

**Central East Local Health Integration Network  
CEO Report to the Board  
September 15, 2009**

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

**Mental Health & Addictions (MHA)**

**MHA Summit:** The “Open Minds. Healthy Minds Summit”, was held in Toronto on July 13-14, 2009, and was well-attended by representatives from the Central East LHIN. The Ministry is attempting to build capacity in the System by encouraging links and integration with Primary Care, and by increasing Psychiatric Sessional Fees for Community Mental Health Agencies. Working groups will reconvene in the Fall to consider the feedback obtained at the Summit and to incorporate that feedback into their position papers. The target date for release of the Minister’s Position paper is the Winter of 2010 with policy anticipated to follow. Various stakeholders including the Board of Directors and the Mental Health and Addictions Steering Committee are working with the MHA Lead to develop a coordinated response to the Minister’s request for feedback on the strategy by September 15th.

**Priority Projects:** At the board education session in September, the results of the Early Youth Intervention Project Report and Addictions Environmental Scan were presented to the Board along with a full update from the Mental Health and Addictions Portfolio. The project reports and summaries are attached to the Appendix.

**Emergency Department (ED) Avoidance Coalition:** There has been significant progress made in the work of the ED Avoidance Coalition. The Coalition was formed as a result of the recognition by many of our health service providers that ED Wait Times and Alternate Level of Care (ALC) days could be reduced by addressing Mental Health issues with a more community based strategy. Formation of this group also came as a result of a request by Lakeridge Health Corporation (LHC) for assistance in finding alternate solutions for the rising number of people arriving at their Emergency Departments in Oshawa and Bowmanville with Mental Health related concerns. The membership of the ED Avoidance Coalition includes: Rouge Valley Health System, Durham Mental Health Services, Ontario Shores, LHC, CMHA Durham, and the United Survivors. The services offered by this group have been enhanced by the Pay for Results Fund. It represents an entirely new way of offering Mental Health Services, in that they are integrated, client-centred and outcome based. We are very appreciative of the initiative shown by our provider partners along with their hard work in establishing these service enhancements.

The ED Avoidance Coalition is also a Prototype Project with the IHI ED Avoidance Project and viewed as a ground-breaking initiative by that organization.

**ED/ALC**

**ED Pay for Results Funding:** The Ministry of Health and Long Term Care issued the ED Pay for Results Funding letter announcing a \$7,095,200 one-time funding envelope intended to enable the Central East LHIN to reduce ED Length of Stay (LOS) and improve patient satisfaction at designated hospitals in the Central East LHIN.

The designated hospitals for the 2009/10 fiscal year are:

The Scarborough Hospital – Scarborough General Site  
Ross Memorial Hospital  
Lakeridge Health Corporation – Oshawa Site & Bowmanville Sites  
Rouge Valley Health System – Centenary & Ajax Sites

This funding will support Ontario's Wait Time Strategy. It will help to ensure that Ontarians receive timely and appropriate access to emergency departments, and will help to ensure improved patient satisfaction.

A Year 2 Pay-for-Results reporting template has been developed and shared with the ED Task Group for their comments. Feedback was extremely positive and non-Pay for Results sites are interested in implementing the template for tracking internal projects and ED ALC Goals.

The Stocktake Report template was submitted August 14<sup>th</sup> and reviewed with Ken Deane, Assistant Deputy Minister on September 2nd. The Stocktake Report will be presented in greater detail during the Board meeting today (see Appendix)

**ED LHIN Lead:** Confirmation of funding for the Emergency Department (ED) LHIN Lead has been received for the fiscal period April 1, 2009 – March 31, 2010. In addition to this, funding has also been received to cover the ER/ALC Performance Lead contract position for the fiscal year 2009/10. This investment will enable the LHIN to focus on achieving its ER/ALC outcomes and advance the implementation of a standard performance management approach for the ER/ALC Strategy so that the LHIN and Ministry can regularly monitor progress.

**ED Process Improvement Program - The Scarborough Hospital:** A meeting was held with the MOHLTC and Toronto Scarborough Hospital regarding next steps for implementation of a Process Improvement Program (PIP) funded through the MOHLTC.

**Peterborough Regional Health Centre (PRHC) ALC Assessment and Coaching Team:** Peterborough Regional Health Centre (PRHC) submitted an HSIP aligned with recommendations from the PRHC ALC Assessment and Coaching Team Report. The Report was presented to the Board at an education session earlier this month (See Appendix).

**Nurse Practitioner Outreach Teams:** The MOHLTC formally announced that \$250,000 in one-time funding will be provided to the North East cluster NP outreach team (sponsored by the CCAC) to support the implementation of the Nurse-led Long Term Care Outreach Team initiative. The Nurse-led Long-Term Care Home Outreach Team initiative is one of several projects implemented under Ontario's Emergency Room and Alternate Level of Care Strategy and is intended to ensure Long-Term Care Home residents have access to timely, high quality care within their homes and to minimize avoidable resident transfers to ERs and hospital admissions.

