

BOARD BRIEFING NOTE

To	SE LHIN Board Members
From	Paul Huras, CEO
Date	March 27, 2017
Nature of Board Engagement	Decision
Subject / Title	Patients First - Readiness Assessment
Recommendation for Board Consideration	<p>BE IT RESOLVED THAT:</p> <p>After conducting appropriate due diligence and in accordance with the LHIN Readiness Board Sign Off Protocol ("Protocol"), the Board authorizes the Board Chair to formally provide notice in accordance with the Protocol to the Minister of Health and Long-Term Care and the Ministry of Health and Long-Term Care that the LHIN believes that, subject to the Minister's Transfer Order issued under the <i>Local Health System Integration Act, 2006</i>, it will be ready to assume the rights and obligations of the South East Community Care Access Centre.</p>
Purpose	To provide an update on the preparations to date for transition of the LHIN and to confirm the LHIN readiness for a successful transition.
Executive Summary	<p>LHIN Readiness Sign-Off Protocol</p> <p>The Boards of Directors of Local Health Integration Networks have agreed that an important step, prior to the issuance of a Transfer Order by the Minister, is for each LHIN Board to formally indicate to the Ministry/Minister whether, having conducted such due diligence as appropriate, the Board of Directors believes the LHIN for which it is responsible is ready to assume the responsibilities about to be conferred on it.</p> <p>It is expected that the Transfer Orders will be issued in early April. In order to inform the Minister of LHIN readiness in advance of this date, due-diligence must be completed by March 31st. However, it is expected that some activities will still be in progress on this date but planned for completion before the date of transition (T-day) either because they require additional time to complete or are impacted by direction from external sources</p>

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The actual date for T-Day is expected to be announced with the release of the Transfer Orders.

The following information is provided for consideration by the Board to confirm the LHIN's:

LHIN Capacity Building and Readiness Assessment – Preliminary Readiness Status Report

The Deloitte Assessment Team has provided an executive summary report (attached) on the South East LHINs readiness for transition based on their final site visit on March 1, 2017 and subsequent discussions with the LHIN Transition Team. In the readiness tool, their assessment identifies that the majority of the 'must have' activities that must be completed by T-Day are either 'complete', 'planned and *in-progress*', or '*planned and awaiting external direction*' and confirms the South East LHIN readiness for transition in May. No activities were identified as '*at-risk*' or '*not yet planned*'.

As well, an updated copy of the SE LHIN Readiness Tracker is attached, showing the status of all must have activities. The Tracker has been revised to reflect the readiness status assigned by Deloitte using the following categories:

- Complete
- Planned – In Progress
- Planned – Awaiting External Direction
- Planned – At Risk
- Not Planned

The six Functional Transition Teams continue to work on all activities outlined in their workplans that must be completed prior to T-Day (must haves). Those activities in progress are expected to be completed by T-Day. Those areas awaiting additional direction are mainly considered transactional in nature and it is understood that there is adequate time prior to transition to complete the required activities to satisfy readiness.

Organization Structure

At this time, all staff have been advised of their positions in the new structure. All bargaining positions are transitioning to the new organization and recruitment has been completed for all non-bargaining positions. The Clinical positions are the only positions remaining to be filled and recruitment is underway for the VP Clinical and the Sub Region Clinical leads (*will be distributed at the meeting*).

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Community Care Access Centre (CCAC) Due Diligence

The CCAC will have satisfied the ministry’s expectations of them when they have fulfilled their role in the transition-related readiness obligations. An important component of this has been the CCAC due diligence reporting. An update on this CCAC review will be discussed separately in camera during the Board session. The CCAC will confirm to the LHIN Board that the due diligence report is up-to-date and accurate to T-Day. Any final concerns will be shared and discussed with the LHIN Board in advance of the transition.

Patient Services

During the lead up to and throughout the transition period, continuity of patient care will remain the top priority. Preparations for the transition include maintenance of existing lines of communication through phone numbers, email and websites so that access points are preserved. A prepared leave behind pamphlet has been prepared and will be circulated to patients and caregivers via care coordinators and service providers in the coming weeks advising them of the changes under the *Patients First Act* (attached).

Health Shared Services Ontario (HSSO)

As of March 1, the Health Shared Services Ontario was formed. The agency has been providing support on the transition of email to a common address as well as other IT systems to support the transition. Those functions include back-office functions such as IT and data management, finance and administration, procurement, human resources and labour relations supports to the LHINs as well as business continuity to enable care coordination activities to be sustained.

Risks

The Capacity and Readiness Workstream and the Operations Subgroup are dealing with the many transactional items that are required to provide the provincial directions needed for transition. It is understood that there is time until T-Day to resolve any outstanding items. The latest risk assessment report for items related specifically to T-Day is included in the summary document provided.

Appendices

The following attachments are provided for the Board’s consideration:

1. South East LHIN Readiness Tool – Deloitte Reviewed
2. South East Final Readiness Summary Report – Rev March 20
3. Patient and Caregiver Pamphlet

