

Central East Priority Project Summary

Project Name: Self Management Training for Consumers and Caregivers in Central East LHIN

Revision Date: Sept 24, 2008

Purpose of Board Review
 For Information Only
 For Approval
 For Endorsement to Proceed with Further Planning/Refinement/Review

Project Charter Sponsor(s) Durham North Central Collaborative

Project Type
 Service Enhancement
 New Service / Program
 Integration Activity
 Demonstration Project
 Single Phase Project
 Multi-Phase Project

Funding Required 2008-09: \$ 620,719 2009-10: \$ 671,420

Funding Source LHIN Priority Funding
 Funding Year (s) 2008-09, 2009-10, beyond based on Evaluation
Funding Type 2 Yr. Demonstration

Anticipated Project Owner (Accountability)
 CE LHIN
 CE LHIN Health Service Provider
 Assigned CE LHIN Project Team

- Project Deliverables / Goals**
- Introduction of a consistent Chronic Disease Self-Management Model [CDSM] across the Central East LHIN.
 - Program development and training coordination for English-speaking, French-speaking and Asian/other multi-cultural populations
 - Establishment of a core group of Master Trainers and teams of Peer Leaders (target: 36 Master Trainers by end of 2009-10)
 - Self-Management Training Sessions for people with chronic conditions and their caregivers (target participants: 400 by end of 2008-09; 1400 by end of 2009-10; 2700 end of 2010-11, assuming extension of funding)
 - Education and consultation to promote integration of Self-Management Support within the practice of Health Service Providers
 - Client follow-up and links to exercise and lifestyle adjustment programming are proposed to augment core Stanford program.

Project Timelines Start: April 2008 Completion: New Program – Evaluation at end of Yr 2 (2009-10)

Project Reviewed By:
Networks: CDPM Steering review plus CDPM members participated in project charter development
Collaboratives: Durham North Central Collaborative lead Charter Development;
Task Groups: No
CE LHIN Staff: Involved in Charter Development
 CE Decision-making Framework ; Staff Team review; 103.5 = 88%

Strategic Directions

- The LHIN Board will lead the transformation of the health care system into a culture of interdependence.
- Healthcare will be person-centred in safe environments of quality care.
- Create an integrated system of care that is easily accessed, sustainable and achieves good outcomes.
- Resource investments in the Central East LHIN will be fiscally responsible and prudent.

Priorities for Change

- Seamless Care for Seniors
- Mental Health and Addictions
- CDPM

Enablers

- Primary Care
- E-health
- Health Services Planning

Project Charter

<input type="checkbox"/> Wait Times and Critical Care	<input type="checkbox"/> Health Human Resources
	<input checked="" type="checkbox"/> Diversity
	<input type="checkbox"/> Back Office Transformation
	<input type="checkbox"/> Moving People Through The System
System Outcomes	
<input type="checkbox"/> Accessible	<input type="checkbox"/> Safe
<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> People Centred
<input type="checkbox"/> Efficient	<input type="checkbox"/> Integrated
	<input type="checkbox"/> Appropriately Resourced
	<input type="checkbox"/> Equitable
	<input checked="" type="checkbox"/> Focused on Population Health

Project Name: Self Management Training for Consumers and Caregivers in Central East LHIN		Project Acronym or No.: CDSM	
Workstream Lead/Project Sponsor: CDPM Steering Committee	Project Coordinator: Jeanne Thomas	Target Project Completion Date: A new program for CE LHIN	
Project Lead/Project Manager: Project Charter Development: Durham North Central Collaborative & Other Planning Partner Representatives Project Implementation: Lead Project Sponsor Agency (LPSA) is Central East Community Care Access Centre (CECCAC)		Version No.: 0.9	Version Date: 2008/09/24

Project Background

The Central East Local Health Integration Network's (CE LHIN) Integrated Health Service Plan (IHSP) 2007-2010, identifies prevention and management of chronic disease as a LHIN-wide priority. The IHSP identifies the provincial Chronic Disease Prevention and Management (CDPM) Framework and the CDPM Model as the guidelines for improvements to the system of care for people with chronic conditions within the CE LHIN. Self-Management is a core component of the CDPM Model.

Further, the IHSP identified the need to adopt and implement a consistent self-management model across the CE LHIN. This project will achieve that objective; it is proposed as LHIN wide program. This project would be an effective provincial demonstration project for potential application in other LHINs.

Self-management is defined as a patient-centred, collaborative approach to care that promotes patient activation, education and empowerment. ¹ Self-management is identified as key to achieving the CDPM Model's three stated outcomes; *productive interactions amongst informed and activated patients working with a prepared and proactive practice team.*

Improving an individual's ability to self-manage their chronic condition is recognized as a contributor to consumer health and well-being and increasingly, the sustainability of the healthcare system. Self-management emphasizes the importance of taking responsibility for one's own health. Research has shown that self-management programs can improve health status in people and can reduce healthcare service utilization among those with chronic conditions. Research yields a ratio of approximately \$1 invested: \$10 saved. [Source: Stanford Patient Education and Research Centre - <http://patienteducation.stanford.edu/programs/cdsmp.html>]

People with chronic disease and their caregivers play a central role in managing their conditions on a day-to-day basis. Self-management recognizes that people with chronic conditions must work with their caregivers and healthcare support team to manage their medical needs, everyday roles and responsibilities and emotional issues. For example, a person with diabetes has medical management needs including blood glucose self-monitoring, medication taking, nutrition management, physical activity, managing high/low blood sugar, foot care, eye care and keeping medical appointments. In addition to managing medical needs, people with chronic conditions must also manage their everyday need to go to work, school, compete in athletics or cook as well as deal with the emotional stress (e.g. depression, denial, anxiety, fear) associated with having a long-term, potentially disabling, condition.

