

**Central East Local Health Integration Network
CEO Report to the Board
April 21st, 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) and Primary Care:

CDPM Network Steering Committee (CDPM)

An update from Dr. Don Harterre and George Buldo Co-Chairs of CDPM Steering Committee will be received at the April meeting. The CDPM SC met in February and on April 17th. They reviewed progress of priority projects, including recognition for significant progress made to date and provision of advice to the Self Management Training for Consumers & Caregivers priority project on next steps.

The current focus of Steering Committee work is on identification of priorities for the next Integrated Health Services Plan (IHSP) through application of the Triple Aim. The CDPM SC is considering/discussing the Ministry LHIN Accountability Agreement (MLAA) indicators which relate to CDPM and are proposing additional indicators. There is widespread agreement within the CDPM SC and across chronic disease programs/providers and primary care on the importance of developing incentives (and mechanisms to track) improvement of individuals toward best practice targets for biophysical indicators such as blood glucose, cholesterol, blood pressure, kidney function, body mass index and peak expiratory flow rates.

Comprehensive Vascular Disease Prevention and Management Initiative

This multi partner Project Team is finalizing its Project Plan and preparing to identify a Project Manager and Clinical Lead. A Clinical leadership group has been struck to develop design a comprehensive vascular disease care algorithm crossing primary care and specialty care settings. This process/algorithm will include a screening tool and treatment protocols for the prevention and management of vascular disease. Intention is to design and pilot a protocol that can be transferred to other communities in the LHIN and potentially across the province. The Heart and Stroke Foundation of Ontario and Astra Zeneca Canada are key members of the Project Team.

Unattached Patient Assessment & Triage Project (UPA):

Phase 2 (Design of Model) of the Unattached Patient Assessment and Triage (UPA) Team has been completed. Discussion on the strong alignment of the UPA demonstration project to the province's newly introduced Health Care Connects program are underway with the province. Initial community sites are proposed to include an urban location and creation of a rural mobile

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service. Timing for Phase 3 (Go-Live Implementation) of project is dependant on outcomes of dialogue with the MOH on alignment to the Health Care Connects program (April 16) and confirmation of financial resource availability. Proposed sites, start-up and operating budget have been identified. Significant interest from retiring/late career physicians, NPs and RNs has been expressed.

Community Health Centres (CHC):

Dialogue continues between staff, MOHLTC and The City of Kawartha Lakes Community Health Centre regarding the proposed new CHC's Business and Operating Plan. The target for transfer of new CHCs and satellites to LHINs from MOHLTC (province-wide) has now moved from April 1, 2009 to July 1, 2009.

Primary Care Working Group:

The Primary Care Working Group held a Strategic Planning Day to inform their 2009/10 activities and to refresh their Terms of Reference accordingly. Four new members have joined the Working Group: Dr. Jawad Khokhar RVHS and Family Practice (Ajax); Dr. Ed Osborne LHC ED, Family Practice and LTC Home Medical Director (Bowmanville); John Hassan, ED Port Hope Community Health Centre and Leanne Crump, NP, Peterborough Community FHT. Current vacancies are being held/member sought from the Trent Hills FHT/area, Public Health (any area), and Physiotherapy.

Provincial Telestroke Program

Final recommendations have been made with regards to the Provincial Telestroke funding issue and implementation of the program is underway. The Provincial Telestroke Group held a final meeting on March 25th 2009. A Roll-Out group has been established to oversee an interim solution.

Mental Health & Addictions:

A group of LHIN Mental Health and Addictions Leads has been formed to consider Cross-LHIN MHA issues in the GTA. The first meeting of this group will take place in Toronto on April 16th. The CE LHIN MHA Portfolio Lead, Jai Mills, has been appointed to the Consumer Partnerships Theme Group, which is associated with the Minister's Advisory Group. This will be an exciting time for Mental Health and Addictions as the various Task Groups work on their specific themes, with recommendations to be released in a draft report later this year. The CE LHIN will be represented at a Behavioural Assessment Unit consultation in Toronto on April 27th, and at the "Bringing Diversity in Mental Health from the Margins to the Core" Roundtable Consultation held by the Canadian University Research Alliance and the Wellesley Institute in Toronto on April 15th.

