

CHAIR'S REPORT

February 17th, 2009

The Clinical Services Plan:

Today we will be receiving a Plan and accompanying recommendations directed to building a vision of "One Acute Care Network". This plan represents the culmination of many months of effort on the part of senior clinicians and leadership from all of the Hospitals within the Central East LHIN. We thank them for their dedication to the task and for their knowledge and wisdom related to the creation truly of an integrated hospital system.

All of us know, whether we are directly involved in providing services to patients or, whether we are members of the public looking to and depending on our Hospitals to provide care that we need from time to time, that our health system is under serious stress to maintain, let alone expand, programs and services. This is, of course, partly tied to economics and the financial pressures faced by the Province today and as a result of historic funding patterns. So, we are seeking ways that will help to sustain our publicly funded health system. But we are also looking to ensure that services are provided that meet professionally accepted standards and that lead to safe outcomes for patients. As clinical interventions have become more complex over the years, so too must we plan for services that meet current benchmarks. We must also continue to examine new opportunities to use our resources --- human, financial, physical --- which we have already invested.

For all of these reasons the Central East LHIN was concerned that we have a plan that would give us guidance particularly in relation to that part of the system which currently receives well over a billion dollars. We have made a good start with a focus on five key clinical areas. An excellent baseline of data for Central East has been documented. But, there are other disciplines and specialties that have not been examined or included in the Plan. One can think of geriatrics, for example, or rehabilitation medicine, or orthopedics, and others. More work is contemplated.

We have the recommendations of an expert Steering Committee. We also need the input and advice of other voices from the wider public. There will be perspectives, of necessity, that the Steering Committee may not have given consideration or sufficient weight. Our Board may also not have thought about important issues which we invite the community to tell us about at this point. The Plan and recommendations are available online for easy reference. We ask, however, as we did of the Steering Committee, that you take a broad view of how best to improve our health system in the knowledge that no government, or LHIN, can 'just send more money' forever. Think, as well, of how we can support local hospitals in their efforts to implement changes.

Once again, a thank you to the Steering Committee. It has been enormously gratifying to see the interest and integrity that you have brought to the process. Our Board appreciates it.

Engaged Communities.
Healthy Communities.

LHIN Collaborative (LHINC):

The Board will recall a proposal considered at our July meeting which would see a new collaborative structure emerge that would be led by the LHINs collectively. Although Central East did not support the concept or proposal, most LHINs did and the majority view has prevailed. Steps are now underway to create a new organization which will be referred to as the LHIN Collaborative (LHINC – pronounced “LINK”). In some respects it will serve to replace the JPPC as major involvement of the Ministry and provider associations as well as the LHINs is envisioned on both strategic and operational matters. If the Board is interested in further detail, I will arrange for a presentation as part of a future educational session.

Board Assessment:

It is the time of year that we usually conduct a Board assessment. This is expected to include both a peer assessment and a more general assessment as we have done in the past. I will arrange to follow up with you in the next few weeks.

Respectfully submitted,



Foster Loucks, Chair