Self-management programs require a commitment from the person with the chronic disease and their health care

Project Background

providers. Consumers and their families/caregivers benefit from education and training to empower them to be confident, active participants in positively managing chronic conditions. Self-management advances the principle of self-efficacy; individuals are their own agents for health and need the confidence, empowerment and skills to be able to be effective.

The Chronic Disease Self Management Program (CDSMP) [commonly referred to as the Stanford University model or Kate Lorig model] has been adopted within Canada and internationally as best practice. The CDSMP is a six week, 15 hour interactive program for people with chronic conditions and/or their caregivers. Subjects covered include:

- techniques to deal with problems such as frustration, fatigue, pain and isolation;
- appropriate exercise for maintaining and improving strength, flexibility, and endurance;
- appropriate use of medications;
- communicating effectively with family, friends, and health professionals
- nutrition, and;
- how to evaluate new treatments.

In the CDSMP, Master Trainers train Peer Leaders. Two Peer Leaders work together to deliver the Program to groups of approximately 10-15 people with a chronic condition. Ideally, each peer leader should have first-hand experience living with a chronic condition; one member may be a health service provider. The program is applicable for most chronic conditions (excluding dementia & related conditions) and for different age groups (typically: adults). The CDSM model augments, and does not replace disease specific medical education/teaching, which remains necessary. CDSM should be offered in readily accessible locations within the community (i.e. where people live or go regularly such as schools, supportive housing, food banks, churches, recreation centres, libraries, community health centers etc.). Increasingly, it is recommended that self-management programs should be offered in concert with exercise/physical activity programs for a complete approach to "living well" with a chronic condition and include a follow-up component. Program development for these two additional elements is included in the CDSM approach proposed for CE LHIN.

Awareness of the importance and benefits of chronic disease self-management and the Stanford CDSMP is growing amongst Health Service Providers in the CE LHIN. This project will leverage this growing interest and provide the foundation for development of a robust, consistent and sustainable CDSM program in the CE LHIN.

Project Scope

Project Purpose

The purpose of this project is development of a consistent, coordinated, and sustainable Chronic Disease Self-Management Model (CDSM) implemented on a large scale - reaching 1400 consumers and caregivers across CE LHIN over the funded 2 years.

Consistent CDSM implementation means several things. First: CE LHIN adopts the Stanford Patient Education Research Center's family of self-management programs as the CDSM of choice, and program delivery will remain true to the Stanford program design and license requirements. Second: the CDSMP will have a common name & visual identity across the various parts of the LHIN and among its community partners. Third: all implementers will follow core guidelines with respect to recruitment & communications tools; participant materials and costs; data collection; and peer leader policies/quality assurance. The LHIN will achieve the adoption of these core guidelines across the LHIN by incorporating CDSM implementation into Service Agreements with Health Service Provider Agencies.

Note: some variation is expected in the range of chronic conditions served and Peer Leader volunteer structure depending on area needs and opportunities. Also, a transition period will allow organizations with existing Self-Management activities to evolve toward the CE LHIN CDSM visual identity and policies.

Project Purpose

The project will produce a core group of Master Trainers and teams of Peer Leaders to deliver the CDSM program in the CE LHIN. The number of Master Trainers and Peer Leaders will grow each year.

During the 15 hour – 6 week, licensed program, Peer Leaders work *with* consumers and caregivers to set reasonable goals for health and lifestyle modifications and build their capacity and confidence to achieve these goals.

Coordinated CDSM implementation will be achieved through a centralized registry of Peer Leaders, Master Trainers, and Self-Management workshop schedules. In addition to English-language CDSMP delivery, the project will introduce/coordinate CDSM activities for French-language, First Nations, and Asian/multi-cultural populations – specifically Cantonese, Mandarin, and Tamil-speaking populations.

The CDSM project will develop links to community exercise programs, disease education, and other lifestyle adjustment programming. While the CDSM project will not create new content or programs, the project will work with existing programs to encourage cross-participation and integration of self-management support within these programs. (Assessment of client suitability for specific programming will be determined by the client with their services providers and is beyond the scope of the CDSM project). These additional linkages build on the core CDSM program and are recommended enhancements to further increase the positive outcomes.

To **sustain** program benefits, the CDSM project for CE LHIN will also develop a formal follow-up/follow-through component to add to the core CDSMP 6-week workshop for consumers and caregivers.