Twenty Expression of Interest forms to determine eligibility and interest in participating in the Nurse Practitioner outreach support to clients were received from Long Term Care Homes in the LHIN. Difficulty in hiring Nurse Practitioners for NP Outreach through the CCAC is resulting in delay of services to the North East cluster of the LHIN. NP Outreach to LTC Teams will begin to visit clients in Long Term Care Homes mid-September.

**Emergency Department (ER) Dashboard – Current Assessment Monitoring Tool:** As per the CE LHIN and Provincial priorities (ER/ALC Strategy), CE LHIN, Performance, Contracts & Allocation unit has developed an ER Dashboard at the LHIN level to accurately assess and monitor ER Performance/Wait Times on a monthly basis. This dashboard has been developed with the following objectives:

1. Enable users (both CE LHIN Staff and Health Service Providers) to determine, on a monthly basis, the current status of each of our Emergency Departments at both a system as well as site level;
2. Ensure that the LHIN as well as each site is successfully monitoring and/or addressing any identified risks/issues as they pertain to:
  - Ministry/LHIN Accountability Agreements;
  - System Measures;
  - Pay for Results (year 1 & 2), Urgent Priorities Funding and Aging At Home Funding;
  - Other CE LHIN-specific initiatives and projects;
3. Support discussion and collaboration between the CE LHIN staff and each of our providers and other external stakeholders (e.g. StockTake Report);
4. Alignment with CE LHIN and provincially-mandated priorities and strategies. .

**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 an ALC dashboard to ensure continuous assessment and efficient management of the Alternate Levels of Care (ALC) situation in the Central East LHIN.

The primary function of this dashboard will be to guide discussions on performance between CE LHIN hospitals and other external stakeholders on actions/next steps to be developed and implemented to optimize ALC 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.

### **Chronic Disease Prevention and Management and Primary Care**

**Integrated Diabetes Care (a component of Our Vascular Goal):** CE LHIN eHealth funding was received to implement a 6 month pilot project (July to December) amongst four Diabetes Education Centres and Ontario Shores Metabolic Clinic to compile biophysical and behavioural indicators of health from 10% of clients in order to support Quality Improvement in service delivery. The data system is in place and data collection by agencies can start as soon as consent and confidentiality issues are resolved. The Diabetes Registry is an interactive, real-time information system designed to track the care of patients in Ontario with diabetes. It will give care providers reminders, alerts and reports on key tests and other indicators to help improve the care Ontarians with diabetes receive. The CE LHIN e-health support for the Diabetes Indicator Project is to provide/gain hosting of the application on a server, determine server requirements, and confirm application readiness availability upon pilot start. eHealth Ontario hosted a bidders' conference in late July. This conference provided an opportunity for interested vendors to hear details about the Request for Quote, gain a better understanding of the procurement

process and ask questions. More than 60 people representing 30 companies attended. The information collection tool, software and hardware support are now in place. Data collection will be initiated in Sept/Oct depending upon individual agency implementation readiness.

**Diabetes Resource Guide:** The “Living with Diabetes Resource Guide” has been so well-received across the LHIN and the province that Urgent Priority Funds have been allotted to assist the Project Team/Durham Region Diabetes Network to develop a Work plan, update the Diabetes Guide, reproduce hard copies and produce additional complementary materials such as “ABCs of Diabetes” fridge magnets and translation of key messages/sections into other languages.

**Diabetes Strategy Rollout:** LHIN Leads across the province advised the MOHLTC by August 31st on a proposed Diabetes Strategy rollout. Weekly teleconferences with LHIN Leads and the MOH Project Implementation Team continue. The LHIN Leads have been asked to provide advice on the siting of up to three new Diabetes Education (DE) resource teams. Our CE LHIN Lead has involved members of the CE Diabetes Network in this dialogue. Current enhancements are targeted for implementation in late November. A further expansion of DE resource teams is anticipated/planned by MOHLTC in the future. The next area of focus for the province/LHIN will be on providing advice on the creation of a Regional Diabetes Coordinating Structure for the CE LHIN. This task will be accomplished in partnership with the CE Diabetes Network and will build on strategic work completed in 2008 by the Durham Region Diabetes Network.

**Comprehensive Vascular Disease Prevention and Management Initiative (UPF Demonstration Project):** This project is underway with Dr. Harterre and Dr. Kamilla appointed as Chair and Vice Chair of the Project. A Project Manager has also been secured. Colleen Shiply (Vascular Health Network) has been recruited as the Clinical Lead. Clinical protocols have been drafted by the Clinical Protocol Development Working Group.

