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PRIVATE AND CONFIDENTIAL

Review of the Small and Rural Hospital Transformation Fund

Final Report
March 31, 2015





KPMG LLP
Chartered Accountants
Claridge Executive Centre
144 Pine Street PO Box 700
Sudbury ON P3E 4R6

Telephone (705) 675-8500
Fax (705) 675-7586
In Watts (1-800) 461-3551
Internet www.kpmg.ca

Private and Confidential

Ms. Kate Fyfe
Senior Director, System Performance
North East Local Health Integration Network
40 Elm Street, Suite 247
Sudbury, ON P3C 1S8

March 31, 2015

Dear Ms. Fyfe

Evaluation of the Small and Rural Hospital Transformation Fund

We are pleased to provide our report concerning KPMG's review of the Small and Rural Hospital Transformation Fund (the 'Transformation Fund'). Our review was undertaken based on the terms of reference outlined in the request for proposal document dated July 11, 2014 and is intended to provide both an oversight of activities supported through the Transformation Fund and facilitate knowledge transfer between small and rural hospitals across the Province.

When established in 2012, the stated goals of the Transformation Fund were to improve the collaboration between small and rural hospital care and community care, and to demonstrate progress on moving forward with the Province's Action Plan for Health Care. Since establishment, a total of \$54 million in funding has been provided for more than 200 individual projects involving hospitals and other organizations across seven local health integration networks.

As outlined in our report, small and rural hospitals continue to face a number of challenges from a financial and clinical perspective. Programs such as the Transformation Fund have the potential to help small and rural hospitals develop and implement strategies that will ultimately contribute towards (i) long-term sustainability; (ii) access to core acute, post-acute and palliative services; (iii) collaboration between different health care providers; and (iv) enhanced quality, patient safety and value for money.

We trust our report is satisfactory for your purposes and appreciate the opportunity to be of service to the participating local health integration networks. Please feel free to contact the undersigned at your convenience should you wish to discuss any aspect of our report.

Yours truly,

Per Oscar Poloni, Partner
705.669.2515 | opoloni@kpmg.ca

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Review of the Small and Rural Hospital Transformation Fund

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REVIEW OF THE SMALL AND RURAL
HOSPITAL TRANSFORMATION FUND

Introduction to the Review



Terms of reference

The terms of reference for our engagement are based on the requirements outlined in the request for services document RFS 2014-08-15 (the 'RFS') issued by the NELHIN on July 11, 2014¹. As outlined in the RFS and as subsequently refined with the project steering committee, the objectives of the review were to:

1. Outline the operating environment for small and rural hospitals
2. Provide an overview of each of the initiatives funded by the Transformation Fund
3. Compare and contrast the major categories of initiatives
4. Identify lessons learned and critical success factors for transformation in small and rural hospitals, based on the projects supported by the Transformation Fund
5. Provide suggestions as to potential changes to the Transformation Fund that could be considered by the LHINs and Ministry of Health and Long-term Care (the 'Ministry')

Methodology

Our review involved the following major worksteps:

- An initial meeting was held with the project Steering Committee (comprised of representatives of three of the participating LHINs as well as a small hospital) in order to confirm our approach
- An initial meeting was held with the participating LHINs to present our approach, discuss information requirements and identify issues of relevance to the review
- An initial meeting was held with Ministry representatives to present our approach and identify specific Ministry requirements with respect to the review
- Information relating to projects supported by the Transformation Fund, including but not limited to proposals, interim status reports and project close out reports, was obtained from each of the participating LHINs and summarized to provide an overview of each initiative, including outcomes and lessons learned
- Subsequent meetings were held with the Steering Committee to review interim deliverables
- A draft report summarizing the results of our analysis and conclusions was prepared and reviewed with members of the Steering Committee. The draft report was revised based on feedback received from the Steering Committee.
- The draft report was presented to representatives of the participating LHINs and revised based on feedback received



Review of the Small and Rural Hospital Transformation Fund

Introduction to the Review

Restrictions

This report is based on information and documentation that was made available to KPMG at the date of this report. KPMG has not audited nor otherwise attempted to independently verify the information provided unless otherwise indicated. Should additional information be provided to KPMG after the issuance of this report, KPMG reserves the right (but will be under no obligation) to review this information and adjust its comments accordingly.

