Champlain **LHIN**

Measuring our Accomplishments

Board Report
Quarter 2

July-September 2009

Ontario
Local Health Integration Network

Table of contents

Preamble

In this quarter, improvements were reported for MRI wait times.

Wait times for CT scans increased, mainly because of urgent requests due to timing of 'snowbird' travel, the implementation of a pilot initiative redirecting MRI requests to CT, and the provision of CT colonography scanning, which is a relatively new technology. Mitigation strategies are outlined in this report.

Percentage of Alternate Level of Care (ALC) Days rose. Aging at Home projects such as the Regional Geriatric & Community Intervention Program, Aging in Place and Going Home aim to alleviate the ALC problem and have experienced positive results. A short-stay pilot project at three sites was initiated to help reduce the ALC days percentage.

Other highlights include:

- Completion of the integration plan for maternal-newborn care as well as submission to the Ministry of Health and Long-Term Care of a proposal for new Level 2 newborn beds

- Completion of the draft Integrated Health Service Plan 2010-2013, which was tabled with the Champlain LHIN Board of Directors

- Completion of educational sessions and guidelines distributed for the Long-Term Care Home Service Accountability Agreement (L-SAA) process

- Call for proposals for integration projects in the community care sector – 64 applications received with eight moving on to business case stage

1. Performance Scorecard

Champlain LHIN Performance Overview: MLAA Schedule 12 Indicators, For Reporting Period: 2009/2010 as of July 31, 2009

Performance perspective		Performance indicator	Unit	Provincial Target	CLHIN Ranking (out of 14)	LHIN Performance Target	Q2 08/09	Q3 08/09	Q4 08/09	Q1 09/10	Status	IHSP priority
Health Resources												
Evidence & Knowledge												
Health Services	⊙	90th Percentile Wait Time for Cancer Surgery [1]	days	84	12	63	70	61	62	63	Doing well below corridor & B/L	Access
	⊙	90th Percentile Wait Time for Coronary Artery Bypass Surgery [1]	days	182	5 (out of 9 LHINs)	182	72.8	25	30	43	Doing well below corridor & B/L	Access
	⊙	90th Percentile Wait Time for Cataract Surgery [1]	days	182	14	170	182	159	134	133	Doing well below corridor & B/L	Access
	⊙	90th Percentile Wait Time for Hip Replacement [1]	days	182	13	266.75	274	291	250	276	Doing well below corridor & B/L	Access
	⊙	90th Percentile Wait Time for Knee Replacement [1]	days	182	13	284.75	323	266	238	268	Doing well below corridor & B/L	Access
	⊙	90th Percentile Wait Time for Diagnostic MRI Scan [1]	days	28	14	211.5	214	273	240	176	Doing well below corridor & B/L	Access
	❖	90th Percentile Wait Time for Diagnostic CT Scan [1]	days	28	14	63.25	72	61	67	85	Attention - Above corridor & below B/L	Access
	■	Median Wait Time to Long-Term Care Home Placement - All Placements [2]	days	50	14	183	173	215	161	199	Monitor - in corridor & above B/L	Access
	❖	Percentage of Alternate Level of Care (ALC) Days -by LHIN Institution [2]	%	9.46	5	13.8	n/a	14.4	12.8	15.36	Attention - Above corridor & below B/L	Access
	▯	Proportion of Admitted patients treated within the LOS target of <=8 hours [1]	%	90		42				32.20	n/a	Access
	▯	Proportion of Non-admitted high acuity (CTAS I-III) patients treated within their respective targets of <=8 hours for CTAS I-II and <=6 hour for CTAS III [1]	%	90		84				77.12	n/a	Access
	▯	Proportion of Non-admitted low acuity (CTAS IV & V) patients treated within the LOS target of <= 4hours [1]	%	90		82				75.24	n/a	Access

Note

1 = The latest Performance value is from Q1 2009/10 (Apr, May & Jun 2009)

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

Sources Local Health System Performance Dashboard
July 31, 2009 Release

Explanation

For MLAA Schedule 12 Indicators (quantitative indicators)

Doing Well ⊙	
Improving ⌑	
Monitor ■	
Attention ❖	
New Indicator ▯	

A. MLAA Performance Analysis - CT

1. Performance Indicator

Computer Tomography - **CT 90TH PERCENTILE WAIT TIME**

90th Percentile Wait Times for Diagnostic CT Scan: 85 days

Target Range: 63 days

Increase from Q4 result of 67 days

2. Description of Issue

There were a number of reasons for the change in the CT scan wait times during Q1 '09, primarily dealing with a sudden surge in CT scan volumes starting around March '09. Most of the impact was seen at TOH. These include:

1. Seasonal increase due to urgent requests for "snowbirds" pre and post trips have resulted in "Scheduled or Specified Dates" bookings taking away available spots otherwise used for routine P4 cases.

