



An Update from the Central East LHIN

Presentation to the
Northumberland Hills Hospital
Citizens Advisory Panel

October 24, 2009

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Local Health System Integration Act

“The purpose of this Act is to provide for an integrated health system to improve the health of Ontarians through better access to high quality health services, coordinated health care in local health systems and across the province and effective and efficient management of the health system at the local level by local health integration networks.” 2006, c. 4, s. 1.

As of April 1, 2007

- LHINs have taken on responsibility for planning, funding and integrating health services.
- Ministry of Health and Long-Term Care (MoHLTC) will be less involved in delivery of health care but will provide overall direction and leadership for the system.
- Health Service Providers will now negotiate their funding agreements with LHINs instead of with the government. To be phased in
 - Hospitals 08/09
 - CCACs, Community Support Services, Community Health Centres, Mental Health and Addictions Services 09/10
 - Long-term care 10/11

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As a “Steward” of the System:

- The Ministry assumes a **strategic** role including:
- Setting direction and province-wide priorities
- Providing central oversight of the health care system
- Setting and maintaining standards and measurable results
- Developing policy, legislation and regulations
- Being responsible for overall monitoring and reporting to the public
- Integrating results into a planning and funding process that looks at all health care system spending

Ontario's LHINs manage approx \$20 Billion in Health Care Expenditures

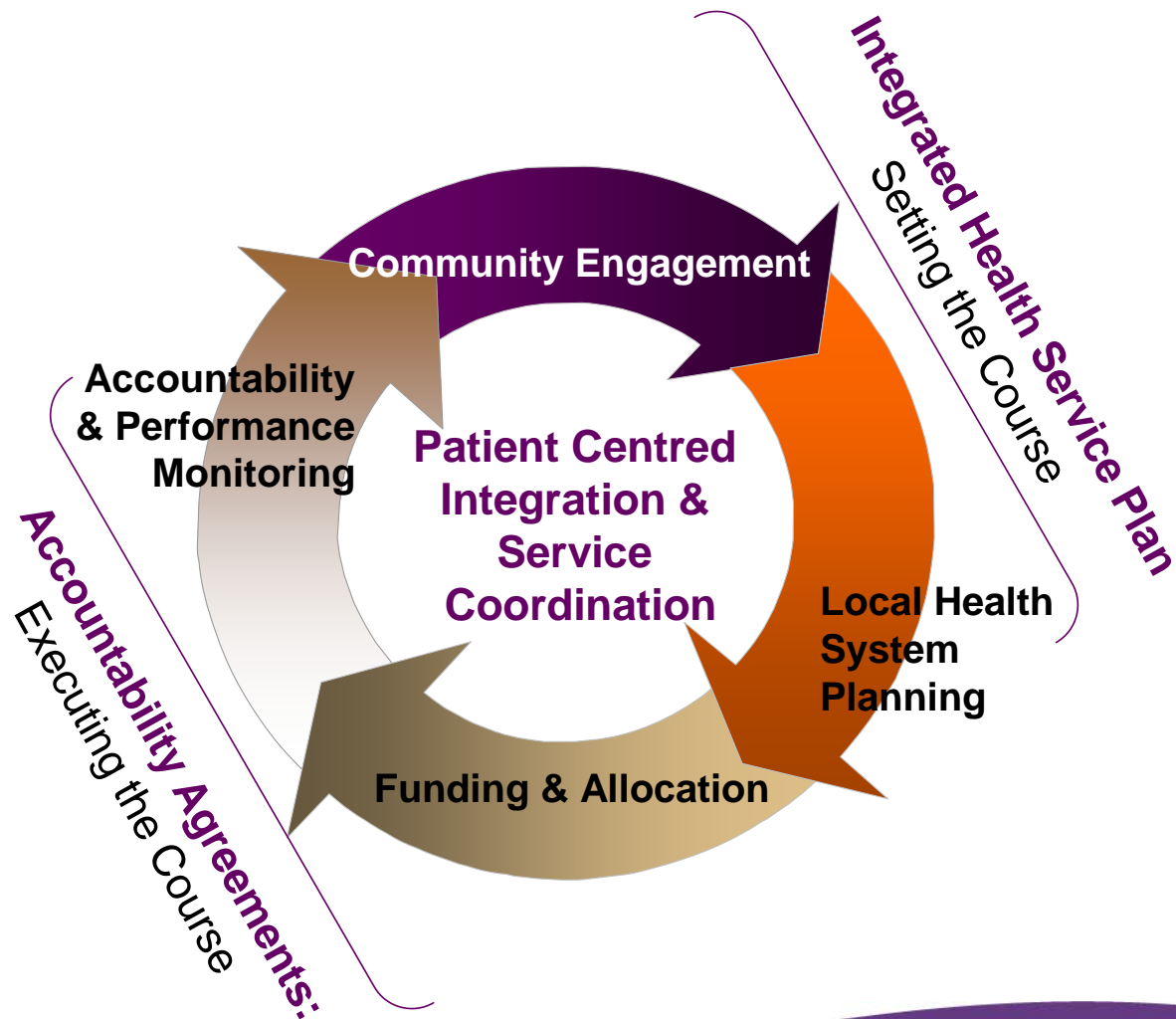
LHIN

- Public and Private Hospitals
- Long-Term Care Homes
- CCAC
- Community Mental Health and Addiction
- Community Health Centres
- Community Support and Service Agencies
e.g. Meals on Wheels

