Champlain **LHIN**

Measuring our Accomplishments

Board Report
Quarter 1

April - June 2008

Ontario
Local Health Integration Network

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Preamble

In the period of April to June, 2008, improvements were made in wait times for cancer surgery and cardiac by-pass procedures. However, the median wait time to long-term care home placement was above the performance corridor.

The Aging at Home Strategy gained momentum in the first quarter. The Champlain LHIN held 28 team meetings with all project partners. In addition, 28 draft service agreements were sent out for project team feedback. The strategy is a significant LHIN program aiming to improve the way we care for our elderly population.

Importantly, work continued in building the Community of Care Advisory Forums. These forums represent geographical sub-areas and are a key component of the Champlain LHIN's planning architecture.

Other critical activities in Q1 included acceptance of The Ottawa Hospital Master Plan and Business Case; two workshops with the EORLA (Eastern Ontario Regional Laboratory Association) Medical and Scientific Group; and announcement of new funding for two residential adolescent addiction treatment centres.

1. Performance Scorecard

A. MLAA Scorecard

Champlain LHIN Performance Overview: MLAA Schedule 10 Indicators

Performance perspective		Performance indicator	Unit	Provincial Target	LHIN Starting Point	LHIN Performance Target	Results Q2 07/08	Results Q3 07/08	Results Q4 07/08	Results Q1 08/09	Status	IHSP priority
Health Resources												
Evidence & Knowledge												
Health Services	⊙	90th Percentile Wait Time for Cancer Surgery [1]	days	84	81	81	80	77	82	66	Doing well below corridor & B/L	Access
	■	90th Percentile Wait Time for Coronary Artery Bypass Surgery [1]	days	182	78	68	50	44	70	68	Improving in corridor & below B/L	Access
	■	90th Percentile Wait Time for Cataract Surgery [1]	days	182	229	182	272	260	249	209	Improving in corridor & below B/L	Access
	■	90th Percentile Wait Time for Hip Replacement [1]	days	182	348	300	325	355	316	342	Improving in corridor & below B/L	Access
	⊙	90th Percentile Wait Time for Knee Replacement [1]	days	182	412	198	444	422	449	336	Doing well below corridor & B/L	Access
	■	90th Percentile Wait Time for Diagnostic MRI Scan [1]	days	28	168	155	150	136	152	176	Monitor - in corridor & above B/L	Access
	■	90th Percentile Wait Time for Diagnostic CT Scan [1]	days	28	63	63	69	69	68	65	Improving in corridor & below B/L	Access
	■	Hospitalization Rate for Ambulatory Care Sensitive Conditions (ACSC) [2]	rate per 100,000	290.76	277	277	293.2	n/a	n/a	250.17	Improving in corridor & below B/L	CDPM [4]
	▣	Median Wait Time to Long-Term Care Home Placement - All Placements [3]	days	50	169	143	164	149	121	208	Attention - Above Corridor & below B/L (baseline)	Access
	■	Percentage of Alternate Level of Care (ALC) Days -by LHIN Institution [3]	%	9.46	16.5	13.8	16.1	n/a	n/a	14.27	Improving in corridor & below B/L	Access
	■	Rates of Emergency Department Visits that could be Managed Elsewhere [2]	rate per 100,000	11.79	37.9	31.54	35.45	n/a	n/a	37.9	Improving in corridor & below B/L	Primary Health Services
	■	Readmission Rates for Acute Myocardial Infarction (AMI) [3]	%	3.8	3.8	3.8	3.76	n/a	n/a	3.31	Improving in corridor & below B/L	Quality
Fiscal												
Health System Outcomes												

Note

1 = The latest Performance value is from Q1 2008/09 (Apr, May, & June 2008)

2 = The latest Performance value is from Q4 2007/08 X 4 (Jan, Feb, & Mar 2008 x4)

3 = The latest Performance value is from Q4 2007/08 (Jan, Feb, & Mar 2008)

4 = Chronic Disease Prevention and Management (CDPM)

n/a = not available

Explanation

For MLAA Schedule 10 Indicators (quantitative indicators)

Doing Well ⊙	below corridor & B/L (baseline)
Improving ■	in corridor & below B/L (baseline)
Monitor ■	monitor - in corridor & above B/L (baseline)
Attention ▣	Attention - Above Corridor & B/L (baseline)

Sources (HSIE reports)

Q2 & Q3 2007/08 results: Q1 and Q2 2007-08 MLAA-PIs Data - Trend Analysis.xls

Q4 2007/08 results: Final Individual LHIN Vs All PIs - Feb 15, 2008 Release.xls

Q1 2008/09 results: Final Individual LHIN Vs All PIs - Aug. 15 2008 Release - Final.xls

B. MLAA Performance Analysis

Risk Management Plan for Performance Indicators Where Variance has Been Identified

1. Time to Placement LTC

i. Performance Indicator: **Time to Long-Term Care (LTC) Placement by LHIN**

2. Description of Issue

There continues to be a significant rise in the median time to long-term home placement in the Champlain LHIN.

Actual 2008/09 Q1 data indicates that the median time to placement is 208 days. This represents a 40% increase over the wait time for 2007/08 Q1. The Champlain LHIN's 2008/09 performance target for this indicator is 143 days.

According to the Long Term Care Home (LTCH) Utilization Report (June 2008), Champlain LHIN has 2,482 people that are eligible and waiting for placement to a LTCH (excluding those that are already in a LTCH bed awaiting a transfer). The utilization rate of Champlain LHIN LTCH beds is among the highest in the province at 99.5%.

