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Central East Local Health Integration Network
CEO Report to the Board
May 19th, 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:

Chronic Kidney Disease Project Lakeridge Health Corporation Site

Performance indicators for this project are reported to the Lakeridge Health Corporation and to the hospital board on a quarterly basis. The results from the year-end report were featured as part of the key accomplishments for improvement in the hospital accreditation process (week of April 20th). The initial feedback from accreditors was that Lakeridge Health Corporation's renal services have an excellent patient-centred program.

Chronic Kidney Disease Project Scarborough Site

The project has conducted a total of 76 clinics including health fairs since June 2008, screening a total of 2151 individuals for risk factors of kidney disease. Individuals screened who present with high risk factors are encouraged to sign up for a three week course upon completion of the screening procedure. Individuals are also referred to the Chronic Disease Self Management Course.

Self Management Priority Project

The Self Management Project has exceeded its initial target to enroll 400 participants in self-management training programs by April 2009. As of the beginning of May 2009, the program has trained 550 individuals. Recently, Jeanne Thomas, Senior Integration Consultant, CDPM Portfolio was nominated for the Ontario Association of Community Care Access Centers for the Award of Excellence for Systems Partnership. Don Ford, CEO of the Central East CCAC commended Jeanne, Margery Konan, Project Manager and the project team members for the success of the project and the wonderful example of collaboration that provides a best practice model of team effort.

Mental Health & Addictions:

Upon the request of the Ministry, the CE LHIN submitted its recommendations for additional Rent Supplement Allocations on April 30, 2009. Those recommendations were based upon a local consultation process and submission of Expression of Interest from each of the three Clusters. Recommendations for the 72 units were targeted to single women, mothers, seniors and youth. Ministry decisions will be shared with the Board and providers when available.

Supporting our ED Pay for Performance program, the MHA Crisis Team and Beds Enhancement and Urgent Care Clinic have received support from MHA Steering Committee and ED Task Group. Implementation of these enhancements is now underway.
The MHA portfolio lead attended 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. A report summarizing this roundtable discussion of LHINs, health service

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providers, clients and family members is forthcoming, and further consultations will be held. There was significant interest in the CE LHIN's Cultural Diversity and Equity Project.

The MHA Portfolio Lead also attended the Behavioural Assessment Unit Consultation on April 16th. This event had great representation from the CE LHIN, and was also attended by ADM Ken Deane. The event provided an opportunity to learn and network, and demonstrated the need for greater integration between the mental health and long-term care sectors. Behavioural Assessment Units are expensive but important resources that need to be strategically placed in order to meet the needs of senior with behaviours stemming from mental illness and/or dementia.

Disordered Eating

The disordered eating project transition coordinator has begun the process of working with clients connecting them to services back in our LHIN from inpatient treatment. Phase two involves assisting individuals with the transition from community hospitals as well.

The first Grand Rounds were held with speaker Dr. Woodside from The Grace Hospital April 16 at the Rouge Valley Centenary site. Twenty-three physicians were in attendance. The next rounds will be held at Peterborough Regional Health Centre May 29.

Seamless Care for Seniors/Aging at Home Portfolio

Home At Last Project (HAL)

The HAL Project phase is wrapping up for transition from a project to a program. The last of the sites have been established in Northumberland, Scarborough Phase 2 and Haliburton, in the latter part of April to early May. The project manager will complete her work at the end of June. Community Care Durham will ensure the sites are reporting on quality and financial measures quarterly and as per the Ministry requirements, an evaluation will be required to transition the pilot sites into programs towards the end of 2009/10.

Aboriginal Engagement

With the assistance of our KPMG Consulting Team, James Meloche has conducted individual consultations with most of our First Nation communities, and Aboriginal and Métis stakeholders. A few individual consultations remain and will be concluded prior to a plenary gathering of First Nation, Aboriginal and Métis leaders on May 22, 2009. The purpose of the consultation is to obtain feedback and consensus on a Terms of Reference for the "First Nation, Aboriginal and Métis Health Advisory Circle." The final name and functions of the "Circle" are to be determined by consensus by local leaders, and consistent with the government's regulation as prescribed by LHSIA. The culmination of this process will be marked by an official signing of the Terms of Reference by the leaders of the First Nations, Aboriginal and Métis leaders and the Central East LHIN Board is expected to take place in late June.

