,000;
- Northumberland Hills Hospital (NHH) – 2 Nurses $18,000;
- LHC 2 Nurses for Bowmanville Site $18,000; and Oshawa Site – 8 Nurses $72,000.

- 2011/12 Allocation of Base and One-Time Funding for Provincial Programs: Total Allocation for Base funding $1,300,000, and One-Time funding $635,300.
  - TSH – Cardiac Services - Base funding $40,800 and One-Time funding $32,600;
  - CECCAC – Chronic Kidney Disease Services - Base $589,500 and One-time $191,600;
  - LHC – Cardiac Services - Base Funding $40,800 and One-Time funding $16,300;
  - PRHC – Cardiac Services – Base Funding $141,500 and One-Time funding $67,000;
  - RVHS – Cardiac Services - Base Funding $487,400 and One-Time funding $327,800.
- Alternate Level of Care Investments (Aging at Home Holdback): One-Time Funding of $2,291,787:
  - Ross Memorial Hospital (RMH) $246,000 for access & restore expansion;
  - Campbellford Memorial Hospital (CMH) $162,775 for transitional care/assess restore model;
  - Victoria Order of Nurses (through Durham Site) $380,963 for high risk seniors;
  - Community Care Durham (CCD) $150,000 for Home First service enhancements;
  - Apsley & District Satellite Homes for Seniors Inc. $18,750 for high risk seniors service alignment;
  - CECCAC $1,333,299 for Home First enhancements.
- 2011/12 Hospital Funding Formula Allocation:
  - Bellwood $23,600;
  - CMH $181,200;
  - Haliburton Highlands Health Services (HHHS) $109,700;
  - LHC $4,222,700;
  - NHH $613,100;
  - RVHS $3,165,800;
  - RMH $843,700;
  - Ontario Shores $1,353,700;
  - PRHC $2,508,600;
  - TSH $4,301,400.
- 2011/12 Small Hospital Allocation:
  - LHC $75,300;
  - HHHS $32,000;
  - CMH $52,300.
- 2011/12 High Growth Allocation:
  - RMH $50,500;
  - RVHS $219,300;
  - LHC $1,263,100.
- Base funding for Nurse Practitioner (NP) Integrated Palliative Home Care program to CECCAC: 5 NP FTEs $340,370 for 7 months from September 1, 2011 to March 31, 2012.
- Mental Health Nursing in District School Boards program: Pro-rated base funding for 9 Nursing FTEs to CECCAC of $425,238.
- Alternate Level of Care Resource Matching & Referral business transformation initiative: One-time funding of $138,800 to CECCAC.
- Rapid Response Nursing program: Pro-rated base funding to CECCAC of $545,556 for 11 Registered Nurse (RN) FTEs.
- NP Community Mental Health Eating Disorders Program: Pro-rated base funding to LHC of $175,048 for 2 NP FTEs.
- Expansion of the Community Mental Health Eating Disorder Program: Pro-rated base funding to LHC of $346,050.

- Early Psychosis Intervention (EPI) Program: Pro-rated base funding to community sector for mental health EPI program for salary & benefits of 2 RN FTEs - $127,532 (annualized at $170,042).
- Psychiatrist Sessional Rate: One-time and base funding to community mental health HSPs for increase in Psychiatrist Sessional rate in relation to the negotiated terms of the 2008 Physician Services Agreement (PSA).
- Magnetic Resonance Imaging (MRI) hours to support Ontario Breast Screening program (OBSP):One-time funding to hospitals (LHC- $78,000, PRHC- $31,200 & TSH-$33,800) for 550 incremental breast screening Magnetic MRI hours to support OBSP – Total of $143,000.
- Additional MRI hours: One-time funding of $716,000 to support the performance of up to 2,754 additional MRI hours.
- Physician On-Call Services: Base funding to CHCs (The Youth Centre & Community Care City of Kawartha Lakes) to support physician on-call services - $23,400.
- Reallocation of $170,000 from physician salary funding surplus at Scarborough CHC: To support their request of salary costs for 2 Nurse Practitioners (NP), 1 Registered Practical Nurse (RPN) and a medical secretary.
- Reallocation of $150,000 from physician salary funding to Port Hope CHC: To support renovations that will create additional space for the new diabetes education team and a further reallocation of $60,000 for an additional NP.
- Reallocation of $600,000 ($300,000 from operating surplus and $300,000rom physician surplus): For capital renovations at the Youth Centre.

