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Central East Local Health Integration Network
CEO Report to the Board
June 16th, 2009

The following is a compilation of some of the major events/activities which have occurred over the last month:

Alternative Level of Care/Emergency Department Initiatives

Year 2 Emergency Department (ED) Pay for Results initiatives continue to be planned and implemented. Of interest is the collaborative planning effort of Mental Health and Addictions (MHA) providers in the Durham region to plan five projects to support MHA clients in avoiding inappropriate use of Durham hospital EDs - Community Crisis Beds, Crisis Response Team, MH Support Unit, Warm Line, and Enhanced Community Treatment Orders program. CE LHIN staff continues to work with this group to formulate a formal MHA ED Avoidance Coalition and will form an official partnership with the Institute for Healthcare Improvement (IHI) in their Protyping Project related to "Reducing Avoidable Emergency Department Visits".

Nurse Practitioners have been hired for two of the three Nurse Practitioner (NP) Outreach teams and have begun orientation training this month. Alternative recruitment strategies have been implemented to locate NPs to join the Community Care Access Centre-led team in the North East cluster.

The Peterborough Regional Health Centre (PRHC) Alternate Level of Care (ALC) Assessment and Coaching Team presented its findings to PRHC on June 4th. The final report will be presented to the CE LHIN Board for information once completed.

The Transitional Care Unit at Oakwood Retirement Communities (Village of Taunton Mills) has been formally established and is ramping up to its full capacity of 20 beds by the first of July.

The Quarterly meeting with Ministry of Health and Long Term Care (MOHLTC) Assistant Deputy Minister, Ken Deane, and the ED/ALC Performance Leads meeting have validated the CE LHIN balanced approach of focusing on all three ED/ALC Goals - ED Diversion, ER Capacity and Performance and Bed Utilization, employing the Triple Aim framework.

Chronic Disease Prevention and Management (CDPM):

The May Symposium provided useful direction to the CDPM Steering Committee for the development of the refreshed Integrated Health Service Plan (IHSP). Current focus areas, which will be further refined in coming months include the following:

1. A comprehensive working definition of "Integrated Diabetes Care" which involves identification of LHIN level strategies focused on the awareness of common risk factors for various chronic conditions, integrated diabetes and vascular disease prevention, early identification/screening and management approaches (medical intervention, education and self-management/efficacy); the integration of the continuum of care needs for clients including primary, specialty and education centre care; as well as an 'integrated' whole person approach to management of diabetes considering health conditions/needs and the social determinants of health (income, education, social (family/friend) support networks, gender etc.).

2. Continuation and expansion of the promotion of Self Management Training for Consumers and Caregivers and an expanded focus on supports for front-line Healthcare providers to enable them to support clients to set and achieve their self-management goals including the development of a Self Management Support Toolkit for Health Service Providers.

3. An increased emphasis on diverting ED visits and avoidable hospital admissions by improving the early identification/screening and management of chronic health conditions in primary care and other non-acute care settings (e.g. clinics, home, school, place of work).

4. The importance of increasing awareness of biophysical and behavioural best practice targets and providing education and interdisciplinary care to support movement of clients toward best practice levels for blood pressure; lipids, blood glucose, daily nutrition, physical activity and self management of their own health conditions.

The work within each of the existing priority project teams and upcoming demonstration initiatives (i.e. CE LHIN ehealth Diabetes Indicators pilot; Unattached Patient Assessment and Comprehensive Vascular Disease Prevention and Management) will advance the above.

Primary Care

The Primary Care Working Group met in April, attended the May Symposium and met on June 3rd. The current focus of discussions include the primary care response to the H1N1 Virus and the CE LHIN and provincial level strategies to increase access to primary and community care for unattached clients (e.g. the CE LHIN Unattached Patient Assessment demonstration project and provincial initiatives, Health Care Connect program and Nurse Practitioner /Family Health Team expansion).

Mental Health & Addictions

The Mental Health Steering Committee met May 27th to revise the work plan in order to reflect the CE LHIN Big Goals, introduced at the Symposium. The committee is also in the process of reviewing their Terms of Reference along with the Mental Health and Addictions Systems Level Map.

Seamless Care for Seniors/Aging at Home Portfolio

The MOHLTC has asked all LHINs to decide, as a matter of policy, whether they wish to fund operational costs related to residential hospices. The intent is to have as consensus across the province as significant changes to legislation, regulation and policy is required if the answer is "yes."

Twenty one of twenty two proposals have been approved for the Aging at Home Strategy Year 2. The funding letters for Year 2 are in process and funding is expected to become available at the end of June.

The Seamless Care for Seniors Steering Committee strategized on how it could contribute to achieving the two large goals (reducing ED wait times and impacts of vascular disease) in advancing the Integrated Health Services Plan. Extensive discussion took place on the concept of senior friendly hospitals and how this could have significant impact on the system. The MOHLTC is also in the process of developing some policy around the housing and support service needs of seniors designated as Alternative Level of Care (ALC). LHIN staff has provided input to the policy.

