

**Central East Local Health Integration Network
CEO Report to the Board
October 20, 2009**

The following is a compilation of some of the major events/activities which have occurred since the middle of September.

Mental Health & Addictions (MHA)

GTA MHA LHINS Leads Meeting: A meeting of the Mental Health and Addictions Leads across the GTA was held on October 15th. There is a growing amount of collaboration taking place with this group, which will translate into better coordination and a more effective and seamless service system across the LHINs. The CELHIN collaborated with the Central LHIN to hold a consultation regarding the new Dual Diagnosis Framework. This was held at Ontario Shores on September 21st, and was extremely well attended. There will be follow up on this from both LHINS with Ministry of Community and Social Services and the Ontario Network of Care.

Some funding will be made available for Psychiatric Sessional Fees which should enhance the capacity of community agencies to support people with complex Mental Health needs. There is also a possibility of other enhanced resources as the Ministry of Health and Long Term Care considers strategies to reduce ED Wait Times for people with MHA issues. There has been no word as of yet concerning the release of the Addictions Housing Subsidy Funds.

A Consumer Partnerships Meeting was held as part of the Minister's Strategy Development on September 9th, 2009 to further refine the consumer partnership recommendations in the Minister's Mental Health and Addictions strategy paper. The first meeting of the National Housing Strategy Committee hosted by the Mental Health Commission of Canada was held on September 17th. The National Housing Strategy Committee is a resource group for Ontario that will make recommendations to the Ministry regarding the development of a national Mental Health housing strategy.

The Minister's Mental Health and Addictions Advisory Group: In a memo released by the Health Programs Standards and Policy Branch of the MOHLTC October 8th, it states that The Honourable Deb Matthews, our new Minister of Health and Long-Term Care will be briefed as soon as possible to determine how this work proceeds on this file. In the meantime, Ministries will continue to engage stakeholders through roundtable discussions and other consultations on the Mental Health and Addictions Strategy. In addition, the all-party Select Committee is continuing its work through to the Spring of 2010.

As a result, new deadlines have been released:

1. Delivery of the Minister's Advisory Group's report advising on the 10-year Mental Health and Addictions strategy is moved to spring 2010
2. The Interministerial/Minister's Advisory Group workshop is deferred to late winter 2010 and
3. Delivery of Theme Group papers is moved to January 2010.

In October, the focus will be on stakeholder roundtables led by various ministries. They will replace face-to-face meetings of the Minister's Advisory Group and Theme Groups with teleconferences.

Culture, Diversity and Equity Project: The Culture, Diversity, and Equity Project Team completed an extensive literature review looking at international and national policy, accountability, and cultural competence practices. The Project Lead interviewed over forty key health service providers regarding services for the uninsured as well as cultural competence and, using the information, is currently finalizing a service inventory for uninsured community members as well as cultural competent/sensitive services in the form of two flyers. Twenty-three focus groups with health service providers, managers in health services, as well as marginalized community members (e.g., immigrants, people with disabilities, sexual and gender minorities, etc.) have been completed.

Using the literature review and the focus group results, the project developed ten main recommendations. The Project Lead has completed three community forums (one each in HKPR, Durham region, and Scarborough) with a total of seventy individuals meeting, to receive feedback to the draft recommendations. Starting in November, the project will engage in an e-consultation to receive further input.

ED/ALC

Pay 4 Results: The first monthly performance report from the Year 2 Pay 4 Results designated Hospitals has been received from most sites. Monthly meetings have been scheduled for Pay 4 Results sites, community agencies and the LHIN to discuss results. The next Stocktake report will be released to LHINs in October.

A proposal has been submitted to the MOHLTC to develop Urgent Care Centres (UCC) in Scarborough and Peterborough at the Ministry's request.

Nurse Practitioner Outreach Teams: Memorandums Of Understanding (MOUs) have been distributed to Long Term Care Homes selected in Phase One for the Nurse Practitioner Outreach Teams. The MOUs will be negotiated and finalized between the LTCH and NP Outreach host organization.

A NP Clinical Director Position has been established by the CECCAC in cooperation with the Central East LHIN. This position will oversee and provide clinical support to Nurse Practitioner led initiatives such as NP Outreach and GEM.

Alternate Levels of Care (ALC) CE LHIN Dashboard – Current Assessment Monitoring Tool: In accordance with the current strategies and priorities at both the CE LHIN and provincial levels, the PCA unit is currently developing a draft ALC dashboard to ensure continuous assessment and efficient management of the Alternate Levels of Care subject.

The primary function of this dashboard will be to drive discussions on performance between the LHIN, Hospitals and other external stakeholders and will assist us in determining any subsequent actions/next steps to be developed (if applicable) and implemented to best optimize current healthcare services on a systemic as well as site level.

The key objectives and mandate of this dashboard will be similar to the ER Dashboard as well as with other dashboards related to the Ministry/LHIN Accountability Agreement and the Hospital Service Accountability Agreement (with minor differences in accordance with each agreement).

Chronic Disease Prevention and Management and Primary Care

Supporting Integrated Diabetes Care:

The MOHLTC provided an overview of the Ontario Diabetes Strategy (ODS) in early September. The strategy aims to improve the **health and health** care of Ontarians with diabetes and meet the needs of those who are at high risk for developing diabetes. The strategy will do this by:

- Increasing the adoption of approved practice guidelines and evidence-based care;
- Supporting patients in self-management
- Educating the public, especially those at high-risk, about diabetes and prevention strategies;
- Continual improvement in local and LHIN level coordination; and
- Identifying and addressing care gaps, setting clinical performance targets, enhancing accountability and monitoring performance.

The Ministry's ODS implementation team has also been meeting with the Canadian Diabetes Association (CDA) on the implementation plan of the ODS and will ensure that the CDA is a partner. Cancer Care Ontario has also been advising the ODS on infrastructure coordination.

