South East **LHIN**

Thinking Regionally, Acting Locally.

2007-2008 Annual Report

Ontario
Local Health Integration Network

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Board of Directors

Current Members	Location	Terms
Georgina Thompson, Chair	Belleville	Jun/08 – Jun/11
Florence Campbell, Vice-Chair	Kingston	Jun/05 – May/08
John Ferguson	Belleville	Jun/08 – Jun/11
John Groves	Brockville	Dec/07 – Jan/09
Kenneth A. McBain	Madoc	May/08 – May/11
Gaye McGinn	L'Amable	Jan/07 – Feb/10
Tom Rankin	Merrickville	Jun/07 – Jun/10
Margaret Werkhoven	Belleville	Jun/07 – Jun/10

2007-2008 Annual Report Approved by

Georgina Thompson, Chair, Board of Directors

Kenneth A. McBain, Member, Board of Directors

Collaborative Governance

In the late summer of 07/08, the South East LHIN's Collaborative Governance Development Team (CGDT) held five governance sessions across the region. This Team was formed by the SE LHIN to advise it on a model for enabling boards to work together. The five sessions attracted over 350 Board members from most of the 124 health service providers that are accountable to the SE LHIN. The sessions helped clarify for the Team and the LHIN, the opportunities for integration and boards working together.

To the South East LHIN,

All Board members of the South east LHIN met with a Conflict of Interest Commissioner in 2007/08 and completed their declarations. The Conflict of Interest Commissioner provided advice in accordance with the LHIN Conflict of Interest Policy.

Sincerely,

Honourable Sydney L. Robins, Q.C.
Conflict of Interest Commissioner

Message from
Georgina Thompson,
Chair of the Board of Directors
and Paul Huras,
Chief Executive Officer

June 2008

The South East Local Health Integration Network (SE LHIN) completed its second full year of operation in 07/08 and again experienced several milestones in its evolution. Each year in these early beginnings we embark on another part of our mandate for the first time. This year leadership emerged as a key enabler. Throughout the South East, leaders at all levels came forward to assist the SE LHIN in reaching these milestones.

2007/08 marked the first time the LHINs began Hospital-Service Accountability Agreement negotiations. These negotiations for the 08/09 and 09/10 years proved to be challenging yet rewarding and allowed the SE LHIN to roll out a detailed process which included linking service performance targets to budget allocations. Brockville General Hospital became the first health service provider to ever sign a Service Accountability Agreement with our LHIN.

Our priority to improve access to Primary and Family Health Care led the SE LHIN to co-sponsor with Queen's Department of Family Medicine, a Primary Health Care Forum, with over 150 people in attendance. The guest speakers and breakout sessions began the discussions on creating a South East system of primary health care.

SE LHIN Leads, including Dr. John Muscedere (Critical Care), Dr. Mike O'Connor (Emergency Department), Dr. Mark Noss (Regional Surgical) and Paul McAuley (e-Health) all provided respected leadership in advancing improvements in their specific areas of responsibility.

In March the SE LHIN held its first Health Professional Advisory Committee (HPAC) meeting. This committee, Co-Chaired by Dr. Barry Guppy (Quinte Health Care) and Kelly Baker (Providence Care) represents health care professionals from across the South East and provides advice to the SE LHIN on how to improve the local health care system.

Working with Quinte Health Care, the South East Community Care Access Centre and The Change Foundation, we began to focus on improving the transfer of patients from acute care beds to Long-Term Care and the community. The lessons learned from this initiative are starting to improve our ability to properly transfer patients to more appropriate settings.

There are many other Leaders, from all levels of providers and the public, who have emerged during the past year to advance our system improvement agenda. We thank them for their insights and dedication. A special thanks to our Board and Staff for helping to continue to develop the SE LHIN. Together we look forward to an exciting 2008/09 as we strengthen and develop partnerships to build a more integrated local health care system and continue to search for emerging leaders to help guide these efforts.

Highlights - Local Health System Improvement Initiatives

Aging at Home Plan – In February 2008, following five months of intense planning, the South East LHIN Board of Directors approved the SMILE program and the selection of VON Canada-Ontario as the regional management centre. Beginning in 2008, SMILE, a program that is unique in the province of Ontario, will provide frail and elderly seniors with support in their activities of daily living, so they can remain in their homes.

