Central East Local Health Integration Network
CEO Report to the Board
April 25, 2012

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

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

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).

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.

Transitions in Care

The Central East LHIN Transitions in Care Steering Committee is a critical body at the pinnacle of a new and evolving strategic structure within the LHIN aimed at improving overall quality of care through better transition management of people and information by their care team. The Steering Committee is envisioned to bring together separate yet linked initiatives that, while targeting different aspects of the system, share similar goals. The intent is to provide improved cohesion of initiatives to promote outcomes for better care for patients/clients/residents and better health of the population as a whole. The Steering Committee is accountable to the Central East LHIN for the strategic guidance and quality improvement for emerging Transition Management priorities, and for providing oversight to selected Transition Management quality improvement initiatives. In addition to patients/clients/residents, key stakeholders include health service provider leaders, initiative-specific provincial stakeholders and frontline healthcare providers.

The Central East LHIN Transitions in Care Steering Committee, chaired by the CEO of Rouge Valley Health System and the Senior Director, Client Services of the Central East CCAC, has oversight over the full spectrum of quality improvement and/or business process initiatives designed to directly improve the transitions in the patient/client/resident journey through the health care system. Its purpose and work are aligned with provincial level initiatives and Central East LHIN priorities. It provides leadership to system and sector-specific committees and projects within the LHIN related to priorities and/or projects intended to improve care transitions. Strategic guidance is provided by the Executive Sponsor, a member of the Central East LHIN Senior Team. The Home

First Oversight Committee and the Resource Matching and Referral Oversight Committee report to the Transitions in Care Steering Committee.

The Transitions in Care Steering Committee met jointly with the Resource Matching & Referral Oversight Committee on April 18, followed by a standalone meeting to receive a report from the Home First Oversight Committee, review the quarterly Stocktake report and discuss potential areas for focus in upcoming meetings.

The Central East Home First Oversight Committee met on April 5, chaired by Sally Davis of the Central East CCAC. The Committee reviewed its terms of reference and began to formulate its role in monitoring Home First outcomes.

Telemedicine Nursing Initiative:
On September 1, 2011 the MOHLTC announced an OTN Nursing initiative creating up to 20 new FTE nursing positions (10 RN and 10 RPN) within Central East LHIN to support expanded clinical telemedicine events through OTN. Twenty-two (22) Health Service Providers are participating in this initiative.

Within the Central East LHIN, funding was conditional for health service providers based on the development and active participation in a Central East LHIN OTN Community of Practice (CoP). The purpose of the Central East LHIN OTN CoP is to bring together front line staff utilizing OTN on a daily basis to work together to solve problems, share knowledge, cultivate best practice, build relationships and foster innovation. Under the leadership of OTN the launch of the CoP and Kick-Off Training Day for new Telemedicine Nurses and their Senior leadership was held on April 11. Hosted at Peterborough Regional Health Centre (PRHC) and with the support of Ontario Shores – 45 individuals from across HSP sites came together with the OTN Team and the LHIN to participate in change management training and technology demonstrations. Ongoing leadership of the CoP will be provided jointly by Ontario Shores and the Port Hope Community Health Centre.

To support implementation, Central East LHIN conducted a readiness assessment including the identification of planned areas of focus for new OTN resources further provincial investments in OTN equipment related to the OxyContin Response Strategy are anticipated.

Priority areas are identified below:

Health Service Provider	OTN Planned Area of Focus
Haliburton Highlands Health Services	• Consultation with GAIN and PACE clinics - Peterborough • Mental health and addiction - recidivism through ED • Renal • Orthopaedic
Ross Memorial Hospital	• Seamless care for seniors • Chronic disease prevention and management
Peterborough Regional Health Centre	• Use in ED • Provide consultations to other hospitals and providers
Rouge Valley Health System	• Use in ED • Chronic disease prevention and management
Northumberland Hills Hospital	• Consultation with GAIN and PASE clinics - Peterborough • Consultation with Ontario Shores Metabolic and Weight Management Clinic • Change Health Care addictions treatment program
Campbellford Memorial Hospital	• Vascular related complications

Health Service Provider	OTN Planned Area of Focus
	• Wound care management
Ontario Shores	• Metabolic and Weight Management Clinic • Specialized consultation for seniors
Canadian Mental Health Association - Peterborough	• Mental health clients at risk for diabetes, renal disease and vascular disease.
Yee Hong Centre for Geriatric Care	• Orthopaedic • Neurological • Wound care • Circulatory and other chronic medical conditions (e.g. intractable diabetes)
Extendicare Haliburton	• Vascular disease • Diabetes
Port Hope Community Health Centre (CHC)	• Chronic disease management • Diabetes • Chronic Pain
Community Care City of Kawartha Lakes CHC	• Chronic disease management • Mental health
The Youth Centre CHC (Barbara Black)	• Mental health and addictions
Oshawa CHC	• Diabetes/endocrinology • Cardiology/internal medicine, gastro/hepatology consults • Mental health
Brock CHC	• Diabetes • Mental health
TAIBU CHC	• Mental health and addictions
CareFirst for Seniors	• Chronic disease management • Mental health
Scarborough Academic Family Health Team (FHT)	• Mental health
North Kawartha FHT	• Mental health and addictions • Diabetes
Haliburton Highlands FHT	• COPD/CHF • Vascular disease
Hong Fook	• Mental health
Charles H. Best Diabetes Centre	• Diabetes (Types 1 and 2)

Primary Health Care Leadership:
In February 2012, as part of the introduction of a Primary Care Lead in each of the province's 14 LHINs, the Central East LHIN named Dr. Robert Drury and Dr. Christopher Jyu as the Primary Care Leads for the Central East LHIN. Dr. Jyu will be the Primary Care Lead for the LHIN's Scarborough Cluster and Dr. Drury will be the Primary Care Lead for the Durham and North East (Northumberland County, Peterborough City and County, City of Kawartha Lakes, Haliburton County) Clusters.

The PHC Lead role is endorsed by both the Ministry of Health and Long-Term Care and the Ontario Medical Association and is in line with the government's Action Plan commitment to bring planning for the full patient journey under the LHINs.

Dr. Drury, a Lindsay-based family physician with over 35 years of experience practising across Canada including Northern Ontario, British Columbia and Prince Edward Island, and Dr. Jyu, a Scarborough-based family physician who led the development of the first after-hours clinic in the Scarborough community. Dr. Drury and Dr. Jyu will work with the Central East LHIN to ensure that primary care services are better integrated with the work of other health sectors. Through this collaborative work, local primary care providers can strengthen these partnerships and focus on implementing system initiatives identified locally by the LHIN and stakeholders.

Service and System Integration

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

Stocktake Report:
The Stocktake report is the unified report of all LHIN activities and performance to the Ministry of Health and Long Term Care (Ministry), and is completed collaboratively by representatives of all LHIN portfolios communicate our strategies and plans clearly. The Stocktake includes all indicators related to the following initiatives and agreements:

- Ministry LHIN Performance Agreement (MLPA)
- Pay-for-Results (P4R)
- Nurse Practitioner Supporting Teams Averting Transfer (NPSTAT)
- *Excellent Care for All* Act (ECFAA)
- Community Care Access Centre (CCAC) Wait Times Emergency Department-Performance Improvement Plans (ED-PIP)
- Transitional Care
- Mental Health and Addictions

The Winter Cycle Stocktake report template was published by the Ministry on February 10 and the completed report was submitted to Ministry on February 24. On March 30, the LHIN CEO met with Kathryn McCulloch, Director of the LHIN Liaison Branch of the Ministry and other LHIN and Ministry representatives to discuss the LHIN's performance as reported in the Stocktake report. The Spring Stocktake report is scheduled to be published by the Ministry on May 14, and the completed report is due on May 28.

Scarborough Hospice Visiting Program:
At the regular meeting of the LHIN Board in March 2012, approval was received to fund the Scarborough Centre for Health Communities (SCHC) for volunteer hospice visiting services. On April 1, 2012, the VON Toronto-York Region and Scarborough Centre for Healthy Communities (SCHC) officially declared the successful and complete transfer of hospice visiting services. This culminated in transitioning 15 clients and their respective volunteers to the newly formed SCHC program. Congratulations to both partners for all their efforts in this transition process and for their commitment to quality care!

Home First:
The Home First philosophy and the business processes supporting it have been initiated at all eight Central East LHIN acute medical hospitals and at the Markham Stouffville Uxbridge site, which although physically in the Central East LHIN, is accountable to the Central LHIN. Planning for a modified roll-out to Ontario Shores Centre for Mental Health Sciences (OSCMHS) has begun - this rollout will complete the implementation phase of the Home First approach in the Central East LHIN. TRAC teams continue to meet regularly at each hospital site and to submit summary reports of ALC designations to each hospital's Sustainability Committee, which in

turn identify trends to be reported to the LHIN-wide Home First Oversight Committee. This Committee was scheduled to make its first report to the Transitions in Care Steering Committee on April 18.

Specialized Geriatric Services: Regional Governance:
Efforts continue to build the foundation for a strong Governance Authority (GA). On March 30, the second of two facilitated workshops was held to enable GA members to come to a common understanding of their role and mandate. Outcomes of these two sessions will be critical to moving the GA forward on a clear path. Recruitment efforts are continuing in securing an Executive Director for the entity. The next meeting of the Governance Authority was scheduled to take place on April 17.

Assisted Living Services for High Risk Seniors:
The Assisted Living program offered by Community Care Durham (CCD) is currently serving 23 clients in the Oshawa hub and 19 clients in the Whitby hub. A total of 42 clients are being served by CCD with an estimated 80 PSW hours per day.

The Assisted Living program offered by VON is quickly becoming operational in all four sites across the LHIN: Scarborough, North Durham, Peterborough and Lakefield. A joint Committee of the Central East CCAC, VON and the LHIN are overseeing the implementation. To date, 15 clients have been identified in Scarborough, 12 in North Durham and five in Peterborough. Extensive effort is being placed on ensuring a seamless transition of clients from the CCAC service to the assisted living service. Community Care Durham has also been extremely active in the roll out.

Behavioural Supports Ontario (BSO) Program:
The BSO program continued to develop as training sessions and quality improvement events spread across Central East. Nearly 800 staff personnel have been trained in the four standard courses outlined in the Capacity Building Roadmap developed by Health Quality Ontario, Alzheimer Society of Ontario and the Alzheimer Knowledge Exchange - PIECES (200), UFIRST (207), Gentle Persuasive Approach (45) and Montessori (347) – during February and March. Seventy-seven (77) staff personnel were also trained in Quality Improvement methods specific to BSO to help support the spread and sustainability of the BSO program across all Long-Term Care Homes. Kaizen follow-up planning meetings were held with all thirteen early adopter LTCHs in each of the three clusters.

