Champlain **LHIN**

Measuring our Accomplishments

Board Report
Quarter 3

October - December 2009

Ontario
Local Health Integration Network

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Preamble

In the last quarter, wait times for MRI scans showed significant improvement. However, wait times for hip replacement surgery rose. A new regional hip and knee replacement program, which uses a central intake and assessment centre model, is expected to reverse this trend.

As part of the LHIN's ongoing commitment to engage communities on health-care priorities, partnerships continued to flourish in Q3. For example, the Champlain LHIN and Network of French Language Health Services of Eastern Ontario (Réseau des services de santé en français de l'est de l'Ontario) solidified their working relationship with a signed agreement.

Of particular interest in the months of October to December 2009 were the challenges facing the Champlain Community Care Access Centre (CCAC). A third-party review of the Champlain CCAC was completed, and the LHIN identified clinical areas for financial relief within the context of the CCAC's current recovery plan.

The Aging at Home Strategy, which exemplifies our organization's focus on improving the way in which health services are delivered, is heading into its third year of operation. During this quarter, the Champlain LHIN Board of Directors approved the updated the strategy, which will increase the number of supportive housing units in the Champlain region.

The LHIN also developed and implemented more thorough reporting requirements for hospitals involved in the "Pay for Results" initiative to ensure providers are meeting goals. The aim of this program is to decrease length of stays in area emergency rooms.

1. Performance Scorecard

Champlain LHIN Performance Overview: MLAA Schedule 10 Indicators

For Reporting Period: 2009/2010 Q2 (as of October 31, 2009)

Performance perspective		Performance indicator	Unit	Provincial Target	LHIN Rank (out of 14)	LHIN Performance Target	Result Q2 2008/09	Result Q3 2008/09	Result Q4 2008/09	Result Q1 2009/10	Result Q2 2009/10	Status	IHSP priority
Health Services	■	90th Percentile Wait Time for Cancer Surgery [1]	days	84	12	62	70	61	62	63	69	Attention - Above Corridor	Access
	■	90th Percentile Wait Time for Coronary Artery Bypass Surgery [1]	days	182	6 (out of 9 LHINs)	182	72.8	25	30	43	66	Doing well in or below corridor & below starting point	Access
	■	90th Percentile Wait Time for Cataract Surgery [1]	days	182	14	170	182	159	134	133	131	Doing well in or below corridor & below starting point	Access
	■	90th Percentile Wait Time for Hip Replacement [1]	days	182	13	250	274	291	250	276	320	Attention - Above Corridor	Access
	■	90th Percentile Wait Time for Knee Replacement [1]	days	182	13	269	323	266	238	268	259	Doing well in or below corridor & below starting point	Access
	■	90th Percentile Wait Time for Diagnostic MRI Scan [1]	days	28	13	188	214	273	240	176	136	Doing well in or below corridor & below starting point	Access
	■	90th Percentile Wait Time for Diagnostic CT Scan [1]	days	28	14	61	72	61	67	85	97	Attention - Above Corridor	Access
	■	Median Wait Time to Long-Term Care Home Placement - All Placements [2]	days	50	14	183	173	215	161	199	237	Attention - Above Corridor	Access
	■	Percentage of Alternate Level of Care (ALC) Days -by LHIN of Institution [2]	%	9.46	n/a	13.51	n/a	14.4	12.6	15.4	n/a	n/a	Access
	■	Proportion of Admitted patients treated within the LOS target of <=8 hours [1]	%	90		42				32.2	38.9	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	78.9	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	78.0	n/a	Access

Note

1 = The latest Performance value is from Q2 2009/10 (Jul, Aug, & Sep 2009)

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

Explanation

For MLAA Schedule 10 Indicators (quantitative indicators)

Doing Well	in or below corridor & below starting point
Monitor	in corridor & above LHIN starting point
Attention	Attention - Above Corridor

Source: Local Health System Performance Dashboard, July 31, 2009 Release

A. Variance Reporting for Performance Indicators

The Performance Reporting is now being provided in a new format to be consistent with our Stock-Take Report which we provide to the Ministry of Health and Long-Term Care each quarter. The report is based on the following five areas. It is presented in tabular format starting on page 3.

Description of Variance Report

1. Performance Indicator(s) - To be completed for each indicator where a plan is required as per LHIN Scorecard (pg 1). In this report we have four indicators that require explanation. Indicated by "Attention - Above corridor & below B/L" and the red symbol ❖

2. Current Performance - list performance of quarter being reported

3. Last Quarter's Performance - list performance of last quarter reported

4. Description of the Issue (please provide a brief description of the context related to this quarter's variance and describe any particular challenges related to why a variance has been identified with this performance indicator (e.g. are there particular sites that are performing poorly or to a lesser degree than expected, what are the causes of this performance, etc). Depending on the indicators, This could include issues related to seasonal variations, health human resources, increased demand for procedures/ surgeries/other, shortage of resources or beds

5. Performance Improvement Plan - What is the plan for the next 2 quarters to improve the performance associated with the performance indicator and what will the LHIN monitor to ensure performance gets back on track in order to meet 09/10 performance commitments?

Please provide a summary of:

• The steps the LHIN is taking in managing this issue (i.e. discussions with health service providers on how to improve performance, implementation of additional oversight, discussions with LHINs who have experienced successful performance in this area, are there best practices from other jurisdictions that support mitigation strategy described, is mitigation strategy supported by data, etc..).

• The steps that the health service providers are doing or will be encouraged by the LHIN to be doing to manage this issue.

• The timeline as to when results are expected to fall within performance corridor

• Any discussions related to resource implications, proposed resource reallocations as well as any operational and/or process changes that could address and resolve the variance.