To achieve maximum benefit from the CDSMP workshop implementation, health service providers must be prepared to support the self-management strategies adopted by consumers and caregivers. The project will provide education sessions to health service providers around the CDSM; and consultation to assist chronic disease/rehab programs in integrating self-management principles. As not all consumers/caregivers dealing with chronic conditions will be able or willing to participate in the group CDSMP workshop, ideally self-management support will also be provided through one-on-one interactions between clients and health service providers across the LHIN.

An evaluation of the CE LHIN program will be conducted. The CDSM model has been extensively evaluated.

It is intended for the CDSMP to become a long-term program within CE LHIN. The Project Team will guide a transition from the Priority Project implementation (2007-2010) to a sustainable, LHIN-wide program with long-term funding and stable community partnerships & governance.

There will be two phases:

Phase 1: Includes project start-up/initiation, development and implementation components. The 2008-09 project start-up and initiation engages existing LHIN planning partners and builds Peer Leader/Master Trainer capacity, targeting organizations with high readiness to implement the CDSMP. During 2008-09 the project will develop its tools (registry, website, evaluation design) which will be formally launched at the start of FY 2009-2010.

The 2009-10 focus will be to achieve systematic awareness and involvement of stakeholders throughout the CE LHIN and to deliver toolkits and communication strategies for all intended audiences. During this year the project will incorporate disease-specific Stanford Self-Management programs into its program delivery/coordination (Arthritis; Pain, Diabetes Self-Management) and will support large-scale self-management workshop implementation.

Phase 2: Builds on Phase 1 of the CDSM program. The Project Team will support action to implement an additional IHSP priority: Self-Management in Home Using Health Monitoring Equipment.

Strategic Alignment

This project is aligned to national, provincial and CE LHIN priorities and strategies. Self-Management Training goes beyond promoting an individual's responsibility for maintaining their own health through appropriate utilization of medications and healthcare services, and adoption of healthy life-styles (e.g. diet, exercise), to encompass maintenance of their own well-being.

Central East LHIN

- Project will advance the stated objectives of the LHIN Vision: Engaged Communities – Healthy Communities namely “People are supported and proactively engaged in managing their own health and wellness”
- Applicable to all priority populations and complimentary to numerous LHIN priority projects including:
 - Caregiver Support project;
 - Disordered Eating project;
 - Enhanced Case-management project of the Primary Care Working Group;
 - Mental Health and Addictions projects;
 - Pain Management;

Provincial

- Self Management is a key component of the CDPM Model and the Ontario Chronic Disease Prevention and Management Framework;

National

- Project advances the objectives and expectations of the Ottawa Charter of Health Promotion namely enabling people to increase control over, and to improve their health. The Charter identifies that to reach a state of complete physical, mental and social well-being the individual or group must be able to identify and realize aspirations; to satisfy their needs, and to develop strategies to change or cope with their environment.¹
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Project Benefits

Consumers & Family/Friend Caregivers:

- Supports individuals with multiple chronic conditions.
 - CDSM offers generic self-management training which augments disease or condition-specific education.
 - Supports an individual's or caregiver's desire to be involved in own care and informed about what is available in their community.
 - Individuals who took the CDSM (Stanford) Self Management Program, when compared to those who did not, demonstrated significant improvements in²:
 - exercise,
 - cognitive symptom management,
 - communication with physicians,
 - self-reported general health,
 - health distress,
 - fatigue,
-

¹ Ottawa 21 November 1986 WHOHPR/HEP/95.1

² Stanford University – Patient Education and Research Centre.

Project Benefits

- disability, and
- social/role activities limitations

They also spent fewer days in the hospital, and there was also a trend toward fewer outpatients' visits and hospitalizations.

Sustained results for as long as three years. Note: this is without a formal follow-up component for the program as planned for CE LHIN program.

- Trainers, Leaders and Programs will be identified from various communities in the LHIN and programs offered in locations in which groups of people with chronic conditions congregate/live; leveraging local health service provider readiness/capacity and reducing requirement for consumer/caregiver to travel to obtain support.

Health Service Providers & Agencies:

- Promotes awareness and potentially, use of disease/condition specific programs presently offered within the LHIN.
- Assists clients with day-to-day coping and problem-solving thus reducing un-necessary healthcare visits (e.g. physician/primary care provider, Emergency Department).
- Provides a similar platform for client support between various agencies. This build the relationships needed for improved communication between agencies about services delivered and needs of common clients.
- A common registry of Master Trainers, Peer Leaders and consumers/caregivers who have taken the program.
- Provides a mechanism for training and follow-up with their clients who have multiple chronic conditions
- Promotes awareness of HSPs and consumers/caregivers of the services that are available in the community.
- Builds expertise within HSPs in various communities and a shift from an acute care model to a chronic care model of health service delivery.
- Builds on current Self Management initiatives underway in the CE LHIN (e.g. Durham Region Diabetes Network Self Management Support initiative, St. Elizabeth Healthcare, Carefirst for Seniors, Yee Hong Centre, Ross Memorial CDPM Clinic, The Arthritis Society).