2. Pilot initiative in redirecting specific MRI requests to CT as a means to control MRI intake was carried out in Q4 2008/09. The initial MRI Referral Date was retained when redirected to CT and subsequently sent to WTIS.

3. Intake of relatively new CT colonography scans significantly greater than scheduled run rate.

4. Unanticipated surge of P4 non-contrast CT requests in Q4 of 2008/09 (particularly head & neck at both TOH and Montfort).

.

3. Mitigation Strategies

There are a number of activities currently underway in the region through collaboration between the LHIN and the Hospitals which are expected to improve CT wait times over the next 2 quarters:

• Agreements have been obtained between participating hospitals on standardized data collec tion practices.

• Work is on-going towards the implementation of the regional PACS repository, and an associated central intake initiative is being developed to greatly improve the front-end of the process to address current issues such as redundant requests, appropriateness, balancing of load, etc.)

Specific actions being undertaken at TOH include:

• TOH currently working with the Provincial MRI Improvement Process Coaching team spon sored by MOHLTC-Wait Times Strategy. New strategies developed under this project will be considered for the CT program.

• Increased access to CT services (including a new evening shift starting September 14th) is planned that will see an additional 75 - 95 scans per week at the Civic Campus. Further devel opment of new shifts at the Riverside campus currently underway.

• MRI/CT pilot has been completed and will not add to the CT queue as of Q2.

• A priority screening tool on appropriateness for CT Colonography has been created and com municated to referring physicians.

• Collaboration by TOH and its regional CT partners in the distribution of requests underway. Currently working with the Heart Institute and Winchester District Memorial Hospital.

The Montfort has also introduced an additional 12.5 hours per week of operation as of June, resulting in 35-45 additional CT scan capacity per week.

Seasonal variations that contributed to the increase in volume and wait times in the Spring is reversed due to Summer holidays and is stabilizing performance in Q2/Q3.

• Peak at TOH was in April and improvement measures already in place resulting in downward trend starting in May

The LHIN is confident in the current measures yielding significant improvements and is proposing to reduce the 2009-10 MLAA Target for CT Scan times to 55 days.

A. MLAA Performance Analysis - ALC Days

1. Performance Indicator

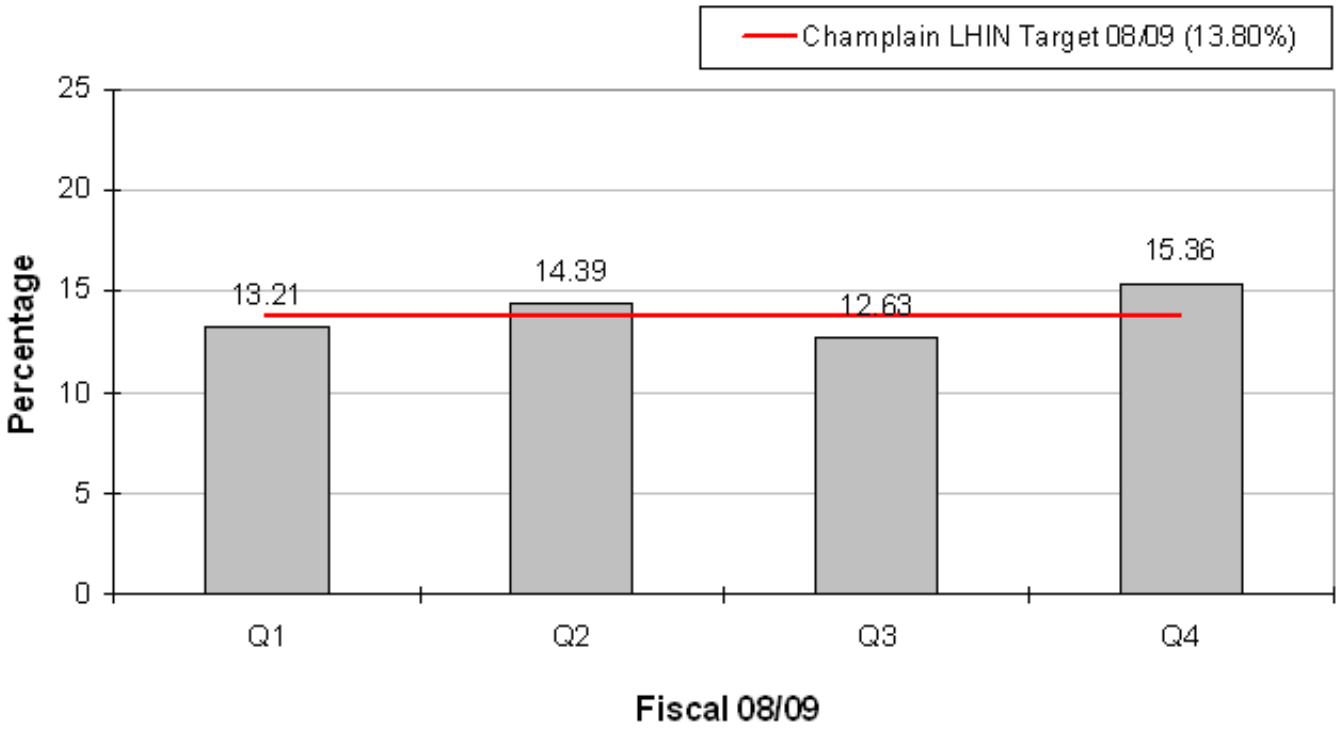
Percentage of Alternative Level of Care (ALC) Days