Provincial Diabetes Care Report (Oct 2009): identifies that there are 116,400 people in CE LHIN with diabetes. 38.5% of these people are receiving care within best practice guidelines for all three of A1C testing, LDL (cholesterol) checks and retinal (eye) exams. This is the third best in the province – with a range from 30.6% - 42.8% provincially. We are the best performing LHIN for LDL test in last year at 74%, third for A1C testing in last 6 months (59%) and 10th overall for retinal exams in last two years (62.9%).

The Central East Diabetes Network proposal to the MOHLTC regarding the creation of three new Community Integration and Outreach Diabetes Education Teams was accepted by MOHLTC. LHIN and Host Health Service Providers are currently negotiating with the MOHLTC regarding resourcing for the teams. Announcements are anticipated in November. Further team expansion is anticipated. The MOHLTC has requested preliminary advice from the LHIN on a recommended Regional Lead Agency to champion creation of a Regional Diabetes Program in Central East LHIN

The Project Team met and identified updates required to the "Living Well with Diabetes in Central East LHIN Guide". Continued Pharmaceutical sponsorship has been secured and 17500 copies will be available in November (Diabetes Month) for distribution.

LHIN staff met with the new Cancer Care Ontario Renal Administrative Lead. The accomplishments within CE LHIN regarding the development of Renal CDPM initiatives and the CE LHIN Renal Network will need to be acknowledged and continued success leveraged/championed by the newly created CCO Ontario Renal Network.

Unified Stroke Centre: The new Durham and existing HKPR District Stroke Centres established a joint Steering Committee to pursue unified stroke care. Scarborough partners have been approached to participate. With support of the Ontario Stroke Network, the Durham and HKPR District Stroke Centres have developed a Project Charter to guide next steps for strengthening alignment of their services with the Regional Stroke Centres. Agreement has also been reached on the desire to transition formal alignment from Royal Victoria Hospital in

Barrie to St. Michaels Hospital and transition planning is underway. Enhancement of the Stroke Education and Rehabilitation support for Long Term Care Homes in HKPR and Durham will be implemented in the third quarter pending funding approval.

Self Management Project: Evaluation and planning to transition the two-year project to an on-going program for the CE LHIN is underway. Project Leads met with MOHLTC Ontario Diabetes Project Leads to share success and advocate for provincial uptake of program similar to other provinces and countries.

To date seventy-one workshops held across all nine planning zones over nine hundred consumers and caregivers have completed the six week training course. One hundred and eighty-five Peers Leaders, twenty-five Master Trainers and two T Trainers are in place. Twenty-five Peer Leaders have been cross-trained in Diabetes or Chronic Pain Self Management and are delivering Diabetes and Chronic Pain CDSM. Programs are delivered in English, Chinese and Tamil. The Self Management website, www.healthylifeworkshop.ca, provides resources and supports including on-line booking of workshops for both participants and peer leaders.

A partnership with the Southwest LHIN has been established to leverage their work on development of a Self Management Support toolkit for health service providers.

Primary Care Working Group:

H1N1 Readiness: The focus for H1N1 readiness is on the following sectors/issues: primary care, hospitals, CCAC, LTCHs, Pandemic Assessment Centres, supplies and equipment, communications, and internal planning. A meeting was held with Medical Officers of Health from the four Public Health Units (PHUs) represented in our LHIN on September 30, 2009. Peterborough is well prepared. Toronto Public Health is working with The Scarborough Hospital to help it develop a pandemic assessment centre for Scarborough. The LHIN will be meeting with Durham PHU, Lakeridge and RVHS on October 8th to discuss the siting and staffing of pandemic assessment centres in Durham region. The LHIN has scheduled a teleconference with the CEOs of the four hospitals in the HKPR region in order to gain a better understanding of how best to move forward. The survey which was conducted by the LHIN, with assistance from the Regional Infection Control Network, on whether HSAs have stockpiled four weeks worth of personal protective equipment and supplies, as directed by MOHLTC in its Ontario Health Plan for an Influenza Pandemic (2008), had a variable response rate. Staff will be following up with agencies that have not responded.

Unattached Patient Assessment Project (UPA): The Bethany UPA Clinic opened its doors on Sept 11th and has seen approximately one hundred and twenty-five individuals to date. The project start was delayed due to challenges with the initial flowing of the funding to the paymaster agency, resulting in a risk that the project will not be able to meet its targeted 8500 clients during the current fiscal year. The project manager has been asked to submit a revised project plan to address this challenge. Options will include: 1) Lowering the target number of patients, 2) Hiring extra staff in order to assess more patients in the time available, 3) Extending the timeline of the project into new fiscal with appropriate approvals/funding.

The current challenge is to increase referrals of unattached patients currently on the Health Care Connects (HCC) database. The HCC is a new provincial program, implemented by the CCAC. The Ministry of Health and Long Term Care will be involved in the development of the evaluation plan with the LHIN and project staff, and the LHIN has asked MOHLTC to support processes to increase referrals from the Care Connectors. A fixed site in

Scarborough opened October 19th and the next mobile site will be hosted in Dunsford (CKL). The Bethany site opening ceremony was on September 23rd.

The Timely Discharge and Information System Project: The Timely Discharge and Information System Project (TDIS) is nearing the completion of the pilot and transitioning to full LHIN implementation by October. The project links hospitals and primary care physicians with the patients' discharge summary and all transcribed reports. Based on the evaluation, additional resources for expansion to LTC homes will be considered.

Seamless Care for Seniors/Aging at Home Portfolio

Supportive Housing: Staff attended the ribbon cutting ceremony for the official opening of the St. Peter's supportive housing project in Peterborough on September 25th. In attendance were Minister of Municipal Affairs and Housing and CMHC dignitaries, as well as the Mayor of Peterborough. This funding allocation was the very first funding decision made by the LHIN Board. The project, a multi-partnered undertaking, has opened forty-eight new housing units in Peterborough, thirty of which are completely accessible for adults and seniors with physical disabilities. Some of the current residents were previously either designated ALC in the hospital or prematurely placed in a LTC home due to lack of other options.

