

Item 3.0: CEO's REPORT TO THE BOARD
Friday, October 12, 2007
James Meloche, Interim CEO

IHSP Implementation Update: Priority Projects Charters and new Priority Funding

Today, the LHIN Planning Partners and staff will begin the process of presenting the Project Charters for priority initiatives to advance our Integrated Health Service Plan (IHSP). As described in the August 10 CEO Report, our Planning Partners (Collaboratives, Steering Committees and Networks, and Task Groups) have been working since August to develop the scope and rationale for these time-specific and Network-driven projects.

Although LHIN staff provide critical support to the planning teams, the development of the project charters has been driven by the tremendous capacity, knowledge, and expertise of our planning partners and stakeholders. To further enable planning partners to work through the project charters and develop specific, measurable, achievable, relevant, and time-specific (SMART) objectives, two comprehensive Project Management training sessions were organized by the LHIN for planning partners in late August. I would like to commend **Durham Emergency Medical Services (EMS)** and **Whitby Mental Health Centre** for hosting and sponsoring the two training sessions on behalf of their partners in the LHIN.

On a related note, as I informed the Board in a briefing note circulated on September 5, 2007, the LHIN has been awarded four new funding opportunities to address our priorities beginning this Fiscal Year. These funds will represent a general increase to our base allocation, as well as a one-time allocation to LHIN Operations for planning around the Aging at Home strategy. We will provide an overview to you today on the criteria and parameters associated with each funding source, and our proposed plans to allocate these new funds.

Hospital Annual Planning Submission (HAPS) Process

The HAPS process requires each hospital to identify their service plans, forecasted operational expenditures, and alignment to LHIN priorities. Upon the LHIN's strong recommendation, hospitals are in the process of meeting with their local Collaboratives to review and identify integration opportunities with community partners to resolve local pressures and advance the IHSP through the coordination of care in the local health system.

Unanimous support was expressed at the September 11, 2007 meeting of the Central East Executive Council (CEEC), a roundtable of Hospital CEO's, CCAC Executive Directors, and the LHIN's Senior Team, for a meeting of the LHIN Partners to discuss the operational and financial pressures faced by the acute care sector. On October 17, 2007, the LHIN will be hosting a HAPS consultation day for Hospital, CCAC, and LHIN clinical and executive leadership to collectively identify and review short- and long-term solutions to shared pressures. Resulting from the meeting will be a report on the common themes and proposed solutions, which will be shared with the Board, the Planning Partners, and the public. The day will be facilitated by **Mark Hundert**, National Director of the Hay Health Care Consulting Group. Mark has considerable expertise in the analysis and improvement of hospital governance and the planning and delivery of health care services.

Clinical Services Planning Day

On August 10, 2007, I presented to the Board a discussion paper on Clinical Services Planning, which you supported. Subsequently the discussion paper has been presented to health service providers from the acute care sector and across the continuum of care. This discussion paper has led to a process being launched to make the goal of a "one hospital system" within the Central East LHIN a reality. On November 9, the LHIN will begin this collaborative process with our stakeholders. Hospital CEOs, Board Chairs, VPs of Clinical Services and Chiefs of Staff will be attending a consultation day with other clinical leaders, Central East LHIN Leads, and the LHIN Board.

Leading into the project, I will be conducting key informant interviews with leaders experience in regional integration of hospital services from across Canada in order to share their lessons learned with our stakeholders in the LHIN.

Further information will be provided to the Board at a later point in this meeting.

Rouge Valley Health System Peer Review Update

As reported in the August 10, 2007 CEO Report, the LHIN initiated a Peer Review at Rouge Valley Health System (RVHS) to identify strategies for the hospital to achieve a 2007/2008 balanced budget by March 31, 2008. The Peer Review Team of **Janet Beed**, **Mary Clare Egberts**, and **Dr. Alfio Meschino** has interviewed 40 key informants (including clinical, governance, and executive leadership), and are in the process of synthesizing hundreds of pages of interview data, field notes, and reports from multiple sources

(including past Ministry of Health and Long-Term Care analyses and past benchmarking studies.)

The Peer Review Team met with the Steering Committee chaired by **Nizar Ladak** on September 4, 2007, to discuss preliminary observations. All communications with respect to the initial findings have been embargoed to allow the Peer Reviewers to conduct further analysis.

