

Central West
Local Health Integration Network

Board Briefing Note

Topic/Issue: Francophone Community Engagement Regulation under LHSIA

Submitted to: Board of Directors

Submitted by: Mimi Lowi-Young, CEO

Date: January 27, 2010

Priority Level: High
 Medium
 Low

Action Level: Information
 Discussion
 Approval

Purpose:

The purpose of this briefing note is to provide background information about the new francophone Community Engagement Regulation under the Local Health System Integration Act, 2006 (LHSIA)

Background

- On January 1, 2010 the new francophone community engagement under LHSIA s.16 (4) came into affect
- This followed public consultation and was publically announced on January 15th
- The regulation sets out the process for identification of no less than 5 planning entities provincially, which will support the LHINs in their engagement efforts with francophone communities.

- The initial selection of the planning entities must occur within 6 months and will be chosen by the Minister of Health and Long-Term Care through a selection process that includes consultation with all LHIN.
- The entities and LHINs will be required to enter into a formal agreement outlining the roles and responsibilities of each party in the engagement of francophone communities, including the allocation of funding for francophone engagement activities.

Implications for the LHINs

The implications of this regulation for all LHINs are:

- LHINs will be required to provide input into the selection of the planning entities within the next six months
- LHINs will be required to enter into agreements regarding roles and responsibilities with the planning entity for their geographic area
- LHINs must engage with the planning entity in their geographic area about
 - *Methods of engaging the francophone community*
 - *The health needs and priorities of the francophone community in the area*
 - *The health services available to the francophone community*
 - *The identification and designation of health service providers*
 - *Strategies to improve the access, accessibility and integration of French language health services*
 - *The planning for and integration of health services in the area*
- LHINs will receive and must allocate funding for francophone community engagement activities
- LHINs will be required to report on the content, frequency and format of their Francophone community engagement activities in their annual reports.

Central West
Local Health Integration Network

Board Briefing Note

Topic/Issue: **Transportation Services Integration**

Submitted to: **Board of Directors**

Submitted by: **Mimi Lowi-Young, CEO**

Date Submitted: **January 27, 2010**

Priority Level: High
 Medium
 Low

Action Level: Information
 Discussion
 Approval

Purpose:

This briefing note provides the Board with a recommendation for the Central West LHIN to approve one-time funding of \$246,500 from unspent Year 2 Aging at Home funds to develop the infrastructure for an integrated transportation service for seniors in the southern part of the LHIN (Brampton, Malton and Rexdale)

This briefing note also provides the Board with background information on the status of the pending facilitated integration in which local Health Service Provider organizations and community-based service organizations (non-HSPs) agree to participate in an integrated transportation initiative

Background Information:

- Over the past three years, transportation services for seniors has been highlighted as a high priority need for seniors in the Central West LHIN.

- The Ministry of Health and Long Term Care had allocated 6 vans together with an annual operational budget of \$25,000 per van to the LHIN in 2008 for distribution for service for seniors at community grass root organizations
- These vans were allocated to the following community based organizations in partnership with Health Service Providers in the LHIN:
 - Punjabi Community Health Services through CANES
 - Dixon Community Services through CANES
 - Malton Neighbourhood Services through the Bramalea Community Health Centre
 - Seniors Coordinate Services through the Bramalea Community Health Centre
 - Elder Help Peel through United Achievers
 - Mel Lloyd Centre through Dufferin Community Support Services
- There is agreement that the vans can be more effectively and efficiently operated as over the past two years smaller organizations have had issues managing transportation services within their existing structures and within the funding provided
- The Central West LHIN approved \$141,757 annual operating funding out of Year 1 Aging at Home funding to expand transportation services targeting seniors in Caledon, North Brampton and Malton
- However, the program did not develop and the Central West LHIN continues to have these funds available to invest in transportation services

Step 1

- As a result the Services for Seniors Core Action Group established a sub-group to review the best options to develop an integrated transportation service for seniors, and hence the Transportation Action Group (TAG) was established with memberships including all organizations that were sponsored by the LHIN for full or partial funding for transportation services
- The TAG group was asked to scope, plan and develop a LHIN-wide transportation strategy aimed at optimizing the access, efficiency and capacity of health-related transportation services for seniors within the Central West LHIN

- The TAG group met from April to September 2009 and came up with a proposal that did not include all the requirements of the LHIN:
 - The clear accountability for service provision and performance was not fully defined
 - There was a further period of consultation and planning necessary to fully define and implement the initiative
 - The proposal was expensive

Step 2

- This resulted in the formation of the Renewed TAG group with the same membership but charged with developing another option that could leverage existing resources and be implemented quickly
- A second proposal was developed with CANES Community Care as the Lead agency
- This proposal included a consolidation of transportation services by reallocating the 5 vans in the southern part of the LHIN and their associated operating funding
- The 6th van in the northern part of the LHIN, at the Mel Lloyd Centre through Dufferin Community Support Services, is not part of this initiative due to the operational issues related to geography
- The key elements of this initiative are:
 - Operating funding for one intake telephone number for all clients and coordinated scheduling and resource management
 - An IT system for intake, routing, and performance reporting
 - Pooling of five (5) vans and their operating funds to create efficiencies, improve capacity, and reduce idle time
 - Existing funding of \$25,000 per van will be supplemented through Aging at Home funding to more realistically support the operating costs
 - Linguistic and cultural requirements within the service areas will be addressed
 - Affordable client fees will be built into the budget
- CANES Community Care will be designated as the Lead Agency with its accountabilities for this initiative incorporated in its M-SAA (Accountability Agreement)
- Working with CANES will be both Canadian Red Cross and Etobicoke Services for Seniors, two Health Service Providers within the Mississauga Halton LHIN that have already developed this model in the neighbouring LHIN