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2009/10 Symposium

Our thanks to the hundreds of planning partner volunteers from Central East LHIN collaboratives, networks and task groups, health service providers, project teams and board members who attended this year's 2009 Symposium. Information shared and feedback gathered at the two-day event is now being reviewed and will begin to form the content for the Central East LHIN's next Integrated Health Services Plan (IHSP) which is being developed over the summer and early fall. All the presentations and posters from the two-day event are posted on the Central East LHIN website behind the 2009 Symposium button including webcasts of the opening session on the 14th, the panel presentation over lunch on the 14th and Dr. Hudson's presentation on the 15th.

Integrated Health Service Plan (IHSP)

The refresh of the IHSP is on track according to the developed workplan. A recent success of the combined Symposium and IHSP Project Teams is the engagement of planning partners at the 2009 Symposium to obtain feedback on the CE LHIN's Big Goals and the development of smaller green dot goals for system performance. A further planning session has been scheduled with select planning partners to identify the next steps and initiatives required to specifically reach the CE LHIN's two Big Goals. This planning session will take place on June 22nd, 2009 and provide the Project Team with much of the content needed to write the IHSP.

Marketing vendors have submitted proposals to the Project Manager of the IHSP to detail how they would carry out a telephone poll with local residents in the CE LHIN to gain a measure of consumer confidence in our healthcare system. A sub-committee of the Project Team has been given the task of determining a preferred model for addressing the issue and to develop survey questions with the selected vendor.

Throughout July, the Project Team will be writing the first draft of the IHSP to be completed in early August. The Project Manager continues to liaise with the Pan-LHIN IHSP 2 working group to ensure that the CE LHIN IHSP contains the mandatory elements for all LHINs to support consistency.

Triple Aim Framework

The Central East LHIN has taken the initiative to encourage all other LHINs to adopt the IHI Triple Aim framework by proposing a strategy that will blend learning with practical application of the Triple Aim to each of the LHIN's priority areas leading to the development of the IHSP. In keeping with the IHI approach to focused action-based learning, we are suggesting the establishment of four to five specific topic areas that are relevant to each LHIN's IHSP priorities and planned application of Triple Aim. While there will be a common learning opportunity for all participating LHINs, the topic groups will provide a practical and focused opportunity for LHINs to apply the Triple Aim to specific programs and priorities and to share and develop common content and strategies that could be used in their IHSPs.

12 of the 14 LHINs have agreed to a partnership with the IHI, and in doing so to apply the Triple Aim approach to all or part of the IHI. The learnings and approaches in each of these topic areas will also provide a solid foundation for part of the provincial LHIN-IHI/Triple Aim summit agenda scheduled for September 17th, 2009 (note that a Save the Date flyer will be emailed later in June).

Clinical Services Plan

Susan Plewes and Dr. Rob Drury were invited to present at the June 22nd InSight 4th Annual LHIN Forum: *Integrating Services and Information Technology.* The topic of the presentation will be Identifying Ongoing and Future Health Care Requirements for Clinical Services Plans, on a LHIN-wide basis.

Our Communications Lead along with Jonathan Bennett from Peterborough Regional Health Centre and David Brazeau from Rouge Valley Health System presented to the Ontario Hospital Association's Community Affairs and Communications Network on the communication partnership between LHINs and health service providers. The Clinical Service Plan was used as a case study.

Surge Capacity

Surge capacity management aims at enabling hospitals and LHINS to cope with temporary spikes in demand for short periods of time. A provincial plan of action has been developed and highlights 5 main outcomes for the program:

1. Individual hospitals will have significantly improved capacity to manage minor surges in demand for critical care services.

2. The LHIN will be represented by the Critical Care LHIN Lead and will significantly improve its capacity to manage moderate surges in demand for critical care services, leveraging the aggregate of critical care resources within the LHIN.

3. There will be a range of resources to support surge capacity management at a provincial level including an interactive web tool kit and lessons learned report.

4. The LHIN will establish a critical care network to work in collaboration with the Critical Care Secretariat.

5. A patient referral framework will be developed to enable specialty services and regional resources to be identified in a timely manner.

A project plan is being developed by the CE LHIN Critical Care Lead and the One Acute Care Network Lead that will reflect the provincial implementation plan and the LHIN plan to monitor responsibilities of the hospitals and CELHIN. The implementation completion date is March 31st, 2010.

Performance Contracts/Allocations

Both the hospital (H-SAAs) and Long Term Care Home (L-SAAs) Accountability Agreements are in development by the MOHLTC. The success of the projects is contingent on the Ministry and LHINS finalizing these agreements with their stakeholders, and ensuring the necessary systems are in place in time to gather the data for the agreements.

