Champlain **LHIN**

Measuring our Accomplishments

Board Report
Quarter 2

July - September 2008

Ontario
Local Health Integration Network

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Preamble

During the period of July to September, 2008, the volume and scope of activities increased, and the focus remained on the six strategic directions of the Champlain LHIN.

Highlights of this report include:

- A comprehensive effort to enhance primary care services in Eganville using existing partnerships and new opportunities – a number of partners are involved including primary care centres such as Golden Lake Family Health Team, Ontario Telemedicine Network, Renfrew Victoria Hospital and the Champlain Community Care Access Centre. (Strategic direction: Primary health services for healthy communities).

- Addressing the growing need for hemodialysis and peritoneal dialysis in the Champlain region – the LHIN is working closely with the Chronic Kidney Disease Network, a business plan was submitted to the Ministry, and several meetings were held with Ministry representatives. (Strategic direction: Chronic disease prevention and management).

- Progress on information management and technology – the LHIN received Canada Infoway Board approval for significant one-time funds for the Diagnostic Imaging/Picture Archiving and Communication System (PACS) project; LHINs 13 and 14 have agreed to partner with Champlain LHIN on PACS. (Strategic direction: e-Health).

You will note that the performance scorecard for Q2 is the same as that for the previous quarterly report (Q1). That's because the Q1 report was released late and we were able to incorporate the most up-to-date data for that period. The quarterly data during the Q2 period has not yet been made available; it will be added to the Q3 report

1. Performance Scorecard

A. Ministry LHIN Accountability Agreement (MLAA) Scorecard

Champlain LHIN Performance Overview: MLAA Schedule 10 Indicators

Performance perspective		Performance indicator	Unit	Provincial Target	CLHIN Ranking out of 14	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	13	81	80	77	82	66	Doing well below corridor & B/L	Access
	⌑	90th Percentile Wait Time for Coronary Artery Bypass Surgery [1]	days	182	9 (out of 9 LHINs)	68	50	44	70	68	Improving in corridor & below B/L	Access
	⌑	90th Percentile Wait Time for Cataract Surgery [1]	days	182	14	182	272	260	249	209	Improving in corridor & below B/L	Access
	⌑	90th Percentile Wait Time for Hip Replacement [1]	days	182	13	300	325	355	316	342	Improving in corridor & below B/L	Access
	⊙	90th Percentile Wait Time for Knee Replacement [1]	days	182	13	198	444	422	449	336	Doing well below corridor & B/L	Access
	■	90th Percentile Wait Time for Diagnostic MRI Scan [1]	days	28	13	155	150	136	152	176	Monitor - in corridor & above B/L	Access
	■	90th Percentile Wait Time for Diagnostic CT Scan [1]	days	28	14	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	4	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	13	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	7	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	8	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	5	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 Local Health Integration Network (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 Utilization Report (June 2008), Champlain LHIN has 2,482 people that are eligible and waiting for placement to a Long Term Care Home (excluding those that are already in a Long Term Care Home bed awaiting a transfer). The utilization rate of Champlain LHIN Long Term Care Home beds is among the highest in the province at 99.5%.

The Long Term Care Home bed demand to population (1,000 75+) ratio is 131.7. This rate of demand for Long Term Care Home placement is high relative to other parts of the province which is 115.8 for the 10 LHINs that had available data (June 2008 Long Term Care Home 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 Long Term Care Home capacity. The lack of sufficient capacity along the Long Term Care 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 Long Term Care Home .

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 Long Term Care Home beds. The LHIN expects that this investment will lead to delayed referrals for Long Term Care Home placement, shorter lengths of stay in Long Term Care Home's (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 Long Term Care 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.

C. 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 Long Term Care Home placement in 2008/09.

c. The LHIN will consider maintaining and 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 Appropriate Level of Care Scorecard and an Aging at Home Evaluation Framework to monitor system performance.

D. Monitoring Parameters

a. Median Time to Long Term Care Placement (trend & comparison to other LHINs).

b. Community Care Access Centre Eligible wait list for Long Term Care Home Placement (total number excluding transfers and proportion with low Method for Assigning Priority Levels (MAPLe Scores using the RAI-HomeCare[1] data)

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

d. Once available, examine RAI-Minimum Data Set[2] data to assess proportion of lower acuity residents in Long Term Care Homes (currently refer to Alberta Classification System Case Mix Index data).

1. RAI-HomeCare (RAI-HC) is a method for assessing the health and circumstances of elderly people receiving home care. The method was developed in the United States 16 years ago and has since been translated and localized throughout the world in a multi-national collaborative framework named interRAI. The system has been incorporated to the Canadian Institute of Health Information's database.

2. RAI-Minimum Data Set (RAI-MDS) is a method for assessing the health and circumstances of elderly people receiving Long-term care.