- Central West LHIN Health Service Providers will include:
 - Bramalea Community Health Centre
 - Punjabi Community Health Services
 - United Achievers Community Services
- Other community-based service providers will include:
 - Dixon Community Services
 - Elder Help Peel
 - Malton Neighborhood Services
 - Seniors Coordinate Services
- CANES Community Care has received signed letters of endorsement from Health Service Providers and from the community-based partners for the initiative's business case from all but one potential partner
- One Health Service Provider, United Achievers Community Services, has refrained from signing the letter of endorsement expressing concerns about what role that might be expected of the organization to register seniors and the lack of resources that may be required to do so
- Issues that have been raised and are being resolved include:
 - The timing of the transfers of asset and operating funding (3 vans plus \$25,000 per van)
 - Annual service levels
 - The respective role of the lead organization and partners
 - Human resources
 - Service issues associated with culture, language and gender
 - Outstanding operational issues, such as accountability for drivers, qualifications, insurance
 - Development of ride rates, including subsidies
- Each agency will receive training and support to work to consolidate processes, including transportation referral, to ensure greater harmony for operations and access across the system
- Future plans may entail incorporating other community-based service providers into the integrated transportation service for seniors and improving cross-boundary services

Integrated Transportation Initiative Cost

- A one-time request of \$246,500 from unspent Year 2 Aging at Home funding will provide for set up costs, including the following:
 - IT/ Software licenses
 - Scheduling /mapping
 - Marketing materials
 - Transportation taxes / Safety Inspection
 - CSP Portal fee
- On-going operating funding will be supported by the \$141,757 approved by the Board out of Year 1 Aging at Home funding for transportation services, along with the \$125,000 provided by the Ministry of Health and Long-Term Care to operate the 5 vans (\$25,000 per van), augmented by \$112,993 from Year 3 Aging at Home funding for a total annual operating budget of \$379,750

Integration

- Pending the signing of agreements from all participants, this initiative should be viewed as a “facilitated integration” as the Central West LHIN, through the Services for Seniors Core Action Group, has taken a coordinating and facilitating role in bringing together Health Service Providers to develop the proposal, although CANES has taken the central role in establishing letters of endorsement by all parties and developing the agreement template
- The following components are present or being developed that meet the requirements for the Board to approve a “facilitated integration”
 - The purpose and nature of the integration is described within this briefing note
 - The parties of the integration are listed within this briefing note
 - The parties have formally agreed to the integrated transportation initiative
 - The date of the commencement of this initiative is being specified (April 1, 2010)
 - A human resources plan has been developed
 - Annual operating funds of \$25,00 per van and ownership of the 3 vans will be transferred from the existing Health Service Providers who own and operate these vans with this funding to CANES
 - The initiative is consistent with the Integrated Health Services Plan

Action:

That the Board approve one-time start-up funding provided in the 2009/10 of \$246,500 to CANES Community Care from unspent Year 2 Aging at Home funding to initiate the integrated transportation initiative

Information:

That the Board receive this briefing note in preparation for the Board to decide upon approval of a facilitated integration initiative to establish an integrated transportation services for seniors at the February 2010 meeting of the Board, pending all parties formally agreeing to the terms of this agreement

That part of this decision will include the Board's consideration of an annual operating budget for the integrated transportation service for seniors of \$379,750, to be sourced accordingly:

- the use of \$141,757 of Year 1 Aging at Home funds previously approved for transportation services for seniors for annual operating costs, effective April 1, 2010
- the transfer of 3 vans (1 from United Achievers, 2 from Bramalea Community Health Centre to CANES Community Care) and the associated annual operating funding of \$25,00) per van, effective April 1, 2010
- on-going operating funding \$112,993 from Year 3 Aging at Home for use in 2010/11

Summary - Annual Operating

| | |
|---|----------------|
| Year 1 Aging at Home Funding for transportation (previously approved) | \$141,757 |
| MOHLTC Aging at Home operating funding for 5 vans (MOHLTC approved) | 125,000 |
| Year 3 Aging at Home Funding (to be approved) | <u>112,993</u> |
| Total Annual Operating | \$379,750 |
| One Time Start-up | \$246,500 |

Central West
Local Health Integration Network

Board Briefing Note

Topic/Issue: Acquired Brain Injury funding transfer

Submitted to: Board of Directors

Submitted by: Mimi Lowi-Young, CEO

Date Submitted: Wed., January 27, 2010

Priority Level:

High
 Medium
 Low

Action Level:

Information
 Discussion
 Approval

Purpose: The purpose of this briefing note is to recommend to the Board the transfer of funds from Central West LHIN to the Mississauga Halton LHIN for the purpose of funding acquired brain injury services for Central West LHIN residents

Introduction:

- Acquired brain injury is comprised of non-traumatic brain injury (non TBI) (e.g. anoxia, brain tumor) and traumatic brain injury (TBI) (e.g. motor vehicle accidents, falls)
- The agency responsible for delivery of community-based ABI to Central West residents is Peel Halton Acquired Brain Injury Services (PHABIS)
- PHABIS is a Health Services Provider of the Mississauga Halton LHIN
- In 2007/08, the Ministry of Health and Long Term Care allocated \$250,000 in base funding to the Central West LHIN for community-based Acquired Brain Injury (ABI) services

- The Central West LHIN entered into an agreement with the Mississauga Halton LHIN for the transfer of \$250,000 in ABI funding to be allocated to PHABIS for the purpose of increasing capacity for Central West LHIN residents.
- An additional \$315,000 has been allocated to the Central West LHIN in 2009/10 to support further development of the ABI service with a particular focus on service coordination and rural outreach and day services

Next Steps

- Central West LHIN staff will work with PHABIS to finalize the service proposal
- Central West LHIN staff will work with staff from PHABIS and the Mississauga Halton to prepare a transfer agreement, like the one previously established.
- Central West staff will prepare performance metrics and reporting mechanisms for the increase in funding to be included in the agreement with Mississauga Halton LHIN
- A comprehensive ABI strategy for the Central West LHIN will be developed as part of the rehabilitation strategic framework project slated for completion in June 2010

Recommendation:

The Central West LHIN enter into negotiations with the Mississauga Halton LHIN for the transfer of \$315,000 in annual ABI funding to be allocated to PHABIS to enhance service coordination and increase capacity for Central West LHIN residents

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CENTRAL WEST LOCAL HEALTH INTEGRATION NETWORK

BOARD BRIEFING NOTE

COMMUNITY CARE INFORMATION MANAGEMENT - REALLOCATION

WEDNESDAY, JANUARY 27, 2010

ISSUE

- Our Community Care health providers need to be able to determine if their services are being delivered efficiently and if they are improving client outcomes.
- The LHINs need to be able to determine whether Community Care is delivering on their accountability agreements in the effective and efficient delivery of health care to Ontarians.
- Finally, the Ministry needs to be able to determine where to invest Community Care funds to generate the greatest return to the sectors and the client/patients they serve.