Performance Indicator(s)	Current Performance	Last Quarter's Performance	Description of the Issue	Performance Improvement Plan
90th Percentile Wait Times for Diagnostic CT Scan	97 days with a performance corridor of 45-75 days	60.50 days	Over the past period, the Ottawa Hospital has focused on reducing the MRI wait ties. As pert of that effort, they have been moving patients who would be scheduled with an MRI to CT. The result is a significant reduction in the MRI wait times from 188 days to 136 days. However, the impact on CT has been a significant increase from 60.50 days to 97 days.	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 3 quarters:• Agreements have been obtained between participating hospitals on standardized data collection 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 sponsored 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 which started in September) is planned that will see an additional 75 - 95 scans per week at the Civic Campus. Further development of new shifts at the Riverside campus currently underway. A priority screening tool on appropriateness for CT Colonography has been created and communicated 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. This should help reduce the wait list.The LHIN remains confident in the current measures yielding significant improvements and is taking this opportunity to focus on the higher priority MRI scans.
90th Percentile Wait Times for Hips Replacement	320 days	276 days	During Q2, three of the Champlain LHIN participating hospitals were well within the provincial benchmark of 182 days for hip replacements; however, the Ottawa Hospital was significantly higher than the regional target during this period. In discussions with the hospital, they have identified two contributing factors to this increase: firstly, they will be undertaking a data quality exercise in preparation for the implementation of the regional central intake and assessment program in Q4 due to concerns identified by their surgeon group, secondly, three surgeons have been identified as having particular wait list challenges, in part due to their particular subspecialties, such as hip resurfacing, which are not widely available in the LHIN.	In setting their aggressive 2009-10 target, the Champlain LHIN understood that it would be necessary to implement a regional central intake and assessment center model to achieve these goals. Official announcement of funding for this program was received from the Wait Times Office in Q3, and planning activities are currently underway for a January 2010 launch date. This initiative is expected to improve data quality and timely closure of patient records with the introduction of the Referral Tracking System developed by the Toronto Central LHIN and the use of administrative staff in the clinics. While improvements in wait times are expected through the use of appropriate assessment staff to identify patients whom are not surgical candidates, and the use of patient choice as a determinant for surgeon allocation, it is still expected that some surgeons with unique subspecialties will continue to maintain longer wait lists than the provincial benchmark. As this program is launched, the Champlain LHIN and its participating hospitals will continue to monitor the wait times for hip replacements to better understand where improvements can be made. The Champlain LHIN continues to expect to meet its year end MLAA target

Performance Indicator(s)	Current Performance	Last Quarter's Performance	Description of the Issue	Performance Improvement Plan
90th Percentile Wait Times for Cancer Surgery	Q2 – 69 days	63 days –	TOH • HR challenges : currently recruiting breast and thoracic surgeons, departure of high volume endocrine surgeon • OR challenges: Inability in some services to do 2 cases in 1 OR day related to OR time or equipment; changed methodology for allocating surgical time in summer by not reducing cancer surgery time however vacation practices did not change leading to decreased surgeon availability • WTIS challenges: data integrity an issue – have 1.5 FTE coordinator for high volume organization (3-4 FTE for peer organizations) –need to standardize processes for quality data entry, timely feedback of pending issues in meeting WT targets Montfort: OR time allocation for cancer surgery cases has lead to extended wait times QCH: although urology WT are decreasing, seasonal variations affect ability to adhere to WTs, lack of clarity in WT priority definitions led to possible miscoding; one patient had long wait which affected adversely affected 90th% WT.	TOH - Are currently in discussions with ENT service to take on endocrine cancer surgery cases - Hired Cancer Quality Improvement Coordinator –initial focus on cancer surgery - Plan to add 1 FTE to WTIS coordinator position who will focus on cancer surgery data entry, analysis and opportunity development - Currently no formal process to ensure availability of surgical oncologists through summer to operate– will review process with surgical leads - TOH has accepted provincial cancer surgery priority challenge that has galvanized teams into reviewing data for integrity, barriers and system opportunities - Purchase of additional neurosurgery equipment to facilitate 2 cancer surgery cases in one OR day (facilitate OR turnover) - Prospectively managing wait times through WTIS, flagging those where WT is approaching priority targets and flexing OR schedules where able - Results should fall within performance corridor by end of Q3 reporting period Montfort: have dedicated one OR per week for cancer wait time cases QCH: will meet with urologists to review WT data, priority coding guidelines; 5th urologist recently hired should impact WT demands
Median Wait Time to Long-Term Care Home Placement – All Placements	237 days (Q1)	199 Days	Q1 09/10 saw fewer LTC placements than Q4 08/09, with the number of placements dropping from 50/month at the start of Q4 to 40/month by the end of Q1. LTC Homes in Champlain continue to have high occupancy with utilization at 99.3%. During Q109/10, hospitals required fewer priority access days than Q408/09 enabling more clients on the LTC waitlist in the community to transfer to LTC beds. In Champlain, people wait longer from community than from hospital for a LTC bed causing an increase in the median wait time to LTC placement when more community clients are placed.	Work is being done locally to develop a mathematical model predicting LTC capacity in relation to LTC Length of Stay. Aging at Home's evaluation was initiated in Q1 with interviews/focus groups conducted with clients/caregivers (N=107) to determine the lived experience of at-risk seniors aging in their own homes. Findings will support planning for F10-11. Also, F09-10 performance measures were refined for all Aging at Home projects with a focus on ED-ALC. In Fall 2009, the Champlain Affordable Supportive Housing Committee will provide an implementation plan for affordable supportive housing of which there is little in Champlain. The recommendations will be based in evidence provided by the Balance of Care report which this committee commissioned to identify if those on the LTC Wait List could be diverted away from LTC. With a possible divert rate of 33%, there is considerable opportunity for supportive housing to impact ALC upward trending.

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 hospital system to enable citizens across Champlain to reach necessary, integrated, quality health care services 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. Recommendations of rehab review implemented 3. Plan developed for integration of specialized rehab services	1 Nov 2009 2 Mar 31, 2010 3 Mar 31, 2010	✓ no longer required Decision was made by Senior Management to defer development of a regional program for rehabilitation services at this time. Alternative strategy could include the review of these services within clinical services planning in each subregion. To this end, the Eastern Counties Medicine working group is examining rehabilitation services within the scope of their work. RNOC will have a new chair as of January 2010 given reassignment of current chair to the Acting CEO position for the CCAC.
		◦ Maternal-Newborn	1. Plan for integration of maternal-newborn services developed 2. Maternal newborn services integrated	1. Oct 2009 2. In stages beginning April 2010	✓ in progress Funding received for capital expenditures and operations of 8 new Level 1 nursery beds to be sited at QCH and MH. Champlain LHIN Board issued a draft required integration decision for maternal-newborn hospital services in November 2009. Decision to be issued in January pending community feedback. Meeting with CEO SE LHIN to discuss changes to PPPESO composition and transition to Maternal-Newborn community of practice. CEO in agreement to proposed changes. Plan for implementation of changes currently in progress.
		◦ Diagnostic Imaging	◦ Kemptville supported by QCH	◦ April 2010	✓ in progress ◦ Facilitated Integration Issued ◦ Project Team Established ◦ Work Plan Developed
		Laboratory Services (EORLA)			Funding letter received for 09/10 Recruitment of new CEO in progress
		Palliative Care	Plan for regional palliative care program developed	◦ March 2010	✓ in progress Senior Planner and Network coordinator acting as project managers. Funds for administrative project support secured. Overarching committee structure in place. Planning Council established as well as eight working groups. Regular meetings re being held. Communications and engagement plan in development.