Q4 Percent (%) ALC Days for Champlain: 15.36%

LHIN Target: 13.8%

2. Description of Issue

In Q4, Champlain LHIN performed over the LHIN-specific % ALC Days target by 11%. Performance was ranked 5th among the 14 LHINs (improved from 8th in 0809Q2) and remains improved over baseline (16.5%). Over the 4 quarters in 0809, Champlain LHIN performance is in line our 08-09 13.8% target.



Due to the seasonal nature of ALC performance, an elevated result in Q4 is normal. Further contributing to performance is an increased wait time for LTC beds. As with the rest of the province, LTC continues to show the longest wait times. Outbreaks in LTC Homes during winter months delay placements. In Q4, there were 44 empty beds not available for admissions due to outbreak, compared to an average of 15.7 beds in the 3 previous quarters.

The implementation of a new provincial ALC definition, particularly within Complex Continuing Care, Rehabilitation and Mental Health hospitals, will create increased reported ALC volumes starting in 0910Q2.

3. Mitigation Strategies

Twenty-five of Champlain LHIN's 28 Aging at Home (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.

Examples of LHIN projects that are showing positive results are:

- Regional Geriatric & Community Intervention Program - the Geriatric Emergency Management program served 958 clients in 0809.
- Aging in Place served 1545 clients by the end of Q4 in 11 City of Ottawa seniors subsidized buildings.
- Going Home Project served 737 clients in 0809 and was 84% above its projected target. Clients in this program were able to receive Meals on Wheels, transportation and personal support in order to prevent a hospital admission or to assist with earlier/timely discharge.

Future:

From October through Dec 09, the LHIN plans to add additional short-stay capacity to contribute to course correction of ALC upward trending as follows:

- Valley Stream Pilot Project (74 beds)
- Marianhill Pilot Project (30 beds)
- Cornwall Slow Paced Rehabilitation Pilot Project (8 beds)

The implementation of increased capacity within geriatric mental health outreach resources available to Long Term Care Homes is anticipated to assist Long Term Care Home in expanding their capacity to meet the needs of residents with mental health/behavioural issues.

Supportive Housing capacity will sustain the ALC course correction. In addition to current initiatives, planning exercises are underway to increase supportive housing capacity. The Champlain Affordable Supportive Housing Plan will be released in Fall 2009 and the LHIN has provided provincial committee representation.

The LHIN has also recently completed a "Balance of Care" Study to assess the LTCH placement wait list for opportunities to establish community options to avoid/delay placements in the future. This report will provide key information to the LHIN's implementation plan for a new and expanded affordable supportive housing. The report will be completed during Fall 2009 and will inform LHIN investments over the coming years. Additionally, the LHIN anticipates working with the University of Ottawa Telfer School of Business to model hospital LTC bed requirements in order to manage ALC volumes. One focus of this modeling will include the impact of reducing Long Term Care Home length of stay.

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 Nov 2009 2 Mar 31, 2010 3 Mar 31, 2010	✓ in progress Changes in membership have resulted in some loss of momentum. New group will need to go through phases of "norming and storming" prior to achieving concrete deliverables. Mitigation strategies include LHIN Planner and Senior Director attending meetings to ensure progress towards a common vision for rehabilitation services. In addition, the Clinical Services Distribution plan that is currently being developed will include rehabilitation services.
		◦ Hip Fracture (treatment and rehab)	◦ 1) Create a regional group to address needs of Hip Fracture patients & develop a care model for Champlain ◦ 2) Develop common data collection worksheets for hip fracture patients	◦ March 31, 2010	✓ in progress ◦ Funding request was made to the LHIN for a project lead to move this initiative forward but not yet approved. ◦ ◦ Discussions with Kemptville and QCH are stalling when discussions of fund transfers take place.
		◦ 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 ✓ completed Integration plan has been completed and consultations held with key groups and stakeholders. In addition, a proposal for new Level 2 newborn beds has been developed and submitted to the MOHLTC. Next steps include the implementation of the joint organizational structure (CoPN model) as well as the development of a full implementation and change management plan. Type of integration being reviewed with Legal Counsel. .

