Champlain **LHIN**

Measuring our Accomplishments

Board Report
Quarter 3

October - December 2008

Ontario
Local Health Integration Network

Table of contents

Preamble ii

1. Performance Scorecard 1

    A. Ministry LHIN Accountability Agreement (MLAA) Scorecard 1

    B. MLAA Performance Analysis — MRI 2

    C. Mitigation strategies 2

    D. Monitoring Parameters 3

2. LHIN Integrated Health Service Plan (IHSP) Report 4

3. Champlain LHIN MLAA Funding Allocation & Expenditures
    Second Quarter 2008/2009 26

    A. Funding By Sector 27

    B. Aging at Home Funding 28

    C. Urgent Priority 28

4. LHIN Financial Report 29

Preamble

In the third quarter of 2008/09, a number of key Champlain LHIN projects made significant progress. However, MRI wait times continue to be a challenge for patients in the region.

Highlights of this report include:

- Champlain LHIN staff completed all phases of planning for spending of Year 2 Aging at Home incremental funds, and also developed the Year 2 strategy. Four media launches were held to raise awareness of the new strategy in various geographical sub-areas of the Champlain region.
- The Champlain LHIN and partners kicked off Phase 2 of the Maternal/Newborn Project, which aims to better coordinate clinical services for mothers and babies.
- The e-Health portal for diabetes management is in development, with the Champlain LHIN identified as an early adopter for this innovative primary-care approach. The LHIN is working with the Ministry of Health and Long-term Care and a local project advisory group to set in motion a tactical plan

A delayed start-up of new MRI machines at The Ottawa Hospital and Hôpital Montfort was partly to blame for poor wait-time performance in this area. Other wait-time measures, such as cataract surgery and knee replacement surgery, showed marked improvements.

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 Q3 07/08	Results Q4 07/08	Results Q1 08/09	Results Q2	Status	IHSP priority
Health Resources												
Evidence & Knowledge												
Health Services	⊙	90th Percentile Wait Time for Cancer Surgery [1]	days	84	10	81	77	82	68	70	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	44	70	68	72.8	Improving in corridor & below B/L	Access
	⊙	90th Percentile Wait Time for Cataract Surgery [1]	days	182	13	182	260	249	209	182	Doing well below corridor & B/L	Access
	⊙	90th Percentile Wait Time for Hip Replacement [1]	days	182	13	300	355	316	342	274	Doing well below corridor & B/L	Access
	⌑	90th Percentile Wait Time for Knee Replacement [1]	days	182	13	298	422	449	336	323	Improving in corridor & below B/L	Access
	❖	90th Percentile Wait Time for Diagnostic MRI Scan [1]	days	28	14	155	136	152	176	214	Attention - Above Corridor & below B/L (baseline)	Access
	■	90th Percentile Wait Time for Diagnostic CT Scan [1]	days	28	14	63	69	68	65	72	Monitor - in corridor & above B/L	Access
	■	Hospitalization Rate for Ambulatory Care Sensitive Conditions (ACSC) [2]	rate per 100,000	290.76	n/a	277	n/a	n/a	250.17	n/a		CDPM [4]
	■	Median Wait Time to Long-Term Care Home Placement - All Placements [3]	days	50	9 (out of 9 LHINs)	143	149	121	208	173	Monitor - in corridor & above B/L	Access
	■	Percentage of Alternate Level of Care (ALC) Days -by LHIN Institution [2]	%	9.46	n/a	13.8	n/a	n/a	14.27	n/a		Access
	■	Rates of Emergency Department Visits that could be Managed Elsewhere [2]	rate per 100,000	11.79	n/a	31.54	n/a	n/a	37.9	n/a		Primary Health Services
	■	Readmission Rates for Acute Myocardial Infarction (AMI) [2]	%	3.8	n/a	3.8	n/a	n/a	3.31	n/a		Quality
Fiscal												
Health System Outcomes												

Note

1 = The latest Performance value is from Q2 2008/09 (Jul, Aug, & Sep 2008)

2 = No data to facilitate analysis & reporting for this Quarter (Q2 2008/2009)

3 = The latest Performance value is from Q1 2008/09 (Apr, May, & Jun 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)
Pending	■	Not applicable

Sources (HSIE reports)

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

Q2 2008/09 results: Final Individual LHIN Vs All PIs (Dec 10 2008) Final.xls

LHIN rank: based on MLAA Performance Indicators Dashboard - Individual Indicator Scorecards - Nov 15 2008

B. MLAA Performance Analysis — MRI

Risk Management Plan for Performance Indicators Where Variance has Been Identified

