

# Central Local Health Integration Network Long Term Care Information Session

August 24 & 25, 2009

# Objectives

- Provide an introduction and insight into the Central Local Health Integration Network (Central LHIN)
- Provide an understanding of the Health System operating within the boundaries of the Central LHIN
- Provide an introduction to Service Accountability Agreements (SAA)
- Discuss next steps

# Our Collective Challenge

“ A health care system that helps people stay healthy, delivers good care when they need it, and will be there for their children and grandchildren.”

*Ministry of Health and Long Term Care Vision for Health Care 2005*

# Health Transformation in Ontario

**LHIN Mandate:** Plan, coordinate, integrate and fund the delivery of health services at the local level

- Made-in-Ontario solution intended to build on the fabric of voluntary local governance (independent boards)
- No direct provision of services
- No hard boundaries for residents or providers

LHIN legislation states that LHINs will:

- Engage local communities to identify needs and priorities
- Plan changes and service improvements
- Coordinate the flows of clients
- Fund local health care services

# Community Engagement Goals

- **Focus on the people who use health care** – LHIN places the healthcare consumer at the centre and engages directly with healthcare consumers, since they are the most knowledgeable about the healthcare services they would like to, and do, receive
- **Enhance local accountability** – LHIN strives to enhance local accountability by providing direct opportunities for input into decision making
- **Balance priorities** – LHIN aims to create a shared sense of responsibility for achieving balance among competing priorities by informing and engaging the public about stakeholder needs and responsibilities
- **Develop system capacity and sustainability** – LHIN aims to harness the knowledge of communities about their needs and proposed solutions, assess current capacity, identify gaps, and help build sustainable, long-term solutions

# 14 Local Health Integration Networks (LHINs) in Ontario

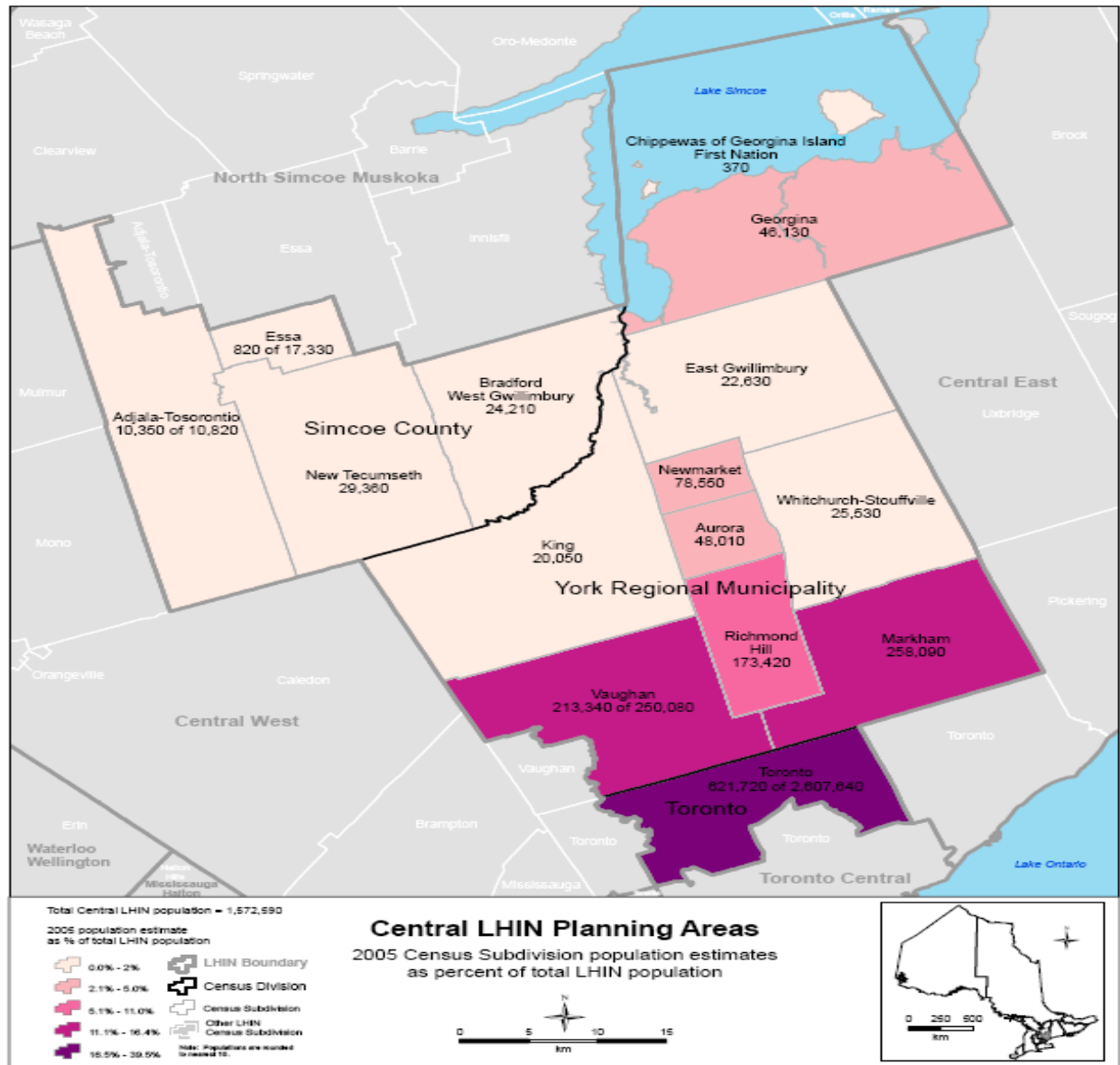
A part of the health transformation agenda for Ontario