Ministry-LHIN Performance Agreement (MLPA) Reconciliation:
The Draft allocations, as of August 31, 2011, were downloaded from Allocation and Payment Tracking System (APTS) and the numbers were reconciled with our Funding Spreadsheet and reported back to the Ministry on September 21. These allocations were supported by the Administrative letters as per the protocol on MLPA financials.

Q2 Report Highlights – MOHLTC:
LHINs are required to submit quarterly reports in Q1, Q2 and Q3 to the MOHLTC as required under the Ministry-LHIN Performance Agreement (MLPA). The templates include: 1) Local Health System Update, 2) Forecast by Sector, 3) Balance Sheet Forecast, 4) Reallocation Forecast, 5) LHIN Operations Forecast and Risk Summary. The completed Q2 Quarterly Reports were submitted to the Ministry on September 30, 2011.

The Central East LHIN has persistently reported the identified risks and was successful in mitigating six risks worth over $29,000,000 (including capital funding of $13,000,000) covering community and hospital sectors. There were six new risks included in the Q2 Risk Summary Report valued around $19,000,000.

Web Enabled Reporting System (WERS) / Self Reporting Initiative (SRI) update:
2011/12 reporting will continue through the WERS, as release of the SRI has been postponed until the 2012/13 fiscal year. A new Community Analysis Tool (CAT) called CATLite has been created for 2011/12 community agency quarterly reporting. Budgets are loaded automatically and there are Ontario Healthcare Reporting Standards (OHRS) to help screen for every service. The Q2 CATLite and supporting documents will be available on WERS by October 21, 2011.

Agencies are required to upload their Q2 report to WERS by November 7, 2011. The System Finance and Performance Management team has completed the planned WERS, CAT and CatLite training for the decision support staff. Three (3) CATLite training sessions will be held for providers the week of October 17, 2011.

Ministry-LHIN Performance Agreement (MLPA) Wait Time Performance Requirements and Risks:
In August, the Central East LHIN met all surgical and diagnostic imaging (DI) Wait Time targets, with the exception of MRI. The August performance for MRI wait times by the Central East LHIN was 90 days compared to the Ministry target of 63 days. Staff continue to provide information and data analyses to the Ministry to demonstrate that this target is overly aggressive as well as the ways in which the LHIN is striving to meet the target.

Repatriation of Central East LHIN residents to utilize new machines and access by other non-LHIN residents who live in areas along the Highway 401 corridor has substantially increased the ratio of demand to supply/capacity (funded). At present this phenomenon is having the greatest effect at Lakeridge Health Corporation (LHC); however, it is also affecting Northumberland Hills Hospital and beginning to surface at Rouge Valley Health System (RVHS) and Toronto Scarborough Hospital (TSH).

The new MRI machines at RVHS (Ajax-Pickering site) became operational on September 26, and TSH's new MRI machine has been in operation since October 3. As demand considerably exceeds supply, wait times continue to rise, and are further exacerbated by changes in Physician referral patterns.

Mitigation strategies to manage MRI Wait Time performance include the following:

a) The Central East LHIN Board has invested $285,000 from Urgent Priority Funds (UPF) to purchase an additional 1,000 hours of MRI volumes. The distribution of this new capacity will occur in October.
b) We have also invested in additional MRI volumes using savings resulting from delays in installing new MRI machines at two of our hospitals.
c) The LHIN has undertaken a comprehensive capacity analysis to determine additional capacity in the system. Based on this information we may be in a position to purchase additional MRI volumes if the resources were made available from the MOHLTC Wait Time Strategy Initiative (WTS) or if internal savings are identified.

The Scarborough Hospital (TSH) has notified the LHIN that it may not be able to meet their wait time target for cataract surgeries. As TSH performs more than half of Central East total volumes, their performance will significantly affect the Central East LHIN system performance.