This report may include or make reference to future oriented financial information. Readers are cautioned that since financial projections are based on assumptions regarding future events, actual results will vary from the information that may be presented even if the hypotheses occur, and the variations may be material.

Comments in this report are not intended, nor should they be interpreted, to be legal advice or opinion.

Our fees for this engagement are not contingent upon our findings or any other event nor are we insiders or associated of any party participating the Transformation Fund. Accordingly, we believe we are independent and are acting objectively.



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REVIEW OF THE SMALL AND RURAL
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Overview of Small and Rural Hospitals



Review of the Small and Rural Hospital Transformation Fund

Overview of Small and Rural Hospitals

Of the 155 public, private and specialty psychiatric hospital corporations in Ontario, a total of 51 hospital corporations operating 64 sites meet the Provincial definition of a small or rural hospital:

- **Small hospitals** hospitals with fewer than 2,700 total acute inpatient/day surgery expected weighted cases per year in any two of the previous three years
- **Rural hospitals** hospitals located in a community with a population of less than 30,000 and greater than a 30 minute drive, at posted speeds, to a community with a population greater than 30,000

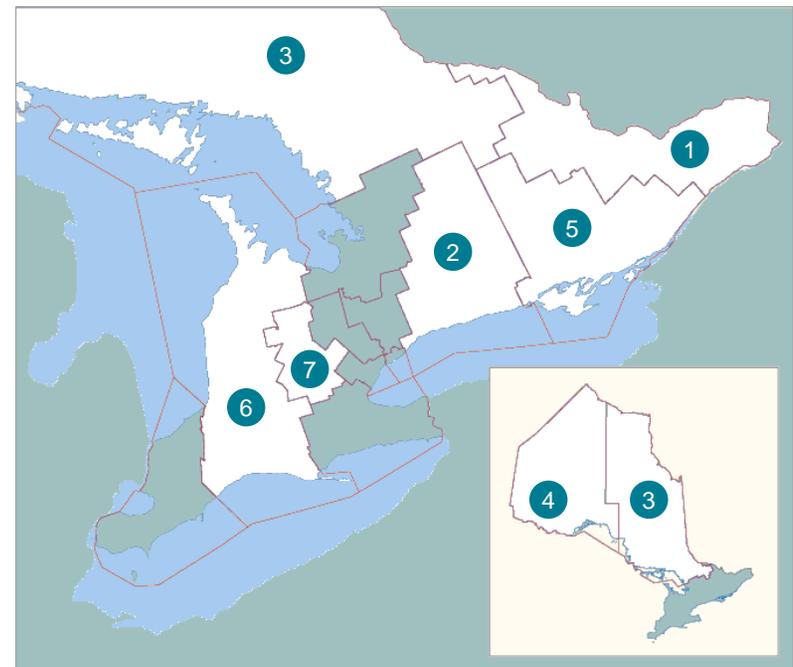
Small and rural hospitals are located within seven LHINs, with the majority located in Northern Ontario².

LHIN	Hospital Corporations	Hospitals
1. Champlain	8	8
2. Central East	2	2
3. North East	17	20
4. North West	10	12
5. South East	3	3
6. South West	10	17
7. Waterloo Wellington	1	2
Total	51	64

During the 2014 fiscal year, Ontario's small and rural hospitals³:

- Operated and staffed almost 2,000 inpatient beds
- Provided more than 570,000 inpatient days of care of all types (acute, CCC, ELDCAP)
- Received 765,000 emergency room visits
- Received just over \$1 billion in revenues from all sources
- Employed 7,200 full-time equivalent staff