Functional stream	Sub-stream	ID	Activities Leading up to T-Day	Previous Status	Revised Status	Notes	Owner	T - day critical	By T-day	1 st 100 Days (or Beyond)	Dependencies/ Opportunities/ Accountabilities
Patient Services	1.1 Clinical Practices, Policies and Procedures	1.1.3	Vulnerable screening checks on all staff to ensure safe provision of care for vulnerable populations	Planned - In Progress	No Changes Required - Complete	The CCAC has a comprehensive process for vulnerable screening checks currently in place which will remain unchanged on T-Day.	Local	Must have	- LHIN Senior leadership aware of current CCAC clinical handbooks and policies		- Part of CCAC Due Diligence (CCAC and LHIN) - Baseline information about critical patient service policies & processes and
Patient Services	1.1 Clinical Practices, Policies and Procedures	1.1.4	CCACs' process and practice for verifying currency of clinical staff registration status adopted by LHINs.	Planned - In Progress	No Changes Required - Complete	The CCAC has a comprehensive process for verifying the currency of clinical staff registration status currently in place which will remain unchanged on T-Day.	Local	Must have	- System in place to affirm the certification status of regulated care providers		- Part of CCAC Due Diligence (CCAC and LHIN) - Baseline information about critical patient service policies & processes and
Patient Services	1.3 Health Information Privacy and Protection (PHIPA) and non-PHI (FOIPPA)	1.3.3	All staff trained in the sensitive management of patient and personal information	Planned - In Progress	Planned - In Progress	The LHIN is expecting to receive access to the CCAC's LMS system to support the training of LHIN staff on PHIPPA and the sensitive management of patient and personal information and a plan is in place for training to be completed by the end of March.	Pan-LHIN	Must have	- LHIN has effective privacy protocols and processes for managing and sharing patient health information, based on current CCAC practice - Protocols in place to ensure full compliance with patient confidentiality and privacy protections when information is shared with decision-makers		
Patient Services	1.4 Ensuring Continuity for the Services directly delivered by CCACs & MOHLTC.	1.4.1	Confirm delivery arrangements for all direct clinical service providers including nursing, pharmacy, physicians on contract, others	Planned - In Progress	Planned - In Progress	Delivery arrangements for all direct clinical service providers is confirmed to be in place with no changes on T-Day. Informal/verbal updates have been provided to SPOs and a letter is being prepared for SPOs to be issued once the effective date for transfer is announced.	Local	Must have	- LHINs have been 'independently' verified as 'ready' to deliver the full array of HCC programs and services formerly provided by the CCAC	- Opportunities to sustain and enhance quality and access beyond 'T-Day' baseline are documented and planning for improvement is in progress - Deployment plan for Care	- Baseline information about all patient service programs provided by the CCAC completed (General CCAC Information Request) - LHIN's capacity plan for the region indicating where service shortfalls exist
Patient Services	1.4 Ensuring Continuity for the Services directly delivered by CCACs & MOHLTC.	1.4.2	Confirm all contractual program supports critical to the delivery of these programs and services (e.g. supplies, equipment, and access to patient databases including CHRIS)	Complete	Planned - In Progress	Contractual program supports are confirmed to be in place with no changes on T-Day. A letter is being prepared for to be issued once the effective date for transfer is announced.	Local	Must have	- LHINs have been 'independently' verified as 'ready' to deliver the full array of HCC programs and services formerly provided by the CCAC	- Results from patient continuity indicators analyzed and submitted	- Baseline information about all patient service programs provided by the CCAC completed (General CCAC Information Request) - LHIN's capacity plan for the region
Patient Services	1.4 Ensuring Continuity for the Services directly delivered by CCACs & MOHLTC.	1.4.4	Ensure smooth transfer of all placement services such as LTC and rehab, including related IT requirements	Complete	Planned - Awaiting External Direction	Placement services (such as LTC and rehab) will transfer from the CCAC to the LHIN with no changes to current practices. The LHIN is awaiting legislative change and a template letter to notify the LTCs of the change in placement coordinator responsibilities.	Local	Must have	- All current home care and community services patients will know who and how to contact should they experience any issues or services gaps - All current patients aware of their scheduled care and their assigned providers - Care coordinators have electronic access to their patient's records	- Opportunities to sustain and enhance quality and access beyond 'T-Day' baseline are documented and planning for improvement is in progress - Deployment plan for Care Coordinators in sub- regions completed - Increased deployment of care coordinators in community settings.	- Baseline information about all patient service programs provided by the CCAC completed (General CCAC Information Request) - LHIN's capacity plan for the region indicating where service shortfalls exist and the gaps that exist in home care and community services (from 2015) - A LHIN capacity plan that includes targets for local communities as well as
Patient Services	1.4 Ensuring Continuity for the Services directly delivered by CCACs & MOHLTC.	1.4.5	Contingency plans created for each CCAC/LHIN, as a failsafe for continuity of services. These plans will be based on current CCAC contingency	Planned - In Progress	Planned - In Progress	The CCAC's contingency plan for continuity of care has been refreshed and will transfer to the LHIN. Training on the updates to the policy will begin at the end of March.	Local	Must have	- All current patients aware of their scheduled care and their assigned providers	- Results from patient continuity indicators analyzed and submitted	- Baseline information about all patient service programs provided by the CCAC completed (General CCAC Information Request) - LHIN's capacity plan for the region
Patient Services	1.5 Complaint and Issue Management Process	1.5.2	Sort and define the LHIN's internal responsibilities for patient complaint management	Planned - In Progress	Planned - In Progress	The LHIN's patient complaint process is being harmonized with the CCAC's and a draft of the consolidated policy is due by March 17th. A decision tree/guidelines for triaging complaints received will be prepared for receptionists/others who require the information and training will be delivered four weeks prior to T-Day.	Local	Must have	- Staff and senior leadership have knowledge of and are competent in the tools and processes to monitor and act on incidents and complaints	Policies, processes and approved practices for addressing patient complaints and issues will be consistent across all LHIN operations and understood by all LHIN staff.	CCACs' contract with an external survey firm that assesses overall patient satisfaction with service provider performance as well as assess the impact on the patient's care
Patient Services	1.5 Complaint and Issue Management Process	1.5.3	Preserve the CCAC's current process for responding to patient complaints	Planned - Awaiting External Direction	Planned - In Progress	The CCAC's patient complaints process is being harmonized with the LHIN's. <i>See 1.5.3 for more details.</i>	Local	Must have	- Staff and senior leadership have knowledge of and are competent in the tools and processes to monitor and act on incidents and complaints - Patients know where to go to escalate their issues and have their complaints heard - Patient safety risks are effectively managed (current risk event feedback systems functioning and in place) - "310 CCAC" or alternative operational - LHIN CEO and at least one VP ready for escalation of the most significant complaints - Protocol in place to process and respond to legal activity such as receiving "statements of claim" - Plan in place to handle incoming calls (i.e. warm hand offs, etc.)	Policies, processes and approved practices for addressing patient complaints and issues will be consistent across all LHIN operations and understood by all LHIN staff.	CCACs' contract with an external survey firm that assesses overall patient satisfaction with service provider performance as well as assess the impact on the patient's care
Patient Services	1.5 Complaint and Issue Management Process	1.5.4	Ensure readiness for handling HSARB appeals and LTC Action Line complaints	Complete	No Changes Required - Complete	No changes to the CCAC's process for handling HSARB appeals and LTC action line complaints is planned pre T-Day.	Local	Must have	- LHIN CEO and at least one VP ready for escalation of the most significant complaints - Protocol in place to process and respond to legal activity such as receiving "statements of claim"	Policies, processes and approved practices for addressing patient complaints and issues will be consistent across all LHIN operations	CCACs' contract with an external survey firm that assesses overall patient satisfaction with service provider performance as well as assess the impact
Governance	2.1 Board Composition and Appointments	2.1.4	Skills matrix for board composition populated by LHINs and submitted to the ministry	Complete	Complete	The Board skills matrix was completed and sent to the ministry.	Local	Must have	- Board Membership reflective of LHIN population, including individuals with home and community care experience.	LHIN boards have up to 12 appointees or prospective candidates have been identified that will bring the membership up to 12.	Timing to recruit / OIC process