Mitigation strategies to manage the Cataract Wait Time performance include:

a) The Central East LHIN is reviewing data from the hospitals and will consider funding Data Cleanup activities in our hospitals to ensure that the wait time information is current and accurate. This initiative is dependent upon the availability of Q3/Q4 surplus funds.
b) Based on the results of the capacity analysis mentioned above, the LHIN is also reviewing a Business Case submitted by TSH for additional 500 cases in cataract volumes if the resources were made available from the MOHLTC WTS or if internal savings are identified.

The Ministry has begun its own Reallocation process. The deadline for submission is November 4, 2011. Following review of capacity information submitted by Central East hospitals, the LHIN will apply for additional volumes for funding by the Ministry.

Multi-Sector Service Accountability Agreement (M-SAA):
As per Article 8.1 (c) of the M-SAA, all Health Service Providers (HSPs) are required to sign a Declaration of Compliance, indicating adherence to all the terms outlined in M-SAA agreement, the Local Health Integration Act (LHSIA, 2006), and the Public Sector Compensation Restraint to Protect Public Services Act (2010), as well as any additional policies, procedures, Directives and guidelines set out in Schedule D of the M-SAA. The

Central East LHIN, understanding the complexity of the M-SAA and the accountabilities of non-profit Boards, has developed a checklist to assist community agencies in managing this process.

The Health Service Providers are required to submit their Board Chair authorized copy of Schedule G – Declaration of Compliance Attestation to the LHIN by October 30. This Declaration must be submitted twice per year and covers the periods of April 1, 2011 – September 30, 2011 and October 1, 2011 – March 31, 2012.

Hospital Service Accountability Agreement (2012/15 H-SAA):
The 2012/15 H-SAA process is underway in the Central East LHIN, operating under the following assumptions on work done to date by the Provincial Steering Committee Update:

- Agreements will be for 3 years (April 1, 2012 to March 31, 2015);
- The 2012/15 H-SAA will be aligned with the 2011-14 M-SAA;
- H-SAA targets will be aligned with the performance requirements identified in the MLPA. It is each LHIN's responsibility to negotiate hospital-specific indicator targets, volume targets, and balanced budget requirements for the 2012/13 period; and
- Two new Orthopaedic Quality Indicators will be added to the agreements.

After providing directions, the Ministry-LHIN H-SAA Steering Committee reported on September 22, 2011 that "they have decided to suspend future working group meetings related to the H-SAA planning and schedules until such time as the H-SAA steering committee is able to more clearly define the direction for the H-SAA agreement". Central East LHIN staff are carrying out early planning with our hospitals to develop a Central East LHIN internal process consistent with the approach taken last year.

Timelines need to accommodate the time required for Hospitals Boards to approve their 2012/13 budget prior to submission to the LHIN by November 30, 2011. Advanced planning with the Hospitals is essential in order to determine any impacts on balanced budget requirements and clinical impacts on operations.

The first step in the process was to determine Revenue and Cost Assumptions for 2012/13. The Hospital and CCAC Financial Leadership Group (HCFLG) met in August and September and collectively agreed on 2012/13 conservative revenue estimates. The Hospitals also agreed to common increases for some expense categories and hospital-specific increases for other expense categories.

The second step in the process is to develop a Volume Analysis (including Post Construction Operating Plan (PCOP) Funding). This involves the following:

- Confirmation of 2010/11 baseline volumes;
- Agreement on 2011/12 volumes, adjusted for in-year base funding and PCOP funding; and
- Agreement to 2012/13 volumes with established corridors.

Individual meetings have be arranged with hospitals in October and November to understand their 2012/13 operating plan, analyze system impacts, resolve any issues and begin to negotiate targets. H-SAA volumes and H-SAA performance targets (surgical and DI wait time, ED/ALC and quality targets) will be revisited and negotiated based on the LHIN's 2011/12 MLPA targets and Q2 results. MLPA performance targets for 2012/13 will not be known in advance of the negotiation.

The negotiation process will evolve over the next several months and align with the Ministry of Health and Long-Term Care process, once the working group re-convenes and notifies the LHINs when the HAPS forms will be posted and a draft agreement ready for review and approval. The Central East LHIN Hospitals should be well prepared at that point to populate the negotiated plans into Hospital Accountability Plans (HAPs) and enter into the final stages of executing an agreement with the Central East LHIN.

