

Central East Local Health Integration Network

CEO Report to the Board

February 17th 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)

Chronic Disease Prevention and Management Steering Committee

The CDPM Steering Committee is focusing on developing goals for the Integrated Health Services Plan (IHSP), coordinated with other LHIN Networks and LHIN initiatives. In preparation for a presentation at the April board meeting and the Symposium in May, the steering committee is refining its goals/objectives and defining performance indicators that will align current priority projects/initiatives and pursue the Triple AIM objectives.

Disordered Eating Priority Project

The New Face of Disordered Eating Priority Project has been actively promoting the project during Eating Disorder Awareness Week (February 1-7). The project distributed posters to 23 communities and held mall displays in 5 locations across the LHIN. In addition, training sessions are planned for transition coordinators in 6 hospitals providing tertiary ED services.

Chronic Kidney Disease (CKD)

The CKD project team has developed the second draft of its project charter integrating the three priority Chronic Kidney Disease early intervention priority projects. The CKD Priority Project Team based out of Peterborough Regional Health Centre has been successful in identifying a candidate to lead the project and are in the final stages of hiring.

Dialogue is being held to investigate aligning the CKD and Vascular Health/Hypertension Management projects. The Durham CKD project is continually refining its data collection methods, defining performance indicators and establishing baseline measurements of key high level indicators. Results thus far indicate that Lakeridge Health scores for physical and mental health exceed the "Dialysis Outcomes and Practice Patterns Study" (DOPPS).

The CKD Scarborough project has recruited a steering committee to develop a teaching program for patients with high risk factors. The program will be aligned with the Heart and Stroke Hypertension Initiative as well as include a self-management component.

The Diabetes Network

The Diabetes Network received an update from the Durham Region Diabetes Network and provided further feedback on the proposed regional model for diabetes. The Diabetes indicator group presented the second draft of a project charter for developing a standardized tool to compile common diabetes indicators across multiple health care provider agencies.

Self-Management Priority Project

Self management courses have been developed for specific diseases including diabetes and chronic kidney disease. The development of a presentation on how to incorporate self-management approaches into the nursing curriculum for 2010 for the Trent/Fleming Nursing School is underway.

Proto-typing for the **Self Management Triple Aim Project** is proceeding. The Project Manager is currently identifying potential partner health agencies including CMHA Durham (Primary Care Clinic), CKD Lakeridge Health, The Scarborough Hospital and the Trent Hills Family Health team.

Provincial Telestroke Project

The project team is in the final stages of developing an interim solution for funding the program.

Unattached Patient Initiative

This project is currently exploring alignment with the MOHLTC unattached patient registry and integration with the CE LHIN chronic disease and other screening and assessment projects.

Mental Health and Addictions (MHA)

The Mental Health and Addictions Steering Committee will meet on February 25th and will receive the final report from the Addictions Environmental Scan Priority Project. The Steering Committee continues to focus on finalizing the Mental Health Framework for review by senior team.

Aging at Home

Seamless Care for Seniors (SCS)

The detailed services plan with the **Aging at Home Year Two** (AAH Year Two) recommendations was submitted to the Ministry of Health and Long-term Care at the end of January. A model for Comprehensive Geriatric Assessment is currently under development by specialists in this area and is a priority area indicated in the AAH Year Two Detailed Services Plan.

Transportation

Through the Aging at Home Year Two call for proposals process, it became quite evident that work was required in Scarborough to better understand who was providing what type of transportation as it relates to the community support services sector. In an effort to align the projects, a similar process of information gathering is now being undertaken in Scarborough. A collaborative group of providers has been formed and will be preparing a preliminary report by the end of March.

A Rural Transportation Round Table was held February 6th with each of the community care organizations that service rural areas of the LHIN to gather input on the draft report of the rural transportation project.

Hospice Palliative Care Steering Committee

The newly formed **Hospice Palliative Care Steering** Committee has been meeting to map out their work for the next year. In order to develop the broader network and support the work of the network, plans are underway to hire a coordinator using provincial dollars previously flowed to all Community Care Access Centres (CCAC).