Mental Health and Addictions Priority Projects

Early Youth Intervention

The Early Youth Intervention Steering Committee meeting was held on March 25th, 2009 and was attended with excellent cross-sectoral representation. The purpose of the engagement was to consider the formation of a cross-sectoral Task Force, who would move the recommendations of the report forward. The Report is now being reviewed by CE LHIN Staff. The deliverables will be reviewed and presented to the board and Network Steering Committee in May/June.

Seamless Care for Seniors/Aging at Home Portfolio

In the last month, work has continued on the hospice palliative care front across the LHIN including the Central East Hospice Palliative Care Network, Scarborough Community Palliative Care program and the Residential Hospice Working Group.

The Residential Hospice Working Group of the Central East Hospice Palliative Care Network has selected Trent Gow and Dan Dempster to work with them in gaining a better understanding of how to develop a sustainable model for Residential Hospices in both urban and rural settings. The final report on this work will be available end of July 2009 with a mid-term report expected end of May 2009. The CE LHIN is providing the funding for this review.

Aging At Home Strategy

Recommendations for the use of Residual Year One funding that became available again as of April 1st, 2009 were submitted to the Ministry of Health and Long Term Care. Since the January 30th submission deadline for the Aging at Home Year Two funding, several discussions per week, along with requests for additional information to supplement the Detailed Service Plan have taken place with the LHIN Liaison Board (LLB) to facilitate the necessary approvals. At this time, CE LHIN staff is confident that all proposals approved by the LHIN Board in January 2009 will receive the necessary approvals to move forward by the time the associated funding is released by the government later this year.

Aging At Home Priority Projects

The Caregiver Supports, Community Support Services Review, Supportive Housing and Rural Transportation Priority Projects have successfully wrapped up their projects, meeting the deliverables described in their charters. LHIN staff is compiling results for presentation to the Board in May.

Collaboratives

The second joint Scarborough Cliffs Centre Collaborative and the Scarborough Agincourt Rouge collaborative meeting was held to review the Chairs' Report and finalize the agenda for Long Term Care Home engagement session being held on April 23rd. This invitation is extended to Long Term Care Homes in the Scarborough area to attend and open a dialogue regarding local issues, LHIN initiatives and upcoming Long Term Care Home Accountability Agreements (LSAAs).

Aboriginal Engagement

On March 3rd, 2009 a Toronto Area Aboriginal Event was held at the Native Canadian Centre of Toronto. The CE LHIN has engaged KPMG as the vendor of record to assist with the development of the CE LHIN Aboriginal Health Advisory Circle. James Meloche is currently visiting Metis and First Nations communities across the LHIN with a representative from KPMG.

Integrated Health Service Plan (IHSP) Project Team

The project team, charter, and project plan have been developed internally within the Central East LHIN office to develop the process for engagement and content for the 2011-2013 Integrated Health Service Plan.

Symposium Project Team

The Symposium Project Team is well underway with the plans for the May 14-15th, 2009 Symposium. This annual event provides health care service providers and community residents with an opportunity to come together to celebrate achievements over the past year, learn about ongoing initiatives and activities and plan for the future. The registration form has been posted on the web page and allows the CE LHIN to manage applications electronically. The LHIN is also currently accepting registrations for display tables at the information fair.

Clinical Services Plan

Steps have also been taken to investigate the impacts of the CSP recommendations on the 1) Chronic Kidney Disease Network; 2) the ED Task Group to broaden the Non-Urgent Transportation project scope to include EMS services and; 3) the Rehabilitation Task Group.

To date, the 60 day feedback period launched by the CELHIN Board / staff has included

- the website feedback survey,
- 9 Corporation Board Executives Meeting (1),
- Board to Board meetings (3),
- Hospital Board meetings (9) and CCAC Board (1),
- CE LHIN Collaborative meetings (5),
- CE LHIN Network meetings (3),
- CE LHIN Task Groups (4),
- Durham Municipal Council (2), Ajax Council, Scarborough meeting with 4 MPPs,
- Scarborough Medical Society,
- French Language Services Collaborative,
- feedback from consumer representatives, and
- the CSP Change Management event held Mar 9th with 120 participants.

A summary of the feedback is being compiled to report to CELHIN Board and all stakeholders.