**CE LHIN Regional Renal Network:** The three Renal Programs in the LHIN – Lakeridge, Scarborough and Peterborough have identified common areas to focus on to enhance the coordination and standardization of care across the LHIN. The Scarborough Hospital will be providing project coordination for the Medical and Administrative Project Team members from the three program sites. Objectives of the project include standardized client outcome and program utilization indicator reporting; development of transplant follow-up clinics; contingency planning and a demand and capacity plan for services within the LHIN. Dialogue with Cancer Care Ontario will occur in September regarding aligning the development and priorities of the CE LHIN Renal Network given Cancer Care Ontario’s recent announcement of the creation of an Ontario Renal Network.

**Ontario Summit on CKD Participants:** A summit was held on June 25<sup>th</sup> to discuss the new Ontario Renal Network (ORN). A renewed approach to the current provincial Chronic Kidney Disease program was discussed. The ORN will provide overall leadership and strategic direction for the program and will effectively organize and manage the delivery of renal services in Ontario in a consistent and coordinated manner.

### **Unified Stroke System:**

The CEO, Ontario Stroke Network and District Stroke Centre Coordinators from HKPR and Durham are developing a Project Charter to guide next steps for strengthening alignment of the Durham and HKPR District Stroke Centres with other Regional Stroke Centres.

A meeting was held in August to discuss how the Ontario Stroke Network (OSN) and District/Regional Centres support the CE LHIN in achieving the CE LHIN Goals of: saving 1 million hours of time spent waiting in EDs and reducing the impact of Vascular Disease(s) by 10% by 2013. The OSN process for data review (atlas) will be completed this fall and OSN will assist in identifying data relevant to the CE LHIN to inform our goal of reducing time spent in ED and the impact of Vascular disease.

**MOHLTC Call for Proposals for Nurse Practitioner Teams and Family Health Teams:** MOHLTC issued a Call for Applications to create an additional 19 new Family Health Teams (FHTs) and 8 new Nurse Practitioner Led Clinics (NPLCs) across the province. Eight LHINs will be selected as eligible for non-academic teams. Other LHINs can apply for Academic/Shared Care models. The Ministry invited the LHINs to participate in the review of specific sections of the applications ( the input from the LHINs accounts for only 10% of the overall rating). LHIN staff also supported the process by answering questions from interested applicants concerning the proposal call and application process. Relevant data pertaining to comprehensive community profiles, including health care gaps was posted on the CE LHIN website to assist potential applicants with the completion of their submissions.

**Primary Care Working Group:** The Primary Care Working Group has been consulting with LHIN Medical Officers of Health, the CELHIN Regional Infection Control Network and others regarding strategies to assist primary care providers in responding to an H1N1 outbreak, prior to the fall season and potential next wave/outbreak. A working paper on the H1N1 Outbreak has been prepared and meeting held to bring key stakeholders together to discuss planning and the role of the CELHIN. The meeting was attended by Medical Officers of Health or their delegates from the four CE LHIN Public Health Units, CEOs or their delegates from CE LHIN hospitals, representatives from the CE CCAC, and other key stakeholders. The issues discussed covered both the Primary Care sector and the broader health care system. It was agreed that the Toronto and Durham Public Health Units would coordinate their approaches and collaborate on communication and directives to stakeholders. The issue of the locations for pandemic access centres has yet to be determined.

A survey will be conducted by the LHIN, with assistance from the Regional Infection Control Network, on the stockpile of vaccines, antivirals and other supplies by hospitals. Also to be addressed, is the potential impact of H1N1 on hospitals in terms of their ability to provide all services should staff be hard hit by the illness and the role that the LHIN may play in terms of determining what services remain open and what may be closed/moved to other locations. LTC homes are considered vulnerable, as are agencies to which the CCAC contracts out services. The LHIN will be contacting the LTC Home Sector and will consider how it can best assist the CCAC and its provider agencies. The LHIN has been invited to attend H1N1 planning meetings hosted by Durham Public Health Unit.

**Unattached Patient Assessment Project (UPA):** .The UPA received funding approval for its next phase from the Board at its June 16<sup>th</sup> meeting. The UPA Project is underway. To date an administrative office has been established in Peterborough, a fixed clinical space in Scarborough and the first mobile site set up in Bethany. Other mobile sites are to be determined and will include Dunsford. Staff at the Bethany site saw their first patients

the week after Labour Day. The Dunsford Clinic will be seeing patients beginning in October. The Communications Plan for the project is has been developed and the first communiqué has been circulated. There has been coverage in the Peterborough media, with radio interviews scheduled. Feedback has been received from the Mayor of Uxbridge regarding his interest in having a clinic offered in his community.

**Report from Health Care Connect Program:** The Health Care Connect is a program which registers patients without a primary care physician and matches them to health care providers across the LHINs. The Central East LHIN has received 2178 requests for physician matching between February 2008 and June 2009. There have been 1022 (including 231 high need's patients) or 47% were successfully matched.