The Peer Review Team will continue to conduct additional investigation, and analyse their findings throughout October 2007. The full report will be tabled at the Central East LHIN Board of Directors meeting scheduled on Friday, December 14, 2007.

On a related note, the LHIN would like to extend its congratulations to **Rik Ganderton** in his role as President and CEO at RVHS. Rik has been serving as interim President and CEO at RVHS since January 2007, and has demonstrated full cooperation and support for the Peer Review process.

2008-09 Annual Service Plan Update

With the Boards approval, our initial 2008-09 Annual Service Plan was submitted to the Ministry at the end of August 2007. With all LHIN ASPs submitted, analysis showed significant variance across LHINs in both planning details and financial requirements.

In order to present a more consistent provincial approach to our strategic plans to centralized ministries in government, the senior representatives from the Ministry of Health and all 14 LHINs met for two days (Sept 18 – 19) to discuss LHIN priorities and develop a strategy for the development of shared business cases to support all 14 LHINs.

Following discussions among the 14 LHIN CEOs, and a presentation to the Deputy Minister of Health and Ministry Management Committee, three main priorities were established. They include: Seniors; Mental Health and Addictions; and Chronic Disease Management. Obviously, with the directions we have already taken in our IHSP and ASP, the CE LHIN is well positioned to support these provincial business cases.

Next steps in the ASP development will include the development of these common LHIN business cases, as well as specific discussions with the Ministry on CE LHIN initiatives.

Central East LHIN Website

The Board may remember past CEO updates from August 25, 2006 onwards describing how our former CEO Marilyn Emery and I were asked by the 14 LHINs to form a Web Management Committee that would work to create a web presence for all LHINs. This Committee developed a common architecture to be shared by the websites of the 14 LHINs. Each LHIN would be responsible to develop the materials to meet local needs and LHIN planning structures.

Since the new Central East LHIN website (www.centraleastlin.on.ca) was launched on July 16, 2007, over 3,828 unique individuals have visited the site. Combining both one-time and returning visitors to our website, there has been an average of 110 visits to our website every day! By comparison, other LHINs have received between 33-69 average visits per day, and up to 2650 unique visitors.

In addition to the public face of the website, the LHIN has created a number of collaborative web pages and online workspaces for the Planning Partner volunteers. In partnership with the other LHINs, we will be expanding the functionality of these collaborative pages in a soon-to-be launched "Phase 2" of the website.

Katie Cronin Wood (Communications Lead) is to be commended for her dedication to the development of the Central East LHIN's website, both as a member of the cross-LHIN Web Management Committee, and as a leader in the development and implementation of the Central East LHIN's web presence

Health Professionals Advisory Committee Update

I provided an update to the Board on August 10 on the development of a Health Professional Advisory Committee (HPAC) for the LHIN. This committee has been legislated through Section 16(5) of the *Local Health System Integration Act*, 2006 as a 12-15 member advisory committee comprised of health professionals who actively practice in a regulated health profession. A common recruitment strategy was launched across the 14 LHINs, with a centralized application intake coordinated through the LHIN Shared Services Organization (LSSO).

In order to facilitate a maximum number of applications from a wide variety of health professions, the LHIN CEOs have agreed to extend the closing date for applications until the end of October. So far, the Central East LHIN has received over 30 applications, which is slightly below average, particularly

with regards to the number of physician applicants. Having relied on a centralized process for HPAC recruitment, CE LHIN will now undertake more aggressive strategies to recruit health professionals within the LHIN. With that in mind, I would like to remind the Board of the existing strong representation of health professionals within our community engagement and Planning Partner structures, including an active Primary Care Working Group who serve as a resource for: engaging and informing local primary care providers about LHIN-related activities; providing expert advice on IHSP priorities involving primary care solution; and, once formed, working in tandem with the HPAC to assist the LHIN in implementing its strategic goals.

