

## Central East LHIN CEO Report

June 6<sup>th</sup>, 2008

### Seamless Care for Seniors

#### Aging at Home Strategy

As the Board may recall, at its February 2008 meeting, James Meloche and Kate Reed provided a presentation on the Central East LHIN's Detailed Service Plan for Year 1 (2008-2009) of the Provincial Aging at Home Strategy. With the Board's approval, the Detailed Service Plan was further submitted to the Ministry of Health and Long Term Care on February 29, 2008. The Ministry proceeded with a provincial review of the recommendations contained in all fourteen LHIN Detailed Service Plans to determine generally the timing of funding approvals. For example, Plan recommendations were divided into several categories such as a) funding requests to expand an existing service with an existing agency currently funded by the MOHLTC b) funding requests for introduction of a new service with a new agency c) funding requests that had implications on policy, regulation and/or legislation. Depending on where the funding recommendations were placed, determines the amount of time it takes to work through the processes to access the funding.

I am pleased to report to the Board that on May 8<sup>th</sup>, the Central East LHIN received correspondence from the MOHLTC indicating that 23 of the 26 requests for funding submitted in our Detailed Service Plan were approved to move forward for processing. Documentation has been prepared and submitted to the MOHLTC to access the associated funds. As well, LHIN staff has been working with the Ministry on the final three proposals. To date, we have received an indication that at least one (supportive housing) of these three is moving forward. The other two proposals relate to Palliative Care and Dementia Care and as we understand it, several LHINs have submitted similar proposals and the Ministry is working through the necessary processes to ensure some consistency in program definitions and data sets. We remain positive that these final two projects will receive funding approvals in the short term.

Staff is now ramping up for phase 2 of the Aging at Home Strategy which includes defining the process for Year Two priorities while at the same time communicating to those agencies who were both successful and not successful in Year 1. Available funding for Year 2 is in excess of \$6.8M, in addition to the \$4.6M for Year 1. Input on Year Two priorities will be sought during the upcoming LHIN Symposium.

As part of the Aging at Home strategy the MOHLTC announced that the CE LHIN would be receiving five (5) Dodge Caravans through the Aging at Home Priorities funding. The vans are expected to be delivered in June. Community Care Peterborough, Northumberland, Durham, Haliburton County, and Kawartha Lakes will be given \$22,669 in one-time funding to support the purchase of the vehicles and \$ 25,000 of on-going annual operating and maintenance expenses. The performance expectations will be worked out through a joint-planning exercise with the CE LHIN.

Kate Reed's leadership for the CE LHIN Aging at Home Strategy is keeping her increasingly busy with several past and upcoming engagements:

- Strategic Planning session: Hospice Durham
- Central East Regional Family Council of LTC Homes
- Haliburton Highlands Health System Strategic Plan review
- CE LHIN Canadian Hearing Society, AGM, Guest Speaker
- Haliburton Highlands Community Care, AGM, Guest Speaker

### Geriatric Emergency Management Initiative

Recently the CE LHIN submitted its first report to the Ministry on the progress of the Geriatric Emergency Management Initiative. In the 5 months that GEM nurses have been in place, they have encountered over 750 patient referrals. We expect these successes to multiply now that 6 GEM nurses are now fully functioning in LHIN emergency departments.

Based on the savings achieved through project collaboration and expected delays in start-up, we were able to extend the necessary funding to Northumberland Hills Hospital to implement the GEM program in its ED. With this development, there will be 7 GEM nurses in LHIN hospitals. These numbers may be expanded in light of the recommendations of the CE LHIN Emergency Department Task Force. Staff will present a detailed report to the Board at a future meeting.

### **Mental Health and Addictions**

Staff has received the externally-led peer reviews of Lakeridge Health's Pinewood Centre and Child and Adolescent Mental Health Programs. The Pinewood Centre provides a wide range of residential and non-residential addiction services, including problem gambling. Based on the Lakeridge Peer Review (2006), both programs were identified as being non-vote items contributing to the Corporations overall financial pressures. Lakeridge has contended that these programs provided effective and much needed services to the community, however they have been historically underfunded. Without the appropriate funding, Lakeridge contends that they will be forced to scale back, or cease, these programs.

Central East LHIN has made the commitment that mental health services, especially services for youth, will not be reduced in the LHIN. An external review of these programs was intended to evaluate their effectiveness and efficiency through a original bench marking process.

These reports have now been circulated to the CE LHIN Mental Health and Addictions Steering Committee for review. Staff will report back to the Board on the findings of these reports, including necessary actions to ensure ongoing operations of these programs.

Staff leadership for this portfolio has recently been transferred to Scott Macpherson, with Brian Laundry moving to assume a leadership for role for the redefined Wait Times Portfolio.

## **Chronic Disease Prevention and Management**

### **Chronic Kidney Disease Early Intervention and Outreach**

The Board will be pleased to know that on May 29, 2008 the Kidney Health Initiative of Scarborough was launched. This Initiative is the Scarborough component of the Central East LHIN Priority Project "Chronic Kidney Disease Early Intervention and Outreach" funded through Urgent Priority Funding.

