Champlain **LHIN**

Measuring our Accomplishments

Board Report
Quarter 1

April - June 2009

Ontario
Local Health Integration Network

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Preamble

From April to June, 2009, the Champlain LHIN made progress in a number of key areas. For example, the LHIN completed funding schedules for all Year 2 Aging at Home projects. LHIN staff also submitted a regional analysis for the Ministry of Health and Long-Term Care on the allocation of new Family Health Teams, and held a workshop for hospitals on the 19 recommendations of the regional maternal-newborn plan. The majority of addictions and mental health agencies agreed to use a common screening tool for concurrent disorders, and a meeting was held with two long-term care homes with respect to implementation of the peritoneal dialysis initiative.

Additionally, several public events took place during this quarter. The Champlain LHIN, in partnership with the Renfrew County Community of Care Advisory Forum held an Aging at Home launch on April 3. A lung health awareness media event was hosted by the Champlain LHIN and Champlain Lung Health Network on April 15. The Minister of Health and Long-Term Care, David Caplan, made a province-wide announcement in Ottawa on May 19 on new investments for seniors' care and community services.

Although this region boasts a high efficiency for MRI scans in terms of the number of scans performed per hour, wait times for MRI scans still pose significant challenges. In this quarter, the LHIN conducted an analysis and design of a central intake system for MRI scans. Such a streamlined approach has numerous advantages, including more rigorous triage of scan requests, shorter wait times, and elimination of duplicate requests.

1. Performance Scorecard

Champlain LHIN Performance Overview: MLAA Schedule 10 Indicators, For Reporting Period: 2008/2009 Q4 (as of May 15, 2009)

Performance perspective		Performance indicator	Unit	Provincial Target	CLHIN Ranking (out of 14)	LHIN Perfor-mance Target	Results Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Status	IHSP priority
Health Resources												
Evidence & Knowledge												
Health Services	⊙	90th Percentile Wait Time for Cancer Surgery [1]	days	84	12	81	68	70	61	62	Doing well below corridor & B/L	Access
	⊙	90th Percentile Wait Time for Coronary Artery Bypass Surgery [1]	days	182	2 (out of 9 LHINs)	68	68	72.8	25	30	Doing well below corridor & B/L	Access
	⊙	90th Percentile Wait Time for Cataract Surgery [1]	days	182	13	182	209	182	159	134	Doing well below corridor & B/L	Access
	⌑	90th Percentile Wait Time for Hip Replacement [1]	days	182	13	300	342	274	291	250	Doing well below corridor & B/L	Access
	⊙	90th Percentile Wait Time for Knee Replacement [1]	days	182	12	298	336	323	266	238	Doing well below corridor & B/L	Access
	❖	90th Percentile Wait Time for Diagnostic MRI Scan [1]	days	28	14	155	176	214	273	240	Attention - Above Corridor & below B/L (baseline)	Access
	⌑	90th Percentile Wait Time for Diagnostic CT Scan [1]	days	28	14	63	65	72	61	67	Monitor in corridor & above B/L	Access
	⊙	Hospitalization Rate for Ambulatory Care Sensitive Conditions (ACSC) [2]	rate per 100,000	290.76	5	277	250.17	n/a	233.4	n/a	Doing well below corridor & B/L	CDPM [4]
	❖	Median Wait Time to Long-Term Care Home Placement - All Placements [3]	days	50	11	143	208	173	215	161	Improving in corridor & below B/L	Access
	⌑	Percentage of Alternate Level of Care (ALC) Days -by LHIN Institution [2]	%	9.46	6	13.8	14.27	n/a	14.4	12.8	Improving in corridor & below B/L	Access
	⊙	Rates of Emergency Department Visits that could be Managed Elsewhere [2]	rate per 100,000	11.79	9	31.54	37.9	n/a	25.85	n/a	Doing well below corridor & B/L	Primary Health Services
	⌑	Readmission Rates for Acute Myocardial Infarction (AMI) [2]	%	3.8	4	3.8	3.31	n/a	3.04	n/a	Improving in corridor & below B/L	Quality
Fiscal												
Health System Outcomes												

Note

1 = The latest Performance value is from Q4 2008/09 (Jan, Feb, & Mar 2009)

2 = The latest Performance value is from Q3 2008/09 (Oct, Nov, & Dec 2008)

3 = Chronic Disease Prevention and Management (CDPM))

n/a = not available

Sources Local Health System Performance Dashboard
May 15,2009 Release

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)

A. MLAA Performance Analysis - MRI

1. Performance Indicator

Magnetic Resonance Imaging Wait Time - **MRI 90TH PERCENTILE WAIT TIME**

90th Percentile Wait Times for Diagnostic MRI Scan: 240 days

Target Range: 197.81 – 118.69 days

2. Description of Issue

Demand for scan outstrips capacity.