Governance	2.2 Community Care Access Corporations Act – Voluntary Revocation	2.2.1	- CCACs have transferred their assets to the LHINs - CCACs have sent a letter to the CRA requesting that the CRA revoke the CCACs' charitable registration. - The letter from the CCACs authorizes the specific individuals from the LHINs designated to communicate with the CRA on behalf of the CCACs after dissolution using form RC-59 - The Minister of Health and Long Term Care has issued a Transfer Order to the CCACs. - The Minister has notified the affected CCAC and the LHIN and the prescribed notification period has been met. - CCACs have confirmed all necessary transition details with the Public Guardian and Trustee	Planned - Awaiting External Direction	Planned - Awaiting External Direction	The CCAC Board is expecting a checklist of closing duties/dissolution requirements and activities to complete this activity. Some activities cannot be completed until the effective date of transfer is known.	Local / Ministry	Must have	- All CCAC assets have been successfully transferred to the LHINs - CCACs have formally dissolved		
Governance	2.3 Corporations Act Requirements	2.3.1	Confirmation of compliance with all corporate documents / Patent and Proprietary Information.	Planned - Awaiting External Direction	Planned - In Progress	Direction on attestation for LHIN Board received for readiness. Board will review readiness and confirm to ministry on March 27. The Corporations Act does not pertain to the LHIN and the CCAC does not have any Patent or Proprietary information.	Local	Must have	All Corporations Act requirements met.		
Governance	2.3 Corporations Act Requirements	2.3.2	Confirmation of compliance with all statutory obligations for CCAC and LHIN (e.g. CRA, WSIB, Audit)	Planned - Awaiting External Direction	Planned - In Progress	The LHIN and CCAC are compliant with all statutory obligations. The effective date of transfer is required in order to communicate with these parties.	Local	Must have	All Corporations Act requirements met.		
Governance	2.4 Constitution, Policies and By-Laws (including recruitment and renewal policies)	2.4.1	Review of governance documents (e.g., bylaws, structures, policies, etc.) completed	Planned - In Progress	Complete	A review of governance documents has been completed by the LHIN Governance committee. <i>See 2.4.2, 2.4.3, 2.4.4 and 2.5.1 for further details.</i>	Local / Pan-LHIN	Must have	- LHIN board has completed its due diligence process and has signed off on its individual readiness assessment	Amended board policies, etc. in place	- Baseline information about Board policies, delegations, bylaws, minutes books, corporate policies and other
Governance	2.4 Constitution, Policies and By-Laws (including recruitment and renewal policies)	2.4.2	Review of local and provincial Board policies completed	Planned - In Progress	Complete	A review of local LHIN and CCAC Board policies has been completed.	Local / Pan-LHIN	Must have	- LHIN board has completed its due diligence process and has signed off on its individual readiness assessment	Amended board policies, etc. in place	- Baseline information about Board policies, delegations, bylaws, minutes books, corporate policies and other
Governance	2.4 Constitution, Policies and By-Laws (including recruitment and renewal policies)	2.4.3	Prioritization of by-laws, policies, etc. to be renewed/ revised prior to T-Day	Planned - In Progress	Planned - In Progress	Gaps in the LHIN policy manual will be filled by existing CCAC policies. Prioritization was based on: a) Those related to patient and client services b) Those unique to the CCAC business c) Those with reporting requirements to the Board Additions/revisions to the LHIN policy manual are scheduled for approval at the March 27th Board meeting	Local / Pan-LHIN	Must have	- LHIN board has completed its due diligence process and has signed off on its individual readiness assessment	Amended board policies, etc. in place	- Baseline information about Board policies, delegations, bylaws, minutes books, corporate policies and other governance requirements completed by the CCAC (General CCAC Information Request). - LHIN Legal is the lead area for the by-law review
Governance	2.4 Constitution, Policies and By-Laws (including recruitment and renewal policies)	2.4.4	Development of pan-LHIN model by-laws completed	Planned - In Progress	Planned - In Progress	The LHIN Board reviewed the draft pan-LHIN by-laws in January and is expecting a final version to be released. If these are not available prior to T-Day, the Board will adopt the draft version shared in January as interim by-laws subject to changes put forward by the Ministry.	Local / Pan-LHIN	Must have	- By-laws amended and in place - LHIN board has completed its due diligence process and has signed off on its individual readiness assessment	Amended board policies, etc. in place	- Baseline information about Board policies, delegations, bylaws, minutes books, corporate policies and other governance requirements completed by the CCAC (General CCAC Information Request). - LHIN Legal is the lead area for the by-law review
Governance	2.4 Constitution, Policies and By-Laws (including recruitment and renewal policies)	2.4.5	Critical path for board review and recommendations finalized including verifying the need for Minister's approval (under LHSIA [8(3)] the Minister may request that the LHIN Board submit recommended Bylaws to the Minister for approval).	Planned - Awaiting External Direction	Complete	The critical path for Board review and recommendations is in place - the LHIN Board is scheduled to complete their readiness attestation on March 27th.	Local / Pan-LHIN	Must have	- By-laws amended and in place - LHIN board has completed its due diligence process and has signed off on its individual readiness assessment	Amended board policies, etc. in place	- Baseline information about Board policies, delegations, bylaws, minutes books, corporate policies and other governance requirements completed by the CCAC (General CCAC Information Request). - LHIN Legal is the lead area for the by-law review
Governance	2.5 Board Committees and Meeting Processes	2.5.1	Review of current committees completed (e.g. Quality Committee, etc.)	Planned - In Progress	Complete	A review of current committees has been completed and no changes to the Nominating, CEO Performance & Evaluation and Governance Outreach/Collaboration committees were identified.	Local / Pan-LHIN	Must have	- Plan for first board and committee meetings post-transition in place	All board committees in place	
Governance	2.5 Board Committees and Meeting Processes	2.5.2	Clarification of required committees for the expanded LHIN and expectations confirmed related to standardization across LHINs	Planned - In Progress	Planned - In Progress	The Finance and Audit committee will assume additional responsibilities related to risk management oversight and those which were part of the CCAC's resource committee. Terms of reference for the Quality committee were drafted based on those from the CCAC's Patient Safety and Quality committee and will be presented for approval at the March 27th Board meeting.	Pan-LHIN	Must have	- LHSIA and LHIN by-law mandated board committees (including Audit and Community Nominations) in place and operational - Plan for first board and committee meetings post-transition in place	All board committees in place	
Governance	2.8 Roles, Responsibilities and Delegation of Authorities	2.8.1	Add provision to LHSIA concerning Board delegation	Complete		n/a	Local to Ministry	Must have	Delegation of authority approved and in place	Delegation policies communicated to all affected staff	LHIN legal is the lead area for this work
Governance	2.8 Roles, Responsibilities and Delegation of Authorities	2.8.2	Completed review of roles, responsibilities, and delegation of authorities from Boards to CEOs	Planned - In Progress	Planned - In Progress	Roles, responsibilities and delegation of authority policies were reviewed as part of the overall policy review process and revisions are scheduled for approval at the March 27th Board meeting.	Local to Ministry	Must have	Delegation of authority approved and in place	Delegation policies communicated to all affected staff	LHIN legal is the lead area for this work

Governance	2.9 Orientation and Education	2.9.1	Completed LHIN Board to CCAC Board knowledge exchange sessions	Planned - In Progress	Complete	The LHIN and CCAC boards have completed 3 knowledge exchange sessions from January to March 2017 with 3 more planned prior to May 1.	Local	Must have	- All board members have completed training that includes: a. Plans in place to transfer knowledge, documents etc. from departing Board members b. Each LHIN's onboarding and orientation/ education training	- Ongoing training and recruitment - Public Appointments Secretariat training completed by all newly appointed board members	- Timing of procurement and development of training modules - Individual LHIN board onboarding processes
Communications and Change Management	3.2 Staff Communication	3.2.1	Staff communications plan (transition updates, change plan, timelines) completed	Planned - In Progress	Complete	A staff communications plan has been developed by the workstream and implementation is in progress. Some key activities included a LHIN CEO roadshow to meet CCAC staff and a bi-weekly transition newsletter.	WSCCM to Local / Pan-LHIN	Must have	Staff communication strategy underway	Begin the integration of staff communication tools (e.g. staff portals),	
Communications and Change Management	3.3 Staff Orientation and Training	3.3.1	Local HR communication strategy completed (i.e. all CCAC and LHIN staff have the general details of their 'new' roles and responsibilities) including employee 'welcome package')	Planned - In Progress	Complete	A local HR communications strategy is in place. Job descriptions for any new roles or roles with new responsibilities have been developed. A plan is in place to deliver welcome letters to all staff within one or two weeks of the release of transfer dates.	WSWF/WSCCM to Local / Pan-LHIN	Must have	- Working contact list and common patient communication messages ready for execution - Key LHIN management and supervisors knowledgeable about LHIN's new roles and responsibilities	- Increased staff familiarity with the delivery of culturally appropriate care - Full awareness of operational requirements related to operating as a Crown agency	Opportunity to enhance AODA compliance and organization-wide training component of AODA
Communications and Change Management	3.3 Staff Orientation and Training	3.3.3	Completed essential core/ baseline staff training requirements related to PHIPA, FIPPA, records management	Planned - Awaiting External Direction	Complete	CCAC staff are working towards a March 10 deadline for the completion of FIPPA training. <i>See 1.3.3 regarding training for LHIN staff on PHIPPA.</i>	WSHCC to Local	Must have	- Required core/ baseline orientation/ education completed		Opportunity to enhance AODA compliance and organization-wide training component of AODA
Communications and Change Management	3.4 Patient & Family Communication	3.4.1	General communication with patients and families prepared/completed as per communications plan	Planned - Awaiting External Direction	Complete	A communications plan and materials for patients and families has been developed and shared internally. Additional material, if any, received from the pan-LHIN group/ministry communications stream will be incorporated. Current plan is to leverage the Patient and Family Advisory Council to provide input.	Pan-LHIN / Local	Must have	LHIN staff who interact with patients and families are knowledgeable about how to best respond to questions about home and community care changes and in accordance with the strategy	Broader Communication to patients and families in accordance with the strategy	Options related to CCAC's Caregiver Exchange Website and "the healthline.ca"
Communications and Change Management	3.4 Patient & Family Communication	3.4.2	- Scripts (FAQs), approved Qs & As developed for all front line staff (call centre; care coordinators, etc.), service provider agencies and LHIN staff - Support needs for front line staff to effectively respond to patient and public questions, concerns and issues on T-Day and first 100 days (e.g. telephone system, call centre, care coordinator access, LHIN staff, etc.) surveyed and addressed	Planned - Awaiting External Direction	Planned - In Progress	Care coordinators were equipped with key messages and a FAQ/leave-behind' document which includes critical contact information has been developed for to further support patient communications. This document has been vetted with the SPOs as well as the Patient and Family Advisory Committee and will be available for distribution by CCAC Care Coordinators and SPOs on April 1.	Pan-LHIN / Local	Must have	Phone number for home care inquiries in place and directed to appropriate [post-T-Day] LHIN office (e.g., 310-CCAC) Communications stream will need to align with call centre to ensure smooth transition of LHIN name; recommend minimum 30 days joint naming prior to complete switch over		
Communications and Change Management	3.4 General Public/ Provider/ Stakeholder Communication	3.4.3	- Finalize communication plan for the general public and other community providers. - Finalize details on approach to all CCAC and LHIN communications vehicles – websites, social media printed materials, strategic documents, estimated costs, etc.	Planned - Awaiting External Direction	Complete	A communications plan for the general public is in place taking guidance for a quiet approach into consideration. The Patients First link on the LHIN's website is updated regularly and updates are pushed out to subscribers. A link to/from the LHIN and CCAC websites is in place. The LHIN and CCAC social media accounts are to be consolidated.	WSCCM to Pan-LHIN / Local	Must have	- Initial announcement completed to local public and provider community about LHIN Renewal - Specific communication to First Nations and urban Indigenous partners on LHIN Renewal process and T-Day - Process in place to manage media calls - Targeted communications to specific system partners and service provider organizations in place.	- Follow up communication in accordance with the strategy - Website content analyzed and updated - LHIN / CCAC website content and social media presence merged	LHIN website content is more provider-focused, CCAC content is more public-facing (and likely higher traffic and visibility)
Communications and Change Management	3.5 Change Management	3.5.1	Change management strategy developed for transition	Planned - Awaiting External Direction	Complete	A change management strategy incorporating communications, engagement and culture has been completed and implementation is in progress. An external vendor for organizational culture consulting services has been selected and a senior team session has been scheduled for March 28th. The formal/document change management plan is due in mid-April.	WSCCM to Pan-LHIN / Local	Must have	Activities arranged according to plan		
Organization and Human Resources	4.1 Organization Structure and Leadership	4.1.1	T-Day organizational Structure proposed (for planning, funding, integration and service delivery)	Complete	Complete	The expanded LHIN organizational structure was submitted and approved by the Ministry in January/February.	Local	Must have	- Organizational structure on T-Day is in place, with only minor variations from approved version.	Recruitment/procurement of Clinical leads in all sub-regions completed or in process	- Clinical leadership organizational structure approved - Relationship between the Integrated Clinical Care Council's role for developing clinical standards and processes and the LHINs quality improvement mandate - Potential to explore how to best utilize physician leadership positions now in place at HQO and CCO.
Organization and Human Resources	4.1 Organization Structure and Leadership	4.1.3	Executive structure in place	complete	Complete	The executive structure at the VP level has been confirmed/announced.	Local	Must have	- CEO job description and interim compensation plan in place - CEO in place. - Sufficient executive positions and sub-region positions have been filled to ensure operational effectiveness. Considerations include: - VP Home and Community Care - Sub-regional leadership, including clinical, operational leads and home care Operational leads for LHIN Sub-regions - VP Clinical - VP Human Resources &/or VP Finance	Recruitment/procurement of Clinical leads in all sub-regions completed or in process	- Clinical leadership organizational structure approved - Relationship between the Integrated Clinical Care Council's role for developing clinical standards and processes and the LHINs quality improvement mandate - Potential to explore how to best utilize physician leadership positions now in place at HQO and CCO.