Building on their expertise in serving the kidney patients and their experience in health promotion, The Scarborough Hospital, Carefirst Seniors and Community Services Association and The Kidney Foundation of Canada came together to form the Scarborough Collaborative Group to offer the Kidney Health Initiative for the communities in Scarborough. This initiative has a focus on an outreach component with a cultural competence to serve the diverse communities and a prevention strategy to tackle chronic kidney disease. The project aims at screening about 1,500 to 2,000 persons per year through the set up of regular screening clinics at five sites and other mobile clinics in various community locations in Scarborough. The screening will consist of a blood pressure and BMI measurements, a simple urine dip stick test, and a risk assessment questionnaire survey for the participants. Follow up measures are also being set up for those without family physicians.

Future updates on the Durham and Peterborough components of the CE LHIN CKD Early Intervention Priority are forthcoming.

### **Provincial Renal Summit**

Staff have taken leadership in the organization of a provincial "Renal Summit" for staff from all 14 LHINs. The Summit is being planned collaboratively with the Ministry of Health and LTC and Industry Leaders to build the capacity of LHINs to successfully fulfill planning and funding expectations as a result of the transfer of accountability for provincial Renal programs. The Summit is a two day event starting with a Knowledge Transfer/Capacity building session on June 23rd; followed by a second day in Sept/Oct which will focus on Advancing Best Practices and Innovations. The format for the Summit is intended to provide a template for future LHIN/MOHLTC educational events. Jeanne Thomas, Katie Cronin-Wood and James Meloche have been involved.

### **H-SAA Contract Negotiations and Signing of Contracts**

We are pleased to report to the Board that all H-SAA contracts have been negotiated. The details of the Northumberland Hills Hospital contract were finalized at a meeting held April 4<sup>th</sup> between senior staff and the chairs of the Boards of the hospital and the CE LHIN. Recommendation to sign their contract is coming forward to the Board at this meeting. A monitoring/planning tool has been developed to ensure progress is being made to address issues identified in the hospital's agreement. To date several meetings have been held with hospitals and the MOHLTC to address PCOP issues (PRHC, Ross Memorial). Base funding has been approved by the MOHLTC for \$2.8M for the Pediatric Regional Program and Cardiac Rehabilitation Program at Rouge Valley Health System. Progress will be reported to the Board on a quarterly basis.

As instructed by the Board, staff held community consultations on the Rouge Valley Hospital System (RVHS) mental health consolidation proposed as part of RVHS's deficit reduction plan. The 30-day mental health consolidation consultation was comprised for three focus sessions

with the public and key community stakeholders which were held on April 9<sup>th</sup>, 10<sup>th</sup> and 30<sup>th</sup>. The report resulting from the consultation is being tabled at the Board today. The CE LHIN was served with a motion by OPSEU to stop any action being taken by RVHS in moving towards the consolidation of the Mental Health beds. A judicial review has been scheduled for July 11<sup>th</sup> to hear the case. A lawyer has been assigned from the Ministry of the Crown Attorney's office, Kim Twohig. CE LHIN has completed and submitted a sworn affidavit to the proceedings led up to the decision taken by the Board to approve RVHS's H-SAA/Deficit Elimination Plan which incorporated consolidation of the Mental Health beds. Several key meetings have transpired concerning this issue, culminating in a presentation to the Durham Regional Council on May 28<sup>th</sup>.

### **Provincial Funding Received for Emergency Wait Times and ALC**

The provincial government announced their \$109M investment to begin addressing the wait times in emergency departments (EDs) and ALC problem. A Performance Fund of \$ 39.5M has been allocated for the 23 poorest performing emergency rooms (Rouge Valley and Scarborough have been named in the CE LHIN). An allocation of \$38.5 million will be made for increased home care personal support and homemaking services and enhanced integration between hospitals and Community Care Access Centres. New funding to provide community alternatives to hospital care (\$22M) has been allocated. CE LHIN will receive \$1,688,675 of this funding. The province is providing funds to put in place nurses dedicated to care for patients who arrive by ambulance allowing paramedics to return more quickly to the community (\$4.5 M). Fourteen nurse-led outreach teams (one per LHIN) will be created to provide residents of LTC homes timely and appropriate care. The teams will access urgent problems, determine the need for hospital care and provide intervention in cases where unnecessary visits to the hospital and the ED can be avoided. Dr. Allan Hudson, Provincial Executive Lead, Access to Services and Wait Times, addressed the CE LHIN on June 4<sup>th</sup> and provided more details on this important provincial strategy.

### **MOHLTC Stabilization Funding for Community Services**

The MOHLTC announced base funding increases, over and above the 2007/08 base allocation. In 2008/09 Community Care Access Centres will receive a 4% increase, 2.25% increase for Community Support Services (CSS), 2.25% increase for Assisted Living Services in Supportive Housing, 2.25% increase for Acquired Brain Injury (ABI), 2.25% increase for Community Mental Health, 2.25% increase for Addictions Programs, and 1.5% increase for Long-Term Care Homes (this is in addition to the 1.87% base acuity increase already provided to LTC at the beginning of 2008/09).