The Ottawa Hospital and Montfort Hospital approved hours for MRI/CT were not released until Oct/ Nov 2008.

Two new machines were purchased and go live planned for 2008. The Ottawa Hospital machine went live in January. The Montfort Hospital machine was forecast to go live in late March.

The Ottawa Hospital has indicated that volume of requests outstrips their capacity to meet demand. As a result, the Ottawa Hospital is transferring requests to other facilities that may be able to handle the load. In addition, the Ottawa Hospital has focused on some of the longest wait time patients in order to clear some of the longest backlog items. This will clear some of the oldest request but will temporarily increase their wait time.

3. Mitigation Strategies

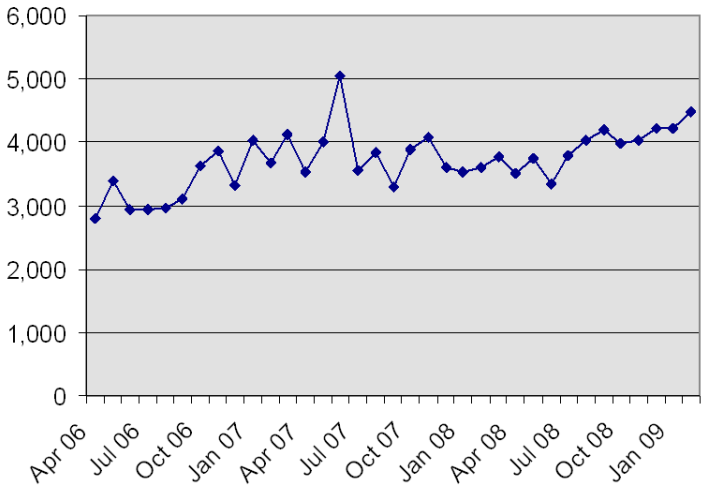
Supply and demand continue to be an issue and will be monitored closely.

Efficiency

Efficiency based on number of scans per hour relative to other LHINs is in the upper quartile. This indicator tells us that the LHIN hospitals may not see significant gains by focusing exclusively on this indicator.

Volume

As the chart below shows, volume continues to increase. Eventually supply and demand for services will be in balance. New wait time hours were allocated in 2008/2009. In addition, all wait times special hours ~$700,000 was added to MRI/CT.



The priority this quarter is to ensure that the two new MRIs are operating according to plan. This will boost volume in the first quarter of 2009/2010.

Data Quality

A Regional Data Quality group began meeting in 2009/2010 to examine the quality of the data in the wait times system. It is clear that different hospitals in the various LHINs use different approaches in collecting data and that this must be corrected in order for comparisons between all LHINs to be valid. Nevertheless, we were able to identify which LHINs collected data in the same way as ours and to compare some indicators.

The Champlain LHIN appears to receive more requests per capita than other LHINs, but that the difference would not have a major impact on our ability to meet requested volumes. The Champlain LHIN appears to be in the upper quartile in terms of efficiency. At the end of 2009/2010, the Champlain LHIN appears to be above the average in terms of the number of funded hours/population. This was not previously the case. The under funding in the past may be part of the reason for the "inherited" backlog.

Central Intake

On of the ongoing problems that the LHIN Hospitals face is the large volume of cases that are sent to the Ottawa Hospital that could be handled elsewhere in the LHIN. Physicians continue to refer there apparently unaware of the long wait times or assuming that the tests could not be handled at one of the other facilities in the LHIN. In addition, physicians continue to double or triple book requests, requesting scans from multiple sites in the hope that one of them could handle the request.

As a result of our analysis, we understand that there is a significant administrative burden to manage the paperwork, discarding requests for patients that have been scanned at another facility. In addition, a rigorous analysis of the requests uncovered a number of requests that were best done with another modality. Under the pressures of time and the long gaps between request and scan, these inappropriate scans are often done.

