



Hospital Clinical Services Plan Update to the CE LHIN Board

November 18, 2008

James Meloche, Senior Director,
Planning, Integration and Community Engagement

Engaged Communities.
Healthy Communities.

November 18, 2008 Report to CE LHIN Board

- Project Overview
 - Vision, Objective, Principles, Foundational Themes
- Project Update
 - Scope of Work: Four Goals and Status
 - Timelines
 - Report of the Steering Committee (Oct 28)
 - Governance and Change Management
 - Observations from Project Work to date

Clinical Services Planning Project Vision

*Improved and equitable patient access to
an integrated hospital system
that provides the highest quality of care
across the Central East Local Health Integration Network*

Engaged Communities.
Healthy Communities.

The Hospital Clinical Services Plan will guide initial steps in creating a “one acute care network” within the CE LHIN.

Foundational Themes

- Adopt a “**systems**” **focus** that respects **local access and local governance**
- Uses **evidence** to determine “appropriateness” of **local access versus regional & provincial access**
- Promote **innovation** and with a relentless focus on **quality**
- Advance the concept of **mutuality of support** between CE LHIN providers
- Promote the **sustainability** of the public health system.

Overarching Principles

- Improving **quality and safety** by grouping together clinical or medical/surgical specialists, their teams and appropriate physical resources.
- Expanding or creating new programs that would not be **viable or sustainable** at multiple sites.
- Creating **operational and clinical efficiencies** that would allow hospitals to focus on, and improve, their core programs.
- Create new “**centres of excellence**” to allow CE LHIN residents to receive services within the LHIN and, as **close-to-home** as possible.

The Scope of Work: Four Goals and Status

1. Hospital Service Planning and Scenario Modeling	% Complete
<ul style="list-style-type: none">▪ Service utilization patterns showing service location of patient vs. place of residence	<ul style="list-style-type: none">• 100%
<ul style="list-style-type: none">▪ Hospital utilization levels compared to acute bed maps	<ul style="list-style-type: none">• 100%
<ul style="list-style-type: none">▪ Cross LHIN inflow / outflow	<ul style="list-style-type: none">• 100%
<ul style="list-style-type: none">▪ Base case service-specific model of future demand within the CE LHIN	<ul style="list-style-type: none">• 90%
<ul style="list-style-type: none">▪ Scenario models that map future service-demand given changes in the service delivery model from integration opportunities	<ul style="list-style-type: none">• 90%