Organization and Human Resources	4.1 Organization Structure and Leadership	4.1.7	Recruitment of core leadership	Planned - In Progress	Complete	All Director level positions have been recruited and confirmed.	Ministry to Pan-LHIN / Local	Must have	- Recruitment for all non-clinical, non-union staff at Director level or above completed or in progress		- Clinical leadership organizational structure approved - Relationship between the Integrated Clinical Care Council's role for developing clinical standards and processes and the LHINs quality improvement mandate - Potential to explore how to best utilize physician leadership positions now in place at HQO and CCO.
Organization and Human Resources	4.1 Organization Structure and Leadership	4.1.8	LHIN Executive Team has a plan in place to foster team morale, integration and cultural alignment as soon as T-Day (cross-reference change management)	Planned - In Progress	Complete	The change management strategy has been developed (see 3.5.1) and part of the mandate of new VPs is to have a meet & greet with their (new) staff to become familiarized with their team and mandate. The CEO will be issuing mandate letters to the VPs which aligns to the LHIN's business plan.	WSCCM to Local	Must have		Recruitment/procurement of Clinical leads in all sub-regions completed or in process	- Clinical leadership organizational structure approved - Relationship between the Integrated Clinical Care Council's role for developing clinical standards and processes and the LHINs quality improvement mandate - Potential to explore how to best utilize
Organization and Human Resources	4.2 HR/LR Strategy	4.2.2	List of all CCAC and LHIN unionized employees broken down by bargaining unit	Planned - In Progress	Complete	The list of unionized LHIN and CCAC employees broken down by bargaining unit is complete and a plan is in place to update this in mid-March and mid-April.	Local	Must have		- Accessibility training and AODA compliance strategy - Performance management cycle in place for all staff	- Part of CCAC Due Diligence report - Human Resources Information for Bargaining employees and non-bargaining employees
Organization and Human Resources	4.2 HR/LR Strategy	4.2.3	List of non-union LHIN and CCAC employees broken down by position prepared (e.g. executive, non-clinical management, clinical management, non-clinical/non-management, non-management clinical)	Planned - In Progress	Complete	The list of non-unionized LHIN and CCAC employees broken down by position is complete and a plan is in place to update this in mid-March and mid-April.	Local	Must have		- Accessibility training and AODA compliance strategy - Performance management cycle in place for all staff - COI and Oath confirmed for all staff under DSCA	- Part of CCAC Due Diligence report - Human Resources Information for Bargaining employees and non-bargaining employees - Development of provincial template for staff letters/welcome packages
Organization and Human Resources	4.2 HR/LR Strategy	4.2.6	LHIN senior management oriented to the requirements of managing staff in a unionized environment	complete	Complete	Training for LHIN senior management in the requirements of managing staff in a unionized environment was completed in November 2016.	WSWF to Local / HSSO	Must have	- Existing Labour Management Committee between CCAC and union continues	- Accessibility training and AODA compliance strategy - Performance management cycle in place for all staff	- Part of CCAC Due Diligence report - Human Resources Information for Bargaining employees and non-bargaining employees
Organization and Human Resources	4.2 HR/LR Strategy	4.2.7	Transfer plan for all CCAC staff completed including templates for letters	Planned - In Progress	Planned - In Progress	A plan is in place to deliver welcome letters to all staff within one or two weeks of the release of transfer dates. Staff will receive communications prior to this to inform them of what will be included/what to expect in the welcome packages.	WSWF to Local	Must have	- Individual employment letters ready to be sent to all staff detailing their team, reporting relationship, pay and benefits, location of work, etc. - LHIN is knowledgeable about all employment agreements which include post-employment restrictions or covenants including professional and IT agreements	- Accessibility training and AODA compliance strategy - Performance management cycle in place for all staff - COI and Oath confirmed for all staff under DSCA	- Part of CCAC Due Diligence report - Human Resources Information for Bargaining employees and non-bargaining employees - Development of provincial template for staff letters/welcome packages
Organization and Human Resources	4.2 HR/LR Strategy	4.2.8	Determine plan for the smooth transition of benefits (i.e., whether benefits cards need to change)	Planned - Awaiting External Direction	No Changes Required - Complete	There will be no changes to benefits plans prior to T-Day; consideration of benefits harmonization will be a post T-Day activity with support from HSSO expected.	Pan-LHIN / HSSO	Must have	- All CCAC employees ready to be transferred to their new LHIN, with existing salaries, benefits and conditions	- Accessibility training and AODA compliance strategy - Performance management cycle in place for all staff	- Part of CCAC Due Diligence report - Human Resources Information for Bargaining employees and non-bargaining employees
Organization and Human Resources	4.2 HR/LR Strategy	4.2.9	Confirm plans for communicating and managing variations in scheduled hours of work (i.e. CCAC works 35 hours per week, LHIN works 37.5 hours per week)	Planned - In Progress	No Changes Required - Complete	The LHIN and CCAC do not have any variations in the hours of work; CCAC is 35 hours for union and 37.5 hours for non-union; LHIN is 37.5 hours.	WSWF to Pan-LHIN / Local	Must have	- Hours of work established	- Accessibility training and AODA compliance strategy - Performance management cycle in place for all staff - COI and Oath confirmed for all	- Part of CCAC Due Diligence report - Human Resources Information for Bargaining employees and non-bargaining employees - Development of provincial template for Part of CCAC Due Diligence (CCAC and LHIN)
Finance & Operations	5.1 Close-out/ Transition Due Diligence	5.1.1	The following inventories have been completed: · Physical assets including IT/IM and a listing of all encumbrances (both leases and loans) over any CCAC asset · Intellectual property rights and research projects/ agreements · All real property owned or leased by the CCAC, sublet by the CCAC from another organization or by the CCAC to another organization including deeds, contracts, surveys, etc. · All operational (non-service provider) contracts (i.e. contracts that support the operation of the CCAC) including physical assets, leases, licensing, insurance, data sharing, space, funding, etc., · Routine submission obligations of any kind that CCACs make on a regular basis such as filings, notices, applications, responses to reviews, etc., · CCAC outstanding debt, borrowings, letters of credit, existing potential default, audits, bank accounts and authorizers, donations and	Planned - In Progress	Planned - In Progress	All inventories were completed as part of diligence at the end of 2016 and were signed off on by the CCAC CEO. There is a plan in place to maintain the currency of this information up until T-Day. LHIN Management has reviewed these documents/information in their respective FIT teams and have confirmed understanding and acceptance of associated responsibilities. On March 27th, the LHIN Board will review and confirm readiness to accept responsibilities on items related to CCAC debt, borrowings, current claims/ litigation, administrative proceedings/tribunal cases, HSARB appeals, and any coroner's requests.	Local	Must have	- CCAC has certified the completeness, accuracy and comprehensiveness of the various inventories (CCAC board approved) - LHIN management team has reviewed all materials in details with CCAC officials and has signed off confirming understanding and acceptance of the associated responsibilities, rights, obligations and expectations		
Finance & Operations	5.1 Close-out/ Transition Due Diligence	5.1.2	Determine expected changes related to HST, EHT, EI Premium reduction, WSIB as a result of the transition	Planned - Awaiting External Direction	Planned - Awaiting External Direction	External direction related to WSIB schedule changes, HST, EI and CPP contributions are required/expected.	WSWF to Local / Pan-LHIN	Must have	- LHIN management and CCAC officials have reviewed the areas that have implications for the HSSO with implementation agreements/plans, as required	Discussion concerning potential transfer of some LHIN functions to HSSO	

