2007/08 – 2009/10
MINISTRY- LHIN ACCOUNTABILITY AGREEMENT
SUMMARY OF AMENDMENTS EFFECTIVE APRIL 1, 2008

BACKGROUND

The Ministry-LHIN Accountability Agreement (MLAA) includes an obligation for the Ministry and LHINs to review selected Schedules annually, and update as necessary, **within 120 days of a budget announcement** of the Government of Ontario. These include

- Schedule 3: Local Health System Management
- Schedule 9: Allocations
- Schedule 10: Local Health System Performance

The MLAA, signed in 2007 by the Minister and the LHIN Board Chair, has been revised effective April 1, 2008, with a copy of the revised MLAA made available on the LHIN website.

SUMMARY OF KEY AMENDMENTS

SCHEDULE 1 – GENERAL

The MLAA includes a requirement for the Ministry and LHIN to evaluate their effectiveness in carrying out the transition and devolution of authority contemplated by the agreement. An obligation has been added to develop an action plan to address the recommendations arising from the effectiveness review within 90 days of receiving the report.

SCHEDULE 3 – LOCAL HEALTH SYSTEM MANAGEMENT

Hospital Programs Funded Through Base Budgets

Paragraph 6: Visudyne Therapy is moved to Provincial Drug Program (Ministry Managed Program) to ensure consistency in the funding and management of provincial drug programs.

Paragraph 7 and 8: Mutual obligations regarding Cardiac Pacemaker program were added. The Ministry will, in consultation with the LHIN, determine the hospitals that will provide these services and volumes.

Provincial Resources and Provincial Strategies

Paragraph 13: A mutual obligation was added for the Ministry and LHINs to establish a joint working group to review issues related to the transition and management of programs from the Ministry to the LHINs or vice versa.

Acute Sector - Wait Times

Paragraphs 15: Expands the LHINs' authority for certain wait times services and adds new wait times services to those that the Ministry and LHINs will work together to implement. The

Ministry determines LHIN-level volumes and funding for hips and knees, cataracts, MRI and CT while the LHINs will determine providers. LHINs will have authority to reallocate within their LHIN, while the Ministry will retain responsibility for in-year re-allocation of volumes across LHINs.

Pediatrics and General Surgery wait times will be included in the MLAA for 2008/09. Since these are relatively new strategies, the Ministry in consultation with the LHINs, will determine LHIN and provider-level allocations.

Paragraph 16: An obligation is added for the LHINs and Ministry to move toward funding broader classes of related services rather than specific procedures (e.g. ophthalmology services rather than cataracts).

LTC Homes – Short Stay (Respite)

Paragraph 20: Clarifies that the Ministry is responsible for setting a minimum threshold for occupancy for short stay beds.

Paragraph 21: Gives LHINs the opportunity to set a threshold for occupancy that is higher than the minimum threshold and LHINs will determine the operators of short-stay beds and the number of such beds.

LTC Homes –Convalescent Care Beds

Paragraph 22: To clarify what “Convalescent Care Beds” means, a definition has been added.

Also, specifies that the Ministry will consult with LHINs to determine the operators that will operate those beds that are currently funded through the Dedicated Funding Envelope, as part of the initial convalescent care program.

Paragraph 23: The LHIN can add more convalescent care beds, provided they cover all costs associated with these beds.

LTC Homes – Total Funding per Diem

Paragraph 24: A process has been established to reallocate net unused funds reported by LTC operators to LHINs that are projected to be overspent. Any net surplus funds remaining after reallocation will be allocated to LHINs based on the proportion of licensed LTC beds in a LHIN.

LTC Homes – Interim Beds

Paragraph 28: To clarify what “Interim Bed” means, a definition has been added.

The Ministry continues to be able to make changes to the location of interim beds funded through the Dedicated Funding Envelope by consulting with LHINs annually to determine the operators of these beds.

Paragraph 29: The LHINs can create additional Interim Beds not funded through the Dedicated Funding Envelope. However, they would need to meet conditions set by the Ministry, and are responsible for all costs associated with operating new Interim Beds.

SCHEDULE 5 – FINANCIAL MANAGEMENT

Paragraphs 8 and 9: Revise the process for the reallocation of funding which is meant to provide more flexibility to LHINs to reallocate funding between sectors, within a LHIN, or between LHINs, subsequent to December 31st. The final date for reallocations will be March 15th. To facilitate the Ministry's internal reporting, LHINs will be required to submit a 3rd Quarter update by end of January and a 4th Quarter reallocation report on March 15th.

SCHEDULE 7 – LOCAL HEALTH SYSTEM COMPLIANCE PROTOCOLS

Paragraph 3: Extended the timeline for completing obligations in 3(b) and 3(c) to provide the Ministry and LHINs additional time to complete obligations related to developing:

- Guidelines on conducting audits, inspections, and reviews of health service providers, and
- Protocols for the consultation and information exchanges between the LHIN and the Ministry about issues related to compliance

SCHEDULE 8 – INTEGRATED REPORTING

Paragraphs 10 and 11: Changes were made to the Annual Service Plan process that brings it into line with other reporting activities required by the Ministry (quarterly reports, multi-year consolidation report). The Annual Service Plan is replaced with separate documents (and related timing):

- Multi-Year Risk Report
- Annual Business Plan, and
- Multi-Year Consolidation Report

The dates in the Integrated Reporting Chart were updated to reflect 2008/09 and 2009/10 reporting timelines as well as changes made to reporting obligations.

SCHEDULE 9 – ALLOCATIONS

The dates were updated to reflect timelines that now reference requirements for 2008/09, 2009/10 and 2010/11.

Tables 1 to 4 are revised to capture new allocations and planning targets.

To capture special initiatives funding for both LHINs and their health services providers, additional lines were added to the allocation tables in this schedule.

SCHEDULE 10 – LOCAL HEALTH SYSTEM PERFORMANCE

Based on recommendations by a joint Ministry-LHIN working group, the following changes were made to Schedule 10.

Paragraph 1: The term provincial benchmark was replaced with provincial target to align with the terminology used by the Wait Times Strategy when describing an optimal performance

result for an indicator. The term pilot indicator was replaced with the term developmental indicator for describing those indicators that may require development due to specific factors before being considered as a performance indicator in the MLAA.

Paragraph 2: Four developmental indicators were added that reflect Ministry priorities and priority areas for development identified in the MLAA:

- Emergency Department (ED) length of stay;
- ED wait time to physician assessment;
- Dental/oral (paediatric) surgery wait time; and
- Hospital Standardized Mortality Ratio.

Four pilot indicators were removed since these indicators are not likely to be ready for consideration as performance indicators in the near future due to data completeness, timeliness and/or availability:

- Percentage of chronic stay patients in complex continuing care with new Stage 2 or greater skin ulcers;
- Percentage of in-hospital cancer deaths as a proportion of all cancer deaths;
- Timeliness of first post-acute home care visit; and
- Readmission rates of CCAC clients referred by hospitals back into an acute care setting.

Table A: LHIN targets were updated for the wait times indicators in this table.

Tables B and C: Provincial and LHIN targets were established for the following 5 indicators to meet an obligation in Schedule 10:

- Readmission Rates for Acute Myocardial Infarction,
- Percentage of Alternate Level of Care (ALC) Days,
- Rate of Emergency Department Visits that could be Managed Elsewhere;
- Hospitalization Rate for Ambulatory Care Sensitive Conditions (ACSC); and
- Median Wait Time to Long-Term Care Home Placement.