Comprehensive Geriatric Assessment: The Working Group formed to develop a model for the expansion of comprehensive geriatric assessment in the CE LHIN met Sept 8th, 16th, 22nd and 30th to further this initiative for Year Three AAH.

Senior Friendly Hospital Initiative: A teleconference with CE LHIN's VPs of Nursing or their delegates was held on September 21st to further discuss the Senior Friendly Hospital initiative targeted for Year Three Aging At Home funding. Interest in the Mississauga Halton LHIN's "Home First" program was expressed.

Geriatric Emergency Medicine (GEM): GEM nurses and GEM Lead Administrators met September 24th to discuss funding from Year Two AAH, data collection, additional resources needed in the ED, as well as establishing an ongoing GEM community of practice. Representation from the Regional Geriatric Program of Toronto was also in attendance.

Aging At Home Year Three Funding: The Provincial AAH Leads met September 11th to discuss plans for Year Three funding across the province. It was at this meeting that the Ministry informed the group that 25% of each LHIN's Year Three AAH funding was being set aside for yet to be determined "provincial priorities." This leaves the CE LHIN with approximately \$6 Million for Year Three investments, potentially indicating a need to reconsider the feasibility of the originally identified priorities (supportive housing, transitional beds, behavioural supports, senior friendly hospitals and comprehensive geriatric assessment). There is still some expectation that the Ministry will be announcing its priorities for investment as well.

Ontario Health Quality Council Project: Working together with three other LHINs and the Ontario Health Quality Council (OHQC), Central East is participating in a pilot activity, along with its Long Term Care Home partners, to better support the Homes in terms of quality improvement initiatives. The OHQC will be hiring at least 1.5 FTEs to support teams within self-identified LTCHs to define, implement and monitor their quality improvement projects.

Clinical Service Plan – One Acute Care Network

On September 17th a meeting was held with the Cardiac Integration Working Group. At this meeting a Steering Committee was formed to assist with the many different Integration Proposals which will come forward to the CE LHIN Board. They are now moving forward with the development of a Terms of Reference with the assistance from Barry Hyde, PMO Lead.

Also on September 22nd the Medical Leadership Group of the Clinical Services Plan met via videoconference and spoke to issues in regards to a Funding Proposal being developed for eHealth Ontario, Physician Credentialing and next steps, their plan is to meet on a monthly basis via videoconference.

Other Activities

Aboriginal Health Strategy: September 24th was the second meeting of the Mnamodzawin and La Saantil Advisory Circle: hosted by the Alderville First Nation. The main focus of discussion for this meeting was the IHSP and how it relates to the Aboriginal community.

Integrated Health Service Plan Project (IHSP): The draft Integrated Health Service Plan will be presented to the Board of Directors for review and approval on October 20th. The project team successfully met all deliverables on time.

LHINs and Triple Aim: The month of September was a busy one in regards to the Triple AIM and IHI. The CE LHIN with support from our partnership with the IHI initiative, is working towards the two goals of saving 1 million hours spent in Emergency Departments by patients and reducing the impact of vascular disease by 10% by 2013. All of the 14 LHINs are in support of working together with the IHI in assisting in one way or another with the development of their Integrated Health Service Plan. WebEx's designed for the LHINs ran throughout August and September, wrapping up in October.

Performance Contracts and Allocations

Hospital Service Accountability Agreement/Long-Term Care Home Service Accountability Agreement (H-SAA/L-SAA): September was a very active month for the LTC LAPS both locally and at the provincial level. The indicators and guidelines were approved by the steering committee and included in the guidelines and released to the other LHINS and the sector. A video update was provided to all LHINs by the LAPS Guidelines team. The deadline for submission of the LAPS was extended to November 20th, giving homes eight weeks to complete the forms. A CE LHIN sector education event was conducted October 8th.

The HSAA process has been delayed because there is continued uncertainty at the provincial level about the funding levels for hospitals over the next two years. The sector's October 1st education day was cancelled because planning targets and indicators were not ready. Without this information, there is a risk that hospitals will not be able to complete the agreements in time because of the additional work to redo their submissions. The CE LHIN did plan for this possibility by establishing our own planning assumptions at an event on June 25th.

The CE LHIN has initiated action early in the fiscal year to prepare both the LTCH and hospital sectors for the agreement process. Events with the LTCH sector were held in the Spring to introduce the LHIN to the sector as

part of a 'pre-LAPS' engagement. Despite the complexity of the LSAA for this sector, the LHIN has prepared the field. The early work by the LHIN to prepare the hospital sector for its agreement will pay-off during this period of uncertainty. The CE LHIN hospitals have met with the LHIN and collectively agreed to common planning assumptions. The LHIN advised the hospitals that although the October 1st event was cancelled, that they should continue to work on their submissions using the established assumptions.

The next steps for the CE LHIN will be to hold its LTCH education day on October 8th with the sector, and to monitor the HSAA situation. The HAPS education day will be rescheduled as soon as targets and indicators are released. In the interim, work will continue on the LSAA indicators, and on defining our own LHIN specific hospital indicators

Allocations: Funding letters were processed and we are awaiting sign-backs for: a) small hospitals; b) Pay for results; c) CKD base funding. Payments were processed for Disordered Eating, Nurse-led outreach team, CHC City of Kawartha Lakes, two of the P4R hospitals (TSH, RMH), and the CCAC home Care maximums, Although additional funding allocations occasionally are sent to the various agencies and hospital, there are still challenges with some of the hospitals in reaching a balanced position at year end. Hospital funding challenges are summarized and explained in the quarterly risk report.