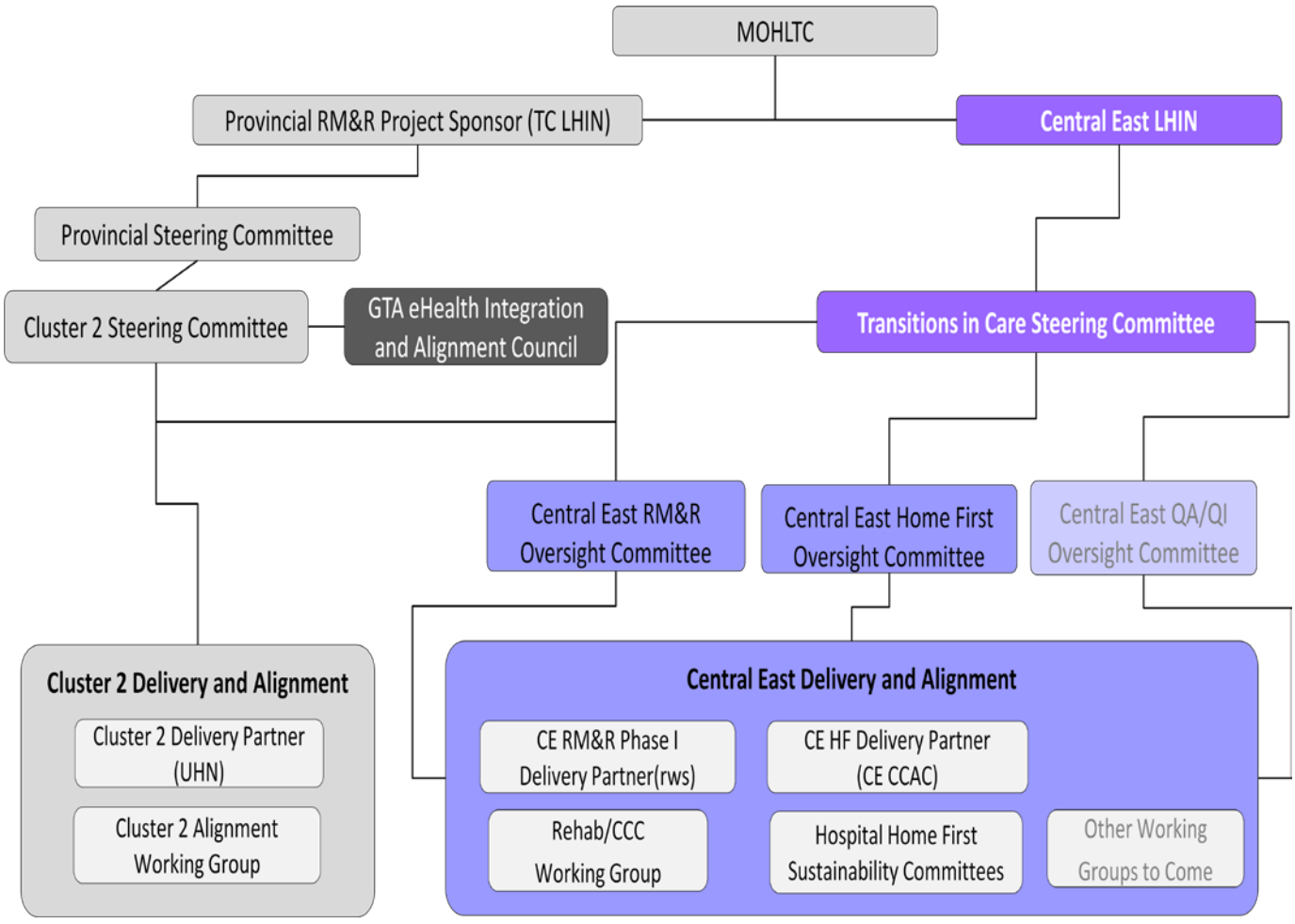
Of the $750,000 in operational funding provided to Central East to plan and implement the BSO initiative in 2011/12, $250,000 supported training for health service provider staff and an additional $130,000 was paid from unspent Health Human Resource (HHR) funding to back fill Long-Term Care staff who attended training. The late start date for the provincial roll out of BSO accounted for a pool of unspent HHR funding in the health service provider pot and revised Ministry policy allowed the unspent funds to be used to pay for back fill.

An additional expense from the $750,000 BSO operating funding was a $100,000 purchase that procured Ontario Telemedicine Network (OTN) units for the five early adopter Long-Term Care Homes that expressed interest; however it should be noted that final expenditures are to be confirmed. The OTN units provide videoconferencing capability which will support knowledge exchange across Central East as part of the spread and sustainability phase within the long-term care stream.

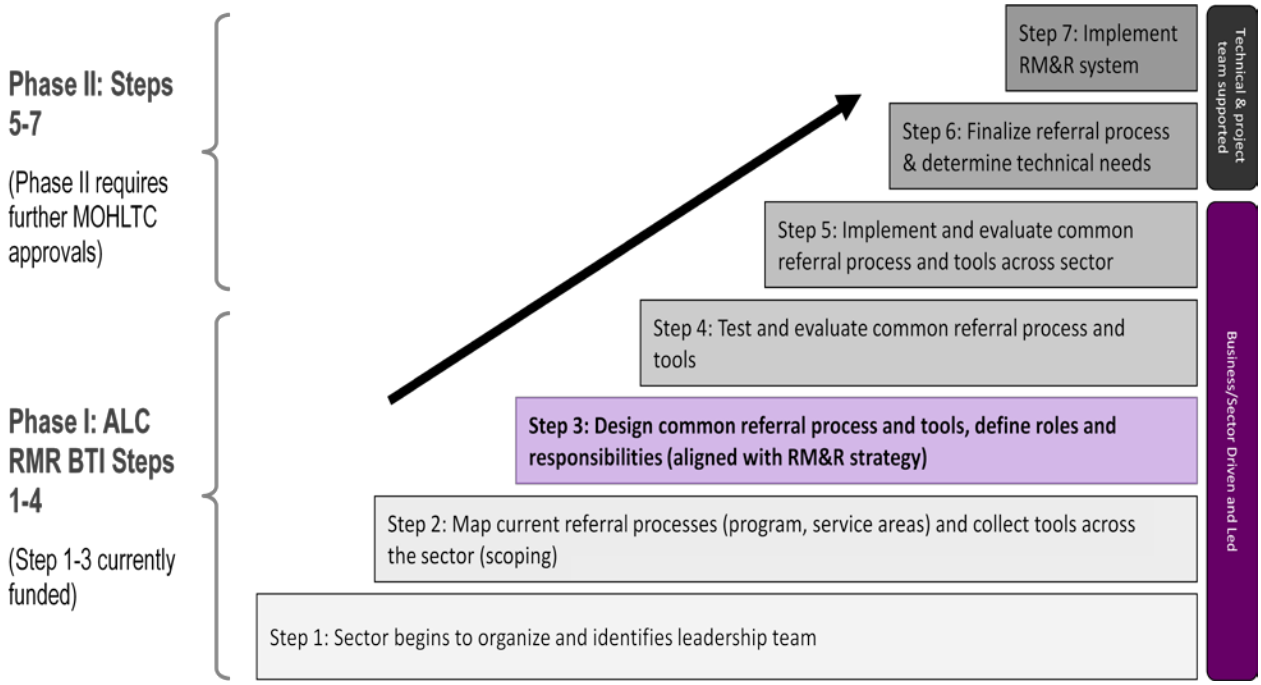
On March 23, an update on the Central East LHIN Action Plan was presented to the Provincial Resource Team (PRT) by the BSO Lead and the SDI Senior Director and was well received. In particular, the PRT was impressed by the level of engagement that had been achieved with the long-term care sector and planned to use several examples from Central East in their upcoming presentations to the long-term care provider councils and the Ministry of Health Assistant Deputy Ministers.

Residents First Quality Improvement Project:
Alignment of Long Term Care Best Practices Change Package with Behavioural Supports Ontario Action Plan was presented by Health Quality Ontario (HQO) at the March LHIN Leads meeting. Residents First is undergoing structural and program changes and the Central East LHIN Lead for Residents First has been consulted on strategies to align partnerships between Residents First and Behavioural Supports Ontario and on the role of the LHIN's in executing these programs. Strategies have not yet been finalized or communicated.

Resource Matching and Referral:
Within the Central East LHIN, the RM&R project aligns within the overall context of improving transitions in care. On the local front, the **Central East LHIN Transitions in Care Steering Committee** has oversight over the full spectrum of patient/client/resident journeys through the system, of which the four pathways addressed through RM&R are a part. The Central East RM&R Oversight Committee has a dual reporting relationship to the Cluster 2 RM&R Steering Committee as well as the Central East LHIN Transitions in Care Steering Committee:



The Provincial RM&R 7-Step Model outlines a series of business-driven activities that enable a sector, program, or service to implement the RM&R system:



The majority of Provincial, Cluster 2, and Central East activities required to contribute to Step 3 in the 7-step Model were conducted before the end of the 2011-12 fiscal year.

The Cluster 2 Delivery Lead, University Health Network, completed its process of developing high-level standards for the five GTA LHIN's (including Central East) and the North Simcoe Muskoka LHIN in March 2012. For the Central East LHIN, RWS Advisory was the vendor selected to complete the "as is" and "to be" process maps for the two acute to post-acute pathways included in the provincial ALC RM&R project, and to perform and document a gap analysis of these maps. RWS will submit its final report to the Central East RM&R Oversight Committee on April 18. This report, along with all supporting documentation, will be uploaded to the new SharePoint platform hosted by the CECCAC.

During the first three weeks of April, the Provincial Delivery Lead (St. Joseph's Health System – Hamilton) will be integrating the standards that were developed by each cluster into provincial standards. On April 25, they will hold a consultation session with subject matter experts from across all clusters. The goal is to discuss the standards and their applicability across the clusters. A Central East CCAC representative has been asked to attend this session.

Following the consultation session, the Provincial Delivery Lead will begin provincial consultations, meeting with the Provincial steering committee, cluster steering committees, LHIN liaisons, and eventually LHIN CEOs for endorsement.

NPSTAT (Nurse Practitioners Supporting Teams Averting Transfers) Program:
The Central East Community Care Access Centre (CECCAC), in conjunction with the NPSTAT Clinical Director, was asked to complete an operational review of the NPSTAT program and to prepare and submit a business plan to the Central East LHIN outlining operational and governance suggestions for 2012/13. The proposal for a

one-hub model and an expansion of the NPSTAT program was received at the end of March and will be reviewed by Central East LHIN staff in April.

Mental Health and Addictions

Ontario Common Assessment of Need:
The Central East LHIN Ontario Common Assessment of Need (OCAN) local Steering Group met on March 28. Implementation of the OCAN is proceeding according to schedule with no substantive issues noted. Many of the providers have been using the OCAN for some time. Phase I has 18 health service providers that are included. Sixteen are live on the OCAN tool, including Hong Fook and Northumberland Hills Hospital, who went live in March. Community Care Durham and St. Elizabeth Hospital are going through software validation and five health service providers have completed their Reflective Practices. Roll-out sessions are being booked with the remaining thirteen providers. CMHA-Kawartha Lakes and Peterborough Regional Health Centre both went live in March to achieve an Integrated Assessment Record. The OCAN has been viewed positively in this LHIN and has been seen by the Health Service Providers in the sector as an opportunity to work with clients in order to support them in determining their recovery goals. In addition, the OCAN provides users of the system with an opportunity to provide feedback regarding the services they have received. Support for OCAN implementation from CCIM concluded as of March 31, 2012. Given that the implementation is complete across the LHIN, the Steering Committee is investigating processes that will support the maintenance of the OCAN processes.

Schedule 1 Bed Registry and Common Assessment Tool Implementation:
The implementation of the Registry and Common Assessment tool (CAT) has moved forward according to schedule and is fully implemented as of April 1, 2012. The Steering Committee was informed by Criticall that the platform for the registry would be revised in May. This will have no effect on the operation of the Registry and CAT. The Steering Committee will remain in place for at least six months beyond the implementation date of April 1, 2012 in order to ensure that any emergent issues are resolved. Ontario Shores is preparing an Integration Package for this initiative. It is expected that the package will be reviewed by staff and presented to the Central East LHIN Board at its May meeting.

