

CHAIR'S REPORT

March 28th, 2008

Chairing the LHIN

Let me start this Report where I left off in February. In closed session the Board reviewed the set of circumstances which I face over the next number of months and, following this discussion, asked me to reconsider my course of action. Recognizing that my surgery is still a priority, the members of the Board have assured me that they are willing and able to cover my absence and to undertake additional duties as necessary. More than that, I particularly appreciate the expressions of support for my chairmanship and, indeed, the approach and commitment that I try to bring to the role. Consequently, I have further advised the Minister that I am open to a re-appointment when my term expires at the end of May. Thanks to all of you and to our staff as well.

Dates to Remember

So as to facilitate your schedule and involvement in various events, I would like to remind you of some key dates. Some are already set and others are planned. The Innovations in Healthcare Expo is to be held on April 22rd at the Metro Convention Centre. All are welcome to visit the display area and meet with colleagues from the other LHINs and with Health Service Providers. This will be followed on April 23rd by the Aging at Home Showcase. We are also planning our annual retreat and have tentatively scheduled May 1st (evening) and May 2nd, subject to your availability and confirmation of a facilitator. Also, keep our Annual Planning Symposium in mind, June 16th to June 18th, at the UOIT. At this time we hope to initiate a broader Board-to-Board discussion and process.

Accountability Agreement Template Development

As you know, the LHINs are required to enter into Accountability Agreements in the coming fiscal period with health service providers from sectors that include mental health and addictions services, community support service agencies, Community Health Centres, and the Community Care Access Centre. Templates similar to that developed for the Hospitals must be prepared in time for use this fall when the Health Service Providers

will be ready to proceed with the process leading to signed Agreements a year from now. There is an opportunity for members of the Board to participate in the creation of the templates at four working tables by sector. Please let me know of your interest so that I can forward your name.

Balancing Transparency and Confidentiality

The Board appreciates that as a LHIN we quite frequently wrestle with the competing interests inherent to the balance between conducting business publicly and openly on the one hand, and on the other with reasonable provisions that protect private or confidential interests. The LHSIA under section 16(1) and (6) imposes an obligation on both LHINs and Health Service Providers to engage their communities when developing plans and setting priorities. Section 9 sets out the parameters that define confidentiality, including personnel matters, proceedings related to labour relations, and even where “the public interest outweighs the desirability of adhering to the principle...” of open discussion. In Central East, as your Chair, I have tried to bring this debate forward on various occasions. As we move forward to the next year’s round of negotiations with the community sector agencies, we will need to focus on this issue with not only the service providers but also with the Ministry, legal counsel, and with the public.

Identifying Integration Opportunities

As you know, the LHIN and Health Service Providers are required to identify opportunities to initiate system integration. Although one might still argue that these are early days in the transformation of the health system, apart from the voluntary integration related to group purchasing by some of the region’s Hospitals, there have been no identified integration opportunities in Central East of which I am aware. Are governing Boards aware of their obligation in a systemic context to bring forward these ideas? Are their suggestions contained in the H-SIP requests? Is the acute sector awaiting the conclusions of the Clinical Service Plan?

I raise this matter partly to acknowledge the expressed concern of some of you that the H-SAA process this year has been too much ‘business as usual’. Opportunities to impact the bigger picture appear lost in the usual issues and measures considered in constructing a budget one facility at a time. Although the LHIN has a crucial role to play in this process, health service providers need to move beyond the traditional dialogue with the Ministry...i.e., help us balance. As we move forward the LHIN will be

looking for leadership from the field that is rooted in a systems framework and identifies specific opportunities for integration.

Thanks to Joseline

The Vice-Chair of Central East presented an overview of her work with the Ontario Safety Association for Community and Healthcare (OSACH) to the LHIN Chairs and CEOs on March 20th. Focusing on building a culture of safety and health for both patients, staff and the public, Joseline outlined a system of care that links organizational relationships (environment, culture, system/design and human factors) to achieve safety solutions and quality outcomes. She also suggested that LHINs consider, as we have committed to do, integrating health and safety measures into our business plans and accountability agreements. Her presentation was very well received and a working group will be formed to follow up.

Ministry of Health and Long Term Care/LHIN Effectiveness Review

A reminder to our Board that both the Ministry and the LHIN are committed to an 'effectiveness review' through our MLAA this Spring. It is being conducted by a KPMG project team. I will forward the terms of reference and work plan for your information.

Foster Loucks, Chair