Provincial:

- OHIP & Doctors
- Family Health Teams
- Other Practitioners
- Provincial Drug Programs
- Trillium GoL / organ donations
- Ontario Drug Benefit
- Public Health
- Private Labs
- Ambulance Services
- Independent Health Facilities
- Provincial Networks / Programs

The LHIN Mandate and Functions



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Community Engagement



LHINs and Health Care Providers are required to engage the community in establishing health care plans

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Planning

Focus on creating an integrated,
high performing health system
that is accessible and
sustainable

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Funding & Allocation

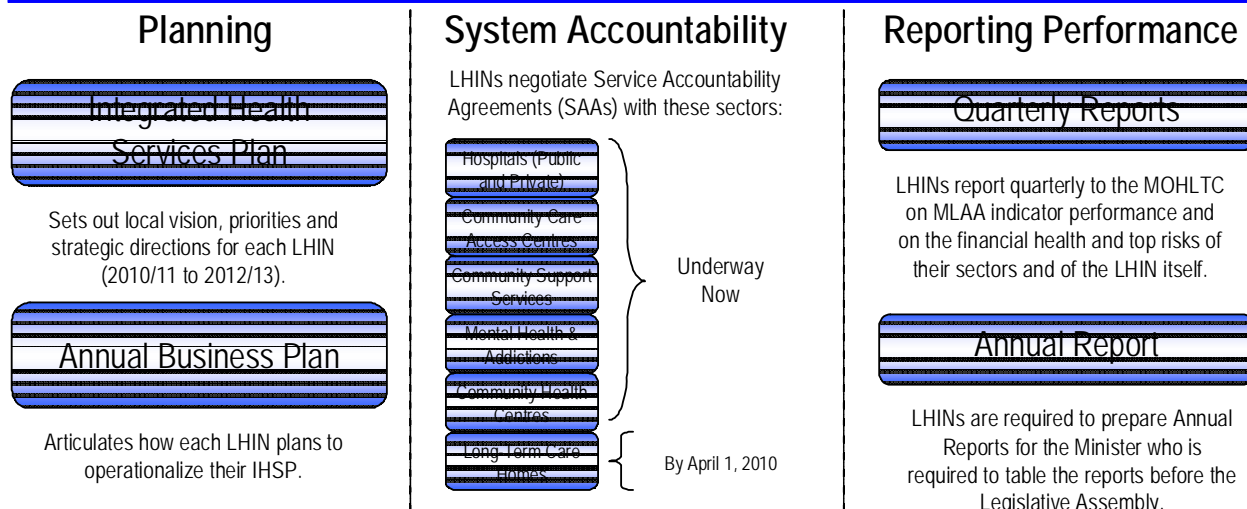
Flow dollars to health service providers in an appropriate and timely manner

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Accountability and Performance Monitoring



Getting the most of the public's investment in their health care system and being accountable for results.



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Integration: In simple language...

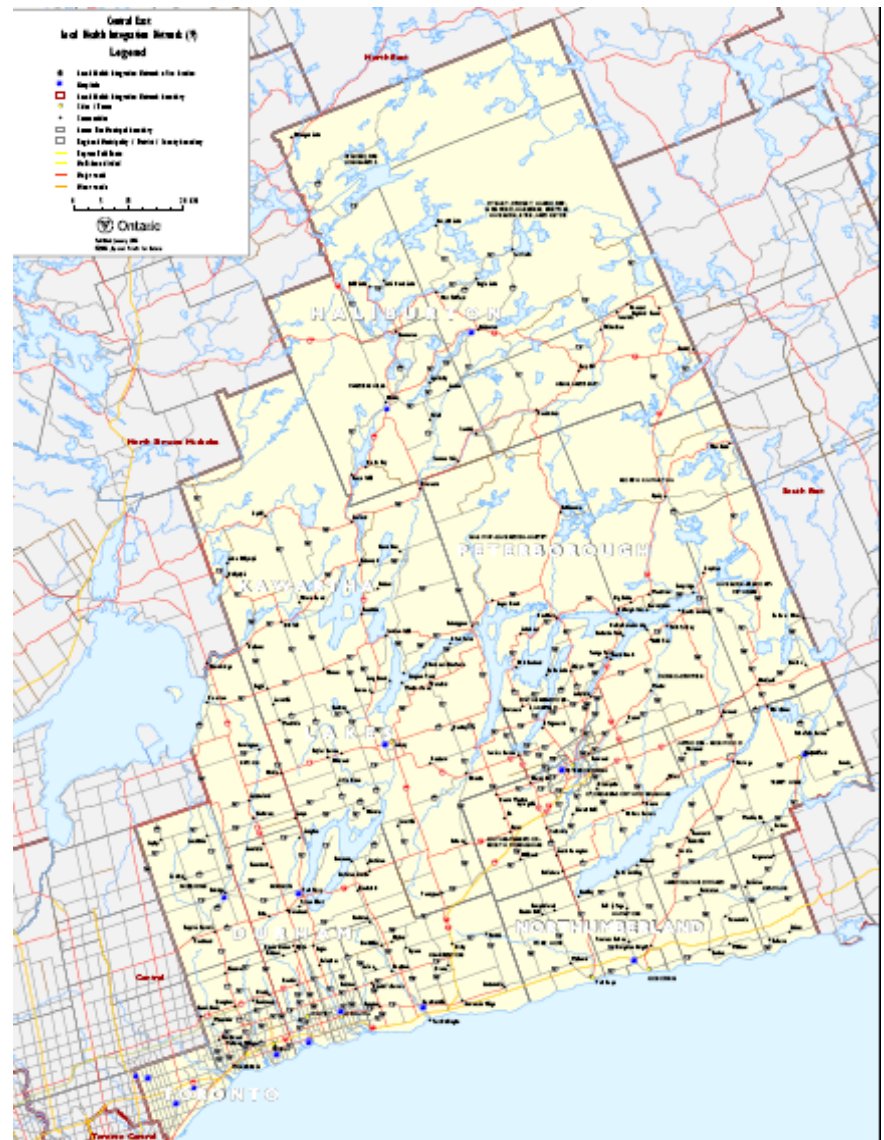
- Health system experienced as a **coordinated system**: People will get the right treatment at the right time by the right provider
- Seamless **flow of information** that supports patient care
- A system that begins with **primary care** providers with an equal focus on prevention and health maintenance
- Create timely **access to quality services** by aligning people, processes and resources
- **Elimination** of wasteful and time consuming duplication
- **Involvement** of patients, residents, family and informal caregivers