To achieve these goals, two objectives are paramount:

Common Assessment

Equipping Community Care providers with tools that can facilitate the collection and use of client information creating a sustainable approach to manage and measure improvement in client outcomes over time.

Business Systems

Providing standards, processes and tools for collecting financial and statistical data (including payroll and HR data) for evidence-based decision support for planning, integrating and funding of Community services.

ANALYSIS:

In the past, the Ministry funded this initiative from in-year reallocation surpluses, including common assessment tools now in use such as:

- The Long Term Assessment Software (LSAS) for Long Stay clients (RAI Home Care); the Common Intake Assessment Tool (CIAT) – both tools automate and streamline the assessment process for CCAC staff.
- The Resident Assessment Instrument - Minimum Data Set (RAI-MDS 2.0) - a computerized assessment instrument that enhances clinical assessment and care planning, and improves resident care.
- The Community Mental Health Common Assessment (CMHCA) – a standardized, consumer-led decision-making tool that allows key information to be electronically gathered securely and efficiently

Since funding has been devolved from the Ministry to LHINs, the Ministry no longer has the capability to continue to fund these initiatives through in-year surpluses.

Total funding needed for the current fiscal year 2009/2010 is estimated to be approximately \$87.7 million, of which the Ministry has committed one-half. The initiative is projected to take another three years to complete.

For the current fiscal year, the LHIN LTC Home In-Year surplus funds will total approximately \$6.8 million. The source of the balance of the funds is not clear at this point, and further discussions with the Ministry will be needed. The reallocation of the LTC Home In-Year surplus funds would, in essence, be a 'down payment', subject to further discussions with the Ministry.

DELIVERABLES:

Implementing Common Assessment and Business Systems is necessary to help LHINs meet their requirements under the MLAA. This initiative will provide LHINs with information necessary to make effective planning, integration and funding decisions respecting the community sector.

RECOMMENDATIONS:

That all LHINs reallocate the LTC Home in year surplus funds to the Community Care Information Management initiative, and that LHINs work with the Ministry to determine how best to continue to fund the initiative until its completion.

SOURCES OF FUNDING:

In-Year surplus funds for the Central West LHIN for 2009/2010 is **\$309,208**.

**MINUTES OF THE GOVERNANCE COMMITTEE MEETING OF THE
CENTRAL WEST LOCAL HEALTH INTEGRATION NETWORK**

**HELD THURSDAY, JANUARY 14, 2010 AT 10:00 A.M.
8 NELSON STREET WEST, SUITE 300, BRAMPTON, ONTARIO**

PRESENT:

| | |
|----------------|-------------------|
| Anita Gittens | (Committee Chair) |
| Joe McReynolds | (Board Chair) |
| Terry Miller | (Vice Chair) |
| Kuldip Kandola | (Board Secretary) |

REGRETS:

| | |
|--------------|----------------|
| Mavis Wilson | (Board Member) |
|--------------|----------------|

STAFF:

| | |
|------------------|---------------------------|
| Mimi Lowi-Young | (Chief Executive Officer) |
| Michele Williams | (Recording Secretary) |

ITEM # 1 – CALL TO ORDER & DECLARATION OF CONFLICT OF INTEREST

The Committee Chair called the meeting to order at 10:05 a.m. and asked if there were any declarations of conflict of interest. There were none.

ITEM # 2 – APPROVAL OF AGENDA

The Board Chair requested that two new items be added to the Agenda for discussion under 'Other Business' as follows: Item # 6.1 will be added as 'Board Recruitment' and Item # 6.2 will be added as 'Acknowledgement of Departing Board Members'. The following motion resulted:

MOTION – moved by Vice Chair Terry Miller, seconded by Board Secretary Kuldip Kandola and unanimously carried, that the Agenda for the Central West LHIN Governance Committee meeting of Thursday, January 14, 2010 be approved, as amended, the MOTION WAS APPROVED.

ITEM # 3 – APPROVAL OF PREVIOUS MINUTES

Item # 3.1 – Governance Committee Minutes of Monday, December 14, 2009

There were no errors or omissions noted and the following motion resulted:

MOTION – moved by Vice Chair Terry Miller, seconded by Board Secretary Kuldip Kandola and unanimously carried, that the minutes of the Central West LHIN Governance Committee meeting of Monday, December 14, 2009 be approved, as circulated, the MOTION WAS APPROVED.

ITEM # 4 – BUSINESS ARISING

Item # 4.1 – Board Orientation Process & Manual

Committee Members reviewed the list of items included in the Central West LHIN Orientation/Reference Binder and compared them to the list that had been provided by the Mississauga Halton LHIN Board. It was suggested that a few orientation sessions for new Board Members be scheduled as soon as possible and the CEO's office will review the Orientation Binder and update materials as required. Committee Members were asked to return their current binders to the CEO's office for updating.

The CEO was further directed to create a document on the process for Board Orientation.

Vice Chair Terry Miller requested that a copy of the Public Service of Ontario Act, 2006 be circulated to Board Members as a follow-up to the presentation and discussion by KPMG at the last Board Meeting with respect to the Board Effectiveness Review. The CEO's office will follow up and a copy will be included in these minutes.