Over the past year, the DI-r PACS project in our LHIN has, in parallel, completed an Analysis and Design stage of a Central Intake project. This project would re-engineer the way request for scans are handled in the LHIN. The project will:

- standardize the scan request forms,
- implement a more rigorous triage of scan requests filtering out the inappropriate ones,
- implement a standard intake process to take the place of the different techniques used by the LHIN facilities. The new process would combine the best practices of each of the sites while avoiding the less helpful process,
- provide more immediate feedback to the physician and patient on when the scan was likely to be done,
- ensure that scan requests are shifted to the hospitals capable of performing the scans that have the shortest wait times, thus ensuring equal access for all patients in the LHIN to scans,
- eliminate duplicate request because Central Intake would provide "a single number to call and a single process to follow" for physicians.

Although the project has moved through the Analysis and Design stages and a team had been assembled to work on the project, funding was cancelled at the last moment. The confusion appears to have cleared somewhat but funding in 2009 and 2010 is still uncertain. Nevertheless, the LHIN and hospitals remain committed to the project and intend to start the next phase of the project in April, with or without funding.

2. LHIN Integrated Health Service Plan (IHSP) Report

Link to SD	Goal	Objective	Deliverables	Due Date	Actions Taken to Date
ACCESS (to provide the right health services at the right place and the right time, by the right providers)	Build a regional health system to enable citizens across Champlain to access necessary integrated health care services of quality as close to home as possible	Engage Communities of Practice and other working groups to develop and implement regional service plans in the following sectors: ◦ Rehabilitation	1. Sign statement of relationship with RNOC outlining clear deliverables and expectations 2. Plan for implementation of rehab review recommendations developed 3. Plan developed for integration of specialized rehab services 4. Regional plan for rehabilitation services developed	1. Oct 2009 2. Mar 31, 2010 3. Mar 31, 2010 4. Mar 31, 2010	✓ no action No action taken this quarter. New planner in place. Will be assuming leadership next quarter.
		◦ Maternal-Newborn	1. Plan for integration of maternal-newborn services developed and endorsed by key stakeholders 2. Maternal newborn services integrated	1. Oct 2009 2. Mar 31, 2010	✓ in progress Plan developed. Workshop held with hospitals to get buy-in for 19 recommendations. Completed 6 rural site visits. Advised LHIN CEO on naming planning lead and council chair for phase 3. Meeting with provincial Council on Maternal Child Health.
		◦ Palliative Care	1. Plan for regional palliative care program developed	1. Mar 31, 2010	✓ in progress Planning day held with various stakeholders. Ongoing meetings with Palliative Care Network. Planning in progress.
		◦ Dialysis	1. 5 year CKD plan completed & approved by CKD Network and Champlain LHIN 2. Peritoneal Dialysis initiative for LTCH implemented in two homes in Champlain	1. Oct 2009 2. Oct 2009	✓ in progress Elements of 5-year plan currently under development. Meeting held in June with LTC homes for implementation of PD

Link to SD	Goal	Objective	Deliverables	Due Date	Actions Taken to Date
		Develop a regional hospital clinical services distribution plan	1. Project charter for Eastern Counties completed and endorsed by Steering Committee and LHIN Board 2. Clinical services distribution plan completed (on paper) 3. Plan validated by steering committee and external stakeholders 4. Working groups established for implementation of various components of plan 5. Implementation plans developed for each component of clinical services distribution plan	1. June 2009 2. Mar 31, 2009 3. Oct 2009 4. Nov 2009 5. March 2010	✓ in progress Steering Committee in place. Project Charter approved by Steering Committee. To be approved by LHIN Board at June meeting. Data collection plan and tools developed. Development of communication and community engagement plan in place.
ACCESS (to provide the right health services at the right place and the right time, by the right providers)	Implement a coordinated non-urgent transportation system across the Champlain region to bring clients without transportation alternatives to and from required health care services	Develop, implement and evaluate a prototype model for non-urgent transportation in Eastern Counties	1. Central intake system in place in one Community of Care 2. Common protocol for the use of Aging at Home vans developed and tested 3. Common decision-tree for non urgent transportation in place 4. Data collection tool in place	1. June 2009 2. Mar 31, 2009 3. Oct 2009 4. Nov 2009	✓ in progress Steering Committee in place. Project Charter approved by Steering Committee. To be approved by LHIN Board at June meeting. Data collection plan and tools developed. Development of communication and community engagement plan in place.
ACCESS (to provide the right health services at the right place and the right time, by the right providers)	Implement a coordinated non-urgent transportation system across the Champlain region to bring clients without transportation alternatives to and from required health care services	Develop, implement and evaluate a prototype model for non-urgent transportation in Eastern Counties	1. Central intake system in place in one Community of Care 2. Common protocol for the use of Aging at Home vans developed and tested 3. Common decision-tree for non urgent transportation in place 4. Data collection tool in place	1. Mar 2010 2. Mar 2010 3. Mar 2010 4. Mar 2010	✓ no longer required No action this quarter pending hiring of new Senior Planner
		Develop a business-case and financial analysis for a cross-LHIN non-urgent transportation system	Business case developed	Dec 2009	✓ no longer required
		Develop the implementation plan for a cross-LHIN non-urgent transportation system	1. Plan developed 2. Cross-LHIN non-urgent transportation system in place	1. Jan 2010 2. 2010	✓ no action