Who is the Central East Local Health Integration Network?

- **The Central East LHIN Organization**
- A Board of 9 and staff of 30!
- **The Central East LHIN:**
- The community of over 130 health service providers, patients and stakeholders in the region.

Quick Facts

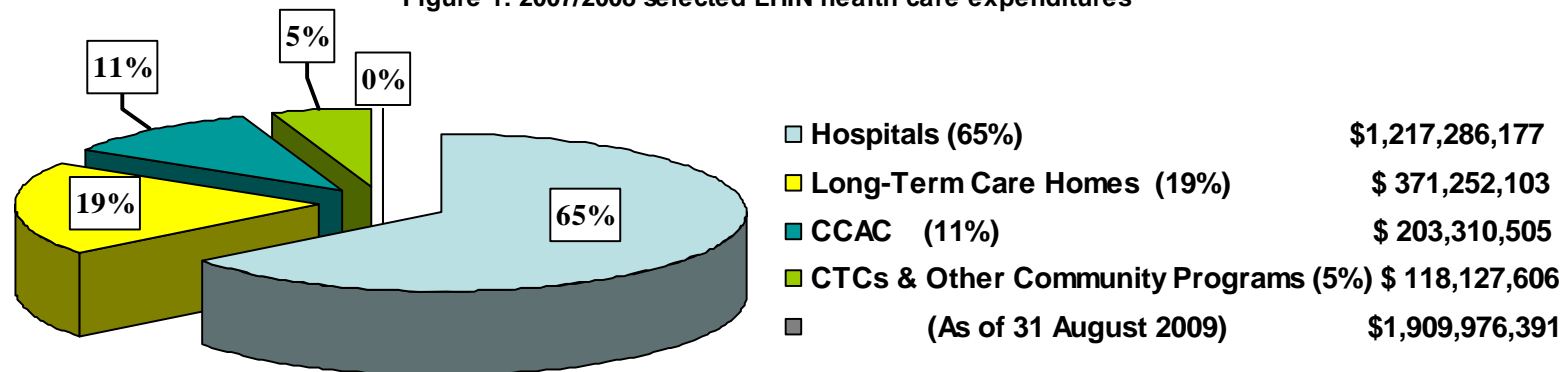
- 6th Largest Geography
- 2nd Largest Population:
 - 1.5 million people
- Current spending:
 - \$1.7 Billion (excludes physicians)
- Broad diversity
 - Language
 - Culture
 - Geography



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A snapshot of Central East LHIN funding