The LTCH bed demand to population (1,000 75+) ratio is 131.7. This rate of demand for LTCH placement is high relative to other parts of the province which is 115.8 for the 10 LHINs that had available data (June 2008 LTCH Utilization Report). The high demand is most likely due to a lack of alternative, appropriate community capacity.

In the 2008/09 draft Annual Service Plan, the Champlain LHIN identified the need for significant new capacity in seniors supportive housing, enhanced home care options and new & enhanced LTCH capacity. The lack of sufficient capacity along the LTC continuum leads to a high number of avoidable Emergency Room (ER) visits & hospitalizations of frail elderly individuals in the Champlain LHIN and referrals for premature placement to a LTCH.

Through the Aging at Home Strategy and the priority fund, the LHIN is investing significantly in establishing appropriate community capacities to reduce the demand for LTCH beds. The LHIN expects that this investment will lead to delayed referrals for LTCH placement, shorter lengths of stay in LTCHs (higher turnover rate), reduced demand for placement, and ultimately reduced time to placement. It is expected that this system transformation will take time to implement and achieve the desired results so the LHIN may need to consider mitigation strategies over the short term (e.g., transitional & interim care capacity).

The LHIN is working on a study to assess and project system capacity needs along the LTC continuum today and over the coming years. The LHIN Board will review the assessment of needs and implications for investments at its September 2008 Board Meeting.

3. Mitigation strategies

a. The LHIN is working on an assessment of system capacity needs to be presented to the LHIN Board in September 2008.

b. The Aging at Home Strategy is investing in the establishment of new alternative community capacities that should begin to impact on demand for LTCH placement in 2008/09.

c. The LHIN will consider maintaining & expanding transitional care programs that are in place in the Champlain LHIN that assist individuals to convalesce and return to the community.

d. The LHIN is developing an ALC Scorecard & an Aging at Home Evaluation Framework to monitor system performance.

4. Monitoring Parameters

a. Median Time to LTC Placement (trend & comparison to other LHINs).

b. CCAC Eligible wait list for LTCH Placement (total number excluding transfers & proportion with low MAPLe Scores using the RAI-HC data)

c. Demand Rate (per 1,000 75+ population)

d. Once available, examine RAI-MDS data to assess proportion of lower acuity residents in LTCHs (currently refer to Alberta Classification System CMI data).

3. LHIN IHSP Report

Priority	IHSP Next Steps	Current Activity – Q1 08/09
1. Access *A. Wait times.*	Support the regional group of representatives from the hospitals and CCAC's in the development and implementation of local initiatives.	A business case was requested to develop and implement a Champlain LHIN integrated hospital clinical services plan (CLIHCS Plan) that optimizes use of existing capacity, including capital. It is acknowledged that hospital services are part of a broader, complex health system. With approximately 72% of the Champlain LHIN's HSP funding going to hospitals, it is an important component to focus on in the near term. ✓ The Plan will provide a context for decision making with respect to clinical service distribution and changes, future funding decisions and review of capital plans. It will provide a platform for development of LHIN clinical human resource plans. It will identify opportunities (short, medium and long-term) to maximize use of existing resources, to address bottlenecks and to reduce unnecessary duplication. In addition, it will aid in assessing capacity to respond to known and anticipated risks such as outbreaks and pandemic influenza. ✓ Developed a revised high-level direction to advance the Access strategy.
B. Appropriate Level of Care.	PCA & see the Priority: Elderly with Chronic & Complex Conditions.	✓ See the Priority: Elderly with Chronic & Complex Conditions.
C. Coordination of Transportation.	✓ To receive board approval on the business case to proceed to Phase II, expansion of the pilot to other areas in Champlain. ✓ To establish a expanded steering committee with sectoral & geographic representation. ✓ To develop tools to assist in project evaluation and monitoring.	✓ The first quarter of the Champlain Non-Urgent Community Transportation Project focused on evaluating the pilot project and completing a final report for Phase I of the pilot from the Sept. 2007 to March 2008. ✓ The Steering Committee worked with a consultant to build a business case for Phase II from April to Sept. 2008, with a plan to expand the pilot project across the Champlain region by 2009. ✓ To develop a standardized data collection tool for all hospitals to monitor volumes, cost and usage of non-urgent transportation during the next phase of the project.
D. Human Resources.	Establish an Expert Council to develop strategies related to human resource planning.	✓ Continuing with workplan and membership. ✓ Another meeting held to generate Issues list. ✓ Workplan to be finalized next quarter.
E. Services Closer to Home.	Work with the LHIN's planning partners toward the repatriation of primary hospital care from the tertiary care centre.	✓ Organized 2 meetings of the Maternal/Newborn Leadership Team; developed terms of reference and a work plan which needs to be approved. ✓ Accepted The Ottawa Hospital Master Plan and Business Case and received TOH's commitment to provide leadership resources throughout the evolution of the Clinical Distribution Plan which will enable the planning for clinical services to relocate within a regional context and closer to home. ✓ Held 2 workshops with the EORLA Medical and Scientific Group to develop a draft service delivery, teaching and research model for the regional Laboratory Medicine Program.

Priority	IHSP Next Steps	Current Activity – Q1 08/09
2. Primary Health Services.	Establish a Council of Expertise on Primary Health Services and Public Health to develop appropriate linkages fostering access and coordination with primary care.	✓ Primary Health Services Workshop held in collaboration with the Ontario Medical Association, the Ontario College of Family Physicians and Ottawa Public Health focused on palliative care, CDPM and mental health and addictions. ✓ LHIN staff are conducting a study for the Council of local Primary Health Service issues to drill down on the IHSP findings and assist Council with priority setting.
	Identify and focus on specific rural and urban communities that lack adequate services.	✓ Structure for Renfrew services is under development. ✓ Working with ED Physician lead to ensure LHIN ED's are properly staffed with physicians.
	Work closely with Community Health Centres and Family Health Teams in particular, to improve access to a broader range of primary health services.	✓ CHC's and other community services are enhancing and expanding services by accessing various funding streams – e.g. West Ottawa, Lanark.