- |                                       |                         |
|---------------------------------------|-------------------------|
| 1 Erie-St. Clair                      | 8 Central               |
| 2 South West                          | 9 Central East          |
| 3 Waterloo Wellington                 | 10 South East           |
| 4 Hamilton Niagara<br>Haldimand Brant | 11 Champlain            |
| 5 Central West                        | 12 North Simcoe Muskoka |
| 6 Mississauga                         | 13 North East           |
| 7 Toronto Central                     | 14 North West           |



# The Central LHIN



Source: 2001 Census Cartographic Boundary Files, Statistics Canada. 2005 Population Estimates, Ontario Ministry of Finance. Prepared for Central Local Health Integration Network by the Health System Intelligence Project.

# Roles & Responsibilities

- The Ministry provides stewardship to the system by setting provincial standards and priorities and monitoring health outcomes
- The Central LHIN provides leadership and management of the local health system
- Health Service Providers (HSPs) provide leadership, management and the delivery of services

## Roles & Responsibilities: A Closer Look

- Responsibility/accountability for the operation of the LTC Home rests with the respective home. This includes oversight and compliance with policies, manuals and good clinical and business practice
- Responsibility/accountability for developing a sustainable, high quality, accessible and integrated health care system that is available for our citizens now and into the future rests with the LHIN

# LHIN'S – What We Don't Do

- Do not deliver health services
- Do not merge/consolidate Health Service Providers (HSPs)
- Do not fund physicians
- Do not require residents to receive services in their LHIN



# Health Services Providers *(what are we dealing with)*

## 98 Providers, including:

- Hospitals
- Long-term care homes
- Community Care Access Centres
- Mental health & addictions
- Community support services
- Community Health Centres

## Does not include:

- Physicians
- Ambulances
- public health
- services delivered by municipal governments



## Central LHIN – Fast Facts

- 1.6 million residents - 12.5 % of provincial population
- Budget of \$1.6 Billion or \$4.4 Million per day
- 3.3 % growth - fastest growing areas of the province
- Significant diversity – highest proportion of immigrants in the province
- Different types of communities – urban (high density), suburban and rural (agricultural)
- Rapid change occurring in communities, both in growth, and composition

# Public Disclosure - Open Board Meetings

- LHINs are required to hold Board meetings open to the public
- All LHIN business/material is accessible/available to the public, as appropriate, unless embargoed by the Ministry
- The Central LHIN web site is a prime source of information for the public and all stakeholders
- Any/all information/material provided by hospitals and other Health Service Providers for presentation to the Central LHIN Board as information, for input or for decision making purposes will be made available/accessible to the public

# Central LHIN Challenges (2009/10 & 2010/11)

- Reducing Wait Times spent in Emergency Department
  - Targeted Diversion Programs / Nurse-Led Outreach Teams
- Decreasing Alternate Level of Care (ALC) days
  - Interim Beds
- Improving access to Mental Health & Addictions
  - Behavioral Support Units
- Improving management of Chronic Diseases
  - With a Focus on Diabetes
- Advancing Health Equity

# Vision for LTC in LHIN World

To be a key element in the continuum of care  
available in a local health system