Community Support Services(CSS) and Supportive Housing Projects

The Community Support Services Review and the Supportive Housing Projects joined forces to hold a successful community engagement event January 27th with over 100 members from community agencies in attendance.

The project manager presented the results of the mapping of CSS services and the results of the integration survey, feedback was collected on CSS integration strategies and CSS back office functions. The input collected on these strategies will be included in the final report due March 31st. Also discussed, was the project's inventory of supportive housing and process improvement opportunities. During the breakout session, supportive housing common processes were discussed and collected.

University of Toronto's Centre for Research in Healthcare Engineering

The University of Toronto's Centre for Research in Healthcare Engineering is in the process of developing a population-based decision support model. A preliminary status report was presented to the priority project managers on February 6th. This model when completed will potentially be used for aging at home decision-making processes.

Caregiver Supports

The Caregiver Support Project team continues work on the development of the caregiver support centre structure model of care, recommendations on staffing, program delivery and location.

Home At Last (HAL)

The Durham HAL program, which started in December of 2008 is already averaging a settlement per day. The Peterborough program is building momentum, with a training session scheduled next month for the project team. The Haliburton and Northumberland sites have both hired and/or assigned leads.

Alternative Level of Care/Emergency Department

Over the past month meetings were held with the MOHLTC this period to discuss the **ALC/ED Overarching Plan** of the CELHIN.

The MOHLTC Wait Times and Access to Care group has developed terms of reference for the ER/ALC Performance Leads in LHINs. The Performance Lead will help fulfill the goal of applying a performance management approach to the implementation of the ER/ALC strategy to ensure that the goals are realized. The ER/ALC Performance Leads will meet monthly and the MOHLTC will be implementing systems to track progress on both ED Wait Times and ALC rates.

Nurse Practitioner Outreach Steering Committee

A Nurse Practitioner Outreach Steering Committee was established to coordinate and oversee the initiation, coordination and evaluation of the three Nurse Practitioner Outreach Projects. To date, a coordinated recruitment strategy has been launched, a project charter has been drafted and a project manager has been identified to support the project.

ALC Client Activation Project

The ALC Client Activation project has been designed and initiated at Ross Memorial Hospital and has been operational for several of months. The project will wrap up within the first few months of 2009/10 and a report to the CE LHIN will be forthcoming shortly thereafter.

ALC Assessment and Coaching Team

A project charter has been drafted for the ALC Assessment and Coaching team developed to investigate and support the Peterborough Regional Health Centre ALC pressures. Most of the expert, peer-review team has been recruited and we are in the process of identifying a Geriatrician to lead the team.

ED Pay For Results

The Rouge Valley Health System Centenary site and The Scarborough Hospital General site are preparing reports for the ED Pay for Results Projects - Year 1. Reports are due this month. A call for proposals for ED Pay for Results Year 2 funding has gone out to the six Ministry-designated hospitals - RVHS - Centenary and Ajax-Pickering; The Scarborough Hospital - General Site; Lakeridge Health Corporation - Oshawa and Bowmanville sites; and Ross Memorial Hospital. Proposals are due to the LHIN by February 23rd and to the MOHLTC by March 16th.

Engaged Communities.
Healthy Communities.

Wait Times

The expansion of the Wait time Information System (WTIS) which will soon include the collection of data on ALC patients was recently announced. The WTIS-ALC Information System will be implemented in hospitals across the province by spring of 2011. In the CE LHIN, Rouge Valley Health System has been selected and has agreed to participate in the initial phase of the project. RVHS will be playing a critical role in the development of functional, reporting and technical business requirements for the WTIS-ALC solution.

Scarborough Cliffs Centre and the Scarborough Agincourt Rouge Collaboratives

The Scarborough Cliffs Centre and the Scarborough Agincourt Rouge collaboratives are planning to jointly host a Long Term Care Home engagement session late in March.

Culture, Diversity and Equity Project

The Culture, Diversity and Equity Project is back on track, the inaugural project team meeting was held in January to review the project scope, charter, work plan and deliverables.