Prior Year Surpluses: The draft financial summary for the 2007/08 and 2008/09 fiscal years has been completed to provide an overview of potential surplus and deficits in the various Aging At Home and Urgent Priority Funds projects. These figures cannot be finalized until the Ministry completes their Annual Reconciliation Review process for both years. Staff are now proceeding to audit the outcomes/deliverables. A full report will be provided to the Board at a later date. There remains an outstanding risk to the CE LHIN of approximately \$357K for combined 2007/08 & 2008/09 Urgent Priority Projects (UPP) funds which were not fully expensed by the Health Service Providers during the appropriate fiscal year. This risk can be managed through this year's remaining Urgent Priority Fund allocation. A new follow-up process has been initiated with PICE and PCA to reduce similar risks in 2009/10 and future initiative allocations.

Health Infrastructure Renewal Funds (HIRF): The LHIN met the September 30th deadline. The CE LHIN Chief Financial Officer group has agreed to use the MOHLTC distribution of the funding. HIRF allocation distributions by hospital have been sent to MOHLTC capital branch and approved to move forward to the next step which will involve LHIN approval of eligible projects within each hospital allocation. Hospitals will need to complete their submission requests by November 30th so that the LHIN can finalize the project authorizations by December 31st and forward these to MOHLTC for payment direction in January 2010.

Annual Reconciliation Reports (ARR): The 2008/09 ARR process has not yet started. We are proactively reviewing (currently only at a high level due to resource challenges) the audited statements we have received to date from community agencies and hospitals.

Reallocations: The Genetics funding reallocation (\$237K) from Kingston General Hospital to PRHC for the Peterborough Health Centre has now been finalized.

CHC: The allocation payment for the new City of Kawartha Lakes CHC was processed. The CHC issue of under-funded occupancy cost shortfalls for the three CHCs currently facing this challenge (Youth Centre satellite, Port Hope and TAIBU) has been moved forward to the Ministry and we are awaiting determination of the potential for additional funding to cover this (or not). There is the potential future risk of other CHCs accommodation shortfalls once they are in their final premises. Some are leasing several temporary sites and are currently managing.

- Brock CHC is solving their rent issue with a capital grant from MOH to build their own building.
- City of Kawartha Lakes CHC is still in temporary quarters and in negotiations for a final location. They are trying to find a place within their budget and will not be in a pressure situation until this is finalized and they move (about 2012)
- The Port Hope CHC is still struggling to find operating funding for their dental services suite which is now ready for clients.

Performance, Contracts & Allocation- Filing System: The filing system for the Transfer Payment Agencies (TPA) and Non-TPA is now currently set up as per the LSSO Records Management Standards. The hard copy files now reflect and mirror the current soft copy files for fiscal years 2008-2009, 2009-2010. The TPA files mirror their current accountability agreements (ie Hospital files are over a two year period 2008-10). This alignment enables all staff to quickly and easily access information in regards to our TPA and Non-TPA funding, agreements, correspondence, and audit reports. The 2008-09 complete e-filing for funding letters is still underway and is expected to be completed within the next few months.

Other Issues :

Q2 Report: The Q2 financial and initiative report, along with the year-end Forecast and current risk report were prepared and sent to the Ministry;

Capital Issues: We are working with the Capital Branch to review various projects within our LHIN. The capital issues (relating to both own source funding and MOH requested grant funding) that are arising will take up additional resources from the LHIN.

The LHIN will be discussing and reviewing "own source" capital projects with Ross Memorial, Northumberland Hills and Lakeridge Health hospitals. There may also be some discussions with Peterborough hospital

Community Assessment Tool: The CAT (Community Assessment Tool) training for LHIN staff has occurred and training for community agencies on CAT process and tool will be the next step.

Reallocations Q3 and Q 4: Final urgent priority and Aging At Home funding allocations that will be approved and sent to agencies late in this fiscal year will require reallocations of funding in Q3 and Q4, as well as review of outcome deliverables.

Ministry/LHIN Accountability Agreement Performance Assessment Dashboard: A 2009/10Q1 refresh has been completed with a slight change in performance indicators and approach in 2009/10 from 2008/09.

The 2009/10 Ministry-LHIN Accountability Agreement has recently been revised to one which better reflects the Ministry's focus of a performance management approach that is outcome-oriented. The resultant changes have not only revised the prior reporting content but also better reflects the "delineation of performance management responsibilities between the Ministry and the LHINs.

- The purpose of this change in approach is to enable and facilitate more effective changes in current health care practices and processes to ensure that targeted objectives and goals are achieved successfully.

The Ministry is committed to further improving the healthcare system utilizing the Performance Management Approach by focusing on the following 4 enablers:

- 1 - Implementation of Delivery Assessments;
- 2 - Reorientation of Current Reporting Standards/Processes to be more evidence-based and outcome-oriented;
- 3 - Return to the Fundamentals;
- 4 - Prioritizing and Focusing on System Effectiveness.

Consequently, to ensure that Central East LHIN is a collaborative partner in this move towards a more performance/outcome-based approach as well as to continuously improve on the targeted goals of Ontario's Health System priorities, the 2009/10 CE LHIN Ministry-LHIN Accountability Agreement will continue to drive our MLAA Performance Dashboard which will reflect the current reporting period for Quarter 1 with the new changes in both approach and reporting practices incorporated.

The objectives of the MLAA Dashboard remain much the same in that Central East LHIN is committed to ensuring that our LHIN is fulfilling their performance expectations and obligations. Each MLAA dashboard will report on the most current reporting period (quarterly) for each performance indicator as well as reflecting a trend to best track individual results. It will enable Central East LHIN to quickly and accurately identify performance (drivers of both positive and/or negative outcomes) as it pertains to the provision of services, and initiate recommended actions where required to optimize our local healthcare system.

Hospital Standardized Mortality Ratio - HSMR: Pertaining to patient safety and quality of care, Central East LHIN has recently been provided with 2008/09Q4 and annual information regarding the Hospital Standardized Mortality Ratio from the Canadian Institute for Health Information. The HSMR is a relatively new approach that was adopted from the United Kingdom and subsequently revised for the Canadian healthcare system which measures mortality trends. Central East LHIN has developed the CE LHIN HSMR Report which will become a standard report going-forward and will be posted on the CE LHIN website shortly.

