

**Central East Local Health Integration Network
CEO Report to the Board
May 18th, 2010**

The following is a compilation of some of the major activities/events undertaken during the month of April in support of the Central East LHIN's Strategic Directions; a) Transformational Leadership, b) Quality and Safety, c) Service and System Integration, and d) Fiscal Responsibility. As of April 1st, the Central East LHIN is beginning to work towards the Strategic Aims of the 2010-2013 IHSP; 1. Save a Million Hours of Time Patients Spend in the Emergency Departments by 2013 and, 2. Reduce the Impact of Vascular Disease by 10% by 2013 (2010-2013 IHSP).

***Transformational Leadership:** The LHIN Organization will demonstrate accountability and systems-thinking in all decision-making and leadership actions, reward innovation which is aligned with the IHSP and model fair, transparent, and honest interaction with one another and with Health Service Providers.*

Symposium: Three hundred and fifty people from across the Central East region participated in the Central East LHIN's "Save a Million Hours! Save Ten Thousand Days!" Symposium which was held at the Ajax Convention Centre on May 5th, 2010 from 8 a.m. - 4:30 p.m. This fourth annual event attracted representatives from hospitals, community support service agencies, long term care, community health centres and the community care access centre including physicians, front-line staff, governors, patients, caregivers and many more.

This year's event was hosted by the newly formed Strategic Aim Coalitions (Emergency Department and Vascular Health) and provided Coalition members with an opportunity to obtain input from stakeholders on how the LHIN's two Strategic Aims – as outlined in the 2010-2013 IHSP – will be achieved. Keynote speakers at this year's event included Dr. Mark MacLeod, president of the Ontario Medical Association and Dr. Michael Evans, Health Care & Medical Expert. Webcasts of the two keynote speakers were posted on the Central East LHIN website behind the 2010 Symposium button was available until May 12th.

The event was a great success and the feedback from the participants was very positive. There was overwhelming support for the two Strategic Aims and networking is already underway by sector and cluster to begin implementing measurable initiatives that support the Aims. Staff are now summarizing the outcome of the breakout sessions and will be working with the Aim Coalitions to develop workplans that will support the implementation of the IHSP.

eHealth Enables – Symposium 2010: The CE eHealth team participated in the Symposium 2010 by providing the displays at the Ajax Convention Centre. With the theme of "EHealth Enables", the team provided information and displays on four methods of enabling the IHSP and the provincial eHealth Strategy:

1. Gathering and Storing Information
2. Sharing of Information
3. Transporting Information
4. Technology used in Treatment

The team invited CCIM (Community Care Information Management) to answer questions and provide information to the participants at the displays. Project backgrounders and quick surveys were offered to validate with the community on how "eHealth can support the delivery of health care".

***Service and System Integration/Quality and Safety:** The LHIN Organization will create an integrated system of care that is easily accessed, sustainable and achieves good outcomes. Healthcare will be people-centred in safe environments of quality care.*

Aging at Home: Year 2: Kate Reed attended the opening of a new supportive housing program in Beaverton at Gillespie Gardens. For many years, there have been attempts by the Ministry of Health and the municipality to secure both funding and housing stock to create this service in North Durham. Aging at Home funding in Year 2 and a partnership with a service and housing provider has finally made this a reality. The program has already established strong linkages with the CCAC, Community Care Durham and the Brock Community Health Centre. Congratulations to this awesome partnership and we look forward to seeing the program grow to its full capacity over the next few months.

Aging at Home: Year 3: As planned, a LHIN-wide Call for Interest for Convalescent Care Beds was issued as part of the CE LHIN's Year 3 Aging at Home initiatives. These beds will contribute to enhanced flow within the system specifically related to supporting individuals, generally but not exclusively seniors, who require additional rehabilitation prior to going back home. These beds will ideally be located outside of the hospital setting, likely within a long-term care home and/or retirement home. The CE LHIN is working with the Compliance Branch of the Ministry of Health and Long-Term Care as these beds will be governed by legislation related to long-term care beds. In addition, the CE CCAC is actively involved as access to these beds is through the CCAC. Staff has been reviewing the twenty expressions of interest received and will be sharing their recommendations with the Board this month. It is expected that the new beds will be in operation no later than this fall.

Interim Long-Term Care Beds: A Call for Proposals was issued in April for eleven (11) Interim Long-Term Care beds to be located in Northumberland County. One proposal was received. Staff is working with the proponent to clearly understand the opportunities for this community. Once again, the Compliance Branch and the CCAC will be involved in this process.

LEAN Community of Practice: An initial meeting of key stakeholders was held to plan CE LHIN LEAN "Community of Practice (CoP)" hosted by Rouge Valley Centenary Hospital. The session was well attended and there was agreement to move forward with a CoP. Next meeting to be held at Ross Memorial Hospital on May 28th.