Strategic Planning Alliance for Youth and Children Durham Region

James Meloche represented the CE LHIN as a panel member at the alliance's January 19th planning day. The four areas of focus for the alliance are : Building family capacity, issues of connections of youth with school, providing equal access to resources, and providing a voice for youth.

Urgent Priorities Funding

The Urgent Priority Funds report is in the final stages of approval with the Ministry of Health and Long-Term Care. It has been very challenging to ensure that the requests for funding reflect the Ministry's priorities in Alternate Levels of Care (ALC) diversion.

The Clinical Services Plan (CSP)

Members of the Central East Executive Committee (CEEC), which includes CEOs from the CE LHIN hospitals and the CE CCAC as well as the CEO and Senior Directors of the CE LHIN held a retreat on January 26th to discuss hospital deficits and the CSP. In the evening the Board Chairs joined the CEOs to review the discussions that took place during the day. On February 12th a follow up session to preview the CSP recommendations was held with Board Executives and Communication Leads were invited as well.

The CE LHIN held an information event with representatives from four unions – CUPE, OPSEAU, SEIU and ONA on January 29th to update the unions on the development of the CSP and process to date.

The CSP Steering Committee has been working diligently to finalize and approve the CSP Report and recommendations for presentation to the Central East Board of Directors. The report was approved by the committee on February 10th.

Engaged Communities.
Healthy Communities.

Health Professional Advisory Committee (H-PAC)

The Central East H-PAC held their second meeting on February 4th, 2009. The committee appointed Janice Dusek, RN and Dr. Robert Kyle as co-chairs. Presentations at the meeting were from Mimi Lowi-Young, CEO of the CW LHIN and Brad Sinclair, ED of HealthForce Ontario, Marketing & Recruitment Agency who spoke on Interprofessional Practice: A Blueprint for Action in Ontario and HealthForce Ontario/HR Strategy respectively.

Health Human Resources

The CE LHIN has joined forces with HealthForce Ontario to recruit a Partnership Coordinator. The Partnership Coordinator will work regionally within the CE LHIN to serve health providers and communities. Key responsibilities will be attracting and retaining physicians and nurses to communities; assisting the CE LHIN in health human resource planning, coordinating marketing activities; reporting on important recruitment trends and indicators and advising physicians and nurses on career decisions.

Core Business Requirements - LHIN Operations

Multi-Sector Accountability Agreements (M-SAA)

LHIN staff developed an M-SAA project in the Fall and are executing the plan. All LHINs in Ontario were given responsibility for the mental health and addictions, community and support service, and community health centre programs last April 1st. We are responsible this year for completing and executing the accountability agreements for these agencies. In total, the CE LHIN is responsible for successfully executing over 80 new accountability agreements. Staff have met with each sector as a group and individually to discuss common issues and the process to completing the agreements, and have also committed to meeting with agencies individually to resolve outstanding issues. Staff will bring signed M-SAA's forward for Board approval in March 2009.

Ongoing negotiations with the Ministry of Health and Long Term Care have resulted in resolution of the Capital/PCOP issues for Lakeridge Health Corporation, Ross Memorial Hospital and the Peterborough Regional Health Centre and as stated last month funding is forthcoming for the Whitby Mental Health Centre's wage harmonization process.

Project Management Office (PMO)

The health service providers continue to embrace the CE LHIN PMO methodology, tools, training opportunities, etc. The PMO Lead (Barry Hyde) is available to work with health service providers on integration opportunities or other initiatives requiring the application of project management practices.

Q4

The Q4 spending plan has been submitted to the MOHLTC and negotiations are currently underway to augment current and future infrastructure requirements. The Audit process is being addressed this year through the application of project management methodology.

Business Support

The business support unit and performance unit are working together to spearhead a project which will ensure that the proposed LSSO database system is compatible with the CE LHIN platforms currently under development to facilitate information retrieval and management.

Additional Office Space – Accommodations Update

Recently we discovered additional office space on the main floor of the plaza that the current office is located. We have met with the Ministry of Health – Corporate & Direct Services Division and completed the Accommodation Planning Resource Template – Business Case Section & Cost-Planning Table. As well as the Accommodation Recommendation Authorization Form 1 form Ontario Realty Corporations.