Health Care System:

- Consistent and coordinated application of the CDSM model across all HSPs and communities in the CE LHIN.
 - Promotes partnerships between agencies/institutions (i.e. physical space, provision of trainers, common clients enrolled in a common program)
 - Stanford evaluation of CDSM yields a cost to savings ratio of approximately \$1 invested: \$10 saved³ Accordingly, the program has the potential to reduce costs to health system in CE LHIN and slows the acceleration of healthcare costs through cost avoidance – although it is acknowledged that this is difficult to track through a large scale implementation of the program.
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³ Stanford University - Patient Education and Research Centre.

Goals, Objectives/Deliverables & Performance Measures

GOAL

This project has the following, single Goal:

Development of a consistent, coordinated, and sustainable self-management training program reaching 1400 consumers and caregivers across CE LHIN over the funded 2 years.

OBJECTIVES	DELIVERABLES	PERFORMANCE MEASURES
<p>1. Program start-up/initiation</p>	<p>A. LHIN will identify one Lead Program Sponsor Agency (LPSA), CECCAC, to lead program start-up/initiation, development and implementation. The CECCAC will be accountable to the LHIN for development and implementation of the program.</p> <p>The CECCAC will:</p> <p>B. Retain Project Management/ Training Coordination/Admin Assistant support for development and implementation of the program.</p> <p>C. Identify and engage in planning, existing agencies that are providing CDSM in CE LHIN. (i.e. Carefirst for Seniors, Yee Hong, St. Elizabeth Healthcare, the Arthritis Society, Ross Memorial Hospital)</p> <p>D. In collaboration with the LHIN, implement a communication campaign to market the CDSM program to health care stakeholders and the general community and communicate the specifics and benefits of the SM program</p> <p>E. Implement Education Session(s) to launch the Project with health service providers and the community (e.g. involve potential Area CDSM Supportive Agencies).</p> <p>F. Identify local implementation teams and recruit paid Area Program Coordinators for specific geographic areas within the LHIN. Area Program Coordinators (hosted in CDSM Supportive Agencies) will schedule and support Peer Leaders/Master Trainers and organize programs in their area, working under the CE LHIN</p>	<ul style="list-style-type: none"> • Lead Program Sponsor Agency selected and Service/Program Accountability Agreement signed with LHIN. • Developer Project Manager, Admin Assistant, Project Training Coordinator job descriptions developed and individuals hired. • Representatives of existing agencies that offer CDSM program within CE LHIN participating in Project Team, working groups, and area implementation committees as demonstrated by meeting minutes. • At least 10 Agencies contacted about participation in the CDSM program (e.g. client's stories shared/ disseminated and agency interest determined) • Education/Launch session(s) held • Participating Agencies selected and service agreements developed. • Local implementation planning team has developed a coordinated plan for their catchment area (provider, communities)

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OBJECTIVES	DELIVERABLES	PERFORMANCE MEASURES
	<p>program mandate. Area Program Coordinators will be accountable to the CECCAC and to the LHIN for the delivery of the CDSM program.</p>	
<p>2. Mechanisms and resources required to coordinate, expand and evaluate the program are in place.</p>	<p>A. Project Manager, Administrative Assistant, and Training Coordinator hired.</p> <p>B. Develop a registry to track Master Trainers, Peer Leaders and consumers who have received training and/or participated in education sessions.</p> <p>C. Create a Website or develop a CE LHIN Home Page to support development of a "community of best practice" amongst Master Trainers and Peer Leaders.</p> <p>D. Design and implement the qualitative and quantitative evaluative processes needed for continuous quality improvement and program sustainability.</p>	<ul style="list-style-type: none"> • Project Manager, Administrative Assistant, and Training Coordinator job descriptions developed and individuals hired. • Registry created, used and made available. • Website/page developed with current information and "community of practice" established. • Evaluation tool developed, completed and results available. • Statistical reports that meet LHIN reporting requirements are produced
<p>3. A core team of Master Trainers and trained Peer Leaders in CE LHIN is created.</p>	<p>A. Master Trainer program is offered.</p> <p>B. Peer Leader training programs offered.</p>	<ul style="list-style-type: none"> • 18 Master Trainers trained per year. • Minimum of one Peer Leader Training session offered by each Master Trainer each year.
<p>4. CDSM program is implemented consistently in each Planning Zone across the LHIN.</p>	<p>A. Develop consistent program delivery and resource materials.</p> <p>B. Establish consistent costs for participants in the program.</p> <p>C. Acquire cost effective Stanford Licensing for all programming in the LHIN.</p> <p>D. CDSMP is coordinated across agencies and communities within the various communities across the LHIN.</p>	<ul style="list-style-type: none"> • Resource package/template developed • Consistent costs established • Licensing acquired • Fair and equitable delivery of SM programs to consumer and caregivers across all LHIN planning & engagement zones.