Priority	IHSP Next Steps	Current Activity – Q1 08/09
3. Chronic Disease Prevention and Management.	Organise a Network to ensure coordination of the work related to the prevention and management of chronic diseases.	✓ Two meetings held of CDPM Collaborative, Terms of Reference completed and agreed upon by membership.
	Identify priority areas for the development of specific plans.	✓ LHIN Strategic Objectives in CDPM identified. ✓ Champlain Vascular Strategy under development including Cardiovascular (CCPN), Diabetes, Stroke and Chronic Kidney Disease Networks; planning meeting to be held July 22. ✓ Self Management project – environmental scan and Self-management Workshop planning underway, Workshop to be held Sept 17; Advisory Committee formed. ✓ Mapping Project results presented at CDPM Collaborative meeting in June. ✓ Diabetes Network expanded Champlain-wide, Terms of Reference completed and key projects identified; participating in development of Champlain Vascular Strategy. ✓ MHA Student Project – Models of Insulin Initiation and Management – student hired, project team formed, literature review completed and survey underway. ✓ Lung Health Self-management Guide developed , translated, printed and dissemination plan developed. ✓ Lung Health Inventory of Services completed and being used for service planning. ✓ CCPN – moving ahead with all six initiatives; working with CCPN in organizing Vascular strategy planning day. ✓ CKD Network – PD plan under development; meeting with LHIN was held to identify dialysis capacity issues in the region; working with MOHLTC on Renfrew Regional Program expansion issues. ✓ Participation on Regional Cancer Steering Committee – Committee is working on wait times reduction, early identification and prevention; regional systemic therapy access improvements; 08/09 Work Plan developed.
	Develop collaborative links with other external Networks and associations dealing with chronic diseases such as the Cardiac Care Network, Cancer Care Ontario-East Region, the Champlain Cardiovascular Prevention Network, the new Champlain Lung Health Network and others.	✓ Participating in Canadian Public Health Association CDPM pilot project evaluation. ✓ Participated in LHIN-wide CDPM meetings. ✓ Attended Primary Health Services Workshop. ✓ Participating in Long Term Ventilation Strategy Focus Groups. ✓ Providing support to three Aging at Home Projects (Falls Prevention, Immigrant Services, and Primary Care Outreach). ✓ Attended Renal Knowledge Transfer Session. ✓ Social Planning Council meeting on population database integration. ✓ Meeting with Parkinson's Society. ✓ Meeting with Canadian Cancer Society. ✓ Meeting planned with Kidney Foundation. ✓ Worked on e-Health Readiness Survey and assisted with planning for ministry visit.

Priority	IHSP Next Steps	Current Activity – Q1 08/09
4. Addictions and Mental Health.	Recognise the Champlain Mental Health Network and the Champlain Addiction Coordinating Body as a component of our planning model.	✓ The Champlain Mental Health Network (CMHN) revised its structure, workplan and working model for a better alignment with LHIN's strategic directions and to ensure the seven health care sectors are present at the planning table. ✓ The Integrated Access to MH Services Task Group developed a workplan and identified barriers to provide streamlined access to inpatient psychiatric services. ✓ An information session on levels of hospital utilization from SEEI was held in February 2008. ✓ The Champlain Addiction Coordinating Body is restructuring. A Task group was struck to revise the CACB structure and working model.
	Ensure that mental health and addiction issues be jointly included in planning related to common issues of access.	✓ A Charter document is being finalized by the CD Task Group for HSP board members, EDs and clinical directors to obtain buy-in for CD capability improvement system-wide. ✓ A system-wide implementation strategy for CD screening is being developed. ✓ Cross-LHIN work continues on the Concurrent Disorder Capacity Document.
	Youth Treatment Centre.	✓ Develop a detailed plan for the addictions services in Ottawa for youths aged 13 to 17. The treatment services will include 20 beds for 15 English and five French-speaking Youth. Discussions are underway to house the western site in the Meadowcreek facility owned by the Royal Ottawa Health Group. Several possibilities are being explored for the eastern site. The Youth Cluster of the Champlain Addictions Coordinating Body (CACB) is very involved in the planning.

Priority	IHSP Next Steps	Current Activity – Q1 08/09
5. Elderly with Complex and Chronic Conditions.	Recognise the Champlain Regional Geriatric Advisory Committee (RGAC) and their leadership role in improving access to appropriate levels of care for the frail elderly.	Aging at Home (AAH) ✓ Strategic Direction on Elderly with Chronic and Complex Logic Model linked to AAH. ✓ Conditions 28 Individual Team Meetings – 28 team meetings completed with all project team partners of each group and the LHIN. (see Meeting Agenda). ✓ Logic Models – 28 Logic models have been prepared for each project to illustrate how we will help seniors age safely and independently at home, and to help prepare the service agreements. ✓ Service Agreement – 28 Draft service agreements for each project team are currently being sent out for project team feedback (signature of all the partners). The final service agreement will follow shortly to allow flow of funds to lead agencies from July to September. ✓ Process Hold Up – Although the LHIN Board approved the projects in February and March 2008, all projects across Ontario have had to be discussed with the Ministry of Health and Long-Term Care to determine appropriate procedures to flow funds. ✓ Work with LLB - Review & Modification of all retained projects as CCS agencies & under CSS codes. ✓ Funding - Service agreements will be for one year; nonetheless, the funding identified in the agreement will be annualized for 2009-10 and beyond, providing the project is moving ahead as per the agreement. Indicator results and qualitative assessment are important. All submissions of projected needs / growth for year 2 & 3 will be reviewed in early in fall 2008. The Board's decision regarding long-term care home beds will help determine available funds for year 2 and 3 above the 2008-09 annualized funds. There should not be a need for resubmission, although it may be necessary to clarify service plan projections (because overall requests for growth exceed the funding announced in the strategy for years 2 & 3 in Champlain. In addition, the LHIN is identifying a process to address the Aging at Home gaps across Champlain and throughout the continuum of care. ✓ Minister of Health and Long-Term Care's Aging at Home announcement on June 21, 2008. ✓ Approved List and Description of projects going forward across Champlain – Following the Minister of Health and Long-Term Care's Aging at Home announcement on June 21, 2008, the Champlain LHIN developed & posted on their web site a list of approved projects with a brief description and their initial and funding. ✓ Vans – The Ontario government is buying 100 new Dodge Caravans to provide Ontario seniors with health-related transportation services. C-LHIN identified Health Service Providers across the entire LHIN, linked this announcement to current transportation pilot and facilitated opportunities to retrofit the vans (Details and announcement June 21, 2008). ✓ Media Launch – The LHIN will engage the Champlain Community of Care Advisory Forums as a communication channel to highlight Aging at Home projects in each area. This is being considered for summer/fall.