2011-12 HAPS Refresh:
The MOHLTC has recommended that agreements based on the pre-planning process undertaken in the spring, be re-visited and refreshed this fall. The Central East LHIN had embarked on a robust process in early 2011 which involved the preparation of plans based on conservative revenue and expense assumptions and negotiated accordingly with the hospitals. Based on actual funding and expenses, the negotiated performance requirements remain in effect and no further changes are required. The hospitals, will however, be required to enter the budget information into the HAPs forms in order to ensure the quarterly reports have a basis for comparison.

Post-Construction Operating Funds:
The Central East LHIN received the following PCOP funding from the Ministry:

Fiscal Year	Hospital	Funding
2010/11	Lakeridge Health Corporation (LHC)	$ 35,612,900
	Rouge Valley Health System (RVHS)	$ 10,447,700
	The Scarborough Hospital (TSH)	$ 1,709,600
2011/12	LHC	$ 15,504,600
	RVHS	$ 2,087,800

Volumes are being updated by the Central East LHIN to include volumes associated with PCOP funding for the purpose of H-SAA negotiations with the hospitals. The Ministry will also be performing PCOP reconciliations over the next 4-6 months to verify base volume information in order to determine recovery of funds.

Peterborough Regional Health Centre (PRHC) PCOP (Post Construction Operating Funds) and Health Infrastructure Renewal Funds (HIRF) are being reviewed by the Ministry in the re-profiled plan.

Hospital Performance:
The 2011/12 Hospital Service Accountability Agreement (H-SAA) dashboard is being redeveloped to reflect the indicator adjustments implemented in the 2011/12 Amending Agreements. The Q2 Dashboard should be ready in time for the November Board Meeting.

Capital Updates

City of Kawartha Lakes CHC:
City of Kawartha Lakes CHC is working with the LHIN on the next steps in their capital project to construct a service "HUB".

Ontario Shores:
Ontario Shores is still working with Ministry and Ontario Realty Corporation (ORC) for a resolution of the building capital funding and ownership of the land on which the hospital is sited.

Barbara Black Centre for Youth Resources (BBCYR) Pickering Satellite:
The estimated Total Project Cost (TPC) for the BBCYR is $2,836,700. The MOHLTC has approved a maximum grant for the capital project for this full amount, subject to Ministry review of TPC and the results of the tender process for the BBCYR Pickering Satellite.

Haliburton Highlands Health Services (HHHS) Computed Tomography (CT) Application:
The Haliburton Highlands Health Services CEO has been working closely with the LHIN Performance and Decision Support staff to research and develop a proposal for a new CT scanner to service their catchment area. The proposal will be presented to the Central East LHIN Board for consideration in November.

CECCAC Performance and Risks:
The CECCAC continues to see week over week increases in new clients and service volumes related to clients transitioning from Home First to the regular in-home program. The impact of these increases on the in-home program can be seen about six weeks after initiation of service on Home First. The CCAC continues to forecast a balanced budget at March 31, 2012.

The consistent tracking of this expenditure pattern are starting to highlight concerns about the potential impact for the 2012/13 fiscal year. Based on early projections and using a simple straight line analysis the CCAC is projecting a weekly spend rate of $2,500,000 or higher by March 31, 2012. The financial impact in 2012/13 would project to be in excess of $10,000,000 over the full 2012/13 budgeted year assuming the $2,500,000 weekly spend rate does not increase. It also assumes 0% service provider rate increases and no increase to the CECCAC budget. The CECCAC is working on mitigation strategies to ensure that they do not realize a future deficit position.

CHC/CSS/CMHA Performance and Risks

Port Hope Community Health Centre (CHC):
We continue to report in our quarterly Risk Report to the Ministry the Port Hope adult Dental pressures.

Transcare Community Support Services:
The recent City of Toronto's budget cuts may impact some services in Scarborough including Transcare Community Support Services. Transcare is facing a $44K cut to community services due to the City's expenditure reduction program. More information will be available in Q3.