Kawartha Lakes awarded a new CHC

As was announced on September 7, 2007, Community Care City of Kawartha Lakes has been awarded sponsorship of a new Community Health Centre (CHC) to be established in Kawartha Lakes. The LHIN, specifically **Jeanne Thomas** (Senior Integration Consultant with the portfolio for Chronic Disease Prevention and Management, and Primary Care) will play a leading role in assisting Community Care CKL to develop this CHC through a staged process touching on several different milestones: from a comprehensive Community Engagement process, through the development of governance mechanisms, to the creation and approval of operational service, staffing, and functional (space) plans for service delivery. Community Care CKL will regularly report to the LHIN on their progress in achieving the developmental milestones, and will provide an interim and final report on the Community Engagement process. The LHIN will be responsible for approving the CHC's priority populations, service catchment areas, and staffing and spending proposals. The Primary Care Working Group, the Kawartha Lakes Collaborative and other CE LHIN Planning Partnerships will be important resources throughout this process.

Community Care CKL has committed to work with the LHIN, share progress notes, and plan in collaboration with the LHIN to achieve the combined goal of strengthening access to primary care and develop an integrated and seamless system of care. We welcome the opportunity to work with Community Care to strengthen the health care system and provide better access to the right services, by the right providers, in the right settings.

Wait Times Update

The June/July 2007 Wait Times data has been released, and indicates significant improvement in the LHIN. All priority area wait times are on-target to meeting the 2007-2008 Ministry LHIN Accountability Agreement (MLAA) Planning Targets. Three out of six priority areas have already surpassed

these target expectations, and the LHIN's performance at the 90th percentile has surpassed the Provincial average in five out of eight priority areas:

- Cancer surgery wait time has decreased significantly since August/September 2005. The 90th percentile wait time for cancer surgery in the LHIN is the third shortest in the province. 97% of cases identified within the priority 4 access target receive surgery within 12 weeks. This marks a 50% decrease from the baseline, and a 37% decrease within the past year.
- The LHIN has the third shortest wait times in the province for angiography and angioplasty, marking a 40-64% decrease from the baseline.
- Wait times for cataract surgery have significantly decreased by 56% from baseline. 95% of cataract surgeries are completed within the access target of 6 months.
- The 90th percentile wait time for hip replacement has decreased by 38% from the baseline (August/September 2005 results.)

The LHIN shows no significant change in the priority areas of knee replacement and CT scan wait times, while the 90th percentile wait time for MRI has increased by 33% over the past year. The LHIN will continue to address these Wait Times through the ongoing development of the Orthopedic Assessment Centre (OAC), Clinical Services Planning and other long-term transformation projects.

Late Career Nursing Initiative

A minimum of 235 "late career" nurses will be retained in the LHIN through the MoHLTC's Late Career Nursing Initiative. Seven hospitals and fourteen Long-Term Care facilities have been awarded grants from the Ontario Nursing Strategy to support the retention of nurses over the age of 55 through shifting the equivalent of one day per week (0.2 FTE) of their roles to less physically demanding, but equally important, roles in staff mentoring and patient education. There are a significant number of nurses in the LHIN and across Ontario over the age of 55 who may be considering early retirement due to the physical, emotional, and intellectual demands of nursing work. The Initiative will help retain the invaluable knowledge, skills, and expertise held by nurses approaching early retirement age. The table below summarizes the Initiative's allocations per health facility.

The Nursing Strategy is part of the MoHLTC's Health Human Resource Strategy that seeks to address the core reasons for instability in the nursing workforce through programs to achieve full employment of nurses, recruitment and retention, and positive and rewarding work environments.

Facility	Grant	Minimum # Nurses supported
Lakeridge Health Corporation	\$694,385	65
Northumberland Hills Hospital	\$53,824	12
Peterborough Regional Health Centre	\$232,346	24
Ross Memorial Hospital	\$56,666	6
Rouge Valley Health System	\$535,377	61
The Scarborough Hospital	\$256,864	28
Whitby Mental Health Centre	\$87,893	7
Extendicare Haliburton	\$8,807	1
Extendicare Kawartha Lakes	\$8,807	1
Extendicare Peterborough	\$12,130	3
Extendicare Port Hope	\$21,856	2
Fairhaven	\$22,731	0
Fairview Lodge	\$24,260	3
Hillsdale Estates	\$43,711	4
Hillsdale Terraces	\$24,260	3
Kennedy Lodge Nursing Home	\$31,581	5
Leisureworld Caregiving Centre – Ellesmere	\$16,173	2
Marycrest Home for the Aged	\$19,452	1
Specialty Care Case Manor Inc.	\$24,260	3
Trilogy LTC Inc.	\$6,739	1
Yee Hong Centre for Geriatric Care – McNicoll	\$35,625	3