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 hospital system to enable citizens across Champlain to reach necessary, integrated, quality health care services as close to home as possible	Develop a regional hospital clinical services distribution plan	1) Project charter completed 2) Clinical services distribution plan completed (on paper) 3) Framework for western LHIN region planning developed	1) December 24 2008 2) May 2010 3) Jan 2010	✓ in progress Regular steering committee meetings held. Education of steering committee members facilitated (topics covered include French Language Services, community engagement strategy and experience of other LHINs). Working groups and Integrated Clinical Planning Council meetings held as per schedule. Consultant secured and recruitment of members of Citizen's Advisory Panel currently underway. Website and all communication materials maintained current. Meetings held and updates provided to hospital CFOs, hospital CEOs, Ontario Medical Association local chapter. Extensive data analysis and presentation provided. Meeting with western partners scheduled for January 2010.
		Develop a capital investment plan aligned with the regional hospital clinical services distribution plan	Plan developed	March 2010	✓ no action taken No action at this time as the capital investment plan will be driven by the clinical services plan.
	Build health system capacity to manage a potential second wave of pandemic H1N1	Work with regional public health units on planning strategies for alternate model of influenza assessment, treatment and referral Work with the LHIN Critical Care Lead and Health Service Providers to prepare for moderate surge event	1. Identify Health Service providers to establish flu assessment, treatment and referral centres 2. Engage Health Service Providers where needed in the planning and implementation of flu centres 3. Finalize ventilator inventory and examine needs/gaps re: critical care technology in Champlain region	1.August 31, 2009 2) October 1, 2009 3)October 1, 2009	✓ in progress Designated Flu Assessment Centres opened in nine locations of Ottawa and two locations North Lanark/North Grenville in November, 2009 – assessing, treating, and referring roughly 3,500 patients - helped to reduce ED volumes and provide access to clients who wouldn't normally seek care. (completed) H1N1 Clinical consult process established so that Ottawa Flu Assessment Centres could obtain advice from infectious disease specialists at The Ottawa Hospital and CHEO (completed). Acknowledgement ceremony and cold debrief held Dec. 9/09 for Ottawa Flu Assessment Centres, hosted by Ottawa Public Health and Champlain LHIN (completed). C4 (Ottawa's Clinical Care Command Centre) active in quarter – cold debrief held Dec. 17/09. Allocation of 17 critical care ventilators from provincial stockpile for Champlain LHIN, to be stored at The Ottawa Hospital (completed).

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)	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 Renfrew County 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 5) Inventory of transportation assets throughout Champlain completed	1) Mar 2009 2) Mar 2009 3) Mar 2009 4) Mar 2009 5) Feb 2010	✓ in progress Senior Planner hired and aligned to project as of October 2009. Inventory tool in development. Funding provided to group in Renfrew County for development of central intake system (through integration fund). Meeting held with lead organization. Project coordinator position advertised.
	Develop strong and vibrant engagement structures for local planning	Identify deliverables for the Health Human Resources Council	Key deliverables will be identified: Framework and template for helping with HR issues related to integration	Mar 2010	✓ in progress HR Council has identified a deliverable. However, mandate and composition of group need to be reviewed to achieve this deliverable. This will occur in Jan 2010.
		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.

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)	In accordance with legislation, ensure equitable access to health care services for francophones and aboriginals across Champlain	Identify Strategic priorities to advance collaboration with l'Agence de santé et des services sociaux de l'Outaouais	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	Jun 2009 Dec 2009 Feb 2010	✓ in progress ✓ completed Half-day work session held with representative from l'Agence to develop work plan for advancing strategic priorities. Plan to present this workplan to LHIN and Agence CEO in February
		Formalize working relationship with Le Réseau des services de santé en francais de l'est de l'Ontario	1) Agreement or MOU signed with Le Réseau	Dec 2009	✓ in progress ✓ completed Regular meetings held with ED le Réseau. Partnership agreement between LHIN and Réseau signed December 2009. Public announcement in January 2010. Keeping abreast of developments related to Francophone engagement structure and 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 2010	✓ planning stage Discussions still being held with Forum. No significant action this quarter.
	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 CCAC operational review to improve service to the community	Complete review and implementation of report recommendations Monthly Board Status Report. Participate in fixing the CCAC		CCAC Review completed as of September 23, 2009. Monitored and made recommendations on CCAC actions on recovery, implementation plans. Identified clinical areas for financial relief within context of current CCAC recovery plan. Working on tripartite agreement with TOH & CCAC for January 2010.
		Negotiate and sign accountability agreements with long-term care homes and hospitals			✓ in progress LAPS submissions received and reviewed. LTCH renewal – applications reviewed and recommendations forwarded to MOH St-Pat's – contracted. KPMG to review financial readiness to proceed with renewal and 96 new beds.

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)	Ensure accountability, effectiveness and sustainability of existing health care services in all sectors throughout the transformation of the health care system	Implement a prototype surveillance system to monitor LHIN-health service provider accountability agreements	Participate in the development of the Community Analysis Tool (CAT) Develop an internal process for implementation of the Community Analysis Tool (CAT)		✓ in progress Information System Developer (ISD) position has been created; funding for the position has been allocated; hiring process has been completed. Provided materials, orientation and some training on CAPS, CAT etc. to ISD. ISD has begun design and is investigating possibility of automatically receiving financial and statistical data from Infonium via web-services. Acted as Regional Lead for four eastern LHINs for CAT Tool development. Participated in determining user requirements; pilot prototypes of tool; troubleshot issues identified by eastern LHINs. Reviewed system documentation. Received technical training on tool code. Initial implementation is complete. Developed training materials. Piloted training session with selected HSPs.
		Monitor the implementation of the ROHCG recovery plan to ensure it stays on schedule and achieves the expected results	Facilitate transfer of Long Term Care Bed licenses from ROP to LTC Homes in Champlain. Procure Consultant for the review of the ROHCG process and structure to implement the restructuring plan.		Process initiated with the LTC Homes interested in acquiring licenses, the ROP, and the Ministry to facilitate the transfer of Long Term Care Bed Licenses. Consultant contracted for the review of the ROHCTG process and structure to implement the restructuring plan signed. Contined discussions with SE LHIN on program transfers.