Figure 1: 2007/2008 selected LHIN health care expenditures

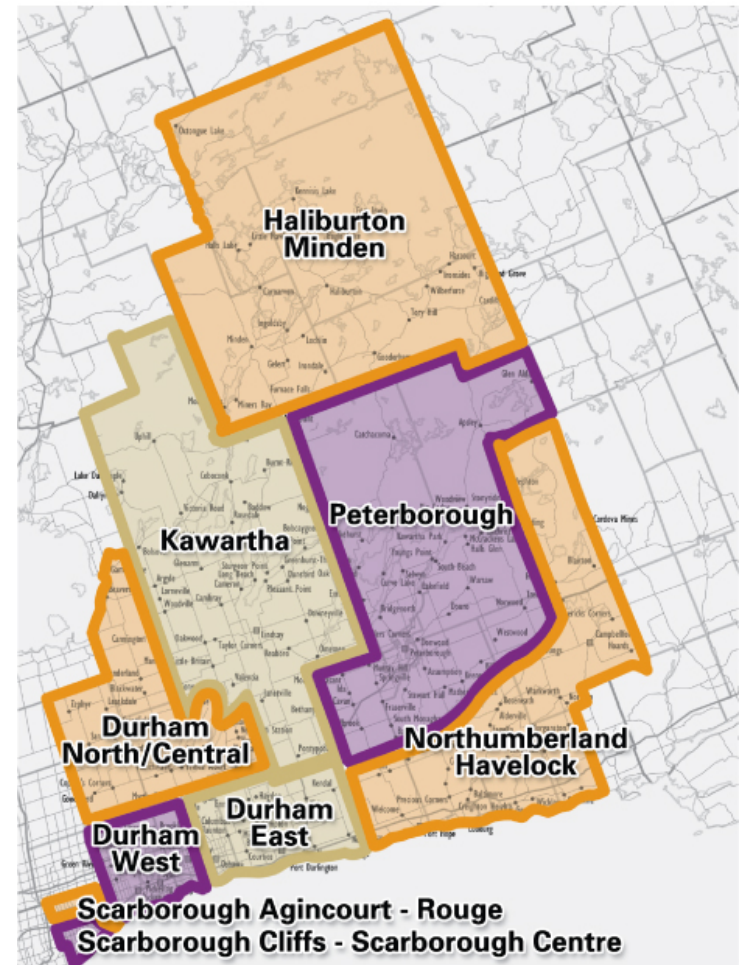


9	Hospitals
1	Specialty Mental Health Hospital
1	Cancer Centre
68	Long-Term Care Homes
1	Community Care Access Centre
24	Mental Health Services
7	Community Health Centres
48	Community Support Services
6	Substance Abuse Programs
17	Supportive Housing Services

\$1.7 billion in healthcare spending (excluding physician payments, drug benefits, public health)

Community Involvement and Leadership

- **Local Works Best!**
- 9 Planning Areas to reflect the diversity of our communities



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Planning Partnerships: These Partnerships were established as a result of the Central East LHIN Framework for Community Engagement and Local Health Planning.

Networks:

Through community engagement and consultation, LHIN-wide Health Interest Networks have been established for three of the Central East LHIN's priorities for change. These "expert tables" are each at various stages of development.

- [Mental Health and Addictions Network](#)
- [Seamless Care for Seniors](#)
- [Chronic Disease Prevention and Management](#)

Each of these networks advises the LHIN directly on its priority initiatives and activities. These networks are a key resource to the LHIN as they have assumed a good deal of responsibility in not only representing the needs of their priority population, but in bringing their collective skills and experience to propel the Central East LHIN's plans to action, and finally, to achievement.

In addition to these CE LHIN Health Interest Networks, health service providers have self-formed Networks to share information and develop best practices for key focus areas. Please click on the links below for information on some of these self-formed Networks.

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Collaboratives:

Collaboratives are local advisory teams which approximate the continuum of the health care system with members from primary care, hospitals, community services, mental health and addiction services, long-term care, physicians, and pharmacists as well as local residents interested in the public health system.

- Zone 1 - Haliburton Highlands Collaborative
- Zone 2 - Kawartha Lakes Collaborative
- Zone 3 - Peterborough City and County Collaborative
- Zone 4 - Northumberland/Havelock Collaborative
- Zone 5 - Durham East Collaborative
- Zone 6 - Durham West Collaborative
- Zone 7 - Durham North/Central Collaborative
- Zone 8 - Scarborough Agincourt Rouge Collaborative
- Zone 9 - Scarborough Cliffs Centre Collaborative
- Cross Zone - French Language Health Services (FLHS)

Planning Partnerships

Task Groups:

Task groups are time-limited action teams established to address common issues or opportunities common to the Networks (i.e., priority areas) and Collaboratives.

- Primary Care Working Group
- Rehab Task Group
- ALC Task Group
- ED Task Group
- e-Health Steering Committee
- GEM – Geriatric Emergency Management

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Health Professionals Advisory Committee (H-PAC)

Each local health integration network shall establish a health professionals advisory committee consisting of the persons that the network appoints from among member of those regulated health professions that the network determines or that are prescribed.

2006, c.4, s.16 (6)

Aboriginal/First Nations & French Language

Each local health network shall establish an Aboriginal and First Nations and French Language health planning entity for the geographic area of the network that is prescribed.

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Vision

Engaged Communities	Healthy Communities
<p>People are supported and proactively engaged in</p> <ul style="list-style-type: none">• managing their own health and wellness• providing direction and solutions for their health care system and their LHIN• coordinating the delivery of timely health care services	<ul style="list-style-type: none">• Supportive and sustainable environments that address the social determinants of health and cultural competency• Timely and equitable access to care• The health of the population has improved
<p>Values: Accountability. Responsiveness. Respect. Integrity. Innovation. Equity.</p>	

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Strategic Directions

Overall Goals for Health System Transformation

Transformational Leadership

Quality and Safety

Service and System Integration

Fiscal Responsibility

Health Care Priorities

Our initial focus for system change

Mental Health and Addictions

Seamless Care for Seniors

Chronic Disease Prevention & Management

Wait Times & Critical Care

Enablers

Common ways in which we will achieve our goals

Primary Health Care

e-Health

Health Services Planning

Health Human Resources

Back Office Transformation

Diversity

Moving People Through the System

System Outcomes

How we will evaluate our strategies

Accessible

Effective

Efficient

Safe

People Centred

Integrated

Appropriately Resourced

Equitable

Focused on Population Health

TOOLS

Community Engagement & Planning Partnerships

Accountability Agreements

Resource Investments in Capacity

Decision Framework and Project Management

VISION:
ENGAGED COMMUNITIES.
HEALTHY COMMUNITIES.