Steps have also been taken to investigate the impacts of the CSP recommendations with the

- Chronic Kidney Disease Network to integrate CSP Vascular recommendations;
- the ED Task Group to broaden the Non-Urgent Transportation project scope to include EMS services and;
- the Rehabilitation Task Group to integrate their proposed recommendations into clinical services planning.

Rehabilitation Project

The Report of the Rehabilitation Task Group has been completed and is in the process of review for presentation to the Board. The project deliverables include a CELHIN – wide survey of all publicly funded rehab services and the results of an inter-hospital workshop held March 2nd to share experience and support implementation of a standardized 'hip and knee' model of care.

Alternative Level of Care/Emergency Department Initiatives

FLO Collaborative Learning (which are the processes that support patient flow through and out of the acute care setting) will be spread to Lakeridge Health Corporation, Northumberland Hills Hospital and Ross Memorial Hospital in partnership with the CECCAC and the Change Foundation.

Alternative Level of Care/Emergency Department Priority Projects

Emergency Department Pay for Results

Based on Emergency Department Pay-for-Results submissions of six hospital sites (4 corporations), a CE LHIN Pay for Results Action Plan was formulated to align with the Ministry of Health and Long Term Care and the LHIN goals. Hospitals and other health service providers are being notified of initiatives approved by the CE LHIN Board, which have now also been approved by the MOHLTC. The CE LHIN Action Plan was presented at the CE LHIN Emergency Department Chiefs' meeting. The funding letters will go out after Printed Estimates have been tabled. (Approximately June).

As part of the ED Pay for Results program the CE LHIN Board and Ministry of Health and Long Term Care have approved a pilot project to establish 20 Transitional Beds in the Village of Taunton Mills in support of Lakeridge Health Oshawa.

Nurse Practitioner Outreach Teams

A joint planning effort was undertaken to implement a common recruitment strategy between the CE CCAC, Village of Taunton Mills and The Scarborough Hospital. The interview process for the nurse practitioners is nearing completion. Project Management support for the NP Outreach team project is being provided by the Regional Geriatric Program

PRHC Alternative Level of Care (ALC) Assessment and Coaching Team

The ALC Assessment and Coaching project Team project team is proceeding with the assessment process. The ALC audit and interviews have been conducted and the final report is targeted for the end of May.

Non-Urgent Transportation

The scope of this project will be expanding to include recommendations from the Clinical Services Plan. The contracting process for the consultant position to perform an environmental scan and other deliverables will be finalized shortly. Campbellford Memorial Hospital will host the project.

Performance Contracts/Allocations

Bellwood Health Services

Staff in the Central East LHIN and Ministry continue discussions with Bellwood with respect to their proposed location transfer (to Central LHIN). It is anticipated that the Ministry will provide

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their decision (the Minister must approve the transfer due to the fact that they continue to hold responsibility for the license) in the very near future.

Multi-Sector Accountability Agreement (M-SAA)

The CE LHIN has completed negotiating all seventy-eight M-SAA agreements with community agencies funded by the LHIN.

Central East Community Care Access Centre (CE CCAC)

The CE CCAC started increasing their wait listing cost containment process in the second half of January. They had expected some reduction in February, however the momentum (new volumes/clients per day) that was created from the December and early January referrals did not start to show any effect until early March and so they increased the level of cost containment late February and early March.

Currently all new referrals are wait listed unless they are high risk clients, palliative care clients or end-of-life clients. The trending (albeit only 4 weeks) has finally started to slow down. Currently the CCAC is estimating that the 2008/09 fiscal year-end will be in a deficit position of about \$7M

The CE CCAC is still confident that they will be able to come in with a balanced position by March 2010 as this 3.5% deficit is not insurmountable. They are presenting a monthly budget with cost containment expectations and client forecasts to their Finance Committee later in April. The CE LHIN will get a copy of this plan once it has been approved by the CE CCAC Board.

2009/10 Central East LHIN One-Time Incremental Wait Time Strategy Volumes

The 2009/10 One-Time initial incremental volumes and/or hours under Ontario's Wait Time Strategy have been confirmed by the Ministry to Central East LHIN for the Central East Hospitals who provide the key priority services.