2. LHIN Integrated Health Service Plan (IHSP) Report

Priority	IHSP Next Steps	Current Activity – Q2 (July/Aug/Sep) 2008/2009
1. Access *A. Wait times*	Support the regional group of representatives from the hospitals and Community Care Access Centre's in the development and implementation of local initiatives	
B. Appropriate Level of Care.	Planning Contract and Accountability & 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 second quarter of the Champlain Non-Urgent Community Transportation Project focused on collecting data from 4 community hospitals within Eastern Counties (Community of Care). The data collection identified the number of non-urgent transfers in a 3 month period, the number of clients, the type of transfer and the cost to hospitals. ✓ The business case is still under review by administration and the board, however, an expanded model to include coordination in Renfrew County initially, (prior to all of Champlain) is being negotiated with Emergency Medical Services, Ministry of Health, Community Support Services and the LHIN as the main partners. ✓ The LHIN lead met with several transportation Steering Committees within the various Communities of Care to provide updates and receive feedback.
D. Human Resources.	Establish an Expert Council to develop strategies related to human resource planning.	✓ Organized education sessions on Human Resources connections with Ontario Telemedicine Network and the Ontario Hospital Association and continue to work on future education plan ✓ Completed initial summary of Champlain LHIN Human Resources Data ✓ Planning for October workshop for issue clarification and planning
E. Services Closer to Home.	Work with the LHIN's planning partners toward the repatriation of primary hospital care from the tertiary care centre.	✓ Developed a draft blueprint and sent out an invitation for a October 1st Phase 2 launch. ✓ Established link with the Provincial Maternal/Newborn Advisory Committee; serving as member on the Access Sub-Committee ✓ Developed a draft report and recommendations agreed to at the 2 workshops

Priority	IHSP Next Steps	Current Activity – Q2 (July/Aug/Sep) 2008/2009
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;	✓ Completed follow up information and summary of workshop for input into Council ✓ Working with Ontario Medical Association for continuing engagement with community physicians ✓ Planning for upcoming Council meeting late fall ✓ Working with Health Force Ontario to establish the Community Partner position to focus on physician recruitment
	Identify and focus on specific rural and urban communities that lack adequate services;	**Addressing Renfrew County 3 inter-related, but separate issues** 1. **Integration**: *Creation of 1 new independent primary care organization (Renfrew County Health Network) – CHC - for the three CHC Satellite sites: Whitewater Bromley Satellite CHC, Rainbow Valley Point of Access CHC, and the Algonquins of Pikwakanagan and to include the Eganville solution (Bonnechere Health Center)* Currently we are gathering information from the Ministry to determine how to do this merger, transfer from North Lanark CHC, and to create a new Health Service Provider under the Champlain LHIN. This will require some time. Action required: Champlain LHIN
		2. Enhance Primary Care Services in Eganville: *Need to fill gap left by departure of a family physician. We are exploring several options:* 1. Partnership between Golden Lake Family Health Team and include Eganville (would resolve Algonquins Pikwakanagan rostering issues (enroll more patients) and Eganville's Physician issue) ◦ Enquiring if the Family Health Team model would be flexible enough to allow for salary model or if there would be enough billing to attract physicians or the current interested physician 2. Installation of Ontario Telemedicine Network (two-way telemedicine videoconferencing systems) in current physician office (Office being funded by Municipal Township of Bonnechere Valley): ◦ Discussions with Director, Eastern Region Ontario Telemedicine Network • Ontario Telemedicine Network very interested in partnering with LHIN, regarding this LHIN identified priority. Ontario Telemedicine Network interested in being part of solution and in Integration • Currently Ontario Telemedicine Network have Family Health Team special projects – where stations are being installed as a priority and which would not have to go through the Ontario Telemedicine Network application process • Ontario Telemedicine Network able to provide list of physicians working/billing via Telemedicine • There are premiums for physicians using Ontario Telemedicine Network when billing Ontario Health Insurance Plan 3. Access to Family Physician at the Renfrew Victoria Hospital ◦ Discussion with CEO Renfrew Victoria Hospital • Renfrew Victoria Hospital interested in assisting a local Eganville solution - Discussion regarding physicians interested in providing services in Eganville underway. Possible sense Physician may prefer providing direct care in Eganville rather than use Ontario Telemedicine Network 4. Community Care Access Centre Nurse Clinics ◦ Upcoming discussions with Community Care Access Centre regarding feasibility of implementing a nurse clinic in Eganville (They are currently in the process of implementing Community Care Access Centre nurse clinics in Renfrew County Emergency Rooms)