Discontinuation of OxyContin:
As noted in last month's report, the delisting and discontinuation of the drug OxyContin is an issue of great concern to the Ministry of Health and Long Term Care and to the LHINs. Several initiatives were introduced in March to address any anticipated crisis situations related to system capacity that could arise as the result of the discontinuation of OxyContin, these initiatives included:

- Provider training via webinars and other electronic formats;
- Purchase of OTN equipment to increase system capacity;
- Opioid Alerts from the Ministry of Health and Long Term Care; and
- Real Time Surveillance of 70 Emergency Departments across Ontario.

Each of the four initiatives has been put in place. Central East LHIN staff spoke with each of the hospitals with Emergency Departments and with Addictions and Concurrent Disorders Service Providers. A list of requested OTN Clinical Equipment was compiled and submitted to the Ontario Telemedicine Network, (OTN). It is our understanding that OTN has now purchased the equipment for the Province and will be allocating and installing it over the next month.

The Ministry plans to introduce additional measures during FY 12/13, including expanded ED Surveillance, and the introduction of additional system indicators, specific to Opiates, which will be used to monitor the situation. It

remains the direction of the Ministry that any systemic capacity needs that require attention will receive partial funding from the Federal Government.

Central East LHIN staff have been attending weekly teleconferences with the Ministry, and submitting weekly reports. Staff have been communicating with Health Service Providers on a regular basis. Although there has been a very slight increase in service requests related to OxyContin issues, providers are not describing the situation as a crisis. The increase in service has been noted in the Oshawa area primarily. Central East LHIN staff will continue to carefully monitor this situation.

Central East Assertive Community Treatment Team (ACTT) Value Stream Mapping:
On March 16 and 17, The Central East LHIN sponsored a Value Stream Mapping, (VSM) session with representatives of the Central East Assertive Community Treatment Team (ACTT) system. Attendees included front line staff, physicians and people with lived experience from each of the three Clusters. Ontario Shores spearheaded and coordinated the event. Chris Chadwick, an Improvement Facilitator employed by Ontario Shores, facilitated the ACTT process. Chris was supported by Ron Bercaw, who conducted the overall VSM event for the Diabetes and ACTT Streams. Following two days of intensive dialogue and a high degree of commitment, the team arrived at a series of Improvement Recommendations that have great potential to improve the ACTT service delivery system. Central East LHIN staff are now meeting to determine the next steps in moving forward with these improvements.

Central East LHIN Hospital to Home: ED Avoidance Coalition Steering Committee:
The Central East LHIN Hospital to Home ED Avoidance Steering Committee met on March 23 at CMHA Durham. Although it had been hoped that the Project Monitoring Scorecard would be completed for this meeting, this was not possible due to other Health Service Provider staff commitments most notably related to the drug shortage. The Durham Group reported that project staff are now in place, with the exception of one RPN allocated to the CTO Case Management Section of the Project. Staff are co-located in the LHO Emergency Department and are attending “Bullet Rounds” on a daily basis. Community reports have been very favourable. Full outcomes monitoring is to be implemented as of April 1, 2012.

The Northeast Cluster Team has hired their Case Manager for the PRHC position. Although this Case Manager is working with the Emergency Department at PRHC, there remain some outstanding issues around Performance Metrics. Mark Graham will be meeting with Shailesh Nadkarni to finalize these items. The Lindsay ED position has not been filled as of yet. RMH has “donated’ a staff person to act in the ED Case Management capacity on an interim basis. The local Northeast Coalition is meeting on a monthly basis. The Central East LHIN Hospital to Home Steering Committee will meet again on June 22, 2012. It is anticipated that the Steering Committee will finalize the Outcomes Measurement Scorecard at that time.

Central East LHIN Staff attended the following meetings in March:

- Concurrent Disorders Network of Durham Steering Committee
- Meeting with Durham Mental Health Providers to explore systemic issues.
- EENET Provincial Steering Committee (Provincial Knowledge Exchange Network for Mental Health and Addictions supported by the Centre for Addiction and Mental Health, CAMH).
- Community Treatment Order (CTO) Provincial Review Steering Committee

Integrations

Apsley and District Homes for Seniors (ADHS):
The Apsley and District Satellite Homes for Seniors integration has been completed for the support service aspect of the project. Funding from the Central East LHIN will now flow to the Canadian Red Cross in

accordance with an M-SAA approved at the Central East LHIN's March Board meeting. The transfer of the property has not been finalized. A Memorandum of Understanding (MOU) has been finalized between the ADHS Board and the Canadian Red Cross that will ensure continuous service for the residents of the Home until the property transfer to Peterborough Housing Corporation takes place. Central East LHIN staff are continuing to monitor this situation up to full implementation.

Community Health Services Integration Strategy:
The purpose of the project is to implement a facilitated integration process to achieve the 'Community First Strategic Aim' in each of Durham, Scarborough and the Northeast Service Clusters. Planning and implementation continues on this front, after the March 8 kick-off event.

On April 5, 2012, Phase 1 agency governors and CEO/EDs from the Durham Cluster convened for the first time. A staff team will facilitate the process - weekly meetings have been scheduled. Time commitment for HSP senior leadership is significant and required. This facilitated integration process is moving forward guided by the following Strategic Aim.

Design and implement a cluster-based service delivery model for Community Support Services and Community Health Centre agencies by 2015 through integration of front-line services, back office functions, leadership and/or governance to:

- *improve client access to high-quality services,*
- *create readiness for future health system transformation and,*
- *make the best use of the public's investment.*

The project will result in the identification of a preferred community health integration model for each of Durham, Scarborough and the Northeast Cluster to increase value from the client and caregiver's perspective. The model will enable the Community Support Services sector to move from its identified 'Current State' to a proposed 'Future State', while considering the opportunities of integration across Community Support Services and Community Health Centre health service providers. The three-cluster process will conclude in March 2015.

CMHA – Northeast Cluster Integration:
The CMHA – Joint Executive Governance Committee has been formed and is meeting every two weeks. Additionally, CMHA-Peterborough and CMHA-Kawartha Lakes have struck a Management Integration Team. Teams are making solid progress toward the implementation of the objectives set out in the Integration Plan approved in January 2012. Central East LHIN staff are monitoring the implementation process.

Central East LHIN Hospice Palliative Care Network (CEHPCN):
On April 10, 2012, the Network held a pre-planning meeting to discuss organization and flow for the all day Hospice Palliative Care IHSP Strategic Aims Planning Session on April 19, 2012. Facilitation, agenda items and meeting materials were presented and discussed at length. The group seems prepared and enthusiastic to contribute to the next IHSP. A new CEHPCN Coordinator has been hired. Lauren Chitra, a current Central East LHIN employee, will officially assume this position on April 23, 2012.

LHINs have been asked by the Ministry to report their individual plans on how they will be implementing the commitments to action from the Declaration to the Deputy Minister and Minister of Health and Long-Term Care in May 2012. The Ministry proposed working towards 14 separate but aligned implementation plans that will reflect a common end point for all LHINs over the next three years. To achieve this, the Central East LHIN is completing a common template and is working with the CEHPCN to complete this task. The template provides a framework to ensure a sufficient level of provincial consistency to achieve the common vision for Ontario, while balancing the need to maintain individual LHIN flexibility in implementation timeframes. Upon completion, the

templates will be circulated to all LHINs in the lead up to a joint workshop that is being scheduled for April 20, 2012 to approve the report-back package that will go to the Ministry.

Aboriginal Services

First Nations Health Advisory Circle and Métis, Non-Status and Inuit Health Advisory Circles:
The Central East LHIN Métis, Non-Status and Inuit Health Advisory Circle, and the First Nations Health Advisory Circle did not meet in March. However, their activities were ongoing. The Central East LHIN provided financial and other supports to the Alderville First Nation Health Fair, which was held on March 20, 2012 at the Alderville First Nation. This event was well attended by First Nations people from across the Central East Ontario area. It featured a number of local Health Service Providers, including Northumberland Hills Hospital and representatives from the Peterborough Health Unit and the Diabetes Network. One of the main attractions was the "Giant Colon", presented by the Colorectal Cancer Association of Canada. The Central East LHIN's financial contribution partially sponsored the rental fees for this popular attraction. The purpose of the Health Fair was to provide First Nations Peoples with educational resources related to those health issues for which they are at greater risk. Colorectal Cancer is one of those issues, in addition to Diabetes. The event featured healthy snacks and speeches from local supporters including the Central East LHIN. Attendees were treated to a beautiful Opening Ceremony from the Smoke Trail Cultural Group.

The Central East LHIN First Nations Health Advisory Circle were scheduled to meet on April 11 at the Scugog First Nation. There are several pending issues, including the Memorandum of Understanding between the Central East Community Care Access Centre and the Alderville First Nation, the continuing issue of data related to First Nations peoples and arriving at an agreement to access it, and a presentation from Eric Hong, Chair of the Palliative Care Network regarding the Network's interest in working with First Nations peoples. Central East LHIN staff will also be exploring ways in which First Nations peoples; in particular the Health Advisory Circles will provide their input to the Integrated Health Service Plan, (IHSP-2013-16).

Unfortunately, one of the founding members and strongest supporters of the Central East LHIN Métis, Non-Status and Inuit Health Advisory Circle, Senator Andre Bosse has suffered a stroke. Senator Bosse's partner, Brenda Bosse, will continue to participate in the Circle. We wish Senator Bosse a rapid recovery.

The Métis, Non-Status and Inuit Health Advisory Circle is continuing to grow. Members will welcome Maggie Asselstine from Scarborough who will be attending on behalf of Native Family and Child Services of Toronto. Circle Members are continuing to reach out to Lovesick Lake and some of the other organizations that have not attended meetings in some time. A meeting of the Central East LHIN Métis, Non-Status and Inuit Health Advisory Circle was held at the Central East LHIN on April 12, 2012. Eric Hong, Chair of the Central East LHIN Palliative Care Network attended this meeting to explore networking options.

The Métis Nation, (MNAO) of Ontario Health Needs Survey is in the process of analysis and should be released very shortly. The MNAO released their study on Chronic Disease in Ontario in Ottawa on March 20. Overall, the study did illustrate higher rates of Chronic Disease in Métis People. This report differs from the MNAO Report that has been jointly sponsored by the Central East and Southeast LHINs which will provide information regarding the Health issues identified by Métis people themselves. Results will be specific to the two LHIN areas.