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)	Ensure accountability, effectiveness and sustainability of existing health care services in all sectors throughout the transformation of the health care system	Develop the Champlain LHIN framework and scorecard to monitor the MLAA and the Integrated Health Service Plan (IHSP) priorities			eScorecard live and introduced to LHIN Staff, Board and other LHINs
	Ensure timely access to priority health care services	Implement central intake models	Implement Central Intake model for Hip & Knee replacement patients (contingent on funding).		Have revised the Regional Orthopaedic Committee structure which was approved by the Regional Orthopeadic Planning Committee. Worked with hospitals to identify appropriate Central Intake Sub Committee membership, developed terms of reference, and appointed an Interim Project Lead and a Physician Lead. Continuing to support ongoing work of Interim Project Lead, including development of materials, and developing accountabililty agreements and targets for participating hospitals.
		Meet emergency wait times and P4R targets			Developed and implemented more thorough reporting requirements for P4R hospitals to ensure hospitals are meeting their goals. Reports have been approved by the P4R working group and are being completed regularly.
		Develop and implement a strategy to divert current non-urgent unscheduled emergency visits to alternate settings			Champlain LHIN completed and submitted the Urgent Care Centre proposal to the Ministry in response to their request. Started ED avoidance strategy met with a group of providers in Renfrew, to review data. Further meetings will be scheduled. The ED-ALC Steering Committee approved creating a sub-group to look at this issue. Terms of Reference are in development. Physician group has been created to look at coverage in LTC Homes
		Implement and evaluate targeted strategies to reduce percentage of ALC days across Champlain to meet provincial targets	Maintain & relocate the QCH Pilot Implement Pilots -Valley Stream -Marianhill -Cornwall		Finalize MOU In progress, Public meeting held on targeting Jan 15 start date Initial 12 beds launched September 28th, Expansion to 30 beds in Dec 09 -Ministry approval provided. Need to finalize negotiations regarding program details. -MHA student adapted the A@H evaluation framework for ALC initiatives -Currently recruiting to replace Carol Murphy.

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 Resource Council in the achievement of its workplan priorities			
		Identify expectations and deliverables of Communities of Practice Networks linked to 2009-2010 LHIN strategic objectives	Signed agreements with all Communities of Practice that have specific deliverables linked to the LHIN strategic objectives	Oct 2009	
		Ensure LHIN Board of Directors is engaged with Health Service Provider boards when integration opportunities or services challenges warrant Board involvement	Support LHIN Board in the establishment of a Board to Board engagement structure		
	Assist Champlain residents in solving challenges related to the regional health-system	Respond to concerns and complaints from patients/clients/ family members.	Written records of responses to concerns/ complaints	Ongoing	✓ in progress 23 concerns/complaint files handled since last reporting period (dated Sept. 12/09 to Dec.11/09) – (in progress or completed).
CHRONIC DISEASE PREVENTION & MANAGEMENT (To build a comprehensive approach to reducing the burden of chronic disease within the Champlain region)	Reduce common risk factors for heart disease, stroke, diabetes and kidney disease	Work with Champlain Cardiovascular Disease Prevention Network to implement a public awareness campaign focused on reducing the intake of salt, a risk factor for hypertension leading to heart disease and stroke.,	1) Test effectiveness of advertising messages with English and French focus groups 2) Launch bilingual mass media campaign 3) Initiate community activities to support the "Give Your Head a Shake/Secouez-vous" message.	1) June 30, 2009 2) Aug 17, 2009 3) Fall 2009 and ongoing	Messaging tested with focus groups and appropriate fixes completed. Year 1 bilingual regional media campaign in progress. Ads continued. Additional media highlights included CTV Ottawa news at noon, A-Channel morning show, and Food section front in Ottawa Citizen. Year 2 community activities in planning stages. Presentation of campaign to Champlain LHIN Board of Directors Dec. 16/09.

Link to SD	Goal	Objective	Deliverables	Due Date	Actions Taken to Date
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 Diabetes Strategy components in alignment with MOHLTC	Service analysis -Service expansion (diabetes education teams) -Complete CE -Specialist/primary care interface analysis completed	Mar 31, 2009	✓ in progress Champlain region to receive 5 new Diabetes Teams in 09/10 and an additional Diabetes Coordinator. Recommendations made to the MOHLTC on Regional Coordinating Centre. Renegotiated deliverables for funding of Diabetes Primary Care Coordinator and Administrative Assistant to develop a primary care engagement strategy for diabetes. Hiring process underway. Rewrote high risk population projects for MOHLTV. Wrote patient engagement proposal for SMT and rescoped the project upon Senior management suggestions. Three Diabetes Strategy Committee meetings held.
		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	Mar 2010	✓ in progress Service agreement written and signed. Coordinator hired. Chronic Disease Self-Management Leadership group meeting held. Implementation of CDSM project is underway. Champlain LHIN CDSM project presented at two MOHLTC meetings and the national CDSM conference in Toronto (Dr. Clare Liddy and Dr. Sharon Johnston presenters).
	Assist residents of Champlain in self-managing lung health	Provide a bilingual patient guide for people with asthma and COPD (Chronic Obstructive Pulmonary Disease	Distribute guide to Family Health Teams, Family Health Groups, and other family physicians across Champlain for distribution to patients and family members	Nov 2009	✓ in progress Change in Reception staff temporarily delayed send-out of guide to primary care services (in progress).
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	✓ in progress Planning for year 3 completed and strategy approved by Champlain LHIN board December 2009. Next steps include call for proposals for supportive housing units. Analysis of second quarter reports from teams, focus groups and individual interviews with seniors and caregivers and baseline data for senior population completed. Affordable supportive housing report received and used to inform year 3 planning.