Priority	IHSP Next Steps	Current Activity – Q1 08/09
		✓ Gaps Analysis Identification of gaps and opportunities for collaboration. ✓ Evaluation Framework – Development of Evaluation working group – Draft Framework. ✓ LTCH beds study – preparation of backgrounder (long term and short term). Presentation and secured advise from RGAC, Task Force and ALC Working Groups on use of AAH $ to build new LTC Beds. ✓ Focus on innovation - Innovation document & events April 3rd & Innovation Expo – April 23, 2008. ✓ Increased awareness and informed SMT & staff on all AAH projects ✓ Annualized funding of all AAH projects. ✓ Advisory Task Force. ◦ Consumer Input Framework – link with CCAF. ◦ Consumer Input Improvements: Better engagement of consumers. Need to go to the consumers. Mechanism to keep in touch with target population and to determine, as we move ahead, how can we get feel if making an impact. ◦ Task Force Mandate Review and Membership: Collecting Feedback and review future role of group. ◦ Link to evaluation framework.
	Invite the RGAC to provide the forum for continuing the work related to "Alternate Level of Care" in Champlain.	✓ Monthly ALC WG meetings across Champlain LHIN. ✓ Regional ALC meetings link monthly to the Ottawa ALC WG. ✓ RGAC developing ALC framework / Score card. ✓ RGAC completing the ALC patient journey study. ✓ RGAC – ALC data mining. ✓ RGAC to participate in the evaluation team of AAH projects.
	Advance identified strategies related to reducing the number of people awaiting "ALC".	✓ Review, Analysis and Evaluation of all current ALC Pilot projects with one-time funding (2007-2008) across all the Champlain LHIN. ✓ Linking projects with AAH. ✓ Facilitation develop of Long term solution to ALC pressures via Champlain wide / CCAF ALC Working groups. ✓ Evalaution of current ALC initiatives. ✓ Integrate all Home at Last, Safely Home and Return Home projects into Regional program link to AAH project Regional geriatric and community Intervention program.
	Recognise the Champlain Dementia Network as an important link to the RGAC.	✓ Development of CDN website. ✓ Link CDN to AAH and ALC initiatives.
6. E- Health Strategy.	Move ahead with the recommendations of the Dinmar report, "Information Management / Information Technology / e-health Strategic Plan.	✓ Redeveloped strategic plan for LHIN and are an active participant in provincial E-health initiatives, Champlain LHIN has been selected as one of two pilot sites for the provincial portal strategy and for development and implementation of Chronic Disease management for the diabetes registry.

Priority	IHSP Next Steps	Current Activity – Q1 08/09
7. Establishing community engagement Communities of Practice and Communities of Care Advisory Forums.	Strengthen the role and mandate of CCAFs throughout Champlain.	✓ Coordinate a CCAF Chairs meeting to identify and discuss issues related to CCAF's role and mandate. ✓ Shared the area Community Profiles documents developed by the LHIN with each CCAF for information and use in developing goals for moving forward. ✓ Finalize membership on CCAF's. ✓ Develop work plans with CCAF's related to the IHSP's Strategic Directions. ✓ Planners produce a joint communiqué to share information with all CCAFs. ✓ CCAF's provided feedback on retained HSIPs and subsequent Business Plans prior to submitting to the LHIN. ✓ Provided input into Aging at Home business cases. ✓ Community profiles developed, completed and posted on website. ✓ Ottawa East CCAF – supporting work activity related to Urgent Care Centre and development of Orleans Family Health Centre. ✓ Central Ottawa CCAF – Held 3 meetings to elaborate the Forum's priority work plan for Community Transport and for Primary Health and an update on the Aging at Home. ✓ Community Engagement events held. ✓ CCAF chairs met with the LHIN on June 4th and will continue to meet quarterly. ✓ Each Community of Care is working on developing work plans with priorities linked to the IHSP for moving forward in 2008/09 and onward. ✓ Organized and held the initial meeting of all 6 CCAF Chairs with Senior Managers and Planners to discuss the following topics: 1. Finding integration opportunities. 2. Community engagement to provide input into the LHIN decision-making. 3. Act as a catalyst for local solutions. 4. Advisors on the HSIP process. This is still a work in progress. 5. Linking to Communities of Practice – interface continuing to evolve. 6. Agreed to plan our annual Forum members meeting in October. ✓ Ottawa West CCAF three meetings held – high level work plan established; first year evaluation of the CCAF conducted; Aging at Home presentation. ✓ Ottawa West CCAF sub-group established to explore an integrated model of health service for Ottawa West – one meeting held. ✓ Ottawa West CCAF sub-group established to plan a community engagement event with all health service providers in Ottawa West for the fall 2008. ✓ Working with two CSS organizations on merger agreement. ✓ HSP orientation visit with CSS organization. Examples of some Champlain-wide community engagement events with diverse and special interests groups include: ⇨ Le Reseau participates as a member of the Aging at Home Task Force and Review Committee. ⇨ OMA/LHIN Physician Education Day was held in May 2008