Wait Time Strategy Service	One-Time Incremental 2009/10 Wait Time Strategy Volumes
Cataract Surgery	4,126
Hip & Knee Surgery	1,051
MRI Hours	10,403
CT Hours	1,660
General Surgery	1,033
Paediatric Surgery	13

Feedback and recommendations were sought from the respective Hospitals concerning the Ministry-proposed volumes allocation. All 6 Hospitals indicated their acceptance and confirmation was sent back to the Ministry.

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- Each hospital has elected to stay within the original initial volume allocation

**** Going-forward in 2009/10, all LHIN's will have the ability to re-allocate funding between services as well as between providers for which notification to the Ministry is the only requirement.*

The Surgical & Diagnostic allocation utilizes a new funding methodology incorporating Health Based Allocation Model (HBAM) and wait times. Due to a reduction in funding for the 14 LHINS (province-wide) in 2009/10, Central East has experienced a net reduction in funding of \$106,060 overall from 2008/09.

The next steps planned for development and implementation will be the following:

1. Central East LHIN Wait Time Strategy Scorecard and Dashboard
2. A new Wait Time Strategy Working Group
3. Re-allocation process will be initiated as of Quarter 2 instead of Quarter 3

Alternative Level of Care Data Collection Tool

You cannot change what you cannot measure. This is true of the Alternative Level of Care (ALC) issues that face hospitals within the Central East LHIN. Over that past few years, obtaining current and meaningful ALC data has been a barrier. The Central East LHIN plans to overcome this barrier by introducing the "ALC Collection Tool" in April 2009 as part of the Central East LHIN DataMart Project.

This tool is a web based "survey" that allows hospital designates to enter a simple weekly "snapshot" of their ALC situation. This data is fed into a centralized, secure DataMart, where various reports and analysis can occur. Accompanying this tool is a data stream from CIHI (Canadian Institute for Health Informatics), that enables users of the tool to view various historical trends and comparisons. This tool has been developed "In-house" and did not require the purchase of external software or resources.

The reporting capacity of this tool is slated to be shared with:

- CEO's, Decision Support Staff, Nurse Managers and LHIN employees.

Higher level reports will be made available to the general public.

This tool is easy to use, and cost effective; it's potential to facilitate change is huge. We look forward to introducing this tool to our hospitals and working together for a better Health Care system.