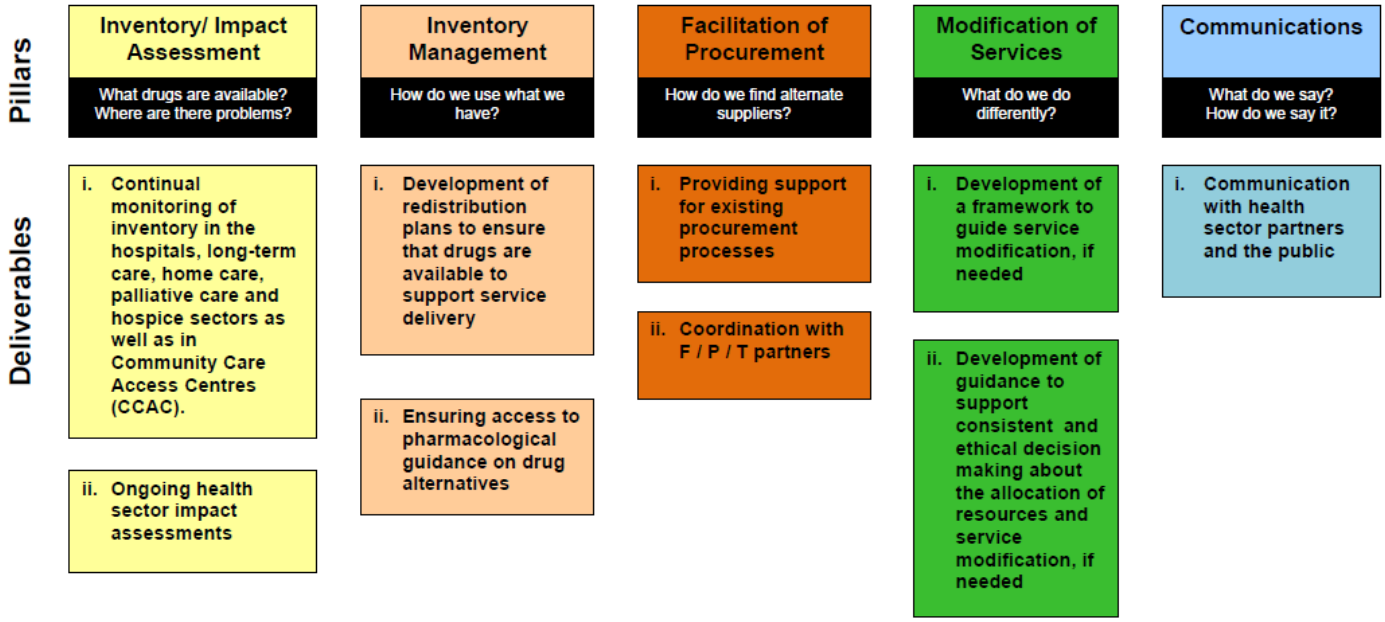
Quality and Safety

Pharmaceutical Shortage:
Due to operational issues at Sandoz Canada, a drug manufacturer and Canada's key supplier of injectable drugs, there is a Canada-wide shortage of certain medications that are used routinely to treat patients in hospitals and other care settings. Sandoz notified the Ministry in late-February of the supply implications at its production facilities. Sandoz is focusing its production on key surgical and pain medications and has committed to inform customers of projected drug allocations so that they may plan accordingly. This decrease in supply may last up to 18 months. The Ministry of Health and Long-Term Care, in partnership with the LHIN's and other health care partners, have initiated an Action Plan in response to the national shortage of injectable pharmaceutical products. This plan is being managed by the Ministry's Emergency Operations Centre (EOC). The Central East LHIN has been identified as the lead LHIN for the pharmaceutical shortage; the LHIN CEO is in continual communication with EOC and has begun chairing a Cross LHIN CEO Table.

The five pillars in the Ministry's Action Plan include:

1. **Inventory and Impact Assessment**: An assessment of the inventory of drugs and potential effects on services.
2. **Inventory Management**: A redistribution plan to move available supplies of drugs across the province to where they are most urgently needed.
3. **Drug Procurement**: Provincial coordination of procurement of affected drugs.
4. **Service Delivery Plan**: A plan for service delivery in the event of drug shortages, including the identification of alternatives.
5. **Communications**: Ongoing communications with the health care sector.

A visual representation of this Action Plan is provided below:



Pillar 1 - Inventory and Impact Assessment
Across the Province: Hospitals are completing a daily Hospital Inventory Information Template (HIIT) and submitting it to the EOC – tracking low (6-14 day supply) and critical (less than 5 day) thresholds of specific

drugs. A similar Community Inventory Information Template (CIIT) has been developed with the support of the community associations for community agencies, including hospices. The EOC is responding directly to organizations that indicate that they have reached a critical threshold. Providers are also reporting on the availability of any surpluses that can be shared with other providers. Information gleaned from the HIIT and CIIT, along with a "criticality" list created by a provincial Drug Shortage Technical Advisory Group (DSTAG) has supported the creation of a "Drug Watch List" that will support local and provincial planning and mitigation strategies.

A summary of the information collected through these templates is shared with LHIN's on a daily basis.
In the Central East LHIN: A Central East LHIN Pharmacy Committee has been established which meets by teleconference twice per week to share best practices and discuss impact at their organizations. The daily HIIT and CIIT summaries are shared with this Committee and the LHIN contacts organizations directly when they appear on the lists. The inventory tracking and other impacts have created a substantial additional workload for individual organizations, and mitigation strategies are also discussed on these calls. Lakeridge Health has developed a web-enabled inventory tracking tool which the LHIN has asked them to share with other Central East LHIN hospitals.

Pillar 2 – Inventory Management
Across the Province: A three-step redistribution plan has been developed and endorsed by DSTAG and MINISTRY, and published to stakeholders:

1. Local level redistribution (existing mechanisms)
2. LHIN level redistribution
3. Cross LHIN redistribution - as possible.

Members of the Cross LHIN CEO Table are currently surveying their local stakeholders to build a database of provincial transportation suppliers/couriers to support any Cross LHIN redistribution requirements. DSTAG has also developed and distributed an Ethical Framework Resource Allocation during the Drug Supply Shortage (referenced below in Pillar 4) that outlines priority access ranking and modification of services. Providers will use the Ethical Framework in conjunction with the redistribution plan as drug supplies decrease.

In the Central East LHIN: The Central East LHIN Pharmacy Committee continues to meet each Tuesday and Thursday afternoon at 4 p.m. to share information and support the system with any necessary drug reallocation. Members of the Pharmacy Committee continue to provide outstanding support to each other and their organizations. Membership of this group will be expanded to include hospital and CCAC CEO's or delegates if necessary to support the implementation of the broader redistribution plan.

Pillar 3 – Facilitation of procurement
Across the Province: Health Canada is responsible for ensuring a drug is safe and can be made available for sale in Canada. Only when they have approved a drug can Ontario consider funding under the Ontario Public Drug Programs. The Ontario Government is working with its provincial, territorial and federal partners to secure new procurement sources and to investigate the potential for provinces to gain access to the National Drug Repository if required.

In the Central East LHIN: Health service providers are continuing to deal directly with their suppliers on immediate issues.

Pillar 4 – Modification of services

Across the Province: A subgroup of the EOC's Drug Shortage Technical Advisory Group, comprised of bioethicists from across the province, developed an "Ethical Framework for Resource Allocation." This Ethical Framework has been sent to the field to support organizational, LHIN-level and provincial decision making

In the Central East LHIN: The Ethical Framework and redistribution plan have been shared with LHIN stakeholders, and the LHIN continues to monitor activities on a continual basis. To date, no modification of services have occurred in the Central East LHIN.

Pillar 5 - Communication

Across the Province: The EOC continues to hold regular meetings with a broad stakeholder group comprised of health care associations, LHIN's and regulatory colleges to share information and solicit input on the current situation, as well as with their federal, territorial, and provincial partners, DSTAG the Lead LHIN CEO, and others. The Ministry has also developed an "Ontario Drug Supply Interruption" page on their website – see http://www.health.gov.on.ca/en/public/programs/drugs/supply/default.aspx - to support information sharing with the general public and health care professionals – the Ethical Framework is posted on this page.

The EOC encourages health service providers to call their HSP hotline which is open 24 hours a day to respond to flag any immediate procurement issues and pose any questions. Additionally, the March 20th Update memo from the Ministry, which is posted on both the provincial and Central East LHIN websites, includes contact information for the four provincial drug centres which can provide information on alternatives. Pharmacists are encouraged to call their respective drug centre when they require information on a particular situation. The Drug Information Centres are being asked to track these calls for additional analysis on geographic hotspots and trending.

In the Central East LHIN: A Central East LHIN stakeholder call is held each Monday at 4 p.m. with the appropriate leads from each of the nine Central East LHIN hospitals and the Community Care Access Centre, NPSTAT, long-term care home administrators, Community Health Centres, the co-chairs of the Central East LHIN pharmacy committee, representatives from each of the Central East EMS organizations, and the Central East LHIN's Primary Care, Critical Care and Emergency Department Leads. Each of the Central East LHIN clinical leads – Dr. Randy Wax, Dr. Gary Mann and Dr. Rob Drury – have met with their provincial and LHIN-level colleagues to support information sharing and decision making with respect to inventory management.

IHSP Strategic Aims

2013-2016 Integrated Health Services Plan (IHSP):

The Central East LHIN's Integrated Health Service Plan 2013-16 will provide a blueprint for change for the local health care system that will outline shared priorities, strategies and proposed outcomes based on the Triple Aim Framework of improving the health of the population, enhancing the patient experience and reducing or at least controlling the per capita cost of care. This document, will be developed in partnership with health care providers and community residents and submitted for approval by the Board of Directors of the Central East LHIN, and will form the basis of accountability agreements with all Central East LHIN health service providers. The IHSP is a strategic document which will be used to guide the activities of the Central East LHIN and its stakeholders over the next three years from, 2013 to 2016.

Symposium:

As the Ontario Government is dealing with a difficult financial situation the LHINs are prepared to do their part in achieving a strong financial future for all Ontarians. It is for this reason, that the Board of the Central East LHIN passed a motion at their March 28 Board Meeting to defer the Central East LHIN's 2012 Symposium, which had

been scheduled for May 30. This would have been the 6th Annual event, which over the past five years, has provided health service providers – governors, administrators, physicians, clinical leaders and front line staff, patients/ clients/ consumers – with the opportunity to share best practices on health system quality initiatives that directly impact the achievement of the LHIN's Strategic Aims. As we head into the 2012/13 fiscal year, the LHIN will continue to utilize the most cost-effective and accessible methods of engaging with our stakeholders and our communities as we work together on delivering high quality care for local residents.

Save a Million Hours of Time Spent in the ER Department

ED Pay for Results (P4R) Year III:
The Ministry of Health and Long-Term Care (MOHLTC) communicated a proposed formula for calculating the recovery of P4R Year III (FY2010) funds on November 8, 2011. The proposed recovery formula relaxed the performance requirements that had been published in March 2010 for Year III. LHIN's were given an opportunity to submit a performance explanation to MOHLTC, including any argument for a further reduction in recovery rates. The Central East LHIN did submit a performance explanation, recommending a further reduction in the recovery at RVAP, because of substantial volume increases at that site, and significant constraints on inpatient capacity. The amounts communicated by MOHLTC and suggested by the Central East LHIN are as follows:

Site	2010/11 One-Time Fixed Allocation	Initial Recovery	Proposed Recovery (MOHLTC)	Proposed Recovery (Central East LHIN)
LHB	$740,700	$296,300	$74,100	$74,100
LHO	$841,700	$673,400	$420,900	$420,900
NHH	$399,000	N/A	N/A	N/A
PRHC	$840,000	N/A	N/A	N/A
RMH	$664,900	N/A	N/A	N/A
RVAP	$417,500	$167,000	$33,400	$6,300
RVC	$932,500	$186,500	$28,000	$28,000
TSB	$379,500	N/A	N/A	N/A
TSG	$379,500	$151,800	$30,400	$30,400
Totals	**$5,595,300**	**$1,475,000**	**$586,800**	**$559,700**

The timeline published by MOHLTC indicated that follow-up with LHIN's on the performance explanations would take place in December, and that recovery letters from MOHLTC to hospitals would be initiated in January 2012. As of April 12, no response to the LHIN performance explanation has been received.