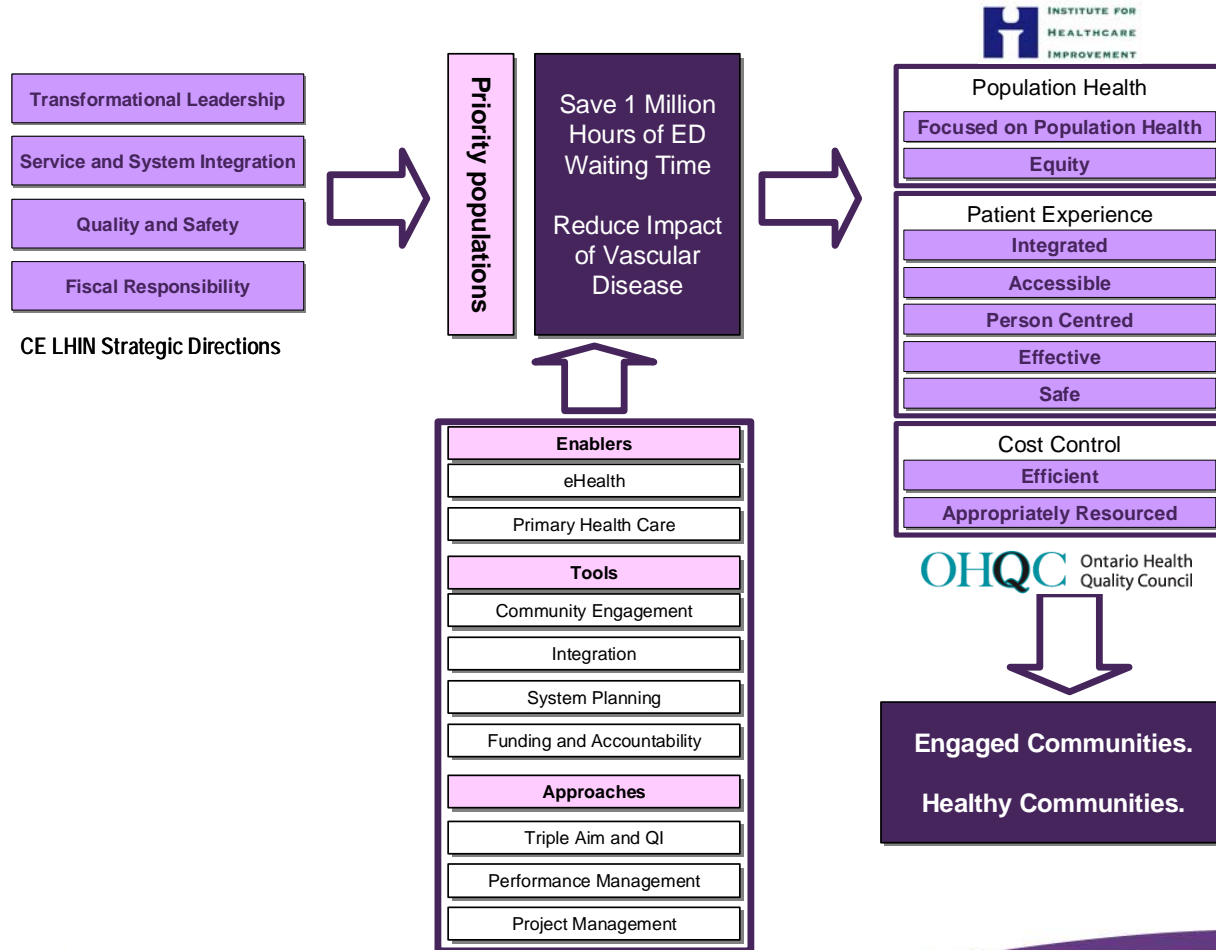
The Strategy Map

“The Complete Story”

2007 - 2010

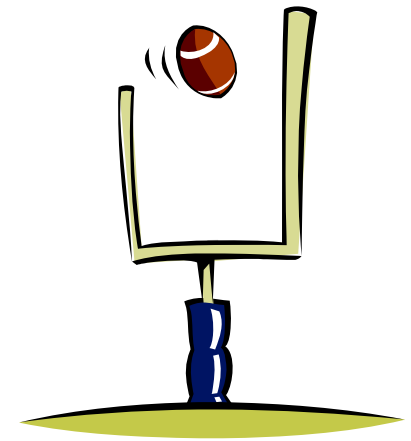
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CE LHIN Strategy Map (Draft 2010 – 2013)