EASIER + (Eldercare Access Strategy in Emergency Room) – To prevent unnecessary hospitalization, since the fall of 2007, elderly seniors who seek treatment at Quinte Health Care-Belleville site are being assessed in the ER by individuals with specialized geriatric assessment training. When appropriate, nursing care and/or community support services are being arranged for them at home. Enhanced home care, for up to 30 days, is also available. As of March 2008, close to 180 clients had benefited from this initiative. A similar program will be implemented at Kingston General Hospital in the spring.

Maintaining Function for Independence – This initiative is designed to promote a quick recovery for elderly patients in hospital and enable a return home through one hour of daily activity. As of March 2008, 160 patients at Quinte Health Care received this as part of their care, and 10% more seniors than usual were able to return home after having regained their strength. A regional rollout is planned for 2008, beginning in June, at Kingston General Hospital.

Transitions – This initiative saw several providers come together in 2007/08, all in an effort to tackle length of hospital stays and a higher than average placement time for patients who are ready to be moved to a more appropriate care setting. Projects that are underway are aimed at developing a standard definition of Alternate Level of Care (ALC), standardizing the discharge process, as well as better educating, informing and supporting ALC patients and their families.

Regional Surgical Program – In the past year, wait times in the South East LHIN for hip and knee replacement procedures have gone down by 24%. While these results are promising, there is more to be done to improve access. To that end, Dr. Mark Noss came on board in January 2008 to lead a team of surgeons from all hospitals in the region that will propose changes to the current system.

Regional Realignment of Consumer Survivor Initiatives – Significant progress was made in 2007/08 towards the realignment of consumer survivor initiatives in the South East to better serve people with mental illness. Peer support services from Kingston, Frontenac, Lennox and Addington merged with those of Hastings and Prince Edward. As a result, two-thirds of the region now benefit from a core set of integrated services.

Community IT Upgrade – In March 2008, 51 community-based providers received new computers and related devices to support them in providing services to their communities. This represents a significant investment – totaling $1 million – towards achieving greater connectivity across the region. The new technology will enable providers to take advantage of e-health opportunities; for example, one e-mail system for the secure exchange of personal health information.

Integrated Supply Chain Management Project – This project has resulted in six hospitals coming together to achieve efficiencies through a collaborative approach to purchasing, warehousing, distribution and accounts payable, for general, medical and surgical supplies. The current total value of purchases is estimated to be $135 million. These hospitals formed a new corporation in December 2007, and implementation will begin this year, with support from OntarioBuys for start-up and initial operational funding.

Introducing SMILE – A New and Innovative Program for Seniors

The new SMILE (Seniors Managing Independent Living Easily) program was developed over a period of five months in 2007/08, as part of the province's Aging at Home Strategy. The program is a consumer-driven initiative, resulting from consultations with seniors and a collaborative approach to program design by health service providers.

At its introduction in 2008, SMILE will be unique in the province of Ontario. It will offer seniors in the South East, who are frail and elderly and most at risk of premature institutionalization, options including managing their care, selecting services, choosing who comes into their home and when. SMILE will make it possible for more seniors to receive help with activities that are essential to daily living, so they can remain in their homes. Community support services or variations on these services will also be available.

SMILE will be managed regionally by VON Canada-Ontario. At its maturity in 2010/11, $9.7 million will be made available for SMILE. It is estimated that the majority of the funds, at least $8 million, will be available to directly fund services for seniors through individualized care plans and budgets.

How We're Building a More Accountable System

For the first time ever, the South East LHIN and the region's seven hospitals engaged in discussions in 2007/08 over expectations and performance targets, including balanced budgets and wait times, as part of the yearly, province-wide negotiations of Hospital Service Accountability Agreements (H-SAAs). Negotiations have led to the successful signing of five agreements; representing approximately $280 million in public funding.