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		• If this is not feasible it is our recommendation that an Health Service Improvement Pre-Proposal be submitted to LHIN by Aug. 31st for the Eganville office, ie. Nurse. Reminder this submission should have a focus Hospital ER avoidance. 5. Nurse Practitioner Led Clinic as announced by Ministry of Health and Long Term Care ◦ These are a Ministry of Health and Long Term Care implementation program and are not under the LHINs. • However the group could submit to become a Nurse Practitioner Led Clinic (similar process as Family Health Team) We do acknowledge that these Eganville solutions are a strong foundation of Integration bringing together: ◦ Ontario Telemedicine Network (providing the technology) ◦ The Township (providing the space) ◦ Family Health Team (providing the funding model) ◦ Renfrew Victory Hospital (providing access to physician) ◦ The Community Care Access Centre or The LHIN (providing nursing resource) ◦ The Community Health Centre (provide structure 1 integrated primary care Health Service Provider) <u>Action required:</u> ◦ Organize Family Health Team meeting with Algonquins Pikwakanagan, Eganville/ Bonnechere Health Center, The LHIN, The Ministry of Health and Long Term Care's Family Health Team Coordinator, Ontario Telemedicine Network, Health Force Ontario, Community Care Access Centre and Renfrew Victoria Hospital <u>Health Service Improvement Pre-Proposal Submitted to LHIN</u> **3. Expansion of current services** *(Whitewater Bromley Satellite CHC, Rainbow Valley Point of Access CHC, Algonquins Pikwakanagan) as per H-SIP submitted June 2007 & 2008* ◦ Will further address when Issue 1 and 2 are more advanced Most pressing issue to address is the request for primary care services in Eganville and this is where we are focusing our energies. However, we are continuing to gather information to figure out how we can support your request to form a new health care organization. <u>Next meeting</u>: To Be Determined when additional information had been obtained and specific options can be tabled for discussion
	Work closely with Community Health Centres and Family Health Teams in particular, to improve access to a broader range of primary health services	

Priority	IHSP Next Steps	Current Activity – Q2 (July/Aug/Sep) 2008/2009
3. Chronic Disease Prevention and Management	Organise a Network to ensure coordination of the work related to the prevention and management of chronic diseases	✓ Planning for October 15 meeting of Chronic Disease Prevention Management Collaborative underway.
	Identify priority areas for the development of specific plans	✓ Champlain Vascular Strategy – key result areas and preliminary initiatives identified at July 22 planning meeting (Heart, Stroke, Diabetes and Chronic Kidney Disease Networks in attendance) ✓ Self- management Project - Environmental Scan near completion, Self-Management Workshop held on September 17 – high turnout (145 people) & positive feedback ✓ Diabetes Registry – working with the Ministry of Health and Long term Care and local project advisory group to assess preparedness as an Early Adopter LHIN and to develop a tactical plan and project charter. ✓ Diabetes Masters of Health Administration Project completed – presented to Diabetes Network, LHIN staff and University of Ottawa Masters of Health Administration Program –results to be incorporated into diabetes work in our region ✓ Chronic Kidney Disease Network – dialysis planning documents written – overall Chronic Kidney Disease program plan and Annual Service Plan Business Plan submitted to the Ministry of Health and Long term Care ; Peritoneal Dialysis in the Community plan completed and submitted to the LHIN (Health System Services Improvement Pre-Proposal); working with the Ministry of Health and Long term Care on dialysis issues in our region (several meetings held). ✓ Lung Health Network meeting held; Lung Health Guide being distributed & posted on Champlain LHIN website (both official languages); coordinated service planning in progress ✓ Champlain Cancer Prevention & Screening Strategy being reviewed; meeting to be held in early October ✓ Healthy foods in health facilities identified as a LHIN Board priority – strategy to be 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	✓ Providing support to three Aging at Home Projects (Falls Prevention, Immigrant Services, and Primary Care Outreach) ✓ Meeting with Kidney Foundation ✓ Meeting with Baxter & The Ottawa Hospital on Renal Management Program being implemented ✓ Meeting with Clarence-Rockland Family Health Team Re: Chronic Disease Prevention Management and e-health ✓ Champlain Cardiovascular Prevention Network Coordinating Committee meeting – update on key initiatives & new strategic plan to be developed

Priority	IHSP Next Steps	Current Activity – Q2 (July/Aug/Sep) 2008/2009
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 submitted a business care for Integrated Mental Health Inpatient services for the Champlain LHIN's review. ✓ The Champlain Mental Health Network submitted 11 Health Service Improvement Pre-Proposals for the Urgent Priority Funding. ✓ The restructuring of the Champlain Addiction Coordinating Body is ongoing.
	Ensure that mental health and addiction issues be jointly included in planning related to common issues of access	✓ The Concurrent Disorder System Charter document was sent to all addictions and mental health agencies along with a Champlain LHIN support letter. ✓ The CD screening tool was selected and is being piloted in three health service provider agencies. ✓ Cross-LHIN work continues on the Current Disorder Capacity Document.
	Youth Treatment Centre	✓ The Champlain LHIN worked closely with the 'youth cluster' of the Champlain Addiction Coordinating Body to plan and implement two new adolescent addiction treatment centres - a 15-bed anglophone centre and a 5-bed francophone centre. The LHIN organized a meeting with the youth cluster, and sent two memos sharing information on the project's progress. The youth cluster agreed that the Dave Smith Youth Treatment Centre and Maison Fraternité would operate the anglophone and francophone centres respectively. The youth cluster was tasked with deciding how current Dave Smith Youth Treatment Centre's 'out-patient' funds would be re-distributed among other Champlain youth addictions agencies. A project manager position for the youth residential project was advertised by the LHIN. A planning flow chart and document outlining partners' roles and responsibilities were developed collaboratively by the youth cluster and the LHIN. The LHIN was in dialogue with the Ministry regarding funding logistics, and with the United Way in terms of the capital fundraising and land purchase.
	Supportive Housing across the Champlain LHIN for persons recovering from drug addictions or with concurrent disorders.	✓ The strategy for Supportive Housing for people with Problematic Substance Use is being implemented. The total supportive housing units in Champlain LHIN over the next four years will be 168.