ITEM # 5 – NEW BUSINESS

Item # 5.1 – Recap of Governance to Governance Café Sessions

There was some discussion as to the need to continue the governance to governance sessions throughout the year with perhaps another six or eight to be scheduled for fiscal 2010-2011.

It was felt that a survey might be a good way to obtain feedback from participants and there was a further suggestion that the survey be developed and sent to every participant that attended a Central West LHIN Governance to Governance session, asking them for their feedback on what worked, what didn't, what they would like to see in future sessions. There was a further suggestion to invite a motivational speaker to attend the first session of the next round of Governance to Governance sessions.

It was agreed that the following action steps will be taken:

1. Assemble a Plan which will be driven by the survey
2. Determine a topic for the first session and a potential speaker

A copy of the summary notes from the last of the scheduled Governance to Governance sessions (January 11, 2009) was circulated to Committee Members for information.

After a brief discussion, the following motion resulted:

MOTION – moved by Vice Chair Terry Miller, seconded by Board Secretary Kuldip Kandola and unanimously carried, that the Governance Committee recommend that the Central West LHIN Board of Directors continue with the Governance to Governance sessions for another 6-8 sessions for fiscal year 2010-2011, and further, that the CEO be directed to issue a 'Request for Service' (RFS) for these sessions as soon as possible, the MOTION WAS APPROVED.

ITEM # 6 – OTHER BUSINESS

Item # 6.1 – Board Recruitment

The Board Chair advised that we have not yet had confirmation of the new Board Members that we had recommended almost a year ago, but the Public Appointments Secretariat indicated that they had received 50 applications from the Central West LHIN from our most recent board advertisement.

It was suggested that we continue with the interview process as we have in the past, and that the Nominating Committee be resurrected to interview candidates. It was further suggested that we use the Ministry-prescribed process ('Competency Profile Summary Sheet' and 'Board Member Interview Tool') to guide the interviews.

The Board Chair noted that he had been advised that we should be receiving a package of applications from this round of advertising by the end of this week. Once the applications have been received, a Nominating Committee meeting will be scheduled to reviews the applications.

It was agreed that the Nominating Committee would comprise all members of the Board as there are currently only six Board Members.

Item # 6.2 – Acknowledgement of Departing Board Members

The Board Chair noted that other LHINs were considering various ways of acknowledging contributions of Board Members completing their current terms and/or Board Members who have stepped down from their Boards for various reasons.

Committee Members agreed that some type of plaque with an engraved plate would be appropriate and the CEO's office will look into the associated costs and delivery time required. It was suggested that these plaques also be sent to Central West LHIN Board Members who have previously served on our Board (Mintoo Mand, Jack Prazeres, Carol Seglins and Paul Dhaliwal).

ITEM # 7 – IN-CAMERA SESSION

MOTION – moved by Board Secretary Kuldip Kandola, seconded by Vice Chair Terry Miller and unanimously carried, that at 11:00 a.m., the Governance Committee consider Matters of Public Interest in a Closed Session as set out by the Local Health Integration Act, 2006, s.9(5)(a), and further, that the CEO and Recording Secretary be invited to stay for this portion of the meeting, the MOTION WAS APPROVED.

MOTION – moved by Board Secretary Kuldip Kandola, seconded by Vice Chair Terry Miller and unanimously carried, that at 11:20 a.m., the Governance Committee meeting be moved Out-of-Camera and back into the Regular Meeting, the MOTION WAS APPROVED.

ITEM # 8 – DATE OF NEXT MEETING

As there are a few conflicts with Board Members' schedules for the Governance Committee meeting in February 11th), it was agreed that the next meeting would be at the Call of the Chair.

ITEM # 9 – ADJOURNMENT OF MEETING

There was no further business for discussion and the following motion resulted:

MOTION - moved by Vice Chair Terry Miller, seconded by Board Secretary Kuldip Kandola and unanimously carried, that there being no further business for discussion, that the Central West LHIN Governance Committee meeting be adjourned at 11:30 a.m., the MOTION WAS APPROVED.

Anita Gittens, Committee Chair

Central West Local Health Integration Network

Board Chair's Update Wednesday, January 27, 2010

Meetings and Developments

(In addition to regular Board activities):

1. Mimi and I participated in the public meeting held in Shelburne to provide the public with information on health care developments (Hospital and Health and Care Centre) and to hear their concerns. Meeting was well attended and focus of responses related to the potential closure of the Shelburne hospital site.
2. I met with the Chairs of Mississauga Halton, Waterloo Wellington, and North Simcoe Muskoka to follow-up on items from the last Chairs' meeting. I was asked to investigate a stronger relationship with AMO and their affiliates.
3. We held a very productive discussion with the Region of Peel and the Mississauga Halton LHIN to discuss their impact on emergency services, the future direction of care for services, and the need for stronger linkages with the broader human service sector.
4. I attended the bi-weekly meeting of the Community Partners Task Force related to the redevelopment of Peel Memorial site.
5. As I believe everyone is aware, the first meeting of the Shelburne Community Health Task Force was successfully held under the Chairship of Vice-Chair Terry Miller.
6. The first meeting of the Bolton and Area Community Health Task Force will be held this coming Monday evening (January 25th).