Priority	IHSP Next Steps	Current Activity – Q1 08/09
		⇨ The Community Engagement leads from each LHIN in the province meet monthly by teleconference to share information, tools and resource materials. They are currently developing a business case for training on Public Participation to share with LHIN Senior Management. ✓ CCAFs meet monthly. ✓ Community of Practice Networks also meet on a regular basis, (monthly or quarterly).
	LHIN will formally recognise the Health Alliance for the Eastern Counties and the Community Advisory Council of Renfrew County.	✓ Planning and implementation Renfrew County partners planning Day which addressed: ◦ RC CCAF's 1st year. ◦ RC Profile of population. ◦ LHIN priorities and link / priorities with RC. ◦ Transportation. ◦ ALC. ✓ Aging at Home.
	The LHIN will work with the Champlain Central areas and North Lanark and North Grenville to determine the most appropriate groupings.	
	Recognise the Health Networks as communities of practice and components of the LHIN's engagement model. The LHIN will collaboratively develop terms of reference and measurable objectives including those associated with local community engagement.	✓ Community of Practice Network analysis underway. ✓ Community of Practice Networks being linked to CCAFs through planning processes e.g. HSIP process; annual CCAF meeting. ✓ see the Priority: Elderly with Chronic & Complex Conditions: Revision TOR of Advisory Task Force. Linkage with CCAF and consumers in each CoC. Terms of reference for the Child & Youth Network and the Champlain Advisory Council on Paediatric Health Care Delivery have been agreed to. The initial meeting of the Champlain Advisory Council on Paediatric Health Care Delivery was held to scope our Statement of Work. Child & Youth Network has held 2 meetings to develop their 08/09 work plan.

Priority	IHSP Next Steps	Current Activity – Q1 08/09
1. Non-Urgent Community Transportation Project	Developing a business case for phase II project	⇨ Worked with the Steering Committee who hired a Consultant to write a business case to the LHIN for moving forward into Phase II. Expansion of the pilot across Champlain is intended in 2008/09 and non-urgent transportation will focus on alleviating hospital ALC pressures and transporting seniors to medical appointments. ⇨ Presented the pilot project at several meetings across Champlain for updates on the project. ⇨ Reviewed the results of the survey to LTC Homes related to their non-urgent transportation needs. ⇨ Responded to inquiries about the project from individuals and HSP across Champlain and throughout the province. ⇨ Received the final report on Phase I - pilot project in May, 2008.
Rehabilitation - RNOC		⇨ Attended RNOC sub-committee meetings, including Spinal Cord Injury Leader's Forum, Attendant Care Outreach Providers, and ABI. These sub committees are developing work plans streamlined with RNOC's priorities and reflective of the LHIN's IHSP Strategic Directions. ⇨ The Regional Clinical Rehabilitation Review Steering Committee met to prioritize and decide on next steps related to the recommendations stated in the Review. Work is planned to commence in September 2008. ⇨ RNOC is recruiting members for the September meeting to reflect the Community of Practice forum signed statement of relationship. ⇨ RNOC is planning to inventory of current ambulatory and outreach services by Community of Care. ⇨ RNOC plans to form work groups to address the categorized recommendations of the Rehab Review, aligned with the IHSP strategic directions.
Councils of Expertise	Establish councils of expertise for E-Health, Human Resources, and Primary Health Services / Public Health	✓ See above

Champlain LHIN MLAA Funding Allocation & Expenditures First Quarter 2008/2009

FY 08/09 Funding Allocation by Sector at June 30, 2008

Sector	Opening Base	Stabilization / Funding Formula Base	PCOP Base	Other Base Funding	AAH Base	Urgent Priorities Fund Base	Urgent Priorities Fund One Time	AAH One Time	Vans One Time / Other One time	Wait Time Strategies / One Time	FY 08/09 Total Allocation	FY 08/09 Q1 Expenditure
Addictions	14,333,350	322,500				163,505					14,819,355	3,643,426
ALSSH	5,838,400	131,364				87,500					6,057,264	1,459,335
Community Care Access Centre	158,410,940	6,336,438			350,000						165,097,378	39,690,256
Community Health Centre	39,332,876										39,332,876	9,892,803
Community Mental Health	56,951,798	1,213,270			728,000	312,300					59,205,368	14,490,393
Community Support Services & ABI	23,281,138	523,825		200,000	1,240,000		243,254	160,000	196,575		25,844,792	6,335,261
Long Term Care Homes	241,463,242	3,512,882					388,000				245,364,124	61,432,653
Psych Hospitals	99,901,425	4,359,693			300,000			20,000			104,581,118	25,048,292
Hospitals	1,328,984,500	37,132,125	26,253,000	1,742,600		200,000	758,580	100,000	343,700	19,421,100	1,414,935,605	342,030,302
Total	**1,968,497,669**	**53,532,097**	**26,253,000**	**1,942,600**	**2,618,000**	**763,305**	**1,389,834**	**280,000**	**540,275**	**19,421,100**	**2,075,237,880**	**504,022,721**

Notes:

The source of the Funding Allocation is the June 30, 2008 MLAA as posted on the HSIE site.
The MLAA funding allocation is based on funding letters sent at June 30, 2008.
The Expenditures for Q1 are from the reconciled IFIS/APTS reports to June 30, 2008. There were no unreconciled amounts.