### **Seamless Care for Seniors/Aging at Home Portfolio**

**Specialized Geriatrics:** A Specialized Geriatric Services Meeting was held at Ontario Shores on July 30th, 2009 to discuss the next steps for building a model for Community Comprehensive Geriatrics Assessment (CCGA) in CE LHIN using a collaborative approach. There were approximately 35 individuals in attendance representing all areas of the CE LHIN. Presentations overviewed CCGA activities currently taking place in the three clusters. A small working group has been formed with participants from the July 30th meeting to identify the appropriate CCGA model for in the CE LHIN. Key players from the LHIN met on August 19<sup>th</sup>, 27<sup>th</sup> and 28<sup>th</sup> to discuss model principles and elements to further this initiative for Year 3 AAH. Work continues with the MOHLTC regarding physician payment issues for the Year 2 AAH submission. Funding approval is pending.

**Aging At Home Year 3 Funding:** The Aging at Home Year 3 funding call for proposals has been developed and will be posted on the CE LHIN website shortly. There are now five priorities for this third call which include – supportive housing, supportive environments of care (behavioural support), geriatric assessment spread, senior friendly hospital initiatives as well as transitional beds. Two of these priorities (senior friendly hospitals and geriatric assessment) will be approached through a LHIN-wide collaborative process. The deadline for submission of proposals will be mid-October.

A meeting with the CNE/VPs of patient care was held on August 17<sup>th</sup> to discuss senior-friendly hospital initiatives for Year 3 AAH funding. The intent of the initial discussion was to make all hospitals aware of the priority set forth and brainstorm ideas for implementation.

**Aging At Home Priority Projects:** The Priority Project Reports on the Rural Transportation Project, Assisted Transportation in Scarborough Project and the Home At Last Project were all presented to the Board at the Education Session held in August. The reports and Executive Summaries are appended to this report.

### **Clinical Service Plan – One Acute Care Network**

Three of the largest service delivery corporations (Lakeridge Health Corporation, Rouge Valley Health System, and The Scarborough Hospital have indicated by way of a letter, their commitment to lead or support implementation of a One Acute Care Network across the LHIN providers. Thoracic and Cardiac initial planning activity is underway with an expected outcome of a LHIN-wide plan for integration of services. E-Health, standardization of processes and protocols are expected to be key enablers as identified by the initial advisory group work. Vascular service integration is beginning to get underway. The Maternal, Child and Mental Health

recommendation is in the early stages of discussion amongst providers on what next steps would get them to service integration.

### **Other Activities**

**Aboriginal Health Strategy:** On August 25<sup>th</sup> the first meeting of the newly formed Nishnaabe Metis Inuit Advisory Circle Meeting was held at the Mississaugas of Scugog Island in Port Perry. Ratifying the Terms of Reference was the main topic for discussion. The next meeting will be held on September 23<sup>rd</sup>.

**French Language Services (FLS):** "The Special Report on French Language Health Services Planning in Ontario, 2009" document is attached for information (Appendix). It outlines eight recommendations relevant to the LHINs and the Ministry of Health and Long Term Care. The Central East French Language Services Collaborative will be reviewing the recommendations and addressing them from a CELHIN perspective. Other priorities for the FLS Collaborative include:

- GTA Baseline FLS survey:
- FLHS regional restructuring: update and next steps
- Assessing the needs of the Francophone community
- Contribution of FLS to achieving LHIN goals/objectives and implementing LHIN priorities
- Seamless care for Francophone seniors
- Work plan for CE LHIN
- Further contributions to IHSP 2 engagement.

**Integrated Health Service Plan Project (IHSP):** The CE LHIN strategic plan, detailed in the 2010-2013 IHSP, is taking form. Currently, content for the CE LHIN 2 Big Goals of saving 1,000,000 hours in ED wait time and reducing the impact of vascular disease has been drafted. The draft document, specifically on the two goals, has been sent out to planning partners in the CE LHIN for validation. The content includes key elements on the importance of the goals, how success will be measured and initiatives that will be put in place to achieve success. Feedback from the field will be reviewed and incorporated into the final document.

Final results from the CE LHIN telephone poll measuring consumer confidence in the CE LHIN health care system have been received. One thousand and forty (1140) households in the CE LHIN were contacted during August by the professional health care and marketing research firm NRC Picker. A web-enabled version of the poll was also developed and posted to the CE LHIN website for the public who wished to participate in the survey, but were not contacted by the firm. Over 230 responses were gathered via the web. The results show that there is strong public support on the CELHIN's two big goals and highlights some areas for improvement to increase consumer confidence and satisfaction.

Design and production for the final ISHP document will now occur over the next several weeks. The LHIN will meet with the MOHLTC in October to present the final draft document before it goes to the CE LHIN Board for final approval in October. The final IHSP document will be publicly released on November 30, 2009.