ED Pay for Results Year IV:
Conditions of fixed Pay-for-Results funding require all designated hospital 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 H-SAA target as the Pay-for Results target[1].

[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 P4R target in this category of 10% reduction over baseline, or 12.62 hours.

Achievement of the H-SAA targets will result in achievement of the Pay-for-Results aggregate targets for eight of the nine designated sites.

Final funding for Year IV of the Pay-for-Results program distributes the Central East LHIN allocation as follows:

Central East LHIN	**$6,041,100**
Lakeridge Health - Bowmanville site	$1,003,500
Lakeridge Health - Oshawa site	$586,500
Northumberland Hills Hospital	$387,700
Peterborough Regional Health Centre	$630,900
Ross Memorial Hospital	$531,600
Rouge Valley Health System - Ajax/Pickering site	$852,200
Rouge Valley Health System - Centenary site	$1,334,700
The Scarborough Hospital - Birchmount Campus	$357,000
The Scarborough Hospital - General Campus	$357,000

Year-to-date (February) 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**	5.13	**3.92**	**3.92**	3.37
LHO	80.10	**61.45**	69.00	**6.82**	**6.60**	7.18	4.48	**4.00**	4.82
NHH*	**14.02**	**14.02**	22.40	**5.88**	**5.88**	6.30	4.23	**4.00**	4.65
PRHC	41.52	**38.43**	45.67	7.80	**7.60**	7.88	4.40	**4.00**	4.47
RMH	45.70	**37.38**	37.08	**6.72**	**6.72**	6.65	**3.92**	**3.92**	4.13
RVAP	77.60	**56.41**	72.05	**6.05**	**6.05**	5.70	4.17	**4.00**	3.85
RVC	50.82	**42.75**	43.08	**6.62**	**6.62**	6.42	4.78	**4.00**	4.27
TSB	30.03	**26.78**	27.93	8.32	**7.49**	6.90	4.92	**4.00**	4.38
TSG	40.53	**34.46**	27.30	8.28	**7.46**	7.17	5.20	**4.00**	4.62

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

*Note that NHH performance for patients admitted to an inpatient bed, although increased over last year's baseline, remains the lowest of the group, and below the interim provincial target of 25 hours, but still above the provincial standard of 8 hours.

Year-to-date (February) performance for the nine 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
LHB	32%	15%	14%	6.6%	61%
LHO	14%	-5%	-7%	8.0%	14%
NHH	-60%	-7%	-10%	6.6%	0%
PRHC	-10%	-1%	-2%	10.0%	0%
RMH	19%	1%	-6%	6.6%	20%
RVAP	7%	6%	8%	8.0%	21%
RVC	15%	3%	11%	8.0%	29%
TSB	7%	17%	11%	10.0%	35%
TSG	33%	13%	11%	10.0%	57%

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 performance targets will have none of that funding recovered. Additionally, for the sites that are participating in ED-PIP this year, $250,000 of allocated funds are protected against recovery. Thus, potential recovery scenarios appear as follows:

Site	Final Funding Amount	Overall Performance	ED-PIP Participant	Maximum Possible Recovery
LHB	$1,003,500	59%	✓	-
LHO	$586,500	12%	✓	-
NHH	$387,700	0%		$387,700
PRHC	$630,900	0%		$630,900
RMH	$531,600	22%		-
RVAP	$852,200	21%	✓	-
RVC	$1,334,700	33%	✓	-
TSB	$357,000	36%		-
TSG	$357,000	57%		-

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 (February) hospital performance in this measure is as follows:

Site	Hours to PIA		
	FY2010 Baseline	**Target**	YTD
LHB	2.7	**2.4**	2.4
LHO	3.1	**2.7**	3.1

Legend	YTD performance meeting target

Site	Hours to PIA		
	FY2010 Baseline	**Target**	YTD
NHH	3.6	**3.3**	3.8
PRHC	3.7	**3.3**	3.8
RMH	2.9	**2.6**	3.0
RVAP	2.7	**2.4**	2.5
RVC	3.5	**3.1**	3.0
TSB	3.4	**3.1**	3.1
TSG	4.3	**3.9**	4.0

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

On January 5, a 10-bed Short Stay Unit was implemented at RVAP, using a Pay-for-Results allocation of $571,500 ($320,300 from a specific Short-Stay Unit funding stream, and $251,200 from that site's Fixed Funding distribution). Performance requirements associated with this funding include: reduction of "Time to Inpatient Bed" to 8 hours, and maintenance of baseline "Time to Disposition." RVAP performance against these requirements as of February is as follows:

Time to Inpatient Bed (hours)														
FY2010 Baseline	**Target**	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	**Feb**	Mar	YTD
69.4	**8.0**	**50.3**	**62.7**	**71.9**	**72.8**	**55.9**	**65.5**	**71.9**	**43.3**	**52.3**	**59.9**	**64.3**		**64.9**
Time to Decision to Admit (hours)														
FY2010 Baseline	**Target**	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	**Feb**	Mar	YTD
17.8	**17.8**	**16.9**	**17.5**	**17.7**	**18.2**	**17.4**	**15.4**	**17.2**	**17.5**	**17.2**	**17.2**	**17.3**		**17.2**

ED Pay for Results Year V:
A working group consisting of ED LHIN Leads, LHIN Senior Directors, Cancer Care Ontario and MOHLTC representatives have proposed a draft model for the Pay for Results program for Year V that will streamline funding and eliminate recovery. This model is going through the approval process at the Ministry, and has not yet been published.

Clinical Decision Units:
Clinical Decision Units (CDU's) are established at the following Central East hospital sites: LHB, NHH, PRHC, RMH, RVAP, RVC, TSB, TSG. CDU's must meet certain guidelines published by MOHLTC and are monitored by Access to Care on a monthly basis for compliance with two indicators:

1. the proportion of CDU patients with a total EDLOS (including CDU time) greater than 24 hours (not to exceed 10%).
2. the proportion of CDU patients admitted to inpatient beds (not to exceed 30%).

The purpose of measuring the two selected compliance indicators is to ensure that the hospital is not using the CDU to lower its ED length of stay for admitted patients artificially, as admission to the CDU stops the length of stay clock. However, analysis of the months during which Central East LHIN hospitals have breached either of the compliance indicators do not show a suspicious corresponding decrease in ED length of stay for admitted patients. Rather, those months reflect a lengthening of ED length of stay, suggesting that CDU performance is worsened during periods when the ER is struggling with all its performance indicators.

Additionally, having different thresholds for the two indicators, while theoretically sound, in practice merely means that operating within the compliance threshold for the second indicator can provide a false sense of security for the first. Up to 30% of CDU patients can be admitted to an inpatient bed without triggering a compliance issue, but only 10% of CDU patients can exceed an EDLOS of 24 hours. If the hospital's flow from the ED is impaired either because all its inpatient beds are occupied or because there is no most responsible physician (MRP) to admit to, all admitted patients, including the up to 30% that are allowed in the CDU, will have an EDLOS that is too long.

December performance resulted in the CDU's at both Peterborough Regional Health Centre (PRHC) and The Scarborough Hospital—Birchmount Campus (TSB) being escalated to Level 1 compliance. The indicator at issue for PRHC is percent of cases with ED Registration to CDU Discharge time greater than 24 hours—the hospital has continued to breach this threshold for January and February. For TSB the issue is percent of CDU cases admitted to inpatient beds—January and February performance dropped below the threshold of 30% once again. Action plans for these hospitals have not yet been submitted to Access to Care, as that organization has developed a new template for their submission. These plans will be submitted in Q1 of the 2012-13 fiscal year, along with communication of the problems with the compliance indicators noted above.

Hospital Scorecards:
Monthly scorecards have been developed, tracking the following seven 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 (*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*); and
- % 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. Scorecards for the remainder of the 2011-12 fiscal year will be sent out in April, and supporting documents will be posted on the new SharePoint platform.

For fiscal year 2012/13, a new scorecard is being developed that will be more closely aligned with the MLPA dashboard and the Stocktake report, and will track additional contributing measures at all hospitals. The new scorecard, when finalized, will be presented to the Board for approval.

ED Chiefs:
The ED LHIN Lead holds a bi-monthly meeting of the LHIN ED Chiefs, scheduled to correspond with the bi-monthly Pay-for-Results meetings. However, the last meeting, scheduled for Friday 23 March, was cancelled. Poor attendance of ED Chiefs continues to be a problem at these meetings, compounded by a diffusion of other attendees because of rising interest in overall emergency and related services across the LHIN. Efforts are underway to review the structure and alignment of emergency services representation within LHIN structures.

ED LHIN Lead:
Dr. Gary Mann, the Central East LHIN ED LHIN Lead, has scheduled site visits to all Central East hospital Emergency Departments. The purpose of the visits is to familiarize the ED LHIN Lead with the various sites, and to allow him to spend some time with the individual Chiefs discussing their particular concerns and suggestions.

The site visit schedule is as follows, with shading indicating visits that have already taken place:

Hospital.	Site(s)	Date of Visit	ED Chief	ED Administrator
CMH	CMH	Wednesday 16 November2011 0900	Norm Bartlett	Linda Bradshaw
HHHS	HHHH HHHM	Friday 19 August 2011 1030	Steve Ferracuti	Debbie Watson
LH	LHB LHO LHPP	Friday 18 November 2011 1000	Benj Fuller	Linda Calhoun
NHH	NHH	Initial scheduling was awaiting arrival of new ED Chief, but this appointment has fallen through. Awaiting rescheduling from acting Chief and ED administrator.		Elaine Burr
PRHC	PRHC	Friday 14 October 2011 1300	Nancy White	Brenda Weir
RMH	RMH	Initially scheduled for 14 October; awaiting rescheduling from ED Chief	Leon Lerm	Anne Overhoff
RVHS	RVAP RVC	Scheduled to take place in April 2012.	Gary Mann KC Moran	Chris Jones
TSH	TSG; TSB	Thursday 06 October 2011 1000	Tom Chan	Ann MacKinnon

The ED LHIN Lead works with LHIN staff, Health Force Ontario, the Ministry of Health and Long Term Care, and when necessary, other ED LHIN Leads across the province to monitor ED staffing issues. The LHIN submits a weekly dashboard to the Ministry tracking any Emergency Departments at risk of closure due to physician staffing. Campbellford Memorial Hospital and Northumberland Hills Hospital continue to struggle with ED coverage on a month by month basis. This situation is being monitored closely by the LHIN and the ED Lead.

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

Supporting an Integrated Roll-out of the Ontario Diabetes Strategy:
In partnership with the Central East LHIN, the Diabetes Regional Coordinating Centres (DRCC) sponsored a 2 day Value Stream Mapping and Analysis event on March 26 and 27 at the Tosca Banquet Hall. Three streams were mapped including Adult Type 1, Type 2 and Gestational Diabetes. Over seventy persons from across the Central East LHIN Region participated in this intense experience resulting in developing the desired state for each of these streams and the identification of 35 projects/initiatives needed to move us to this desired state. Planning included ensuring that this was a patient-centred process that would help care providers to identify gaps and barriers to care as well as understand the patient experience including significant waiting for next

steps and repetition of interactions that add no value for the patient. Next steps include analysis of the results from the two-day event, providing feedback to the participants and the participant organizations and the development of a three-year plan to move us to the desired state identified.