Goals, Objectives/Deliverables & Performance Measures

GOAL

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OBJECTIVES	DELIVERABLES	PERFORMANCE MEASURES
<p>5. Identification of SM leaders from various geographic communities across the LHIN (i.e. individuals and/or Health Service Providers)</p>	<p>A. LHIN board implements a fair, transparent and equitable process to identify one Lead Program Sponsor Agency for the LHIN.</p> <p>B. The CECCAC implements a fair, transparent and equitable process to identify CDSM Supportive Agencies to host paid part-time Area Program Coordinators within geographic communities across the LHIN – before project end date.</p> <p>C. Creation of a Project Leadership Team to oversee implementation of the CDSM program. Project Leadership Team will include representatives from the CECCAC, SM Leaders/ physician champion(s), allied healthcare provider and CE LHIN Planning Partnerships (i.e. CDPM Steering Committee). A broader Self-Management Interest Network & distribution list will also be formed.</p>	<ul style="list-style-type: none"> • Each Collaborative has discussed/provided input to implementation planning in their area • CDSM Supportive Agencies host Area Program Coordinators for SM to cover all areas of LHIN – established prior to project end date • Project Leadership Team is established and sets evaluation criteria for CE LHIN SM system including but not limited to: <ul style="list-style-type: none"> a. Improved coordination amongst SM providers to identify and reduce redundancy; b. Consistent program implementation; c. Promote awareness of SM program; d. Quality monitoring and improvement.
<p>6. CDSM offered in conjunction with disease or condition specific medical education and exercise/physical activity is linked into CDSM programs where possible</p>	<p>A. Consumers/caregivers are participants in disease/condition specific education sessions and CDSM programs.</p> <p>B. CDSM programs incorporate and/or link participants to physical activities/exercise.</p>	<ul style="list-style-type: none"> • Increased number of consumers/caregiver who complete CDSM and disease/condition specific education. • Increased participation in exercise programs (e.g. pre and post exercise participation survey)
<p><u>Follow-up:</u></p> <p>7. CECCAC establishes most appropriate mechanism to measure and reinforce application of core SM skills by graduates.</p> <p>(e.g. problem-solving, decision-making, resource utilization, forming a patient/healthcare provider partnership, taking action on own health)</p>	<p>A. Lead Program Sponsor Agency (CECCAC) carries out follow-up which may include</p> <ol style="list-style-type: none"> 1. Telephone follow-up; 2. Peer to peer links/buddy system or support groups 3. Three month follow-up session; 4. Consumer/caregiver survey 	<ul style="list-style-type: none"> • A high percentage of graduates have incorporated SM Skills into their daily lives and report improved management of their chronic conditions. • Follow up completed with a report – community based research

Goals, Objectives/Deliverables & Performance Measures**GOAL**

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OBJECTIVES	DELIVERABLES	PERFORMANCE MEASURES
8. Explore opportunities to extend CDSM programs to include in-home medical monitoring and consultations.	A. Project Team to work closely with external committee engaged to develop a Project Charter to guide Phase 2 – the demonstration and implementation of in-home devices to support Self Management.	<ul style="list-style-type: none"> Project Charter developed Project Team for Phase 2 in place

Project "IN" & "OUT" of Scope Items

"IN" Scope	"OUT" of Scope
-Start-up, development and implementation of the Central East CDSM program as outlined above, including use of current telemedicine capacity across the LHIN. -LINKING to disease education & exercise/lifestyle adjustment programming -Making information available to self-management participants	-Phase II: In home tele-monitoring equipment and/or in-home tele-video consults. -PROVIDING disease education or exercise/lifestyle adjustment programming. -Making "referrals" for individual clients to specific community programs. -Self-Management for Youth is beyond the project scope. -Mental health is not a primary audience for the CDSMP but could be a secondary audience.

Project Timelines

High-Level Milestones	Target Completion Dates
Lead Program Sponsor Agency identified (One LPSA for the LHIN)	Dec 07/January 08
Hire Project Manager	April 08
Initial CDSM Project Team formed	May 08
On-going Education Sessions on CDSM for HSPs	Starting June 08
Hire Training Coordinator and Administrative Support	August 2008
Peer Leaders Trained	Starting August 08
Inaugural CDSM Sessions held	September 08
Evaluation Consultant retained; indicators identified, tools/processes designed in consultation with LPSA and Project Manager	October 08 (retained)
New Master Trainers trained	December 08
Website and recruitment/communications toolkit created	March 09
Registries design/development	Completion March 09
LHIN-wide Project Launch Events	April 09
Area Implementation Teams identified	September 2009

Project Timelines

High-Level Milestones	Target Completion Dates
Area Program Coordinators (CDSM Supportive Agencies) identified	January 2010

Project Costs:

Targets & Assumptions:			2007-08	2008-09	2009-10	Total
# of Master Trainer's Trained (minimum target for planning purposes)				18	18	36
# of inaugural SM sessions to be seed bed ⁴ for future Peer Leaders			30+ SM graduates			
# of Peer Leader Training Sessions (delivered by MTs)		One session delivered by a pair of MTs per yr	0	4-5	10-11	15
# of Peer Leaders Trained	15	per session (average)	0	60	165	225
# of SM sessions delivered by pairs of PL		Each session needs two Peer Leaders. These numbers assume that 1 pair delivers 1 workshop only hence allowing for volunteer availability. In reality some leaders will conduct many workshops, others none.	3+	25 (CCAC license) + 12 (other licenses)	100	137
SM Program Participants	11	clients per session		407	1100	1507

PROJECT BUDGET: see separate **Self-Management Training Project Budget (Appendix B)**

Funding Source

- LHIN Priority Funding
- MoHLTC new resources for CDPM implementation – as identified (Provincial Strategy)
- Redirection by Agencies of current funding used for SM and/or education
- Ministry of Health Promotion

Project Team

Team Member, Organization	Role on the Project	Required Involvement	
		Estimated Duration	Level of Effort

⁴ Seed bed: i.e. self-management workshop participants from 2007-2008 will be potential Peer Leaders to be trained in 2008-2010.