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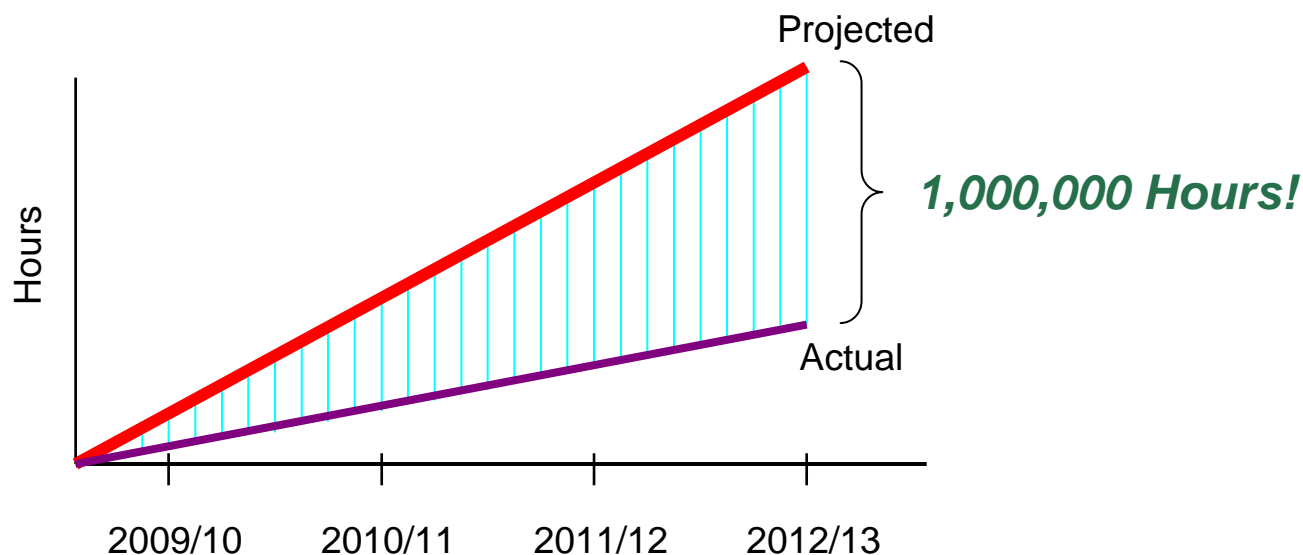
Big Goal # 1



**Save 1,000,000 hours spent by
patients in hospital Emergency
Departments by 2013.**

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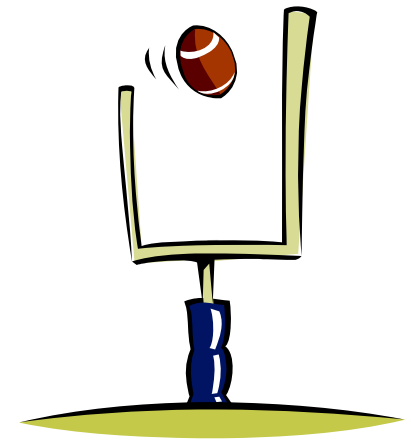
Measuring the 1M Hours



It is projected that between April 1, 2009 and March, 31 2013, there will be 10,206,454 hours spent in CE LHIN EDs. By subtracted 1,000,000 from this number we arrive at 9,206,454 hours, our target number. By March 31 2013, to reach our goal, we must not exceed **9,206,454** hours spent in the ED.

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Big Goal # 2



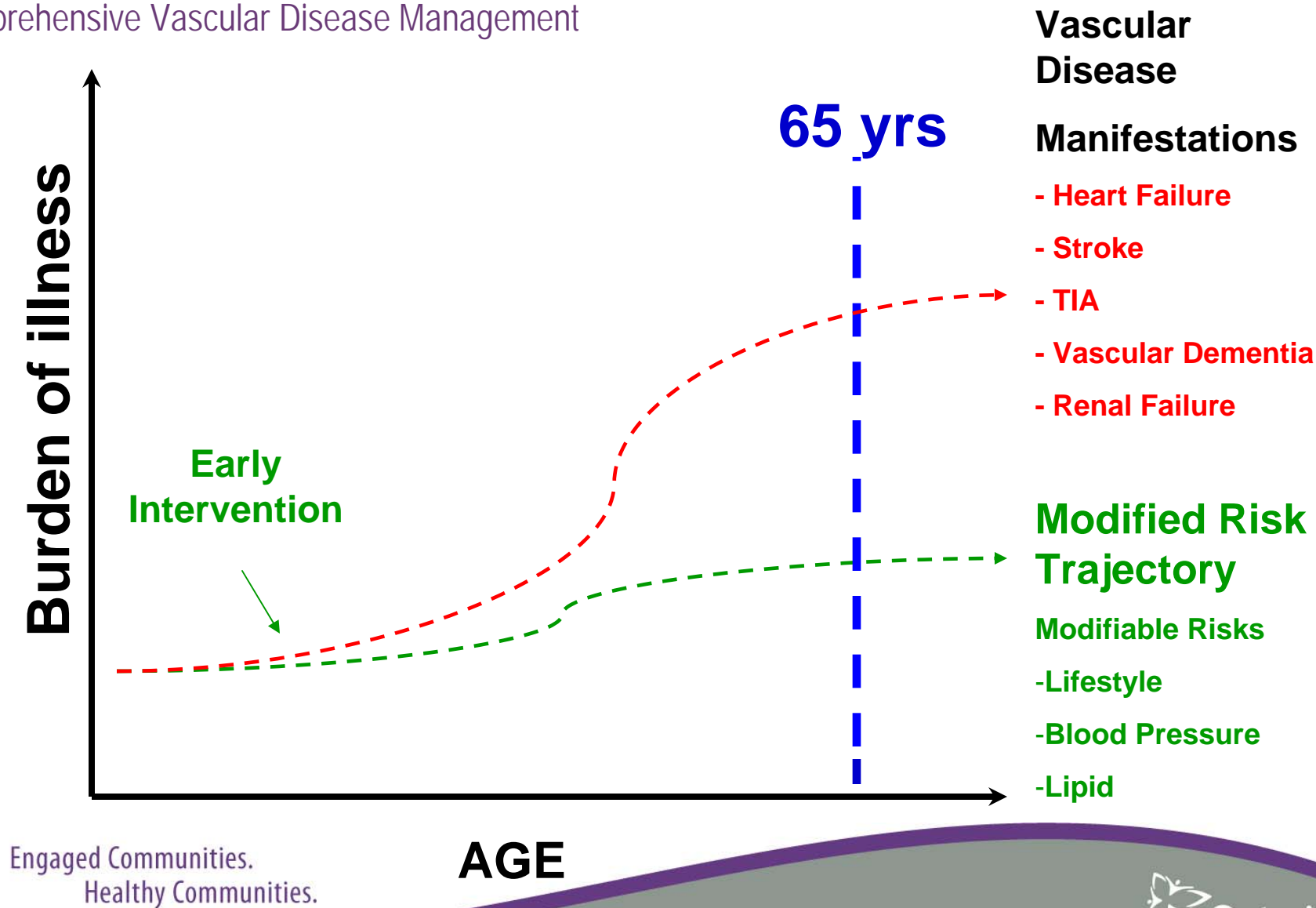
Reduce Impact of Vascular Disease by 10% by 2013