Emergency Department (ED) Avoidance Coalition: On April 15, the Mental Health and Addictions (MHA) System Design and Implementation Lead and Senior Director, along with the Executive Director of Durham Mental Health Services (DMHS) travelled to the Waterloo Wellington LHIN to provide a presentation on the ED Avoidance Coalition to their MHA Group.

Geriatric Psychiatry: The MHA Lead attended a 5 LHIN meeting at Metro Hall to discuss Geriatric Psychiatry and EMS issues in the City of Toronto and how the GTA LHINS might support solutions to the issues noted.

Addictions Housing Standards Group: The Addictions Housing Standards Group met to determine policies, procedures and standards for the implementation of the upcoming Rent Supplements Program.

Mental Health Support Unit: The MHA Lead met with Durham Regional Police, Ontario Shores and Durham to discuss the future of the Mental Health Support Unit.

TDIS – Timely Discharge Information Systems: The review and discussion of the Master Hosting Agreement and Service Level Agreement (SLA) is ongoing; no agreement has been met. Testing with the first Primary Care team cannot move forward until the SLA's are signed by each physician. Dr. Chris Jyu has taken the Service Level Agreement to CMPA for review and endorsement and suggested changes have been incorporated. Meetings will be held early in May to determine a resolution.

Save A Million Hours of Time Spent in the ER Department.

Pay for Results Year II: The Pay for Results year II final year-end report was received from all but one of the Year II Pay-for-Results designated Hospitals. Hospitals reported savings of 2,160 ED visits, 304,433 ED hours, and 3,787

inpatient days across all Pay-for Results initiatives. Final numbers will be larger than these, once all reports are in (Lakeridge Health Corporation, Durham Mental Health Services still outstanding).

Pay-for Results Year III: P4R Year III – Submitted Year III Action Plan to MOHLTC and received initial approval and direction to move forward with initiatives. All hospitals and other HSP's have been notified of this status

ED Performance Improvement Process (PIP): A Memorandum of Understanding has been developed for final Wave III hospitals participating in ED PIP. In Wave III, which kicks off in May, all CE LHIN hospital organizations will be participating to some extent in this program (Northumberland Hills Hospital, Peterborough Regional Health Centre, Ross Memorial Hospital, and The Scarborough Hospital in full program; Cambellford Memorial Hospital, Haliburton Highlands Hospital, Lakeridge Health Corporation, and Rouge Valley Health System in "light touch").

Non-Urgent Transportation: The Non-urgent Transportation Steering Committee report was presented to the Central East Executive Committee and reported to the CE LHIN Board in early May. A copy of this report and the slide deck are attached to Appendix A.

Improvement Advisor Project: A meeting was held with the project team at Northumberland Hills Hospital (NHH) to plan the Improvement Advisor project. The scope of Improvement Advisor project was altered to have more substantive impact on the Alternate Level of Care (ALC) situation at Northumberland Hills Hospital; reducing the ALC rate in Northumberland Hills Hospital for patients 75 years and older.

Hospital to Home Project: The Hospital to Home (formerly Wrap Around) project team met to further develop the Terms of Reference, Patient Flow Map and project implementation

Reducing the Impact of Vascular Disease by 10% (2010-2013 IHSP):

Diabetes: Translation of **CE LHIN Living Well with Diabetes Resource Guide** into Tamil, Cantonese and French is underway. 35,000 copies of the Guide will be in circulation with this printing.

Diabetes Indicator Project (DIP): The DIP is concluding the pilot in April. The project designed and implemented a consistent data collection tool across CE LHIN Diabetes Education Centres that can be used manually and electronically. The database developed is the first of its kind for Diabetes education programs in the LHIN looking at both quantitative (A1C, LDL, BP, ACR, eye exams) and qualitative data (eating habits, physical activity, confidence, medical care, blood glucose testing and ED utilization) where results and learnings can be shared across providers in the LHIN. The four organizations (Peterborough Regional, Ross Memorial, The Scarborough Hospital, and Ontario Shores for Mental Health Sciences) Diabetes Education teams have been working to complete as many of the assessments as possible into the database.

The licenses have expired for the database, so prior to decisions to move the pilot to production and sustained funding, the project team is working to complete the following:

- a) The data will be extracted for each organization and a de-identified data set will be provided to the CE LHIN for review and analysis.
- b) The database structure excluding data will be archived for future use if the project is determined to move forward.
- c) The server that has hosted the DIP will be returned to Ross Memorial with expressed thanks for the loan and support

Reporting

The team is working to complete the formal evaluation and reports on the pilot:

- a) An evaluation report of the process of tracking, measurements and their results, and findings from the team on how the results can change their care planning and support better outcomes

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- b) A project Evaluation report that includes:
- i. project review
 - ii. technical review
 - iii. lessons learned, and
 - iv. recommendations on the project and next steps

The team will present the information to the eHealth Steering Committee and the Diabetes Network Meetings in April and the LHIN to discuss the next steps of the project.

