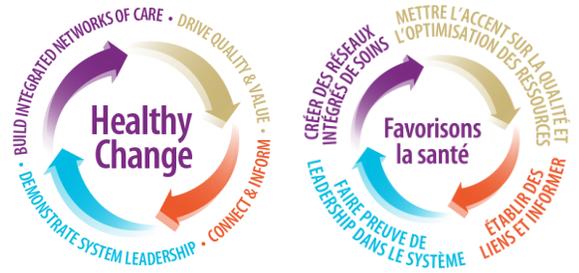


CEO Report to the Central West LHIN Board of Directors

August 24, 2016



During July and August the Board is not holding regular monthly meetings. In order to keep Directors apprised of ongoing work, the monthly CEO report to the Board is prepared and circulated to members. As you will see not-with-standing that we are in the peak vacation period the LHIN staff continue to be very busy.

1. Build Integrated Networks of Care

1.1 Health Links and Primary Care

- LHIN staff and the Ontario Telemedicine Network (OTN) recently met with a group of Central West physicians from various practice types on August 10th to discuss a potential opportunity to collaborate in the development of a virtual care model for primary care. Dr. Frank Martino and staff from the LHIN and OTN will be planning several follow-up discussions as the model works towards maturity. Included in this will be the opportunity to discuss the model with patients and stakeholders within the LHIN.
- The Health Links Steering Committee met on July 8th. Leads reported on activities to date as well as further dialogue regarding projects and deliverables for the fall. While a formal funding letter supporting Healthy Links for this fiscal remains outstanding, but expected imminently, LHIN staff continue to work with Leads and co-Leads to determine the budget based on last year's actuals.

1.2 Telemedicine and Telehomecare

- The members of the Central West LHIN's Telemedicine and Telehomecare Steering Committee met on August 12th and reviewed and discussed the current progress of integrating telemedicine in local programs. Dr. David Murphy from London, Ontario, is a General Practice Psychotherapist, a Pain Specialist and a Trauma Therapist and discussed how he integrated telemedicine into his practice. His experience has helped clients transition well into their communities and ensure a more seamless continuum of care. Members discussed how referrals and bookings worked and how providers can better refer outside the LHIN if there is a longer wait for services locally. LHIN staff along with William Osler Health System (Osler) and CMHA's regional engagement leads have also met with the LHIN's diabetes education teams to discuss how virtual care can be utilized to improve access and improve the patient experience. There is interest and receptiveness to adopt the technology and offer it as an option for those who would normally attend diabetes education in person. LHIN staff continue to work with OTN, the MOHLTC and Health Service Providers (HSP) to identify solutions to overcome and mitigate barriers that prevent the seamless adoption of the technology.

- The Regional Telehomecare (THC) program has enrolled 1,960 patients into the program and currently 265 patients are being monitored and the program has currently achieved 37% of the fiscal target for enrolment. Locally, the Regional Program continues to increase engagement across system partners and increase referral from providers and the care coordination of Health Links patients. The program is currently participating in a Post-Acute Pilot Project that began May 2nd. The objective of the program is to implement and test a Telehomecare solution for a short term (8 to 12 weeks) transitional post-acute monitoring model of care. To date, the pilot is going very well and evaluations will be conducted on the success and further rollout of this project.