Link to SD	Goal	Objective	Deliverables	Due Date	Actions Taken to Date
ACCESS (to provide the right health services at the right place and the right time, by the right providers)	Develop strong and vibrant community engagement structures for local planning	Support the Health Human Resources Council in the achievement of its workplan priorities	1. Report outlining the human resource implications of integration activities developed 2. Recruitment forecast for community sector completed	1. Mar 2010 2. Mar 2010	✓ in progress
		Identify expectations and deliverables of Communities of Practice Networks linked to 2008-2010 LHIN strategic objectives	New statements of relationships signed for key groups	Mar 2010	✓ in progress
ACCESS (to provide the right health services at the right place and the right time, by the right providers)	In accordance with legislation, ensure equitable access to health care services for francophones and aboriginals across Champlain	Support the implementation of an engagement structure for francophones	1. Statement of relationship signed with le Réseau des services de santé en francais de l'est de l'Ontario 2. Francophone planning entity in place as per regulations 3. Identify health service providers that should pursue designation	1. Sep 2009 2. Mar 31, 2010 3. Mar 31, 2010	✓ in progress Draft statement of relationship with RSSFEO developed. Awaiting further developments related to planning entities and regulations prior to signature. Regular meetings held with new ED la Le Reseau. Attended AGM. Designation process completed for 2 HSPs. A third is in the works. Have joined the Designation Committee. Met with Director of Bureau des services de santé en francais. Maintaining open lines of communication.
		Work with Aboriginal Health Circle Forum to identify access barriers to mental health and addictions services for the Aboriginal communities	Strategies and implementation plan document developed by the Aboriginal committee	Mar 2010	✓ in progress Two meetings held to identify system gaps. Provided input into the development of the IHSP 2010-13.
CHRONIC DISEASE PREVENTION & MANAGEMENT (To build a comprehensive approach to reducing the burden of chronic disease within the Champlain region)	Enhance the management of diabetes and vascular disease in Champlain	Implement the Champlain Diabetes Strategy in alignment with MOHLTC strategy	Following components of strategy implemented: ◦ Service analysis ◦ Service expansion ◦ Community Engagement ◦ Specialist/primary care interface – patient flow project	Mar 2010	✓ in progress Diabetes project coordinator hired. Job descriptions for additional positions ready. Inventory of services completed. Gap analysis and diabetes education program expansion and reallocation recommendations to be completed by July 15.
		Expand the availability of self-management resources across Champlain	Coordinated self-management program for Champlain implemented including: ◦ Central coordination ◦ Self-management workshops for clients and providers	Mar 2010	✓ in progress Proposal for funding approved. Organizations for central coordination function identified.