Community Health Centres (CHC):
The Central East LHIN requested Ministry approval, on a one-time basis, for the reallocation of unspent physician salary dollars in the Community Health Centre (CHC) sector towards various pressures. The LHIN Liaison Branch had reviewed our request and granted approval to reallocate this dedicated funding for the following agencies: Barbara Black CHC $300,000 for renovations; Port Hope CHC $210,000 ($150,000 for renovations to the Diabetic Education Centre and $60,000 for a part time nurse practitioner); and Scarborough Centre for Healthy Communities CHC $170,000 for staffing for the HUB at Scarborough.

The Central East LHIN continues to inform the Ministry about Scarborough Centre for Healthy Communities' (SCHC) request for increased operating funding ($650,000) to enable both of their satellite sites to be fully operational.

WTIS Expansion 2011/12: Wait 1 Provincial Deployment Indicator Report – Executive Summary:
See Appendix G for an executive summary of the Wait Time Information System (WTIS) Expansion 2011/12 Project.

Diagnostic Imaging (DI) Working Group:
The Diagnostic Imaging Working Group met in September after a brief hiatus over the summer. The group is currently updating its inventory and capacity analysis of the DI machines across the LHIN. The group is also providing information that will inform an analysis of "operating efficiency".

Hospital-Community Care Access Centre Financial Leadership Group (HCFLG)
August 2011:

- 2011/12 Base Increase: Hospital sector received a 1.5% base increase based on Health-Based Allocation Model (HBAM) model which included funding formula, high growth and small hospital funding. The HBAM model does not give appropriate consideration to the Specialty Psychiatric hospital sector. The Central East LHIN was asked to present an illustrated example to show each hospital's relative share as compared to last year.
- H-SAA 2012/15 assumptions agreed to for revenue and expenses.
- Broader Public Sector (BPS) expense reporting: The first report is due by November 30, 2011.

September 2011:

- Procurement card: Rouge Valley and Lakeridge are developing a Request for Proposal (RFP) and would like other hospitals to collaborate with them. Ontario Shores also volunteered to share their recently completed procurement agreement. Initial research indicated a potential revenue generation for procurement card programs;
- Campbellford is leading an existing RFP for order set standardization. The standardized evidence-based electronic order sets are designed to improve quality. After the close of the RFP, a summary will be provided to the Central East LHIN with recommendations by Campbellford.
- Broad Public Sector Expense reporting: Hospitals agreed to adopt the common template which is accepted as a minimum standard.

Long Term Care Homes Centre of Learning Research and Innovation:
In August the Long-Term Care Homes (LTCH) across the province had the opportunity to apply to for a MOHLTC call for applications to establish three LTCH Centres of Learning, Research and Innovation to be champions of innovative approaches to senior's care and to disseminate lessons learned to providers across Ontario. The LTCH Centres of Learning, Research and Innovation will:

- Build capacity and expertise in the LTC sector;
- Improve the delivery of existing LTC services by keeping LTC residents out of hospitals, thus reducing ALC pressures;
- Spread the knowledge developed within the Centres to improve the care of the elderly across a variety of settings;
- Provide more support and better tools to care for Ontario's seniors;
- Enhance learning opportunities to build capacity and expertise in the LTC sector; and
- Build partnership across the LTC sector and the healthcare system.

The LHINs distributed the information to the homes and reviewed the applications in order to make a recommendation to the MOHLTC. We received applications from Fairview Lodge, Municipal Long Term Care Home, Regional Municipality of Durham, Fairhaven, Peterborough, Township of Havelock-Belmont-Methuen and St. Joseph's at Fleming. The Township of Havelock-Belmont Methuen later withdrew the application, as it did not meet the criteria. We appreciate the dedication of these homes in pulling together the applications with such tight timelines. Unfortunately, to our knowledge, none of the Central East Homes were selected to receive the funding.

Surgical Utilization Booking Management Integration Tool (SUBMIT) Project:
See Appendix H, for an update on the Surgical Utilization Booking Management Integration Tool (SUBMIT) Project. Preparations are currently underway (dependent on funding) to move to Phase II of the project, extending the software and process to the remaining 4 Hospitals providing surgical services. Preliminary work is also underway to determine the benefits of implementing a Diagnostic Imaging component to the program as well. A demonstration of the software's capability at the Wait Time Strategy Working Group (WTSWG) highlighted its potential to improve the reporting and management of Surgical Wait Times at not only the Hospital level, but also at a system level.