1. Magnetic Resonance Imaging Wait Time

i. Performance Indicator: **MRI 90th Percentile Wait Time**

Provincial Wait Time Target: 28 days

Champlain 2008/09 Annual Performance Goal: 155 days

Champlain Q3 Target According to LHIN Dashboard: 161.5 days

Champlain Q3 Performance Corridor: 121.12 days to 201.88 days

Champlain Q3 Wait Time: 214 days

2. Description of Issue

In May 2008, the Champlain LHIN Annual Performance was negotiated on the basis that funding associated with the delayed startup of The Ottawa Hospital's 3rd MRI would be redirected to temporarily ramp up MRI services on other MRIs in the region. The MOHLTC funding letter was delayed until Oct 2008 and the actual approved funding was less than what was originally negotiated. At the time that the discretionary fund was approved, it was unclear whether TOH would receive additional MRI funding through a separate funding stream. The LHIN worked with LLB through October and November to determine whether TOH would receive this funding. In late November, the LHIN chose to allocate the approved discretionary funding to TOH, CHEO and Hopital Montfort. The LHIN continues to await a response from the MOHLTC whether TOH will receive funding to temporarily ramp up services on its 3rd MRI from late January to March 31, 2008. The LHIN is thankful for MOHLTC's flexibility in providing the approved discretionary fund. As patients have little interest in whether they receive their MRI on an existing machine or a new machine, the LHIN is hopeful that the funding originally earmarked for MRI services at TOH in early 2008/09 can be used to fund an additional night shift at TOH in late 2008/09.

MRI wait times in Champlain are also negatively impacted by the delayed startup of new MRIs at TOH and Hopital Montfort. TOH was originally expected to be operational in January 2008 and now expects to be operational in January 2009. Montfort was expected to be operational in October 2008 and now expects to be operational in March 2009.

C. Mitigation strategies

In October 2008, the Champlain LHIN Board passed a motion that:

- it supports the development of a central intake system for CT and MRI services across Champlain
- directs the LHIN CEO to meet with the hospital CEOs and Chiefs of Radiology to develop a plan to standardize the MRI protocols and appropriateness guidelines in Champlain before March 31, 2008.
- upon review of the aforementioned plan, the Board will determine whether a similar plan should be developed for CT services in Champlain

The standardization of MRI protocols through the implementation of best practices is expected to reduce the number of duplicate MRI exams in Champlain. There is further recognition that a centralized intake system paired with appropriateness guidelines will reduce duplication among DI modalities and improve patient care.

In November, the Champlain LHIN Board approved $150,000 to begin work on items mentioned above. Phase 1 (MRI only) of the Central Intake System for CT and MRI is expected to cost ~$3.0M. The LHIN is currently seeking implementation funding from several sources.

The LHIN has secured implementation funding for a regional PACS repository from Canada Health Infoway and MOHLTC. Implementation of the repository is expected to begin in 2008/09 Q4. All Champlain hospitals will participate in the project.

The Ottawa Hospital, which represents over 50% of the LHIN's MRI volumes that contribute to the wait time calculation, has taken recent steps to review its MRI wait list of priority 3 and 4 patients. It was able to reduce this list by approximately 38% by removing those patients for whom an exam was no longer required and patients that received their MRI elsewhere. It has also taken steps to improve data quality and move long-waiting, low-priority patients to other hospitals where wait times are lower.

The LHIN continues to work with MOHLTC to receive approval to allow the funding originally earmarked for MRI services at TOH in early 2008/09 can be used to fund an additional night shift at TOH in late 2008/09.

The LHIN has additional unused capacity of approximately 729 MRI hours for 2008/09. Funding for these hours has been requested through the provincial reallocation process.

D. Monitoring Parameters

- Wait times by priority by hospital (monthly)
- Volumes by priority by hospital (monthly)
- Availability of requested MRI Funding
- Securing implementation funding for Central Intake

2. LHIN Integrated Health Service Plan (IHSP) Report

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
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		The Western Ottawa Valley Network (WOVN) has been working to identify surgical capacity among the partner hospitals in an effort to meet incremental surgical volumes. The exercise will be integrated into the broader hospital services plan. The hospitals in Eastern County have expressed a similar interest in working with the LHIN to examine and potentially realign hospital services in that region. The Champlain LHIN has begun the hiring process (position posted, selection committee established) for a Senior Planner that will oversee the development of the clinical services distribution plan.
B. Appropriate Level of Care.	PCA & see the Priority: Elderly with Chronic & Complex Conditions	✓ see the Priority: Elderly with Chronic & Complex Conditions	✓ see the Priority: Elderly with Chronic & Complex Conditions	✓ see the Priority: Elderly with Chronic & Complex Conditions

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
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 presentation ✓ 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 form 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.	✓ 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 EMS, Ministry of Health, CSS 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.	✓ Meetings were held with Emergency Medical Services, Ministry of Health, LHIN partners to enter into a pilot project to design and implement a prototype model for non-urgent transportation, involving a central intake and coordination system, with a decision-tree triage for clients. In November, the LHIN was advised that the model was not endorsed by the Ministry. ✓ The project is now being re-evaluated to determine if sub-sets of the original plan can be adopted by the various county-wide Emergency Medical Services partners, versus one regional partner.