Ontario Diabetes Strategy (ODS) Rollout

Individual and Provider Tools Initiative: The province has launched a Provider Tools initiative as a component of the ODS to improve the management of diabetes. A ODS Tools Strategy Forum was held in April. As a result a provincial Working Group has been formed, Keri Semenko, Coordinator Durham Region Diabetes Network will participate on behalf of CE LHIN. The Work Group begins meeting on May 11, 2010.

Phase 2 Service Expansion advice has been submitted to the MOHLTC – announcement from province pending. Phase 2 will see an increase of 5 new Teams (10 FTE Diabetes Educators) across CE LHIN. The focus of the Wave 2 expansion will be placement of the new diabetes resources in primary care settings. CE LHIN level community priorities identified included expansion of services in high needs communities in Scarborough, as well as response to the needs of diabetics who also have mental health needs and aboriginal population.

Integrated Vascular Health Strategy for Ontario: A joint initiative of the Cardiac Care Network (CCN), the Heart and Stroke Foundation of Ontario (HSFO) and the Ontario Stroke Network (OSN) has been initiated to develop an Integrated Vascular Health Strategy for Ontario which is aligned with the Canadian Heart Health Strategy, the Canadian Stroke Strategy and the Ontario Chronic Disease Prevention and Management Framework.

The overall goal of an Integrated Vascular Health Strategy for Ontario would be to reduce the prevalence and consequences of vascular and related diseases. This goal would be achieved by:

- Addressing disparities in access to care and services;
- Achieving specific targets for improved health outcomes;
- Building on opportunities for co-ordination and integration with Ontario's Chronic Disease Prevention and Management Framework;
- Building capacity in vascular health to positively impact health services planning and integrated service delivery;
- Providing collaborative leadership to enhance Ontario's response to vascular and related diseases across the entire continuum of care.

The successful implementation of an Integrated Vascular Health Strategy would contribute to a more economically sustainable healthcare system in Ontario.

Community Engagement: The two new Strategic Aim Coalitions – The ED Aim Coalition and the Vascular Health Coalition were formed in late April. Membership is drawn from various Sectors and communities. A first joint meeting was held April 30th. A joint planning session will be held in June.

Emergency Department Strategic Aim Coalition Members:

- Rob Adams – Executive Director, Durham Mental Health Services
- Elaine Burr – Director, ER/ICU and Ambulatory Care, Northumberland Hills Hospital
- Keith Cameron – Patient Care Director, Mental Health, The Scarborough Hospital
- Dr. Thomas Chan – Chief, Emergency, The Scarborough Hospital
- Linda Dacres – NP Clinical Director, Central East CCAC

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- Randy Filinski – Member at Large
- Jean Kish – Program Director, Acute/Transitional Care, Central East CCAC
- Elizabeth Loftus – Interim Executive Director of Home Care, Southeast District, VON
- Sheila Neuburger – Vice President, Clinical Services, Ontario Shores Centre for Mental Health Sciences
- Lisa Shiozaki – Vice President Patient Services, Lakeridge Health Corporation
- Carol Smith Romeril – Vice President Patient Care & CNE, Ross Memorial Hospital
- Clara Tsang - Geriatric Emergency Management Nurse, Rouge Valley Health System
- Brenda Weir – Director Emergency and Medicine, Peterborough Regional Health Centre
- Cheryl Williams (Dianna Harrison as delegate) – Vice President Acute Care Services, Rouge Valley Health System
- CCGA/GAIN - Medical Director - TBD
- ED LHIN Lead
- Long-Term Care Home Representative - TBD
- Primary Care Representative – TBD

Vascular Health Strategic Aim Coalition Members:

- Helen Brenner – Vice President, Patient Services and Chief Nursing Executive, Northumberland Hills Hospital
- Natalie Bubela – Vice President Regional Programs, Program Integration and Chief Nursing Executive, Rouge Valley Health System
- Laszlo Cifra – Program Director, Aging at Home, Central East CCAC
- Dr. Howard Clasky – Director, Intensive Care Unit, The Scarborough Hospital
- Ethel Doyle – Patient Care Director, Nephrology and Diabetes, The Scarborough Hospital
- Jillian Ghesquiere – District Stroke Centre Coordinator, Lakeridge Health Corporation
- Margery Konan – Senior Manager, CE LHIN Self-Management Program, Central East CCAC
- Helen Leung – Executive Director, Carefirst Seniors and Community Services Association
- Kasia Luebke - District Stroke Centre Coordinator, Peterborough Regional Health Centre
- Heather Munro – Metabolic Health Educator, Metabolic & Weight Management Clinic, Ontario Shores Centre for Mental Health Sciences
- Dr. Joe Ricci – Program Chief, Cardiac Care, Rouge Valley Health System
- Dr. Andrew Steele – Nephrologist, Diabetologist and Internist, Lakeridge Health Corporation
- Jay Wilson – Director Special Projects Nephrology, CE LHIN Renal Network Coordinator, The Scarborough Hospital
- Dr. John You – Vascular Surgeon, The Scarborough Hospital
- Murad Younis – Owner, Operator, Westmount Pharmacy

The next phase of re-freshing our Community Engagement structures will include formation of three cluster-based Collaboratives. An EOI process will be initiated in late May with the Collaboratives being formed by the end of June.