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2009/10 Symposium

Approximately 350 planning partners including network, steering committee and health service provider participants have registered for this year's symposium (May 14th-15th, 2009). This year's event is focused on the theme of "Making A Difference" and attendees will be challenged to consider how they are making a difference in the health of our Central East LHIN communities. In addition, this event is a significant milestone in the development of our next Integrated Health Service Plan - specifically designed to meet the needs of our health care priorities - Seamless Care for Seniors, Mental Health and Addictions and Chronic Disease Prevention and Management as well as the MOHLTC's priorities of reduction in ED/ALC, Diabetes.

The content for the symposium was developed in conjunction with the work of the Integrated Health Service Plan project team and the symposium planning team. Much of the past month has been spent consulting with steering committees, collaboratives, performance and allocations and planning, integration and community engagement representatives, to begin the process of aligning the planning framework to the Triple Aim principles, and to focus on a few major goals or "big green dots". The 2010-2013 Integrated Health Services Plan will continue to be developed beyond the 2009 Symposium as planning partners help to identify programs and initiatives to "move" the CE LHIN goals towards improvement. This phase of the project will be carried out during the summer of 2009. Additionally, a telephone survey and web-based consultation will be conducted to gather a wider range of CE LHIN citizen perspectives on how we can make a difference in the health of our communities.

Clinical Services Plan – One Acute Care Network

A summary of community engagement feedback on the Clinical Services Plan including recommendations from approximately 780 persons, 35 sessions held with planning partners including Boards, administration and staff of CELHIN hospitals, other Health Service Providers, physicians, unions, government and the public, will be presented to the Board on May 19th.

Over the past two months, hospital boards have indicated their support for a motion proposed by the CELHIN Board, which speaks to planning and delivery of health care services as a 'One Acute Care Network'. Hospitals are now assessing the impact of the CSP Steering Committee recommendations within their own health service planning process.

Clinician leadership representatives within each hospital are working with their colleagues across the CE LHIN and adjacent LHINs on possible implementation steps, should the recommendations be adopted by planning partners.

Credentialing

With the assistance of the e-Health team, a RFQI for a common credentialing system for Hospitals in the CE LHIN has been developed. The common credentialing project is a recommendation of the Medical Leadership Group to the Clinical Services Planning (CSP) process. Working with the Medical Leadership Group we will review the responses to the RFQI and identify the steps necessary to create a common credentialing system shared by all hospitals within the LHIN.

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H1N1 Virus

The CE LHIN is one of many province-wide stakeholder groups connecting with the MOHLTC Emergency Operations Planning branch on a daily to weekly basis for updates on H1N1 virus policy and protocol directives of the Federal and Ontario government agencies. The CELHIN has established a network organized through the Surge Capacity Management Lead, Dr. Howard Clasky, the CE LHIN Regional Infection Control Network and facilitated by CE LHIN staff. The network is responsible for ensuring communications on directives and best practice developed by the MOHLTC, Regional Infection Control Network and Public Health via the CE LHIN Hospital Communication Leads group. The CE LHIN Primary Care Working Group has also been connecting with the network to bring focus to the practical application of directive/protocols at the primary care level (physician offices, walk-in clinics, hospital clinics) and appropriate interface and referral to hospital emergency departments. This and ongoing work will develop a more local (CELHIN-wide) coordinated response to this and future outbreaks of influenza.

Alternative Level of Care/Emergency Department Initiatives

The MOHLTC has established the following System Level Goals related to the ED/ALC initiatives:

- Reduce ER Demand – reducing the number of non-urgent cases that present at the ER will enable emergency clinicians to focus on patients with critical needs
- Increase ER Capacity / Performance – improving triage and admission processes and reducing ambulance offload times will enable emergency clinicians to provide more efficient care
- Improve Bed Utilization – improving bed utilization expedites patient throughput and maximizes hospital capacity

The Quarterly Stocktake Report demonstrates Ontario's progress towards the goals of the ED/ALC Strategy at the provincial and LHIN levels. It reports on measures that are available to the public, as well as the system and supplementary measures outlined in agreements between each LHIN and the MOHLTC. It also provides supplementary data to provide more insight into current performance levels. The first Stocktake report due on a quarterly basis, was submitted April 29th. CE LHIN representatives met with the MOHLTC to discuss the report on May 12th.

