

**Central East Local Health Integration Network**

**CEO Report to the Board**

**January 20<sup>th</sup>, 2009**

The following is a compilation of some of the major events/ activities which have occurred over the last month:

**Chronic Disease Prevention and Management (CDPM)**

**Diabetes:**

A meeting was held with the e-health lead to discuss a possible 'platform' to compile performance indicators for CDPM from agencies, projects given provincial direction, on development of Diabetes Registry and local work on GTA. The Diabetes Priority Project wrapped up in December and 16,000 copies of the CE LHIN Diabetes Resource Guide were produced and disseminated via pharmaceutical partners. A special thanks to Chris Braney, Project Manager for all his hard work in managing this project. The OMA is to provide a notification to all physicians that the Guide is available. A proposed regional model for the delivery of Diabetes care in CE LHIN (leadership of Durham Region Diabetes Network) was presented to the Diabetes Network (November 2008) and the CDPM Steering Committee (December 2008).

**Vascular Health/Hypertension Strategy:**

A Memo of Understanding (MOU) to outline parameters for partnership with the Heart and Stroke Foundation of Ontario and Pharmaceutical Industry partner and CE LHIN has been drafted by Heart and Stroke Foundation of Ontario (HSFO)/Pharmaceutical Partner. A revised Project Charter and Project Plan are also under development for this strategy. The CE LHIN is currently awaiting approval from MOHLTC Alternate Level of Care Urgent Priority Funding (UPF) review team for Hypertension Priority Project funding

**Chronic Kidney Disease (CKD):**

A joint meeting of CKD Regional Renal programs was held to discuss program and system level pressures and expectations for system improvement.

**Triple Aim:**

The project team attended Triple Aim Prototyping Conference in Chicago and Triple AIM dimensions were introduced to CDPM Steering Committee for adoption in development of the next Integrated Hospital Service Plan.

Healthforce Ontario has invited representatives from all 14 LHINs to attend a seminar hosted by the Institute for Healthcare Improvement (IHI) – *The Triple Aim: Optimizing Health Care Resources for the Good of a Population*. Paul Barker, Senior Director of PCA and a

representative from the PICE team will attend this conference in Arizona on February 2<sup>nd</sup> and 3<sup>rd</sup>.

### Primary Care Working Group:

A strategic planning day was held January 14<sup>th</sup>. The objectives of the session were to refresh the plan, clarify the group's mandate, role and measures of success, do a SWOT analysis (Strengths Weaknesses Opportunities and Threats), as well as provide inputs to the annual symposium and develop a communications plan to reach key stakeholder groups.

The Unattached Patient Initiative has been identified as a provincial focus under "Family Health Care" priority by the MOHLTC and LHINS are awaiting details on this initiative entitled "Care Coordinator Project". In the meantime, the CE LHIN Unattached Patient Priority project is moving forward.

### Alternate Level of Care/Emergency Department

Awaiting approval of Urgent Priority Funding, the ALC/ED/Wait Times portfolio focus has been on establishing a Nurse Practitioner Outreach Steering Committee to coordinate and oversee the initiation, coordination and evaluation of the three Nurse Practitioner projects, including the coordination of a recruitment strategy, and development of a project charter.

Brian Laundry, Portfolio Lead attended the FLO Collaborative training for all LHINs on January 16<sup>th</sup>.

Also during this period, the ED LHIN Lead Accountability Agreement – contract was negotiated.

### Mental Health and Addictions

The Mental Health and Addictions Network (MHAN) steering committee has finalized a draft MH&A Framework. The CE LHIN has been invited to attend the Ontario Mental Health and Addictions Knowledge Exchange Network (OMHAKEN). This network has been built from the ground-up, starting with the identification of knowledge exchange leads from each Local Health Integration Network (LHIN) mental health and addiction planning group.

The MOHLTC has also established a Minister's Advisory Group on Mental Health and Addictions. A report is due from the Advisory Group to look at issues such as syntegeation and the Ministry's proposed 10-year plan.