Vascular Health Strategic Aim Coalition: On May 6th representatives of the Vascular Health Strategic Aim Coalition and the HPAC committee met with representatives from the Ottawa Heart Institute to discuss the hospital-based smoking cessation model “the Ottawa Model.” This model has been implemented in all hospitals in the Champlain LHIN and has reduced in-patient admissions at area hospitals related to vascular complications. The model will be reviewed and next steps within the CE LHIN proposed.

Focus on Population Health...

Primary Care: The Primary Care Working Group held its monthly meeting in April to discuss the Unattached Patient Project, the Comprehensive Vascular Disease Prevention and Management Initiative (CVDPMI) Project, the Ontario

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Diabetes Strategy, the new Community of Kawartha Lakes Family Health Team and the CCAC Care Connects program. Planning for a CE LHIN wide Continuing Medical Education initiative to be held in late May is underway, under leadership of Dr. Chris Jyu.

The Unattached Patient project (UPA) will be wrapping up in May with an evaluation to be conducted in May/June. Discussions are underway with Health Care Connects and the province as to how to build on learnings from this project including the effectiveness of UPA in identifying asymptomatic disease in clients who are not classified as Tier 1 priority on the provincial Health Care Connect waitlist as well as success in connecting UPA seen clients to a permanent primary care provider.

Self Management: Based on the success of the Self Management Training for Consumers and Caregivers project, the initiative has transitioned to a full-time program of the CE LHIN sponsored by the Central East CCAC. Margery Konan, has been hired as the new Senior Program Manager for the CE Self Management Program. As of early May, staffing for the program had been identified/ secure and the LHIN wide Advisory Committee will be formed in up-coming months.

Workshops for Consumer and Caregivers continue – 7 in May; 3 June; 2 July. Eight people from Central East were trained as faculty members in the Institute for Healthcare Communication's course called "Choices & Changes - Clinician Influence & Patient Action." The training was a partnership between Central LHIN's Strong Prevention Project (AAH) & Central East. We also had a participant from Toronto Central CCAC in attendance at the training.

As a component of the Ontario Diabetes Strategy the province is establishing a working group to assist in the development of a provincial approach to self-management education, training and resources for individuals with diabetes and health care providers. Margery Konan has been asked to participate on behalf of CE LHIN.

System Surge Management Committee: The System Surge Management Committee held its bi-monthly meeting on April 28th, 2010. Dr. Alison Williams, an ethicist from The Scarborough Hospital presented an ethics framework to the group for consideration. Dr. Steve Jackson was invited to present to the group on Health Human Resources assessment and planning. The group will be looking at a regional model for credentialing and privileging during surge events in the Central East LHIN. The Critical Care Secretariat held a series of meetings with the LHINs in April and May 2010 to complete its current phase of work on the Surge Capacity Management Program. CE LHIN will be joining with the other GTA LHINs for this on Monday May 10th in the morning; in the afternoon, the LHINs will meet separately. Dr. H. Clasky will be presenting on behalf of the Central East LHIN's Surge Management Committee. The G8 and G20 summits were brought to the committee's attention as this group would be responsible for planning mild, moderate and system surge events in CE LHIN hospitals.

Family Health Team and Nurse Practitioner Lead Clinic – Next Wave Expansion: The next Wave of Family Health Team (FHT) and Nurse Practitioner (NP) Led Clinic expansion has been announced by the province. The provincial call for 30 new FHTs (Wave 5) and 14 new NP Lead Clinics was released in May. The province is requesting the same LHIN support in process as in the previous Wave. Accordingly, staff will re-initiate and update contents of the CE LHIN Web Space repository for information for applicants and LHINs will be asked to provide comment on the Community Need section of the application by mid July/August.

Focus on Accessible Health Care...

Aboriginal Engagement: The Metis and Non-Status Aboriginal Circle Subcommittee met on April 9 and the full Advisory Circle also met in April. Ritva Gallant, Team Lead, Funding and Risk Management attended the meeting and provided some excellent resource information.

French Language Health Services: The French Language Collaborative is planning a "Health Day" for the Francophone population on the 27th of May, 2010 where residents of the Central East LHIN can access health information in French.

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The Central East LHIN has posted an advertisement for a French Language Coordinator who will be responsible for providing planning, integration and community engagement expertise and support regarding the development and implementation and integration of French Language Services in the region among other duties. This position will be a collaboration between the Central East LHIN and the French Language Health Services Offices of the Ministry of Health and Long-Term Care.

Cultural Competency Workshop: The Mount Sinai Hospital is offering a workshop on Cultural Competency for employees in the field of mental health and law on June 24th. For more information please call 416-586-9900 ext 0.

