

## Chair's Report

January 20<sup>th</sup>, 2009

### **Aging at Home:**

We are about to enter the second year of a three-year Provincial strategy that supports Aging at Home, a \$700 million investment addressing the needs of Seniors as our older demographic ages. Always intended to relieve the ALC pressures faced by Hospitals and other parts of the health system, this year we need to be mindful of the government's sharpened focus and expectation that proposals we support will have a clear impact on Emergency Room wait times and the related pressure to ensure bed availability, by decreasing the number of patients awaiting alternative placement, while occupying an acute care bed.

Indeed, Dr. Alan Hudson, who leads the Ministry's wait time strategies, expects wait times will soon be announced by the Ministry that will establish targets between registration in the ER and discharge/disposition, and likewise between the decision to admit and actual transfer to a ward. Similar to the big five wait times, individual Hospitals will track this data which will be posted online and made publicly available. As we consider our LHIN Aging at Home proposals, the key question becomes what degree of confidence do we have that ER wait times will be reduced, or that ALC numbers will decrease. No doubt, LHIN performance on these scores will be closely watched by the MOHLTC and by the government.

The background material provided today by our staff is helpful in understanding the government's priorities. We should recall that in transforming the health system, the Province sets policy, standards, and broad strategic direction. As local managers the LHIN needs to appreciate that this means ER/ALC solutions.

### **E-health Ontario:**

Most of you will have seen a recent newsletter concerning the emergence of E-health Ontario. It will be an entirely new entity that has incorporated Smart Systems for Health and will operate at arms length from government in much the same way as Cancer Care Ontario. With a focus on transparency and the need to support practitioners and their patients, the first deliverable will target diabetes, particularly as it relates to the management of primary care. E-prescribing will follow, and, as quickly as possible, the Electronic Health Record. We should ask our LHIN's e-health lead, Lewis Hooper, to join us at one of our next educational sessions for an update

### **New Director for the Board:**

Contrary to my last report, it now appears that the Minister is open to us bringing forward names for appointment to our Board. Although Minister Caplan still intends to develop a model matrix of expected competencies on a LHIN Board, as recommended by the Effectiveness Review, this will likely not be ready before the end of the fiscal year. The Chair of our Community Nominations Committee, Novina Wong, will re-start the process which had been temporarily delayed.

### **A Day's Retreat:**

Although not all of our Board were present at the beginning of our January educational session, there was discussion about a day's retreat in the near future, possibly in late March. Two broad themes are emerging. One would focus on re-visiting our strategic goals with the intention of learning from our Triple-Aim experience and identifying a seminal purpose that would capture and define our aspiration, intent, and legacy. The other would drill down into the operation and authority of the Board, particularly in relation to staff, Ministry, and Health Service Providers. Stay tuned.

### **Minister's Advice:**

In meeting with the Minister last week, he acknowledges that we face a challenging year. He spoke of the need for all of us to pull together. He mentioned that, as LHINs, many will take a cue from us, so we need to be mindful of our role and careful of the language we use. He added that he looks at and expects an overall outcome, not a cookie cutter approach but one appropriate to the local context.

### **Board to Board Meetings:**

We have established dates for our next Board to Board Collaborative meetings so as to engage governors in the rollout of the Clinical Services Plan. I expect that February 23<sup>rd</sup>, March 2<sup>nd</sup> and 4<sup>th</sup> will be opportunities for us to present the Plan and begin to obtain feedback as we move forward. Please plan to attend at least one of these meetings.

**Respectfully submitted,**



**Foster Loucks, Chair  
Central East LHIN**