Finance & Operations	5.3 Risk Management (Litigation and liability)	5.3.2	A legal review and analysis of all CCAC: <ul style="list-style-type: none"> Contracts, hardware and software licenses, telecom and cellular contracts Corporate contracts Employment law matters Leases and lease notifications Current claims/ litigation, pending or threatened notices of violation against the CCAC (e.g. quality or access to care). Administrative proceedings, tribunal cases to which the CCAC is a party Patient appeals to HSARB and coroner's request involving the CCAC Correspondence indicating violations, infringement, misconduct by CCAC of any law or regulation, decree, judgement, order and settlement 	Planned - In Progress	Complete	Contract inventories were completed as part of diligence. Local activities related to this item are complete. Existing Board reporting mechanisms will be maintained to monitor changes prior to T-Day.	Local / Ministry	Must have	- LHIN management and CCAC officials have discussed major specific risks and the LHIN is in possession of CCAC Board-approved copies of current claims, violations, infringements, proceedings, etc.	Comprehensive assessment of emerging risks and development of risk mitigation strategies	Part of CCAC Due Diligence (CCAC and LHIN)
Finance & Operations	5.3 Risk Management (Litigation and liability)	5.3.3	Mission-critical risks have been identified, risk mitigations strategies have been approved for the high and very high risks and these have been discussed at the Senior Executive and Board levels	Planned - In Progress	Complete	Processes to identify and mitigate risks are in place and risks are presented to the Board.	Local	Must have	- The LHIN board has formally accepted responsibility for these risks from the CCAC	Comprehensive assessment of emerging risks and development of risk mitigation strategies	Part of CCAC Due Diligence (CCAC and LHIN)
Finance & Operations	5.3 Risk Management (Litigation and liability)	5.3.4	Risk assessment completed and contingency plan approved for where staff shortages, gaps in skill mix and/or the lack of necessary training poses the greatest threat to staff and patient safety and the quality of patient care	Planned - Awaiting External Direction	Complete	The CCAC's contingency plan for coverage of patient-facing roles is in place with no changes expected prior to T-Day.	Local	Must have	- Risk management strategy in place	Comprehensive assessment of emerging risks and development of risk mitigation strategies	Part of CCAC Due Diligence (CCAC and LHIN)
Finance & Operations	5.4 Records Management	5.4.1	Process established for fulfilling requests for FOI and personal health information	Planned - In Progress	Planned - In Progress	The LHIN process for fulfilling FOI requests and the CCAC process for fulfilling PHI requests will remain in place on T-Day. Cross-training on these processes is in progress. Direction from the Ministry regarding records archiving is expected but this is understood to be a post T-Day activity.	Pan-LHIN / Local	Must have	- LHINs are working towards compliance with administrative records directives, including appropriate archiving of former organization records (i.e. CCAC records) - Records management system for the new LHIN in progress		- HSSO support in place for FIPPA requests. - Decision related to retention obligations for historical information - Existing LHIN work underway concerning records management
Finance & Operations	5.5 Finance	5.5.1	Confirm financial, CRA and banking and requirements for a single corporate entity initiated/confirmed (e.g. CRA#, WSIB#, BIN#, bank accounts, etc.) <ul style="list-style-type: none"> Map the chart of accounts Create a method for planning the development of a new General Ledger/ Chart of Accounts Complete an inventory of all financial accounts and authorizing signatures 	Planned - Awaiting External Direction	Planned - In Progress	CRA and WSIB changes are being addressed centrally and changes are not required for T-Day. Chart of accounts mapping has begun but is on hold, pending external direction re: standardized chart of accounts, GL changes, and Ministry expectations regarding reporting standards for the expanded LHIN. Inventories of all financial accounts and authorizing signatures is complete - see 5.10.1.	Pan-LHIN to Local	Must have	- Banking requirements confirmed - Work on new General ledger, Chart of Accounts progressing	- Financial reporting consolidation in single Financial Information System (FIS) (including notices to stakeholders involved in transactions) - Interim strategy for consolidated reporting and monitoring - Orientation (cross-training) of key financial staff on key metrics processes, monitoring tools, etc.	- Decision needed about timing for a common Chart of Accounts - Opportunities for joint work across LHINs on common tools; guidance, protocols and strategies
Finance & Operations	5.5 Finance	5.5.2	Complete plan for the required banking arrangements post T-Day	Planned - Awaiting External Direction	Planned - In Progress	Plans are in place to maintain the LHIN and CCAC bank accounts on T-Day and work is in progress to identify the account which will be used to transfer funds from the Ministry.	Local	Must have	- Plan in place for post T-Day banking arrangements		- Decision needed about timing for a common Chart of Accounts - Opportunities for joint work across LHINs on common tools; guidance, protocols and strategies
Finance & Operations	5.5 Finance	5.5.4	Identify any financial instruments held by CCACs and establish plan to support compliance post T-Day as a LHIN (Crown) Corporation.	Planned - In Progress	Planned - In Progress	The CCAC has a line of credit but it is not used frequently and plans are in place to dissolve this arrangement prior to T-Day.	Pan-LHIN	Must have	- Plan in place for CCAC financial instruments post T-Day		- Decision needed about timing for a common Chart of Accounts - Opportunities for joint work across LHINs on common tools; guidance, protocols and strategies
Finance & Operations	5.6 Audit	5.6.1	Confirm 2016-17 audit requirements	Planned - Awaiting External Direction	Complete	LHIN and CCAC audit requirements for 2016-17 have been confirmed with no changes to either organization's current process; required language for note disclosures has been received and will be used appropriately depending on the timing of their transfer and the completion status of the CCAC's audit.	Pan-LHIN	Must have	- 2016-17 audit requirements confirmed	Year-end close out of LHIN and CCAC books.	Decision about 2017-18 LHIN Auditor to be procured locally or centrally
Finance & Operations	5.8 Insurance	5.8.1	Existing insurance policies reviewed and sufficient coverage confirmed for new expanded LHIN	Planned - Awaiting External Direction	Complete	The CCAC and LHIN insurance policies have been reviewed and both policies will remain in place on T-day.	Local	Must have	- Necessary and sufficient insurance coverage in place consistent with the mandate of the new organization.		Decision about provincial (and/or local) procurement of insurance (LHINs currently procure insurance)
Finance & Operations	5.8 Insurance	5.8.2	Existing "liability shields" reviewed, updated as required, policies and practices communicated to involved staff and Directors and approved (e.g. consents, disclaimers, waivers, etc.)	Planned - Awaiting External Direction	Planned - In Progress	External direction on the ministry minimum/threshold for liability shields is expected.	Local	Must have	- Volunteers and caregivers coverage in place.		
Finance & Operations	5.9 Payroll	5.9.1	Continued assessment of plan to integrate payroll systems has been completed	Planned - Awaiting External Direction	Complete	A plan is in place to maintain the current LHIN and CCAC payroll systems.	Pan-LHIN / HSSO	Must have	- Clear, concise messaging to staff confirming payroll/benefits stability during transition.	Ongoing planning for common payroll provider/ platform (procurement,	
Finance & Operations	5.10 Support Policies and Procedures	5.10.1	- Review and analysis of current CCAC policies and procedures, and identification of any policies that require modification prior to T-Day - Initial plan to harmonize and update remaining financial/accounting policies post T-Day	Planned - In Progress	Planned - In Progress	A review of CCAC policies and procedures is in progress and changes to signatories is expected to go to the Finance and Audit committee on March 22 for approval.	Pan-LHIN / Local	Must have	- Key operational policies updated, and communicated to staff	- Critical path for outstanding processes that require updating. - Single, updated set of operational policies.	Opportunity for joint work on common policies and tools