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	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) Sep 2009 2) Sep 2009 3) Sep 2009	✓ completed Analysis of current and projected supply completed. Geographic distribution completed. Gaps identified. Recommendations for future investments tabled to Champlain LHIN Board through Aging at Home strategy. Participating in United Way Seniors Impact Council which is focusing on affordable supportive housing for seniors.
		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	✓ no action Responsibility for project transferred to Suzanne Dionne. Balance of Care Study completed Modelling of LTC placement study underway. Currently developing strategies to realign capacity in Home support, assisted living and LTC.
PRIMARY HEALTH SERVICES for HEALTHY COMMUNITIES (To create sustainable communities of care)	Integrate services within 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			
		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) Nov 2009 2) Mar 31, 2010	✓ in progress 1) IHSP completed, approved by Champlain LHIN Board of Directors, submitted to MOHLTC and posted on LHIN website. 2) Notice of voluntary integration of back-office administrative services between Olde-Forge and Pinecrest-Queensway Community Health Centre received and presented to Champlain LHIN Board. No objections to integration signaled. The two organizations will continue to explore integration opportunities for their seniors day programs. 3) Rideau-Osgoode and Western Ottawa Community Resource Centre currently completing analysis to determine integration opportunities 4) 8 projects retained for funding through integration fund. Services agreements in place.

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 addiction conditions	Open supportive housing units across the Champlain LHIN for persons recovering from substance addictions or with concurrent disorders	36 housing units occupied by appropriate target population	Mar 2009	✓ no action There has not been any action this quarter given that funding for this initiative has been placed on hold
		Open 5 francophone & 15 anglophone residential drug treatment spaces for youth 13-17 years of age (Youth Residential Drug Treatment Centre	1) Identify land/building sites 2) Work with partners to operationalize centres based on a new clinical model. Funding of CMH&A initiatives flowed through		✓ in progress Francophone site chosen. Land and interim building at Meadowcreek secured by Dave Smith Youth Treatment Centre from Royal Ottawa Health Care Group for Anglophone site (completed). Event to announce Meadowcreek site and major community donation occurred Dec. 18/09. Champlain LHIN held regular meetings with partners (Dave Smith Youth Treatment Centre, Alwood Treatment Centre, and United Way) to address issues and move toward opening Anglophone centre (in progress). Project Manager continued work on issues at the future Meadowcreek site related to interim building renovation, administration and clinical care (planning stages). Funding of transitional Care initiatives flowed. Reallocation of Integrated Access to MH in-patient beds completed

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 addiction conditions	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 service/bed registry across Champlain	1) Dec 2009 2) Dec 2009 3) Nov 2009 4) Mar 31, 2010	✓ in progress 1) Statement signed by 70% of organizations. 2) Training sessions with health service providers still underway 3) Joint Addictions and Mental Health Coordinating Body to become operational in January 2009 4) Funding secured for implementation. Implementation begun. Project coordinator secured.
eHEALTH (To enable and support the Champlain LHIN Integrated health Service Plan (IHSP) and align with the provincial e-health strategy and vision)	Clinical staff have information that allows them to participate in an integrated health enterprise	Complete the SSHA network upgrades to the 42 remaining sites in the LHIN			
		Complete the implementation of a Drug Profile Viewer in hospital sites across Champlain	*Limited Production Rollout*	Dec 2010	
		Complete the implementation of the DI-r PACS repository and move hospitals to a filmless environment	1) Enable EMPI links to Sun and GE patient registry 2) Queensway go-live 3) Deep River Go-Live	1) Jan 2010 2) Feb 2010 3) Mar 2010	Data Centre Established in Sudbury and Thunder Bay. One North East LHIN site has gone live.
	Information is shared among authorized stakeholders and the shared information is aggregated to support chronic disease management and health system surveillance	Increase absolute number of users and breadth of health service providers using the tool	*Identify groups of people who might benefit by having access to a collaboration space*	*Mar 2010*	
		Initiate eConsultation Pilot	*Increase number of users to 1000*	*Mar 2010*	Project went live June 2009 and number of users increased through the summer hitting 500 in October.

Link to SD	Goal	Objective	Deliverables	Due Date	Actions Taken to Date
eHEALTH (To enable and support the Champlain LHIN Integrated health Service Plan (IHSP) and align with the provincial e-health strategy and vision)	Information is shared among authorized stake-holders and the shared information is aggregated to support chronic disease manage-ment and health system surveil-lance	Develop eReferral Strategy for the LHIN	*Agreed and approved strategy for eReferrals in the LHIN*	*Dec 2010*	
		Develop Champlain LHIN surveillance and data warehouse strategy		June 2010	
		1) Develop Champlain Decision Support Strategy 2) Increase access to and disseminа-tion of key statistical information and data to support planning. 3) Development of a scan of health data utilization in Champlain 4) Coordinate the Champlain Decision Support Network	1) Regional Decision Support Strategy 2) Develop and post reports, analyses and other statistics of broad interest on the LHIN website. 3) Health Data Utiliza-tion Scan repor 4) Increased coordi-nation, collaboration.	Q1 2010-2011 *Aug 09* *Ongoing*	✓ completed
LHIN OPERA-TIONS (To establish an efficient work-place of choice)	Develop a highly functioning and ef-ficient LHIN office	Clarify roles and responsibilities for all staff Establish a staff training and devel-opment plan Develop a project management strategy Finalize and formal-ize the decision-making framework Implement an inter-nal communication strategy Develop internal and external reporting plans	*Rewrite job descrip-tions for select administrative staff and realign roles.* *Staff training policy*	*Mar 2010*	✓ completed Quarterly reports submitted to Ministry, Audi Committee and Board. eScorecard phase 1 completed and cur-rently being disseminated -SAP transferred in-house

Link to SD	Goal	Objective	Deliverables	Due Date	Actions Taken to Date
LHIN OPERATIONS (To establish an efficient workplace of choice)	Develop a highly functioning and efficient LHIN office	Develop a human resources plan which includes: compensation, recruitment & retention, performance management, staff development, succession planning			
		Address workload issues by prioritizing projects	1) Workplans developed by all LHIN staff and SM	1) Sept 2009	✓ completed Workplans for 2009-10 for PICE team completed. All LHIN staff using workplan template as of Sep 2009.
			2) Strategic objectives prioritized by SM	2) Sept 2009	2-day staff retreat held in November 2009 to identify strategies to mitigate workload issues and plan priorities for upcoming year.