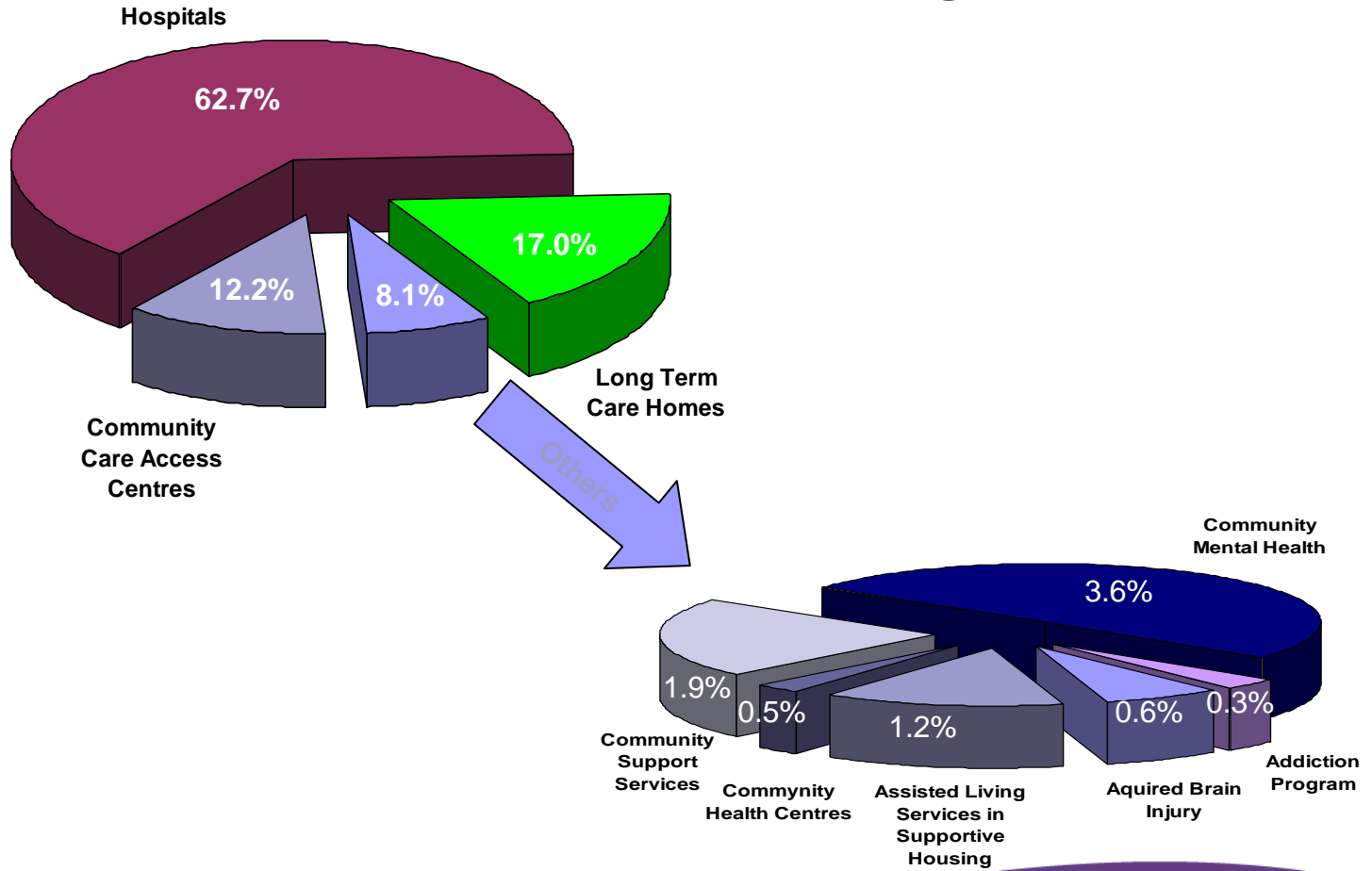
# Central LHIN Long Term Care Sector (LTC) Overview

- \$275 Million funding or \$753K daily (2009/10)
- Covers North York, York Region, South Simcoe and Etobicoke/York

<b><u>Types of Homes and Beds in the Central LHIN</u></b>			<b>Central LHIN</b>		<b>% of Prov. Total</b>	
			<b>Homes</b>	<b>Beds</b>	<b>Homes</b>	<b>Beds</b>
<b>For Profit</b>			24	3,353	7%	8%
<b>Non-Profit</b>	Non-Profit	(11)	17	2869	11%	15%
	Religious	(2)				
	Cultural/Linguistic	(4)				
<b>Municipal</b>			5	876	5%	5%
<b>Total</b>			<b>46</b>	<b>7,098</b>	<b>7%</b>	<b>9%</b>