Priority	IHSP Next Steps	Current Activity – Q2 (July/Aug/Sep) 2008/2009
5. Elderly with Complex and Chronic Conditions	Recognise the Champlain Regional Geriatric Advisory Committee and their leadership role in improving access to appropriate levels of care for the frail elderly	Aging at Home **Individual Team Meetings – LHIN has meet with all project teams.** **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. **Service Agreements (SA)** – Draft service agreements completed for each project team – 27 of 28 Aging at Home projects have signed their service agreement and the funding is being flowed. **Annualized dollars** - 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 will identify a process to address the Aging at Home gaps across Champlain and throughout the continuum of care. **Logic Models** – Logic models have been prepared for each project to illustrate how we will help seniors age safely and independently at home. Logic Models are linked to the service agreements. **Approved List and Description of projects going forward across Champlain** – Following the Ministry of Health and Long-Term Care's Aging at Home announcement on June 21, 2008, the Champlain LHIN posted on their web site a list of approved projects with a brief description and their funding. **Aging at Home Launch events in each Community of Care** - The Champlain LHIN would like to promote the Aging at Home programs within each Community of Care. We are asking the Community of Care Advisory Forums to act as organizers in partnership with the LHIN. The Aging at Home launches are intended to increase awareness of the projects and thank project partners for their involvement and contributions. During September Community of Care Advisory Forum meetings, Community of Care Advisory Forums will discuss and organize what and how to highlight the projects from within their region. These events will take place during the months of October and November 2008. There may be some opportunities to piggy back on a local event (i.e. a local announcement, fundraiser, get together, Health Service Provider initiative, Barbeque etc), or through the involvement of seniors (i.e. hosting the event where seniors gather—such as a diners club--). Attendees should include seniors, partners, Members of Provincial Parliament and local media.

Priority	IHSP Next Steps	Current Activity – Q2 (July/Aug/Sep) 2008/2009
		Evaluation Framework The overall evaluation Framework has been developed in consultation with the expert panel, comprised of LHIN staff and Dr. Larry Chambers (President and Chief Scientist Elisabeth-Bruyère Research Institute), Dr. Stephanie Amos (Regional Geriatric Program of Eastern Ontario), Dr. Nancy Edwards (Project Officer Community Health Research Unit University of Ottawa) and Lynda Weaver (Coordinator, Palliative Care Education and Quality Management Palliative Care Research). We will be presenting the framework to all the Aging at Home project teams. LHIN is currently working on standardized definition for monitoring indicators. a. Creation of Evaluation Expert group – 2 meetings thus far – See ToR b. Conceptualizing evaluation plan and framework c. Keeping framework as simple as possible for Health Service Provider – Goal to evaluate projects, innovation, integration, and consumer engagement d. Present Draft at Fall Regional Geriatric Advisory Committee **Vans** – The Ontario government is buying 100 new Dodge Caravans to provide Ontario seniors with health-related transportation services – 8 vans have been integrated into 7 Community Support Services agencies across Champlain and will be link to the non-urgent transportation project. **The "Care for the Long Term" Report** – Completed the study. This paper is intended to inform and assist the Champlain LHIN's Board of Directors' with respect to their decision related to the following questions: ◦ Should Aging at Home years 2&3 funds be redirected to operating new Long term Care Home beds? ◦ If yes, what amount should be redirected? ◦ Following the decisions, what, if any are the related directives for the Champlain LHIN? The Draft paper has been distributed to the Community of Care Advisory Forums, Community of Care (Regional Geriatric Advisory Committee & Aging at Home), Le Reseau , and the Alternative Level of Care Working Group to collect their feedback on the report's recommendations. The "Care for the Long Term" Report will be presented to the Champlain LHIN's Board of Directors on September 24th 2008. PROCESS: ◦ Complete study and preliminary report August 3, 2008 (1st Draft) ◦ Internal Team review & Finalize Draft and the recommendations to the Board during month of August ◦ Friday Aug. 22nd 9am-11am Long Term Care TEAM meeting to finalize report ◦ Present Report to Planning and Performance – August 25 ◦ Present Report go Senior Management – August 26 ◦ Distribute Preliminary Draft Report to all parties – August 28 ◦ Short presentation to Secure feedback from all parties - first 2 weeks of September ◦ Feedback template with 3-4 questions will be provided to collect their comments ◦ Provide Jeremy feedback September 12, 2008 ◦ Board Education Teleconference September. 15th ◦ Long term care Report (with Community Feed back & recommendations) will be presented to LHIN Board Sept. 25th