In relation to patient safety and quality of care, there are several performance indicators which measure how hospitals can improve both quality of life and care but in terms of mortality, one of the most preferred measures is the HSMR, labeled as a "Big Dot" measure. A Big Dot measure monitors and tracks results/outcomes within a system level perspective, keeping in mind that not all deaths can be prevented (or relieve suffering overall) but that the actual provision of care and related outcomes to the provision of care can be improved on in various ways.

When reviewing mortality rates, identification of drivers, positive or negative, can be better facilitated in order to develop and implement recommended resolutions in the goal to promote quality of care and increase patient safety to patients (e.g. increase life expectancy). The promotion of effective actions taken on this may be just simple solutions to a more broad and complex set of initiatives or actions.

Recent studies have shown that a Canadian's life expectancy when celebrating their 100th birthday has risen by approximately 50% from 10 years ago. This can potentially be attributed to more effective controls and processes

that have been developed and implemented regarding infection disease protocols (e.g. better water sanitation, implementation of disinfection practices via cleanliness of medical instruments, etc.) and has also positively impacted the risk of deaths overall in Canada. Methods to address and promote patient safety have proliferated within healthcare which can range from better infection control practices to Rapid Response Teams to standardized procedures to better training of healthcare professions and so forth.

The HSMR compares the actual number of deaths within a hospital site to what would normally be expected based on the type of patient (e.g. Medical diagnosis, age, gender, length of stay, etc.) which includes a complex set of other factors such as patient demographics and admission types that accounts for 80% of deaths that occur in hospitals for those patients who are not receiving palliative care.

****A hospital's HSMR rate equal to 100 indicates that there is "no difference between a local mortality rate and the average national experience, given the types of patients cared for."*

Consequently, Central East LHIN has adopted a standardized reporting approach to tracking and monitoring hospital's (by site) mortality ratios on both a quarterly and annual basis. This report will not only generate high-level outcomes but will also explore more in-depth how hospitals are tracking in comparison to the national average rate = 100 (above/below performance indicating the following):

1. Over 100 = Hospital site's actual deaths are over the expected rate of deaths;
2. Below or Equal to 100 = Hospital site's actual deaths are below the expected rate of deaths;

****Performance review will also track in comparison to their peers.*

The CE LHIN HSMR Report provides the following findings:

1. Definition:
 - a. Methodology;
 - b. Interpretation;
 - c. Supplementary HSMR's (program levels);
2. Performance Commentary:
 - a. Year End Results;
 - b. Peer Range;
 - c. Site Level Outcomes (Peer Comparisons);

Equal to or Below National Average Rate by Hospital Site;

2008/09 Wait Time Strategy Recovery Process: As of September 2009, the recovery process for the Wait Time Strategy funded volumes for one-time incremental volumes that were allocated for the fiscal year 2008/09 has been initiated in the following key services:

1. Hip Replacements;
2. Knee Replacements;
3. Magnetic Resonance Imaging;
4. Computed Tomography;
5. General Surgeries;

6. Paediatric Surgeries;
7. Cataract Surgeries;

Currently, all Central East Hospitals offering the above-mentioned services have been participating in this recovery process whereby the process requirements are as defined in Wait Time Strategy funding agreement (e.g. funding letters in Appendices A & B):

1. Confirmation or validation of actual volumes for both base and one-time incremental funded volumes delivered (break-down of volumes requested dependent on type of service);
2. Revision of 2008/09Q4 Year End Package through Form 5 of the Web-Enabled Reporting System – WERS for any variances indicated.

As per the Wait Time Strategy Funding Agreement, Central East LHIN Hospitals who have received funding via Ontario's Wait Time Strategy have all agreed to complete their base funded volumes before completing their one-time incremental Wait Time Strategy funded volumes.

Completion of the confirmation vis-à-vis the Web Enabled Reporting System (WERS) through Form 5 (Provincial and Priority Services) will be finalized the first week of October 2009.

2009/10 Wait Time Strategy Q2 Re-Allocation: The Central East LHIN Wait Time Strategy Working Group (WTSWG) has held a meeting to discuss and develop a methodology that would optimize Central East LHIN hospital resources and capacity while continuing to be responsive to patient requirements within our localized catchment areas.

The 2009/10 Q2 Re-allocation methodology is to be mutually-agreed on wherein all members would vote to "Approve or Reject" from their organization's Chief Executive Officer (CEO) and/or Chief Financial Officer (CFO) & CE LHIN WTSWG member's approval and sign-off.

****CE LHIN WTSWG 2009/10Q2 Re-Allocation Methodology and Process and related outcomes/results (funded volumes) to be finalized by the end of the 2nd week of October 2009*

The primary objective of an earlier time period for re-allocation is to ensure that CE LHIN hospitals are able to keep those funded one-time incremental volumes that were allocated to Central East LHIN in the beginning of the fiscal year (initial one-time incremental volumes). Consequently, Q2 re-allocation has already been initiated in the beginning of September 2009 with hospitals to send their status on completion of one-time incremental funded volumes (September 2009 forecast) as well as identification of capacity to take on additional volumes (service-specific).

The operational aspects of a Q2 re-allocation in place of the more traditional Q3 re-allocation is two-fold (enablers):

1. Ensure that participating hospitals would be given a more realistically achievable length of time to operationalize and complete those volumes that will be re-allocated before fiscal year end;
2. Fiscal Quarter 3 (3 months to year end) is not an optimal time period for hospitals to complete the additional volumes allocated to them although having the capacity to do more.

***Q2 re-allocation will be based on information submitted by WTSWG member's monthly survey (utilizing August actual volumes with a September forecast).