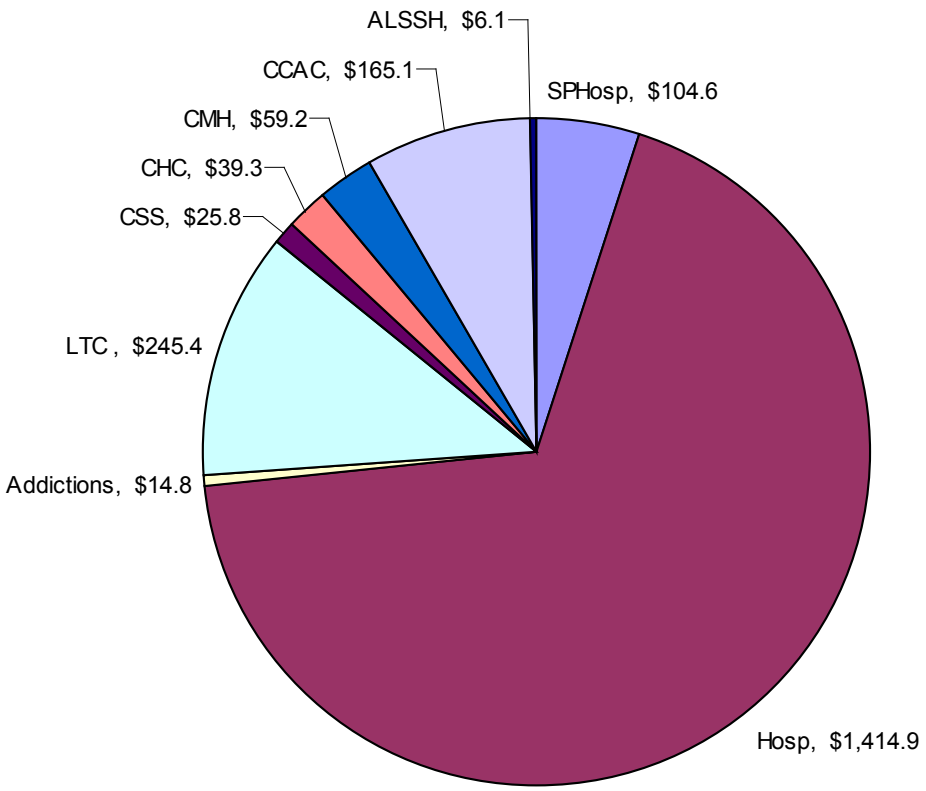
FY 08/09 Initiative Allocation, Commitments FY 08/09

Sector	Aging At Home Allocation	Urgent Priorities Fund Allocation	Total
Addictions	-	163,505	**163,505**
ALSSH	-	87,500	**87,500**
Community Care Access Centre	350,000	-	**350,000**
Community Health Centre	783,000	-	**783,000**
Community Mental Health	1,008,000	312,300	**1,320,300**
Community Support Services & ABI	2,564,000	243,254	**2,807,254**
Long Term Care Homes	-	388,000	**388,000**
Psych Hospitals	320,000	-	**320,000**
Hospitals	1,441,000	910,000	**2,351,000**
FLO Collaborative	-	74,180	**74,180**
Round 2 Process	462,868	2,634,835	**3,097,703**
Total	**6,928,868**	**4,813,574**	**11,742,442**

FY 08/09 Announced Funding not included in the June 30, 2008 Allocations

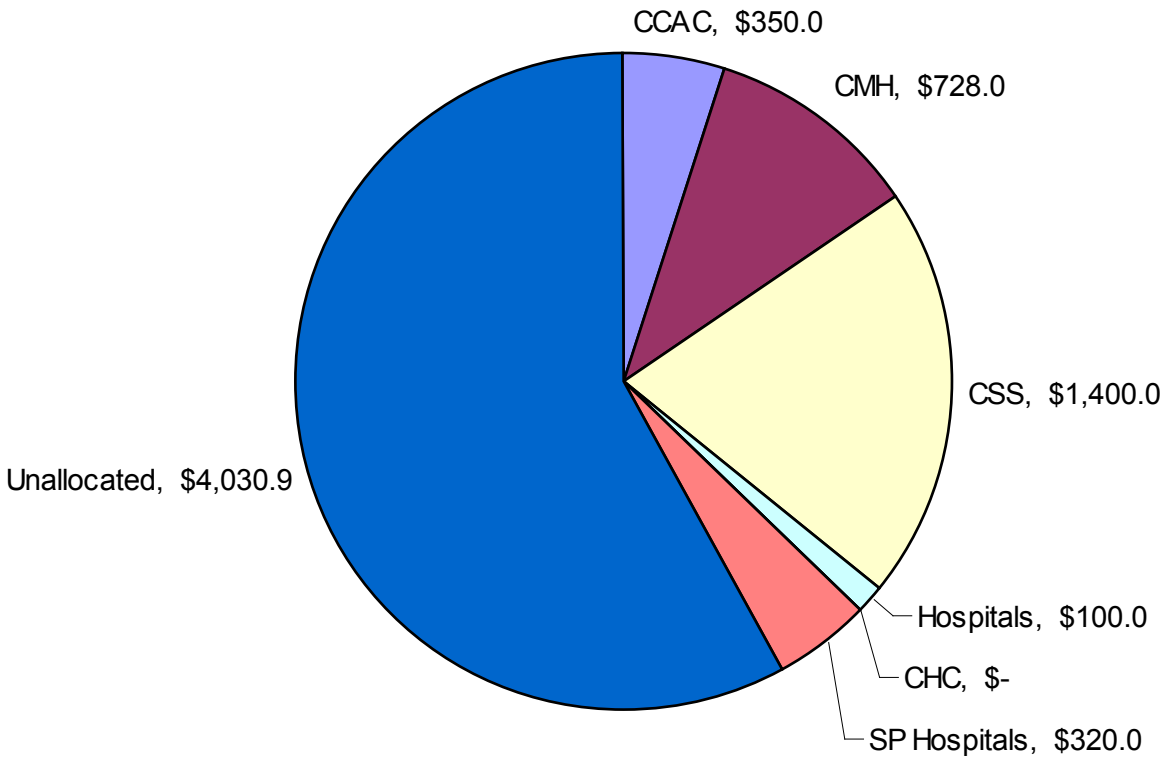
Description	Total
LTC RPN Funding Base	$5,288,000
CCAC Hip & Knee One Time	$2,455,000
CCAC Increase Service Maximums Base	$2,680,000
Hospitals ER Performance One Time	$4,123,829