Finance & Operations	5.11 Facilities and Space	5.11.1	Physical security and safety protocols including shared access to LHIN/CCAC buildings, processes for communication of threats, fire evacuation procedures, etc. is in place.	Planned - Awaiting External Direction	No Changes Required - Complete	No changes to current security and safety protocols/processes are planned prior to T-Day.	Pan-LHIN / Local	Must have	- Interim emergency response plan in place	- Updated/new emergency response plan in place	
Finance & Operations	5.12 Administrative processing and housekeeping tasks	5.12.1	Complete a T-Day office accommodation plan that includes at least the following: <ul style="list-style-type: none"> - Determining the location of personnel files. - Office and/or desk assignments. - Building access – swipe cards (e.g., LHIN staff who need access to CCAC locations) - Security badges/ Photo ID - Parking arrangements (where appropriate) - Confirm individual extensions and direct dial phone numbers for staff, including outbound call access (long distance) 	Planned - Awaiting External Direction	Planned - In Progress	No changes to staff work locations are planned for T-Day. LHIN staff will obtain a FOB for CCAC buildings and managers and above at the CCAC will obtain a FOB for access to LHIN buildings. The CCAC will be printing new photo ID badges for staff with something to the effect of "Home and Community Care Division of the LHIN". IDs and FOBs will be distributed in advance of T-Day and activated on T-Day.	Pan-LHIN / Local	Must have	LHIN staff have access to email, LAN and the data necessary to perform their work.		
Finance & Operations	5.13 Emergency Planning	5.13.1	Develop process for emergency planning and preparedness	Planned - In Progress	Planned - In Progress	A process for emergency planning and preparedness is in progress; approval of the plan is required.	Local / Pan-LHIN	Must have	LHINs and CCACs are aligned on emergency planning and preparedness processes		
Contracts	6.1 H&C Supplier Contracts	6.1.1	Complete inventory of Home Care Contracts (estimated to be 260 involving ~160 Service Provider Organizations) and CCAC-held corporate contracts	Planned - In Progress	Complete	The inventory of Home Care contracts was completed as part of diligence.	Local / Pan-LHIN	Must have	- LHIN staff have met with CCAC officials and have reviewed and are in possession of all active SPO and corporate services contracts - CSS services delivered by the CCAC are approved for LHIN delivery.		- Due diligence process and documentation - Management of indemnification clauses - Lead times for CHRIS revisions and changes affecting contracts and
Contracts	6.1 H&C Supplier Contracts	6.1.2	Complete formal notification to all Vendors about the transition and changes in contract oversight. (i.e. common template letter that can be issued by all CCACs)	Planned - Awaiting External Direction	Planned - In Progress	The effective transfer date is required prior to sending formal notifications to vendors. Informal/verbal communications with SPOs has occurred, including most recently on March 9th. Guidance has been received that dealing with indemnity clauses will be a post T-Day activity.	Local	Must have	- Service provider organizations are aware of the changes to their contract and have been notified of the timing of transition.		- Due diligence process and documentation - Management of indemnification clauses - Lead times for CHRIS revisions and changes affecting contracts and operational elements
Contracts	6.1 H&C Supplier Contracts		Supplier information updated as required (e.g. GST, BN, etc.)	Planned - Awaiting External Direction	No Changes Required - Complete	No changes to supplier information are required.	Local	Must have			- Due diligence process and documentation - Management of indemnification clauses
Contracts	6.1 H&C Supplier Contracts	6.1.4	Reconfirm current strategy for handling SPO where both LHIN and CCAC have a contract	Planned - In Progress	Complete	The LHIN and CCAC have share one SPO (VON) where the LHIN has an accountability agreement and the CCAC has a service provision contract. No changes to these arrangements are planned at this time.	Pan-LHIN / Local	Must have			- Due diligence process and documentation - Management of indemnification clauses - Lead times for CHRIS revisions and changes affecting contracts and operational elements
IT/ Information Management	7.1 IT/IM Standards & Policies	7.1.1	Completed review and prioritization of the key policies, standards and procedures that must be updated by T-day	Planned - Awaiting External Direction	Planned - In Progress	A local review of IT/IM policies have been completed. As guidance is received by HSSO, it will be implemented locally.	Pan-LHIN / HSSO	Must have	- Core required policies in place	Remaining policies, standards, procedures harmonized as systems are integrated and migrated	- HSSO's role in IT, data management, HR & labour negotiations, Home and Community Care data support, Vendor management, insurance, audit, procurement, communications & PR and
IT/ Information Management	7.1 IT/IM Standards & Policies	7.1.2	All affected staff fully oriented to IT/IM systems, policies and procedures	Planned - Awaiting External Direction	Planned - In Progress	Staff are currently familiar with IT/IM systems, policies and procedures. A communication will be released to staff as well as training (as required) if there are changes to these at the Ministry level/by HSSO.	Pan-LHIN / HSSO	Must have	- Affected staff are familiar with applicable policies and practices - Service level agreement in place with Health Shared Services Ontario (HSSO)	Remaining policies, standards, procedures harmonized as systems are integrated and migrated	- HSSO's role in IT, data management, HR & labour negotiations, Home and Community Care data support, Vendor management, insurance, audit, procurement, communications & PR and
IT/ Information Management	7.2 Data Integrity, Security and Privacy	7.2.5	System for privacy protections in place to ensure confidentiality of patients and employees' medical, WSIB, and personnel records.	Planned - In Progress	Planned - In Progress	The inventory of LHIN laptops has been completed and [3] have been identified as requiring replacement. If central procurement of hardware is not planned prior to T-Day, a local solution is in place and will be enacted. The LHIN is awaiting the shipment of their firewall but local activities for installation/set up are planned.	Local	Must have	- All patient and employee personal health data in the LHIN's custody or control is protected against theft, loss and unauthorized use or disclosure and assurance that records containing personal health information are protected against unauthorized copying, modification or copying. - Necessary technological checks and balances exist to deter unauthorized access and theft of sensitive patient and private information. - All LHIN staff have access to email		
IT/ Information Management	7.3 Unified Communications	7.3.3	Confirmed integrity of email system	Planned - Awaiting External Direction	Planned - In Progress	A plan for local activities to support the HSSO email plan has been prepared and implementation is in progress.	Pan-LHIN / Local	Must have			
IT/ Information Management	7.4 Reporting	7.4.2	Plan completed to ensure reporting continuity	Planned - Awaiting External Direction	No Changes Required - Complete	No changes to current reporting are planned.	Pan-LHIN	Must have	- Strategy for ensuring continuity of monitoring and reporting underway - Service level agreement in place with Health Shared Services Ontario (HSSO)	- Full inventory of tools and data sets, needs assessment, gap analysis - Plan for integrated 'one team' reporting and decision support	
IT/ Information Management	7.4 Reporting	7.4.3	Organization of decision supports and uniform data collection, analysis and reporting is in place	Planned - Awaiting External Direction	No Changes Required - Complete	No changes to decision supports and data collection/analysis are planned.	Pan-LHIN	Must have	- Strategy for ensuring continuity of monitoring and reporting underway	- Full inventory of tools and data sets, needs assessment, gap analysis - Plan for integrated 'one team'	
IT/ Information Management	7.4 Reporting	7.4.4	Reaffirm partnerships with health partners concerning the exchange of patient care data	Planned - Awaiting External Direction	No Changes Required - Complete	No changes to Data Sharing Agreements are required and the contracts/agreements were included in the contracts inventory as part of diligence. Informal (verbal/email) communications with partners is in progress.	Pan-LHIN	Must have	- Service level agreement in place with Health Shared Services Ontario (HSSO)	- Full inventory of tools and data sets, needs assessment, gap analysis - Plan for integrated 'one team' reporting and decision support	