2009/10Q2 Re-Allocation Recommendations by WTSWG members – Summary Highlights:

1. Considerations - 2 Part Process:
 - One-Time Transfer;
 - Permanent Transfer;
****Hospital recommendation that only temporary one-time transfer for this fiscal year, to be revisited next fiscal year.*
2. Primary Factors:
 - Hospitals have the available funds to take on additional volumes;
 - Have the patient demand (demonstrating higher demand than rest of CE LHIN hospitals);
 - Available capacity (e.g. number of patients waiting);
 - Wait List Trigger (e.g. have to have the patient demand);
3. Transfer Types:
 - Internal Transfer (reserved for Phase II, Inter-LHIN re-allocations);
 - External Transfer between hospitals, same service transfers;
 - External Transfer between Hospitals, cross service transfers (reserved for Phase II, Inter-LHIN re-allocations);
4. Internal Re-allocation:
 - Not applicable at this time as reserved after Inter-LHIN discussion takes place (Phase II);
5. Hospital-Specific Proposals:
 - Re-allocation of proposed volumes should only be those volumes that a hospital will not meet by the end of Quarter 2 (volumes that have fallen behind);
 - Based on September 2009 WTSWG monthly Survey;
 - Same service transfers for now;
6. 2009/10Q2 Re-Allocation Methodology:
 - 50% Allocation to hospitals within CE LHIN Performance Targets for each specific key service area;
 - 50% Allocation to hospitals based on identified capacity and split equally.

Current Status:

1. Hospitals have currently submitted their September 2009 WTSWG Monthly Survey;
2. CE LHIN staff (PCA) are implementing the draft calculation and related outcomes to be reviewed and approved by both CE LHIN & respective Hospital Senior Management.

****Pending end of second week of October 2009.*

Detailed Hospital Performance Report: To gain a better understanding of those CE LHIN hospitals currently operating with a deficit, a report utilizing various sources of information is being developed for the following hospitals (as requested by CE LHIN Senior Team):

1. Peterborough Regional Health Centre (*completed*)

Review and analysis will included the following Quadrants and services:

1. Background

2. Financial Domain
 - a. Liquidity & Operating Health;
 - b. Operational Efficiency;
3. Productivity Domain
 - a. Staffing Utilization
 - b. Bed Utilization
4. Clinical Utilization Domain
 - a. Total Inpatient Services;
 - b. Acute Care Services;
 - c. Complex Continuing Care Services;
 - d. Rehabilitation Services;
 - e. Mental Health Services;

H-SAA Performance Dashboard: Currently CE LHIN staff has followed-up with each of our nine hospitals to arrive at a mutually-agreed on consensus of each H-SAA performance metric (standards/corridors) for the 2008-10 Hospital Signed Accountability Agreement for the remainder of 2009/10.

Hospital-Specific H-SAA Dashboards will be completed and sent to each Hospital prior to the next CE LHIN – CFO Monthly meeting.

****Meetings, either face-to-face or via teleconference are being scheduled currently (9 of 9 hospitals completed).*

M-SAA Performance Dashboard: One-Page Dashboards concerning the Multi-Sectorial Accountability Agreements for the following healthcare service sectors will be developed and ready for review:

1. Community Care Access Centre;
2. Community Mental Health and Addiction Agencies;
3. Community Health Centres;

Central East Community Care Access Centre (CECCAC): Insights are fully engaged in a Cost Containment Value for Money Review for Central East CCAC which began on September 8, 2009. This is a third party cost containment “value for money” review. They invited the Senior Director, Performance, Contracts & Allocation (CE LHIN) to participate in both the selection process for the consultant and the steering committee overseeing the review. The CCAC will meet with CELHIN senior staff in November to review the results of the insight review and to discuss required actions to achieve their goals which continue to have the focus on reducing the monthly spend rate to ensure that the accumulated deficit position does not increase and to ensure full recovery of the accumulated deficit by March 31, 2011.

Long Term Care – B & C Redevelopment Program: Two homes (Bon Air Residence and Fairview Lodge) were eligible and have submitted applications for renewal under the MOHLTC B&C redevelopment program. The LHIN reviewed the submissions and met with each home; both submissions were also reviewed by the Ministry for compliance and financial feasibility. Both submissions passed the MOHLTC tests, and were consistent with CE LHIN priorities. The Ministry was notified of our approval officially by the deadline of September 15th. Each home will now work directly with the Ministry’s redevelopment office to strike a redevelopment agreement to proceed with their projects.

CRM/Share Point Project: Upon receiving notification that additional dollars were committed from every LHIN for this project, the LSSO has continued to move forward with the timelines for the implementation and roll out of the Contact Resource Management (CRM) database housed in Microsoft Dynamics. Internally, the project has identified key resources, and is currently taking an inventory of the current records and doing a gap analysis. The CE LHIN CRM Lead continues to work with the LSSO and their project manager exploring data uploading options, training methods and deployment options. The provincial team continues to work on the allocation and issues portion of this product.

Community Analysis Tool: This tool will be required by all HSPs to use to make the quarterly reports on WERS easier, starting in Q2 of 2009-10. The final version of the tool has been sent to the LHIN for distribution. The CE LHIN has copied and prepared training manuals and sent them to all HSPs to review. The CE LHIN will be holding internal training sessions for PCA team members followed by virtual sessions and face-to-face meeting for HSPs in the upcoming month.

Centre for Research in Healthcare Engineering (CRHE): The CE LHIN initiated a project in 2007 to develop a population based model for allocating AAH funding. The model was presented to the Board at its August education session, and subsequently to a joint meeting of the LHIN Senior Directors. The other LHIN Senior Directors agreed with our proposal to expand the project to all LHINs using funds that were previously committed for the LEAP project. John Lohrenz was the original project manager for the LEAP and CRHE projects, and will make arrangements to continue and expand functionality of the CRHE project, and to establish a project management steering committee.

e-Health

Health Information System (HIS) Consolidation Project: Phase I of the HIS Consolidation Standards project is completing outstanding decision documentation and approvals for Phase I teams. The compliance review is being performed by a reviewer group to validate that all CE LHIN hospital partners standards decisions are reflected in the build that is to go LIVE. Phase II is underway with the confirmation of Perot as management consultants for Phase II.