Project Team

Team Member, Organization	Role on the Project	Required Involvement	
		Estimated Duration	Level of Effort
<p>The CE LHIN Self Management Project Leadership Team will be the Project Team for development and implementation.</p> <p>Target Size = 9-16 people including:</p> <ol style="list-style-type: none"> 1. Consumer/Caregiver 2. Master Trainer 3. Peer Leader 4. Agency(s) currently offering CDSM Program (Community and Institutional) 5. Physician - Primary Care Working Group linkage 6. Ehealth Work Group Linkage 7. CDPM Steering Committee Representative 8. Public Health Unit 9. CCAC 10. CHC 11. Citizen - general public 	<ul style="list-style-type: none"> • Project Team to guide implementation & evaluation alongside the CECCAC and the LHIN • Provide input to Project Charter to guide Phase 2 (IT in home using SM) 		

Project Partners

Partners	Common Interests & Priorities	Roles & Responsibilities
<p>Project Partners: <u>Provincial:</u></p> <p>Ministry of Health – branches TBD</p> <p>Ministry of Health Promotion</p> <p>Public Health Units</p> <p><u>HSPs: core, but not limited to:</u> CECCAC Community Support Services</p>		

Project Partners

Partners	Common Interests & Priorities	Roles & Responsibilities
<p>Community Health Centres Diabetes Education Centres Hospitals Supportive Housing providers Pharmacy</p> <p>Family and Specialist Physicians (GP/FP, cardiology, nephrology, etc.)</p> <p><u>LHIN Planning Partnerships:</u> Collaboratives (9) CDPM Network Seamless Care for Seniors Network Primary Care Working Group</p> <p><u>Other:</u> Stanford University - CDPM Self Management Program</p> <p>Private and Not-for-profit visiting nursing and personal care agencies</p>		

Project Stakeholders

Stakeholders	Interests & Needs	Management Strategies
<ul style="list-style-type: none"> • Health Service Providers • People with chronic conditions • Caregivers of people with chronic conditions 	<ul style="list-style-type: none"> • Will provide support to the care provided by HSPs; will be involved in advisory/leaders Council • Consumers and caregivers are direct recipients of education. 	<ul style="list-style-type: none"> • Participation on advisory committees • Involvement in program delivery as Peer Leaders • Evaluation of program

Other Related Projects & Initiatives

Project/Initiative	Interdependency & Impact

Other Related Projects & Initiatives

Project/Initiative	Interdependency & Impact
<p><u>LHIN Projects:</u> Seamless Care for Seniors Network projects CDPM Network projects Caregiver Support Project Disordered Eating Project</p> <p><u>Community Projects/Initiatives:</u> St. Elizabeth Healthcare – various in LHIN Carefirst for Chinese (Diabetes, Renal and Kidney Patients) VON – Chronic Disease Program Durham Region Diabetes Network Self Management Initiatives The Arthritis Society SM Program Yee Hong Centre for Geriatric Care Self-Management Programs (Parkinson’s, Diabetes) Ross Memorial Hospital West Hill Community Services Providence Healthcare</p>	

People & Organization Change Impacts

Description of Impact	Impact Management Strategies
<ul style="list-style-type: none"> • Shift thinking of health service providers regarding benefit of self-management • CDPM programs will need to re-align/allocate resources to backfill their staff who become SM Master Trainers • CDPM programs will adjust programs to include attendance of participants in SM • Education sessions for disease specific conditions will need to be aligned to coincide with SM support. Most programs have own education which will need to be aligned/connected (e.g. Diabetes Education Programs and physicians) 	<ul style="list-style-type: none"> • Ensure communication to health providers so cognizant of project

Project Communications

Audience	Information Needs	Format & Timing	Responsible

Project Communications

Audience	Information Needs	Format & Timing	Responsible
<ul style="list-style-type: none"> Physicians (will work with the PCWG) HSPs Consumers Caregivers Extended Family members General Public Boards of Directors of HSP Community Leaders/Politicians Media 	<ul style="list-style-type: none"> 360 degree approach to Marketing - targets consumer awareness and targets those in their circle of influence (family, friends, providers, physicians) Link with community service providers (churches, agencies, rec departments) Self Management needs to be seen as a move forward and not simply a cost reduction program. 	<ul style="list-style-type: none"> Many meetings, information sessions and presentations need to take place. 	<ul style="list-style-type: none"> CECCAC/Project Manager and SM Project Leadership Team