1.3 Home and Community Care Renewal / Patients First

- The Provincial Transition Team is now fully operational and supporting the work related to the 15 key Work Streams that have been identified to ensure a smooth implementation of the Patients First agenda. Elizabeth Salvaterra was selected to be part of this team and is spending approximately 50% of her time on the project.
- The 15 Work Streams are beginning to ramp up their activities. Project Charters, work plans and Work Stream leads and membership have been confirmed and meetings will be held over the summer to advance some of the key deliverables required for September 2016.
- I am on the Home and Community Care Work Stream as executive sponsor and the Workforce Work Stream as the LHIN Lead.
- All LHINs received \$180,000 for fiscal years 2016-17 and 2017-18 for a Senior Director level lead to support the local planning for transition. We hope to have a transition lead finalized in the near future.
- The preliminary key priorities for the next 60 to 90 days include:
 - Procurement of vendor support for capacity and readiness assessment and governance.
 - Design of the LHIN Corporate Services Entity: functions, Board size and membership.
 - Development of LHIN Board Member recruitment plan.
 - Determine the scope and mandate for the Integrated Clinical Care Council.
 - Determine the LHIN sub Regions.
 - Define structure, roles and responsibilities of clinical leads for LHINs, and Clinical and Administrative leads for sub-regions.
 - Develop the readiness requirements.
 - Map LHIN management structure.
 - Develop plans for LHIN dashboard to monitor progress.
 - Identify indicators for public reporting on LHIN renewal.
- The sub-region Work Stream has requested that each LHIN confirm their sub-regions by September 30th, 2016. A check list has been created to guide this work. Confirmation of sub-region geographies calls for a review of referral patterns, HSP numbers, population characteristics and community engagements. Fortunately, the Central West LHIN conducted this type of review when the Health Links boundaries were created and consequently it is not anticipated that significant additional work will be required to meet the MOHLTC deadline.

LHIN Management Work Stream – is working to develop a high-level organization chart for the LHIN with its new functions embedded. The Work Stream received the preliminary thinking that Central West and other LHINs have done and hope to have the proposed structure finalized by September.



1.4 Mental Health and Addictions Services

- Peace Ranch and Supportive Housing in Peel (SHIP) jointly submitted an Integration Plan at the end of July. The LHIN's review was documented with the immediate next steps scheduled. The sequential steps are approval of the Integration Plan by the LHIN, agreement by Peace Ranch and SHIP to integrate as evidenced by a Members' Resolution to Amalgamate, followed by an Integration Decision issued by the LHIN Board of Directors. The steps are in keeping with Section 25 of the Local Health System Integration Act (LHSIA) as it relates to a Facilitated Integration. The target date for this matter to be before the LHIN Board is September 28th, 2016.
- The Dufferin County Services transfer from the Canadian Mental Health Association (CMHA) Waterloo Wellington Branch to Peel Branch is almost complete. CMHA Peel has a signed agreement with the County of Dufferin to deliver a "Seniors At Risk" program. Alzheimer's Society Dufferin County is in the process of sub-contracting with CMHA Peel to deliver Case Management for Seniors. The remaining transfer of base funding of \$16,875 for Eating Disorders is in process with the Mississauga Halton LHIN. They fund CMHA Waterloo Wellington through one of their HPs as part of the Eating Disorders partnership of four providers across three LHINs. The intention is to transfer these funds to Osler which is currently funded for Eating Disorders services in the Central West LHIN. Staff of the Waterloo Wellington and Central West LHINs are finalizing the inter-LHIN funding transfer of services transitioned to CMHA Peel in July. The aim is to complete the funding transfer in October.

1.5 Palliative and End-of-Life Care

- LHIN staff and Margaret Paan, Director of the Central West Palliative Care Network, met with Nazira Jaffer the newly appointed Executive Director of Bethell Hospice to discuss the role of Bethell Hospice in the evolving network structure.
- Meetings between LHIN staff, Margaret Paan and Leslie Starr from the Mississauga Halton/Central West Cancer Program continue. The task of establishing a new governance and operational structure is underway. A posting for the Non-Physician Clinical Coordinator was posted and interviews will take place the first week of September. Posting for the Physician Clinician Coordinator will follow in mid-September. These positions are funded by the Ontario Palliative Care Network.

1.6 Long-Term Care

- Long-Term Care renewal - LHIN staff continue to support Holland Christian Homes (HCH) as they continue through the redevelopment process. HCH is currently preparing a business case on development fees that they hope to share with City and Regional officials.
- LHIN staff met with representatives from the City of Toronto and the Ministry of Health and Long-Term Care (MOHLTC) - Capital to discuss the status of the Kipling Acres LTCH redevelopment. Phase two of the project that saw 145 beds being placed out of service was scheduled to open by the end of August. Due to construction challenges, first occupancy is now targeted for end of October of 2016.



