

Central East LHIN Internal Guide for Integration Decision Making

The following information and review is to be completed by Central East LHIN staff and provided to the CEO and LHIN Board as a part of its decision making process. Integration proponents will benefit from understanding the review and decision making process and tools.

General Information	
Title	
Brief Description of Proposed Integration	
Target Date for Integration	
Proponent(s)	
Date Received	
Action Required By:	

Integration	
	Voluntary Integration*
	Required Integration
	Facilitated / Negotiated Integration
	Integration Through Funding

*Compliance with Voluntary Integration Guidelines / Legislation		
	Received (Y/N)	Complete (Y/N)
Transmittal Letter		
<i>Board Approved?</i>		
Business Case		
<i>Options Analysis</i>		
<i>Budget</i>		
Project Charter		
Audited Financial Statement(s)		
Health Human Resources Adjustment Plan (if required)		

Type of Integration	
	Coordinating services and interactions between different persons and entities.
	Partnering with others in providing services or in conducting operations.
	Transferring, merging or amalgamating services, operations, or entities.
	Starting or ceasing to provide services. <i>*Note: If a new service code for the provider, does the provider have MOHLTC/Minister approval?</i>
	Ceasing to operate, dissolving or winding-up operations.

Summary
<i>Briefly describe the proposal in terms of actions and desired outcomes</i>

Community Engagement	Yes / No
Has the Proponent(s) provided evidence of stakeholder consultation?	
<i>Did the proponent consult/advise Unions</i>	
<i>Did the proponent consult/advise clients of the affected service?</i>	
Has the Proponent(s) completed a stakeholder analysis?	

DECISION MAKING

Strategic Directions			
	Impact*	Align	Comments
Transformational Leadership			
Service and System Integration			
Quality and Safety			
Fiscal Responsibility			

**Impact: Assesses “materiality”. H-High; N-Neutral; L-Low.*

IHSP Strategic Aims		
	Impact*	Comments
Save 1 million hours of ED wait times		
<i>ED Demand</i>		
<i>Time Spent in ED</i>		
<i>Bed Utilization / ALC</i>		
Reduce the Impact of Vascular Disease by 10%		

**Impact: H-High; N-Neutral; L-Low.*

Financial / Service Impacts	
	Specifics
Funding from CE LHIN to HSP	
Percent of revenue CE LHIN funding represents for HSP	
Net Financial Impact (Savings, Neutral, New Investment)	
Service Level Changes (Decrease, Neutral, Increase)	
FTE Impact	
Efficiency Gain	
Other	

Other Considerations	
	Comments
Human Resources Impact	
Other Sources of Evidence (e.g., CE LHIN planning reports)	
Aging at Home (e.g., AAH approved service volumes)	
Acute Care Network (CSP 2009)	
Priority Populations Affected	
Potential Impact on other LHINs	
Previous issues/concerns with HSP (e.g. ability to meet targets, reporting, etc.)	
Other	

Decision-Making Framework

This section is adapted from the Central East LHIN Decision Making Framework. Reference should be made to this Framework when assessing/scoring. Comments should be limited to the evidence as presented in the Voluntary Integration business case (e.g., evidence provided, performance measures, research).

<u>Alignment and Accountability</u>				
<i>Advances the Strategic Directions and Aims of the Central East LHIN</i>				
	High	Med	Low	Nil
Comments				

Population Health				
<i>Focus on Population Health</i>				
<i>The health system should work to prevent sickness and improve the health of the people of Ontario.</i>				
	High	Med	Low	Nil
Comments				
<i>Equity</i>				
<i>People should get the same quality of care regardless of who they are and where they live.</i>				
	High	Med	Low	Nil
Comments				

Value-for-Money				
<i>Supports sustainability by ensuring the future viability of the service and improves the impact on other services (i.e., creates Value for the health system)</i>				
	High	Med	Low	Nil
Comments				
<i>Efficiency</i>				
<i>The health system should continually look for ways to reduce waste, including waste of supplies, equipment, time and information</i>				
	High	Med	Low	Nil
Comments				

Patient Experience				
<i>Access</i>				
<i>People should be able to get the right care at the right time in the right setting by the right healthcare provider.</i>				
	High	Med	Low	Nil
Comments				
<i>Effective</i>				
<i>People should receive care that works and is based on the best available scientific information.</i>				
	High	Med	Low	Nil

Comments				
Safe				
<i>People should not be harmed by the care that is intended to help them.</i>				
	High	Med	Low	Nil
Comments				
Person-Centred				
<i>Healthcare providers should offer services in a way that is sensitive to an individual's needs and preferences.</i>				
	High	Med	Low	Nil
Comments				
Integrated				
<i>All parts of the health system should be organized, connected and work with one another to provide high quality care.</i>				
	High	Med	Low	Nil
Comments				

Total Score

RISK and OPPORTUNITY SUMMARY	
Opportunities	
Risks	
Mitigation Factors	

FINAL REMARKS AND RECOMMENDATION to BOARD