South East LHIN Area Summary



READY: May

Overview

South East LHIN and CCAC have been discussing the transition since September 2016. They have six cross-organizational working groups that report every two weeks to a Transition Steering Committee, with regular updates to the LHIN Board since January 2017

Progress has been made since the first site visits in January, particularly with regard to the review of key policies and procedures, organization structure, communications and IT:

- In focusing on T-Day risks and collaborating on mitigation activities, the number of T-Day risks has reduced, none of which are high or medium priority
- The organization structure has been confirmed and communicated broadly. Appointments to the Director level have been announced internally
- Internal and external communications plans have been developed with external support procured for change management and culture-building
- Greater degree of comfort from an IT perspective with local contingencies in place

Although some work remains to be completed for T-Day, no disruption to patients services is anticipated as continuity of patient services and contractual program supports have been confirmed and remaining activities have a clear plan of action. All items that are awaiting direction are similar to LHINs across the province and contingency plans with dates are in place.

Sequencing Considerations

- Transition readiness contingent upon:
 - Distribution of welcome letters
 - One OIC appointment
- Requested transfer date: May 1

Capacity Building Opportunities

- The LHIN has procured external resources to support an organizational culture strategy as well as facilitation of a Board planning retreat

South East LHIN Area

Functional Category	Key Findings	
Patient Services	<ul style="list-style-type: none"> The CCAC's policies and procedures for vulnerable screening checks and clinical staff registration status will remain in place on T-Day. Continuity of services post T-Day (including clinical service providers) and contractual program supports have been confirmed and the CCAC's contingency plans are also confirmed. Training for LHIN staff in the sensitive management of patient and personal information, including PHIPA, is planned and will be completed by the end of March. The patient complaints management processes in the LHIN and CCAC have been reviewed and a plan is in place to harmonize these prior to T-Day with a plan in place to ensure staff are competent in the tools, processes and roles/responsibilities to respond effectively. 	
Governance	<ul style="list-style-type: none"> LHIN Board has nine members and sufficient candidates have been put forward to reach ten Board members by T-Day. Due diligence documents have been confirmed by the CCAC CEO. LHIN Board policies have been reviewed and a plan to approve any additions/revisions is in place with a contingency plan for by-laws. A review of Board committees has been completed and plans are in place for a Quality Committee as well as other required committees with workplans. A plan in place for first Board and committee meetings post T-Day. A robust education and knowledge exchange for all Board members who will be active has been planned and is in progress. 	
	Board meeting to complete readiness attestation and review/approve by-laws, MOU, MLAA, new/revised policies, delegation of authority and review/acceptance of CCAC liabilities and solvencies.	March 27
Comms & Change Management	<ul style="list-style-type: none"> Internal and external communications plans have been created that extend past T-Day, and communications are well underway with no identified barriers; existing plans will be amended to align to Ministry direction anticipated to be received in mid-March. Front-line staff of the CCAC and SPOs have been provided with key messages to support communications with patients. A plan is in place to complete FIPPA training for CCAC staff and the LHIN is working towards compliance for records management. A plan is in place to populate and distribute welcome packages to employees within one or two weeks of the Transfer Order. A change management strategy has been developed which includes the procurement of an external resource to support planning and implementation; elements of the strategy are already in progress. 	
Organization & HR	<ul style="list-style-type: none"> The executive structure of the expanded LHIN (VPs) is in place and leadership roles for Directors have been confirmed. Transfer plan activities including LHIN knowledge related to employment agreements and outstanding grievances is complete and an inventory of these documents is available to the LHIN. LHIN senior management have received training in the management of staff in a unionized environment. 	

South East LHIN Area

Functional Category	Key Findings	
Finance & Operations	<ul style="list-style-type: none"> • Due Diligence activities have been completed and a process is in place to maintain the currency of the information until T-Day including the identification and mitigation of risks. • A plan is in place to meet financial and statutory requirements including WSIB, HST, CRA, EI and CPP pending external direction. Local plans are in place if guidance is not received with sufficient lead time for T-Day implementation. • Plans are in place to maintain the LHIN and CCAC bank accounts on T-Day and work is in progress to identify the account which will be used to transfer funds from the Ministry. • Audit requirements for 2016-17 are understood; the LHIN Board is aware of their sign-off obligations and the team has plans in place for finalizing the audit depending on the timing of the Transfer Order and CCAC audit completion. • The LHIN and CCAC insurance policies have been reviewed and coverage has been determined as sufficient for T-Day. • Key finance/accounting/operational policies have been reviewed/updated with a plan in place to communicate any changes to staff. • Changes to employee work locations are not planned for T-Day and new photo ID badges will be issued to CCAC staff with a LHIN logo and a designation to the effect of 'Home and Community Care division of the LHIN' for T-Day. 	
	Approval of any changes to financial policies requiring Board sign-off	March 22 & 27
	Approval of harmonized emergency planning and preparedness plan	March 31
Contracts	<ul style="list-style-type: none"> • The inventory of home care contracts is complete and available to the LHIN. • Arrangements for shared SPOs will remain status quo on T-Day. • CCAC vendors were updated on the transition on March 9th and plans are in place to issue a formal letter once the transfer date is confirmed. 	
IT / Information Management	<ul style="list-style-type: none"> • IT/IM policies have been reviewed and prioritization to required updates is complete. Mechanisms are in place to further amend any policies pending guidance from HSSO but local changes to policies are progressing in the interim. • Local activities related to LHIN laptop encryption are complete and local plans are in place to support firewall installation and procurement of laptops as required in support of ensuring confidentiality of patient and employee data. • Local activities to support the HSSO email solution are planned and implementation is in progress. • No barriers have been identified for reporting continuity and decision support teams are aligned. 	