2. Drive Quality & Value

2.1 Improve the Patient Experience

- A survey on patient experience measurement methodologies currently in use has been distributed to Health Links leads and co-leads for completion. Due to summer vacations, results continue to trickle in past the expected due date. Once sufficient responses are available, findings and results can be summarized for discussion at a future Health Links Co-Leads meeting with the goal of identifying gaps and opportunities for immediate and longer-term action.

2.2 Quality and Innovation

- On August 17th, 2016, Health Quality Ontario (HQP) launched *QBP Connect*. It is a repository for evidence-based tools and resources to support the adoption of quality-based procedures (QBPs) by clinicians. The establishment of a *community of practice* is part of QBP Connect and members will meet every other month via webinar to discuss best practices, share ideas for improvement and share innovations in adopting quality-based procedures. Membership is open to anyone interested in implementing QBPs. QBP Connect can be accessed through the “Quality Improvement” section of the HQO website.
- The summer months have been busy with preparations to host the inaugural meeting of the Regional Quality Table on October 4th, 2016. Colleagues at other LHINs have been eager to share their experiences via invitations to listen in on their inaugural meetings via teleconference. Through this ongoing collaboration, we can promote consistency in approaches to quality across all LHINs while addressing specific local needs of the population we serve.
- Planning for a Quality Event that celebrates performance excellence and incorporates Quality Awards to honour and recognize select providers continues with decisions made specifically around budget allocations and the engagement of an event planner to support logistics related to the program. Considerations for an appropriate date to ensure a successful event remain in discussion.

2.3 Enabling Technology integration

- **Community IM/IT Integration and Capacity Build** - This initiative is an extension of the analysis conducted in Community Services IM/IT Model Phase II project. This initiative will build on the recommendations and opportunities identified in the Phase II work in an effort to better support the IM/IT requirements of the community based HSPs.

The IM/IT opportunities identified in Phase II have the potential to form parts of a Shared Services offering or offerings. The analysis revealed that the sector was very diverse with widely differing organization size, and IM/IT sophistication. It also highlighted that many HSPs, while having one or more accountability agreements locally with a LHIN, were part of larger provincial or national entities or associations, which, in many cases, were providing IM/IT support to the local entities.

Further work is needed to establish and confirm who would benefit from any of the identified opportunities and how they could be offered as a service. As a result, working groups have been established to develop business cases for many of the opportunities. Six representatives from Central West LHIN funded HSPs are members of the working groups and represent the Mental Health and Addictions, Community Support Services and, Long-Term Care sectors.



Ontario Lab Information System (OLIS) is an information system that connects hospitals, community laboratories, public health laboratories and practitioners to facilitate the secure electronic exchange of laboratory test orders and results. The OLIS data repository currently holds more than 85% of the annual provincial laboratory test orders and results. These orders and results are viewable by physicians with access to OLIS data.

Both Osler and Headwaters Health Care Centre (HHCC) are sending their lab test orders and results electronically to the OLIS database where physicians, with access to OLIS, can view their patients' lab results from any connected hospital in the province. Four hundred and thirty-four (434) physicians in the Central West LHIN currently have access to view lab orders and results in OLIS from their Electronic Medical Records (EMRs).

- **Hospital Information System (HIS) Renewal** – As a critical mass of hospitals across Ontario undertake Hospital Information System (HIS) renewal, there is an incredible opportunity to advance Ontario's Patients First objectives by helping transform Ontario's hospital information systems into a platform for high-performing, better connected, more integrated, and patient-centred health care system.

HISs, in the context of enterprise hospital systems, represent a significant proportion of the health care system's capacity relating to information systems and associated resources. The MOHLTC therefore created the HIS Renewal Advisory Panel to explore this issue as part of focused work related to refreshing the province's eHealth strategy.