Priority	IHSP Next Steps	Current Activity – Q2 (July/Aug/Sep) 2008/2009
		Year 2 & year 3 Aging at Home – Following September 24th Board Meeting the Champlain LHIN will begin the planning process and will inform next year's budget. **Provide Response to Ministry of Health and Long term Care and LHIN Liaison Branch** - on Aging at Home Detailed Service Plan 2009/2010 & Provincial Strategies and Priorities Services Supplementary Reporting
	Invite the Regional Geriatric Advisory Committee to provide the forum for continuing the work related to "Alternate Level of Care" in Champlain	✓ Monthly Alternative Level of Care Working Group meetings across Champlain LHIN ✓ Regional Alternative Level of Care meetings link monthly to the Ottawa Alternative Level of Care Working Group ✓ Regional Geriatric Advisory Committee developing Alternative Level of Care framework / Score card ✓ Regional Geriatric Advisory Committee completing the Alternative Level of Care patient journey study ✓ Regional Geriatric Advisory Committee – Alternative Level of Care data mining ✓ Regional Geriatric Advisory Committee to participate in the evaluation team of Aging at Home projects
	Advance identified strategies related to reducing the number of people awaiting Alternative Level of Care	**Completed the Aging at Home Projects with Emergency Room or Alternative Level of Care Indicators & Funding Comparison Chart**. These represent some of each projects performance indicators captured in their Aging at Home Service Agreement - It should be highlighted that twenty-five service accountability agreements of Champlain's twenty-eight Aging at Home projects include performance indicators targeting a decrease in the number of Emergency Department visits, a decrease in acute care admissions, a reduction in the number of admissions and/or a decrease in the average length of stay as Alternate Level of Care patients. **84 Health Service Improvement Pre-Proposals addressing Alternative level of Care were received and reviewed under the Urgent Priority Fund**
	Recognise the Champlain Dementia Network as an important link to the Regional Geriatric Advisory Committee	✓ Secured feedback form Champlain Dementia Network re. Care for the Long Term report

Priority	IHSP Next Steps	Current Activity – Q2 (July/Aug/Sep) 2008/2009
6. E- Health Strategy *Establishing community engagement* *Communities of Practice and Communities of Care Advisory Forums*	Move ahead with the recommendations of the Dinmar report, "Information Management / Information Technology / e-health Strategic Plan.	✓ Early Adopter LHIN for Diabetes registry and associated portal ✓ Completed detailed design phase for the regions Diagnostic Imaging and Picture Archiving and Communication System project ✓ Received Canada Infoway Board approval for $8.8M one-time costs for Diagnostic Imaging and Picture Archiving and Communication System project ✓ LHINs 13 and 14 have agreed to partner with Champlain LHIN on the Diagnostic Imaging and Picture Archiving and Communication System Project ✓ Completed a preparedness assessment for e-Health health capabilities with the Ministry of Health and Long term Care.
	Strengthen the role and mandate of Community of Care Advisory Forum's throughout Champlain.	✓ Ottawa West Community of Care Advisory Forum year one evaluation completed; planning for Health Service Provider Community Engagement and Media Launch of Aging at Home projects underway; review of and input on Aging at Home Long Term Care bed recommendations completed & submitted to the LHIN ✓ Completed an evaluation of our first year in operation ✓ Developed priorities for the Children & Youth Network ✓ Held second meeting of the Regional Council on Children and Youth Health Care ✓ Working with South East LHIN to improve communication and linkages between the two LHINs and to better co-ordinate similar initiatives such as Urgent Priority Funding ✓ Working with South East LHIN regarding their efforts to integrate Consumer Survivor Initiatives in their LHIN
	LHIN will formally recognise the Health Alliance for the Eastern Counties and the Community Advisory Council of Renfrew County	✓ Creation of the Renfrew County Community of Care Advisory Forum subcommittee on Transportation created – Terms of Reference being developed
	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;	✓ Working with LHIN Emergency Department Physician Lead to ensure sustainable support for the Champlain Emergency Services Committee
1. Non-Urgent Community Transportation Project	Developing a business case for Phase II project	See above

Priority	IHSP Next Steps	Current Activity – Q2 (July/Aug/Sep) 2008/2009
Rehabilitation – Rehabilitation Network of Ottawa-Carleton		◦ The Spinal Cord Injury Leaders Forum has not met over the summer. The next meeting is scheduled for September 23rd. ◦ The Acquired Brain Injury Network met to complete an Acquired Brain Injury Resource Manual. Included in the partnership were the City of Ottawa Acquired Brain Injury Day Program, Community Care Access Centre of Ottawa, Head Injury Association (Ottawa Valley), the Ottawa Hospital-Rehabilitation Centre Acquired Brain Injury Program, Pathways to Independence, Vista Centre and Rehabilitation Network of Ottawa-Carleton – Traumatic Brain Injury Project. ◦ The task of recruitment of new Rehabilitation Network of Ottawa-Carleton membership was assigned to the Chair over the summer. ◦ The Champlain Integrated Health Service Plan strategic directions to the recommendations of the Rehab Review. To be distributed at the next Rehabilitation Network of Ottawa-Carleton meeting scheduled for September 25th.
Councils of Expertise	Establish councils of expertise for E-Health, Human Resources, and Primary Health Services / Public Health	
Integration	Move forward with integration activities to improve access and quality of care	✓ Voluntary integration of Western Ottawa Community Resource Centre and Nepean Support Services approved by LHIN Board; integration implementation underway