Items of Interest

The following are Ministry of Health Announcements:

January 15 Enhancing Francophone Input Into Health Care Services

December 16 Ontario Nominates New Chair Of eHealth Ontario

December 11 New Family Health Teams On The Way

Joe McReynolds, Board Chair

CEO REPORT TO THE CENTRAL WEST LHIN BOARD OF DIRECTORS

SPECIFIC ACTIVITIES OF THE CHIEF EXECUTIVE OFFICER

WEDNESDAY, JANUARY 27, 2010

| DETAILS OF MEETINGS – PRESENTATIONS – ENGAGEMENT AND/OR GOVERNANCE ACTIVITIES | IMPLICATIONS AND/OR FOLLOW-UP |
|---|---|
| <p>Meeting with HOK Healthcare Systems</p> <p>Agenda items included:</p> <ul style="list-style-type: none"> • Review of HOK Healthcare Systems • Planning Tools • Look for input into software solutions • Demo and input • Thoughts on Peel Redevelopment | |
| <p>Monthly Meeting with Janette Smith, Commissioner of Health Services, Peel Region</p> <p>Discussion items included:</p> <ul style="list-style-type: none"> • LHIN/Region of Peel Governance to Governance Meeting and other ongoing items | |
| <p>Meeting with MOHLTC, Capital Projects Re: William Osler Health Centre's Peel Memorial Hospital Redevelopment Project</p> <p>Agenda items included:</p> <ul style="list-style-type: none"> • Planning Horizon – Functional Program Stage • LHIN's review of WOHHC assumptions for program/service projections in PMH Business Case vs. Health System Plan | |
| <p>Meeting with the Mississauga Halton LHIN & Region of Peel</p> <p>Agenda items included:</p> <ul style="list-style-type: none"> • Central West LHIN Updated Integrated Health Services Plan • Mississauga Halton LHIN updated Integrated Health Services Plan • STEMI Program • Mental Health & Addictions Strategy for Ontario • Ambulance Offload | <ul style="list-style-type: none"> • Working group to develop model for supportive housing. • Review offload issues with HSP CEOs |

| | |
|--|--|
| <p>Monthly Staff Meeting</p> <p>Agenda items included:</p> <ul style="list-style-type: none"> • CEO's update to staff • Political Activity Rules • Organizational Review • Staff roundtable | |
| <p>Meeting with William Osler and Headwaters</p> <p>Discussion was regarding the future of IT integration in the Central West LHIN</p> | |
| <p>Monthly Meeting with Hospital CEOs and CEO of Central West CCAC</p> <p>Monthly meeting held with Ken White, Cholly Boland and Cathy Hecimovich to discuss items of mutual interest and collaboration. Discussion items included:</p> <ul style="list-style-type: none"> • ER/ALC Update • WOHS: Vision Project Update | |
| <p>LHIN CEO Meetings:</p> <p>Recent discussions have focused on the following:</p> <ul style="list-style-type: none"> • CCIM (Community Care Information Management) • LHIN Collaborative Memorandum of Understanding and Priorities • FIPPA Communication Plan • LSSO Annual Business Plan • Accountability Agreements | |
| CONFERENCES/PRESENTATIONS | |
| <p>LHIN-wide CEO presentation with Terry Sullivan of Cancer Care Ontario</p> <p>Purpose of the presentation:</p> <ul style="list-style-type: none"> • Where have we been? • Where are we now? <ul style="list-style-type: none"> ○ What are our key competencies • Where are we going: <ul style="list-style-type: none"> ○ What are the opportunities: the risks? | |
| <p>Presentation to Supportive Housing in Peel</p> <p>Presentation made to the Management & Executive Team of one of our provider organizations, Supportive Housing in Peel (SHIP).</p> | |

Presentation included:

- What are LHINs?
- What is the Local Health System Integration Act?
- Overview of the Health System Plan
- Overview of the Multi-Sectoral Service Accountability Agreement

Attended the CIHR Primary Healthcare Summit (Canadian Institute of Health Research)

Attended an informative two-day retreat on primary health care in Ontario. Ministry officials, senior stakeholders, hospital and LHIN CEOs all attended.

GOVERNANCE ACTIVITIES

CW LHIN Governance to Governance (Governor's Forum)

Attended the last of the Central West LHIN's governance to governance sessions which was extremely well attended. Approximately eight provider Boards were able to showcase their organization's 'success stories'.

Further sessions will be scheduled for the governance to governance sessions as they provide an excellent opportunity for sharing and collaboration among the Central West LHIN provider organizations.

COMMUNITY ENGAGEMENT ACTIVITIES

Shelburne Community Health Task Force Meeting

Attended the first meeting of the Central West LHIN's Shelburne Community Health Task Force Meeting with representation by hospital officials, political representatives, physicians, community support services and people who live in the Shelburne community. A series of meetings will be held to begin to discuss the concept of a Health and Care Centre in Shelburne.

Central West LHIN – Seniors' Sessions:

Attended two Seniors' Sessions – one in Rexdale and one in Brampton (India Rainbow Services). These sessions were scheduled to obtain feedback from seniors in the Central West LHIN communities.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mimi Lowi-Young". The signature is written in a cursive style with a large initial "M" and a long, sweeping underline.

Mimi Lowi-Young, M.H.A., FACHE, FCCCHSE
Chief Executive Officer

CENTRAL WEST LOCAL HEALTH INTEGRATION NETWORK

CEO REPORT TO THE BOARD OF DIRECTORS SUMMARY OF CENTRAL WEST LHIN ACTIVITIES

WEDNESDAY, JANUARY 27, 2010

PART (i)

PLANNING, INTEGRATION AND COMMUNITY ENGAGEMENT PORTFOLIO (David Colgan, Senior Director)

ABORIGINAL HEALTH

The Aboriginal Community Engagement Coordinator has participated in a series of meetings/teleconferences with GTA LHINs' Aboriginal leads to finalize plans for the GTA March 2010 Aboriginal Community Engagement Event (focus on Diabetes), participated in the Provincial LHINs' Aboriginal Health Leads meeting to exchange information about activities across the province, met with Carol Appleby, Chair of Aboriginal Initiatives, Sheridan College to discuss Aboriginal initiatives at Sheridan College (currently have 44 identified Aboriginal students), met with Natalie Lloyd, LHIN Liaison, Métis Nation of Ontario MNO), to discuss the LHIN's relations with MNO, and worked with representatives from the Mississauga Halton LHIN, Region of Peel, Peel Aboriginal Network and MNO to review proposals for the local needs assessment determining a preferred consulting firm.

