



## BACKGROUNDER

The Central East LHIN 2008-2009 Annual Service Plan outline objectives related to the 9 hospital corporations and the Integrated Health Services Plan (IHSP) priorities. One of the objectives requires the hospitals and LHIN partners to develop at the macro level, an “acute care network” for the CE LHIN. Phase 1 of the work will focus on the creation of a hospital clinical services framework and plan designed to support a vibrant and sustainable vision for all CE LHIN community hospitals, both large and small.

The draft vision for the Clinical Services Plan is as follows:

**Improved and equitable patient access to an integrated hospital system that provides the highest quality of care across the Central East LHIN**

The expected outcome is to provide the best hospital care everywhere – meaning that wherever a local resident accesses hospital services, they will be accessing the full network of services provided across the LHIN and, indeed, across Ontario. As a result of the initial plan (Phase 1), the CE LHIN will establish a clinical services framework, and bring forward plans for selected surgical/medical services where issues of quality and access are of greatest concern.

The first five clinical services to be considered will include vascular surgery, thoracic surgery, cardiac care (including PCI), maternal/child and paediatric services, and mental health and addiction services (including child, youth and family mental health). Other programs may be included based on clinical practices and evidence uncovered through the planning process.

Progress made on each of the four deliverables in Phase 1 of the project, will be provided on a monthly basis.

### Deliverables

The four deliverables are:

#### **Hospital Services Planning and Scenario Modeling;**

- Review of current utilization patterns and capacity
- Project a ‘baseline’ scenario for future hospital service demand
- Develop service model options

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### **Identification of Integration Opportunities and New Models of Service**

- Identify current and anticipated service gaps across CE LHIN hospitals
- Identify short-(5 yr), medium-(10 yr) and long-term (beyond 10 yr) integration opportunities for service delivery
- Provide infrastructure and financial projections for implementing short-term integration opportunities

### **Supporting Physician Integration**

- Explore legal and practical feasibility of LHIN-wide physician credentialing models
- Build a framework for a LHIN-wide Surgical/OR and on-call scheduling system

### **A Change Management Strategy**

- Develop a recommended action plan template for implementation of viable short-term integration opportunities (categories include; communication strategy, health human resources structure and training, technology requirements and evaluation criteria).

Specific performance measures will be determined as part of the clinical service plan. Measures will include, but are not limited to:

- Decrease in standardized hospital mortality ratios
- Improved wait times for targeted areas
- Decrease in ambulatory-care sensitive hospital admission rates
- Appropriate increase in rates of service provided to CE LHIN residents by CE LHIN Hospitals
- Appropriate shift from inpatient to ambulatory programs

Subsequent Phases in the development of the Clinical Services Plan to be determined upon completion and evaluation of Phase 1.

### **Steering Committee**

A Steering Committee of 20 health care leaders from across the CE LHIN is being established. The group will act as advisors and change agents supporting community engagement, collaboration, knowledge exchange and innovation amongst stakeholders towards the goal of an “acute care network” of clinical services. Committee members bring a variety of perspectives on clinical services to the planning table. Members possess skills and experience in objective decision-making, group collaboration, communication and have an ability to view healthcare administration and delivery from a systems perspective.

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The Steering Committee membership includes persons who have been serving on CE LHIN clinical service working groups and networks over the past two years and others who bring current experience from regional and provincial health programs and planning forums.

- CE LHIN Chronic Disease Prevention and Management Network Chair
- Central East Community Care Access Centre Executive Director
- CE LHIN Critical Care Lead
- CE LHIN Emergency Department Lead
- CE LHIN Health Professionals Advisory Committee Chair
- CE LHIN Executive Committee of Chief Executive Officers (1 urban, 1 rural)
- CE LHIN Medical Leadership Group (1 urban, 1 rural)
- CE LHIN Vice President Clinical Services and Chief Nursing Executives Group (1 urban, 1 rural)
- CE LHIN Mental Health and Addictions Network Chair
- CE LHIN Primary Care Working Group Representative
- CE LHIN Paediatrics Lead
- Central East Regional Cancer Care Ontario Vice President
- CE LHIN Seamless Care for Seniors Network Chair
- Alternate Level of Care Task Group Chair
- Council of Academic Hospitals of Ontario (CAHO)
- CE LHIN e-Health Task Group Chair
- Labour/Union Representative
- CE LHIN Rehabilitation Task Group Chair
- Clinical Services Plan Project Lead (Senior Director, Planning, Integration and Community Engagement, CE LHIN)
- Chief Executive Officer, CE LHIN

The project is sponsored by the Central East CCAC in collaboration with LHIN senior management team Project Lead, James Meloche. An internal LHIN Project Manager, Susan Plewes will coordinate work between the Steering Committee, hospitals and other stakeholders and a skilled team of consultants (Deloitte) on a day-to-day basis to facilitate a smooth and efficient process over the next six to nine months.

### **Deloitte**

Deloitte brings four key areas of experience that demonstrate their ability to deliver a high level of value to this innovative project with the Central East LHIN.