Project Risks

Risk	Likelihood	Impact	Risk Response
<p><u>Opportunity:</u> Demonstrates a significant shift in LHIN and MoHLTC thinking/action from illness to wellness/health promotion.</p> <p><u>Threats:</u> HSP may not be willing to work collaboratively to support and promote generic CDSM training (e.g. share resources, re-align current programs)</p> <p>Physician/HSP buy-in to shifting responsibilities to support client/caregiver self-management</p> <p>Client participation</p> <p>Not all clients are able to self-manage</p> <p>Viewed as a cost reduction measure</p> <p><u>Opportunity or Threat:</u> Must be a component that is woven into service delivery models</p> <p>Widespread recognition that SM is an essential need and significant change in attitude for all (HCPs, consumers, me, you)</p> <p>SM is leading a change in behaviour at</p>	<p>Moderate</p> <p>Moderate/high</p> <p>Low/ Moderate</p> <p>Moderate/High</p> <p>Low/Moderate</p> <p>High</p>	<p>High</p> <p>M/H</p> <p>M/H</p> <p>M/H</p> <p>High</p> <p>High</p>	<ul style="list-style-type: none"> A full communications & Education plan is required to ensure broad buy in.

Project Risks

Risk	Likelihood	Impact	Risk Response
an individual level – this represents a significant shift in healthcare delivery philosophy/approach –consumer has shared responsibility and core contributor to the team;	Moderate	High	
Compensation for current programs who are moving ahead to implement Stanford SM in advance of CE LHIN program implementation will need to be compensated/ acknowledged. Current agencies offering programs will be encouraged to 'join' in the implementation of the CE LHIN SM program	High	Low/Moderate	

Critical Success Factors

- Identify all potential partners, including the media, for roll out to the community in a coordinated media plan.
 - Need to have CDPM Steering Committee/LHIN promote awareness of uptake of Self-Management – importance of education on SM. Promote importance of self management.
 - Core Funding
 - Buy-in from HSPs and participation of people living with chronic conditions
-

Assumptions & Constraints

Assumptions	Constraints
<ul style="list-style-type: none"> • That there will be moderate uptake by users • CDSM can handle this size of rollout/level of generalization because of earlier successes; 	<ul style="list-style-type: none"> • Requires licenses and relationship/agreements with Stanford • Do not believe it has been undertaken on this scale and in this manner. This might be a unique application.

Sign-Off

Workstream Lead/Project Sponsor

Name & Organization	Signature	Date
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Jeanne Thomas, CELHIN

Kathy Ramsay, CECCAC

Project Lead/Project Manager

Name & Organization	Signature	Date
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Charter Development: Bill Eull, Durham North
Central Collaborative Chair

Margery Konan, Priority Project Manager,
CELHIN

Project Team Members

Name(s) & Organization(s)	Signature(s)	Date(s)
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Carole Dove, VON

Cathy Vowles

Dana Turnham

Edith Lam, Care First Seniors

Joan Lesmond, Saint Elizabeth Health Care

Kwong Y Lui, Yee Hong

Lisa Burden, CECCAC

Loretta Fernandes-Heaslip, Brock Community
Health Centre

Project Team Members

Name(s) & Organization(s)	Signature(s)	Date(s)
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Margot Fitzpatrick, Ross Memorial Hospital

Mary Kim

Parvathy Kanthasamy, Vasantham Tamil
Seniors Wellness Centre

Samuel Watt, The Scarborough Hospital

Tracy Holz, CECCAC

Tracy Howson, QIIP

Charter Revision History			
Version Numbering:			
♣ 0.x - internal draft - under development (<i>Working copy for Project Coordinators</i>)			
♣ 1.x - document under review / internal draft (<i>Begin 1.0 numbering when sent to Workstream Lead for comment</i>)			
♣ 2.x - document submitted for approval (<i>Begin 2.0 numbering when sent to Oversight for approval</i>)			
♣ 3.x - document approved (<i>Renumber to 3.0 after Oversight Approval</i>)			
Revision No.	Description	Modified By	Date
0.1	Development of first draft	Charter Team	July 30 2007
0.2	Second Draft	Charter Team	Aug 24 2007
0.3	Third Draft	Charter Team	Sept 17 2007
0.4	Fourth Draft	Charter Team	Sept 24 2007
0.5	Fifth Draft	Charter Team	Sept 25 2007
0.6	Final Draft – for CDPM Steering Committee comment	CDPM + LHIN Senior Team	Oct 1, 2007
0.9	Project Charter for Implementation	Project Manager & Project Team Work Group	September 2008

Appendix A:

ROLES AND RESPONSIBILITIES

In August 2008 it was clarified by the Central East LHIN that the Governance of the LHIN 2008 Priority Projects rests primarily with the LHIN as Project Sponsor.

However in this project CECCAC is a significant stakeholder in the project as:

- Holder of Stanford 3-year CDSMP license with consequent responsibilities for reporting, quality assurance, and management of volunteers.
- Probable long-term sponsor & host agency for CDSMP
- Branding of CECCAC is required on all promotional materials for the program as per Stanford license (co-branding with CE LHIN and other partners is also acceptable).