Link to SD	Goal	Objective	Deliverables	Due Date	Actions Taken to Date
ELDERLY WITH COMPLEX AND CHRONIC CONDITIONS (to ensure elderly persons with complex and chronic conditions are able to age safely and with dignity in the location of their choice)	Provide supportive, affordable and integrated services to allow elderly people with complex and chronic conditions to remain in their homes	Plan, implement and evaluate the Aging at Home strategy	1. Year 2 initiatives in place 2. Year 3 planning completed and approved by BOD 3. Evaluation of year 1 completed	1. Jun 2009 2. Dec 2009 3. Mar 2010	✓ in progress Year 2 project schedules completed and submitted to MOHLTC. Service agreements signed with all projects. Funding expected to flow in July-Aug 2009. Year 3 planning initiated. Evaluation at the Champlain LHIN level currently underway. Providing advice to the provincial AAH evaluation strategy.
		Ensure an adequate range of residential options for seniors	1. Range of residential options pre-post AAH analyzed 2. Gaps identified 3. Recommendations for realignment or future investments	1. Aug 2009 2. Aug 2009 3. Nov 2009	✓ in progress Working with Supportive Housing Coordinator to complete evaluation of existing supporting housing capacity and identify gaps. Report on track to be tabled in August. Participated in Balance of Care study to identify alternatives to LTC and required basket of services in the community. Report expected end of June.
PRIMARY HEALTH SERVICES FOR HEALTHY COMMUNITIES (to create sustainable communities of care)	Integrate services with communities of care to ensure a continuum of primary health services	Conduct analysis of availability and distribution of primary health care services to inform planning related to new Family Health Teams, Nurse-Led clinics and other models as new funding opportunities arise	1. Analysis of results of scan and plan to address barriers that can be overcome through LHIN intervention completed	1. Sep 2009	✓ in progress First level analysis completed and submitted to MOHLTC to inform allocation of 19 new FHTs.
		Identify, support, facilitate, and evaluate the integration of primary health services, functions, processes, and organizations	Several integration initiatives at various stages of implementation: ◦ Evaluation of integration of Western Ottawa CRC and Nepean Support Services ◦ Old Forge CRC day program ◦ Rideau-Osgoode and WOCRC ◦ Single point of access for assessment and evaluation for community-based child mental health	1. Mar 2010	✓ in progress

Link to SD	Goal	Objective	Deliverables	Due Date	Actions Taken to Date
ADDICTIONS & MENTAL HEALTH (establish a coordinated and integrated delivery of services wherever people with mental health and addictions disorders seek help)	Enhance range and integration of services for persons with mental health and addictions	Open supportive housing units across the Champlain LHIN for persons recovering from drug addictions or with concurrent disorders	1. 72 housing units occupied by appropriate target population	1. Jan 2010	✓ in progress
		Open 5 francophone & 15 anglophone residential drug treatment spaces for youth 13-17 years of age (Youth Residential Drug Treatment Centre)	Project Manager report on soft infrastructure/clinical services for two sites	Draft report July, 2009	United Way fund-raising campaign for capital expenses continued
		Identify gaps and system capacity in the mental health and addictions system	Environmental scan and gap analysis completed	Dec 2009	✓ no action
		Develop strategies to meet the needs of people with concurrent disorders by improving alignment of mental health and addiction services	1. Common screening tool for concurrent disorders adopted by mental health and addictions HSP 2. Creation of an integrated network of mental health and addictions service providers 3. Implementation of a coordinated access/ bed registry for mental health beds across Champlain	1. Dec 2009 2. Dec 2009	✓ in progress 60% of agencies have agreed to use common screening tool. Plan is to train 100% of agencies in use of the tool. Monthly meetings held to prepare for integration of two existing COPNs into a single structure. Transition to occur in fall 2009. Implementation of bed registry currently in the planning stages.

3. Champlain LHIN MLAA Funding Allocation & Expenditures First Quarter 2009/2010

FY 09/10 Funding Allocation by Sector at June 30, 2009

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 YTD Q4 Expenditure
Addictions	17,924,205	268,863	-	-	-	-	-	-	-	-	18,193,068	3,819,600
ALSSH	6,057,264	90,859	-	-	-	-	-	-	-	-	6,148,123	1,514,100
Community Care Access Centre	167,013,350	5,010,401	-	2,690,200	-	-	-	-	-	-	174,713,951	41,776,600
Community Health Centre	41,625,906	624,389	-	1,751,783	-	198,453	-	-	-	-	44,200,531	11,116,800
Community Mental Health	59,516,042	845,210	-	-	-	-	-	-	-	-	60,361,252	14,849,400
Community Support Services & ABI	26,321,719	395,994	-	-	-	-	-	-	-	-	26,717,713	6,764,100
Long Term Care Homes	254,566,356	-	-	-	-	-	-	-	-	-	254,566,356	65,363,100
Psych Hospitals	104,561,118	2,090,000	-	-	-	-	-	-	-	-	106,651,118	26,138,200
Hospitals	1,402,125,600	31,681,000	8,439,200	1,892,125	-	47,800	-	418,145	18,354,512	19,293,500	1,482,251,882	469,563,700
Initiatives (Integration)		2,651,302									2,651,302	
Initiatives (UPF/AAH)		13,740,616									13,740,616	
Total	**2,079,711,560**	**57,398,633**	**8,439,200**	**6,334,108**	**-**	**246,253**	**-**	**418,145**	**18,354,512**	**19,293,500**	**2,190,195,912**	**640,905,600**

Notes:

The funding allocation is based on the draft MLAA at 22/04/08 & the hospital funding announcement of June 29, 2009.
The Expenditures for Q1 are from the reconciled IFIS/APTS reports to May 31, 2009, and the expenditures recorded in APTS for June 2009.
The initiatives will be allocated by sector as the payments are processed.