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

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

- On August 16, Premier Dalton McGuinty paid a visit to the Port Hope CHC. Deborah Hammons, Wayne Gladstone and Karen O'Brien attended to represent the LHIN and after the Premier was given a tour of the facility, he spent a few minutes thanking the Central East LHIN for the positive contributions that we continue to make to the health care system.
- The Spring/Summer presentations to Local Councils wrapped up on August 17 with a presentation to Peterborough County Council on the Sustainable Access Report, followed by a presentation to Northumberland County Council. Both were very positive meetings.
- On August 19, Wayne Gladstone and Karen O'Brien met with Brad Duguid MPP Scarborough Centre. It was a very positive meeting, with some requests for information from Minister Duguid regarding mental health services, which were followed up on the next day.

- Two capital funding announcements were made on August 19. MPP Joe Dickson announced funding for the Pickering satellite of The Youth Centre and MPP Rick Johnson announced funding for the new build for the Brock CHC in Cannington. Deborah Hammons attended The Youth Centre announcement and Karen O'Brien attended the announcement for the Brock CHC.
- Deborah Hammons and Karen O'Brien supported the Provincial LHIN display booth at the AMO (Association of Municipalities of Ontario) Conference in London from August 21-23 with members of the South West, Erie St Clair and Waterloo Wellington LHINs. There were many members of the 27 municipalities from the Central East LHIN that are members of AMO, in attendance; Deborah and Karen made every effort to talk to as many municipal leaders over the duration of the conference.
- On September 15, the Central East LHIN, in partnership with ConnectingGTA, hosted a webinar for all of our Community Support Service Agencies, Long Term Care Homes and Community Mental Health Agencies. 63 individuals registered to participate in the information session, designed to update them on the ConnectingGTA project and their opportunity to get involved.
- On September 22 and 23, the Central East LHIN in partnership with the South East LHIN and Health Quality Ontario held a Value Stream Mapping event to support the Behavioural Supports Ontario (BSO) project. This project will invest in the enhancement of services to improve care for seniors who exhibit behaviours associated with complex and challenging mental health, dementia and or other neurological conditions. The Central East LHIN is one of the four (4) LHIN early adopters. Approximately 100 people were in attendance, mostly front line health services providers, who have been nominated by their employers as experts in their fields with regards to patients with behavioural issues. The outcomes of the two days helped to shape the Central East LHIN draft the BSO action plan.
- On September 26, the Central East LHIN held a stakeholder engagement event for all of our health services providers to learn about the fundamentals of the BSO Framework and project. It also provided the opportunity to submit any feedback on the draft BSO action plan and insight on the implementation of the plan.
- On September 30, the Central East LHIN was invited to participate in a mock Emergency Measures exercise in Northumberland County. Karen O'Brien attended at the Northumberland Council Chambers and worked with a representative from the Central East CCAC, to play the role that the Central East LHIN and the Central East CCAC would have in the event of a real emergency.
- On October 3, Deborah Hammons, Jai Mills and Karen O'Brien were invited to present to the Curve Lake First Nation Council. The presentation included general information on the mandate of the Central East LHIN as well as some specific information regarding capital funding. The Council invited the Central East LHIN to come back to Council again in a few months for a further update on the projects and initiatives underway. The Health Manager, Phyllis Williams, also gave a tour of the Seniors Assisted Living building at Curve Lake.
- Katie Cronin-Wood and Karen O'Brien attended an information session put on by the Ajax Pickering chapter of CARP (formerly Canadian Association of Retired Persons), a 350,000 member strong advocacy group for Canadians 45 years of age and over. This enlightening event was hosted by the new CEO of CARP Canada and President of Zoomer Media, Moses Znaimer. After a brief discussion with Mr. Znaimer regarding the work being done to improve access to services for seniors. Mr. Znaimer gave the Central East LHIN a positive shout out to the 300 participants at the event. A follow up to that brief discussion will be sent to Mr. Znaimer.
- Deborah Hammons had a meeting on October 5 with Whitby Mayor Pat Perkins and CAO Bob Pitre, to discuss future health services in the Whitby area and the rest of Durham Region.
- A joint meeting of the First Nation Health Advisory Circle and the Metis, Inuit, Non-Status Peoples' Advisory Committee was held on October 6 at the Central East LHIN. As requested by the members, mental health service providers in the Central East LHIN were invited to join the meeting to share information.