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
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	✓ Organized education sessions on HR connections with Ontario Telemedicine Network and the Ontario Hospital Association and continue to work on future education plan ✓ Completed initial summary of Champlain LHIN HR Data ✓ Planning for October workshop for issue clarification and planning	✓ Held a planning workshop in October attended by Council members. Four initiatives were identified: 1) Recruitment and retention – and links to education 2) Best Practice – identification and dissemination 3) Champlain Human Resources Data Profile – work with Ontario Hospital Association Labour Market data and extend it to the community sector 4) Human Resources and Integration – Look at the Human Resources implications for various forms of integration. A workplan for this group has been developed and an initial report on "lessons learned" will be completed for spring 2009. ✓ Arranged for a joint presentation on Interdisciplinary practice with Health Professional Advisory Committee

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
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 ✓ 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	✓ Developed a draft blueprint and sent out an invitation for an 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	✓ Held the kick-off for Phase 2 of the Maternal/Newborn Project on October 1, 2008. Task Force are developing their implementation plans which will be incorporated into the blueprint document. Developed and received approval for the framework used for granting approval of the blueprint by the Maternal/Newborn Steering Committee ✓ Reviewed The Ottawa Hospital Master Program and volume projections. Met with The Ottawa Hospital and their consultants to understand their projection methods. We now have a better understanding on how the projections were made, but still have questions about underlying planning assumptions such as: the expectation that additional primary and secondary services will be provided by other community partners; or that there will be no Alternate Level of Care beds in the future. We are continuing to work with The Ottawa Hospital and the Ministry to get approvals for the provincial 5 year capital development plan. ✓ Worked with Carleton Place Hospital on their Capital Redevelopment plan to prepare a presentation for the January Board meeting to request approval of the plan.

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 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;	✓ 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	✓ Completed follow up information and summary of workshop for input into Council ✓ Working with OMA 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	✓ Working with Health Force Ontario (HFO) to recruit for the new Community Partnership Position. The main focus of this position is to physician and other health professional recruitment – working with communities, academic organizations, Health Service Providers and the LHIN. There have been two rounds of posting but no suitable candidates. We are looking at other options for this role in Champlain ✓ Continuing to work with physician groups, Ontario Medical Association and Ottawa Academy of Medicine to maintain ongoing communications ✓ Worked with consultant to conduct community engagement regarding primary health services. Purpose is to assist with focus on specific issues. Final report is in progress.

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
	Identify and focus on specific rural and urban communities that lack adequate services;	✓ Structure for Renfrew services is under development	**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)* 0. 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 (HSP) under the Champlain LHIN. This will require some time. Action required: Champlain LHIN 1. Enhance Primary Care Services in Eganville: Need to fill gap left by departure of a family physician. We are exploring several options: ◦ Partnership between Golden Lake FHT and include Eganville (would resolve Algonquins Pikwakanagan rostering issues (enrol more patients) and Eganville's PHYSICIAN issue) 2. Enquiring if the FHT model would be flexible enough to allow for salary model or if there would be enough OHIP billing to attract physicians or the current interested physician ◦ Discussions with Jacinthe Desaulniers, Director, Eastern Region OTN (jdesaulniers@otn.ca) ◦ OTN very interested in partnering with LHIN, regarding this LHIN identified priority. OTN interested in being part of solution and in Integration	

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
			◦ Currently OTN have FHT special projects – where stations are being installed as a priority and which would not have to go through the OTN application process ◦ OTN able to provide list of physicians working/billing via Telemedicine ◦ There are premiums for physicians using OTN when billing OHIP 3. Access to Family Physician at the Renfrew Victoria Hospital ◦ Discussion with Randy Penney CEO RVH ◦ RVH 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 OTN 4. CCAC Nurse Clinics ◦ Upcoming discussions with CCAC regarding feasibility of implementing a nurse clinic in Eganville (They are currently in the process of implementing CCAC nurse clinics in Renfrew County ERs) ◦ If this is not feasible it is our recommendation that an H-SIP be submitted to LHIN by Aug. 31st for the Eganville office, ie. Nurse. Reminder this submission should have a focus Hospital ER avoidance. 5. NP Led Clinic as announced by MOHLTC ◦ These are a MOHLTC implementation program and are not under the LHINs. ◦ However the group could submit to become a NP Led Clinic (similar process as FHT) Contact person John Roininen, Project Manager (john.roininen@ontario.ca)	

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
			We do acknowledge that these Eganville solutions are a strong foundation of Integration bringing together: ◦ OTN (providing the technology) ◦ The Township (providing the space) ◦ FHT (providing the funding model) ◦ Renfrew Victory Hospital (providing access to physician) ◦ The CCAC or The LHIN (providing nursing resource) ◦ The CHC (provide structure 1 integrated primary care HSP) Action required: ⇨ Jeremy will organize FHT meeting with Algonquins Pikwakanagan (Maureen & Peggy), Eganville/ Bonnechere Health Center (Preston & Merv), The LHIN, The MOHLTC's FHT Coordinator for this FHT, OTN (Jacinthe), Health Force Ontario, CCAC (Glenda Owen), and RVH H-SIP Submitted to LHIN **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. Next meeting: To Be Determined when additional information had been obtained and specific options can be tabled for discussion.	