Small and rural hospitals by LHIN



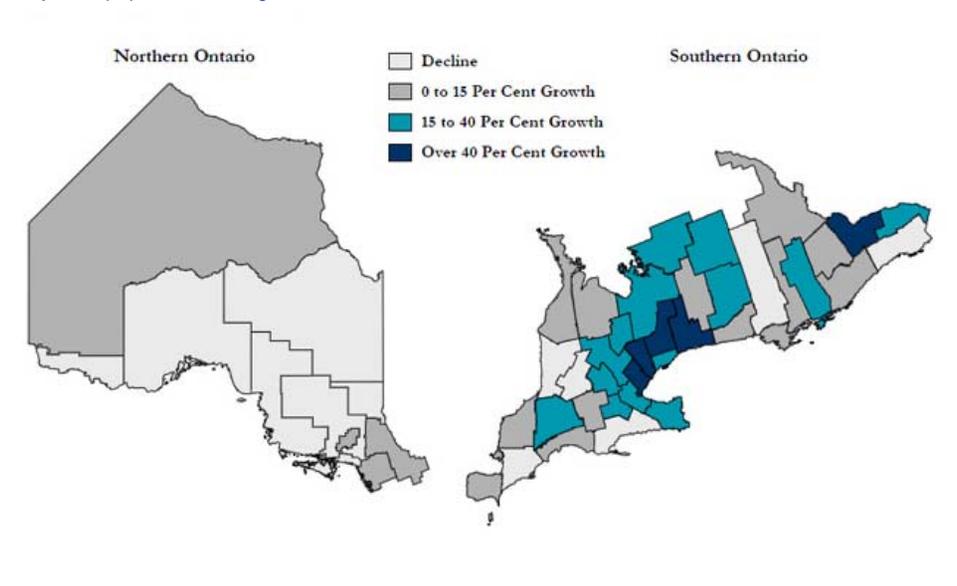
As part of our review, we have undertaken some analysis relating to the operating environment and financial performance of small and rural hospitals in Ontario, in some cases including a comparison to larger urban hospitals. As summarized on the following pages, the results of this analysis highlight a number of factors that are problematic from the perspective on longer-term sustainability.

Long-term population trends are not positive for rural and small town Ontario

Over the last two decades, 36 of 64 small and rural hospitals have witnessed negative to no growth in the population levels of the communities they serve (see Appendix A). Population projections prepared by the Ministry of Finance indicate that this trend is expected to continue for certain regions of the Province, specifically portions for Northern, Eastern and Southwestern Ontario where population levels are projected to either decrease or fall well below projected population increases in Central Southern Ontario.

Concurrent with stagnant to falling population levels, a number of the communities served by small and rural hospitals are also facing a gentrification of their residents, with the overall age increasing significantly above the Provincial average. The combination of little to no population growth (or even negative growth) and increasing aging of residents has the potential to challenge small and rural hospitals in a number of ways:

Projected population change – 2012 to 2036⁴



- As the Province continues to prioritize healthcare investments, the tendency may be for funds to flow to high growth areas of the Province (i.e. Central Southern Ontario), notwithstanding the fact that we understand that small hospitals (but not rural) will continue to be excluded from Health System Funding Reform ('HSFR') for the near future. The movement of funds to address growth pressures may result in continued constraint on funding increases for small and rural hospitals, which have generally experienced 1% increases in Provincial base funding and a median increase of 2.6% in total Provincial funding⁵.
- Decreasing population levels may impact the ability of small and rural hospitals to raise local funds for major capital projects, including facility redevelopment and major medical equipment purchases. The absence of so-called local share capacity may result in an overall decline in efficiency and capabilities for small and rural hospitals due to the inability to finance required infrastructure investments through their own funds.
- The increased aging within the communities they serve will likely lead to operational impacts on small and rural hospitals, including increased emergency room visits for chronic conditions and higher levels of ALC patients. However, initiatives such as HealthLinks are intended to address primary care delivery and may mitigate the impact of increased aging on small and rural hospitals.