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

FY 08/09 Funding Allocation by Sector at August 31, 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	7,274,404
ALSSH	5,838,400	131,364				87,500					6,057,264	2,991,545
Community Care Access Centre	158,410,940	6,336,438		2,690,100	350,000					25,600	167,813,078	79,406,084
Community Health Centre	39,332,876										39,332,876	19,892,127
Community Mental Health	56,951,798	1,213,270		30,674	1,008,000	312,300					59,516,042	28,989,713
Community Support Services & ABI	23,281,138	523,825		200,000	1,947,000	90,784	308,254	617,000	196,575		27,164,576	13,143,477
Long Term Care Homes	241,463,242	3,512,882		5,558,773			388,000				250,922,897	127,604,933
Psych Hospitals	99,901,425	4,359,693			300,000			20,000			104,581,118	50,096,528
Hospitals	1,328,984,500	37,132,125	26,253,000	1,742,600	991,000	200,000	758,580	450,000	1,993,450	23,544,900	1,422,050,155	704,547,940
Total	**1,968,497,669**	**53,532,097**	**26,253,000**	**10,222,147**	**4,596,000**	**854,089**	**1,454,834**	**1,087,000**	**2,190,025**	**23,570,500**	**2,092,257,361**	**1,033,946,751**

Notes:

The source of the Funding Allocation is the draft August 31, 2008 MLAA as posted on the HSIE site.

The MLAA funding allocation is based on funding letters sent at August31, 2008.

The Expenditures for Q1 are from the reconciled IFIS/APTS reports to July 30, 2008. Expenditure analysis for August and an estimate for September

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**

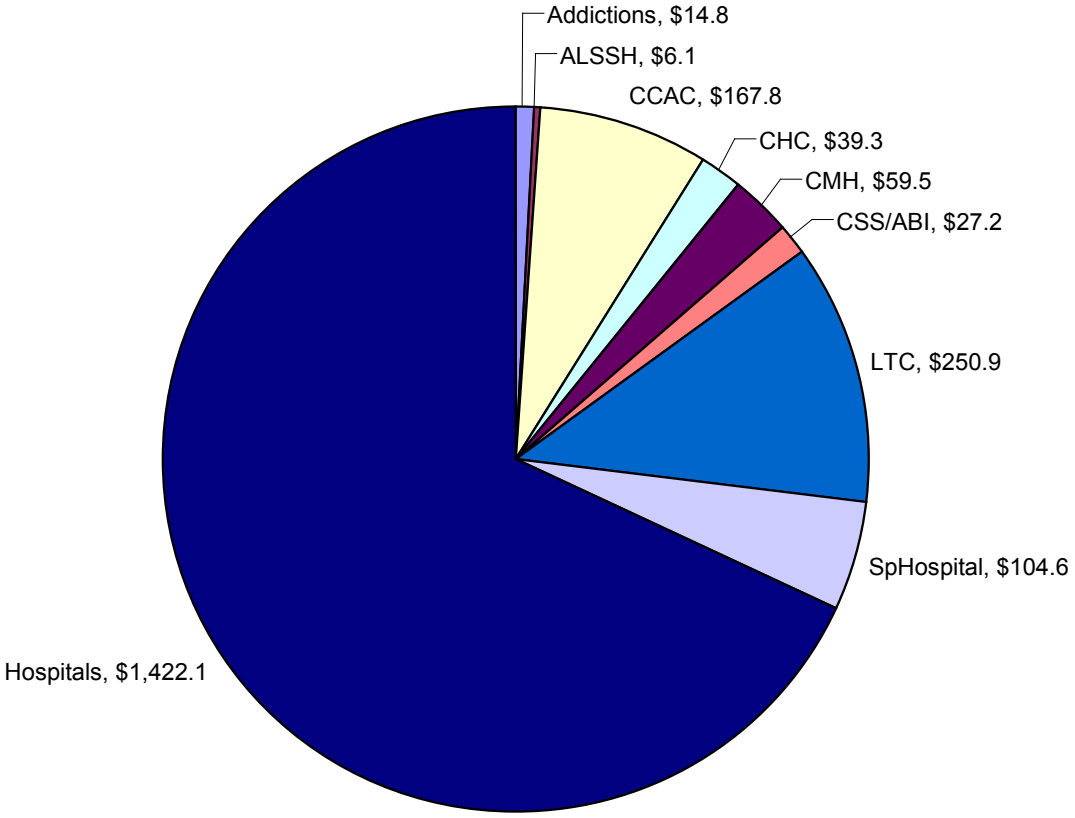
FY 08/09 Announced Funding not included in the August 31, 2008 Allocations

Description	Total
CCAC Hip & Knee One Time	$2,455,000 (Waiting for Signback)
Hospitals ER Performance One Time	$4,123,829 (Processed October)