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
		✓ Working with ED Physician lead to ensure LHIN ED's are properly staffed with physicians		✓ Emergency Department Physician staffing shortages, especially in Renfrew County, have been addressed through Health Force Ontario initiatives, and the creation of an Ottawa locum group that is available for shift coverage. ✓ Continue to work with the Emergency Department Physician Lead and Health Force Ontario to ensure Emergency Departments are staffed, especially over the Christmas holidays
	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		
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	✓ Planning for October 15 meeting of CDPM Collaborative underway.	✓ The Chronic Disease Prevention & Management Collaborative knowledge exchange meeting held – presentations by Champlain Cardiovascular Prevention Network, Self-management project and update on Champlain Vascular Strategy meeting.
	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	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-Mgmt Workshop held on Sept 17 – high turnout (145 people) & positive feedback ✓ Diabetes Registry – working with the MOHLTC and local project advisory group to assess preparedness as an Early Adopter LHIN and to develop a tactical plan and project charter. ✓ Diabetes MHA Project completed – presented to Diabetes Network, LHIN staff and University of Ottawa MHA Program –results to be incorporated into diabetes work in our region	LHIN Chronic Disease Prevention & Management Directional Plan being defined ✓ **Self- management Project Phase I completed** - Literature review, Workshop, Environmental Scan. Results of Phase I presented at Canadian Conference on Integrated Chronic Disease Self-Mgmt Conference in October 2008. ✓ **Self-management Project Phase II approved** – planning underway (Pilot Self-management programs in Renfrew County and Urban Aboriginal based on Stanford Model; Integrate community self-management program inventory of resources with the Community Care Access Centre Healthline & evaluate Phase II components)

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
		✓ 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	✓ CKD Network – dialysis planning documents written – overall CKD program plan and ASP Business Plan submitted to the MOHLTC; PD in the Community plan completed and submitted to the LHIN (HSIP); working with the MOHLTC 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	✓ **Diabetes Registry** – working with the Ministry of Health and Long Term Care and local project advisory group to develop a tactical plan and project charter. ✓ **Dialysis planning Chronic Kidney Disease Network** – expansion proposal for Renfrew Victoria Hospital process & needs clarified; Ottawa Independent Health Facility expansion plan for Independent Health Facility approved, Home Hemo & Peritoneal Dialysis expansion plans submitted to MOHLTC; Peritoneal Dialysis in Long Term Care homes in development; The Ottawa Hospital Renal Management Project planning completed. ✓ **Lung Health** - Network meeting held; Lung Health Guide Self-management tool distributed & launch with Lung Association being planned; coordinated service planning in Chronic Obstructive Pulmonary Disease in progress ✓ **Champlain Cardiovascular Disease Prevention Network** – planning next steps of Vascular Strategy (Smoking Cessation; development of The Ottawa Model for Diabetes, Public Relations campaign; specialist/ primary care integration model) ✓ **Diabetes Network** – Terms of Reference completed; Champlain wide meeting planned for Q4. ✓ Wellspring planning committee – Ottawa Cancer Foundation ✓ Presentation to Champlain Community Health Nurses Network ✓ Presentation to Ontario Association of Non-Profit Long Term Care Homes on Chronic Disease Prevention & Management ✓ Presentation at the Champlain Cardiovascular Disease Prevention Network Knowledge Translation Expert Panel

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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 work plan 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.	✓ The CMHN submitted a business care for Integrated Mental Health Inpatient services for the Champlain LHIN's review. ✓ The CMHN submitted 11 H-SIP pre-proposals for the Urgent Priority Funding. ✓ The restructuring of the CACB is ongoing.	✓ Business case supported but an initial allocation of $45,000 is granted to further define and deliniate program structure and implementation strategy ✓ The merger of Champlain Addiction Coordinating Body network andCanadian Mental Health network is being considered
	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	✓ 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.	✓ Business case supported but an initial allocation of $45,000 is granted to further define and deliniate program structure and implementation strategy
	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	✓ 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 Champlain LHIN hired the chair of the Champlain Addiction Coordinating Body as project manager to plan for the new 20 residential addiction treatment beds for anglophone and francophone adolescents. His tasks in this quarter included working with a steering committee, the United Way, and the Champlain LHIN to coordinate a new clinical model for the two centres, determine transitional strategies, arrange for specialized training for future staff and referring agencies, and develop an overall analysis of youth addiction treatment services in the Champlain region.

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			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.	✓ The program planning for Champlain is completed. Due to the changed economic situation, implementation is delayed, but not stopped.
	Implement an integrated seamless hospital-based mental health program for children and youth			✓ Facilitated the development and approval of Partnership Agreement between 2 hospitals (Children's Hospital of Eastern Ontario and royal Ottawa Health Care Group) and 2 funders (Ministry of Children and Youth Services and Champlain LHIN)
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 ✓ 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.	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 AAH projects have signed their service agreement and the funding is being flowed.	Aging at Home (AAH) ✓ Completed operational requirements and submissions of information to MOHLTC for year one projects ✓ Senior Planners, LHIN Communication & Community of Care Advisory Forums organized 4 AAH media launch events to promote the Aging at Home programs within each Community of Care and thank project partners for their involvement and contributions

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
		✓ 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.	✓ **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 (LM)** – Logic models have been prepared for each project to illustrate how we will help seniors age safely and independently at home. LM 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.	✓ Completed all phases of planning for spending of year 2 incremental funds and developed year 2 strategy. This involved meetings with the 28 project leads. ✓ Prepared briefing note and accompanying documents and presented the year two Aging at Home strategy to the Board of Directors at their November meeting. Strategy was approved. ✓ Finalized the Aging at Home Evaluation Framework & Excel Reporting document ✓ Two education sessions held on the proposed AAH Evaluation Framework and Reporting Process ✓ Participated in the development of the provincial evaluation plan. ✓ Developed a plan for use of unallocated funds in year one & potential surplus.