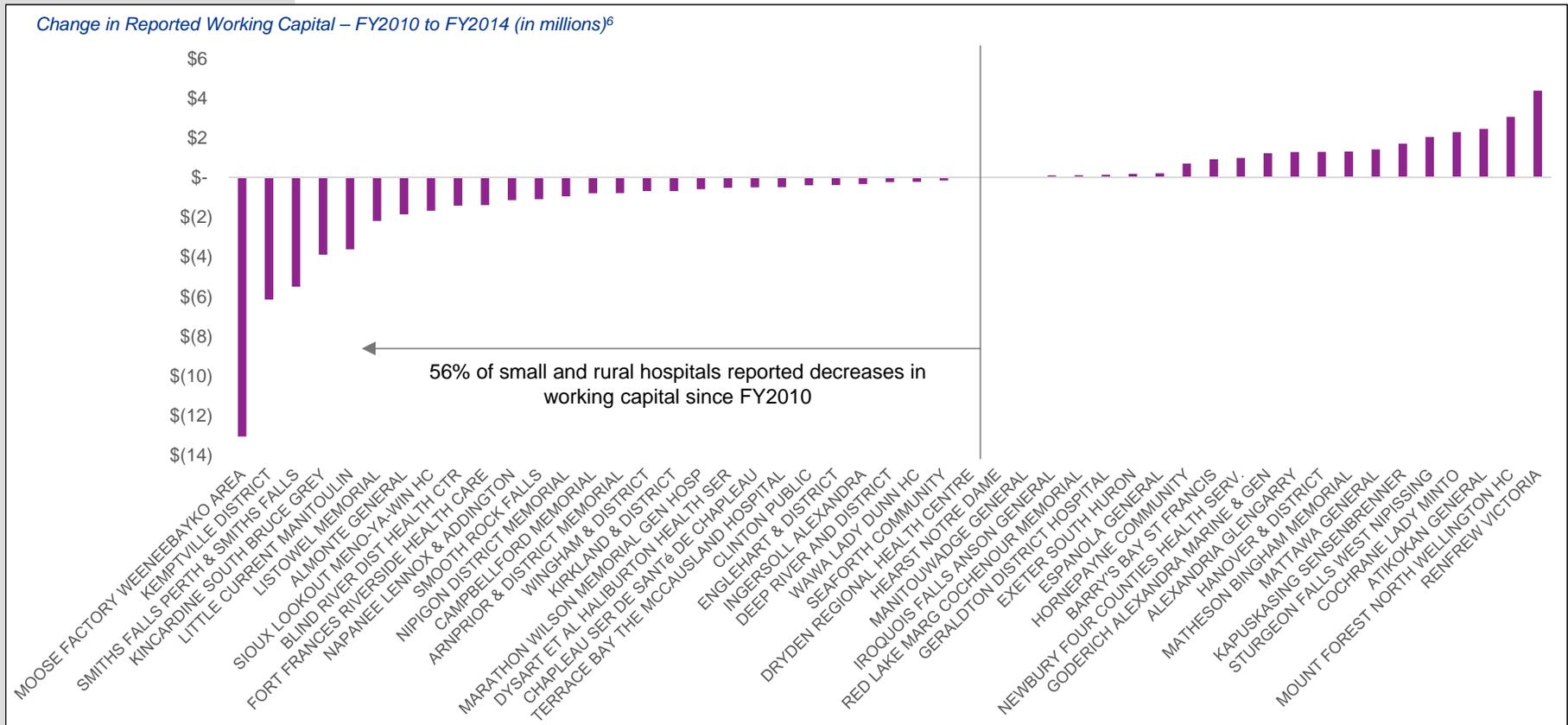


Review of the Small and Rural Hospital Transformation Fund

Overview Small and Rural Hospitals

The financial position and performance of several small and rural hospitals has deteriorated in recent years