COMMUNITY ENGAGEMENT AND COMMUNICATION

- Drafted Communication Strategy for Board review
- Prepared and distributed press release announcing creation of Shelburne Community Health Task Force
- Wrote communication plan for Annual Business Plan
- Worked with H-SAA Communications sub-committee to draft communications strategy for H-SAA process
- Attended Headwaters Health Care Centre in Shelburne on December 17
- Attended first meeting of Shelburne Community Health Task Force and prepared, distributed press release on meeting highlights on January 18
- Became member of cross-LHIN communications subcommittee
- Met with CCAC and WOHS Communications Leads to discuss Central West LHIN Communications Strategy
- Met with OHA representatives to discuss physician engagement strategy
- Conducted website training course for staff
- Attended LHIN Community Engagement Leads Meetings
- Drafted IHSP2 Community Engagement Report
- Submitted proposals for French language services funding
- Planning logistics and attended Aging at Home Education and Feedback sessions
- Participated in Cross-LHIN eHealth Communications

DIVERSITY AND EQUITY

A letter was sent on December 23rd to HSPs encouraging them to attend the monthly Diversity and Equity Core Action Group meetings. Currently 12 HSPs are expected to be represented at the upcoming January meeting with approximately 14-16 individuals attending.

On January 21st the meeting of the Diversity and Equity Core Action Group focused on agreeing to definitions of Diversity, Cultural Competency and Equity that will be the basis for forward. An Expression of Interest was submitted to the Ministry of Health and Long-Term Care to consult and pilot a Health Equity Impact Assessment (HEIA) tool that has been developed, launched and tested in the Toronto Central LHIN. The HEIA Tool is a flexible and practical assessment tool that can be used to identify potential health impacts (positive or negative) of a plan, policy or program on vulnerable or disadvantaged groups within the general population. The MOHLTC did not support the Central West LHIN's proposal as it wished to extent pilots beyond the GTA. Nonetheless the Diversity and Equity Core Action Group will examine its local utility.

E-HEALTH

Staff continue to work with the LHIN's eHealth team on the eHealth Resource Matching and Referral Project (RM&R), participating in weekly meetings, teleconferences and the RM&R project kickoff meeting held December 10th.

LONG-TERM CARE

Planning Integration and Community Engagement staff continues to attend weekly MOHLTC-sponsored teleconferences on the Long Term Care LAPS and L-SAA processes and have participated in sessions to finalize the Central West process for reviewing submissions.

Mark Edmonds, Senior Planning, Integration and Community Engagement Consultant was named to the Ministry's Long Term Care Funding Renewal Steering Committee, attending meetings on December 17th and January 14th.

LHIN staff have attended the City of Toronto sponsored Kipling Acres Community Reference Group on December 9th and January 13th. This group is providing input to the redevelopment of Kipling Acres Long-Term Care facility.

WOMAN AND CHILDREN'S SERVICES

The Antenatal Services and Breast Feeding sub groups continue to meet to develop action plans to improve antenatal services in the Central West LHN and breastfeeding practices.

MENTAL HEALTH AND ADDICTION SERVICES

The Mental Health & Addiction Core Action Group met on January 6th. On the agenda were discussions about the development of the Community Care Information Management (CCIM) initiative and the Integrated Assessment Record. The goal is better client service

and through this, access to information about shared clients will be streamlined and available more timely. There were also discussions about activities in Dufferin County focused on how organizations are working together to better serve clients. The group agreed that there are greater challenges moving on the Malton Connects given the lesser capacity on which to build. There was an update on the work of the Concurrent Disorders Network and the first wave of piloting the GAIN Short Screener (GAIN SS) for client assessments, activity at the Consumer/Survivor Network – Central West, a review of mental health and addiction related H-SIPs, and plans for the Allocation to Addictions Supportive Housing.

PEEL MEMORIAL REDEVELOPMENT

On January 8th, the Senior Director, Planning, Integration and Community Engagement accompanied the CEO to a meeting with MOHLTC staff to review Ministry of Health and Long-Term Care reaction to elements of the Peel Memorial program and services planning, and associated workload levels associated. LHIN staff are sharing this information with William Osler Health System staff to refine some of the program and services elements to ensure an appropriate scope for the project.

REHABILITATION

A Request for Service for a consultant to assist with developing a rehabilitation framework for the Central West LHIN has been circulated with a response date to the RFS in early February for a project to be conducted through the Spring and report expected in June, 2010.

SERVICES FOR SENIORS / AGING AT HOME

Detailed review of the 29 proposals was carried out and shortlisted to 14 projects for consideration for Aging At Home Year 3 investment. A summary of the shortlisted projects was discussed at the Seniors Core Action Group meeting held on January 13, 2010.

The integrated transportation initiative was also discussed at the Seniors Core Action Group meeting. Endorsement for the proposal is being confirmed in writing by the potential partners.

Three public “education and feedback” sessions and one client focused session were held in Rexdale, Brampton and Shelburne to provide the comments of seniors and caregivers to the proposed Year 3 Aging at Home initiatives.

OTHER ACTIVITIES

On December 17th, the Senior Director, Planning, Integration and Community Engagement accompanied the CEO to tour the India Rainbow Adult Day Program, which is supported by Aging at Home funding.

On December 30th, the Senior Director, Planning, Integration and Community Engagement participated in a teleconference with an external consultant supporting

another LHIN with examining the use of the decision-making framework, focused on how the framework has been used by the Central West LHIN for Aging at Home decisions.

On January 7th, the Senior Director, Planning, Integration and Community Engagement and another LHIN staff member attended a presentation by the Central West CCAC on the development and early experience with 311-CCAC, the provincial telephone-based Information and Referral Service for Seniors.

On January 14th, the Senior Director, Planning, Integration and Community Engagement attended the meeting of Senior Directors of LHINs from across the province. On the agenda were discussion about community engagement, HealthForceOntario, accountability agreements, Telectroke, and the implementation of the Resource Matching and Referral Initiative.

On January 15th, the Senior Director, Planning, Integration and Community Engagement met with William Osler Health System's planning staff to refine the program and services and workloads associated with the Peel Memorial project.