Link to SD	Goal	Objective	Deliverables	Due Date	Actions Taken to Date
		◦ Palliative Care	1. Plan for regional palliative care program developed	1. Mar 31, 2010	✓ planning stage Retreat held in May 2009 with all key players and partners. Led by Champlain LHIN Palliative Care Network. Output from the retreat used to create a Business Case for moving the planning process forward. Planning principles, planning committee structure, timelines and deliverables established. Work groups initiated.
		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. Dec 24,2008 2. Sept 2009 3. Oct 2009 4. Nov 2009 5. March 2010	✓ in progress Project Charter and Terms of reference adopted by Steering Committee and LHIN Board. Steering Committee meeting on a regular basis. Media technical briefing held August 24th, 2009 with good media coverage subsequently. Orientation sessions held with co-chairs of the four working groups. Medicine and Surgery working groups have begun meeting. Consultants for data analysis and formation of Citizen's advisory committee in the process of being secured. Collaborative external website launched. Data collection and analysis in process. Currently formalizing working relationship with Le Réseau des services de santé de l'Est de l'Ontario..
		Develop a capital investment plan aligned with the regional hospital clinical services distribution plan	Plan developed		✓ no action No action at this time as the capital investment plan will be driven by the clinical services plan.

Link to SD	Goal	Objective	Deliverables	Due Date	Actions Taken to Date
	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 2009 2. Mar 2009 3. Mar 2009 4. Mar 2009	✓ planning stage ✓ no action No action by LHIN staff this quarter. A new planner will be aligned to this priority beginning October 13th, 2009. CSS organizations in Renfrew County have submitted a proposal through the LHIN's innovation fund. A business case has been requested and is currently being reviewed. It will need some improvements and discussions with a broader stakeholder group.
		Develop a business-case and financial analysis for a cross-LHIN non-urgent transportation system	Business case developed	Dec 2009	✓ no action
		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
	Ensure accountability, effectiveness and sustainability of existing health care services in all sectors throughout the transformation of the health care system	Implement the findings of the Champlain LHIN CCAC Operational Review	1. Complete & release operational review 2. Develop performance monitoring framework	1) Sept 30, 2009 2) December 31, 2009	✓ in progress Review completed and approved by Board. CCAC is preparing a recovery plan & LHIN is finalizing the performance framework

Link to SD	Goal	Objective	Deliverables	Due Date	Actions Taken to Date
		Develop and implement a regional laboratory service plan (EORLA)	1. All hospitals sign HSAA 2010-12 including EORLA clause 2. Secure EORLA funding and ensure conditions are met 3. Signed Service Level Agreements in Place	March 2010	✓ in progress HSAAs signed. Currently waiting for Ministry funding letter.
		Develop a regional service plan for dialysis	1) Renfrew Regional Dialysis Capital Plan 2) TOH Home dialysis expansion		✓ in progress
		Implement an integration fund	Distribute $1.2M to community HSPs in accordance with integration guidelines	Dec 31, 2009	✓ in progress Call for proposals. Reviewed 61 proposals and provided funding
		Negotiate and sign accountability agreements with all Champlain HSPs	1) Signed H-SAAs 2) Signed L-SAAs 3) Mutually agreeable recovery plan for Winchester 4) Mutually agreeable recovery plan for Cornwall once review is complete 5) Monitor implementation of ROH recovery plan 6) Develop Champlain LHIN performance framework and scorecard to monitor MLAA and IHSP	1.March 31, 2010 2.March 31, 2010 3.June 30, 2009 4.Sept 30, 2009 5.March 31, 2011 6.March 31, 2010	1. Participation on provincial committee. 2 meetings with CFO's to discuss common assumptions and challenges 2.Education sessions complete and guidelines distributed. 3.Recovery plan approved on June 24, 2010 4.Review complete and recovery plan was received. Recovery plan is accepted conditional on the Ministry providing funding for the $6.6M shortfall 5.Announced recovery plan & have begun moving patients as appropriate. RFP to asset management capabilities is being developed. 6.Prototype presented, production ready eScorecard is being developed

Link to SD	Goal	Objective	Deliverables	Due Date	Actions Taken to Date
	Ensure timely access to quality health care services	Ensure wait list management by addressing the variance in physician wait lists	Implement Central intake model for Hip and Knee Replacement	Jan 30, 2010	✓ in progress ✓ completed Reviewed committee structure for this project and developed terms of reference. Worked with WTS to secure funds. Identified project lead.
		Implement ER wait times improvement initiatives	1. Work with P4R hospitals to achieve hospital specific targets	2. March 31, 2010	✓ in progress Developed and implemented a more robust monthly reporting process
		Evaluate targeted strategies to reduce ALC days in Champlain	Meet provincial targets	March 31, 2010	✓ in progress Evaluation framework developed and underway. ED/ALC scorecard has been developed and is currently being operationalized
		Implement short-stay pilot	Short-stay pilot implemented	January 31, 2010	✓ in progress 3 pilot projects have been initiated. Marian Hill has signed the MOU and begun operations. Valley Steam is well underway and expected to start taking patients in November. St-Josephs is in the planning stages.
	Develop strong and vibrant community engagement structures for local planning	Identify deliverables for the Health Human Resources Council	Key deliverables will be identified	September 2009	✓ in progress Due Diligence report and tool submitted to the committee. Next steps will be to survey the voluntary integrations underway to identify the Human Resources issues and solutions that can be communicated to other organizations to share lessons-learned and transfer knowledge. Plan is to have committee operate independently. Discussions held between Senior Planner and co-chairs to enable this to happen.