Ontario Realty Corporations are reviewing our current lease arrangements and negotiating the additional office space. We have engaged a designer to complete drawings for the reconfiguring of our current and for the additional office space.

The budget for the project will be administered during this fiscal year which means we did not have to ask for additional funds for the project. Endorsement of the proposal for the procurement of additional office space is required by the Board.

Highlights:

- The additional space will house the boardroom and community engagement events.
- The space will be compliant with the law – including the new Accessibility for Ontarians with Disabilities Act.
- E-Health Unit part of the CE LHIN

Bellwood Health Services Incorporated (BHSI)

Bellwood Private hospital has approached Central East LHIN and Central LHIN with a request that they be permitted to move their operation. The hospital was encouraged to look into alternate accommodation by the previous Ministry Regional Office and has been working with a developer in York region. They will need to provide one year notice to terminate their current lease and the overall move will require about three years for construction and occupancy of the new facility.

Bellwood is currently situated in Central East LHIN, but provides addiction services to residents across Ontario. Over the last fiscal year admissions 9.9% of admissions were from the Central East LHIN and 13.2% were from the Central LHIN. The remainder was from other LHINS and the hospital has a waiting list. They process over 5000 enquiry calls per year. 10% of enquiry calls result in admission to Bellwood Hospital; the balance are referred to other resources. Enquiries are processed over the telephone or through e-mail. Assessments are conducted in person or over the telephone.

A change in location will not impact the above processes and hence not result in any change in their service delivery or accessibility.

Furthermore, from a financial perspective, there will be some one-time moving costs. However, they do not anticipate any negative financial impact to their annual operating plan or hospital service accountability agreement. They expect that there will be financial savings due to operating in more efficient premises.

A move of this nature is not an integration but does have LHIN involvement. To carry out the move they require Ministry of Health approval. That approval is subject to LHIN support of the move. Both LHIN CEO's have provided a letter of support with appropriate conditions pertaining to service accessibility and fiscal responsibility (e.g. no additional operating cost and Bellwood to manage one-time costs). If approved, the LHINs would then arrange for transfer of the agreement and the associated funding.

Q3 Performance Update

**Central East LHIN MLAA Performance Indicators 2008/09 – November 15, 2008
Schedule 10 – Non**

Performance Indicator	Indicator Type	Column (A) Provincial Target	Column (B) LHIN Starting Point	Column (C) LHIN Performance Target - 2008/09	Column (D) Projected Performance Target	Column (E) Performance Corridor - Higher Value	Column (F) Performance Corridor - Lower Value	Column (G) Actual Performance (Nov 15, 2008)
90th Percentile Wait Times for Cancer Surgery ¹	Access	84 Days	50.00	45.00	47.50	52.25	42.75	58.00
90th Percentile Wait Times for Cardiac By-Pass Procedures ¹	Access	182 Days	-	-	-	-	-	-
90th Percentile Wait Times for Cataract Surgery ¹	Access	182 Days	150.00	150.00	150.00	165.00	135.00	118.00
90th Percentile Wait Times for Hip Replacement ¹	Access	182 Days	250.00	210.00	230.00	253.00	207.00	181.00
90th Percentile Wait Times for Knee Replacement ¹	Access	182 Days	286.00	210.00	248.00	272.80	223.20	187.00
90th Percentile Wait Times for Diagnostic MRI Scan ¹	Access	28 Days	109.00	74.00	91.50	114.38	68.63	83.00
90th Percentile Wait Times for Diagnostic CT Scan ¹	Access	28 Days	53.00	28.00	40.50	50.63	30.38	35.00
Hospitalization Rate for Ambulatory Care Sensitive Conditions (ACSC) ²	Integration	290.76 per 100,000	284.81	280.00	282.41	310.65	254.17	-
Median Wait Time to Long-Term Care Home Placement - All Placements ³	Integration	50 Days	63.00	45.00	54.00	67.50	40.50	58.00
Care (ALC) Days - By LHIN of Institution ²	Integration	9.46%	14.10	10.75	12.43	13.67	11.18	-
Rate of Emergency Department Visits that could be Managed Elsewhere ²	Integration	11.79 per 1,000	17.86	11.79	14.83	16.31	13.34	-
Readmission Rates for Acute Myocardial Infarction (AMI) ²	Quality	3.80%	4.33	3.80	4.07	5.08	3.05	-

'Above corridor' performance is attributed to seasonal staffing levels.