The Central East LHIN website continues to be a primary vehicle for both communication and engagement with our stakeholders. From August 1 to September 30, 2011 there were 12,768 visits made by 6,791 visitors. There were 38,150 pages viewed. After the splash page, the page with the biggest number of hits continues to be the Careers page with 3,143 unique views. Information posted to the website during this time period included the Falls Prevention Toolkit, the Behavioural Supports in Ontario project and information on the Regional Specialized Geriatrics Services initiative. We are continuing to encourage people to subscribe to the website in order 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.

Central East LHIN Operations

Finance:

As reported to the Audit Committee, on October 12, the Operations Spending plan is on track. At the end of Q1, 23% of the operations budget was spent and 26% was spent during Q2, which is just under 50% of the budget spent in the first six months of the fiscal year. The monthly variance reports are monitored for approval of the budget plans and expenses.

In managing the Minister of Health's request for all LHINs to publish expenses from quarter one (Q1) for the Board of Directors, CEO and Senior Directors, the Central East LHIN has posted these expenses online to support our commitment to be accountable and transparent.

The 'initiatives' funds include the Behavioural Supports Ontario (BSO) project and a new initiative to select a Primary Care Lead for the LHINs, headed by the LHIN Shared Services Office (LSSO). To facilitate the process, the LSSO have issued a Request for Service (RFS) at a provincial level, the posting is on the public service's MERX website.

By way of background, the LSSO was created in 2006 to collaborate in the delivery of back office services (IT, Procurement, Human Resources and Finance). In March 2011, at the LHIN CEO Retreat, the CEOs agreed that Toronto Central LHIN would commission a study to assess the LHIN's collective needs and determine how to best provide back-office services in the future. The process for funding this model will consider three main areas: current base, transition cost and future process. The LSSO will be leveraging savings and efficiencies wherever possible and all new services that require funding will be submitted either each year or individually for approval by the LHIN CEOs.

Human Resources:

Gloria Duke-Aluko has joined the Central East LHIN team as of August 29, 2011 as a Decision Support Analyst on contract for the System Design & Implementation unit. Her work experience includes working as a Health Information Analyst (CQI) at the York Region Health Services – Public Health Branch as well as a Research Analyst at the Durham Region Health Department Epidemiology & Evaluation Unit. Gloria holds a Bachelor's Degree in Health Sciences at the University of Calabar and has completed a post-graduate degree in Research Analysis from Georgian College.

Robin Crone was hired to start on September 19, 2011 as a Project Assistant on contract for the Behaviour Supports Ontario (BSO) project. Robin's previous work experience includes employment in the legal, banking and IT industries and providing support for senior partners and project support for mutual funds and investment management.

Karen Landriault resigned from her full-time position as a Coordinator for System Design & Implementation at the end of August 2011, we wish Karen all the best as she settles into her new home and we know she will be successful in her future endeavours – Thank you for your many years of service to the Central East LHIN.

Lisa Lambert started as the new Coordinator for the System Design & Implementation unit on October 3, 2011 Her prior work experience has been with Lakeridge Health Corporation for over 10 years in the Durham Regional Cancer Centre as an Executive Assistant. Lisa is very knowledgeable of the Central East region as well as the local health service providers it is more than an asset to have her join the staffing team at the LHIN.

Lauren Chitra had her first day on October 3, 2011 as a Health Planner on contract for the System Design & Implementation unit. Lauren's experience includes working with the Canadian Institute for Health Information, Health Canada and the Canadian School of Public Service facilitating and coordinating projects, developing educational tools and research analysis. She has holds a Master of Public Administration Degree from the School of Public Administration at the University of Victoria and a Bachelor of Arts Degree from the University of Western Ontario.

Denys Bégin has resigned from his position as French Language Services Coordinator and has accepted employment with the Insurance Brokers Association of Canada as the Manager for Advertising and Marketing. Our gratitude is expressed to Denys for his excellent project management during the 2011 Central East LHIN Symposium as well as his hard work to develop and advance connections in the French Language services within the LHIN.