**LHINs and Triple Aim:** The Change Foundation and the Centre for Healthcare Quality Improvement (CHQI) are hosting an event called “Aim for the Summit” on September 18th targeted to LHIN Board Members and Chief Executive Officers, and senior staff from the LHINs and the Ministry of Health and Long Term Care. The Summit will focus on the “Triple Aim” Strategy initiated by the US based Institute for Healthcare Improvement (IHI). The session will include speakers and interactive discussion with IHI experts who will provide feedback and advice on how LHINs are embedding Triple Aim into the planning and integration of health service delivery. Every LHIN is completing a worksheet on the status of current projects. The CE LHIN will be featuring the mental Health ED Coalition project as well as three other initiatives. The first all site WebEx was on August 26 with 10 LHINs participating.

### **Performance Contracts and Allocations**

#### **Long Term Care Home (LTCH) Service Accountability Agreement (LSAA) Guidelines and Agreement**

**Process:** CE LHIN staff continued to work provincially on steering and sub-committees to develop the forms and guidelines, and to provide input into the service agreement for this sector. The time and workload commitment has been significant but steady progress has been made. The guidelines should be ready for release mid-September. Education sessions and materials are being prepared for the sector. CE LHIN staff are confident of achieving a high completion rate for the agreements due to our significant engagement with the sector on this process that was started in the Spring.

**Long Term Care Home (LTCH) Service Accountability Agreement (LSAA) Indicators:** The list of potential recommended indicators was presented to the Provincial Steering Committee and finalized on August 25th, and to the LTC Associations on the 26th. A further session with the provincial associations has been scheduled for September 4<sup>th</sup>. A final list of indicators will be included in the service agreement guidelines. CE LHIN staff delivered an online update and education session to CE LHIN LTC homes, over 30 homes participated and found the session very useful. Staff will provide the Board with a comprehensive update at the October Education Session.

This is the first agreement of its type for the LTCH sector, and sufficient time will be required for education, discussion, resolution of issues, and for full execution of the agreements. The CE LHIN plans to keep in close contact with the sector so that information can be effectively communicated, issues identified and resolved early in the process.

Following our Meet and Greet Sessions with the sector, comprehensive binders of background material were prepared and sent to all 68 Long Term Care Homes.

**Hospital Accountability Plan Submissions (HAPS):** Following the June 25th HAPS Planning Day with our hospitals, the LHIN forwarded to the participants a summary of the meeting including the agreed upon assumptions for submission of a balanced 2010-12 HAPS. The CE LHIN also provided the HAPS guidelines and its own CE LHIN communiqués to the sector. The CE LHIN will continue to work with the hospital sector through its Financial Leadership Group to identify problems and solutions to achieving a balanced HAPS. The intent of this approach is to work collaboratively with the sector to identify and resolve common problems through systemic solutions.

Hospitals across the province are using a “Framework for Making Choices” as they develop their HAPS documents. Accountability agreements will clearly state what services will be provided and the funding available to deliver these services. The Key themes that hospitals have to consider when developing and evaluating options for service delivery to be included in their HAPS documents are:

- Improving hospital performance;
- Ensuring that core hospital services are stable, aligned with provincial priorities and the LHIN’s IHSP, and contribute to the achievement of the MLAA targets;
- Being cognizant of the impact of service delivery and internal efficiency improvement decisions on community partners and other providers;
- Optimizing health outcomes;
- Being conscious of the complexity of decisions at the interface of these themes; and
- Current and anticipated patient/client need.
- This can include:
  - transferring services more appropriately delivered in the community;
  - identifying and evaluating integration opportunities; and
  - realigning or removing low demand health services.

The CE LHIN will support hospitals as they consult with their communities and other healthcare partners to ensure coordination and partnership across the system (inside and outside the LHIN) to deliver better, more efficient and effective care to the patient/client. Similar to the CSP implementation, hospitals are focused on retaining and recruiting the very best health human resources to the Central East region.

**Allocations:** Funding letters and allocation payment requests via APTS were processed for:

- a) 2.25% stabilization for CSS and CMH agencies;
- b) 4% stabilization for CE CCAC;
- c) Urgent Priorities projects such as CKD, Unattached patients and Diabetes Guide;
- d) LTCH per diem increases and co-pay increases of 2.3%;
- e) Wait Time Allocations for hospitals;
- f) 2.25% on CHC operations (excluding physicians amounts); and
- g) CHC physician compensation increase
- h) CCAC Care Connectors
- i) Urgent Priorities projects such as Disordered Eating, TDIS, Unattached patients, the PMO Office, Diabetes Guide and WRAP

The CHC increase of 2.25%, which was processed in July, still does not address the occupancy cost shortfalls for the three new CHCs (Brock, Oshawa and TAIBU). In addition, there is the additional potential risk of the 4<sup>th</sup> new CHC (City of Kawartha Lakes) that is soon to come on stream. The potential financial impact is approximately \$250K per agency each year. The Port Hope CHC is also struggling to find operating funding for their dental services suite which is now ready for clients.