### Collaborative Chairs' Retreat

James Meloche led a full day, facilitated "retreat" with collaborative chairs in late December. The group devised a series of priorities and put in motion an initial work plan to address some of the challenges faced by the LHIN/collaboratives. A full report of the collaboratives is expected to come forward to the board in March 2009.

### Aboriginal Engagement

An RFP has been issued to recruit resources to develop a Terms of Reference, Membership Criteria and Selection Process, Change Management Process and Membership Selection for the proposed CE LHIN Aboriginal Advisory Circle.

### Quarterly Reporting

The 4th Quarter Spending plan was approved by LHIN Senior Directors and submitted to the MOHLTC. Plans are well underway to research interim and possibly long-term solutions to office and meeting space requirements for the LHIN office.

The CE LHIN / MOHLTC Q3 report was submitted December 31, 2008. Some of the highlights of this period include meetings and correspondence with the Ministry regarding CKD funding reconciliation for PRHC, TSH, and LHC, Wait Times Reallocations, ASP environmental scan, Cardiac funding reconciliation with MOH, Drug Eluting Stent (cardiac) funding for RVHS resolved, and resolving the Capital PCOP issues with MOHLTC regarding LHC, RMH and PRHC.

### Multi-Sector Accountability Agreements

The Multi-Sector Accountability Agreement (M-SAA) process is on the move with teams consisting of representation from PICE, Performance and Finance reviewing and approving each CAPS submission in order to populate and prepare M-SAA agreements. By the February Board meeting, it is estimated that 20-30 of the agreements will be ready for board approval. Due to the large number of agreements and varied resources within the Community Support Services Sector, this process has represented a significant drain on limited staff resources.

### Communications

In 2008 there were 85,262 visits to the CE LHIN web page, with the majority of visits to the opportunities page. 31 workgroups are now using the Phase II functionality on the website and close to 1000 participants receive automatic web alerts.

### Upcoming Events

- Board/Staff retreat re: Clinical Service Plan - February 3<sup>rd</sup>
- GTA wide aboriginal engagement event – March 3<sup>rd</sup>
- CSP Change Management event - March 9<sup>th</sup>
- CSS/Supportive Housing stakeholder event – January 27<sup>th</sup>
- 2009 Symposium - May 13<sup>th</sup> - 15<sup>th</sup>, 2009

## **Keeping You in the Loop -**

### Hospital News

Halliburton Highlands Hospital welcomed Paul Rosebush to the position of President and CEO on January 5<sup>th</sup>, 2009. Janice Hardy who was the interim CEO has returned to her former position as Chief Nursing Executive.

Northumberland Hills Hospital welcomed Helen Brenner to her new role as VP Patient Services and Chief Nursing Executive on January 19<sup>th</sup>, 2009.

### Durham Region District Stroke Centre

The Durham Region District Stroke Centre, situated at Lakeridge Health Oshawa has received onetime funding of \$249,375 from MoH. The MoHLTC has set a Planning Target of \$474,500 for 2009-10, pending completion of the provincial review of the physician on-call component of the stroke program.

### Advanced Health Leadership Program

The Selection Committee for the Advanced Health Leadership Program have admitted 48 outstanding candidates including Mr. John Aldis, VP Corporate Services & CFO of RVHS and Ms. Ann MacKinnon, Patient Care Director, TSH from the Central East LHIN.

### CE LHIN - Comings and Goings

Vince Ruttan has joined Performance, Contracts & Allocations as Lead, Decision Support. Vince has a nursing background and has worked at Lakeridge Health and Northumberland Hills Hospital as a Senior Data Analyst and Decision Support Manager.

Another addition to the PCA unit; Maria Gratela joined the team January 12<sup>th</sup>. She will be filling the gap in the Finance Team. Maria has many years of solid experience in general accounting and has worked in the retail industry as a General Ledger Analyst, Fixed Asset Accountant and Senior Accounts Payable Clerk. She is also a 4<sup>th</sup> level student with the Certified General, Accountants Association of Ontario.

Karen Ouellette, Financial Analyst will be extending her personal leave until March 2009. We wish her all the best.

Respectfully submitted by,

Deborah Hammons