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

FY 09/10 Funding Allocation by Sector at December 31, 2009

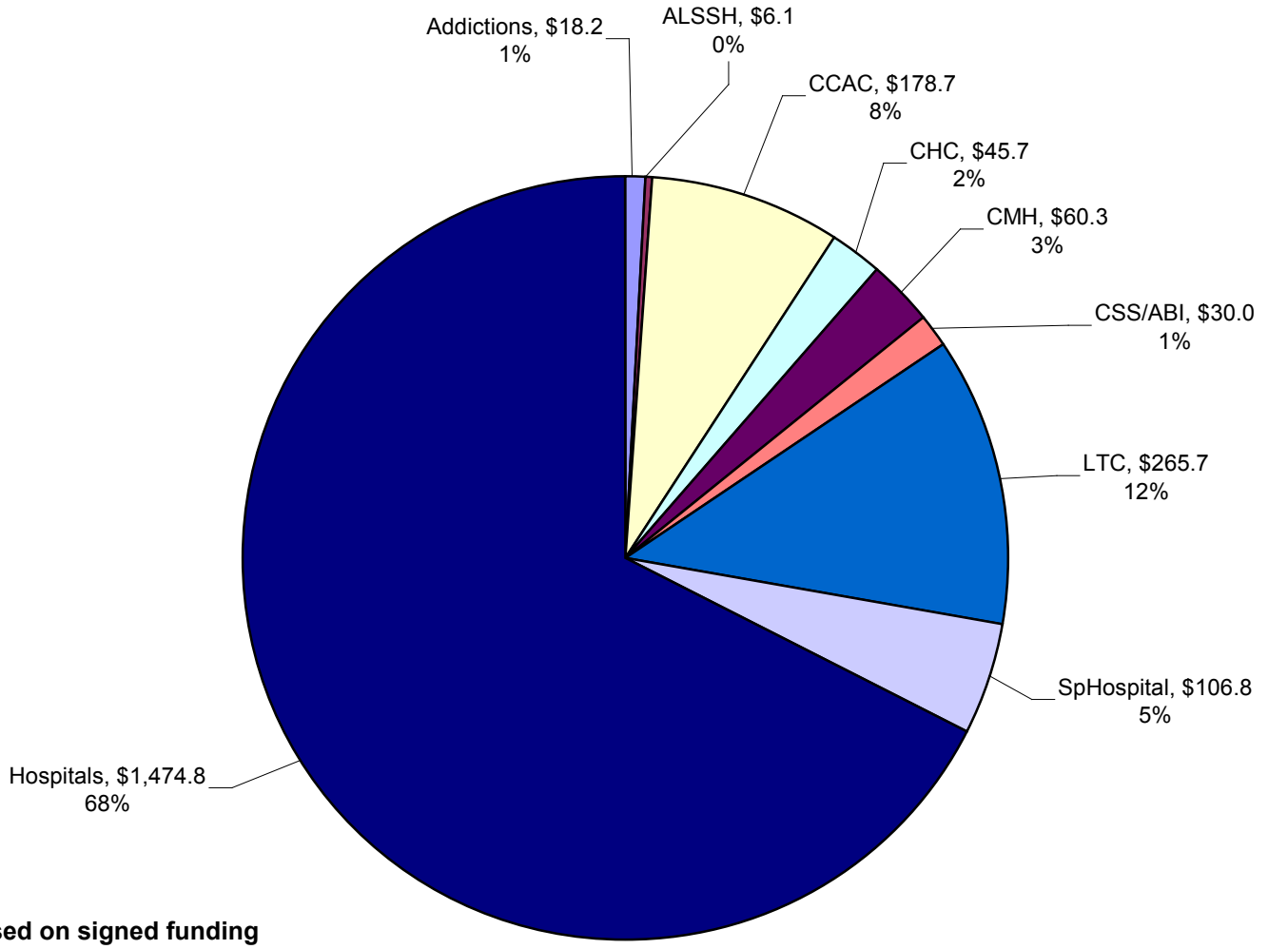
Sector	Opening Base	Stabilization / Funding Formula Base	PCOP Base	Other Base Funding	AAH Base	Urgent Priorities Fund Base	Urgent Priorities Fund One Time	AAH One Time	Wait Time Strategies / One Time	FY 09/10 Total Allocation	FY 09/10 YTD Q3 Expenditure
Addictions	17,849,205	219,838	-	43,074	-	-	47,700	-	-	18,159,817	3,819,600
ALSSH	6,057,264	89,546	-	-	-	-	-	-	-	6,146,810	1,514,100
Community Care Access Centre	167,013,350	4,999,900	-	2,690,200	92,950	-	-	-	2,062,500	176,858,900	41,776,600
Community Health Centre	44,422,504	674,017	-	384,116	-	-	-	40,000	-	45,520,637	11,116,800
Community Mental Health	59,516,044	827,508	-	(92,150)	20,000	-	-	-	-	60,271,402	14,849,400
Community Support Services & ABI	26,442,775	305,798	-	448,468	2,663,257	-	17,100	61,500	-	29,938,898	6,764,100
Long Term Care Homes	254,566,356	6,527,913	-	3,975,238	-	-	288,000	-	-	265,357,507	65,363,100
Psych Hospitals	104,532,700	2,090,000	-	28,425	20,000	-	125,000	-	-	106,796,125	26,138,200
Hospitals	1,402,913,200	31,681,000	8,439,200	8,468,300	839,023	150,000	684,775	463,100	24,378,700	1,478,017,298	469,563,700
Total	2,083,313,398	63,952,232	8,439,200	15,945,671	3,635,230	150,000	1,162,575	564,600	26,441,200	2,203,604,106	640,905,600

Commitments FY 09/10 **31-Dec-09**

Sector	Aging At Home Allocation	Urgent Priorities Fund Allocation	Total
Addictions	-	211,205	211,205
ALSSH	-	87,500	87,500
Community Care Access Centre	-	-	-
Community Health Centre	1,507,412	484,238	1,991,650
Community Mental Health	728,000	344,300	1,072,300
Community Support Services & ABI	10,573,472	196,126	10,769,598
Long Term Care Homes	200,000	477,988	677,988
Psych Hospitals	886,859	235,000	1,121,859
Hospitals	3,084,045	2,044,849	5,128,894
Unallocated 30/06/09	239,378	658,188	897,566
Total	17,219,166	4,739,394	21,958,560