Two of the major activities this year will be to complete the service accountability agreements for the long-term care home and the hospital sectors. Planning began in May to prepare to engage each sector early in the process, regarding the critical issues and timelines required to finalize all agreements by March 31st, 2010. The Performance Contracts and Allocations team met to develop two high-level project plans and timelines.

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The hospital (HAPS) project overview was presented by Paul Barker to the Central East Executive Committee and strongly supported by that group. There was consensus to start the process early by meeting for a full planning day in June. Work also began on the Long Term Care Home (LTCH) agreements process. Team members planned and met with homes in the Lindsay area in their first 'Pre- Long-Term Care Sector Accountability Agreement Meet & Greet', one of the first events in Ontario to engage this sector on this issue. The Long-Term Care Sector Accountability Agreement is a new agreement and there are many potential issues that will need active discussion with the sector. Additional events are planned for June. In particular, the sector has never been accountable for quality of health outcomes, and the selection of performance indicators will be a critical new addition to the agreement which will be subject to review and approval by their associations.

Hospital Service Accountability Agreements (H-SAAs)

The Hospital Service Accountability Agreement Dashboard **(see Appendix A)** has been developed to enable users in how best to gauge & determine the current status of each public hospital within Central East LHIN in accordance with established priorities and strategies. This will facilitate individual Hospital reviews that will be conducted for each reporting period (fiscal quarters & Year End).

The primary objectives are:

1. Assessment of performance (all domains/quadrants for designated performance requirement/obligations):
   a. Meeting negotiated targets/performance standards/corridors,
   b. Comparison of actuals vs budget and;
   c. Funding reconciliation;

2. Identification of emerging issues/pressures/risks as well as status, both at the organization level and how this impacts at the system level (facilitating quick assessment of current status for further analysis if required).

3. Work collaboratively with each Hospital and other internal/external stakeholders in the development of innovative solutions to address and resolve identified issues where applicable.

- Dialogue and subsequent follow-up where required and in accordance with the "Prioritization Framework" and principles contained within the H-SAA (e.g. Performance Management and Improvement, Section 9.0).

- Development/Implementation of recommended solutions and outcome assessments going-forward (analysis of impact).

- Alignment with CE LHIN priorities and strategies as well as provincially-mandated priorities and strategies. The key mandate is to develop a better understanding of each Hospital's performance for each indicator in each quadrant as well as in relation to the pressures they are facing and how this is impacting at various levels.

- Supplementary reports will be developed and revised as needed/required to ensure flexibility and responsiveness to successfully meet current and future commitments.

Note: The data displayed is sourced from each Hospital's Hospital Annual Planning Submission (2008) and Quarterly Reports via the Web-Enabled Reporting System (WERS).

Funding and Allocations

The funding and allocations activities this month included: Funding letters &/or Allocation Payments for the Aging at Home Year 1: 2009/10 funding, ED-Pay for Results (2009/10 Planning), Critical Care Nursing: Final Report template, Aging at Home Year 2 (Approved Projects): Project schedule submitted to MOH, CKD/Cardiac planned volumes for 2009/10 submitted to Provincial Priority Branch, Audit, Initiatives (AAH/UPF Etc.) report on funding/performance from 2007/08 to 2009/10.

The Health Service Improvement (H-SIP) process has been developed for on-line completion and will be launched once consensus is reached on the process.

Core Business Requirements – LHIN Operations

The month of May 2009 for the Business Unit was to focus on the preparation for the annual audit process. The audit field work was scheduled for the first week of May and the draft audited financial statements were presented to the audit committee on May 19, 2009. The CE LHIN year end surplus was less than the 1% objective on the operations budget as per directed by the LHIN Liaison Branch. The 2008-2009 expenditures included an IT wireless network system, security system upgrades and furnishings for the additional office space.

The construction on the additional office space remains on target with an occupancy date of end of June 2009.

CRM Project

The CRM project team has received feedback from the LHINs after the training was rolled out. The remainder of the training sessions have been cancelled and the service provider is working with an ad hoc committee to ensure the system is adequate for the needs of the LHINs. This will delay the project schedule.

Ministry Announcements

eHealth Update

The Honourable David Caplan, Minister of Health and Long Term Care made a formal announcement June 7th regarding the situation with eHealth Ontario. In his announcement he stated, “The eHealth agenda is one of this government's top priorities. While we have recently seen progress and momentum, many valid concerns have been raised regarding eHealth Ontario. That's why I directed the board of eHealth Ontario to launch a third-party review of the agency, overseen by a government auditor, and requested that the Auditor General report on his own review as quickly as possible. I am acting immediately upon the ehealth’s board’s request to revoke Sarah Kramer's appointment as eHealth Ontario President and Chief Executive Officer. Ron Sapsford, Deputy Minister of Health and Long Term Care, will serve as acting President and Chief Executive Officer of eHealth Ontario until an interim President and CEO can quickly be appointed”.
The Council of e-health LHIN leads meet with the Deputy on Monday to discuss the current status of e-health.