as measured by hospital patient days

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The Big Goal # 2

Comprehensive Vascular Disease Management



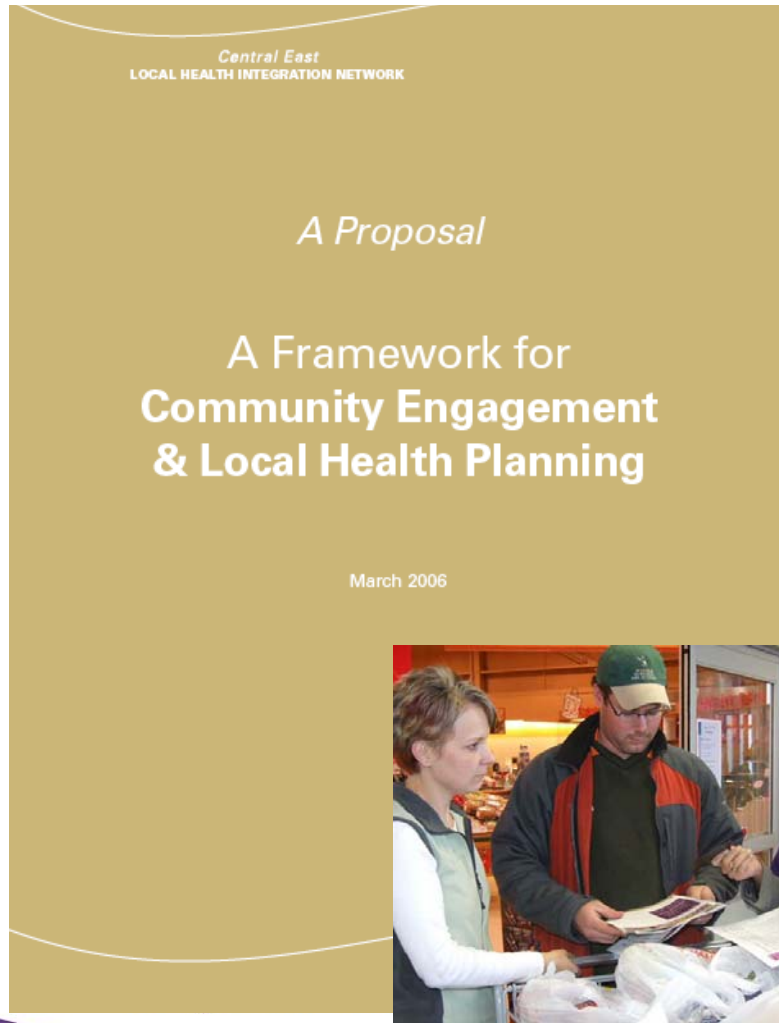
Expectations for our Health Service Providers

- **Align** their strategic and service planning within the overall LHIN framework, with specific reference to the priorities identified in the 2006-2010 Integrated Health Service Plan
- **Participate in LHIN planning exercises** and provide the input and necessary **information** for the development of LHIN plans
- Identify **integration opportunities** and demonstrate continuous improvement in service integration, coordination and quality

Expectations for our Health Service Providers

- Implement the directions for integration laid out in the **accountability** agreements with LHINs
- **Inform** their Boards and engage their community of these expectations

The Central East LHIN Framework for Community Engagement



- Developed as the community's plan
- Shared ownership and accountability for its goals, strategies and objectives
- A **living** document that can change through community evaluation

CE LHIN Goals of Community Engagement

- Renew and maintain focus on the people who use health care
- Enhance local responsiveness and accountability
- Balance priorities
- Develop system capacity and sustainability
- Build confidence in our Public Health Care

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How we Engage

- 10 Local Advisory Teams or Collaboratives
- Board to Board
- Priority Population Steering Committees, Networks and Task Groups
- Symposiums
- CE LHIN Website
- Presence at local events
- Open Board meetings