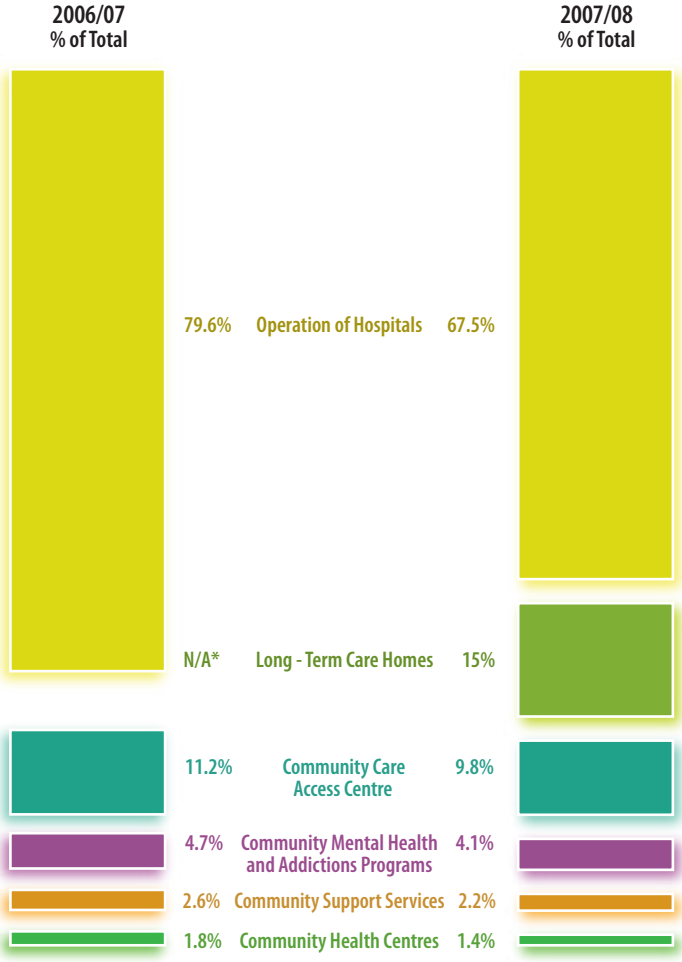
These agreements are a way of ensuring that there is accountability for public dollars allocated to health service providers by LHINs, and that the system is focused on achieving good results for patients through improvements to how services are organized and delivered. Similarly, all Ontario LHINs must negotiate an agreement with the Ministry of Health and Long-Term Care, as their activities directly impact the provision of publicly-funded health services, and the overall performance of local health systems.

Signed agreements with the remaining two hospitals are anticipated early in 2008. Community support service agencies will be required to negotiate Service Accountability Agreements (SAAs) with all LHINs later in 2008.

South East Local Health Integration Network

Transfer Payment Funding by Sector

For the Year ending March 31, 2008



$685,729,342	Total LHIN TPA† Funding (Excluding Long - Term Care Homes)	$865,290,124

* Not available by LHIN. †TPA - Transfer Payment Agency

South East Local Health Integration Network

Statement of financial activities
year ended March 31, 2008

	Budget (unaudited) (Note 6)	2008 Actual	2007 Actual
	$	$	$
Revenue			
MOHLTC funding			
HSP transfer payments (Notes 2, 8 & 9)	861,189,940	865,290,124	-
Operations of LHIN (Note 10)	3,788,656	3,869,156	3,166,435
E-Health (Note 4a)	275,000	275,000	104,000
Aging at Home (Note 4b)	182,000	182,000	-
Emergency Department (Note 4c)	43,800	43,800	-
Other revenues	-	831	548
Amortization of deferred capital contributions (Note 6)	-	58,447	56,961
	865,479,396	869,719,358	3,327,944
Expenses			
Transfer payments to HSPs (Note 9)	861,189,940	865,290,124	-
General and administrative (Note 10)	3,788,656	3,928,434	2,785,534
E-Health (Note 4a)	275,000	268,689	78,782
Aging at Home (Note 4b)	182,000	171,023	-
Emergency Department (Note 4c)	43,800	35,832	-
	865,479,396	869,694,102	2,864,316
Annual surplus before funding repayable to the MOHLTC	-	25,256	463,628
Funding repayable to the MOHLTC (Note 3a)	-	(25,256)	(463,628)
Annual surplus and closing accumulated surplus	-	-	-

The complete set of SE LHIN 2007/2008 Audited Financial Statements and Notes Disclosures are available for review on the SE LHIN website www.southeastlhin.on.ca

South East **LHIN Contact Information**

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