FY 08/09 Initiative Allocation, Commitments FY 09/10, June 30, 2009

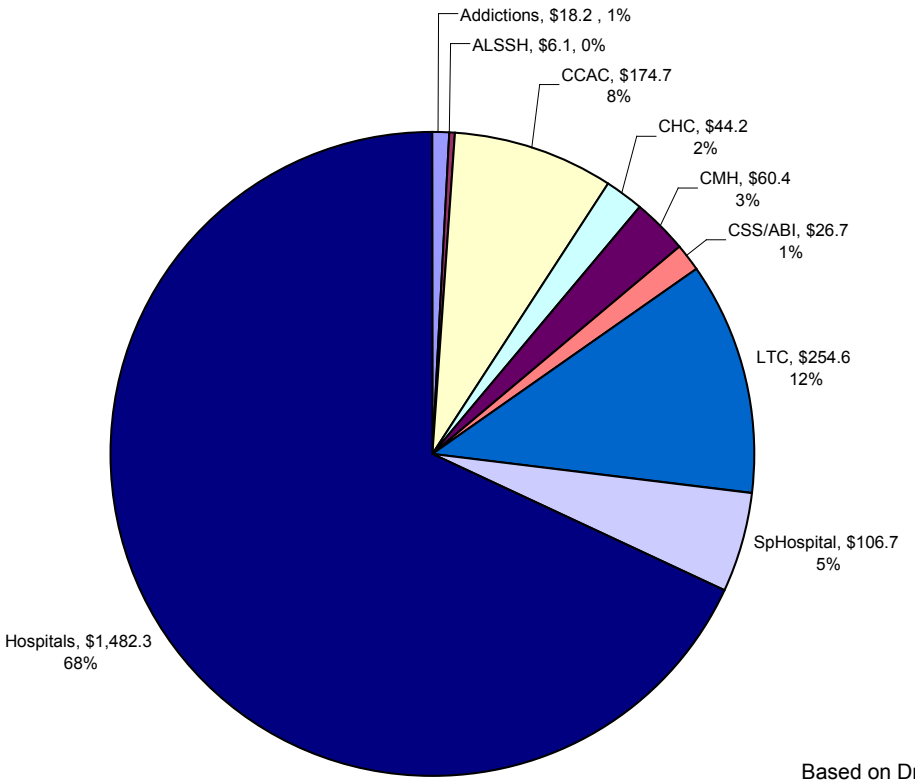
Sector	Aging At Home Allocation	Urgent Priorities Fund Allocation	Total
Addictions	-	163,505	**163,505**
ALSSH	-	87,500	**87,500**
Community Care Access Centre	868,950	-	**868,950**
Community Health Centre	1,507,412	484,238	**1,991,650**
Community Mental Health	1,028,000	547,300	**1,575,300**
Community Support Services & ABI	7,432,145	145,400	**7,577,545**
Long Term Care Homes	244,150	288,000	**532,150**
Psych Hospitals	886,859	-	**886,859**
Hospitals	5,251,645	1,078,975	**6,330,620**
FLO Collaborative	-	-	**-**
Unallocated 30/06/09	-	1,954,676	**1,954,676**
Total	**17,219,161**	**4,749,594**	**21,968,755**

A. Funding By Sector

Fiscal Year 2009/10 Health Service Provider Funding Allocation By Sector ($ in millions

Ministry LHIN Accountability Agreement (MLAA) ($ in millions)

Fiscal Year 2009/10 Health Service Provider Funding Allocation By Sector ($ in millions)