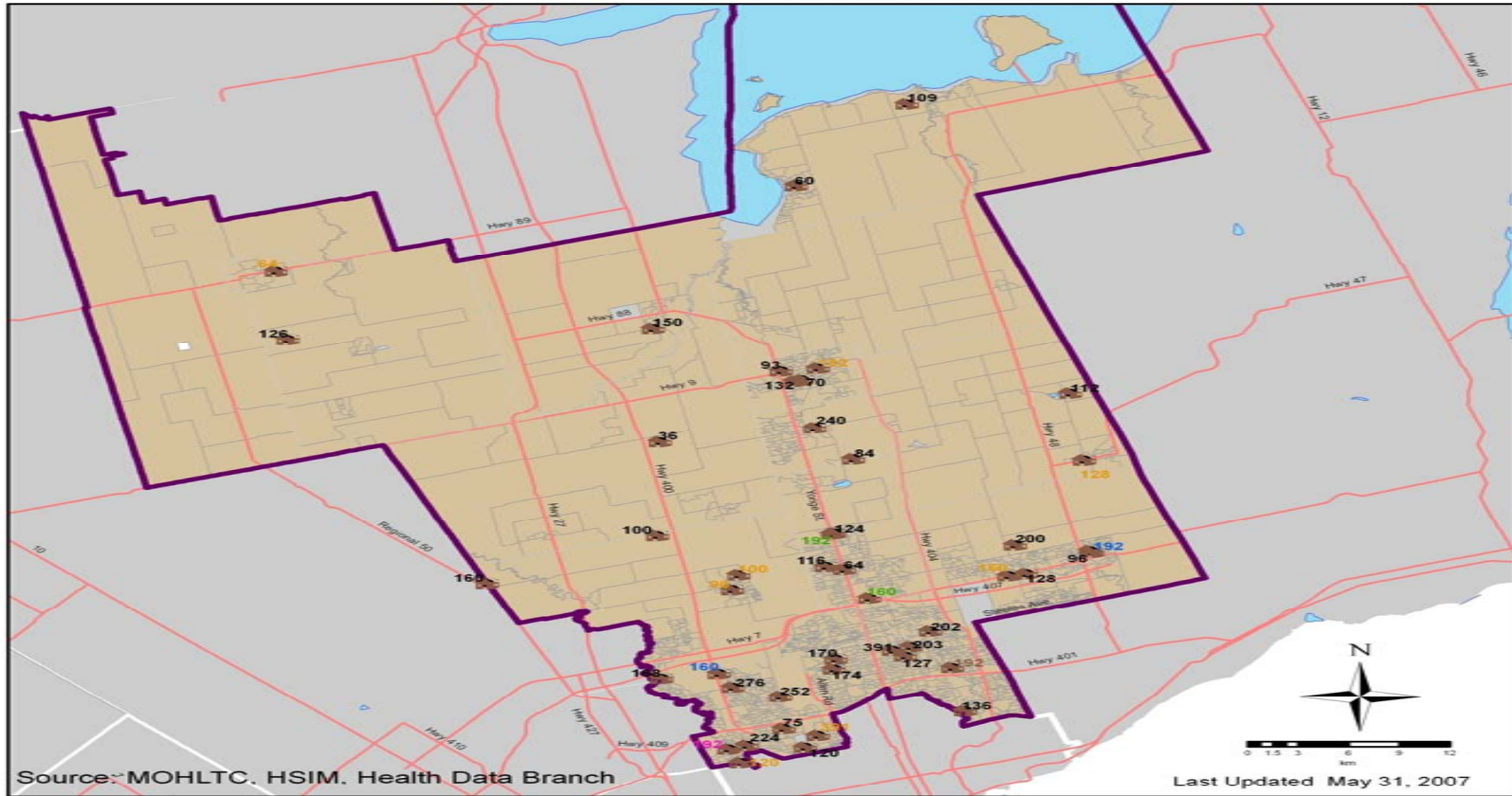


# Central LHIN Funding (\$1.6B)



# Distribution of LTCH Within Central LHIN, 2007

Total number of beds in each facility



Source: MOHLTC, HSIM, Health Data Branch

Last Updated May 31, 2007

# of Beds	Facility	# of Beds	Facility	# of Beds	Facility
36	RIVER CITY LODGE NURSING HOME	128	BETHANY LODGE	224	LEISUREWORLD CAREGIVING CTR. LAWRENCE
60	CEDARVALE	128	PARKVIEW HOME	240	AURORA RESTHAVEN EXT'D CARE & CONV
64	MARRIOTT HOME	132	YORK REGION NEWMARKET HEALTH CENTRE	252	CASA VERDE HEALTH CENTRE
64	GOOD SAMARITAN NURSING HOME	136	THOMPSON HOUSE	276	YORKVIEW LIFE CARE CENTRE
70	EAGLE TERRACE	150	BRADFORD VALLEY	391	CUMMER LODGE
75	NORTH PARK NURSING HOME	160	VILLA COLOMBO DI POCE CENTRE		VILLA COLOMBO
84	WILLOW'S ESTATE NURSING HOME	160	LEIGH VILLA		
93	MACKENZIE PLACE	160	LEISUREWORLD CAREGIVING CTR. RICHMOND HILL		
96	MARKHAVEN, INC.	160	LEISUREWORLD CAREGIVING CTR. NORRICH		
96	VERDA-CARA LTD. (MAPLEVAUGHAN)	170	VILLA LEONARDO GAMBIN		
100	KRISTUS DARZI LATVIAN HOME FOR THE AGED	174	CHELLENHAM NURSING HOME		