Capital Projects: To strengthen LHIN involvement in the review of Capital planning projects for all HSPs a new Framework for Capital planning review and approvals is being introduced. Further education by MOHLTC to HSPs and other stakeholders is anticipated. In support of this implementation the CE LHIN has initiated the review of local projects. Projects from three HSPs were brought forward for endorsement (versus approval) at the April LHIN Board meeting. Next steps include an development of an inventory of CE LHIN HSP capital initiatives and development of a draft Capital Planning Checklist. Monthly face to face meetings at request of MOH team begin in May.

Enablers

Data Centre Consolidation – 5 LHINs Partnership: Eighteen hospital partners submitted a signed Letter of Intent indicating their interest in moving on to the next stage of the DCC project: IT Due Diligence. During this stage, the two preferred vendors, Dell Perot Systems and HP, will perform a detailed analysis of hospital information technology assets for the purpose of submitting a revised pricing offer. The vendors will focus on verifying and replacing assumptions and proxy data that were used in previous stages when detailed information was not available. The IT Due Diligence deliverables are on schedule with the following activities accomplished:

- a) 18 hospitals IT asset inventory was submitted and distributed to HP and DELL for analysis.
- b) All 18 hospitals were interviewed either via TCON or in-person meeting. In attendance are the hospital IT Manager and supporting staff, vendor team, and DCC Project Director by both Dell and HP
- c) During this stage, the contract key schedules that have the greatest impact on price are under negotiation in a series of meetings:
 - The DCC Project team reviewed contract key schedules with the vendors
 - Vendors submitted their contract schedule mark-up terms
 - Negotiation sessions are held from April 26 – May 7th
- d) Bi-weekly DCC Steering Committee meetings where decisions are tabled for discussion and consensus

RM&R – Resource Matching & Referrals: The final CSA (Current State Assessment) Report has been submitted to eHealth Ontario. The RM&R Steering Committee has reviewed the findings and provided direction on the report. The LHIN project coordinators have met to determine synchronized messaging back to the LHIN community which will be provided early in May along with the report. The next stages are dependent on future funding decisions by eHealth Ontario.

eReferral - Primary Care to Specialist: The RFP was submitted for vendor selection in April, and the steering committee (comprised of SE LHIN and CE LHIN Vendor presentations occurred the week May 10th). Vendor selection will follow shortly thereafter.

Review of the Provincial eReferral Standards Model: Results from the public review required the Steering Committee for this project to delay the results and meet to further discuss the requested changes. Please see <http://www.ehealthontario.on.ca/programs/eReferralSpecification.asp> for more information.

eHealth Community Consultation: The recommendation report was presented to the eHealth Steering Committee in April. Recommendations included a) an overall strategy to support eHealth to the community sectors b) 9 categories of

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recommendations with potential project solutions, resource requirements and costing c) identified barriers and challenges that need consideration and d) recommendations on implementation and continuing the engagement of the community sectors. The steering committee will go through an evaluation process and determine the projects / issued that can be addressed and the process with which to continue the dialogue and support of the community sector.

Eclipse Portfolio Project Management: The move of the Eclipse Portfolio Management application to Ontario Association Community Care Access Centres as host has been delayed. Additional documentation was requested by the CE LHIN for approval and signature. The product environment has been developed and is awaiting signature of the contract from the LHIN to move the data over to the new environment.

Fiscal Responsibility: Resource investments in the Central East LHIN will be fiscally responsible and prudent.

2010/11 MLPA Ministry/LHIN Performance Agreement (formerly MLAA, Ministry/LHIN Accountability Agreement): As the new 2 year Agreement is being finalized, the 2007-10 Ministry/LHIN Accountability Agreement (MLAA) has been extended past March 31st, 2010. Many of the principles and objectives are the same in both the MLAA and MLPA, but with a change in perspective. The primary focus of the MLPA is geared towards system performance and financial accountabilities which includes:

1. Alignment to both Provincial agenda and their priorities as well as to LHIN-specific priorities and strategies/aims;
2. Strengthen the relationship between LHIN's and the Ministry where the 14 LHIN's collaborate systemically and fulfill their mandate to improve/create better systems of care and coordination;
3. Facilitate improvement in performance and accountability with the corresponding strategies to achieve these improvements;
4. Improve the patient's experience as they pass through the full continuum of care.

The new 2010-12 MLPA is promoting innovation and creativity that enables the health care system to be more cost efficient while remaining sustainable with an emphasis on the "Delivery of Person-Centered Care".

Key changes to the Agreement Components:

1. Title change (MLAA to MLPA);
2. Re-arrangement of certain articles to other schedules (e.g. Schedule 2 Community Engagement, Planning and Integration to Schedule 1 under Local Health System Management, deletion of Financial Processing Protocols, etc.);
3. Inclusion of new Section 2 – Principles,
4. Expansion of Schedules, such as Schedule 1: General (Part B), eHealth, Capital & Emergency Management. Schedule 2 changes to include Ministry-Managed programs & Compensation under Specified Initiatives/Agreements.
5. Schedule 3 now includes not only definitions & performance obligations but also annual balanced budget requirements, financial management policies and guidelines and accounting standards.
6. Changes to Performance indicators that now concentrate primarily on ER/ALC Wait times.