On January 20th, the Senior Director, Planning, Integration and Community Engagement accompanied the CEO to a meeting of William Osler Health System's Capital Project Planning Steering Group to review WOHS' development of plans for programs and services and workloads associated with the Peel Memorial project. There was also a presentation and review of the architectural design assumptions and principles associated with the project.

Part (ii)
PERFORMANCE, CONTRACT & ALLOCATION PORTFOLIO
(Pat Stoddart, Senior Director)

Meetings with Hospitals in relation to the Management Planning and Risk Report (MPRR)

Meetings were held with Hospitals in relation to the Management Planning and Risk Report. This report was developed on a province wide basis to support discussions between hospitals in relation to funding of operations for 2010/11. Each of our hospitals completed the template and submitted it to the LHIN. Further to that we held meetings with the hospitals to discuss their plans in detail.

The hospitals have been advised to plan and develop scenarios based on funding targets of 0%, 1%, or 2%. The discussions held with the hospitals focused on revenue assumptions, strategies to achieve operational savings and associated impacts (if any) on patient programs and services. The framework provided a limited amount of detail but it was evident from the discussions with the hospitals that this work had been addressed in a thoughtful and thorough manner.

Further to the meetings the LHIN has asked for a modest amount of additional information so that we would have a clearer understanding of the strategies with respect to timelines and outcomes. The discussions focused on hospital operations and it is anticipated that the next step will involve a meeting with the hospitals and the Central West CCAC. This meeting would allow for a more fulsome understanding among our largest HSPs of the impact of the proposed hospital initiatives and the effect they might have on the community. We will continue to work with the plans submitted to determine the overall impact.

In addition there has been one meeting of the GTA LHINs to gather a collective sense of the MPRR implications. It was a beginning discussion which served to reinforce the importance of information sharing across these LHINs in particular. Further to that we provided information on key dimensions of the completed MPRRs and that is being rolled up into a GTA overview. There will be further meetings with the GTA LHINs to ensure a full understanding of strategies being taken across the GTA. We continue to participate in province wide weekly teleconferences related to the MPRR processes.

LAPS/L-SAA

The Central West LHIN received its last outstanding LAPS submission from a long-term care provider this month.

A recent decision taken by the LHIN Steering Committee to align the release of the L-SAA agreement with proclamation of the LTC Act and its regulations has resulted in a shift from the March 31, 2010 deadline for a signed L-SAA to a later time in the spring/summer of 2010.

It is anticipated that the target date to have achieved a signed L-SAA will be set at 90 days following the proclamation of the LTC Act. In the meantime, the LHIN will continue

to work towards negotiating its L-SAA agreements with its Long Term Care Homes. We anticipate a need to ask for an update to the LAPS and accordingly a request to LTC providers to revise their original submission with more current financial information.

Central West CCAC

We have received approval on the Business Case that was developed and submitted to the Ministry in relation to pressures currently being experienced by the CCAC. Further to the approval, the CCAC received formal notice of the funding.

A meeting was held with the CCAC and WOHS to discuss performance expectations and establish performance metrics in relation to this funding.

Discussions will continue in relation to data and performance outcomes related to this targeted funding.

Aging at Home

Performance staff participated in two meetings over this reporting period with the Seniors Core Action Group. The first meeting focused on sharing the results of our evaluation of Year 3 Aging at Home initiatives. The second meeting was focused on a transportation proposal submitted by CANES as a Year 2 Aging at Home initiative.

In relation to Year 3 Aging at Home submissions that the LHIN received, the performance staff participated in a review of the 29 proposals submitted.

These initiatives are required to align with the ER/ALC strategy and be able to demonstrate a quantifiable contribution to reducing time spent in the ER and ALC days.

A list of 14 proposals was shortlisted and presented to the Senior Core Action Group. Further to this a meeting was held with our ER/ALC Performance Lead (Lana Dunlop), Dr. Naveed Mohammad (ED LHIN Lead) and Nazira Jaffer (Aging at Home Project Lead). The purpose of this meeting was to provide high level information on these proposals and receive feedback from the ED LHIN Lead on how these proposals contribute to improving ED/ALC performance.

As a member of the Aging at Home Management Committee I attended 3 meetings related to review of proposals to be released to consultants in relation to evaluation of 4 different aspects of the Aging at Home strategy.

Right Health Care Setting Action Group

There were two meetings of the Right Health Care Setting Action Group over this reporting period. The work of this group has focused around rehabilitation, while also continuing to monitor the progress of the ER/ALC strategy, particularly at William Osler Health System.

At the first meeting, the LHIN presented a summary of trends and observations related to rehabilitation services with a focus on Stroke therapy. At the second meeting, there was an opportunity to present more recently released data pertaining to Rehabilitation Services and focus on Orthopaedic services.

Short Stay Bed Application

The Short Stay Bed Application process is completed and letters have been sent to all homes that requested short stay beds, approving the allocation. The number of short stay beds has not changed since last year and still stands at 13 beds in seven different Homes in the LHIN. Short Stay Beds allow for a period of respite up to 90 days

Resource Matching and Referral

The Central West LHIN is participating in the first phase of the Resource Matching and Referral project. Working as a team, with 6 other LHIN's the Central West LHIN will convene to conduct a current state of assessment of referral patterns and processes and begin to consider future state

Processes for four care pathways: acute to Long Term Care, acute to CCAC, acute to rehabilitation and acute to complex continuing care.

ER/ALC Strategy

Bi-weekly meetings continue with the ER/ALC Performance Lead and William Osler Health Centre, which include the Chief of ED and Director of ED/Critical Care. Ongoing discussions and action steps towards meeting ED P4R targets continue to evolve. The Year 2 EDP4R plan is being updated by Wm Osler Health Services. The updated plan will reflect changes in current initiatives that have been adopted/abandoned to support alignment of the ER/ALC targets.

In Q2 2009/10, the proportion of admitted patients treated with the LOS $\leq 8h$ has remained stable at BCH at 27%. At EGH there has been a 3% improvement (29%) in the proportion of admitted patients treated within ED LOS $\leq 8h$.