Link to SD	Goal	Objective	Deliverables	Due Date	Actions Taken to Date
		Identify deliverables for the Primary Health Service/Public Health Council	Key deliverables will be identified	Dec 2008	✓ no action This committee has not met this quarter. The intent is to withdraw LHIN participation and instead, seek physician and public health involvement in individual projects.
		Refine the role of Community of Care Advisory Forums	1) Role of CCAFs clarified and communicated 2) Guidelines revised 3) Revised statements of relationships signed	1.) Nov 2008 2) Dec 2008 3) Jan 2009	✓ completed Role of CCAF discussed with CCAF chairs. Guidelines revised accordingly and endorsed by CCAFs. Statement of relationships signed. Role of CCAFs will need to be reviewed in light of new IHSP and potential re-organization of LHIN office structure.
		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	✓ no action No action this quarter. Plan is to have statements of relationship signed with key groups that will assist with implementation of IHSP priorities and other key projects by end of fiscal year, once new IHSP is finalized.
	In accordance with legislation, ensure equitable access to health care services for francophones and aboriginals across Champlain	Identify Strategic priorities to advance in collaboration with l'Agence de santé et des services sociaux de l'Outaouais Formalize working relationship with Le Réseau des services de santé en francais de l'est de l'Ontario	1) Report completed and shared with SM and LHIN staff 2) Cross border (ON-QC) issues identified 3) Agreement of key areas to actions collaboratively 4) Agreement or MOU signed with Le Réseau	Jun 2009 Dec 2009 Dec 2009 March 2009	✓ in progress Discussions held with Agence project lead to determine agenda for a one-day planning session to be held in October. Regular meetings held with ED le Réseau. Ongoing discussions with ED and staff at MOHLTC re. MOU in light of potential new regulations.
		Identify access barriers to addictions and mental health care services for aboriginal populations	Strategies and implementation plan document developed by the Aboriginal Health Circle Forum	Mar 2009	✓ planning stage Discussions still being held with Forum. No significant action this quarter.

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 3 planning completed and approved by BOD 2) Evaluation of year 1 completed 3) Affordable supportive housing report received and reviewed 4) Participate in Balance of Care study	1.) Dec 2009 2) Dec 2009 3) Sept 2009 4) July 2009	✓ planning stage Planning for year 3 in progress. Meetings with all Aging at Home teams underway. On track to submit plan to BOD. Functional plan for The Villages project to be submitted to BOD at Sept meeting. Evaluation currently underway. Analysis of quarterly reports from teams, focus groups and individual interviews with seniors and caregivers and baseline data for senior population underway. Affordable supportive housing report not yet received. Follow-up underway. Balance of Care study completed. Results being analyzed to inform year 3 planning.
		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) Range of residential options pre-post AAH analyzed 2) Gaps identified 3) Recommendations for realignment or future investments	✓ in progress Awaiting affordable supportive housing report. Currently reviewing findings of Balance of Care study to inform year 3 planning.
		Conduct long-term and transitional bed capacity study	1) Mapping of transitional capacity across Champlain completed 2) Recommendations for realignment or future investments	1) Jun 2009 2) Jun 2009	Responsibility for project transferred to Director Funding Performance and Allocations
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	Identify, support, facilitate, and evaluate the integration of primary health services, functions, processes, and organizations	1) IHSP for 1010-13 developed 2) Voluntary or LHIN-directed integrations undertaken	1) November 2009 2) March 31 2010	✓ in progress 1. Draft IHSP document completed this quarter and tabled to LHIN BOD in August. Consultations with community currently underway and to be completed by end of Sept 2009

Link to SD	Goal	Objective	Deliverables	Due Date	Actions Taken to Date
		Aging at Home	Develop a transparent process for the allocation of Aging at Home year 3 growth funding	December 31, 2009	✓ in progress Year 3 funding potential has been established. Waiting for MOH direction to proceed.
		Monitor financial indicators to identify budgetary surpluses and shortfalls in each quarter and reallocate, or request recovery plans, as necessary	1) Hire systems developer to create database and automate some monitoring 2) Review quarterly reports	Quarterly	Systems developer hired to start on October 5, 2009 Developed quarterly analysis templates and reviewed all HSPs
					2) Olde Forge and Pinecrest-Queensway continue due diligence review related to integration of some of their services. Call for proposals for Integration fund issued. 64 H-SIPs received, 8 moved to business case. Business cases currently being reviewed and recommendations to go to SM on Sept 22nd, 2009. Voluntary integration related to the offer of peritoneal dialysis in one LTC home signaled to Champlain LHIN Board of Directors. No objections to integration signaled.
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. 36 housing units occupied by appropriate target population	1. Mar 2009	✓ in progress There has not been any action this quarter given that funding for this initiative has been placed on hold.