Clinical Informatics Advisory Group and Subcommittees: The September meeting was held on Monday, September 28, 2009. The CE LHIN Guidelines for Clinical Documentation draft has been approved by the CNE / VP Nursing Committee.

The CIAG group is reviewing a Glossary of Terms for the HIS Phase II project to provide clarity on what is to be standardized and ensure a common language.

Scanning & Archiving RFP: The Scarborough Hospital has taken the lead for this RFP on behalf of participating CE LHIN hospitals. The RFP was posted on MERX (June 19, 09), and vendor demonstrations took place in September. Scanning and Archiving Vendors have been shortlisted to four

eForms RFP: TSH is heading up the eForms RFP on behalf of the LHIN. The RFP submission for E-Forms closed Aug 31. Five vendors have submitted a response for evaluation. The hospital partners attended a vendor information session and an evaluation meeting is scheduled for September 29th, 2009.

Eclipse (Solution Q) Portfolio Project Management Software: The Eclipse project plan has been revised to reflect changes in reporting requirements. eHealth projects have been refreshed and are being added to the Eclipse site. The current project status has been sent to participating leads for review. As a result of a meeting in September, the CE CCAC project management team have been provided with access to review and determine if this product will be used for their work.

Decision Support Tool: It has been identified as a need to provide a standardized decision support tool for the LHIN providers. eHealth is currently in the process of gathering of information from other LHINS on their decision support processes and tools. The preparation of the Project Plan and related Action Plan is underway for CIO / CFO meeting in October. Peterborough has expressed interest to being the lead on this project

E-health Ontario Reporting: eHealth Ontario now requires quarterly financial reporting. Q1 has been submitted to eHealth Ontario.

Microsoft Enterprise Licensing Agreement – Hospital Agreement: A Workshop on Microsoft Enterprise License Agreement (hospitals) benefits and working relationship with the Reseller CCSI was held for the CE LHIN Hospitals September 9, 2009.

Microsoft Enterprise Licensing Agreement – Provider Agreement: With discussion with Microsoft Licensing, option models for the provider agreement are being developed and the first draft will be available October 9, 2009 for review by the eHealth Communication Consultation working group.

Community Consultation for e-health: Expression of interest membership requests is being sent out with draft Terms of Reference for a working group that will provide community provider input on ehealth and technology. The expected meetings for this short term working group will begin in October.

LHIN-Wide Credentialing: As per the results of the Medical Leadership Group within the Clinical Services Plan (CSP), the CE LHIN eHealth Team has pursued development of an automated LHIN-Wide Credentialing Repository. Results of the Request For Information (May, 2009) were presented to the Medical Leadership Group September 25. The CE LHIN eHealth team has been given endorsement to proceed with the development of a Business Case for Credentialing project.

Joint Procurement for non-Clinical Technology (previously called Vendor of Record): The CE LHIN Hospital IT Directors are currently developing a draft policy for a joint procurement process of non-clinical technology. It is being reviewed by the IM/IT Committee. Revisions are being undertaken with direction from the IMIT Advisory Committee to align this policy and process with procurement groups in the LHIN (COPA and PLEXUS) and with each hospital procurement policy

ePMO building Synergy with the LHINS: The ePMO Monthly meeting was held this month to include eHealth coordinators. Presentations from eHealth Ontario provided updates to new tools and current processes. Roundtable shared current ehealth initiatives underway in the LHINS.

CGTA Portal Planning: The eHealth Ontario board approved the project to proceed this month

Funding Proposals Submitted for eHealth Ontario Funding: eHealth Ontario identified opportunities for one-time funding for projects in four areas: Integration, Physician eHealth, Implementation for Adoption and Connecting with GTA. Four proposals were submitted. For more information please review the attached presentation (Appendix B) entitled, "Potential Funding Opportunities- Overview of Submissions to eHealth Ontario."

News From Health Service Providers

Ontario Shores Centre for Mental Health Sciences (Ontario Shores): Ontario Shores is pleased to announce the appointment of Tariq Asmi to the position of Vice-President, Regional Services and Dr. Philip Klassen to the position of Vice-President, Medical Affairs. "We are dedicated to working with our community and healthcare partners to create a strong and integrated mental health care system to meet the increased demand of services," says Glenna Raymond, President and CEO. "These roles will provide key leadership to develop a collaborative approach to mental health care delivery, enhance partnerships and strengthen our capacity in research, education and specialized treatment."

On September 9th representatives from the Central East LHIN attended the opening of the West Wing Emergency & Critical Care Centre at the Scarborough Hospital.

Peterborough Regional Health Centre: The Board of Directors of the Peterborough Regional Health Centre (PRHC) is pleased to announce that Ken Tremblay will be the hospital's next President and CEO. Tremblay's first day on the job will be February 1, 2010. "We are very pleased to welcome Ken Tremblay to PRHC and to our community," said Barb Cameron, PRHC's Board Chair. "His experience and successes over his distinguished hospital career impressed the Board's search committee. We are confident he will provide the hospital with the strong leadership it will need in the years to come." More recently, Tremblay was a peer reviewer for Quinte Health Care and a member of the recent operational review team at Cambridge Memorial Hospital. Ken Tremblay takes over from outgoing President and CEO Paul Darby who is retiring at the end of this year.

Lakeridge Health – Whitby Site, Infrastructure Upgrades: The MOHLTC announced on September 15, 2009, that the Ministry will provide a maximum grant of up to \$7,424,603 to reflect the capital cost-share policy for hospitals announced in June 2006. This will enable the Whitby site to re-open after the fire in July 2007.

Lakeridge Health Whitby – Modular Dialysis Unit: Lakeridge Health Whitby received delivery of Dialysis equipment to the Modular Dialysis Unit on September 4th. The unit began offering in-centre hemodialysis services and Home Dialysis services (Peritoneal and Hemodialysis education and training) in mid September.