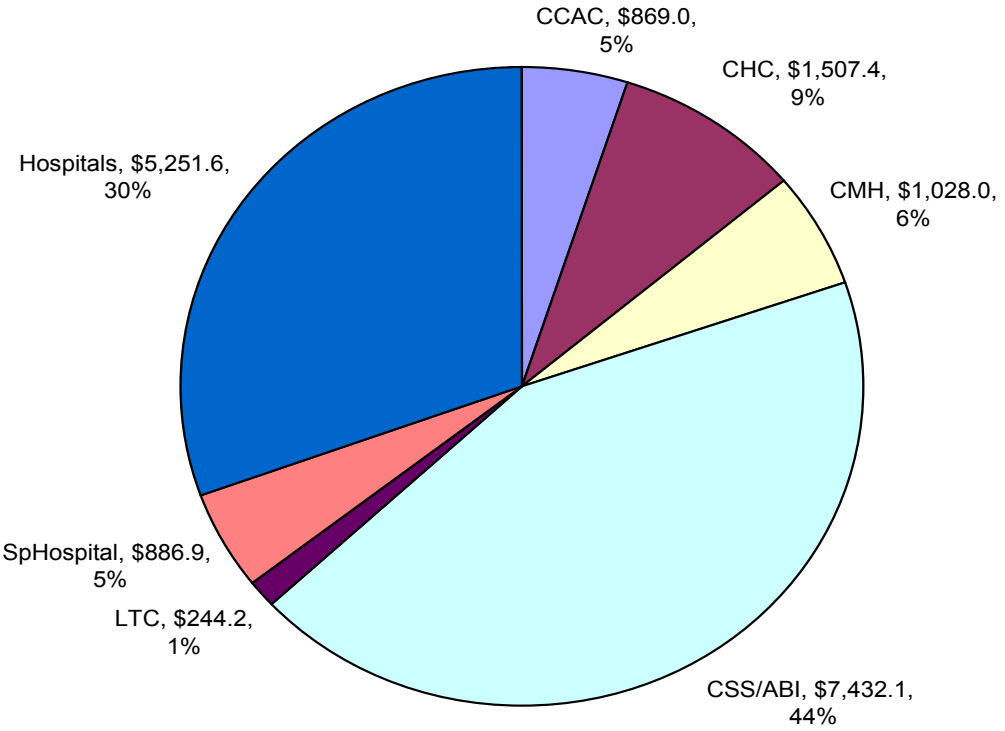


Based on Draft MLAA May 15th & June Hospital Announcement

Total Allocation $2,190.2

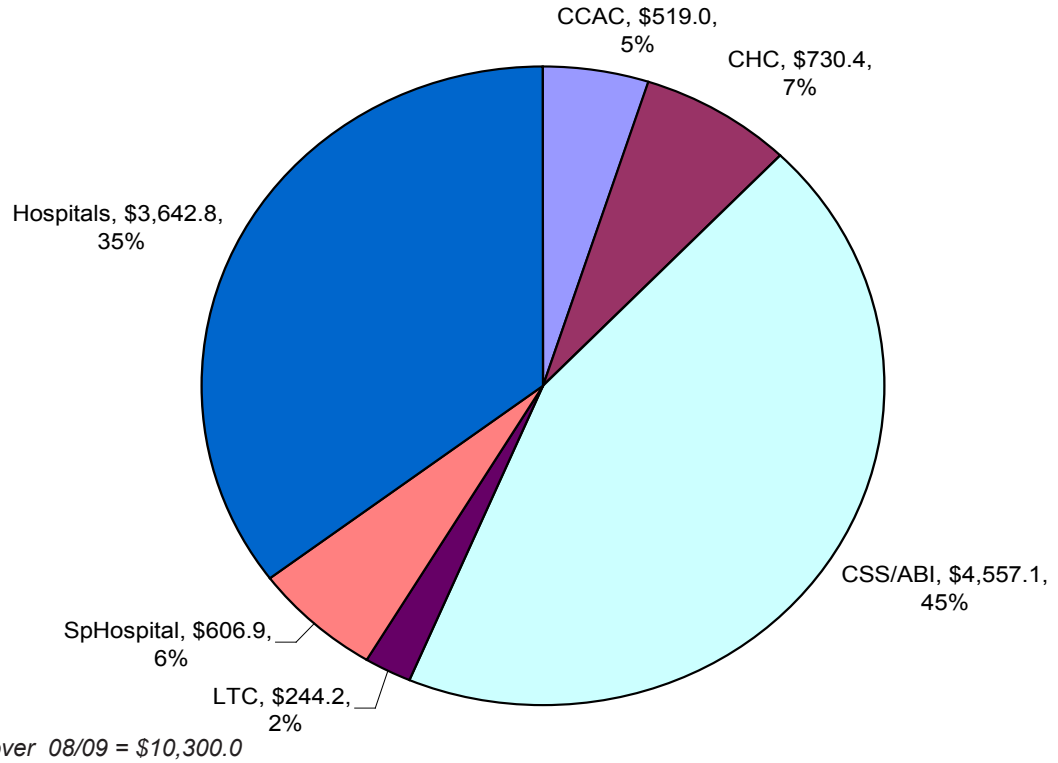
B. Aging at Home Funding

Fiscal Year 2009/10 Q1 Aging at Home Cumulative Funding ($,000)