Appendix: LHIN Area Open T-Day Risks (1 of 2)

LHIN Area ID	Risk Category	Description of Risk	Description of Impact	Impact	Likelihood	Potential Mitigation Strategies	Priority	
South East	1	Strategic-External Environment	There is a reputational risk in that CCAC patients, families and stakeholders may express dissatisfaction with the lack of information and uncertainty for care coverage.	Without understanding the impact of Bill 41, patients and families may have an increasingly negative perception and publicly express dissatisfaction if there is not a clear pathway to continue care coverage during the transition of the CCAC to the LHIN. Without adequate communications, there may be increased media attention and complaints.	Low	Low	LHIN and CCAC communications staff have developed a joint communications strategy and have identified all relevant stakeholders to be included in key messages. Communications and HR teams are working together to ensure that stakeholder and staff questions are addressed promptly. Communications to HSPs on new org structure has been initiated. Face to face meetings with CCAC staff at the various sites have been completed and were well received. Draft communications have been prepared for SPOs and a face to face meeting with LHIN/CCAC CEOs is scheduled. Key messages for care coordinators to circulate to patients and families has been developed and the CCAC Patient Family Advisory Council have provided input on the messaging. A contingency plan is under development for the Health line and website so that clear access is maintained through transition.	3
	2	Strategic-Internal Environment	There is a risk that the OIC appointments will not occur in a timely manner to enable new member orientation and appropriate knowledge transfer.	Under the Patients First Act, there is the expectation that the Board of Directors will increase to 12 members and include representation from the CCAC to provide appropriate background and capability to address the governance of the former CCAC business. The CCAC Board members have been canvassed by the LHIN and all interested parties identified and interviewed. The LHIN Board forwarded recommendations for the vacancies comprised of a combination of CCAC board members and other qualified individuals.	Medium	Low	Three new appointments have been received since December bringing the Board to nine members including representation from the CCAC Board. The Chair will maintain ongoing dialogue with the Ministry to follow up on the government's selection of appointments. The Chair will explore the need to recommend additional candidates for government selection and appointment. The knowledge transfer process has been initiated with planned engagements on key topics with Board and senior team over the next two months.	3
	3	Strategic-Internal Environment	Staff may feel disengaged and exhibit low morale as a result of uncertainty resulting in increased absenteeism, sick time, and stress related illness.	Staff may feel disengaged and exhibit low morale as a result of uncertainty related to: impact of unionized environment and prolonged delay to transition to the new environment that may exacerbate HR issues. Staggered transition dates by LHIN will also adversely impact staff morale as the change process is extended over longer periods. This could result in a loss of momentum with current business or a detracted focus on new business.	Medium	Low	Leadership in both organizations have engaged staff and provided as up-to-date materials as are available. Site visits have been completed and were positively received. The joint functional transition team activities continue to engage LHIN/CCAC staff to share information and understanding. Continued knowledge transfer opportunities are pursued between the LHIN and CCAC with Board involvement. Regular and ongoing engagement with staff via a newsletter will continue using the provincial communication directions as well as local questions from staff to inform content. Until transition, engagement will be done jointly from the LHIN/CCAC. Ongoing monitoring is underway by HR to track unexpected increases in sick time, absences from work or staff turnover. The organization structure has been confirmed and approximately 90% of positions are identified.	3

Appendix: LHIN Area Open T-Day Risks (2 of 2)

LHIN Area ID	Risk Category	Description of Risk	Description of Impact	Impact	Likelihood	Potential Mitigation Strategies	Priority	
South East	4	Legal and Regulatory-Legal	A reputation risk could occur should a breach of patient level information/data (PHIPPA) could occur due to lack of policy clarity. In As well, to meet FIPPA requirements, document classification and storage will need to be addressed under the new organizational structure	There is an increased liability with many new staff taking on roles where they may have access to sensitive information, there must be adequate protocols in place to ensure the adherence to all expectations for PHIPPA. Prior to the legislation passing, the CCAC was not affected by FIPPA but now must comply resulting in a concerted effort for mapping and appropriate storage of all required materials.	Low	Low	A review of applicable training requirements and documentation affected has been undertaken by the IT/Information Management Team to identify all appropriate record storage and staff requirements. With passage of the legislation, the LHINs were identified to be eligible as a Health Information Custodian. The new structure has staff versed in Privacy management and training has been undertaken with staff to educate them about security and management of information. By T-day, it is expected that all CCAC documents will be reviewed and filed/stored for FIPPA compliance	3
	5	Financial-Management	Some finance and operating policies and procedure critical to T-Day implementation require provincial direction and adequate lead time to minimize impact to critical operating elements such as payroll, SPO payment, etc.	For transition the focus will be on critical activities such as ensuring the banking requirements are in order, that appropriate signatories are in place, delegations of authority are approved and verified with affected parties at least 10 working days in advance of T-Day. Critical provincial direction on these items are required 30-60 day prior to T-Day. Critical T-Day implications are identified for items like payroll and payment of vendors if the bank accounts and signatories for them are not reconciled with adequate time to enact.	Medium	Low	Critical timelines will need to be adjusted depending on the timing of the T-Day announcements. Prioritizing of those policies and procedures deemed critical for T-day with updates occurring as quickly as possible to enable a smooth transition with the required financial controls in place. Contingencies for payroll and payment of SPOs is under development based on recommendations provided to the provincial Operations Sub Group.	3
	6	Operational-IT	There is a risk that LHIN and CCAC staff will experience major connectivity disruptions if the transition of IT services is not managed effectively and with adequate notice in advance of T Day.	It is important for the HSSO to work closely with the LHIN to ensure that any IT changes are well coordinated and to not have any negative impact on the delivery and management of patient care.	Low	Low	In preparation for T-day and beyond the CCAC and LHIN have identified MRP and will be working closely with the Client Services Team to be responsive to any needed local IT support. The LHIN/CCAC team is prepared to implement the provincial direction from HSSO and have strong local capacity and capability to manage.	3
	7	Operational-IT	Until direction is provided on what services are expected to be central/local there is a risk that the policies/procedures may not be fully developed.	Many of the CCAC IT/IM policies and procedures have been regionally established and managed while those for the LHIN are primarily centrally managed. Given that there will be a single organization on T-day there is the need for policies and procedures that apply to that unified organization. Until direction is provided on what services are expected to be central/local there is a risk that the policies/procedures may not be fully developed. Note that several policies/procedures have direct impacts on organizational operations in terms of how IT assets are utilized and maintained.	Medium	Low	Until further direction is provided, the CCAC and LHIN have documented and reviewed IT/IM policies/procedures to determine opportunities for alignment. MRPs, timelines and resource implications have been considered in order to support the direction from the work streams when determined. Locally the two separate disaster recovery plans for the LHIN and CCAC will merge by T-day.	3

Your care will continue as home and community care services transition to the South East LHIN



www.SouthEastLHIN.on.ca

What's happening with home care in the south east? _____

Will my services be affected?

No. The *Patients First Act* will transition home and community care services to the South East Local Health Integration Network (LHIN), but please be assured we are working hard to make this transition as seamless as possible. Community Care Access Centres (CCACs), and soon LHINs, will continue providing the same high-quality services you have come to expect.

Who will provide my care?

The same people who provide your care now will continue providing your care after transition, and you will also be able to contact them the same way. The only visible change you will see with your CCAC Care Coordinator will be their identification badge, which will say South East LHIN.

What is the *Patients First Act*?

The *Patients First Act* is part of the government's ongoing work under the *Patients First: Action Plan for Health Care* which aims to improve the health care system in Ontario.

When will this happen?

It is anticipated that the transition of CCACs to LHINs will happen across the province sometime between May 1 and June 30.

I still have questions – who should I speak to?

If you have questions, please speak to your CCAC Care Coordinator or call your local home and community care office of the South East LHIN at 310-2222 (no area code required).

You may also visit www.SouthEastLHIN.on.ca for additional information about the transition, or to find more information about the *Patients First Act*.



March 2017