North East **LHIN**
RLISS du Nord-Est

Governance News

December 2008

Reporting on the November, 28 meeting held in Elliot Lake

Welcome to the first edition of NE LHIN ***Governance News***. This communiqué will follow each monthly Board of Directors meeting as a means of keeping interested governance colleagues, health service providers, volunteers and citizens apprised of the work and decisions taken by the NE LHIN Board of Directors.

The nine members of the NE LHIN Board of Directors represent the vast region and diversity of North East Ontario. Board meetings take place across the region. Agendas and supporting documents are posted to www.nelhin.on.ca prior to each meeting.

Enjoy.

Sincerely,
Mathilde Gravelle-Bazinet
Chair, NE LHIN Board of Directors

Presentation: *Draft* NE LHIN Senior's Residential/Housing Options Report

The Board received a presentation from Ed Star of SHS Consulting who provided an overview of the NE LHIN Senior's Residential/Housing Options report. The study carried out by the NE LHIN looks at the current and future need of seniors for long-term care, retirement or assisted living and supportive housing. The analysis shows that there is currently 16.5% of the population 65 years of age and over in the North East LHIN and that this statistic is projected to increase by 78% over the next 25 years.

Read more

Motions Passed

1) Alternate Level of Care (ALC)

WHEREAS the North East LHIN has the highest rate of ALC patients of any LHIN across the province;

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

WHEREAS the NE LHIN has been implementing its **ALC Action Plan** since December 2007 which focuses on relieving ALC pressures through two main strategies: (1) building resource and system capacity and (2) making improvements in care delivery processes;

WHEREAS the level of ALC at Hôpital régional de Sudbury Regional Hospital has been compromising access to care for all citzens of the NE LHIN;

BE IT RESOLVED

A. To adopt the following five priorities for action to continue to reduce overall ALC pressures at Hôpital régional de Sudbury Regional Hospital and all NE LHIN hospital communities.

NE LHIN five priorities for action related to ALC pressures at Hôpital régional de Sudbury Regional Hospital and all hospital communities across the NE LHIN:

Priority 1: Beds and Housing Options

- 24 interim transitional beds at Hôpital régional de Sudbury Regional Hospital (November 20, 2008)
- Work with MOHLTC on additional interim transitional beds across the NE LHIN, in keeping with the re-aligned Aging at Home Strategy; *Emergency Room = ALC.*
- Utilize the *NE LHIN Seniors Residential Housing/Options* report (November, 28, 2008) in planning for future ALC pressures given the NE LHIN's growing senior's population.

Priority 2: ALC Wrap Around Services

- Helping to reduce the ratio of ALC patients in the hospital by increasing patient's access to home and community supports.
- Helping to discharge existing ALC patients more quickly and/or prevent a hospital admission by a potential ALC patient.
- Commitment to develop the program in two phases:
    1. Timmins and District Hospital has agreed to share learnings and successes of their implementation of wrap around with hospitals in Sudbury , Sault Ste. Marie, and North Bay;
    2. Learning and successes will be shared with remaining NE LHIN hospital communities experiencing high levels of ALC pressures.

Priority 3: Care Pathways (Integrated Care)

- Agreement from NE LHIN, NE CCAC and Sudbury hospital administration to work together to determine profiles of ALC clients, clustering profiles into client groups, and building integrated programs around each client group.
- Commitment to develop the program in three phases:
    3. In Greater Sudbury community;
    4. In large NE LHIN urban communities of: Sault Ste. Marie, North Bay and Timmins;
    5. In 21 remaining NE LHIN hospital communities.

Priority 4: Nurse Outreach Team

- Awaiting confirmation from Ministry of Health and Long-Term Care (by December 1) on allocation of Nurse Outreach Team in Sudbury to address patients coming into Emergency Department from Long-Term Care homes.
- Work with Ministry of Health and Long-Term Care on allocation of additional teams across the North East.

Priority 5: Aging at Home

- Knowing that the provincial *Aging at Home Strategy* has shifted its emphasis to align with the province's key priority of improving access to emergency services and reducing emergency room wait times so that seniors are cared for in the most appropriate setting, the NE LHIN will continue

to work closely with the Ministry of Health and Long-Term Care to ensure Aging at Home funding is adjusted to reflect the ALC pressures in North East hospitals.

B. To report to the Board of Directors on a monthly basis, the effectiveness and progress made on each of the five priorities.

2) Integration Funding Options

Whereas, the Board of Directors of the NE LHIN approved the **Integration Strategy** in September, 2008, and in keeping with the Strategy, an incentive program is needed to stimulate integration activities within and between health service providers;

Whereas integration activities within the NE LHIN needs to move forward to help alleviate ALC pressures across the North East;

Whereas criteria for selecting integration proposals that are in line with NE LHIN priorities, including ALC, need to be developed by January, 2009;

Whereas the principle of equity and fairness needs to be respected when exploring integration funding options;

Be it resolved that:

- the deadline for the submission of potential health service provider integration activities to the NE LHIN is extended to January 31, 2009; and
- the NE LHIN Board of Directors will make a decision on how to fund integration incentives at its January, 2009 meeting; and
- the NE LHIN Board of Directors will consider criteria for selecting integration proposals at its January 2009 meeting.

3) Multi-Sector Service Accountability Agreement (MS-SAA)

Be it resolved that:

THAT the Multi-Sector Service Accountability Agreement (MS-SAA) Template Draft v.3.1, a copy of which will be attached to the minutes of this meeting, be approved; and

THAT the Chair and CEO of the NE LHIN be authorized to execute service accountability agreements with health service providers in the Community Care Access Centre, Community Health Centre, Community Support Service and Mental Health and Addiction sectors, using the final version of the Multi-Sector Service Accountability Agreement Template, provided that the final version does not differ substantially from the Draft v. 3.1 attached to the minutes of this meeting.

3) LHIN Legal Services

The LHIN Legal Services Branch 3 Year Business Plan be approved with the following options:

10.3.1 – General Agreement on the Use of Legal Services – Option 2
The LHINs will strive for effective and efficient use of the LSB as set out in 5.3 above. Staff will be encouraged to follow the rules, use templates and learn how to better protect their interests of both their LHINs and all the LHINs. The Deputy Director will participate in the performance evaluations of both the CE”O and the Chair. Unresolved issues of inappropriate uses abuses of the LSB will be brought to the attention of the Management Committee for resolution.

10.3.2 – Budget Surplus – Option 1
Any budget surplus is notified and then returned to the LHINs prior to year end.

10.3.3 – Cost Sharing – Option 2
Where the outcome of litigation affects all LHINs equally, the cost of that litigation should be borne by all the LHINs. Examples of this type of litigation would be the judicial review applicatins against Cwentral East and the human rights complaint in respect of services funding against Toronto Central

10.3.4 – Cost recovery – Option 2
Each LHIN will incur its own costs for any litigation to wich it is subject. Invoices will be approved by the LSB and paid by the LSSO on behalf of the LHIN. The LSSO will recoup payment form the LHIN in Question

-end-