For this project, the CECCAC has been appointed by the LHIN in the role of Lead Program Sponsor Agency, the sponsor of the Self-Management Program implementation in Central East and assumes "ownership" of the self-management training program within its operations.

Role of CE LHIN

- Recruit the Priority Project Manager in partnership with the Durham North Central Collaborative and the CECCAC.
- Agree to the terms and conditions of all employment contracts between Project staff and CECCAC.
- Primary day-to-day reporting for Project Manager
- Flow funds to CECCAC in a manner that permits the Project implementation to proceed as per Project schedule

Role of CECCAC

- Enter into a term employment contract with the Priority Project Manager and other Project staff.
- Support the administrative needs (e.g. office space, office equipment, Financial and Human Resources expertise) of the Priority Project Manager and any other Project team members through funds allocated for that purpose in the Project Charter.
- Co-sign all legal documents and employment contracts.
- Be accountable to ensure that funding is directed in its entirety to the Priority Project. Project budget will be developed and approved by the CE LHIN, CECCAC, and the Project Leadership Team. Pursuant to the budget all invoices must be approved by the CECCAC. The 18% administrative fee shall be added to the costs of all invoices and form part of the total Project costs.
- Pay all Project-related expenditures based on approved invoices or requisitions
- Provide quarterly financial Project status reports to CE LHIN or as otherwise requested by CE LHIN
- Prepare an Annual Reconciliation Report (ARR) for the Project at year end to identify and Project surplus/deficits. The CE LHIN may recover any unspent funds based on the ARR.

Included in 18% Administrative Fee	NOT included
<p>-Project oversight from Senior Director, Strategic Planning & Integration</p> <p>-Human Resources support for contract project staff</p> <p>-Corporate Services support:</p> <ul style="list-style-type: none"> ♣ Financial support (cheques, funds transfers, record keeping) ♣ Purchasing assistance; postage and small scale shipping needs 	<p>-Cell phones for Project Staff other than Priority Project Manager</p> <p>-Extraordinary office supplies (such as printing for posters or manuals, binders for project team)</p> <p>-Major shipping expenses (e.g. costs to ship books and manuals to training locations)</p> <p>-Webpage development and hosting</p> <p>-Significant projects in graphics design, communications, or evaluation</p>

Project Charter

<ul style="list-style-type: none"> ♣ Information Services /IT support - use of projectors, videoconferencing, teleconferencing services; use of laptop computers and email addresses for each project staff person; -Occasional support from Communications, Client Services, Performance Management & Accountability and others as required -Office infrastructure (workspaces, telephones housekeeping, basic office supplies, access to fax, scanner, paper, toner etc) -Two licenses for Microsoft Project 2003 -Reasonable long-distance costs for office phones (CECCAC would negotiate with Central East LHIN as needed) -Blackberry for Project Manager -Business Cards for all project staff -Meeting Room & Telecom, A/V use, when available 	<p><u>EXPENSES classified to ODOE amount and therefore not included in 18% administrative fee:</u></p> <ul style="list-style-type: none"> -staff mileage -staff meals, incidentals
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Role of Project Charter Sponsor (Durham North Central Collaborative)

- Review project status at regular collaborative meetings to ensure the Project results are meeting the intent of the Project Charter

Role of Project Leadership Team

- Members shall consist of a cross-section of organizations impacted by the Project
- The Health Service Provider Sponsor (CECCAC) shall have at least one member on the Project Leadership Team
- The Project Leadership Team shall
 - Provide direction to the Priority Project Manager
 - Review Project plans and approve and assist with implementation of Project activities
- Executive Steering Committee will include Project Sponsor at CE LHIN, CECCAC Senior Director, Two Co-Chairs of Project Leadership Team, and Project Manager

Procedures for Project Work

1. When Project Team has assessed and outlined needs and timelines for work to be completed, the Team shall first request in-kind (no-cost) support from CE LHIN and CECCAC towards the project needs. (In-kind support from organizations represented with the Project Team or other LHIN HSP agencies may also be sought.)
2. When CE LHIN and CECCAC are unable to meet the needs of the project within the expressed requirements (timelines, comprehensiveness) then external contracts can be pursued.
3. All contracts must be consistent with CECCAC procurement guidelines. If no vendor of record is available, practice is 3 quotes must be sought for any significant contract (greater than general meeting expenses). Exceptions can be considered for this on an individual basis by the Central East CCAC and the CE LHIN. The Team is not bound to select the lowest cost but must keep a record of their rationale for choosing specific vendor (sign-off by CECCAC and CE LHIN).
4. There may be exceptions to this principle as some of the work to be contracted is very specialized. In these cases consensus should be reached & explicit approvals should be given by Project Team, CECCAC and the CE LHIN before proceeding.
5. Wherever possible the Project Staff (Project Manager, Training Coordinator, Administrative Assistant) shall endeavour to act in accordance with CECCAC policies for employees.

6. Any costs to be invoiced to the Project Budget by the CECCAC outside of the 18% administrative fee will be mutually agreed to between the CECCAC and the Project Manager before the work is undertaken.

ⁱ Wagner EH, Glasgow RE, Davis C et al. Jt Comnt Journal of Quality Improvement 2001; 27:63-80