109	YORK REGION BAYVIEW HEALTH CENTRE	174	VALLEYVIEW RESIDENCE		
112	RIVER GLEN HAVEN NURSING HOME	182	MOON SHEONG RICHMOND HILL LTC CENTRE		
112	BLOOMINGTON COVE	182	WOODHAVEN LTCH		
116	YORK CENTRAL HOSPITAL/EXTENSIVE CARE LTCF	192	SENIORS HEALTH CENTRE		
120	HAROLD AND GRACE BAKER CENTRE	192	The Village of Number 8		
124	ELGINWOOD LTC CENTRE	200	YEE HONG CENTRE - MARKHAM		
128	SMACOE MANOR HOME FOR THE AGED	202	GIBSON LTC CTR.		
127	CAREFREE LODGE	203	EXTENSIVE CARE BAYVIEW		
		224			
		240			
		252			
		276			
		391			

Total number of beds in CLHIN = 13,858

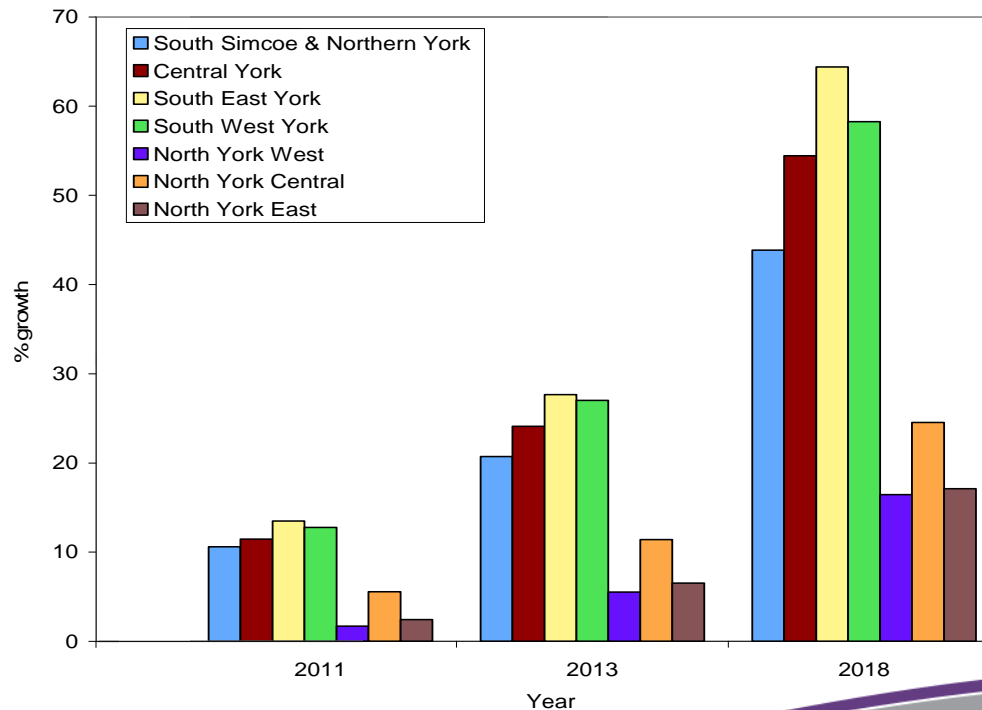
-  LTCH
-  Major Roads & Highways
-  Central LHIN

Note:  
 Total beds = Long-stay beds+ other beds (e.g. Short-stay)

# Central LHIN Population Profile: Population Growth for the Central LHIN Planning Areas (Age 65+)

This slide compares the projected population growth for each of the planning areas over the next ten years for Seniors aged 65 and older. Central LHIN will see an increase of approximately 81,500 people over the age of 65.