With the support of the eHealth Investment and Sustainment Board, the HIS Renewal Advisory Panel's recommendations have been presented to the MOHLTC who have endorsed them as mandate on HIS renewal for Ontario's hospitals to support Patients First.

Attachments: Context Piece for HIS Renewal Recommendations, Final Panel HIS Recommendations

3. Connect & Inform

3.1 Communications and Community Engagement

- **Press Releases/Announcements/Publications**

Ontario Investing an Additional \$3.9M This Year in Home and Community Care in the Central West LHIN: Ontario is investing approximately an additional \$3.9 Million in the Central West Local Health Integration Network (LHIN) this year to enhance support for home care clients with high needs and their caregivers. [Read more...](#)

Etobicoke General Hospital Receiving Funding for Repairs and Upgrades: Osler's Etobicoke General Hospital (EGH) site will receive more than \$1.7 million this year, through the Health Infrastructure Renewal Fund (HIRF), so patients can continue to receive high-quality care in a safe and healthy environment. [Read more...](#)

Ontario Investing Additional \$10 Million to Enhance Behavioural Supports Program: As committed in the 2016 Budget, Ontario is enhancing annual funding to the Behavioural Supports Ontario program by \$10 million to better meet the needs of seniors with challenging and complex behaviours associated with dementia, mental health, substance use and/or other neurological conditions. [Read more...](#)



Working Together for Healthy Change (July/August 2016): The latest edition of the LHIN's eNewsletter was published on August 25th, 2016 – ([English](#) [French](#))

- **Community/Stakeholder Engagement Events (Past)**

Monday, August 29th, 2016 Reflet Salveo AGM: Remarks delivered by Mark Edmonds, Acting Senior Director, Health System Integration

- **Community/Stakeholder Engagement Events (Upcoming)**

Saturday, September 17th, 2016 Rexdale CHC AGM and Community BBQ: Attendance TBD

Thursday, September 22nd, 2016 Peel Halton Dufferin Acquired Brain Injury Service (PHDABIS) 25th Anniversary: Attendance TBD

- **2015-2016 Annual Report (Update)** – With formal translation having been received, the French version of the 2015-2016 Annual Report was submitted to the LHIN Liaison Branch of the MOHLTC on August 19th, 2016.
- **Central West LHIN Map** – A new map of the Central West LHIN has been produced and is available for use. This new version acts as a useful visual aide for local LHIN residents by incorporating a mapping of all LHIN-funded HSPs and their satellite office locations. Colour coded and numerically identified on the map, addresses and phone numbers are also provided for each location to help those who are looking to find specific types of services in their local communities.

Accordingly, poster size versions of the map will be sent to HSPs such that they can be displayed in high traffic areas for public/patient/client viewing. Meanwhile, a print-friendly version of the map will also be emailed to partners should they wish to make printed copies available during in-home visits or in their waiting rooms, information racks, etc.

The map can be downloaded and/or viewed by visiting the Home Page of the Central West LHIN's website and clicking on the applicable rotating banner.

3.2 French Language Services

- The French Language Services Coordinator has developed a readiness assessment template to evaluate the four identified for French Language Services to measure their progress towards designation. The assessment will be shared with providers in September and expected to be completed by January 31st, 2016.
- The development of a template to evaluate active offer, based on the French Language Services Commissioner's special report on Active Offer, is being led by the French Language Services Coordinator. This template will be used to evaluate and compare HSPs active offer across the province.

3.3 Aboriginal Services

- Planning on the inaugural meeting and public launch of the Central West LHIN and Mississauga Halton LHIN Indigenous Advisory Health Circle is on-going. A community solstice ceremony in the fall hosted by the Peel Aboriginal Network is tentatively planned as the event.



- The Aboriginal Health Consultant will be participating in the Dufferin County Cultural Resource Centre Pow-Wow on September 3rd in Orangeville.