Ministry Announcements

Annual Business Plan: The LHIN received notification from the Minister of Health in mid-August that the Annual Business Plan was received and approved. The Central East LHIN was acknowledged to be demonstrating significant efforts to reduce the demand for emergency services and hospitalization by building community capacity. Planning for the 2012/13 Annual Business Plan will soon be underway.

Other Announcements

Northumberland Hills Hospital's president and chief executive officer accepts a health-care leadership award: Robert Biron was named the recipient of the 2011 Graduate Leadership Award from the Society of Graduates of the University of Toronto's Faculty of Medicine's Department of Health Policy, Management and Evaluation, the department from which Robert received a master's degree in Health Sciences. NHH Board chair John Hudson presented Biron with the award at the society's request. Congratulations Robert!

Ontario Shores unveils Mental Health Education and Awareness program: Characterized as a campaign to introduce mental health curriculum into high schools and increase awareness of adolescent mental illness to the communities it serves. In partnership with school boards and Dr. Stanley Kutcher, Ontario Shores organized training for educators, teachers, and support staff to help deliver adolescent mental health literacy to four school boards this semester including, Durham District School Board, Durham Catholic District School Board, the Kawartha Pine Ridge District School Board and the Peterborough, Victoria, Northumberland and Clarington Catholic District School Board. Seventeen schools from those boards will pilot this program this year.

Ross Memorial Hospital achieves full accreditation: The Ross Memorial Hospital's commitment to quality patient care received special recognition by surveyors from Accreditation Canada, when they awarded the hospital full accreditation in late September. Congratulations to the Board and Staff for this accomplishment!

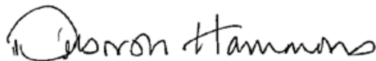
Project manager for Regional Specialized Geriatric Services (RSGS) project: The first member of the new RSGS team was recruited earlier this month. Linda Kulkarni was the successful applicant to the first RSGS position. Linda will develop the governance authority for the RSGS; develop the space; and recruit other members of the core RSGS team (namely, the Executive Director, Project Coordinator and clerical support).

Champlain LHIN appoints interim CEO: The Champlain LHIN Board of Directors recently announced that Chantale LeClerc has taken over as CEO of the organization as of October 12, 2011. Chantale was previously the Senior Director of the Health System Integration unit and was previously the Chief Nursing Officer at SCO Health Services. With this announcement, Alex Munter (exiting CEO) was announced to have accepted a new position to lead the Children's Hospital of Eastern Ontario. Alex is commended for his significant role in making strategic investments benefiting seniors at hospitals and community-based agencies in the Champlain LHIN.

The HUB was the site for Scarborough Newcomers Health Fair: The Department of Diversity, Equity and Stakeholder Outreach from The Scarborough Hospital and The Scarborough Centre for Healthy Communities partnered up with several community partners to host the Newcomers Health Fair, featuring a wide range of health-related topics for new Canadians. The Fair was a joint effort between The Scarborough Hospital and the Scarborough Centre for Healthy Communities as well as the Central East Regional Cancer Program and the Toronto Public Health Department.

GAIN - Service and Funding Agreement signed: Lakeridge Health Corporation signed their GAIN Service and Funding Agreement with The Scarborough Hospital, CCAC, and Peterborough Regional Health Centre. A milestone to note as this document denotes the commitment from the participating organizations to provide the GAIN services and support each other to successfully deliver the model and the services outlined. An annual funding and service agreement will be signed between each provider and Lakeridge Health.

Respectfully Submitted,



Deborah Hammons
Chief Executive Officer
Central East Local Health Integration Network

Appendices

Appendix A

CECCAC Report to the CE LHIN Septemb

Appendix B

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Appendix C

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Appendix D

Visio-Quarterly Stocktake Report.pdf

Appendix E

BSO CE LHIN FINAL.pdf

Appendix F

LSSO 2nd Quarter Report 2011 final.pdf

Appendix G

WTIS Expansion.pdf

Appendix H

SUBMIT September 2011 v3 _3_.pdf

Appendix I

Board Status Update October 2011.pdf