Standardized Referral and Intake Process:
At the Diabetes VSM event, a centralized intake was identified as a priority project, acknowledging that it would have a high impact but also requiring high effort. Funding for this was built into the Complex Centre for Diabetes Care, a proposal submitted to the MOHLTC in June.

Inter-professional Collaboration:
Planning for "The Diabetes Mental Health Dilemma; improving your knowledge and skill" conference continues. In addition to providing a one hour keynote address and a one hour interactive workshop session, Dr. William Polanski has agreed to be a guest with the Central East LHIN Self Management team. The team from Ontario Shores will provide a two part presentation regarding the physiologic consequences of severe mental illness and the drugs associated with this followed by some hands on strategies for working with this population. The event will finish with Big Daddy Tazz who is a mental health consumer and comedian.

Strategies to Engage Primary Care Providers:
Dr. Tom Bell, Diabetes Primary Care Co-lead, continues to build a network of "Diabetes Champion Physicians" across the North East Cluster. With pharmacy support, this group of physicians are planning an evening meeting in June 2012 to share the successes and challenges regarding diabetes management they are experiencing in their practices focusing on Quality Improvement opportunities. The West Durham Family Health Team (FHT) and the FHT in Campbellford have been able to successfully integrate diabetes care across their practice. In Campbellford, they are working very closely with the hospital Diabetes Education Program (DEP) providing seamless care for patients. These examples of integrated seamless care will be presented and shared.

Dr. Tom Bell and the Outreach Coordinator for Diabetes Regional Coordination Centre are working closely with the Northumberland FHT and the Port Hope DEP to improve communication, break down barriers and increase collaborative shared care practices for patients with diabetes in that community.

Dr, Chris Jyu is committed to building a network of diabetes Champion physicians in the Scarborough Region. The DRCC CME (Certified Medical Education) Road-shows led by Dr. Chris Jyu, Diabetes continue with the Rouge Valley FHO (Family Health Organization) for April 4, and Uxbridge on May 1.

Enablers - eHealth

eHealth Strategic Plan:
As part of the GTA cluster model, Central East LHIN eHealth has signed on under this grouping. The goal of the Cluster Model focuses on electronic health programs being aligned across these LHINs, creating a seamless delivery of electronic health programs throughout Central Ontario. Regardless of where a patient is within this massive region, their health information can follow them. As part of the cluster model, Central East LHIN will participate in the development of a cluster strategy that will inform a three-year integration road map and proposed sustainability models for ongoing support and maintenance of electronic health system projects.

Central East LHIN is reaffirming their commitment to search out opportunities for collaboration in technology, including data-sharing between local health service providers. In preparation for the GTA Cluster eHealth strategic plan, a stakeholder engagement group has been formed to understand and seek advice on their

perspectives of the existing eHealth strategy and the possible future directions. The project team has interviewed the eHealth Steering Committee, IMIT Advisory group, as well as the Hospital Finance Leadership Group. A preparation report will be available mid-April for review and the Cluster strategy plan is targeted for completion by end of June. A presentation is scheduled for the May 23, 2012 Central East LHIN Board meeting to provide an update on the cluster strategy.

Timely Discharge Information Systems (TDIS) – Phase 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. Phase 2, as part of the connecting GTA project, involves an expansion to include additional LHIN hospitals: Ross Memorial, Haliburton Hills and Ontario Shores CECCAC, two CHCs and four additional vendors.

The Central East LHIN provided a list of practices that are considered to be a priority to receive the TDIS interface as part of the initial deployment. MD PS has reviewed this list and have identified the practices that can be considered in scope for the initial deployment, as well as those that need to be deferred to a later date.

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 for Mental Health Tertiary Services in the Central East LHIN. The pilot pathways include Orthopedics (South East – Kingston General) and Mental Health Tertiary Services (Central East – Ontario Shores).

The User-Adoption pilot phase is continuing in both the South East and Central East LHINs. During the user adoption usage at both South East and Central East sites, system performance was noticeably slow. This prompted some in-depth review both by Navantis (system developer) and Brockville General Hospital (system host). Brockville commissioned a third party to review its own internal infrastructure and system configuration. Navantis is actively validating the application architecture as well as system code to resolve the issue.

Surgical Utilization Booking Management Integration Tool (SUBMIT):
SUBMIT is a web-based project geared to improve patient Wait List management and Wait Times reporting for surgeons and hospitals in the Central East LHIN. The product, Novari Health, is being implemented in seven Hospitals with surgical programs. The project work is almost complete for the SUBMIT surgical project. While there are some components that will be rolled out past March 31, 2012, including complex project work with Cancer Care Ontario for Phase II hospitals, an upgrade of the Pre-Op Module to a full calendar, the completion of testing for the McKesson interface for Ross Memorial Hospital (RMH) and final implementation for Campbelford Memorial Hospital (CMH).

In the month of March, Peterborough Regional Health Centre (PRHC) and RMH are operational. Northumberland Hills Hospital and CMH will formally go live early in April for more time in testing and

preparation. Acceptance to move towards complex access for surgical wait times was received from Cancer Care Ontario and the formation of a LHIN-SUBMIT Users Group to build expertise, share issues and collaborate in changes and updates for the regional system was achieved. The archiving component was implemented to improve the speed and search capabilities of the system. This has moved approximately 1.2 million records to a separate set of tables to make active wait lists and case reporting quicker, while still having the accessibility of closed cases.

Moving forward, planning for project evaluations, lessons learned and the close out report are in progress, including a sustainable support model and a more formal governance model. Responsibilities will be confirmed to move over to the Wait Time Strategy Working Group (WTSWG), the Wait Times Coordinators Group, the IM/IT Advisory Group and the LHIN-SUBMIT Users Group. The Data Sharing Agreement (DSA) final draft, based on the Timely Discharge Information System (TDIS), has been sent out for signature and upon completion of this agreement, work to allow the hospitals to utilize the data from the system will be completed, including providing utilization, volume and detail. Novari was also certified by Canadian Institute for Health Information (CIHI) to provide the uploading of Canadian Joint Replacement Registry (CJRR) data from Novari.

Immediate next steps include the completion of access for Central East LHIN staff to the system (de-identified and statistical data only). The scheduling of preparation meetings including workflow, user and system requirements and process change for the upgraded Persistency State Service (PSS) module implementation (Lakeridge Health, Rouge Valley Health System and The Scarborough Hospital). A review and setup of Novari reporting tools are required as well as the need to plan for further utilization of electronic documentation and templates.

InterRAI Community Health Assessment (CHA)
As reported in earlier reports, the Community Support Services sector have identified the opportunity to implement a standardized assessment. The interRAI CHA is a standard tool for community support services that allows for data collection on a wide selection of community support services to support evidence-based care while informing future program development and resource allocation.

The interRAI CHA is designed to enable appropriate care planning and service navigation and indicate when a client requires a higher level of care, facilitate data sharing between providers and identify potential areas for process redesign and streamlining. In Phase I of the implementation, all 15 health service providers who have signed on are generally tracking well and have just completed the CHA Tool training in early April.

Phase II is underway for six health service providers who have completed the management training. In both phases, providers are working on getting assessments completed for their clients. A notable aspect with this project is that two health service providers are also currently implementing with other LHINs.

Utilization Management Software
Through an RFP process, the Central East LHIN selected Medworxx as the successful vendor to deliver clinical Utilization Management, Bed Optimization, and Independent ALC Assessment services to all Central East hospitals. These tools are designed to automate and sustain the business processes implemented in all LHIN hospitals in support of the Home First philosophy. The services provided include evidence-based, objective recommendations for admission or non-admission to an inpatient bed from the ED, evidence-based, objective recommendations for acute length of stay/estimated date of discharge for patients who are admitted, bed matching with available inpatient beds for admitted patients, a daily evaluation of the appropriateness of acute bed occupation for each admitted patient, evidence-based, objective recommendations for ALC designation for patients who are not discharged, and identification at a patient and unit level of barriers to discharge (community, hospital, and physician). Also included are a bed management system and interface with provincially mandated reporting systems, resulting in a single data entry point at the frontline staff level.

The Medworxx solution has been implemented for over 20,000 beds across Canada, with several LHIN-wide and province-wide implementations. Sites that have implemented fully and successfully have reported a reduction in conservable bed days and improvement in patient flow resulting in reduced ALC and reduced ED wait times. Implementation throughout the Central East LHIN is expected in the 2012-13 fiscal year. Presentations of the Medworxx solution to the LHIN Chief Nursing Executive group, the LHIN Chief Financial Officer group, and the LHIN Transitions in Care Steering Committee are scheduled during the month of April.

SharePoint:
The Central East CCAC (CECCAC) successfully launched a LHIN-wide SharePoint platform in March of 2012, migrating existing data from the platforms formerly housed by the Scarborough Hospital and the Central East LHIN. The platform will support a central environment for current and new regional initiatives and committee work.

A hosting agreement that includes standard service levels and expectations will be developed and completed between the CECCAC and the Central East LHIN within the first year. The CECCAC will act as the infrastructure system administrator and will oversee its governance, reporting regularly on any issues to the existing IM/IT advisory committee. Key SharePoint administrators with the authority to create users and folders have been identified from the Central East LHIN and the CECCAC. Additional administrators from each Health Service Provider will be identified during the 2012-13 fiscal year. The CECCAC has been asked to develop a framework agreement for participating organizations to sign on to, as well as the necessary processes for identifying and tracking administrators from each HSP.

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 March to our Health Service Providers –

- *2011/12 In-year reallocation to support Project Management Office (PMO) Enhancement Costs*: The Scarborough Hospital (TSH) has received $150,000 in one-time funding for fiscal year 2011/12 to support PMO enhancement cost for Meditech Magic System. The electronic clinical documentation system will support best practices and patient safety initiatives at TSH.
- *2011/12 New Annualized Base Funding:* The Scarborough Centre for Healthy Communities (SCHC) has received $780,000 in base funding for fiscal year 2011/12 to support the pressures relating to leasing, occupancy and program costs with the SCHC satellite operations. The Central East LHIN will closely monitor the performance of SCHC and will ensure that the impact of this funding is evaluated.
- *2011/12 Ontario Breast Screening Program (OBSP) Expansion:* Peterborough Regional Health Centre (PRHC) has received $11,700 in one-time funding for fiscal year 2011/12 to support the OBSP Expansion – Incremental Breast Screening Magnetic Resonance Imaging (MRI) for women at high risk for developing breast cancer. PRHC is to provide 45 incremental breast screening MRI hours at a rate of $260 each.
- *2011/12 Adjusted Working Funds Deficit Initiative:* Lakeridge Health (LH) has received $13,090,500 in one-time funding for fiscal year 2011/12. LH is to provide an estimate of LH's forecasted year-end operating position for 2011/12 including the one-time funding provided in 2011/12 under this initiative and ensuring that the payment will fall totally to the bottom line. LH is to receive an additional one-time funding of up to $13,090,500 for fiscal year 2012/13 and up to $13,090,400 for fiscal year 2013/14.