A. Funding By Sector

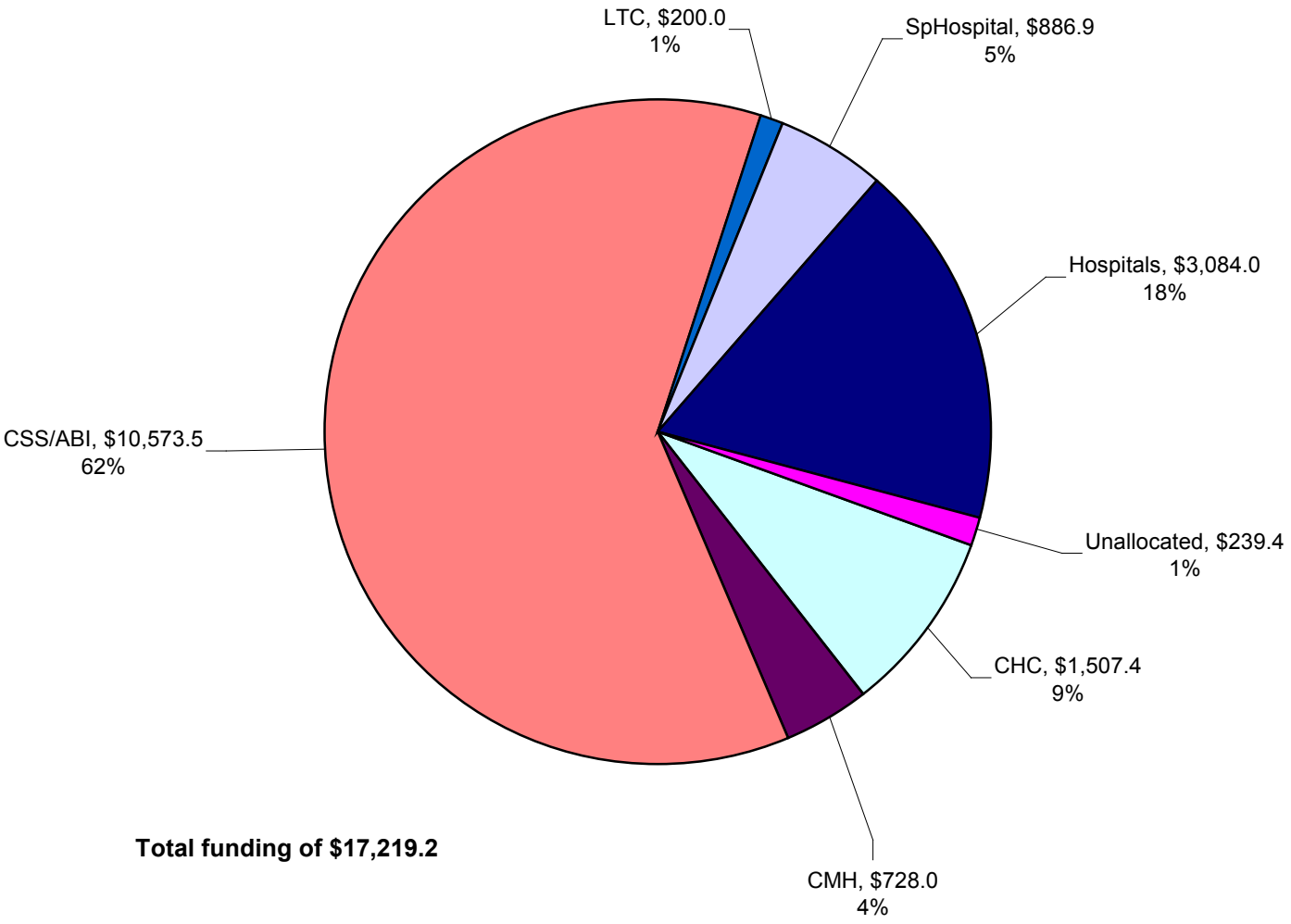
Fiscal Year 2009/10 Health Service Provider Funding Allocation By Sector ($in millions)



Based on signed funding agreements processed by Dec 31,

B. Aging at Home Funding

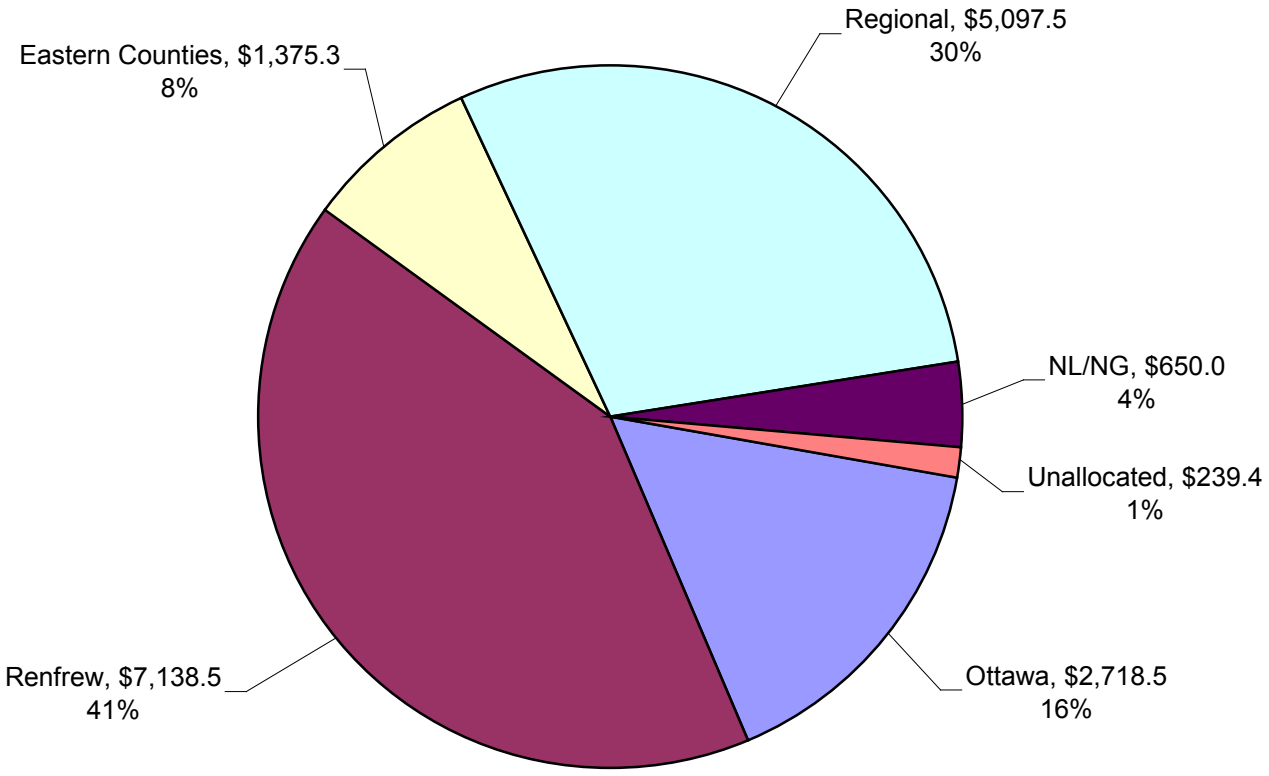
2009-10 Aging at Home Funding Allocation, by Sector as at December 31, 2009 ($000)