ALC Screen Shots

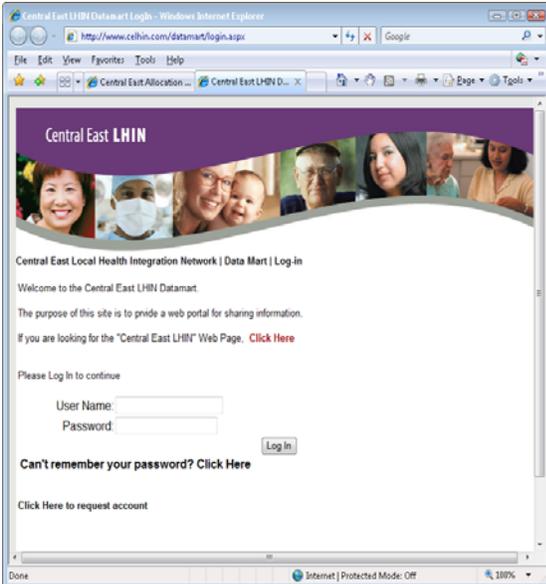


Fig 1: Log In Screen

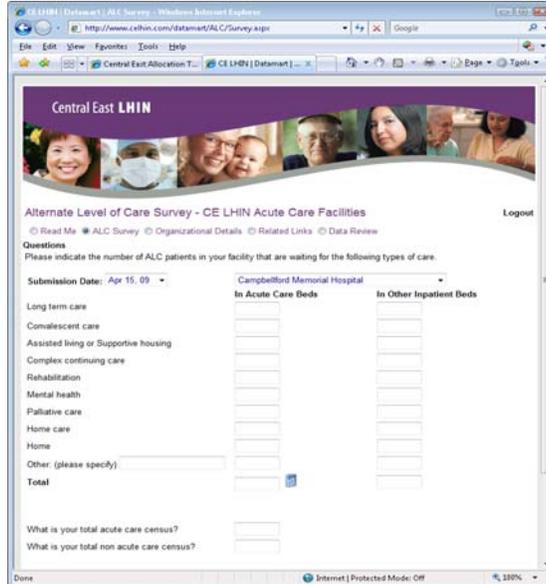


Fig 2: ALC Survey

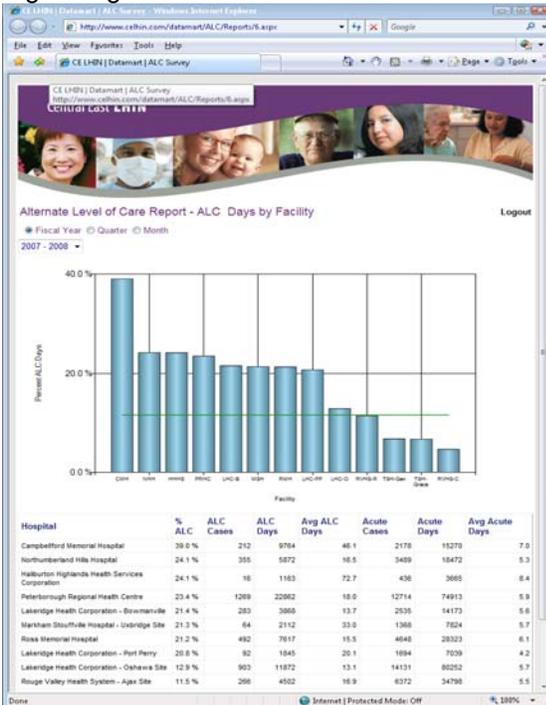


Fig 3: Comparison CIHI report



Fig 4: Quarterly Trend Report

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e-Health

Starting this fiscal new year, the province will provide annual funding of \$600,000 to support the CE LHIN e-Health Project Management Office.

OntarioBuys will contribute one million dollars to our Joint LHINs Data Centre Consolidation. The Joint LHINs' Chief Information Officers (CIOs) have directed the Data Centre Consolidation staff to use the OntarioBuys funding to create a Joint LHIN Data Centre Consolidation business case that may be used to request funding from potential revenue sources.

In an effort to expand both financial and technical resources, and in order to build on government relations; the e-Health Team has set up meetings with e-Health Ontario, Infrastructure Ontario, and the Ontario Hospital Association.

Meditech 6.0

The e-Health Team is in process of creating Meditech 6.0 Standards. Standards Teams, made up of representatives from each hospital, are defining how to code and enter data into each of the core Meditech modules. When appropriate, teams are making recommendations to improve and support the integration of common business processes and workflow. The work of the Standards Teams is guided by the Health Information System Meditech 6.0 Consolidation Advisory Committee. This group has representatives from each hospital; they are a combination of Information Technology directors, Informatics leads and Information management and Information Technology managers.

Advanced Clinical Orientation

On March 23rd, the e-Health team conducted an information session about Meditech 6.0 Advanced Clinical Modules for key stakeholders. The purpose of the event was to introduce Meditech's clinical modules to stakeholders and explain how the system will enhance patient care while simplifying and improving clinicians' work. Presenters also explained the work required to prepare for and implement the modules, made resources recommendations and discussed clinical advisory committee development.

CE LHIN Clinical Informatics Advisory Group

Alison Mahoney, Clinical Informatics Lead at Peterborough Regional Health Centre is coordinating the development of a CE LHIN Clinical Informatics Advisory Group. Informaticians serve as the human interface between IT/IM and clinicians. In their role, they are uniquely positioned to lead e-Health implementations and adoption. The CE LHIN Informatics Group will, under the direction of the CE LHIN VP/CNE Group and the CE LHIN e-Health Steering Committee, act as a resource to support and lead the planning and implementation of clinical information systems and electronic health records across the CE LHIN.

Ontario Laboratories Information System (OLIS)

The OLIS project is tentatively scheduled to begin at Rouge Valley Health System, in the spring, and Peterborough Regional Health Centre, Campbellford Memorial Hospital and Northumberland Hills Hospital this summer. The anticipated "go live" will be at the end of the year.

Eclipse

Eclipse is a project management tool that was purchased to enable the use of consistent project management tools across the CE LHIN and consistent reporting to the Ministry of Health, e-Health Ontario, joint project partners, boards and leadership Teams. Users from each hospital have been trained to use the tool.