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**Experience applying a practical approach to clinical service planning:** Deloitte has assembled a team of clinicians, legal counsel, infrastructure specialists and health planning experts with deep experience in clinical service planning, and demonstrated success in working together to apply a practical approach that will support the Central East LHIN in this initiative.

**Leading insights from regional health care work across Canada.** Through their recent work in health regions in British Columbia, Alberta, Saskatchewan, Manitoba, New Brunswick and Newfoundland, Deloitte have a range of perspectives to draw from that will allow them to leverage practices from previous engagements and client groups, to further inform the breadth of opportunities that the Central East LHIN may consider. Deloitte can bring additional context on leading regional practices for service delivery that support access and quality as well as leading infrastructure, integration processes, and staffing models.

**A track record of success with Central East LHIN and its hospitals:** Deloitte has worked with many of the organizations that will be involved in this planning process. From this previous work, they have developed a strong understanding of the Central East LHIN and its stakeholders, and the strong commitment to collaboration already exhibited by the LHIN's hospital CEOs.

**A highly experienced team supported by a custom-made advisory panel:** The Deloitte team is comprised of individuals who are able to draw upon experience and knowledge of health care governance, strategy, clinical operations, service delivery and management, capital planning and change management. Specifically, the team of clinicians, consultants and associates has experience in a number of projects in the health care industry with similar requirements.

Lead by their engagement partner, Lisa Purdy, who has recent experience with senior stakeholders in the MOHLTC and LHINs, the team has been structured into key roles:

- An overall **Project Manager** with experience in LHIN, MOHLTC and large health region initiatives who will provide leadership and responsibility for the completion of all deliverables.
- A **Physician Lead** with clinical and academic experience as well as a business management background, who will lead our physician advisors in providing insight and clinical expertise.
- A **Population/Demographics Expert** with solid knowledge of the population health and demographics trends in Ontario and across the country who will drive development of the technical demographics analysis and population projections, support scenario and option development, and key workshops with the Central East LHIN.

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- **Clinical Support Resources** with proven track records and experience in clinical service planning, clinical assessments, patient flow, and utilization management who will provide support to the Project Manager in consultations and service model development.
- A **Data Support Resource** with experience in financial planning, Modeling and service utilization analysis who will support the analytics conducted for future demand projections and financial costing.
- An **Advisory Panel** consisting of physicians, legal counsel, healthcare infrastructure planning, clinicians with experience in regional health models outside of Ontario, and change management and implementation planning experts.
  - Physicians will provides their insights in consulting with key stakeholders and supporting development of clinical service integration models in their areas of expertises, as well as supporting the review of practices for physician credentialing and OR/call scheduling.
  - Legal counsel from Fasken Martineau DuMoulin will examine the legal feasibility of implementing a LHIN-wide credentialing model.
  - Our consultants with experience working within and across regional health models outside of Ontario will provide insights into regional planning and regional service delivery models.
  - Health infrastructure planning experts from Cohos Evamy will scope out capital and space requirements for the identified integration opportunities.
  - Deloitte's consultants experienced in implementation and change management will utilize their knowledge and skills to develop realistic action plans that can be executed by the Central East LHIN.

### Vendor Selection Process

In recognition of the importance of this initiative to the Central East LHIN health care system, a nation-wide search was conducted to acquire a team of health care experts and planners to assist us as we move forward. A "Request for Proposals" was issued nation-wide and was responded to by several well-established teams across the country. The review and evaluation process was conducted by a local panel of experts from CE LHIN hospitals, physician and community partners. The evaluation involved a rigorous quality review of written proposals to create a short-list of candidates who were then interviewed to determine knowledge, skills and expertise. Once the quality assessment had been completed, price submissions were reviewed for the top three ranked teams to establish an overall evaluation of "best" quality, best "price" and final ranking of proposals. The successful team was consistently top ranked on quality and price throughout the process.

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### **Budget**

The Central East LHIN is investing \$860,000 in this plan. This is a major and complex undertaking that is the first of its kind in Ontario. We have dedicated the necessary resources today in order that we can improve the overall performance of the hospital system today and into the future. This is an investment into improving quality and access, maximizing the public's investment in their healthcare system and ensuring that it is resourced to meet the demands of our growing communities. This investment, while significant, represents 0.08% of the government's current investment in Central East LHIN hospitals.

### **Health Service Provider Sponsor (CECCAC)**

The Central East CCAC is serving as the Health Service Provider Sponsor for this initiative. In this role, the CECCAC has led the Request for Proposals process to select the Hospital Clinical Service Plan consulting team and established the contract for services to be delivered. As well, the CECCAC has established a term employment contract with the individual who will function as the Priority Project Manager. Throughout the project, the CECCAC will continue to provide contract oversight and administrative support through the allocation of project funding.

### **Public Stakeholder Involvement**

Public input is encouraged. Mechanisms for input include feedback from Planning Partner meetings (Collaboratives, Networks, Task Groups), hospital and LHIN board meetings. Updates will also be provided through CE LHIN communication vehicles, including the CE LHIN website and public input will be collected through a dedicated email link on the website.

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