Total funding of $17,219.2

B. Aging at Home Funding

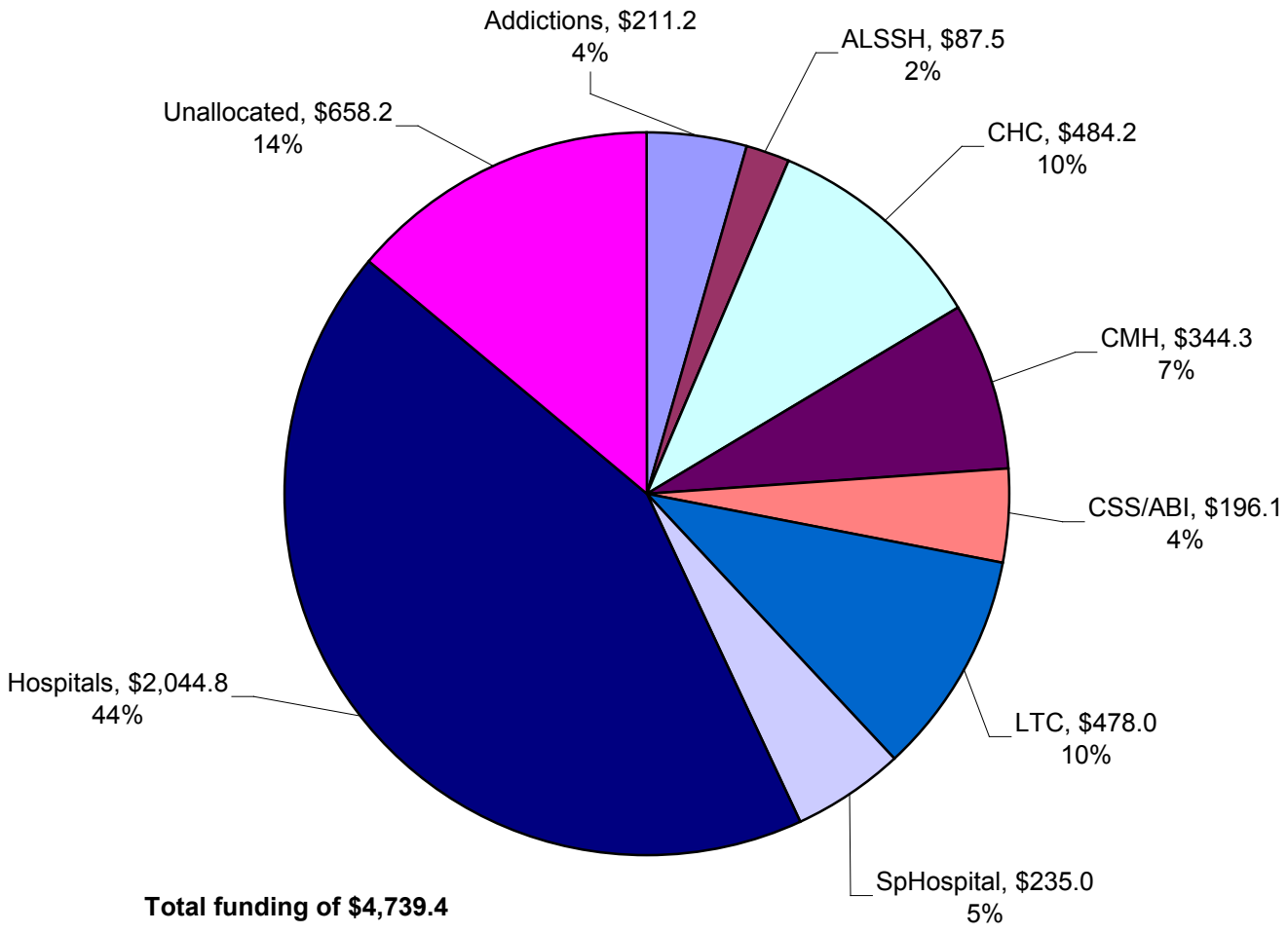
2009-10 Aging at Home Funding Allocation, by Community of Care as at December 31, 2009



Total funding of $17,219.2

C. Urgent Priority Funding

2009-10 Urgent Priorities Funding Allocation, as at December 31, 2009 ($000)



Total funding of $4,739.4

4. Champlain LHIN 2009-10 Financial Report Quarter 3 YTD

	9 Months Dec 31, 2009			FY2009 / 10
	Actual *	Budget	Variance Under (Over)	Revised Budget #
LHIN OPERATIONS				
Salaries & Benefits	2,539,039	2,667,063	128,024	3,529,585
Direct Operating Costs	447,765	554,537	106,772	815,018
Governance Costs	104,323	107,800	3,477	151,810
Other Fixed Costs	419,633	425,419	5,786	561,714
	3,510,760	3,754,819	244,059	5,058,127
Capital Additions	10,946	20,000	9,054	131,763
e-Health Absorption	0	0	0	0
TOTAL	**3,521,706**	**3,774,819**	**253,113**	**5,189,890**

Additional $101,763 in base funding

e-HEALTH				
Salaries & Benefits	330,011	363,378	33,367	506,811
		0		
Direct Operating Costs	52,106	80,814	28,708	93,189
	382,117	444,192	62,075	600,000
Transfer to LHIN Operations	0	0	0	0
e-Health	**382,117**	**444,192**	**62,075**	**600,000**