The proportion of non-admitted high acuity patients treated within the respective targets of $\leq 8h$ CTAS I and II) and $\leq 6h$ for CTAS III has improved at both BCH and EGH. At BCH performance has improved from 60% in Q1 (2009/10) to 65% in Q2 (2009/10). At EGH performance has improved for this indicator from 80% in Q1 (2009/10) to 82% in Q2 (2009/10).

The proportion of non-admitted low acuity patients treated within the LOS target of $\leq 4h$ has also improved at both BCH and EGH. At BCH, performance for this indicator has improved from 75% in Q1 (2009/10) to 80% in Q2 (2009/10). Similarly at EGH, in Q1 (2009/10) performance was 86% and in Q2 (2009/10) performance for this indicator is improved to 88%.

The percentage of ALC in the Central West LHIN increased slightly from 8.09% in Q1 2009/10 to 8.9% in Q2 2009/10. This may be attributed to the implementation of the new ALC definition July 2009.

Triage and Process Redesign at BCH

Our ER/ALC Performance Lead was invited to attend a triage and process redesign Lean day on December 22, 2010. at William Osler Health Services. This full day involved

front line ED staff, admitting and registration staff, the Chief of ED, Director of ED/Critical Care, Security services and Price Waterhouse consultants. The purpose of this day was to map out the most efficient processes and identify steps of less value, in the triage and registration process at BCH. This refined triage process has been implemented as of January 4, 2010 in the ED at BCH. The impact of this newly implemented triage process should be realized as early as the end of January 2010.

ED LHIN Lead and ER/ALC Performance Lead meeting

On December 15, the ED LHIN Leads and ER/ALC Performance Leads met at the Sutton Place Hotel in Toronto. Discussion included P4R reconciliation formula for year end reconciliations in 2011. Overall, across the province there is a slight decrease in ER LOS compared to August 2008 for all patient groups. However ED LOS has not significantly changed since the last reporting period.

The ED Patient Satisfaction results are proposed to be released to the public in April. Two new indicators will be added to the winter (January) Stocktake report. These include number of resident transfers from Long Term Care facility and the number of resident transfers to ED's resulting in inpatient admissions.

Quarterly ED LHIN Lead action plans are being developed on a standardized template. Further discussion on this will occur at the January ED LHIN lead meeting.

Surge Capacity Planning/Critical Care Secretariat

The final Critical Care Surge Capacity Plan was submitted to the Critical Care Secretariat in December 2009.

Monthly teleconferences continue with the Central West LHIN steering committee and the Critical Care Secretariat. The purpose of these teleconferences is to provide guidance and support from the Critical Care Coaches, Dr John Muscedere and Carol Columbus. Further discussion focused on the status of other LHIN surge plans, checklists and staff training

During the most recent teleconference the Central West LHIN put forward a suggestion that ambulance capacity and inter LHIN ambulance transfers during a surge require consideration. Dr Mike Militen will table this at the Critical Care Lead meeting in January.

Emergency Medical Services

The ER/ALC Performance Lead is participating in a meeting held by WOHS with Toronto EMS, Peel EMS and York EMS. The purpose of this meeting is to meet with key stakeholders from EMS in an effort to identify issues from the hospital perspective and from the EMS perspective. These issues include ambulance off load nurse presence, ambulance off load time, documentation process by EMS, communications and steps toward working together to resolve these issues. There are regularly scheduled meetings with this working group beginning in February.

Annual Business Plan

Performance and Funding staff have been actively involved in the preparation and review of the Annual Business Plan due for submission to the MOHLTC at the end of this month.

Capital Working Group

I participated in 2 meetings of the Capital Working Group which is now considering the knowledge transfer needs of LHIN staff as the revised role and responsibilities of the LHIN's evolve with respect to capital planning

Funding and Allocations

Over the past month funding and allocation staff have been involved in a number of activities including:

- Participated in monthly Finance Lead meeting.
- CCAC/MIS Steering Committee
- Operations Meetings - LHIN
- Detailed analyses of all HSP Q2 reports and preparation to support third quarter report from the LHIN to the Ministry of Health.
- Reviewed Q3 interim report submissions forecast in support of Q3 report to Ministry.
- Conducted risk assessment of HSP report for Q3.
- Attended Guidelines for Health Service Providers Audits and Review teleconference.
- Participated in LAPS weekly teleconference
- Completed the process for securing UPF and AAH funding to offset CCAC pressures.
- Tellis George continued as a LHIN funding consultant representative to participate in the Ministry/LHIN Urgent Priority Working Group. Tellis prepared a survey for all LHINs to respond to that support the work of this group. The UPF summary developed from the survey and this information will go forward to provide an update to both Ministry and LHIN stakeholders.
- Reviewed and analyzed Transportation Proposal for Aging at Home Year 2 funding.
- Completed HSP financial forecast and Risk report for LHIN MLAA Q3 report to Ministry.
- Continued review of Aging at Home Year 3 proposals.
- Met with CCAC New Director of Finance to provide an overview of process and reporting of CCAC activities and LHIN expectations.
- Reviewed Hospital MPRR submission and met with hospitals to discuss submission and solicit further clarifications and additional information in support of plan.
- Reviewed one time funding requests in conjunction with Q3 reporting of financial position and prepared approval letters as appropriate.

Training and Educational Events

Performance and funding staff have participated in:

- Transitional Care Program Framework
- Case Mix Transition Education Session for LHINs
- Champlain Performance Scorecard Overview and Demo re balanced scorecard
- 2 Day Training course on IFRS vs. Canadian GAAP
- LAPS/L-SAA weekly teleconferences are attended to maintain a provincial perspective on this project and to ensure appropriate communications have occurred.
- Weekly teleconferences related to HAPS to keep staff at all 14 LHINs informed about decision and progress related to the HAPS process
- RAI MDS 2.0 Information Session for LHINs

Respectfully submitted,



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