In early July, the CE LHIN received correspondence from the MOHLTC regarding the resolution of issues of funding adjustments to CHC Physicians base salaries for 2008/9. The adjustments include previously omitted full-time equivalent positions, as well as the correction of the non-underserved salary rate used to calculate flow through adjustments to physician base salaries in underserved areas. The LHIN received a \$28,921 one time payment as well as a \$55,186 base adjustment.

**CCAC Service Maximum Funding:** The CE CCAC service maximum funding of \$3,506,200 was recently announced by the MOHLTC. Funding provided to support the increases to CCAC Service Maximums is a key component of the Government's commitment to reduce the Length of Stay in Emergency Rooms (ER) and Alternative Level of Care (ALC) Days.

**Hospital Infrastructure Renewal Funding (HIRF):** Revised guidelines and submission forms have been posted on the CE LHIN web site. The LHIN must send final distribution for dollar amounts per hospital to the Ministry by September 30th. The LHIN met with the newly created Hospital and CCAC Financial Leadership Group, at their August meeting, to develop consensus on an allocation methodology. Submission requests on what the money will be spent on must be received from each hospital by November 30th so that the LHIN can finalize the project authorizations by December 31st.

**Annual Reconciliation Reports (ARR):** Ninety percent (90%) of the 2007/08 ARR for the Community Support Services and Community Mental Health agencies has been reviewed and signed off by the LHIN. The recovery process for related surplus dollars in the 2007/08 fiscal year has started (Ministry does this). 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 AAH and UPF projects/initiatives. These figures cannot be finalized until the Ministry completes their ARR process for both fiscal years.

**Reallocations:** A funding reallocation from Kingston General Hospital in South East LHIN to PRHC was completed in the June Q1 report to Ministry. This funding is related to a Genetics program that is carried out by the Peterborough Health Unit, but the hospital acts as paymaster. Current funding for the program on an annualized basis is \$237,260, and it serves a population of about 435,000 people who reside in the Haliburton, Kawartha Lakes, Hastings, Peterborough and Northumberland counties.

**Ministry Reporting:** We have completed the Q1 (as of June 30, 2009) reports to the Ministry as required by the MLAA. These included the TPA (Transfer Payment Agency) forecast to year-end, the risk report, the LHIN operations report and Balance Sheet and any reallocations pending for Q2 (e.g. the genetics funding).

**Other:** The Beds in Abeyance agreement extension (to March 31, 2010) has been processed for Kennedy Lodge Nursing Home. This agreement allows the LTCH to retain ownership of beds they no longer have in operation such that the beds can be reintroduced at a later time or, subject to Ministry approval, the license to operate those beds can be sold to another operator.

**MRI Hours Summary:** CE LHIN has been approved to receive more Magnetic Resonance Imaging (MRI) incremental volumes for 2009/10. The total MRI incremental volumes equals 1,288 funded hours.

Lakeridge Health Corporation has successfully applied for a second MRI machine which will be operational as of September 1<sup>st</sup>, 2009. The base cost to operate a MRI machine is approximately \$800K. The ministry had obtained the full funding for this machine for an entire fiscal year (starting April 2009) which has left a surplus of approximately \$335K which equates to 1,288 MRI funded hours (incremental).

To ensure that CE LHIN would be able to maximize its success in achieving the new volumes, the CE LHIN Wait Time Strategy Working Group members and CE LHIN staff held meetings to achieve consensus on an equitable allocation of the extra incremental hours. The methodology is described below:

1. **Step 1:** Exclusions:
  - i. Hospitals with no MRI services; and
  - ii. LHC consented to be excluded from the original allocation (unless remaining surplus is identified after the initial allocation to all the participating hospitals has been calculated);
2. **Step 2:** Equalization Factor that would top-up hospitals who received less incremental volumes in 2009/10 than in 2008/09;
3. **Step 3:** Remaining portion is calculated based on a percentage allocation, sub-divided by 2 considerations:
  - i. Wait Time performance (in days at the 90<sup>th</sup> percentile) of the most current reporting period (2008/09Q4);
  - ii. Capacity Factors for each respective hospital with MRI services; and
4. **Step 4:** Identified Surplus remaining to be allocated to Lakeridge Health Corporation.

\*\*\*For a detailed report on CE LHIN's Base and Incremental Volumes for 2009/10 per hospital, please reference the attached Appendix.