3.4 Medical Assistance in Dying (MAID)

- The provincial government continues to refine the MAID procedures. Currently the government is reviewing the issues of advance directives for MAID, access to MAID for people who suffer from mental illness and access for mature minors. LHINs have responded to a government survey on MAID activities and the MOHLTC continues to provide bi-weekly updates on progress. As of August 25th there were 45 MAID deaths in the province many coming from a small sub-set of physicians. The Canadian Medical Association have completed their MAID training modules and it is hoped that more physicians will become trained and available to join the MAID roster.

4. Demonstrate System Leadership

4.1 Population Health

- **Diversity and Health Equity** – The Central West LHIN staff continues to partner with Colour of Poverty – Colour of Change (COP-COC) in leading Health Equity Data Collection among HSPs this fiscal year. The intention is to collect socio-demographic information and utilize the data to improve quality and access of health care programs for all residents particularly the most vulnerable and marginalized populations that may or may not be utilizing the services. LHIN staff also led a pan-LHIN discussion with health equity leads across the province and invited Health Quality Ontario (HQO) to discuss recent developments from a quality perspective. Further to this, Dr. Jeffrey Turnbull, Chief, Clinical Quality, HQO will be presenting HQO's Health Equity Plan to the LHIN Health Equity Leads in September for discussion on further alignments and progress in this work as system partners.

4.2 Dementia Strategy

- The MOHLTC allocated \$10 million in new funding for the Behaviour Supports Ontario (BSO) program. Central West LHIN received \$450,950 of which \$39,684 is designated for enhancing the existing BSO programs and the remaining \$411,266 is to support new staffing resources. LHIN staff will work with Teresa Judd, the Director of the BSO Program, and HSPs to develop an Implementation Plan for the new monies.
- LHINs continue to wait for the provincial roll out of the MOHLTC discussion document on the Dementia Strategy.

4.3 Build on the Momentum

- Holland Christian Homes has hired a nurse practitioner to join their staff. This position was funded through the Nurse Practitioner (NP) in Long-Term Care (LTC) Program of the MOHLTC. Shelburne Residence also received funding for an NP and continues the search for a candidate. The MOHLTC has indicated that a second round of funding for NP's in LTC will be forthcoming in 2016/17.
- A Telemedicine Educational session was held at Rexdale Community Health Centre on July 20th 2016, targeting Diabetes Educators. The session was facilitated by staff from the Chronic Disease Prevention and Management (CDPM) initiative, the Central West LHIN Telehomecare lead and staff from the Telehomecare program. Participants



in this session included representatives from the Rexdale Community Health Center, Osler, and two Family Health Teams (Woodbine Family Health Team and Dufferin Area Family Health Team). Discussions are on-going with the programs to facilitate the utilization of OTN to increase access to diabetes self-management education in the community.

5. Operational Excellence

5.1 2016/17 Community Funding

The Central West LHIN has received new community service base funding as follows:

- up to \$3,114,100 in base funding for fiscal year 2016/17 to expand service provision for high needs Central West Community Care Access Centre (CCAC) clients under the Levels of Care (LOC) framework, and increasing consistency in service provision for all CCAC clients
- up to 778,500 in base funding to the Central West CCAC to provide respite services for caregivers in greatest need
- up to \$924,800 in base funding (net of one-time mitigation) for the fiscal year 2016/17 for the Central West CCAC under Health System Funding Reform (HSFR)
- up to \$1,675,900 in base funding for fiscal year 2016/17 to support investments in the community sector.

With specific respect to the community sector, the above represents an initial allocation. While not confirmed, it is understood that a second allocation for targeted investment strategies is forthcoming.

A number of inputs provide context for prioritizing investments in the Central West LHIN including Ontario's *Patients First: Action Plan for Health Care*, *Patients First: A Roadmap to Strengthen Home and Community Care*, a variety of local planning studies, and the LHIN's Core Action Groups. Based on these inputs, this year's community sector funding will focus on providing support for service integrations and Adult Day Programs currently funded by Beds in Abeyance (BIA) funding that will be completed August 31st. A detailed briefing note will follow.