Link to SD	Goal	Objective	Deliverables	Due Date	Actions Taken to Date
		Open 5 francophone & 15 anglophone residential drug treatment spaces for youth 13-17 years of age (Youth Residential Drug Treatment Centre)	s		✓ in progress
		Develop strategies to meet the needs of people with concurrent disorders by improving alignment of mental health and addiction services	1. Mental health and addictions stakeholders sign statement of agreement to uphold collaborative principles 2. Common screening tool for concurrent disorders adopted by mental health and addictions HSP 3. Creation of an integrated network of mental health and addictions service providers 4. Implementation of a coordinated access/bed registry for mental health beds across Champlain	1. Dec 2009 2. Dec 2009 3. Nov 2009 4. Mar 2010	✓ in progress 1) Statement signed 2) Training sessions still underway 3) Joint Addiction and Mental health Community of Practice to become operational in November 2009 Training sessions related to the common screening tool completed with 50% of HSPs. Remaining 50% underway. 4) Funding secured for implementation. Implementation to begin in next quarter. .
CHRONIC DISEASE PREVENTION AND MANAGEMENT	Enhance the management of diabetes and vascular disease in Champlain	Implement Diabetes Strategy components in alignment with MOHLTC	-Service analysis -Service expansion (diabetes education teams) -Complete CE -Specialist/primary care interface analysis completed	March 31, 2009	✓ in progress Champlain Diabetes Service assessment and recommendations completed. Report written and submitted to MOHLTC in July 09. Letter of support written for TOH Gestational Diabetes Project grant submission.
		Implement a coordinated self-management program for Champlain	Lead agency identified, funding secured and allocated, coordinator hired, train the trainer sessions offered, peer-led groups operational	Marc 2010	✓ in progress Meeting held with HSPs and Non-HSPs providing self-management programs in our region. Directed call for proposals written and sent to two regional organizations. Proposals received and reviewed. Service agreement written and negotiated.

Link to SD	Goal	Objective	Deliverables	Due Date	Actions Taken to Date
LHIN OPERATIONS (to establish an efficient work-place of choice)	Develop a highly functioning and efficient LHIN office	Address workload issues by prioritizing projects	1) Workplans developed by all LHIN staff and SM 2) Strategic objectives prioritized by SM	1) Sept 2009 2) Sept 2009	✓ completed Worksplans for 2009-10 for PICE team completed. All LHIN staff using workplan template as of September 2009.

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

FY 09/10 Funding Allocation by Sector at August 15, 2009

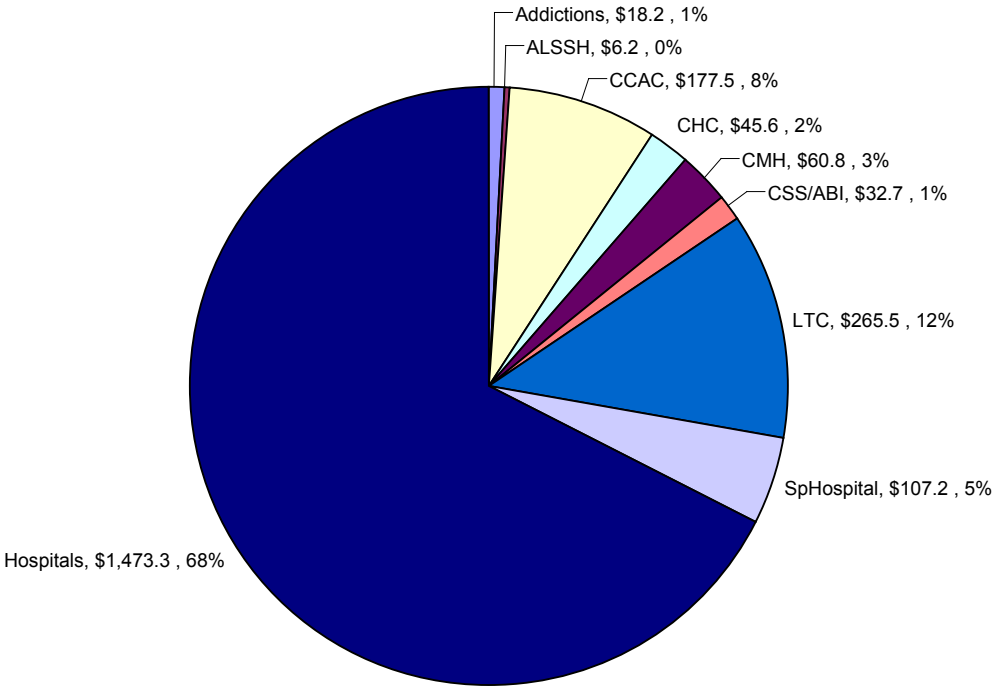
Sector	Total Q1 Base Allocation	Stabilization / Funding Formula Base	PCOP Base	Other Base Funding	AAH Base	Urgent Priorities Fund Base	Urgent Priorities Fund One Time	AAH One Time	Vans One Time / Other One Time	Wait Time Strategies/ One Time	FY 08/09 Total Allocation
Addictions	18,118,040		-	-	-	-	32,000	-	-	-	18,150,040
ALSSH	6,193,552		-	1	-	-	-	-	-	-	6,193,552
Community Care Access Centre	177,282,127		-	190,920	-	-	-	-	-	-	177,473,047
Community Health Centre	45,505,520		-	32,202	-		-	40,000	-	-	45,577,722
Community Mental Health	60,667,008		-	-	-		125,000	-	-	-	60,792,008
Community Support Services & ABI	32,699,443		-	-	-	44,616	-	-	-	-	32,744,059
Long Term Care Homes	261,237,428	3,975,238	-		-		288,000	-	-	-	265,500,666
Psych Hospitals	107,209,559		-	-	-	-	-	-	-		107,209,559
Hospitals	1,437,464,895			11,115,400			617,775	463,100		23,648,700	1,473,309,870
Total	**2,146,377,572**	**3,975,238**		**11,338,522**		**44,616**	**1,062,775**	**503,100**		**23,648,700**	**2,186,950,523**