Scarborough Hospital Expansion: Ontario is supporting planning that could lead to a redeveloped surgical suite and expanded pre-surgical services at the Scarborough Hospital. The province is providing \$3 million towards planning for the proposed project, which would give local residents increased access to modern surgical services and accommodate growing demand in the community. The surgical suite and pre-surgical services project will involve new construction and renovations.

Other:

Growing Communities Healthcare Alliance Toronto: Bill Colvin has been appointed interim Executive Director of the Growing Communities Healthcare Alliance. The Growing Communities Healthcare Alliance works on behalf of Ontarians in high growth communities to improve local access to hospital and health care services. High growth communities account for more than 70 per cent of Ontario's annual population growth, growing by more than 100,000 new residents each year.

Ministry of Health and Long Term Care

Welcome to Our New Minister of Health: Premier Dalton McGuinty has accepted the resignation of David Caplan as Minister of Health.

Deb Matthews becomes the new Minister of Health and Long-Term Care. Her mandate will be to achieve lower wait times in emergency rooms for Ontarians, improve care for diabetics and get more Ontario families access to a doctor, nurse or nurse practitioner.

Deb Matthews was elected to the Ontario Legislature in 2003 and re-elected in 2007. She was appointed Minister of Health and Long-Term Care in October, 2009. Deb previously served as Minister of Children and Youth Services and Parliamentary Assistant to the Minister of Community and Social Services.

Deb's work on social assistance reform, including her report, Review of Employment Assistance Programs in Ontario Works & Ontario Disability Support Program, has received strong support from a wide range of community leaders. Deb was recognized in the 2007 Ontario Budget speech as having been a driving force behind the new Ontario Child Benefit. Deb received the 2007 Political Award of Merit from The Social Work Doctors' Colloquium, given to an individual who in their political, professional and social life, practices and exemplifies the values of the social work profession including the fight for social justice.

Deb has been actively involved in community organizations such as Orchestra London and the Thames Valley Children's Centre. She has served on the London advisory boards for the Salvation Army, the Canadian National Institute for the Blind and as a board member and president of the Big Sisters of London.

Her diverse work background includes business experience in the construction industry, fundraising in the non-profit sector and teaching at the University of Western Ontario. She served as the 1995-96 fundraising co-coordinator for the Boys and Girls Club of London and has been twice honored with a place on The University Students' Council Teaching Honour Roll at The University of Western Ontario.

Deb was born in London North Centre and studied at the University of Western Ontario, where she completed her Ph.D. in social demography. She has three children and a grandson.

Ontario Hepatitis C Task Force: The Hepatitis C Task Force was appointed in 2005 in order to provide recommendations to the government on how to improve hepatitis C prevention, education, support and treatment in Ontario. On September 14, 2009, Minister David Caplan received the Task Force's Proposed Strategy to Address Hepatitis C in Ontario 2009-2014. The proposed Strategy is posted on the ministry's website for public and stakeholder comment for 30 days. To read the proposed Strategy and provide comments, please go to the following internet address:

English <http://health.gov.on.ca/encilish/public/prociram/hepc/hepcmn.html>

French <http://health.gov.on.ca/french/publicf/programf/hepcf/heicmnf.html>.

The Deadline for submissions was October 15, 2009.

High Intensity Needs Funds: The MOHLTC recently announced changes to the High Intensity Needs Funds with a new electronic submission process. The overarching goal for the redesign of this fund continues to be supporting resident care by preventing unnecessary admissions to hospitals and enabling discharges from hospitals to long term care homes. It continues to fund extraordinary treatment costs for high needs residents who would otherwise be placed in an acute care setting. The secondary goal of the redesign is to promote a culture of quality improvement. A Central High Intensity Needs Fund Team has been created that will be providing pre-approvals where necessary, processing submissions and collaborating on the audit process.

LHIN Collaborative (LHINC): The selection of members for the LHINC Council is now complete. The Council includes LHIN management, members of provincial associations, within the LHINs' mandate, as well as representation from cancer care, public health and primary care. Members were selected from nominees provided by associations in each sector. Council membership will be reviewed after the first year. One of the first tasks of the LHINC Council will be to determine priorities for the next year, LHINC is currently consulting with LHINs, provincial health services associations and the MOHLTC to identify key areas that should be address.

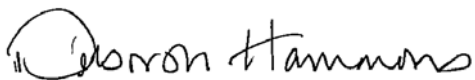
Core Business Requirements – LHIN Operations

Human Resources: It is my pleasure to welcome back Tapas Kar to the CE LHIN, he will be starting on Monday, September 21, 2009 as a Financial Analyst in the PCA unit.

Please welcome Viola Zhou as a Performance and Decision Support Analyst, she will be starting with the CE LHN on Monday, September 28, 2009. Viola's background comes from the private sector with over 10 years in leading Decision Support in Data and Financial Analysis.

It is with great pleasure that I am welcoming Lindsay into a new role in the PCA Performance Unit. Lindsay was a successful applicant to the new position of Performance and Decision Support Analyst. Lindsay has been doing a wonderful job supporting our Accountability Agreement processes and will continue to develop that leadership relationship working with our HSPs.

Respectfully submitted,



Deborah Hammons
Chief Executive Officer
Central East Local Health Integration Network

Harwood Plaza, 314 Harwood Ave. South,
Suite 204A Ajax, ON, L1S 2J1
Tel 905 427-5497 • Fax 905 427-9659
www.centraleastlhin.on.ca

Note: All appendices will be posted on the CE LHIN Website.

Appendix A - Performance, Contracts and Allocations

2009/10 Q1 MLAAA Dashboard

Ministry-LHIN Accountability Agreement
Comparison of 2008/09 vs. 2009/10

CECCAC Report to the CE LHIN Board of Directors
September 25, 2009

Long Term Care Home 101

Service Accountability Agreement (SAA) Update (H-SAA & L-SAA)

Appendix B – eHealth

Potential Funding Opportunities - Overview of submissions to eHealth Ontario