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The Deputy is committed to keeping the e-health projects moving as quickly as possible, with the minimum amount of delays. Meetings on the Greater Toronto Area Health Information Abstracting Layer project which includes the CE LHIN with the ehealth board have been delayed by one month. Meetings with the CEO of e-health re the Data Centre project are being rescheduled with Senior staff at the e-health office.

Urgent Priorities Fund

The MOHLTC released the 2009/10 Urgent priorities fund announcement. The 2009/10 allocation remains at $3,837,898. Of the total, $1,688,675 must be used to address ER/ALC pressures in the LHIN. The LHINs will be required to submit a project schedule and description for each of these initiatives. The remainder of the funds are to be used to address urgent local priorities and comprise the core component of the fund. LHINs are encouraged to use the principles of sustainability, transformation, access & equity and quality of care in decision making. Urgent Priority Funds may not be used to fund LHIN operations/staff, pure planning or pure research activities.

Bellwood Health Services

The Ministry of Health and Long Term Care issued a Private Hospital License to the Bellwood Health Services, reflecting the change in classification of Bellwood Hospital to a Nervous Ailments Hospital and hospital for Alcoholic Patients.

Ontario Health Quality Council

The Ontario Quality Health Council released its 2009 report on Ontario's Health System June 9th. Some of the key findings of the report are:

> Significant improvements have been made in shrinking waits for some types of surgery and high-tech imaging, but many Ontarians still wait too long for urgent cancer surgery, MRI scans, specialists or a space in a nursing home.
>
> This inadequate use of technology is one of the biggest barriers to high quality care we face in Ontario. Without integrated information technology, data moves haphazardly and professionals may lack crucial information.
>
> But there are major gaps in the careful monitoring, rigorous drug therapy and professional support to the chronically ill. Keeping track of the monitoring, tests and prescriptions that chronically ill patients need has to be routine and thorough at a level that can really only be achieved with electronic health records, further promoting the need for the ehealth projects.
>
> There have been some modest improvements in quality in our health system and for that we are thankful. However, progress is far too slow and in some cases has stalled. Ontario researchers working on the Quality by Design project funded by the Ministry of Health and Long-Term Care have recently published an analysis of healthcare systems around the world that have the best results on quality. Their case studies show getting rapid improvements across a system takes strong leadership, a culture of quality improvement, staff skilled at managing change, incentives and recognition for quality and real-time information on how the system is performing and where it needs to improve.

L-SAA Steering Committee

As co-chair of the L-SAA Steering Committee, I am pleased to announce that we have finalized our terms of reference and developed guiding principles for the L-SAA agreements. A high-level timeline has also been prepared with final agreement on indicators, L-SAA and LAPS templates are due to be completed in October.

Sharkey Report

In May 2008, the government released the Sharkey report People Caring for People: Impacting the Quality of Life and Care of Residents of Long-Term Care Homes. The report included 11 recommendations related to strengthening staff capacity and accountability for better outcomes in the L-SAA Steering Committee. LTC homes sector. The Steering Committee received information regarding three initiatives aimed at implementing Sharkey's recommendations that have implications for L-SAA development:

- Increased Staff Capacity (Complete RAI Coordinator, Nurses, and PSW roll out)
- Staffing Plan Framework (Implement staffing plan and integrate with L-SAA
- Development of Quality Indicators (Develop balanced scorecard framework Spring 09, clinical quality indicators, satisfaction surveys, full implementation of RAI MDS

H1N1 Virus

Rx Canada has been contracted by the Public Health Agency of Canada to develop and operate a National Antiviral and OTC Monitoring Program during the H1N1 influenza outbreak. This important public health care program has been made possible by the support of participating retail pharmacy groups. Rx Canada will work with Canadian national pharmacy retail chains and pharmacy stakeholders to leverage its existing prescription drug data management infrastructure to develop, implement and deliver timely national antiviral surveillance capacity for Public Health Agency of Canada. Additionally, this program will serve as a pilot project for the proposed comprehensive national surveillance program.

CE LHIN – Comings and Goings

I am pleased to announce that Amanda English has joined the CE LHIN in the position of Health Force Ontario Partnership Coordinator, Central East LHIN effective June 15th, 2009.

Vince Ruttan has accepted an opportunity to work on an automated flow process for our participating hospitals, leaving the CE LHIN on June 12th. Vince has brought us innovative tools to enhance our capacity to provide efficient, accurate and streamlined database information. We wish him well on his new ventures.

Respectfully submitted,

Deborah Hammons
Chief Executive Officer
Central East Local Health Integration Network