Latest monthly results (Dec 2008) confirm that Central East LHIN once again has the best 90th Percentile WT of any LHIN (34 Days).

Notes: 1 = Actual Performance Value is from Q2 2008/09 (Jul, Aug, & Sep 2008)
2 = No data to facilitate analysis & reporting for this Quarter (Q2 2008/09)
3 = Actual Performance Value is from Q1 2008/09 (Apr, May, & Jun 2008)

Column Definition:

- (A) Per Schedule 10 of the signed Accountability Agreement
- (B) Per Schedule 10 of the signed Accountability Agreement
- (C) Per Schedule 10 of the signed Accountability Agreement
- (D) Column B - ((Column(B-C)/4)
- (E) Column D x 1.1 (+10%), or Column D x 1.25 (+25%), or Column D x 1.1 (+10%), or Column D x 1.25 (+25%)
- (F) Column D x 0.9 (-10%), or Column D x 0.75 (-25%), or Column D x 0.9 (-10%), or Column D x 0.75 (-25%)
- (G) Actual value as calculated from Q1 2008/09 or Q2 2008/09

Colour assigned based on comparing:

- Doing Well - Below Corridor & LHIN Starting Point
- Improving - In Corridor & below LHIN Starting Point
- Monitor - In Corridor & above LHIN Starting Point
- Attention - Above Corridor & above LHIN Starting Point - Reporting Required

Central East LHIN – 2008/09 MCAA Quarterly Reported Performance versus Quarterly Targets:

INDICATOR NAME	LHIN Start- ing Point	2008/09 Target	2008/09 Reduction- Needed	Reduction-by- Quarter	15-Aug Report		15-Nov Report		15-Feb Report		15-May Report	
					15-Aug Target	Target Met (H or Y)	15-Nov Target	Target Met (H or Y)	15-Feb Target	Target Met (H or Y)	15-May Target	Target Met (H or Y)
90th Percentile Wait Times for Cancer Surgery	50.00	45.00	5.00	1.25	48.75	H	47.50	H	46.25	tbd	45.00	tbd
90th Percentile Wait Times for Cardiac By-Pass Surgery	NA	NA	NA	NA	NA	NA	NA	NA	NA	tbd	NA	tbd
90th Percentile Wait Times for Cataract Surgery	150.00	150.00	0.00	0.00	150.00	Y	150.00	Y	150.00	tbd	150.00	tbd
90th Percentile Wait Times for Hip Surgery	250.00	210.00	40.00	10.00	240.00	Y	230.00	Y	220.00	tbd	210.00	tbd
90th Percentile Wait Times for Knee Surgery	286.00	210.00	76.00	19.00	267.00	Y	248.00	Y	229.00	tbd	210.00	tbd
90th Percentile Wait Times for MRI Scan	109.00	74.00	35.00	8.75	100.25	Y	91.50	Y	82.75	tbd	74.00	tbd
90th Percentile Wait Times for CT Scan	53.00	28.00	25.00	6.25	46.75	Y	40.50	Y	34.25	tbd	28.00	tbd
Hospitalization Rate for Ambulatory Care Sensitive Conditions (ACSC)	284.81	280.00	4.81	1.20	283.61	H	282.41	-	281.20	tbd	280.00	tbd
Median Wait Time to Long-Term Care Home Placement -All Placements	63.00	45.00	18.00	4.50	58.50	H	54.00	H	49.50	tbd	45.00	tbd
Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution	14.10	10.75	3.35	0.84	13.26	H	12.43	-	11.59	tbd	10.75	tbd
Rate of Emergency Department Visits that could be Managed Elsewhere	17.86	11.79	6.07	1.52	16.34	H	14.83	-	13.31	tbd	11.79	tbd
Readmission Rates for Acute Myocardial Infarction (AMI)	4.33	3.80	0.53	0.13	4.20	H	4.07	-	3.93	tbd	3.80	tbd

Going forward, the Performance Group will offer a much more flexible online approach towards the reporting of performance and the sharing of information. This new online scorecard will be up and running soon and will offer direct linkage between performance and accountability.