A. Funding By Sector

Fiscal Year 2008/09 Health Service Provider Funding Allocation by Sector

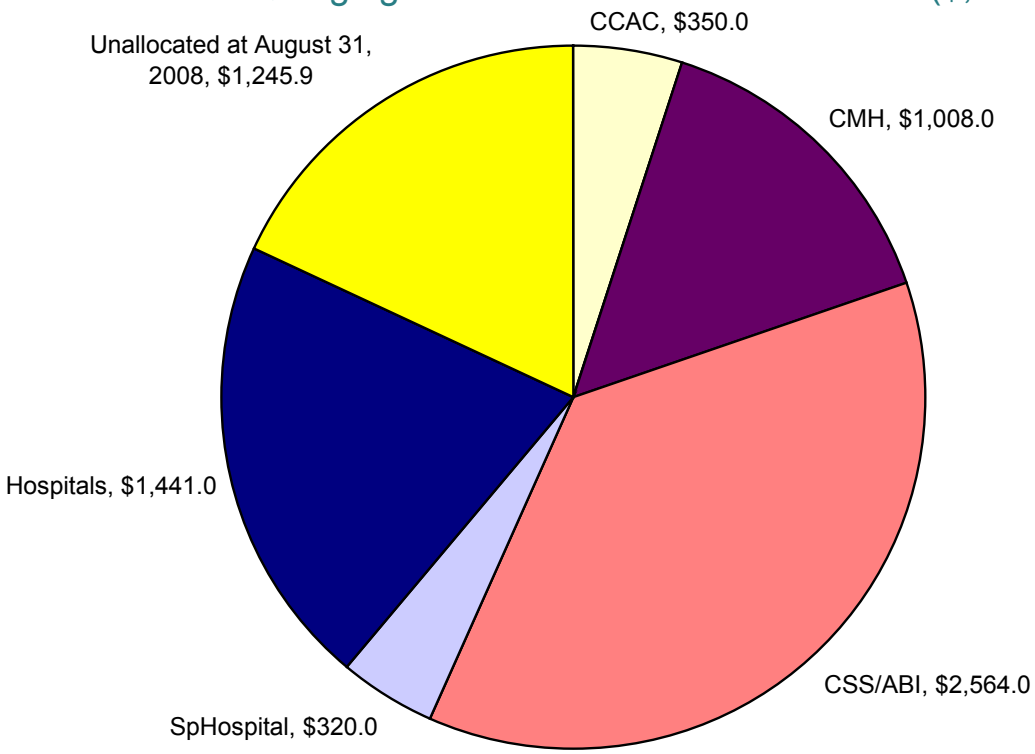
Ministry LHIN Accountability Agreement (MLAA) draft 31/08/08 ($ in millions)



MLAA Health Service Provider Funding with adjustments as of August 31, 2008.Total Allocation $2,092.3

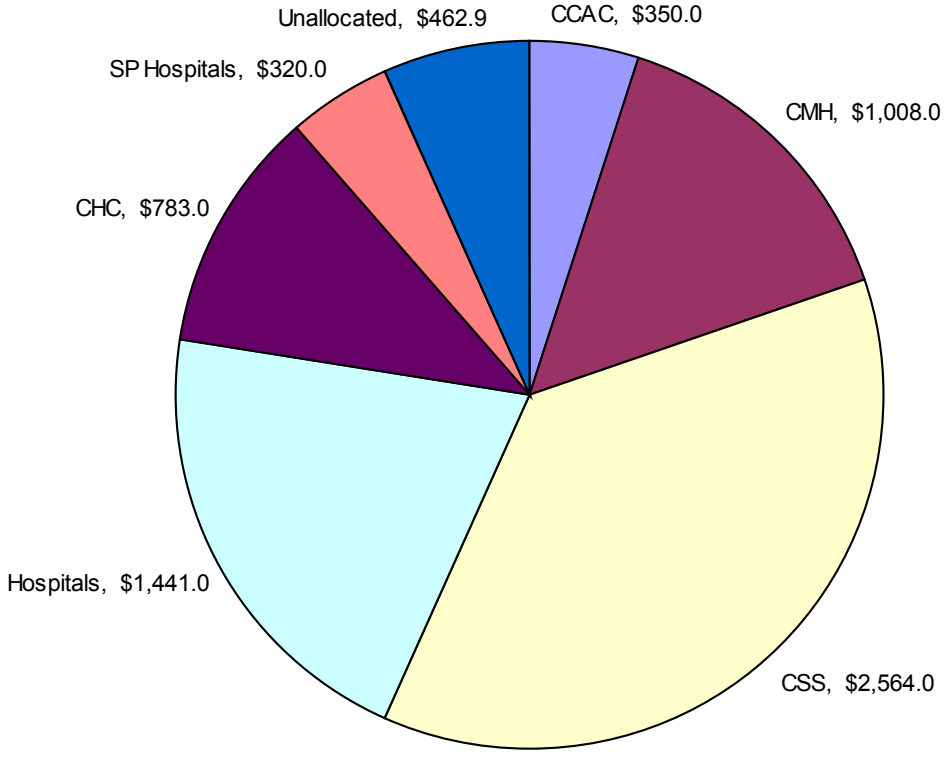
B. Aging at Home Funding

Fiscal Year 2008/09 Q2 Aging at Home Allocation at 31/08/08 ($,000)