Notes:
The funding allocation is based on the MLAA at 15/08/09.

A. Funding By Sector

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

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

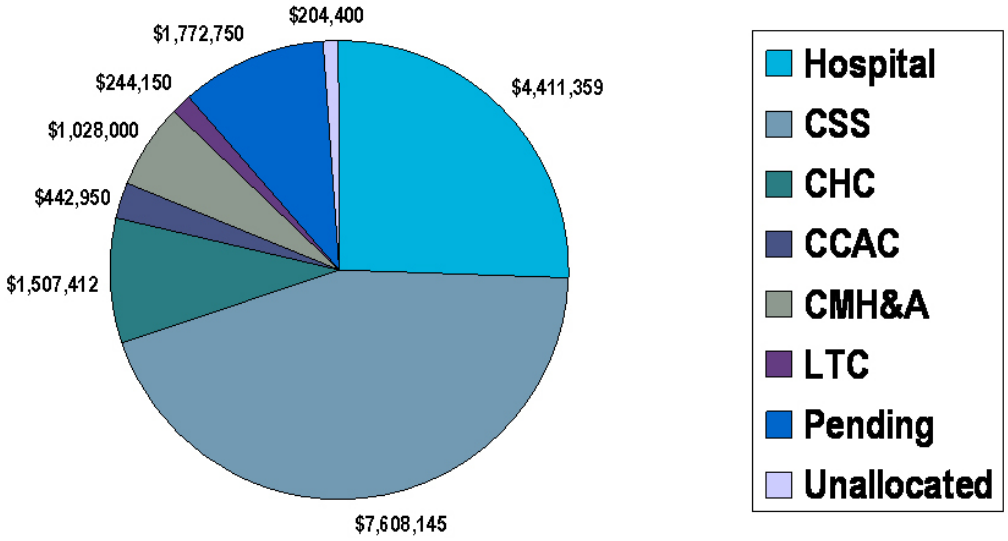


Total Allocation $2,186M

Based on MLAA August 15, 2009

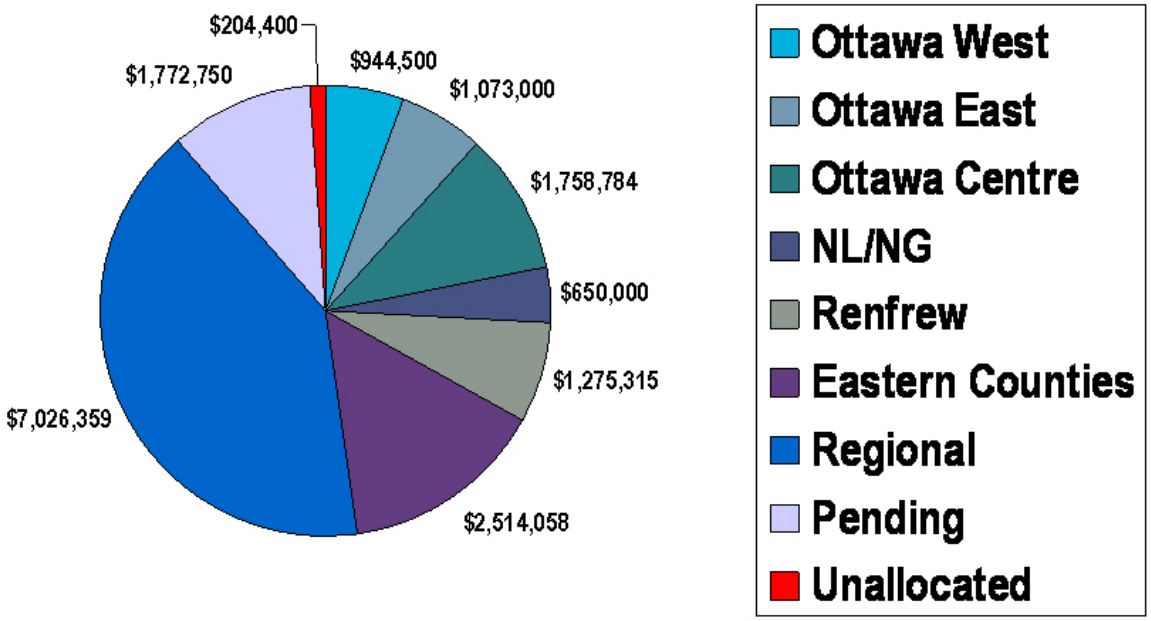
B. Aging at Home Funding

Fiscal Year 2009/10 Q2 Aging at Home Cumulative Funding



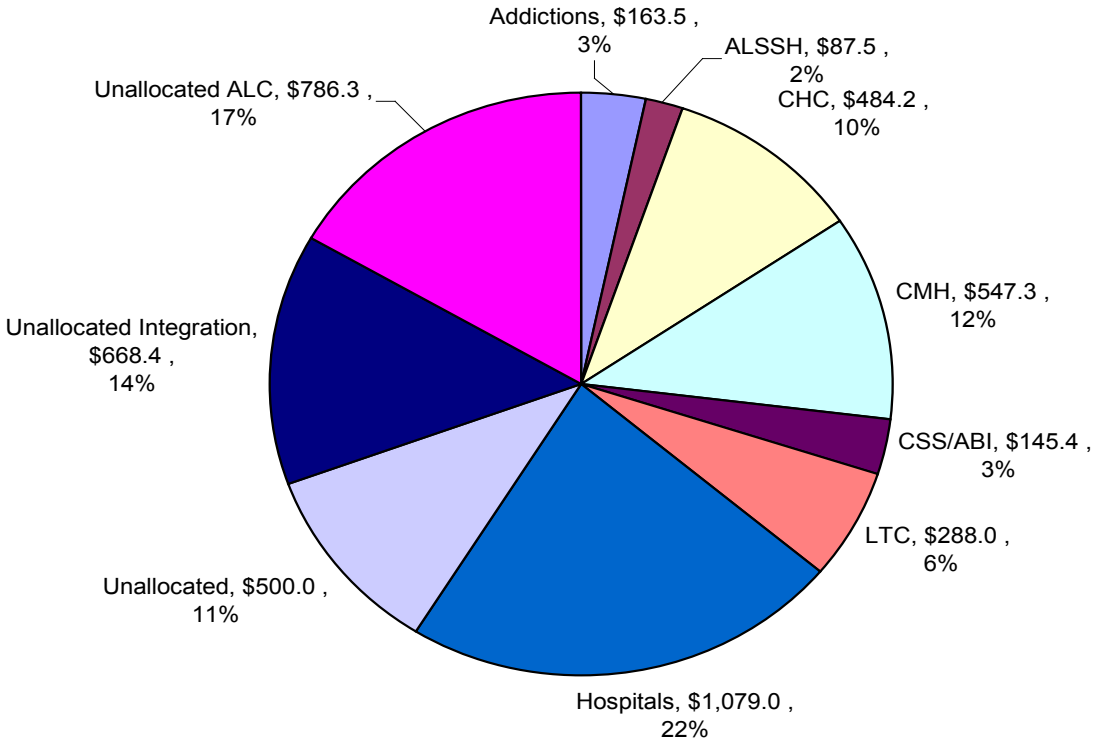
Total $17,219.2

Aging at Home Funds by Community of Care



C. Urgent Priority

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



Total $4,749.5

4. LHIN Financial Report

	6 Months Sept 30, 2009			FY2009 / 10
	Actual	Budget	Variance Under (Over)	Budget
LHIN OPERATIONS				
Salaries & Benefits	1,654,515	1,795,843	141,328	3,529,585
Direct Operating Costs	284,643	309,890	25,247	815,018
Governance Costs	55,378	64,300	8,922	151,810
Other Fixed Costs	283,340	289,125	5,785	561,714
	2,277,876	2,459,158	181,282	5,058,127
Capital Additions	10,946	11,000	54	30,000
e-Health Absorption	0	0	0	0
TOTAL	**2,288,822**	**2,470,158**	**181,336**	**5,088,127**
E-HEALTH				
Salaries & Benefits	224,144	232,953	8,809	506,811
Direct Operating Costs	41,595	68,939	27,344	93,189
	265,739	301,892	36,153	600,000
e-Health funding	0	0	0	0
LHIN absorption	**265,739**	**301,892**	**36,153**	**600,000**