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
		✓ 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. ✓ 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	**AAH 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 CCAF meetings, CCAFs 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, BBQ, 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, MPPs and local media. **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 Ělisabeth-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 AAH project teams. LHIN is currently working on standardized definition for monitoring indicators.	

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
		✓ 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	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 HSP – Goal to evaluate projects, innovation, integration, and consumer engagement d. Present Draft at Fall RGAC **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 CSS 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 AAH years 2&3 funds be redirected to operating new LTCH 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 CCAFs, COPN (RGAC & AAH TF), Le Réseau (RSSF), and the ALC WG 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 Aug 3, 2008 (1st Draft) ◦ Internal Team review & Finalize Draft and the recommendations to the Board during month of August ◦ Friday Aug. 22nd 9am-11am LTC TEAM meeting to finalize report ◦ Present Report to PICE/PAC – Aug 25 ◦ Present Report go SMT – Aug 26 ◦ Distribute Preliminary Draft Report to CCAF, ALC WG, AAH Task Force/ RGAC, RSSF, LTC Assoc./MOH – Aug 28	

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
			◦ Short presentation to Secure feedback from CCAF, ALC WG, AAH Task Force/RGAC, RSSF, LTC Assoc./MOH compliance first 2 weeks of September (important to schedule RGAC meeting between September 2 to 12) ◦ Feedback template with 3-4 questions will be provided to collect their comments ◦ Provide Jeremy feedback Sept 12, 2008 ◦ Board Education Teleconference Sept. 15th ◦ LTC Report (with Community Feed back & recommendations) will be presented to LHIN Board Sept. 25th See Care for the Long Term Report **Year 2 & year 3 AAH** – Following Sept. 24th Board Meeting the Champlain LHIN will begin the planning process and will inform next year's budget. **Provide Response to MOH/ LTC LLB** - on AAH Detailed Service Plan 2009/2010 & Provincial Strategies and Priorities Services Supplementary Reporting	
	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	✓ 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	✓ Completed the Champlain wide ALC Scorecard

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
	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	**Completed the AAH Projects with ER or ALC Indicators & Funding Comparison Chart.** These represent some of each projects performance indicators captured in their AAH SA (Service Agreement) - It should be highlighted that twenty-five (25) service accountability agreements (SAA) of Champlain's twenty-eight (28) AAH projects include performance indicators targeting a decrease in the number of ED visits, a decrease in acute care admissions, a reduction in the number of admissions and/ or a decrease in the average length of stay (ALOS) as ALC (Alternate Level of Care) patients. **81 HSIP addressing ALC were received and reviewed under UPF**	**Completed the 2009-10 ALC/ER Overarching plan** (approved by Board)
	Recognise the Champlain Dementia Network as an important link to the RGAC	✓ Development of CDN website ✓ Link CDN to AAH and ALC initiatives	✓ Secured feedback form CDN re. Care for the Long Term report	✓ The Champlain Dementia Network to lead the new AAH project: First Link
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.	✓ Early Adopter LHIN for Diabetes registry and associated portal ✓ Completed detailed design phase for the regions DI/ PACS project ✓ Received Canada Infoway Board approval for $8.8M one-time costs for DI/PACS project ✓ LHINs 13 and 14 have agreed to partner with Champlain LHIN on the DI/ PACS Project ✓ Completed a preparedness assessment for e-Health health capabilities with the MOHLTC.	

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
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: a. Finding integration opportunities b. Community engagement to provide input into the LHIN decision-making c. Act as a catalyst for local solutions d. Advisors on the HSIP process. This is still a work in progress e. Linking to Communities of Practice – interface continuing to evolve f. Agreed to plan our annual Forum members meeting in October	✓ Ottawa West CCAF year one evaluation completed; planning for Health Service Provider Community Engagement and Media Launch of AAH 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	✓ The Community of Care Advisory Forum Chairs met with LHIN - Role of the Community of Care Advisory Forums redefined and clarified ✓ Ottawa West Community of Care Advisory Forum Health Service Provider Engagement Session held (30 Health Service Providers in attendance) – provided information to the Health Service Providers on community profile, role of the Community of Care Advisory Forum, integration and community engagement, solicited input from the Health Service Providers on community engagement mechanisms and the Community of Care Advisory Forum's priorities; Media Launch of the Aging at Home projects in Ottawa West completed – local media coverage ✓ Central Ottawa Community of Care Advisory Forum completed its first year evaluation and agreed on 3 key changes to make for improved performance. ✓ Prepared and presented recommendations to the City of Ottawa Council for greater coordination and improvement for our urban population. ✓ Renfrew County Priority Planning Day with all of RC Health Service Providers

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
		✓ 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 ◦ 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)		
	The LHIN will work with the Champlain Central areas and North Lanark and North Grenville to determine the most appropriate groupings			

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
	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.	✓ Working with LHIN ED Physician Lead to ensure sustainable support for the Champlain Emergency Services Committee	✓ Statement of relationships with the various Communities of Practice Networks are currently under review.
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.	See above	See above