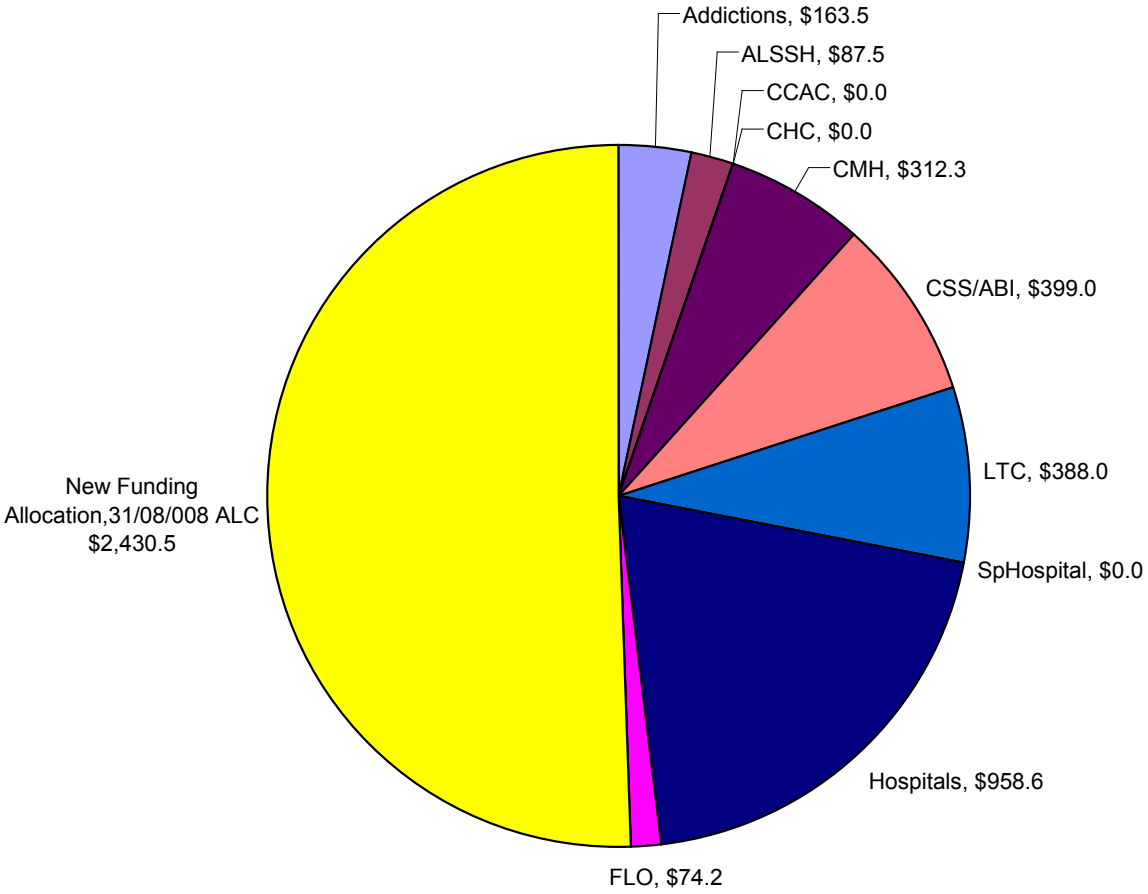
Unallocated: process has not been completed at June 30, 2008. Awaiting final approvals signback etc. Anticipate that unallocated by end of Q2 will be less than $250,000.

Fiscal Year 2008/09 Aging at Home Allocation Projected by Sector to 30/09/08 ($,000)



C. Urgent Priority

Fiscal Year 2008/09 Q2 Urgent Priority Fund Allocation 31/09/08 ($,000)



4. LHIN Financial Report

The LHIN Financial report will be provided as supplemental report prior to the board meeting.

CHAMPLAIN LHIN
2008/09 FINANCIAL REPORT, Quarter 2 YTD

	Six Months, Sept. 30, 2008			FY 2008 / 09		
	Actual	Budget	Variance Under (Over)	**Revised Budget**		Original Budget
LHIN OPERATIONS						
Salaries & Benefits	**1,568,192**	1,582,771	14,579	**3,280,303**		3,280,303
Direct Operating Costs	**289,839**	355,857	66,018	**828,734**	*	673,734
Governance Costs	**60,790**	74,100	13,310	**152,250**		152,250
Other Fixed Costs	**285,263**	302,200	16,937	**588,000**		588,000
	2,204,084	2,314,928	110,844	**4,849,287**		4,694,287
e-Health Absorption	**0**	3,437	3,437	**163,840**	*	318,840
TOTAL	**2,204,084**	2,318,365	114,281	**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	**143,776**	144,220	444	**288,441**		288,441
Direct Operating Costs	**40,152**	134,217	94,065	**150,399**		150,399
	183,928	278,437	94,509	**438,840**		438,840
e-Health funding	**0**	(275,000)		**(275,000)**		(120,000)
LHIN absorption	**183,928**	3,437		**163,840**		318,840