5.2 2015-2016 Year End Review

- The annual review of HSP performance in 2015-16 is nearing completion. The review has focused on the achievement by each HSP of financial and performance targets over the year, as well as, contribution to LHIN initiatives and compliance with reporting expectations. Following an integrated internal review of all HSPs, the Central West LHIN met with a total of 17 HSPs over the summer. The purpose of these face-to-face meetings was to gain greater clarity regarding year-end results and to discuss whether any further action was required. Findings and recommendations will be brought forward in September, 2016.

5.3 Cardiac Services

- In April 2016 Osler, with the LHINs endorsement, submitted a proposal to the MOHLT for an assessment of the hospital's Cardiac Endovascular Aneurysm Repair (EVAR) program. In July Osler received a favorable response, the MOHLTC identified Osler's program as meeting the quality standards for a Level 2 vascular program, which includes the provision of EVAR services.
- No additional funding for incremental EVAR volumes was provided with the approval.



5.4 Post Construction Operating Plan

- Negotiations are underway between the MOHLTC and Osler for funding to operate the new Peel Memorial site, scheduled to be opened in October 2016. The LHIN has attended a number of these meetings and discussion continues to address identified funding gaps. Negotiations will continue at a face-to-face meeting between the MOHLTC and Osler scheduled for early September. We are continuing to advocate on behalf of Osler for funding to support growth pressures at the same time the Peel Memorial is gearing up for opening early 2017.

6. Select CEO Updates

6.1 Home and Community Care Work Stream Meeting

- As the Executive Sponsor I participated in the inaugural meeting on July 22nd.

6.2 Levels of Care Framework Workshop

- On July 26th I participated in this Workshop.

6.3 LHIN CEO Strategy Session Workforce Work Stream Meeting

- I chaired the meeting as CEO Lead on July 27th. Regular meetings will be held every two weeks.

6.4 MOHLTC ELT and LHIN CEOs Joint Meeting

- At the August 2nd meeting discussion items included:
 - An update from the Deputy Minister
 - Expanding Medical Responses Consultation Strategy
 - Health Capital Update
 - Quality Improvement Plans for CCACs
 - LHIN Renewal Steering Committee: Bill 210

6.5 Meeting with Harry Schlange (Chief Administrative Officer (CAO) of Brampton)

- Janette Smith and I met with the new CAO for the City of Brampton, Harry Schlange on August 9th. Key among my discussion items were the redevelopment of Peel Manor and the identification and protection of land for future Hospital development. Harry was very supportive about moving on both these initiatives.

7. On the Horizon

7.1 MOHLTC Executive Leadership Team and LHIN CEOs Joint Meeting

- The next meeting is scheduled for September 6th.



7.2 Healthcare Leadership Summit 2016 - Governance Forum & Leadership Summit

- I am registered to attend the Summit which will take place from September 7th to 9th in Blue Mountain.

7.3 eConsult Steering Committee Meeting

- The next meeting is scheduled for September 16th

8. Outstanding People



The Central West LHIN is pleased to welcome the newest member of its team, Kim Delahunt, to the role of Senior Director, Health System integration, effective September 12th, 2016.

Kim has a diverse healthcare background with over 16 years of experience across virtually all aspects of health care including direct care, the Ministry of Health and Long-Term Care, primary care, health system planning and integration within a LHIN environment, acute care, long term care, home and community care (Central West CCAC) and, most recently, as Senior Director, Operations – CBI Home Health. As a result, she possesses an in-depth knowledge of the Ontario health care system.

Kim has Bachelor of Kinesiology and Masters of Science degrees from McMaster University, and a Masters of Health Science from the University of Toronto.

Kim is passionate about health care and developing an integrated health care system for residents of the Central West LHIN and beyond. She brings to the role recognized strong strategic planning, decision-making, coaching and mentoring skills, and a reputation of innovation and delivering results.

Please join me in welcoming Kim to the Central West LHIN.

I would also like to acknowledge and thank Mark Edmonds who has most ably supported myself and the System Integration team as the Acting Senior Director since April. Thank you Mark.