- *2010/11 Base Increase – Integrated Cancer Programs:* LH has received $41,000 in base funding for fiscal year 2011/12 to support LH's Integrated Cancer Program with the following performance requirements:
    a) LH commits to a balanced budget position in a timeframe agreeable to the Central East LHIN;
    b) LH continues to provide the Central East LHIN with appropriate current financial information on an ongoing basis to ensure the LH's future operations are sustainable within its 2011/12 base allocation, excluding any future Ministry of Health and Long-Term Care (MOHLTC) inflationary adjustments or extraordinary circumstances;
    c) LH provides any additional information or documents that may be required by the MOHLTC in relation to these funds; and
    d) LH's service volumes are to be maintained according to the 2008-12 Hospital Service Accountability Agreement (H-SAA).
- *2012/13 Purchase of Starch Volumes Expanders:* Effective April 1, 2012, the Group Purchasing Organization (GPO) mechanism will replace Canadian Blood Services (CBS) in the purchasing and distribution of starch products for the hospitals mentioned below. This funding will allow these hospitals to continue providing starches for the medical treatment of patients. The following hospitals received base funding for fiscal year 2011/12: PRCH - $63,100; Campbellford Memorial Hospital (CMH) - $1,100; Northumberland Hills Hospital (NHH) - $6,300; Ross Memorial Hospital (RMH) - $5,500; TSH - $160,000; LH - $93,400; and Rouge Valley Health System (RVHS) - $184,500.
- *2011/12 Base Funding for Physician Salary Increases:* The following Community Health Centres (CHCs) received base funding for fiscal year 2011/12 to support physician salary increases with a notation of their total annualized base funding for fiscal year 2012/13:
    - Brock Community Health Centre (BCHC) - $26,100 and total annualized base funding $44,800;
    - Community Care City of Kawartha Lakes (CCCKL) - $26,100 and total annualized base funding $44,800; and
    - TAIBU Community Health Centre (TCHC) - $25,800 and total annualized base funding of $44,300.

Web Enabled Reporting System (WERS)/Self Reporting Initiative (SRI) Update:
The Health Data Branch (HDB) is replacing WERS with SRI because WERS no longer meets the Ministry's business needs. The tentative go live date of SRI is May 1, 2012 with SRI training during March and April. Agencies will have access to WERS until midnight, June 30, 2012.

2011-12 fourth quarter (Q4) Community Access Tool (CAT)Lite reports are due on the WERS by June 7, 2012. In preparation for the transition from WERS to SRI, the Q4 CATLite is currently being tested by a select group of Health Service Providers to ensure the Q4 reporting process runs smoothly and all reports are submitted on time. All feedback on issues or suggested changes for Q4 CATLite will be submitted for action by April 16 to ensure the timely release of the file on WERS and allow providers with appropriate time to complete their Q4 report.

Ministry-LHIN Performance Agreement (MLPA) Performance Requirements and Risks:
The MLPA target of 63 days for MRI wait times is overly aggressive and most likely unattainable. The Central East LHIN deployed multiple strategies during the year to obtain optimum improvement in MRI wait times. The latest actual performance, as of February 2012, for the Central East LHIN is 71 days, which is a significant improvement over the 2011/12 LHIN starting point of 102 days (based on the 2010/11 annual result). Even though the LHIN may not be able to achieve the Ministry-set target of 63 days, strategies for the 2012/13 year include renegotiating a realistic and attainable target. Performance is driven mainly by the increasing demand from changing referral patterns as a result of new machines (patients receiving local services). Increasing referrals continue to have a negative impact on hospital wait time performance. The LHIN has requested the

Ministry to recognize this factor in setting a target for 2012-13. The preliminary Ministry incremental allocation for wait times are slightly higher than last year; however, the allocation for CT is 62% less than last year (CT affects MRI uptake). The LHIN has written to the Ministry to reconsider reduction in CT scans.

Current LHIN Challenges Relating to MRI

Repatriation: The Lakeridge Health MRI machine was replaced in August 2011 and two new MRI machines at The Scarborough Hospital and Rouge Valley Health System started operation at the end of Q2. Repatriation of Central East LHIN residents has substantially increased demand relative to supply. This has negatively affected our ability to reduce wait times as fast as we had anticipated.

Growing Demand and Shrinking Capacity: Access by non-Central East LHIN residents who live in areas along Highway 401 has also increased demand relative to supply. A hospital capacity analysis was undertaken to determine the maximum amount of scans that can be performed to meet growing demand. The Central East LHIN funded volumes to capacity, making a total of $1.2M available to the hospitals. The source of these funds was mainly from the unspent funds relating to Community Health Centre (CHC) physician salaries. The CHCs are now making headway to hire physicians with the salary adjustments recently approved by the Ministry, and this type of one-time funding source will not be available in 2012/13. Unlike previous years, the Ministry has not been able to assist with additional reallocated in-year funding from other LHINs. With an increased focus on value that is consistent with Ministry directions, the Central East LHIN will provide Ministry incremental funding, if any, to hospitals with lower unit costs.

Data Clean-up: During the current year, the Central East LHIN hospitals identified the need to further clean up data and follow up with patients as a means to improve wait time performance. The Central East LHIN made $20,000 available to each hospital for this initiative. The outcome is that wait times for all Surgical and Diagnostic Imaging procedures have dropped since December 2011 when funds were provided.

Surgical Utilization Booking Management Integration Tool (SUBMIT): This is a web-based project to improve patient Wait List management and Wait Times reporting for surgeons and hospitals. The Central East LHIN invested over $1M to undertake this project. The project is supported by Cancer Care Ontario, and other LHINs have expressed interest in this system. The business value of this system is that it avoids data duplication, and connects the surgeon's Wait List management with hospital operating room (OR) booking, Pre-screening Clinics and Admissions areas to provide a real-time and transparent view of patient progress at the hospital and regional level. The installation of SUBMIT will be completed in March 2012. In 2012/13, the system will be implemented. The Central East LHIN is investigating the potential to extend SUBMIT to Diagnostic Imaging (DI) in 2012/13.

MRI Process Improvement Program (PIP): Based on a summary of the provincial MRI PIP Best Practices document, the Central East LHIN hospitals compared MRI best practices in the Central East LHIN, and made changes to their processes in the areas of: 1) booking practices; 2) allocation of MRI time; and 3) flow on the day of exam. The Central East LHIN has been reviewing MRI best practices based on the Ministry MRI PIP results from across the province to determine other potential measures that may improve MRI performance. During 2012/13, the Central East LHIN will make compliance to best practices an accountability requirement for incremental funding.

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

The 2012 H-SAA Amending Agreement extends the current H-SAA for the period of April 1, 2012 to June 30, 2012 and has been signed and received from all of the Central East LHIN hospitals. The launch of the Hospital Accountability Planning Submission (HAPS) process for July 1, 2012 to March 31, 2013, has been awaiting the announcement of the hospital specific revenue targets. The Ministry has shared preliminary targets based on Q2 results. The Ministry has assumed a 0% funding increase, the implementation of the Health Based

Allocation Model (HBAM), and the implementation of four quality-based procedures (Hip, Knees, Chronic Kidney Disease, and Cataracts). The LHIN is awaiting final 2012-13 revenue targets from the Ministry, which are expected the week of April 9. Next steps include the communication of 2012-13 revenue targets to hospitals using a standard communication template; and setting up one-on-one meetings with hospitals to reconfirm the balanced budget requirement and to discuss any changes to services.

Long-Term Care Service Accountability Agreement (L-SAA):
The Long Term Care Level of Care Per Diem Funding Policy has once again been revised with respect to the calculation of funding based on occupancy targets. The LTCH Level of Care Per Diem Funding Policy outlines the funding approach, including rules and conditions, for the Level of Care (LOC) per diem paid to the licensee for each Long-Term Care (LTC) home. Whether a licensee receives the LOC per diem funding based on a number of licensed or approved beds in the home will depend on what portion of those beds will be occupied during the year. The occupancy targets that need to be achieved in order to receive the LOC per diem funding based on the number of licensed or approved beds in the home will vary by bed type. If a licensee fails to achieve the occupancy target, the LOC per diem funding, in most cases, will be paid based on actual resident days or the days that the resident actually occupied the beds in the home, in accordance with the rules and conditions set out in this policy.

There are a number of homes in the province which have difficulty with meeting the occupancy targets. Last year, an interim policy was introduced to assist these homes by providing funding at actual plus 3% for homes with occupancy between 85% and 97% and 100% for homes over 97%. This year, the Ministry is proposing that the homes between 94% and 97% be funding at actual plus 2% and those between 90% and 94% be funding at actual plus 1%, provided that they meet additional conditions. These conditions include engaging with the LHIN to determine a root cause for the low occupancy and to develop a plan of action for improvement of occupancy rates. The LHINs are working together to come up with a strategy to engage with these homes and have until June 2013 to provide a recommendation to the MOHLTC. The Central East LHIN has only four homes which are considered to be low occupancy and two of these have a strategy in place now.

To support the changes to the policy, a recent analysis was undertaken by the MOHLTC using data from 2007 to present to determine trends and attempt to identify root causes for low occupancy. What was demonstrated was that for the most part, low occupancy homes are older homes, slated for renewal, located in central urban parts of the province, and in close proximity to newer or redeveloped homes.

Hospital Performance and Risks:
Hospitals will be completing the final 2011-12 year-end reports by June 30, 2012. Central East LHIN Management will provide an H-SAA dashboard summarizing hospital 2011-12 performance in or around July 2012. Staff continue to monitor hospital financial, volume, and wait-time performance.

For the 2012-13 fiscal year, the hospital sector faces the following challenges and risks:

- A 0% budget increase is likely (to be confirmed) where hospitals will have to find approximately 3% in savings to fund unionized staffing contracts;
- Impacts resulting from the implementation of H-BAM in 2012/13;
- Limited application of Health System Funding Reform to the hospital global operating budget;
- Introduction of activity based funding; and
- Quality-based funding changes may mean that volumes are directed to lowest unit-cost hospitals.

The H-SAA Steering Committee has announced that the current H-SAA Agreement will be extended for three months, and a new agreement would be signed for the 12 month period retroactive April 1, 2012 and ending March 31, 2013. Management is awaiting the template letter for extension of H-SAA.

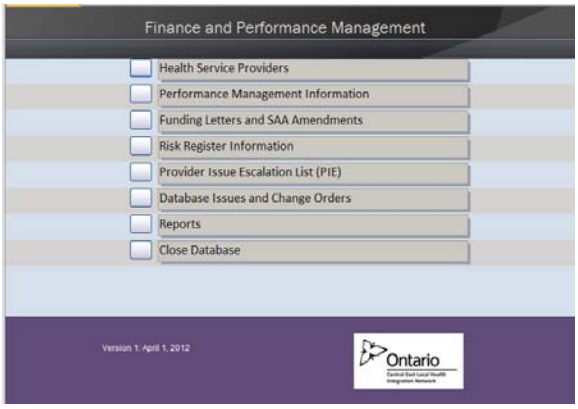
Central East Community Care Access Centre (CECCAC) Performance and Risks:
The CECCAC continues to project a balanced operating position at March 31, 2012. This excludes funding for a Nursing Secretariat and other initiatives (e.g. Mental Health nurses in District School Boards, Rapid Response nursing program, Nurse Practitioner Integrated Palliative Care program) that were released late in the fiscal year and will be recovered as an overall corporate surplus by the MOHLTC through the Annual Reconciliation Report (ARR) process.