**Population Growth for Central LHIN Planning Areas (Age 65+)**



Source: Environics Analytics 2008

# Initiatives to Increase Capacity in LTC Sector

## Enhanced Programs & Performance

- Establishment of 3 Nurse Led Outreach Teams
  - 2 Central LHIN-funded teams
  - 1 Ministry-funded team
  
- Health System Development
  - Central LHIN funding 30 new convalescent care beds
  - Central LHIN funding 80 new interim LTC beds:
    - 9 interim LTC beds at River Glen Haven Nursing Home
    - 32 interim LTC beds at Southlake Residential Care Village
    - 39 interim LTC Beds at York Central Hospital

# Service Accountability Agreements

- Requirement under Local Health System Integration Act, 2006 (LHSIA) and Ministry-LHIN Accountability Agreement (MLAA)
- Vehicle to delineate accountabilities and performance expectations
- Tool to support the health care transformation agenda
- Consistent template agreement for all sectors supported by schedules
- Developed through consultation on the template and schedules with the various sectors
- Negotiation of the performance indicators in the schedules by the Central LHIN and the individual LTC Home

# Characteristics of the Service Accountability Agreements

- Agreement is between health service provider and LHIN
- Focus is on performance and accountability
- Focus also on system and deliverables with an emphasis on collaboration, cooperation, and integration activities within the LHIN
- Agreements are linked to quality and performance/outcome measures
- Agreements are aligned with provincial planning and priorities and LHIN Integrated Health Service Plan (IHSP)
- Agreement has a fixed term

# Learning from Hospital and Community Sector Development Processes

- Timing is critical – Initiate the process early
- Clear, consistent, regular communication
- Clearly identify roles, responsibilities and timelines
- Acknowledge that tools are developmental and will evolve over time
- Relationship management is key to success
- Think about: Integration opportunities, 'strategic alignment' and services
- New process for all – see References for recommended background reading

# Service Accountability Agreement Development Principles

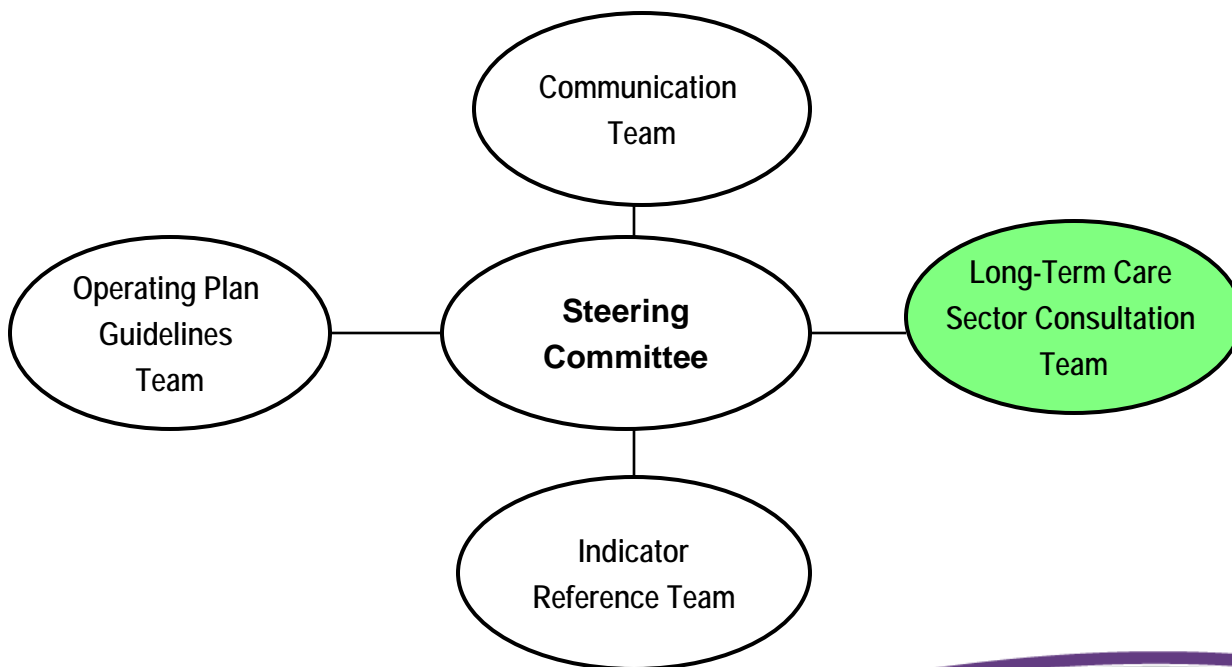
- Reflect the principles in the Ministry-LHIN Accountability Agreement (MLAA)
- Support MLAA direction to strengthen accountability for results
- Openness & transparency: clearly articulate expectations of both parties
- Ensure consistency to support alignment with provincial strategic directions, streamline processes, minimize burden and provide clarity and equity for Health Service Providers (HSPs) and LHINs
- Partnership & Flexibility: Promote fairness and equitable treatment of HSPs
- Reflect a clear line of accountability for HSPs and 'a new world of accountability' in the relationship between LHINs and HSPs