Performance Contracts/Allocations

The first Central East Local Health Integration Network (LHIN) Ministry/LHIN Accountability Agreement (MLAA) dashboard has been produced. Reports will be produced quarterly, 2 months after the end of each quarter

Hospital Service Accountability Agreements

LHIN staff have developed a work plan for the development of the new 2-year hospital accountability agreements (H-SAAs). This work plan includes planning and education sessions for the hospitals, as well as one-on-one meetings. The plan which has been introduced to the Central East Executive Committee, will be rolled out at the symposium (on display) as well as at a Board Education session.

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Ross Memorial Hospital

The LHIN has met with the CEO and CFO of Ross Memorial Hospital (RMH) to review the 2008/09 and 2009/10 fiscal plans. The LHIN is pleased to report that the hospital will finish with a 2008/2009 balanced budget. They currently project a .75% deficit position for 2009/10, which is within the balanced budget definition. Non-Urgent transportation and cost of Hospitalists continue to be pressures for RMH.

ALC Reporting

Hospitals are now providing weekly reports using the CE LHIN ALC report tool. The CE LHIN is also collaborating with the CCAC on ALC data-sharing that will allow for the inclusion of additional patient need and LTC placement information into the system.

The PCA team had their first team planning day on April 22nd which was a success and will continue on a quarterly basis.

eHealth

Funding from OntarioBuys for the Consolidated Data Centre Project has begun to flow. Whitby Mental Health Centre is serving as the Transfer Payment agency for this project which is serving 5 LHINs, 26 Hospitals and the Community Care Access Centre.

Meditech 6.0

The Health Information System Standards project continues to progress and will begin the process of setting standards for the Pharmacy and Community Wide Scheduling Modules. It is anticipated that the standards in other Clinical areas will be initiated in the fall of 2009. Whitby Mental Health Centre began the implementation of the financial portions of the Meditech 6.0 system in January 2009. The development of standards for Advanced Clinicals (physician Care Modules) will begin in January 2010.

Health Information System Governance within the LHIN

The Central East Executive Committee has initiated a process to review governance of the consolidated Hospital information systems within the LHIN. A governance consultant will be chosen to work with the CEEC partnership to outline a governance model.

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Core Business Requirements – LHIN Operations

Office Renovations

The office renovations upstairs are nearing completion. The boardroom has been converted to a smaller meeting room and three additional office/cubicles added in the remaining space. The downstairs unit should be ready for occupancy at the end of June, equipped with a larger boardroom and offices for the ehealth team.

Audit

The on-site audit was completed the week of May 4th- 8th. The auditor's preliminary report will be presented to the audit committee May 19th.

CRM Project

Key administrative staff have been licensed and trained on the use of the CRM database system. The CRM project team meets regularly and is working on a pilot project with the PCA unit, to incorporate the DataMart and CRM project processes.

Ministry Announcements

The Minister's Visit

The Honourable David Caplan, Minister of Health and Long-Term Care paid a visit to the Durham area on Monday May 4th. His itinerary included a visit to Lakeridge Health Corporation to announce that Durham Region residents will soon benefit from reduced wait times with a new MRI machine. The Ontario government will provide $800,000 in operating funding for the new MRI to increase access to needed diagnostic testing in Durham. The new MRI will provide an additional 3,120 scans annually, making it easier for those who need one to get it quicker and closer to home. More details of this visit are in the Chair's Report.

Internal Audit Review

The Health Audit Service Team (HAST) will be completing an integrated review of the Local Health Integration Networks during the 2009/10 fiscal year in order to assess the efficiency and operating effectiveness of key LHIN business processes in the areas of community engagement, local health system planning, funding and allocation, and accountability and performance management. The CE LHIN was not selected for audit in this preliminary sampling.

Urgent Priority Funds

The 2009/10 UPF allocations were announced, with 28 million dollars province-wide allocated to Core Components (LHIN Discretionary) which must align with the core principles of sustainability, transformation, access, equity and quality of care. LHINs will no longer be required to submit a detailed project plan/description to the Ministry for the core component of the UPF process. UPF funding cannot be used for LHIN operations/staff, pure planning or pure research activity. The remaining 22 million dollars assigned province-wide must be used to reduce ER demand, Increase ER Capacity/Performance

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and ensure a faster discharge for ALC patients. These initiatives must be documented using project plans identifying project description, rationale and anticipated outcomes. LHINs will also be required to provide updates as appropriate on relevant UPF-ER/ALC initiatives as part of the quarterly Stocktake Report Process.