The CECCAC experienced significant service volume growth in 2011/12 to meet demands related to ED/ALC priorities that were addressed through the very successful Home First program. As already identified in prior months, this growth creates a potential budget deficit position in 2012/13 based on the current 1% funding increase assumption. The recent provincial budget provided for a minimum 4% increase in community funding for 2012/13. This level of funding will allow the CECCAC to continue with the Home First program at current levels through 2012/13 but will not accommodate further growth in client numbers. In addition, the following strategies already in place must continue through 2012/13:

- Continue with the revise Home First criteria implemented in February, 2012;
- Maintain the adult therapy wait list;
- Maintain the enhanced and personal support waitlists; and
- Any growth in client numbers/service volumes will require further strategies to ensure a balanced 2012/13 budget.

The CECCAC will continue to work closely with the Central East LHIN to address the service priorities in 2012/13. The new Home First client volumes appear to show a relatively steady intake to CCAC services and not all clients will require six (6) weeks to transition to service maximums of 14 hours per week. However the number of clients transitioning to regular service hours is slowly increasing (from 1,600 at end of October 2011 to 2,000 at end of March 2012 or average of 400 clients per month).

Central East LHIN Finance, Risk and Performance Management Database:
The Performance, Finance and Risk Management database (PERFORM) was officially launched on the SharePoint platform at the end of March when all Central East LHIN staff received a demonstration of its features. The database is set up to track all interactions with providers which may have an impact on their performance. It will allow for tracking of the history of quarterly reviews, performance factors, Service Accountability Agreement (SAA) revisions, funding letters and resulting amendments to SAA targets, resulting in greater accountability measures in place by the LHIN to monitor ongoing activities with the Health Service Providers.



Year End Audit:
The 2011-12 year-end audit is scheduled to commence on April 30, 2012. The Audit Committee has received the Audit Service Plan for the Central East LHIN from Deloitte & Touche for the year ending March 31, 2012 which stated their team, audit approach, the scope of their audit and planned communications with our LHIN.

Similar to last year, the auditors want documentation regarding how transfer payments are processed, reconciled to the MOHLTC funding, reconciled to the Financial Management Branch (FMB) records, and approved by our LHIN; the process of determining any reallocation of base and one-time funding to Health Service Providers (HSP), the process for monitoring HSP's against accountability agreements, along with the audit of our financial statements for the year ending March 31, 2012 in accordance with Canadian Auditing Standards.

Hospital Capital Issues:
Lakeridge Health (LH): The Ministry has provided the Central East LHIN with funding up to $39.3M in one-time funding for LH over the next three fiscal years for the Hospital Working Funds Deficit Initiative. The $13.1M for the 2011/12 portion has already been paid to the hospital. The funding was to improve the adjusted working capital funds deficit position of LH in a manner that was to be fiscally neutral to the Province. In order to be eligible for this funding a hospital must have had an annual balanced budget and must commit to an annual contribution of 1% of their 2010/11 total revenues to help improve their adjusted working capital position. The funds were used to offset the payable relating to PCOP over funding from 2007/08 to 2009/10 years, as well as to reduce some current bank indebtedness. The 2012/13 portion of the funding will not be applied to the hospital until at least Q3 to ensure that all conditions are met. Meanwhile the Central East LHIN will continue to monitor the hospital's balanced position, current ratio, adjusted current ratio and debt ratio.

Peterborough Regional Health Centre (PRHC): There is currently nothing that requires Central East LHIN endorsement. The construction monitor contract has been extended and MOHLTC is working with PRHC on the finalization of all documents. The demolition is done but some landscaping is outstanding (will be done in the Spring). In the meantime, they can have construction monitors working on the change orders. The current contract is expected to expire in June 2014.

Ross Memorial Hospital (RMH): The hospital is continuing to work on settlements as well as design submissions. On April 4, the Ministry was scheduled to have a meeting about further discussions relating to the design submission and will then inform all parties as to the updated status. Meanwhile, they continue to work on the old settlements.

Rouge Valley Health System (RVHS): The pre-capital forms have been submitted jointly to the Central East LHIN & MOHLTC for the Ajax Pickering site addition of medical beds. The LHIN will review and provide their endorsement, if applicable. The RVHS, Centenary site, cardiac services expansion is also on stream. The hospital did submit pre-capital forms and the Central East LHIN has requested further information from the hospital.

Haliburton Highlands Health Services (HHHS): HHHS requested a Computed Tomography (CT) scanner as part of the regular protocol process. The Ministry is still looking for more information and clarification on structure related issues. The HHHS Phase 2 Palliative Care Redevelopment: the hospital has to provide additional Part B information to the Ministry (based on two to three palliative care beds) in order to complete the information request.

Wait Time Allocations:

At the end of March 2012, staff received the 2012/13 draft Wait Time Strategy allocations. There was a substantial decrease (62%) in incremental CT volumes and have requested that the Ministry reconsider the CT allocation for the Central East LHIN. The Ministry has allowed the LHINs to reallocate volumes as necessary amongst its hospitals within the same service area. The Central East LHIN has proposed changes to MRI and CT allocations to the Ministry determined notional allocations. At a minimum, we have asked for the allocation to be the same as last year, if not more, in order to continue to make a positive impact on decreasing the province's CT wait times.

Wait Time Strategy Working Group (WTSWG):
The WTSWG meeting was held on March 22, 2012. Hospitals appreciated LHIN assistance with data clean-up in funding as well as additional funding of $1.2 for Wait Time procedures. Hospitals requested 2012-13 funding details for wait times to be provided as soon as possible. They have indicated the risk associated with performance of scheduled procedures without confirmation of funding. The LHIN will be providing funding details as soon as final numbers have been received from the Ministry.

Orthopaedic Scorecard:
In anticipation of the planned introduction of two new indicators (average length of stay and % discharged from hospitals), the Central East LHIN WTSWG created an Orthopaedics Quality Workgroup. This Workgroup is comprised of Central East LHIN staff and hospital staff. The mandate includes discussing and finding ways and means to improve performance including peer comparison, best practices, and a forum for discussion and resolution of issues.

On April 11, 2012, the Workgroup will be hosting "The Ortho Quality Scorecard Information Session" with Steve MacDonald from the London Health Science Centre as the keynote speaker. Rhona McGlasson from the Orthopaedic Expert Panel will speak on the "Methodology of the Orthopaedic Provincial Scorecard". Finally, Central East LHIN staff will discuss next steps in the implementation of the Health System Funding Reform as it applies to orthopaedic procedures.

Hospital-Community Care Access Centre Financial Leadership Group (HCFLG):
The hospitals are facing challenges with the new health reform funding process. They have signed their extension letter amending their H-SAAs for the first three months of fiscal 2012/13; however, they do not yet know their overall funding (especially wait time strategy for hips, knees, chronic kidney disease and cataracts) amounts for the new fiscal year. Amongst discussions at the last meeting, topics included the H-SAA process, HAPS guidelines that are forthcoming, Performance requirements and funding level as well as H-SAA commitments. The group was also made aware that there will be at least two new indicators in the next 9-month (or 12-month) agreement, where Alternate Level of Care (ALC) days are likely to be added as a provincial indicator.

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 Central East LHIN website: www.centraleastlhin.on.ca/showcalender.aspx.

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

- On March 23, staff from the Central East LHIN along with Samantha Singh attended the official opening event for new Assisted Living Spaces in the Scarborough cluster, hosted by VON which took place at The Wexford Residences. Representatives from The Wexford and VON Canada were on hand to express their support for the successful launch in providing care for seniors to remain healthy and in their homes with the appropriate services.
- On March 26 and 27, the Central East LHIN, in partnership with Ontario Shores and the Diabetes Regional Coordination Centre, hosted a Value Stream Mapping event with stakeholders involved in diabetes care and mental health outreach. This two-day event provided health service providers the opportunity to map service gaps in the current system in order to develop opportunities for system improvement.
- Wayne Gladstone was invited to represent the Central East LHIN as Rouge Valley Ajax Pickering celebrated the opening of their 10-bed short stay unit on April 2. This investment at RVAP will ensure that local residents, who need to be admitted to the hospital after coming to the emergency department, have timely access to high quality care and support the LHIN's strategic aim of reducing emergency department wait times.
- The Community Health Services (CHS) integration process began on April 5th, with the initial meeting of the health service providers identified in group one of the Durham cluster. This meeting was attended by both Executive Directors and Board Chairs of the ten agencies. Supported by a communication and community engagement plan as the process moves forward, the members of the integration planning team will continue to meet weekly over the coming months.

The Central East LHIN Website

The Central East LHIN website continues to be a primary vehicle for both communication and engagement with our stakeholders. From March 1- 31, 2012 there were 7,584 visits made by 4,666 visitors. There were 22,606 pages viewed. After the splash page, the page with the biggest number of hits continues to be the Careers page with 1,590 unique views.

Other Announcements:

New President for the Ontario Hospital Association (OHA): Pat Campbell was announced as the new President and CEO on March 29. Pat Campbell is a senior healthcare leader with broad leadership experience in rural, community and academic hospital environments. Past experience includes being the first Chief Executive Officer of ECHO, an organization committed to improving Women's Health in Ontario and Pat was President and CEO of Grey Bruce Health Services.

Central East LHIN Operations

Finance:

The Business Unit is preparing for the external annual audit and year–end reconciliations for fiscal year 2011/12. The preparation checklist entails the closing of the books by mid-April 2012 and providing documentation for the audit schedules, accounts payable files as well as project files.

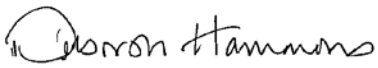
The LHINs Shared Services Office (LSSO) through the Toronto Central LHIN (TC LHIN) is responsible for the back office support for the 14 LHINs. The service contracts for the Financial and Payroll systems are expiring; resulting in the LSSO/TC LHIN taking the lead on a procurement and project implementation for the transfer of the Financial and Payroll systems. The Project Team for the system implementation consists of the LSSO/TC LHIN staff and representation from the pan-LHIN committee members. Phase 1 for the financial system was completed by the go-live date of March 31, 2012 to the new Microsoft Dynamics GP 2010 system.

This system includes a Human Resources Information System Module (HRIS); the Central East LHIN has taken a lead on the design and configuration for the HRIS and has ensured that it captures the needs of all the LHINs. Some features include, tracking employee demographics and contact information, housing an employee-web-based portal for entitlements tracking and other Human Resources programs such as Performance Management.

The LHINs' contract for insurance services was set to expire on March 31, 2012. An investigation in December 2011, lead by the LSSO demonstrated that obtaining a broker of record was the industry method to renew insurance providers. In February 2012, a Request for Proposal (RFP) was posted and two LHINs participated in the evaluation. HIROC insurance services were selected as the vendor and have several advantages for the LHINs, for example; they are exclusively a not-for-profit healthcare organization and due to its structure and purchasing power exclusively for its health care member's insurance cost are maintained low and highly competitive.

Staffing Announcements:
Alex Ruppert joined the SDI unit as a Decision Support Consultant on April 2. Alex's recent experience includes working at the University Health Network in the Shared Information Management Services department as a Senior Analyst. His technical skills include scripting languages such as SQL, VBScript, C# and running applications in Crystal Reports, Change point and Quadramed EPR. His educational background is in Computer Science and he is currently in the Health Information Management program. He also holds memberships to several Canadian Health Information Associations.

Respectfully Submitted,



Deborah Hammons
Chief Executive Officer
Central East Local Health Integration Network

Appendices

Appendix A

APR 2012 OBRAM & WAITLIST UPDATE.pd

MAR 2012 - CECCAC Report to CE LHIN.pd

Appendix B

HSII-Ph2 Communique 4_Mar 2