The Scope of Work: Four Goals and Status

2. Identifying Integration Opportunities and New Models of Service

% Complete

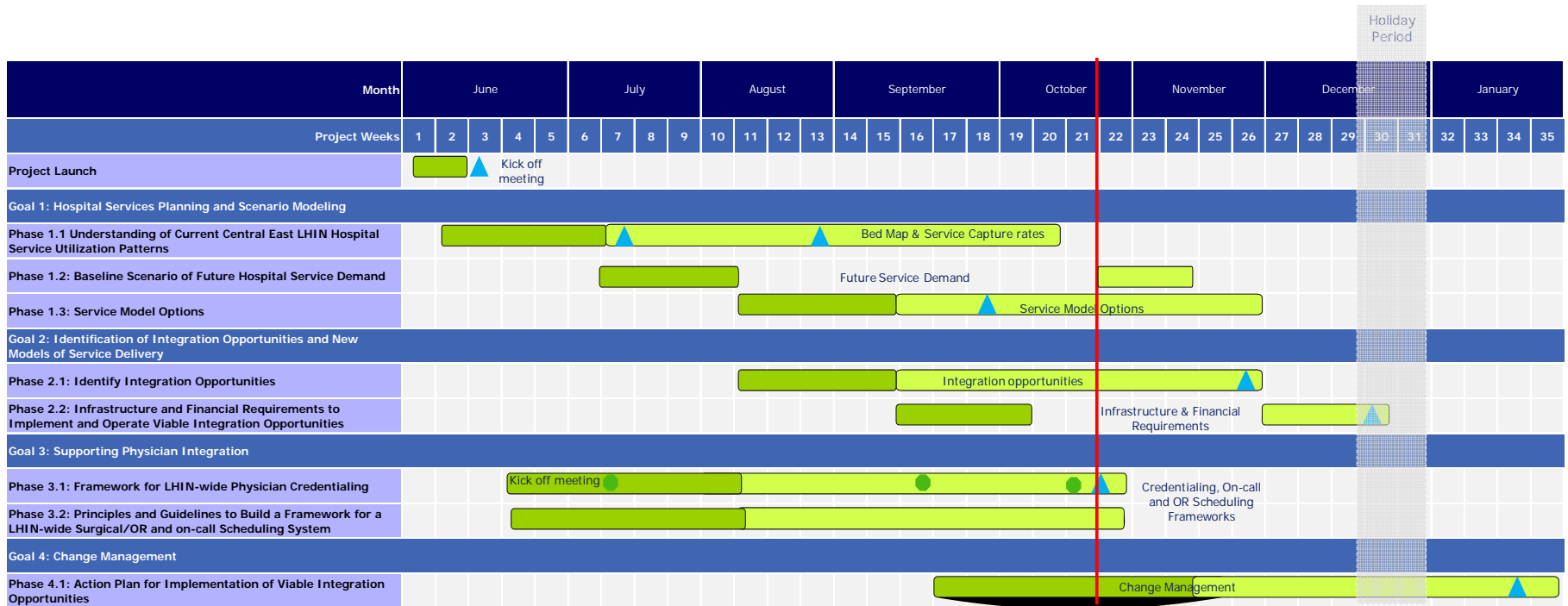
- | | |
|---|-------|
| ▪ Short, medium and long term integration opportunities | ▪ 20% |
| ▪ Short term integration opportunities to move forward on | ▪ 20% |
| ▪ Development plan of infrastructure requirements to seize short term integration opportunities | ▪ 0% |

Engaged Communities.
Healthy Communities.

The Scope of Work: Four Goals and Status

3. Supporting Physician Integration	% Complete
▪ A framework for LHIN-wide physician credentialing (including legal and practical requirements)	• 100%
▪ Principles and guidelines to build a framework for a LHIN-wide Surgical/OR and on-call Scheduling System	• 100%
▪ Current map of physician resources within CE LHIN	• 50%
4. Change Management Strategies	
▪ A recommended action plan for implementation of short-integration opportunities to support Central East LHIN Board decision-making.	• 10%

Project Update: Timelines as of Oct 28/08 (reviewed Nov 11/08)



- Medical Leadership meeting
- ▲ Steering Committee Meetings
- Original Project Time
- Extended Timeline
- ★ Draft Final Report



Engaged Communities.
Healthy Communities.



Report of the CSP Steering Committee

- **CSP Steering Committee Meeting (Oct 28th)**
 - Reviewed 5 Clinical Advisory Groups work to date
 - Developing ‘weighting’ for decision making criteria
 - Accepted Report of the Medical Leadership Advisory Group – recommendations on Goal 3
 - Stakeholder Engagement
 - Provided direction on elements of Communication Plan
 - Nov 25th - Hosting Reception and information session for multiple stakeholders
 - Leadership role within their own organizations

Governance and Change Management

- CSP Report including Change Management Plan
 - Report of the CSP Steering Committee to Board on Feb 17th, 2009
- The Communication Plan on the Report will allow for:
 - LHIN and Hospital board education
 - Physician and other stakeholder education and consultation
 - Options for implementation, including the emergence of voluntary integration opportunities by impacted health service providers
 - Execution of public communication plan
- Current activities of the Communication Plan: Information sessions conducted by:
 - Hospital leadership with internal and external stakeholders
 - CE LHIN staff with internal and external stakeholders

Observations from Project Work to date

- Hospital leadership (executive and senior front line clinical staff) fully engaged in the project and supporting each phase of the workplan
- Clinical advisory groups enhancing working relationship with colleagues across the LHIN, with immediate positive impact for patient care delivery
- Integration opportunities emerging on many levels of service delivery
- Improvements in eHealth systems will be critical to success of integration activities
- The 'journey' to develop a "one acute care network" for the CE LHIN, has just begun

Engaged Communities.
Healthy Communities.