Core Business Requirements – LHIN Operations

The 2009/10 Operations Budget is currently being revisited to ensure that it is consistent with the MOHLTC's recent announcements regarding expenditure constraints at the LHIN level (i.e. maximizing meeting efficiency).

The 2009/10 Operations Budget was tabled at the March 17th Board Meeting and will be presented to the Board on April 21st.

The Central East LHIN has hired a general contractor for the construction of the additional office space at the CE LHIN offices in the Harwood Plaza. The first stage of construction will begin in the existing office space on the second floor April 20th, 2009. The first stage of construction will convert the existing boardroom into a smaller meeting room and 3 work stations. The second stage of construction will move to the street level space of the plaza and will add 8 workstations and a larger boardroom to the CE LHIN.

The installation of the CRM Database Project (this software will help to improve information-sharing and efficiency) was completed the week of April 13th. A training session for the 10 license holders was held on April 16th.

Ministry Announcements

Provincial Definition for ALC Patients

In the coming weeks, the Wait Time Information Program, on behalf of Cancer Care Ontario, will partner with such members as the OHA, CIHI, OHQC and LHIN and hospital executives to ensure a collaborative and well planned adoption strategy is developed. Plans will include the creation of tools to support hospital clinicians in the use of the provincial ALC definition. This exciting work will benefit us all as the MoH moves ahead with a goal of reducing ER/ALC Wait Times.

The Barbara Black Centre for Youth

Effective April 1st, 2009 funding for the Pickering satellite of The Barbara Black Centre for Youth Resources (operating as The Youth Centre) was transferred to the CE LHIN. Annualized base funding of \$1,247,153 for the Pickering satellite reflects the 2008/09 2.25 per-cent stabilization base funding increase provided to the LHINs' Community Health Centres.

Protected Services Funding

The CE LHIN has been approved \$1,485,300 in one-time payments based on the hospital 2007/08 year-end reconciliation. These settlements relate to the activity reported by the CE LHIN hospitals as reflected in the year-end reports submitted to the ministry. This review represents the final settlement of Protected Services Funding for the 2007/08 fiscal year. Based on the hospital's funded levels and the actual activity achieved at year-end, the following settlement is being made:

- One-time payout of \$1,297,800 for the Chronic Kidney Disease Program
- One-time payout of \$187,500 for the Cardiac Program

HealthForce Ontario Recruitment Update

Interviewing of the 3 shortlisted candidates was held at the CE LHIN office on April 2nd with HR Associates, CE LHIN Staff and HealthForce Ontario on the interview panel. The second phase of the interview process was held on April 17th. The announcement of the successful applicant will be forthcoming.

Hospital News

Lakeridge Health Corporation (LHC)

Lakeridge Health and The Oshawa Hospital Foundation announced the opening of two new state-of-the-art Minimally Invasive Surgical (MIS) Suites at Lakeridge Health Oshawa. Lakeridge Health Oshawa uses Minimally Invasive Surgery in numerous cancer and non-cancer surgeries but most notable Thoracic (Lung), General (e.g. Gall Bladder and Bowel), and major Urology (Kidney). It is estimated that the R.S. McLaughlin Durham Regional Cancer Centre will treat 300 patients and perform 80 to 100 lung cancer surgeries in the next year. The new operating rooms (O.R.) bring Lakeridge Oshawa's total number of MIS suites to 7.

Rouge Valley Health System (RVHS)

Rik Ganderton has asked the RVHS Board to commence the search for a new President and CEO. Rik feels he has achieved the major changes that he wished to see implemented at RVHS and that the time has come for him to move on to new challenges. Rik will continue to serve as President and CEO during the next several months until his successor is in place. The Board has struck a search committee to hire a new President and CEO.

CE LHIN – Comings and Goings

It is my pleasure to announce the addition of Jennifer Russell to the CE LHIN as the Administrative Assistant to the CEO & Board of Directors.

On April 1st Emily Van de Klippe assumed the role of Corporate Coordinator along with her current role of Project Coordinator at the CE LHIN, Emily's title is Project/Corporate Coordinator.

Karen Kennedy-Slade, Christine Foster and Lynn Fallows finished their contracts with the Central East LHIN on March 31st and have moved on to other opportunities.

Respectfully submitted,



Deborah Hammons
Chief Administrative Officer
Central East Local Health Integration Network