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Partner Contributions

- The LHIN community possesses tremendous knowledge and skill
- Presence of partner commitment to change and action
- Volunteer contributions and investment to long-term success is greatly valued



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What the CE LHIN means by Integration

Integration is:

- to co-ordinate services and interactions between different persons and entities
- to partner with another person or entity in providing services or in operating
- to transfer, merge or amalgamate services, operations, persons or entities
- to start or cease providing services
- to cease to operate or to dissolve or wind up the operations of a person or entity

Types of Integration

Legislation outlines requirements and options for integration of the system including:

- LHIN - directed integrations
- LHIN - facilitated integrations
- Integration by funding
- Voluntary integration proposals

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Why Integration is an Expectation

- Legislation requires both LHINs and service providers to develop strategies to integrate services
- Legislation requires service providers to comply with LHIN decisions on integrating services

Why Integration is Important

- Recognition that if we integrate, duplication can be reduced leaving more resources for new and needed programs
- Easier for people to get the right care – decreased fragmentation of services
- Could lead to more service efficiencies for consumers and more internal efficiencies for agencies
- Focus on clients not providers
- Meet current not historic needs
- Attempts to bring the **system** together as a whole

How *to* Integrate

- Recognition that integration can be challenging, but is possible
- Where to begin?
 - Informal conversations
 - Meetings
 - Formal partnerships
 - Project collaboration

Our Shared Vision

An example of integration

‘One Acute Care Network’

Improved and **equitable** patient **access**
to an **integrated hospital** system
that provides the **highest quality** of care
across the Central East LHIN

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'One Acute Care Network' - Our Project Partners

- Community hospital corporations
 - Campbellford Memorial Hospital
 - Haliburton Highlands Health Services
 - Lakeridge Health Corporation
 - Northumberland Hills Hospital
 - Peterborough Regional Health Centre
 - Ross Memorial Hospital
 - Rouge Valley Health System
 - The Scarborough Hospital
 - Uxbridge Site of the Markham Stouffville Hospital (Central LHIN)
 - Ontario Shores Centre for Mental Health Sciences
- Central East Community Care Access Centre

Our Project Scope:

The scope of work was structured around four goals:

1. Hospital Service Planning and Scenario Modeling
2. Identify Integration Opportunities and New Models of Service
3. Supporting Physician Integration
4. Change Management Strategies for New Models of Service

Five Selected Clinical Services:

- Cardiac
- Maternal Child and Youth
- Mental Health and Addiction
- Thoracic
- Vascular

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'One Acute Care Network' – Intended to Address

• Challenges

- Consistency in clinical care, less than optimal access to coordinated and quality services.
- Retention and recruitment of Human Resources especially in specialized clinical services
large geography of CELHIN – patient transportation issues
- Reaching 'maximum potential' for each hospital site in a health care system experiencing financial challenges

• Opportunities

- LHIN-wide/Cluster Clinical Integration
 - Work together to standardize processes and procedures & improve access (eHealth Strategies).
- Coordinate delivery of care of specialized services through:
 - physician credentialing
 - HHR planning across LHIN
- Re-design patient non-urgent, urgent, emergency transportation system
- Building 'centres or programs of excellence' for core services, specialized care, and advanced care now not available in CELHIN

'One Acute Care Network' – Role of Clusters

All Hospitals Working Together to create a Network of Care ...

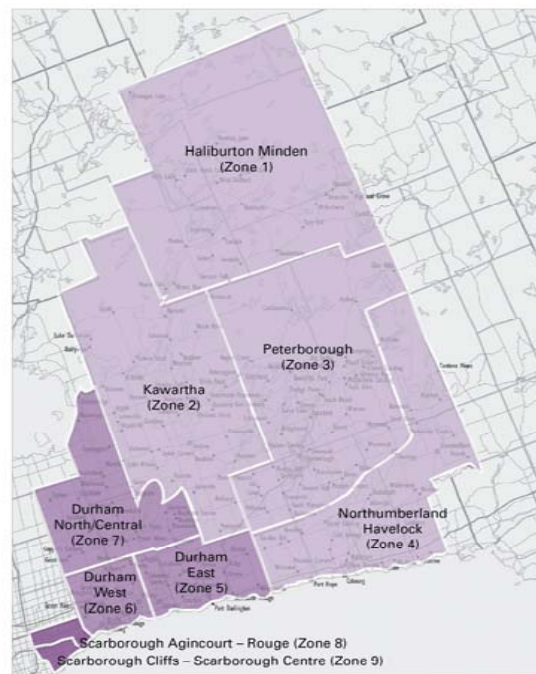
Clusters do not create boundaries for clinical care but create planning and service delivery areas that better reflect the needs of local communities within the large geography of the CELHIN.

Each cluster would facilitate:

- Patient access locally supported by single point of referral for treating health professional
 - 24/7/365 specialist coverage
 - Integrated clinical care
- and be supported by:
- LHIN-wide leadership accountable for each clinical service

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CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK (9)



Thank You

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Questions.....



- Additional Questions:
 - Contact the CE LHIN switchboard:
905-427-5497 or 1-866-804-5446
- Or visit the CE LHIN website at
www.centraleastlhin.on.ca

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