## Ministry-LHIN Accountability Agreement Targets (09/10)

<b>Performance Indicator</b>	<b>LHIN Target</b>	<b>Performance Corridor (Upper)</b>	<b>Performance Corridor (Lower)</b>	<b>LHIN Actual (2009 Q1)</b>
Median Wait Time to Long-Term Care Placement	91.75 days	114.69 days	68.81 days	119.00 days
% of Alternate Level of Care Days	11.97%	13.17%	10.77%	15.46%

# The L-SAA Consultation Structure

**LHIN Leadership (Chairs and CEOs)**



# L-SAA Steering Committee

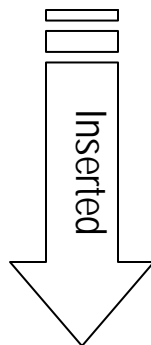
- Accountable to the LHIN Leadership (Chairs and CEOs)
- Responsible for:
  - Providing oversight for the consultation process
  - Making recommendations regarding changes to the template documents and schedules
  - Providing support as necessary to the sector specific consultation teams
  - Providing oversight for the communication and education plan for LHINs
  - Providing oversight of the LHIN final approval process

# LTC Sector Team

- Provide input to the L-SAA Steering Committee
- Responsible for:
  - Carrying out the sector specific consultation process
  - Making recommendations regarding changes to the template documents and schedules
- Representation from:
  - Ontario Long-Term Care Association (OLTCA)
  - Ontario Association of Non-profit Homes and Services for Seniors (OANHSS)
  - Association of Municipalities of Ontario (AMO)

# How LAPS & L-SAA Fit Together

Information contained within the Long Term Care  
Accountability Planning Submission (LAPS)



Long Term Care Service Accountability Agreement  
as Schedules

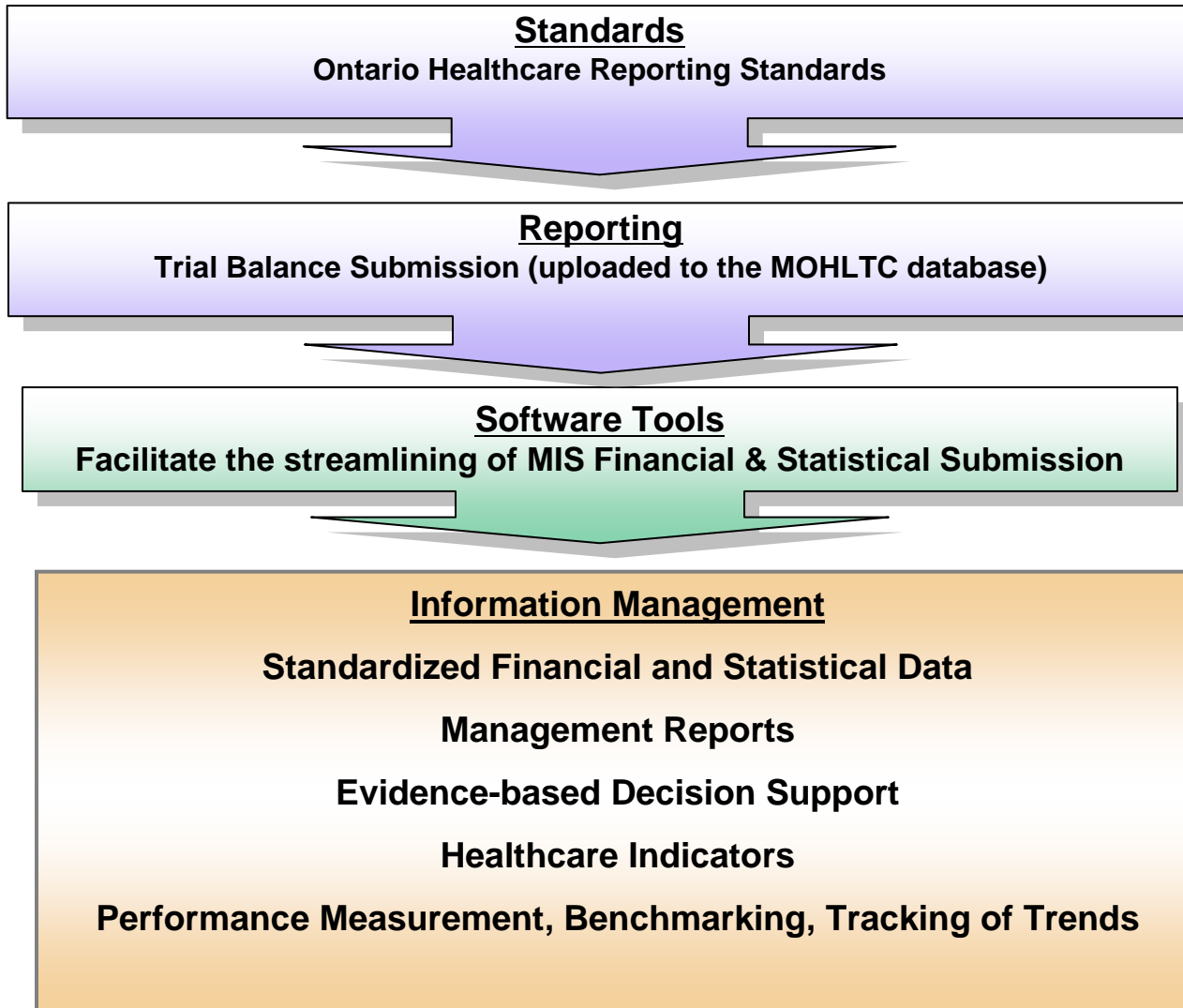
# Basic Elements of a Service Accountability Agreement