*Note: Communication to the participating hospitals with MRI services has been completed with the hospital-specific volume allocation. Confirmation from the Ministry was sent via email from Wait Time Strategy with formal funding letter pending in the next few weeks.*

**Ministry/LHIN Accountability Agreement Performance Assessment Dashboard** A 2009/10 Q1 refresh is currently in progress and will be completed within the first 2 weeks of September. The following indicators will be reported with analytics and follow-up action items to be reported:

1. 90th Percentile Wait Times for Cancer Surgery
2. 90th Percentile Wait Times for Cataract Surgery
3. 90th Percentile Wait Times for Hip Replacement
4. 90th Percentile Wait Times for Knee Replacement
5. 90th Percentile Wait Times for Diagnostic MRI Scan
6. 90th Percentile Wait Times for Diagnostic CT Scan
7. Median Wait Time to Long-Term Care Home Placement - All Placements
8. Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution
9. Proportion of Admitted patients treated within the LOS target of <= 8 hours
10. Proportion of Non-admitted high acuity (CTAS I-III) patients treated within their respective targets of <= 8 hours for CTAS I-II and <= 6 hours for CTAS III
11. Proportion of Non-admitted low acuity (CTAS IV & V) patients treated within the LOS target of <= 4 hours

It should be noted that indicators 9/10/11 are new for 2009/10 and replace three previous indicators which are no longer reported:

1. Re-admission Rates for Acute Myocardial Infarction (AMI);
2. Rate of Emergency Department Visits that could be Managed Elsewhere; and
3. Hospitalization Rate for Ambulatory Care Sensitive Conditions (ACSC)

**Approval of Single Proton Emitting Computerized Tomography (SPECT) at Peterborough Regional Health Centre:** The CE LHIN is very pleased that it was able to facilitate the approval of a SPECT for the PRHC. This imaging device is the first of its type in Canada and will increase hospital inpatient and outpatient capacity. SPECT is a hybrid imaging technology combining gamma camera functionality with CT imaging.

**CE Community Care Access Centre (CECCAC) Financial Pressure and Cost Containment:** The CECCAC and CE LHIN senior management teams met on July 29, 2009 to discuss pressures, review progress to-date and explore next steps. The CECCAC is initiating an additional mechanism to identify savings opportunities. This is a third party cost containment “value for money” review. CE LHIN staff were asked to participate in both the selection process for the consultant and the steering committee overseeing the review.

The CE LHIN has received Ministry approval to have the CE CCAC eliminate the 2008/09 deficit over the 2009/10 and 2010/11 fiscal years (i.e. balance over the three fiscal years 2008/09 through 2010/11). The CECCAC monthly report is attached.

**Long Term Care Home (LTCH) B & C Bed Redevelopment:** CE LHIN staff have met with two applicants to the redevelopment program to discuss our criteria and expectations. The deadline for homes to submit applications was July 31<sup>st</sup>. Two CE LHIN LTCH's formally submitted applications for renewal funding: Bon Air NH in Cannington and Fairview Lodge in Whitby. The MOHLTC will complete its financial and compliance review of the homes and requires LHIN ranking of the homes by September 15<sup>th</sup>. Both homes meet the LHIN's specified criteria.

### e-Health

**Health Information System (HIS) Consolidation Project:** The HIS consolidation project is entering phase two of the standardization project. This will standardize the data dictionaries for Meditech 6.0 for all hospitals in the LHIN. The implementation phase is still under development.

**Data Centre Consolidation:** The five LHIN Data Centre Consolidation project led by CE LHIN is now entering its final phases. A Request for Quote will be released on Merx in early September. The target date for issuing a Request for Proposal is expected to be out in October. The business case should be completed by the end of the year.

**Microsoft Licensing Agreement for Nine (9) Hospitals:** The licensing agreement for the hospitals has been executed and initial meetings held to determine the potential of an agreement for other health service providers. A project plan has been developed to determine provider needs and cost requirements for review in August.

**Other:** The CE LHIN is also leading a multi-LHIN approach to the implementation of an ALC resource matching and referral process across several LHINS. Five (5) LHINS will participate in this process.

**eHealth Ontario:** eHealth Ontario's Board of Directors announced the appointment of Robert Devitt as the new interim President and Chief Executive Officer. The Board recommended his appointment to the Minister of Health and Long-Term Care. The appointment takes effect August 4, 2009 and will end December 31, 2009. eHealth Ontario's Board of Directors is currently searching for a permanent CEO. Mr. Devitt has served as President and Chief Executive Officer of Toronto East General Hospital since January 2004 and will continue in this role one day per week. Previously, Mr. Devitt has served as President and Chief Executive Officer of the Peterborough Regional Health Centre, and the Queensway-Carleton Hospital in Nepean, Ontario. Mr. Devitt was also appointed as supervisor of the Scarborough Hospital by the Ministry of Health and Long-Term Care in August 2007 for approximately one year. Over this period, the hospital saw marked improvements in quality and workplace safety and was returned to fiscal health.

### **Ministry of Health and Long Term Care**

**HealthForceOntario - Ontario Physician Locum Programs:** The Health Force Ontario Marketing and Recruitment Agency is nearing completion of its first phase of the Emergency Department Coverage Demonstration Project Program Evaluation (EDCDP). The feedback and insights obtained has been critical in helping to understand how it is meeting hospital needs, and to inform decisions regarding the potential future direction of the Program.