Q3 Financial Update

Waiver/Risks

This has been significant improvement this year in the waivers of some hospitals (e.g. PRHC). However, for the next fiscal year, some hospitals (e.g. LHC & PRHC) are predicting a deficit position. Six of our nine hospitals are trending in the right direction (two are balanced or have surplus and three are within 1.6% or better of gross revenue) and four hospitals have challenges.

The total overall CE LHIN deficit position could get as high as \$10.5 million this year and grow to \$32 Million next fiscal year.

Surplus Reallocation of \$1, 545K

- \$483K - CCAC to enhance services on one-time short term therapies (e.g. Occupational Therapy, Physio Therapy and Speech/Language Pathology)
- \$12K - Community Care addition of companion seats for existing vans
- \$50K - Personal Support Worker (PSW) addition for St John's Retirement Home
- \$350K - Replacement and/or enhancement of existing vans (Oshawa Sr. Citizen's Centre; Community care Durham; Care First Seniors; St. Paul's; West Hill CSS)
- \$650K - Implementation of the RAI/MIS (Residential Assessment Instrument / Management Assessment Instrument) into LTC homes

CE LHIN Operations - Q3 Report

The surplus for the fiscal year has been allocated to other budget lines that were not sufficient in budget allocation – IT hardware, software upgrades. The remainder has been allocated to the procurement of additional office space. The CE LHIN is projecting to be within the 1% objective as required by the LLB.

Keeping you in the Loop –

Hospital News

Paul Darby, CEO of Peterborough Regional Health Centre has announced his retirement. After 5 years at PRHC, Paul has decided to retire at the end of December 2009.

Funding Announcements -

From the Minister's Office

Funding adjustments to Community Health Centre (CHC) Physicians' Base Salaries was announced in January 2009. CHC physicians are eligible to receive flow through adjustments to their base salaries as a result of Fee-For-Service (FFS) increases in the schedule of benefits. The rates have been approved by both the OMA and the ministry as follows:

- 0.000034020% effective October 1, 2007
- 1.795430519% effective January 1, 2008
- 0.000657593% effective February 1, 2008

The CE LHIN will receive \$6,745.39 in base salary adjustments for October 2007 to March 2008 inclusive for outstanding flow through adjustments to CHC physicians' base salaries for the retroactive time period.

Additional base operating funding to support service expansions and other costs incurred in conjunction with completion of capital projects in the CE LHIN in the amount of \$1,476,900 was provided by the MoHLTC. These funds will provide the opportunity to expand needed health services, in maternal/newborn and ICU at the Scarborough Hospital and Rouge Valley Health System. TSH will receive \$677,600 and RVHS \$799,300.

Communications

Upcoming Events –

GTA wide aboriginal engagement event – March 3rd

CSP Change Management event – March 9th

2009 Symposium – May 13th – 15th, 2009

CE LHIN - Comings and Goings

I am pleased to welcome Jai Mills, Leila Tikaram and Lyn Fallows to the team.

Jai Mills will be filling the Mental Health and Addictions Portfolio. Jai (pronounced Jay) has experience working in the Mental Health sector as an ED at Hastings Prince Edward Corporation and Lance Krasman Memorial Centre. Jai will be relocating from Belleville to Oshawa.

Leila Tikaram will be filling the gap in the Finance Team as a Financial Analyst on a short term contract. Leila has worked at the MoHLTC as a Senior Planner and Financial Analyst.

Lynn Fallows from Accountemps will be working with the PCA Unit for the next two months to assist with the Audit.

Diane Hanbury has completed her contract with the CE LHIN working on the Aging at Home Funding and will enjoying a well deserved vacation.

Respectfully submitted by,



Deborah Hammons