FY 08/09 HSP Funding Allocation by Sector MLAA at 30/06/08 ($ in millions)



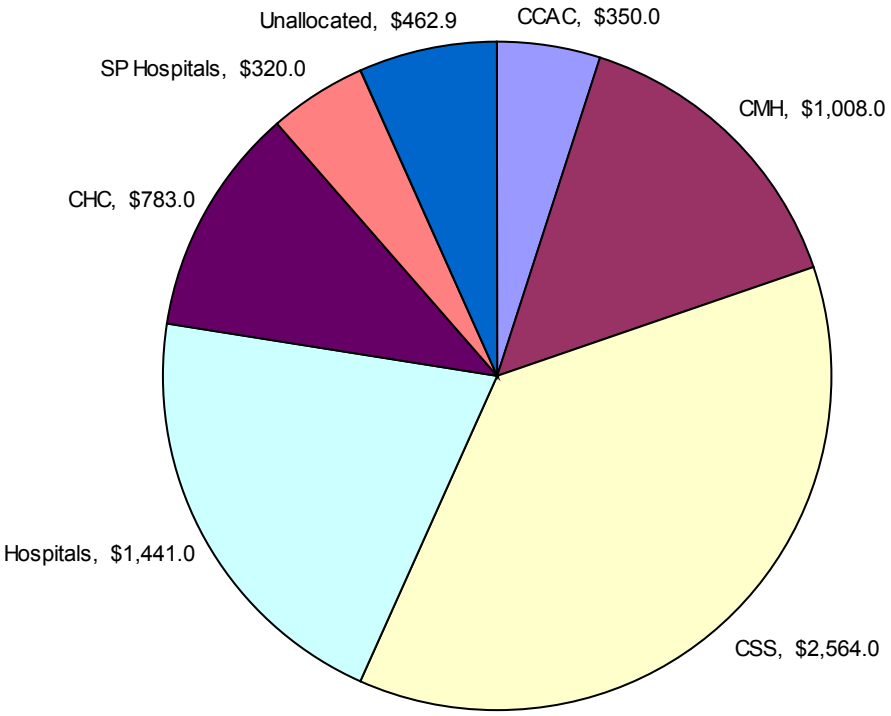
MLAA HSP Funding with adjustments as of June 30, 2008.Total Allocation $2,075.2

FY 08/09 Q1 Aging at Home Allocation at 30/06/08 ($,000)