Total $17,219.2

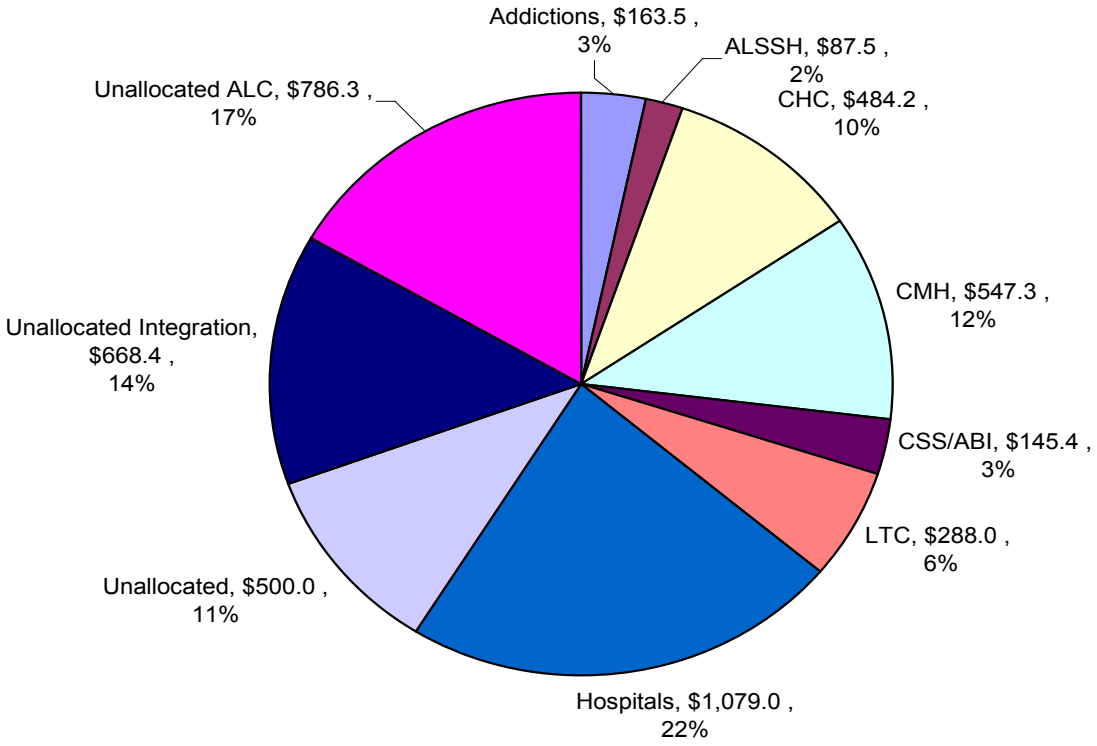
Aging at Home 2009/10 Incremental Funding ($000,)



Increment over 08/09 = $10,300.0

C. Urgent Priority

Fiscal Year 2009/10 Urgent Priority Fund Allocation 30/06/09 ($,000)



Total $4,749.5

4. LHIN Financial Report

CHAMPLAIN LHIN					
2009/10 FINANCIAL REPORT, Quarter 1					
	April 1 - June 30, 2009				FY2009 / 10
	Actual	Budget	Variance		Budget
LHIN OPERATIONS			Under (Over)		
Salaries & Benefits	866,614	855,929	(10,685)		3,529,585
Direct Operating Costs	143,642	138,062	(5,580)		815,018
Governance Costs	35,632	31,500	(4,132)		151,810
Other Fixed Costs	147,046	152,830	5,784		561,714
	1,192,934	1,178,321	(14,613)		5,058,127
Capital Additions	0	11,000	11,000		30,000
e-Health Absorption	0	0	0		0
TOTAL	**1,192,934**	**1,189,321**	**(3,613)**		**5,088,127**
E-HEALTH					
Salaries & Benefits	120,814	126,638	5,824		506,811
Direct Operating Costs	35,866	56,675	20,809		93,189
	156,680	183,313	26,633		600,000
e-Health funding	0	0	0		0
LHIN absorption	**156,680**	**183,313**	**26,633**		**600,000**
OTHER FUNDED PROGRAMS					
Other programs are not disclosed as the funding has not yet been announced by the Ministry					