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
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.	◦ The Spinal Cord Injury Leaders Forum has not met over the summer. The next meeting is scheduled for September 23rd. ◦ The ABI Network met to complete an ABI Resource Manual. Included in the partnership were the City of Ottawa ABI 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 RNOC – Traumatic Brain Injury Project. ◦ The task of recruitment of new RNOC membership was assigned to the Chair over the summer. ◦ The Champlain LHIN lead produced a draft document aligning the IHSP strategic directions to the recommendations of the Rehab Review. To be distributed at the next RNOC meeting scheduled for September 25th.	The Rehabilitation Network of Champlain did not meet over the summer. A new chair has been appointed to the Rehabilitation Network of Champlain. Various sub-committees are being established to work on the recommendations found in the "Clinical Review of Rehabilitation Services in the Champlain LHIN" report. Three priority areas were identified; data, organization of services and communication. A Specialized Rehabilitation Planning Steering Committee was struck to work on the organization of services recommendation of the Rehabilitation Review. The terms of reference for this committee were developed and the proposed scope of work is to develop a comprehensive Strategic Master Program for the organization of specialized rehabilitation services in the Champlain region. The planning is intended to encompass developing programmatic requirements and generic sizing requirements for the accommodation of specialized rehabilitation services. A second phase of the project intends will look to develop a high level Master Plan outlining the placement of these services within the LHIN. Other existing Champlain-wide Communities of Practice Networks were identified as having key links to the recommendations in the report, including, Stroke and the Rehabilitation Integrated Transition Tracking System (RITTS) project related to the data recommendation. Acquired Brain Injury was considered to be another important key target group to work with. The terms of reference, goals and objectives and work plans of each of these groups will be compiled by the Chair to present at the next meeting. The Rehabilitation Network of Champlain will then update its terms of reference, renew the membership, and develop a work plan incorporating all sub-committee objectives. A half day planning day will be organized in January to hear the work plans from all noted above. Next meeting of the Rehabilitation Network of Champlain in January 2009.

Priority	IHSP Next Steps	Current Activity – Q1 08/09	Current Activity – Q2 (July/Aug/Sep) 2008-2009	Current Activity – Q3 (Oct/Nov/Dec) 2008-2009
Councils of Expertise	Establish councils of expertise for E-Health, Human Resources, and Primary Health Services / Public Health	See above		
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	✓ Voluntary integration of Western Ottawa Community Resource Centre and Nepean Support Services integration being implemented; evaluation framework under development ✓ Integration review planned for Olde Forge Community Resource Centre and Pinecrest Queensway Community Health Centre to improve access for senior services in Ottawa West communities ✓ Developed a Framework for moving ahead on our Integration Strategy. ✓ Facilitated integration of Consumer Survivor Initiative services in Lanark/N. Grenville. This activity is to assist South East LHIN with the integration of their Consumer Survivor Initiative services into one organization. At the November meeting, the Champlain Board approved having a portion of Consumer Survivor Initiative services administered by Lanark Health and Community Services (LHCS) move over to South East LHIN on April 1, 2009. We are currently working with LHCS to wind down these services.

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

FY 08/09 Funding Allocation by Sector at November 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 Q3 Expenditure
Addictions	14,333,350	322,500		1,520,800		163,505					16,340,155	11,438,100
ALSSH	5,838,400	131,364									5,969,764	4,475,900
Community Care Access Centre	158,410,940	6,336,438		2,690,100	350,000					2,481,100	170,268,578	128,142,100
Community Health Centre	39,332,876	884,991		180,000	683,000	281,151	56,000	100,000			41,518,018	31,037,900
Community Mental Health	56,951,798	1,213,270		30,674	1,008,000	312,300					59,516,042	44,129,500
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	20,309,000
Long Term Care Homes	241,463,242	3,512,882		7,687,502			388,000				253,051,626	190,829,300
Psych Hospitals	99,873,031	4,359,693			300,000			20,000	28,425		104,581,149	75,144,800
Hospitals	1,328,984,500	36,780,000	26,253,000	2,440,100	991,000	556,200	1,029,000	802,125	2,388,060	25,964,600	1,426,188,585	1,148,233,700
Total	**1,968,469,275**	**54,064,963**	**26,253,000**	**14,749,176**	**5,279,000**	**1,403,940**	**1,781,254**	**1,539,125**	**2,613,060**	**28,445,700**	**2,104,598,493**	**1,653,740,300**

Notes:

The source of the Funding Allocation is the draft November 30, 2008 MLAA as posted on the HSIE site.
The MLAA funding allocation is based on funding letters sent at November 30, 2008.
The Expenditures for Q3 are from the reconciled IFIS/APTS reports to November 30, 2008, and an estimate for December 2008.