There have been some minor changes to reporting requirements:

1. Reporting timelines to align with Stocktake due dates.
2. Content will be submitted via Stocktake for the current MLAA indicators with the annual report regarding MLAA performance submitted by June 30th, 2010.

The proposed MLPA 2010-12 Indicators has been revised to exclude the current Wait Times for the key priority areas (MRI/CT, Hips/Knees, Cancer & Cataract Surgery) and to focus on the Emergency department (ER) and Alternate Levels of Care (ALC), as per key government priorities and provincial strategies.

- 1) Proportion of Admitted High Acuity Patients Treated Within 8 hours (ER)
- 2) Proportion of Non-admitted High Acuity Patients Treated Within 8 hours (ER)

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- 3) Proportion of Non-admitted Low Acuity Patients Treated Within 4 hours (ER)
- 4) 90th percentile Wait Time (days) from ALC designation to discharge
- 5) Repeat ER Visits within 30 days for Mental Health and Substance Abuse
- 6) 90th Percentile Wait Time from Hospital to Community Home Care Services (from application to first service)
- 7) 90th Percentile Wait Time from Community Setting to Community Home Care Services (from application to first service)
- 8) 30 Day Readmission Rates for Selected CMGs (Case Mix Groups)

As per the Next Steps, the following table indicates the approximate timelines and responsibilities:

Action	Timeline	Action Owner / Status
Complete Indicator work and definitions	April 14, 2010 (Joint Accountability Committee Meeting)	MOHLTC / Pending
Provide Technical Briefing on Indicators	late April/early May	MOHLTC / Pending
Finish Provincial budget process	May/early June	MOHLTC / Pending
Send MLPA template documents and motions to all LHIN Boards	by week of April 19, 2010	MOHLTC / Pending
Approval in principle of MLPA	May 18 / June 30	LHIN Board / Pending
Set MLPA targets	May	Individual LHIN- MOHLTC / Pending
Approval of MLPA targets and allocations	June 30	MOHLTC and LHINs / Pending

L-SAA/H-SAA/M-SAA

L-SAA Long-Term Care Home Accountability Planning Submission (LAPS) and Service Accountability Agreement (L-SAA): The official notification has been communicated to the LHIN's that the Long Term Care Home Act (ACT) will be proclaimed July 1, 2010 with the expectation that LHINS will have a signed L-SAA agreements by this date. The CE LHIN Board approved the L-SAA templates at the April 2010 Board meeting.

CE LHIN staff developed a work plan that allows for the execution of L-SAAs by the due date, July 1, 2010. This timeline is largely driven by the L-SAA Steering Committee and their ability to provide the LHINs with the finalized template and completed schedules. As per the latest LTC Working Group updates as of April 30th, 2010, the expected date of this release is scheduled by the end of the first week in May. The one performance indicator that will be embedded in the L-SAA and Schedules is the Compliance indicator but details have not yet been finalized. The Compliance indicator description will be included but it was announced that the technical specifications would only be made available by July 1st, 2010.

CE LHIN staff developed a one-pager profile that captures the Service Description as well as the opening allocation for each LTC Home. The intent of this one-pager is to provide a high-level understanding of each of the LTC Homes. Staff will present to the CE LHIN Board Members shortly, a current status update. Webinars are planned to provide education and discussion time with all CE LHIN LTC Homes once the finalized Agreement and Schedule Templates have been released to LHIN's.

H-SAA 2010/11 Hospital Service Accountability Amending Agreement & 2009/10Q3 Dashboards: All of the 2010/11 Hospital Service Accountability Agreements have been signed and sent to hospitals as well as posted on the

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CE LHIN website. CE LHIN staff continue to follow up on the action items that resulted from the meetings/negotiations with each of the 10 hospitals.

The Government announced in their Budget that the incremental funding target for Hospitals is 1.5%. The details pertaining to this increase of 1.5% as well as the overall hospital 2010/11 funding of 4.7% (including PCOP, WTS, etc.) has not yet been released and LHIN's have not yet been informed how the allocation of these funding amounts will be distributed.

At this time, CE LHIN does not have plans for re-opening negotiations with the hospitals based on this funding target announcement. All CE LHIN hospitals planned at the 0% planning target scenario. Several CE LHIN hospitals who have planned for a surplus in addition to any funding increases in 2010/11 have indicated that these dollars are intended to address their current needs for infrastructure/equipment renewals and alleviating their debt burdens. Looking forward pro-actively, CE LHIN staff are currently preparing for the upcoming HAPS/H-SAA Process for 2011-2014 (e.g. Planning days, etc.) and is in the preliminary stages of creating a work plan.