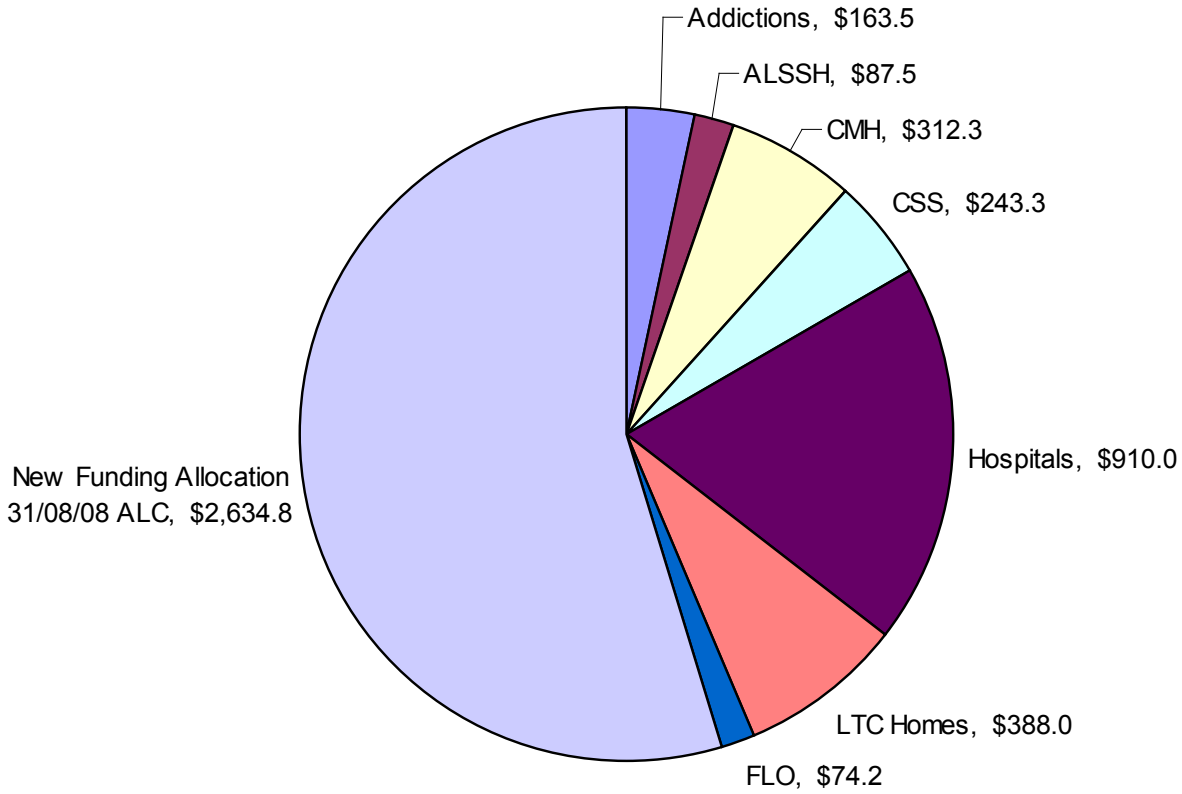


Unallocated: Process has not been complete at June 30, 2008. Awaiting final approvals signback etc. Anticipate that unallocated by end of Q2 will be less than $500,000

FY 08/09 Aging at Home Allocation Projected by Sector to 30/09/08 ($,000)

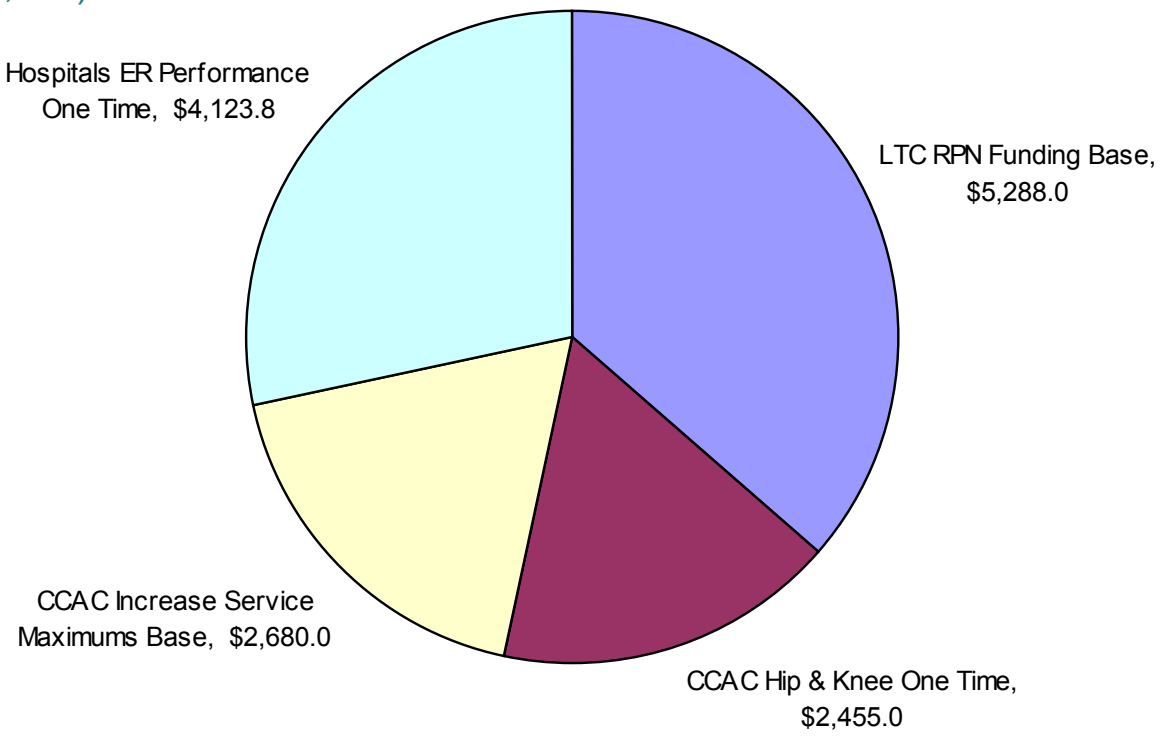


FY 08/09 Q1 Urgent Priority Fund Allocation 30/06/08 ($,000)



Note: Second Round is the amount pending final MOH approval. The Unallocated portion is $765.0

FY 08/09 Announced Funding not included in the June 30, 2008 Allocation ($,000)



CHAMPLAIN LHIN

2008/09 FINANCIAL REPORT, Quarter 1

	April 1 - June 30, 2008			FY 2008 / 09	
LHIN OPERATIONS	**Actual**	**Budget**	**Variance Under (Over)**	**Revised Budget**	**Original Budget**
Salaries & Benefits	755,271	727,355	- 27,916	3,280,303	3,280,303
Direct Operating Costs	145,727	175,428	29,701	828,734*	673,734
Governance Costs	30,062	38,062	8,000	152,250	152,250
Other Fixed Costs	149,863	159,300	9,437	588,000	588,000
	1,080,923	1,100,145	19,222	4,849,287*	4,694,287
e-Health Absorption	0	0	0	163,840	318,840
TOTAL	**1,080,923**	**1,100,145**	**19,222**	**5,013,127**	**5,013,127**

** the budget for Direct Operating Costs increased by $155K due to reduction in e-Health absorption (e-Health received $155K more in funding)*

E-HEALTH					
Salaries & Benefits	70,788	72,110	1,322	288,441	288,441
Direct Operating Costs	23,220	26,775	3,555	150,399	150,399
	94,008	**98,885**	**4,877**	**438,840**	**438,840**
e-Health funding				**- 275,000**	**- 120,000**
LHIN absorption				**163,840**	**318,840**