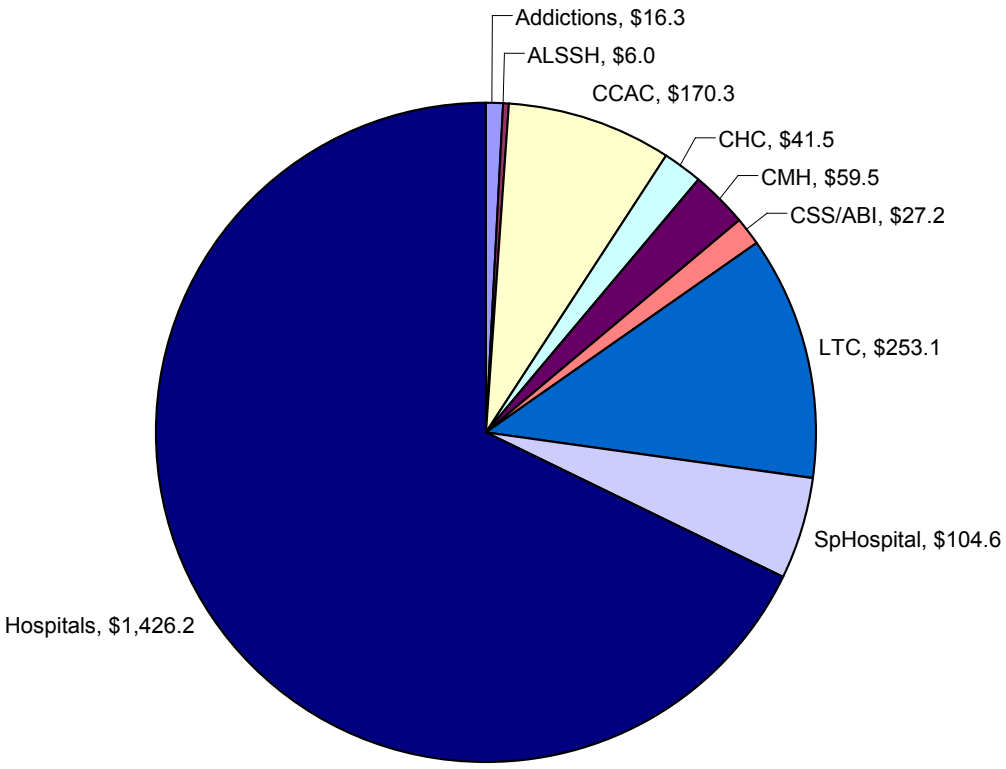
FY 08/09 Initiative Allocation, Commitments FY 08/09

Sector	Aging At Home Allocation	Urgent Priorities Fund Allocation	Total
Addictions	-	169,500	**169,500**
ALSSH	-	87,500	**87,500**
Community Care Access Centre	350,000	371,000	**721,000**
Community Health Centre	783,000	488,800	**1,271,800**
Community Mental Health	1,008,000	357,300	**1,365,300**
Community Support Services & ABI	2,564,000	473,300	**3,037,300**
Long Term Care Homes	-	526,800	**526,800**
Psych Hospitals	320,000	-	**320,000**
Hospitals	1,703,900	2,233,300	**3,937,200**
FLO Collaborative	-	74,180	**74,180**
Q4 Allocations	200,000	-	**200,000**
Total	**6,928,900**	**4,781,680**	**11,710,580**

A. Funding By Sector

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

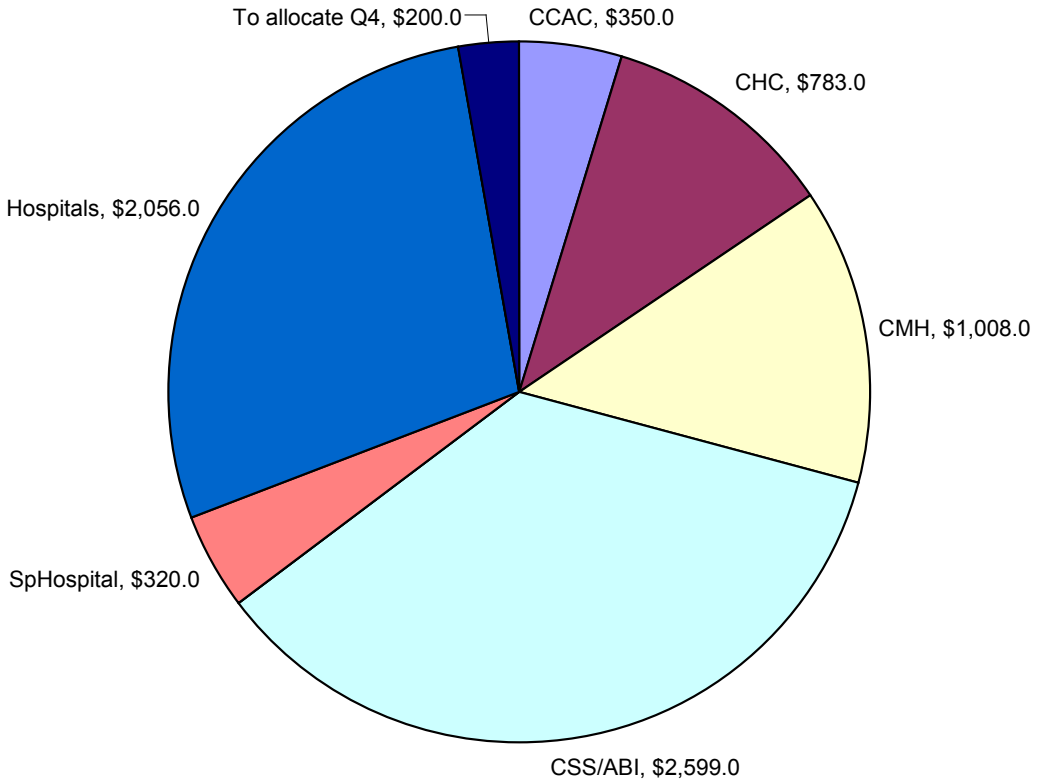
Ministry LHIN Accountability Agreement (MLAA) draft 30/11/08 ($ in millions)