Phase one of the Program evaluation has now been completed and outcomes will be shared at the end of Phase 2 early in the Fall. The focus of Phase 2 will be to understand how the project can better align within the broader ED/ALC and Health Human Resources strategies/initiatives in the province. The program has been an integral resource in averting unplanned ED closures throughout the province. The ED Staffing Reference Guide (2007) and the on-going advice and support provided by the program have been recognized as a valuable resource. Phase One findings will also provide the foundation in determining alternate ways the Program can evolve in the future to better meet the ED Health Human Resources needs and effectively contribute to Ontario's overarching ED Action Plan.

**Orthopaedic Expert Panel Update:** The focus of the Panel and the Bone and Joint Health Network through 2008/9 was to address wait times for surgery through the creation and implementation of models of care for hip and knee replacement and hip fracture. Since April 2009, the Bone and Joint Health Network continues to build on the success achieved in implementation of the models of care are hip and knee replacement and hip fracture and begins a new mandate to develop and implement a best practice model for foot and ankle patients as well as a model for spinal patients. The Expert panel is also working with many of the LHINs to develop plans for Elective orthopaedic surgery through the analysis of information on volumes and wait time, linking with the Clinical Service Planning Process where appropriate.

Based on feedback via a questionnaire completed by representatives from each of the LHINs in March 2009, the panel plans to liaise with the LHINs by:

- Continuing with the LHIN Advisory Group through quarterly meetings
- Developing opportunities to facilitate increased communication with the LHINs and their health service providers for planning and performance measurement
- Ensuring Senior Directors and CEOs are aware of the activities of the Orthopaedic Expert Panel

The Bone and Joint Health Network is also available to LHINs to provide advice and assistance to work on planning and resolution to orthopaedic care issues within the LHIN.

**One Time Funding – Long Term Care Homes**

The Minister recently announced \$43 million dollars in one-time funding in 2009/10 to improve the quality of care, safety and overall health of long-term care residents in Ontario. The funding will improve the physical condition and cleanliness of homes, laundry and dietary services and will assist administrative staff in providing leadership and family support.

**Other LHIN News**

On August 18<sup>th</sup>, the MOHLTC notified Cambridge Memorial Hospital of its intent to recommend that a supervisor be appointed for the hospital. The minister's actions are in response to the findings and recommendations of an operational Review Report which identified a series of long-standing governance, management and financial issues at the hospital that need to be addressed.

**Core Business Requirements – LHIN Operations**

**Human Resources:**


Please be advised that Susan Plewes will be ending her contract with the CE LHIN as of September 11, 2009. Susan is moving on to bring her expertise and skills to the North Simcoe Muskoka LHIN, as the Director Integrated Health System Design Project (contract position).

Join me in officially welcoming Charli Law to the PCA unit of the Central East LHIN; she is now a permanent staff starting August 17, 2009 as a Financial Analyst.

The CE e-Health Team have moved into our Annex space. Staff who will be residing in the unit consist of Lewis Hooper – Central East LHIN and Partners Regional CIO and ehealth LHIN lead, Carolyn Kanhai – Executive Assistant to Lewis Hooper, Marlene Ross – Senior Project Manager, Karol Eskedjian – Senior Planning Manager, Stakeholder Engagement and Mai Nguyen – Project Co-ordinator.

Leila Tikaram, Financial Analyst left the LHIN on August 28<sup>th</sup> to pursue other opportunities.

Respectfully submitted,



Deborah Hammons  
Chief Executive Officer  
Central East Local Health Integration Network

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

**Appendix A - Performance, Contracts and Allocations**

- a) CECCAC Report to the CE LHIN Board of Directors – Aug 28-09
- b) Stocktake Report
- c) CE LHIN's Base and Incremental Volumes for 2009/10 per Hospital

**Appendix B - Priority Projects**

Project Close-Out Reports

- a) Rural Transportation (One Page Summary)
- b) Assisted Transportation in Scarborough (One Page Summary)
- c) Home At Last (HAL) (One Page Summary and Presentation)
- d) PRHC ALC Program (One Page Summary and Presentation)
- e) Early Youth Intervention Priority Project
- f) Addictions Environmental Scan Priority Project (One Page Summary and Presentation)
- g) U of T Population Based Allocation Model (One Page Summary, Presentation and Report)
- h) Rehabilitation Project (One Page Summary and Presentation)

Note Project Reports have been posted to the website

**Appendix C - Mental Health and Addictions Portfolio**

- a) "Every Door is the Right Door" - Towards a 10-Year Mental Health and Addictions Strategy A discussion paper, Ministry of Health and Long Term Care
- b) Mental Health and Addictions Portfolio Update – PowerPoint presentation September 1, 2009

**Appendix D - Updates**

- a) IHSP2 and Triple Aim Update – PowerPoint presentation September 1, 2009

**Appendix E - Other**

- a) Special Report on French Language Health Services Planning in Ontario, 2009
- b) 3 Year Business Plan - Plan for the provision of legal services to the Local Health Integration Networks for the three fiscal years 2009/10, 2010/11 and 2011/12.