- The Agreement
- The Schedules:
  - Financial Management and Funding
  - Description of Services
  - Elements of Performance Management
  - Reporting Requirements

# Proposed L-SAA Timeline

September 2009	<ul style="list-style-type: none"><li>▪ Template schedules developed</li><li>▪ Accountability Planning Submission (APS) Guidelines developed for Long-Term Care</li></ul>
September / October 2009	<ul style="list-style-type: none"><li>▪ Education Sessions for LTC Homes on APS</li><li>▪ L-SAA template &amp; schedule consultation</li><li>▪ APS due to Central LHIN</li></ul>
January / February 2010	Negotiation of schedules
March 31, 2010	L-SAA signed off
April 1, 2010	L-SAA in place

# OHRIS/MIS Project Development



# OHRIS/MIS Project Implementation Plan (draft)

Timeframe	Phase	# Homes
Sep 2008 to May 2009	Pilot Phase	60 + 24 early adopters* (6 from Central LHIN)
<p>Goal of pilot phase is to learn and improve on implementation process.</p> <ul style="list-style-type: none"> <li>- Refinement of standard</li> <li>- Development of software solution</li> </ul>		
Sep 2009 to May 2010	Phase 1	75
Feb 2010 to Oct 2010	Phase 2	116
Sep 2010 to May 2011	Phase 3	116
Feb 2011 to Oct 2011	Phase 4	116
Sep 2011 to May 2012	Phase 5	116

\*Early Adopters are homes associated with hospitals that are already reporting OHRIS/MIS data as part of existing hospital submission

# Benefits As We Move Forward

- Consistent System
- Relationships and Partnerships
- Improved Linkages to Other Parties
  - CCAC
  - Primary Care
  - Hospitals
- New CCAC Enabling Legislation
- New way of Service Delivery
- Stability to Funding Levels

## Next Steps

- Provincial Steering Committee with representatives from Ministry/LHINs and Associations to continue development of templates and guidelines
- Further education sessions to clarify expectations, roles and responsibilities and purpose of L-SAA
- Working together to enable the completion of LAPS document

# Resources

- Central LHIN website

<http://www.centrollhin.on.ca/>

- Local Health System Integration Act, 2006

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_06l04\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_06l04_e.htm)

- Sharkey Report

[http://www.health.gov.on.ca/english/public/pub/ministry\\_reports/staff\\_care\\_standards/staff\\_care\\_standards.html](http://www.health.gov.on.ca/english/public/pub/ministry_reports/staff_care_standards/staff_care_standards.html)

# Resources (cont.'d)

- **Commitment to the Future of Medicare Act, 2004**

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_04c05\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04c05_e.htm)

- **Service Accountability Agreements**

[http://www.ohqc.ca/en/other\\_reports.php](http://www.ohqc.ca/en/other_reports.php)

- **Ontario Health Quality Council**

<http://www.ohqc.ca/en/index.php>

- **OHA Backgrounder: Strengthening Home Care Services in Ontario**

<http://www.oha.com/CurrentIssues/LegislativeAnalysis/Documents/Strengthening%20Home%20Care%20Services%20in%20Ontario%20-%20Summary%20of%20Amendments.pdf>

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**Break**  
15 min

# Q & A