MLAA health service Provider Funding with adjustments as of November 30, 2008. Total Allocation 2,104.6

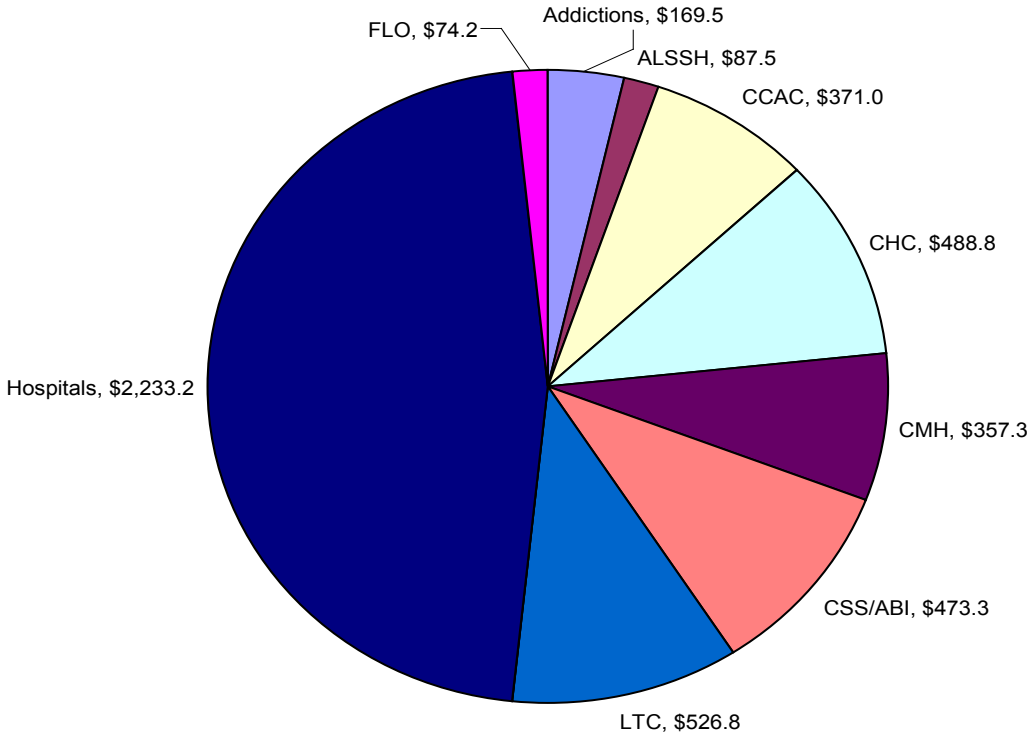
B. Aging at Home Funding

Fiscal Year 2008/09 Q3 Aging at Home Allocation at 30/11/08 ($,000)



C. Urgent Priority

Fiscal Year 2008/09 Q3 Urgent Priority Fund Allocation 30/11/08 ($,000)



4. LHIN Financial Report

CHAMPLAIN LHIN

2008/09 FINANCIAL REPORT, Quarter 3 YTD *

	Nine Months, Dec 31, 2008 *			FY 2008 / 09	
	Actual	Budget	Variance Under (Over)	Revised Budget	Original Budget
LHIN OPERATIONS					
Salaries & Benefits	**$2,378,182**	$2,409,880	$31,698	**$3,280,303**	$3,280,303
Direct Operating Costs	**$490,970**	$580,902	$89,932	**$888,519**	$673,734
Governance Costs	**$83,307**	$113,162	$29,855	**$152,250**	$152,250
Other Fixed Costs	**$420,663**	$445,100	$24,437	**$588,000**	$588,000
	$3,373,122	$3,549,044	$175,922	**$4,909,072**	$4,694,287
e-Health Absorption	**0**	0	0	**$104,055**	$318,840
TOTAL	**$3,373,122**	**$3,549,044**	$175,922	**$5,013,127**	$5,013,127
# the budget for Direct Operating Costs increased by $214.8K due to reduction in e-Health absorption (e-Health received $305K more in funding)"					
E-HEALTH					
Salaries & Benefits	**$213,383**	$221,020	$7,637	**$359,780**	$288,441
Direct Operating Costs	**$49,861**	$142,878	$93,017	**$169,275**	$150,399
	$263,244	**$363,898**	$100,654	**$529,055**	$438,840
e-Health funding				**$-425,000**	$-120,000
LHIN absorption				**$104,055**	$318,840

** 8 months actual, Dec month forecast*

LHIN OPERATIONS- FISCAL 08/09 EXPECTED ANNUAL REVENUE

LHIN Operations	$5,088,127
e-Health	$425,000
Aboriginal	$35,000
ED Leader	$75,000
ALC / ED Lead	$33,333