The 2009/10Q3 H-SAA Dashboard has been completed and will be shared with all CE LHIN staff (both the system as well as hospital-specific dashboards). New changes to improve the hospital-specific dashboard have been incorporated (eg. inclusion of other indicators that pertain to cost and utilization efficiency). Quality & Patient Safety indicators are in development and it is the expectation that these indicators will be added to the 2009/10Q4 H-SAA Dashboard. The Central East Executive Committee (CEEC) has approved the distribution of the Hospital-specific dashboards with all CE LHIN hospital CEOs and CFOs, starting with the 2009/10Q3 H-SAA Dashboard.

M-SAA: 2009-11 Multi-Sectoral Service Accountability Agreements (M-SAA): The 2009/10Q3 M-SAA Dashboard will be presented at the CE LHIN Board in May 2010. The M-SAA dashboard will be made available to both CE LHIN Board members and internal staff with corresponding levels of reporting and views.

The Finance and Performance teams are working closely together to identify data quality issues and also educate Community Service Providers on how to submit their Community Analysis Tool (CAT) report in a timely manner going forward with reliable and valid information. For those health service providers that have minor data quality issues, a resubmission has been requested for April 30th, 2010 for their 2009/10Q3 submissions. For those with significant data quality issues, CE LHIN staff will continue to work with each agency to resolve their 2009/10Q4 submission.

There remains significant challenges concerning the validity and accuracy of reports submitted by various health service providers. Staff are also concerned about agency challenges with the proper utilization of the newly revised Community Analysis Tool (CAT). A CE LHIN CAT task force has been created to develop a more streamlined process as well as creating supporting documentation to ensure efficient identification of issues with providers and provide timely follow-up (e.g. tracking sheets, etc.).

Going forward, CE LHIN staff are investigating possible integration opportunities as well as risks/pressures with agencies, particularly those who are regularly struggling with reporting requirements and accurate/timely submissions. The 4th quarter report is due June 7th, with additional training planned for the final weeks in May.

CE LHIN Wait Time Strategy Working Group (WTSWG) – 2010/11 Initial Incremental Allocations: Funding letters to hospitals by CE LHIN are still pending as the Ministry Wait Time Strategy Office has not yet sent their official funding letters from both the Minister and ADM.

Allocations: Funding letters and/or payments were processed for: a) Final 2009/10 In-year reallocation. b) Transfer of funding under Voluntary Integration (VI) of Psychogeriatric Resource Consultation (PRC) program between Alzheimer Society Durham & Ontario Shores. C) Transfer of funding under VI between Alzheimer Society of Peterborough and Alzheimer Society of Kawartha Lakes.

Ministry - LHIN Accountability Agreement (MLAA): Year-end reconciliation with MoHLTC MLAA has been completed and the resolution of differences is in progress.

Reallocations: A full report on 2009/10 reallocations will be provided to the Board in June.

CCAC Wound Care Protocol: The Whitby, Lindsay and Scarborough branches are using this new protocol. Training in remaining branches (Peterborough, Campbellford & Port Hope) is underway with implementation of the Protocol in mid May. All sites will be fully implemented by May and the savings will be continuous.

Central East Community Care Access Centre (CECCAC): \$2.94M in AAH reallocation funding was provided to CE CCAC by year-end in 2009/10. This will reduce their deficit position substantially. The CE CCAC has achieved a \$1M surplus position in March, 2010, which represents three consecutive months with a surplus and a fifth month in a row seeing our expenses to budget come down. The preliminary 2009/10 year end position is a deficit of (\$4.2M). The 2008/09 and 2009/10 cumulative deficit is now about (\$14.2M). Our budget structure for 2010/11 is designed to result in a \$14.2M surplus position for the 2010/11 fiscal year which will offset the cumulative deficit and achieve a balanced position for the 3 fiscal years ending March 31, 2011.

Other Issues: a) On-site and telephone training of Community Analysis Tool (CAT) and Management Information System (MIS) Trial Balance submission reporting requirements continue to be provided to various HSPs and process to be established to get HSPs to come to the LHIN office for training b) 2009/10 Accrual Report (LHIN & Ministry managed funding) re-submitted to MOHLTC by due date of April 1, 2010. c) 2009/10 audit confirmation (HSP funding) process established. d) Ina Grafton Gage Long-Term Care Home (LTCH0 has been re-assigned to our LHIN effective April 1, 2010.

Focus on Patient Experience...

Ministry Announcements:

Excellent Care For All Act: On May 3rd, 2010 the Minister of Health and Long Term Care announced that Ontario is proposing comprehensive new initiatives to improve the quality and accountability of the province's health care system and ensure the needs of patients come first. The Excellent Care for All Act that would, if passed, make health care providers and executives accountable for improving patient care and enhance the patient experience. The legislation would require health care organizations, starting with hospitals to:

- Develop and post annual quality improvement plans
- Create quality committees to report to each hospital board on quality related issues, including the public annual quality improvement plan
- Link executive compensation to achievement of quality plan performance improvement targets
- Implement patient and employee satisfaction surveys and a patient complaints process

The proposed legislation would also expand the mandate of the Ontario Health Quality Council to recommend evidence-based guidelines that health care providers should adopt. To ensure patients can access the best quality treatment, Ontario will also move towards a patient-based payment system of hospital funding where large hospitals are reimbursed based on the types and volumes of patients they treat. The province will also be developing ways to make better use of health care resources, such as reducing avoidable hospital admissions and readmissions, and the unnecessary use of diagnostic equipment. This announcement is a key part of the government's Open Ontario Plan to improve quality and accountability in health care by ensuring health care professionals work together in the best interests of the patient.