Special Report On French Language Health Services Planning In Ontario, 2009

The French Language Services Commissioner is releasing a Special Report on French Language Health Services Planning in Ontario on Thursday, May 7, 2009. This report is expected to be critical to the Ministry of Health and Long-Term Care's French-language health services planning and will contribute to our efforts to implement a health care system where Francophones can enjoy greater access to quality French-language services across the province. Government has appointed a special Working Group, including representatives from the francophone community to reach recommendations about LHIN francophone community engagement. This work will be completed in the early Summer. The report addressed the provision of French-language health services in Ontario. The Commissioner made eight recommendations to the government about ways to enhance the delivery of high quality French-language health services in Ontario. The CE LHIN French Language Services Collaborative will review the recommendations at the next meeting.

Ontario's Physician Assistant Initiative

In December 2008 the Physician Assistant Implementation Steering Committee (PAISC) provided recommendations to the Ontario Ministry of Health and Long-Term Care (MOHLTC) on supporting the Physician Assistants (PAs) already working in Ontario in a "transition period" to March 2011 until a long term policy framework for PAs is articulated. At the January 2009 meeting of the PAISC the MOHLTC announced that it would extend the project rather than create a transition period. The Ministry response was to offer extensions so that employers could keep as many of the 62 PAs working in Ontario to March 2011 as possible. Extension period funding is provided to support the fulltime PAs currently employed in the demonstration project. Funding for additional positions will be made available in Expansion projects.

Standardized Provincial Alternate Level of Care (ALC) Definition

The Wait Time Information Program (WTIP), Cancer Care Ontario has been asked by the MOHLTC to develop an adoption strategy to support the use of a Provincial ALC definition. The new standard provincial ALC definition is built on all current provincial ALC definition work and was developed by a group of key healthcare stakeholders and clinical representatives province-wide. A standardized provincial ALC definition across the continuum of care will ensure that ALC data is reliable and accurate.

The Wait Time Information Program is working closely with the MOHLTC, the Local Health Integration Networks, Ontario Hospital Association, Ontario Medical Association, CIHC, OHQC, Registered Nurses Association of Ontario, and hospital representatives to engage stakeholders and ensure that by July 1, 2009, all acute and post-acute hospitals in Ontario are using the provincial ALC definition to designate patients as ALC.

Health Care Connect

Health Care Connect was launched February 12, 2009 and currently has 6660 patients registered across the province. 36% of the patients have been matched to a family health care provider, including 68% of all complex-vulnerable patients. A provincial Care Connector "Team Lead" is currently being recruited and is

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estimated to be in place by late May 2009. This position will provide central support and leadership to Care Connectors across the province and will be located at the Toronto Central CCAC.

A time-limited Physician Services Committee Working Group (Ministry and OMA) has been meeting since February 2009 to provide advice on the implementation of the program as well as to finalize the new incentives contained in the 2008 *Physician Services Agreement.*

Family Health Teams and Nurse-Practitioner Led Clinics

The MOHLTC is in the process of finalizing the call from proposals, including call locations, evaluation criteria for application assessment and key communications in advance of an anticipated summer 2009 Integrated Call for Proposals for the new Family Health Teams and Nurse-Practitioner Led Clinics. The key criteria for assessing need will be proportion of unattached patients, prevalence of one or more chronic diseases, number of full-time General Practitioners and Family Practitioners in a LHIN per 10,000 population. Additional indicators will be considered including number of unattached patients visiting walk-in clinics, and number of visits that could be treated elsewhere. Each LHIN is expected to designate a staff member to liaise with the Ministry prior to the call for proposals May 15th.

Long-Term Care Home Renewal Strategy

Phase I of the Long Term Care Home renewal strategy was launched on April 2, 2009. The allocation process was defined with successful applicants to be announced in the fall 2009. Deborah Hammons and John Lohrenz are on the MOHLTC/LHIN working group which will undertake to resolve outstanding issues and finalize a bed movement framework.

CE LHIN – Comings and Goings

Charli Law has joined the PCA unit for a 3 month contract. Charli will assist us with our APR reviews, reconciliation of opening allocations, UPF year 2 allocations, Aging at Home Year 2 start-up allocations and month-end for the CE LHIN operations budget.

Tapis Kar, a temp who assisted with the audit has finished his contract with the Central East LHIN and has moved on to other opportunities.

Congratulations to Emily Van de Klippe who obtained her Project Management Professional designation from the Project Management Institute in April 2009. This will help to further the project management capacity within the CE LHIN organization.

Respectfully submitted,

Deborah Hammons
Chief Executive Officer
Central East Local Health Integration Network