Peterborough Regional Health Centre and the CE CCAC Flo Collaborative

Peterborough Regional Health Centre and the Central East CCAC have partnered to participate in “The Flo Collaborative: Quality Transitions for Better Care” through the Ontario Health Performance Initiative (OHPI). This project, funded by the Ministry of Health and Long-Term Care, will assist in identifying bottlenecks and delays in order to implement changes to improve the transition of patients from hospitals to subsequent care destinations. The Flo Improvement teams consist of multi-disciplinary front-line care staff from both the hospital and the CCAC. The Alternate Level of Care Task Group will serve as an advisory committee to the Flo Collaborative and help facilitate the distribution of learning and best practices across the Central East LHIN. The Flo Collaborative launched on September 18.

The Performance Quality Network

The LHIN is in the process of reforming the original wait-time working group into a Performance Quality Network. At a facilitated session by Mr. James Meloche, the group redefined their mandate to include improving health system performance and quality across a longer continuum of care. This new

perspective puts the patient at the center of our work to improve performance and quality in the LHIN. The previous focus on wait-times only measured the time from referral by a specialist, to completing of the procedure. The new broader focus will engage the group in LHIN initiatives at the community, primary care, specialist, and rehabilitation stages of care. The group also adopted the nine indicators of a high performing health care system from the Ontario Health Quality Council as our key performance and quality measures. Current work by staff includes creating a scorecard to measure these dimensions, and working with the PQ Network to plan an event in January to develop specific PQ initiatives. The PQ Network is being supported by the Decision Support Team of **John Lohrenz** (Team Lead, Business and Performance) and **Andrew Marsden** (Business and Performance Analyst.)

Staff Presentations and Committees

Kate Reed (Senior Integration Consultant) has been representing the LHIN on the Provincial working group for the Aging at Home strategy since August 24.

Katie Cronin Wood has joined the joint-LHIN Support Protocol Development Team. This work group will develop an MoHLTC/LHIN Issues Management and Government Support Protocol Guide on behalf of the 14 LHINs.

As Chair of the Provincial Stroke Strategy Advisory Committee, **Nizar Ladak** was pleased to release to the Minister of Health and Long-Term Care, the Annual Report on the progress of the stroke strategy. The report was provided to all LHIN Chairs, CEOs, Senior Directors and Ontario hospitals in September. A description of our own efforts in the Central East LHIN on improving stroke care within the LHIN is found within one of the project charters submitted to the Board today for its initial review. Copies of the Provincial report are available for any interested Board members.

On September 26, I gave a presentation at the Northern Ontario Support Service Agencies Conference which presented our priorities and Strategic Directions, and challenged agencies to take leadership in moving forward the agenda for transformation and integration. The presentation is available through the "Be Informed" link on our website. I also co-participated with another LHIN and Ministry representative to the Renal Administrative Leaders Network, to discuss the future of Chronic Kidney Disease planning and funding.

Future presentations included Regional Nephrology Systems Planning

Retreat, Wexford Residence Retreat, I will also be presenting a new paper on October 26 at the Hong Fook Mental Health Association's Silver Jubilee Conference: Synergy in Collaboration: Mental Health for All on "LHINs and Community Engagement: A New Model of Health Care Leadership." These speaking engagements are important opportunities for the CE LHIN to communicate its vision and strategic directions, and more importantly, promote transformational leadership within our region.

Comings and Goings at the LHIN

We have welcomed an additional member to our Team at the Central East LHIN. **Karen Ouellette** is joining our team as Financial Analyst.

We also welcome **Scott Macpherson** to the CE LHIN who will provide support to Kate Reed in the development of our Aging at Home initiatives. Prior to joining the LHIN, Scott was with the Alzheimer Society of Ontario where he played a significant role in the development of position papers and tool kits to enhance the care of persons with Alzheimers or related dementia. For several years, Scott was also the manager and project lead for mental health and addiction reform in the Ministry of Health and Long-Term Care. Scott: led the restructuring of the province's addiction system, including the transfer of 160 agencies into a regional structure; and the partnering of addiction and mental health systems; led the e-health initiatives for mental health and addictions, and the establishment of a mental health registry

And of course, on behalf of the entire LHIN staff, I would like to extend a warm welcome to our new CEO, **Deborah Hammons**, who will join us at the LHIN on November 12, 2007.