"Your government will create an independent, expert advisory body to provide recommendations on clinical practice guidelines. It will ensure that future investments get results and improve patient health. It will introduce legislation to make health care providers and executives accountable for improving patient care. Your government will build on the

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success of the wait time reduction strategy by ensuring that – for more and more services – money will follow the patient.”(Throne Speech May 3^d, 2010)

This plan for reform is founded on a set of guiding principles



Other:

Information and Privacy Commission Report: Ontario Information and Privacy Commissioner, Dr. Ann Cavoukian, is releasing her 2009 Annual Report on Tuesday, May 11, 2010. The majority of the 2009 Annual Report content may be accessed **online at** www.ipc.on.ca.

Ontario Health Providers Alliance (OHPA): The OHPA has just released a position paper entitled, “Improving Chronic Disease Prevention and Management in Ontario (CDPM)” The OHPA believes that a broader and strengthened approach to chronic disease prevention and management (CDPM) represents the single most important opportunity to improve client and population health outcomes in Ontario. Collaboration within and across sectors is essential to CDPM success. OHPA members are committed to creating and sustaining meaningful collaborative CDPM activity with each other. The Alliance is also committed to leading and supporting CDPM collaboration across the wider Ontario healthcare system.

Growing Communities Healthcare Alliance: The Growing Communities Healthcare Alliance (the “Alliance”) represents a group of healthcare organizations responsible for delivering acute, mental health and chronic care to more than three million people in Ontario’s fastest growing regions. The Alliance and its members aim to collaborate, educate and advocate for equitable hospital funding in these high growth communities so residents can receive better care close to home. The group has recently published the Annual edition of “Assessing the Gap” which looks at aggregate and per capita funding in healthcare and social services in growing communities and the rest of Ontario. The Central East LHIN is considered to be one of the “Growing Communities” LHINs which is growing at a rate more than two times higher than the other eight LHINs when looking at weighted and unweighted projected population growth.

Bending the Cost Curve: The Ontario Association of Community Care Access Centres (OACCAC), The Ontario Federation of Community Mental Health and Addiction Programs (OFCMHAP) and The Ontario Hospital Association (OHA) have published a document entitled. “Bending the Cost Curve – Advice for the Government of Ontario”. The document contains ideas representing areas identified as good prospects, have been brought to light through new data or are examples of current initiatives that could be expanded. They include: swift implementation of leadership and strategies to better manage costly chronic illness; rapid uptake of results-oriented leading practices; appropriate shifting of services and funding from hospitals to the community; management of expenditure on physician services and drugs to move towards the significantly lower levels attained in other provinces; targeted human resource initiatives and others.

Change Foundation Symposium: The Change Foundation, in partnership with the Ministry of Health and Long-Term Care recently hosted “Tools for Change: Funding Levers & Incentives for Integrating Patient Care in Ontario Symposium”. All resources from the event, including two case studies, background papers, and speaker presentations, are now available on their website at www.changefoundation.com.

Association of Ontario Health Centres (AOHC): The AOHC has engaged KPMG to develop a discussion paper on system integration as it affects Community Health Centres (CHCs) in Ontario. AOHC and KPMG are cognizant of how

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advanced CHCs are in many of the dimensions of integration and how much success has come of partnerships and initiatives with other organizations and sectors. With the creation of the LHINs, integration has become a provincial priority at all levels. In this environment it is vital that CHCs continue to pursue integration opportunities that would enhance the delivery of quality primary healthcare to our clients and further our goal of equitable access for those experiencing barriers to care. In May, 2010, KPMG will be contacting the LHINs to gather information on integration approaches and how this pertains to CHCs.

Core Business Requirements – LHIN Operations

Audit: The Compilation of Transfer Payment schedules for the audit is done and reconciliation with the MoHLTC is well under way.

Human Resources Updates: Karen Ouellette, Financial Analyst has left the Central East LHIN. Shaguna our temp Corporate Program Assistant has moved on to a more permanent position. We wish them well in their future endeavors.

Respectfully submitted,



Deborah Hammons
Chief Executive Officer

Appendices

Appendix A (Previously Distributed to the Board. Will be posted on the website)

Non-Urgent Transportation Project Report
Non-Urgent Transportation Project Presentation to the CEEC

Appendix B

CE CCAC Monthly Report

Appendix C

CCAC Enhanced Role Communiqué

Appendix D

LTCH Funding Steering Committee Communiqué