### **The Change Foundation**

The CE LHIN attended an invitational dialogue entitled, "Lessons & Confessions" from the Regionalized Healthcare Front: Where can they lead Ontario? Former Deputy Ministers, CEOs of Regional Authorities and others spoke about their experience with integration and regionalization and lessons learned.

## **Clinical Services Planning**

With the support of the Central East CCAC, the selection of the vendor has been completed and will be officially announced with final approval from the Board at the June 6<sup>th</sup> meeting. The Clinical Services Plan Steering Committee membership has been finalized and the first meeting will be held on June 16<sup>th</sup>. The estimated timeframe for the completion of Phase 1 of the project is between 6 – 9 months. A very aggressive work plan is under development and we are pleased with the support we have been receiving from key stakeholders to date.

## **CE LHIN E-Health Activities**

The CE LHIN e-Health Steering Committee hosted ADM Gail Peach and her MOHLTC staff at a day long session. Major projects underway in the LHIN were highlighted (i.e. shared Data Centre, progress with creating one regional Hospital Information System, implementation of CCAC's Client Health Related Information System (CHRIS) (go live May 26<sup>th</sup>), Hospital Diagnostic Imaging Repository, Project and Portfolio Management, etc.). The MOHLTC provided an update on the provincial e-Health strategy. A two day CEO/CIO planning session has been scheduled with the MOHLTC at the end of June to discuss moving ahead with the provincial strategy across all 14 LHINS.. An update on CE LHIN activities and provincial directions will be provided to the Board after this session is held.

## **CE LHIN June 16 -18, 2008 Symposium: "Authenticity, Abundance and Alignment"**

Our CE LHIN planning committee (James Meloche, Karen O'Brien-Monaghan, Katie Cronin-Wood, Scott MacPherson, Emily Van de Klippe, Andrew Marsden, Lindsay Wyers, Susan Plewes and Jean Achmatowicz MacLeod) have been working diligently preparing for our up and coming symposium. This annual event provides an excellent opportunity for networking and learning as we come together to celebrate our successes in the first year of implementing priorities identified in the Integrated Health Services Plan and prepare to align our activities for continued implementation in the coming year. We are particularly excited this year to be offering a governance stream.

## **Comings and Goings in the LHIN**

We have welcomed three new staff to the CE LHIN operations. Emily Van de Klippe assumed the position of Project Coordinator on March 31<sup>st</sup>. She is responsible for monitoring and tracking all projects and business initiatives related to the Central East LHIN. Suzette Stines-Walford, assumed the contract position of Business Receptionist on April 21<sup>st</sup>. Suzette is our first point of contact with the public, stakeholders and vendors. She will be responsible for providing support for all reception functions, general and back-up administrative support to the team. Jenny Burgess, assumed the position of Health Planner on May 20<sup>th</sup>. Jenny will be supporting the Chronic Disease Prevention and Wait Time portfolio. She will be responsible for the executive of local health system planning, data analysis, integration and service coordination for sustained health system outcomes and population health.

On April 18<sup>th</sup> the Central East LHIN Board and staff said farewell to Sandi Kendall who accepted the position of Health System Analyst at the Canadian Mental Health Association, Ontario Division. Karen Kennedy-Slade has joined the LHIN from a temporary help agency to assume the role of Corporate Coordinator. She will remain in the role until a permanent replacement is in place.

Recruitment for the Business Support Manager position is in its final stages. An offer will be going out in the next week pending reference check results. Interviews will commence the week of June 9<sup>th</sup> for the Senior Director, Performance, Contracts and Allocations.

### **Community Engagement and Speaking Engagements:**

**Finally, LHIN staff has been attending several functions on behalf of the LHIN including:**

- Kate Reed was present for the unveiling of affordable housing in Peterborough with federal, provincial and municipal elected officials.
- I and James Meloche were joined by Board member Stephan Kylie for the official opening of the new Peterborough Regional Health Centre on May 9<sup>th</sup>.
- All staff was present for the Annual Innovations Expo and Aging at Home Expo in Toronto, April 22<sup>nd</sup> and 23<sup>rd</sup>.

### **Guest Speaker Engagements:**

- James Meloche and Kate Reed provided an overview of the AAH Strategy to the Senior Management and Staff for the Region of Durham Services for Seniors on April 29<sup>th</sup>.
- James Meloche represented LHINs at the OHA conference "Labour Relations in a LHIN Environment Conference" on May 30<sup>th</sup>.
- Deborah Hammons was invited to speak at Durham Mental Health Services' 20<sup>th</sup> Anniversary Celebration on May 28<sup>th</sup>. (Jean Achmatowicz MacLeod substituted due to a conflict.
- Deborah Hammons was a panelist at the Uxbridge Community Meeting on June 3, 2008