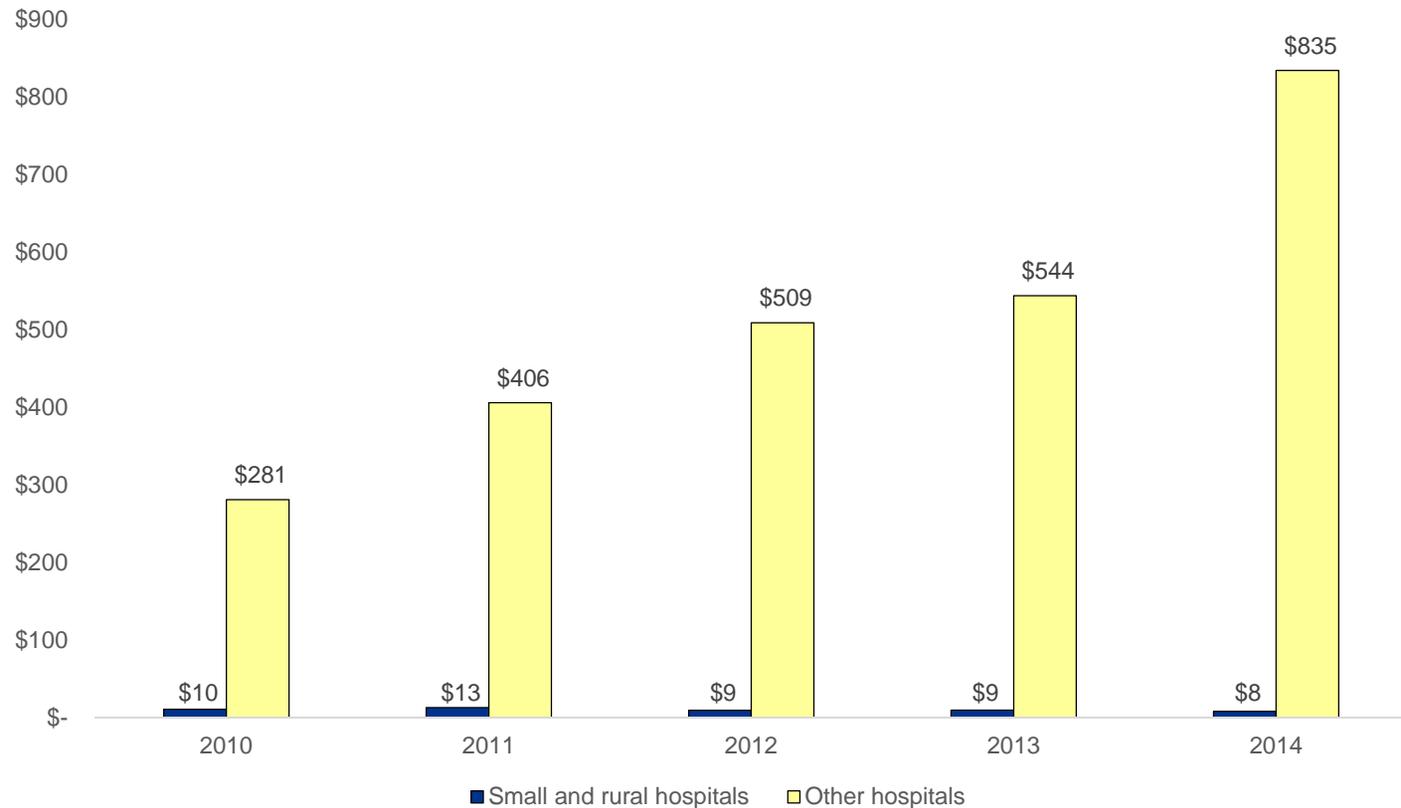
While most small and rural hospitals have been successful in achieving balanced budgets, an analysis of reported financial information indicates that the majority of small and rural hospitals (56%) have experienced a decrease in their reported working capital since the 2010 fiscal year, with 28% of small and rural hospitals reporting negative working capital as at March 31, 2014. Continued decreases in working capital can arguably be considered as indicative of a long-term sustainability challenge due to the ongoing erosion of financial reserves.



The financial performance of small and rural hospitals appears to have not kept pace with larger hospitals in recent years

The decrease in the reported working capital for the majority of small and rural hospitals appears to mirror the general trend in total margin⁷, which was decreased overall for small and rural hospitals during the period 2010 to 2014. In comparison, the total reported margin for all other Ontario hospitals increased almost three-fold during the same period. From an operational perspective, we consider this to be significant as the absence of increased margins for small and rural hospitals likely limits their ability to address key investment requirements involving either capital expenditures or significant operational transformations.

Reported total margin – small and rural hospitals vs. other Ontario hospitals (in millions)⁸



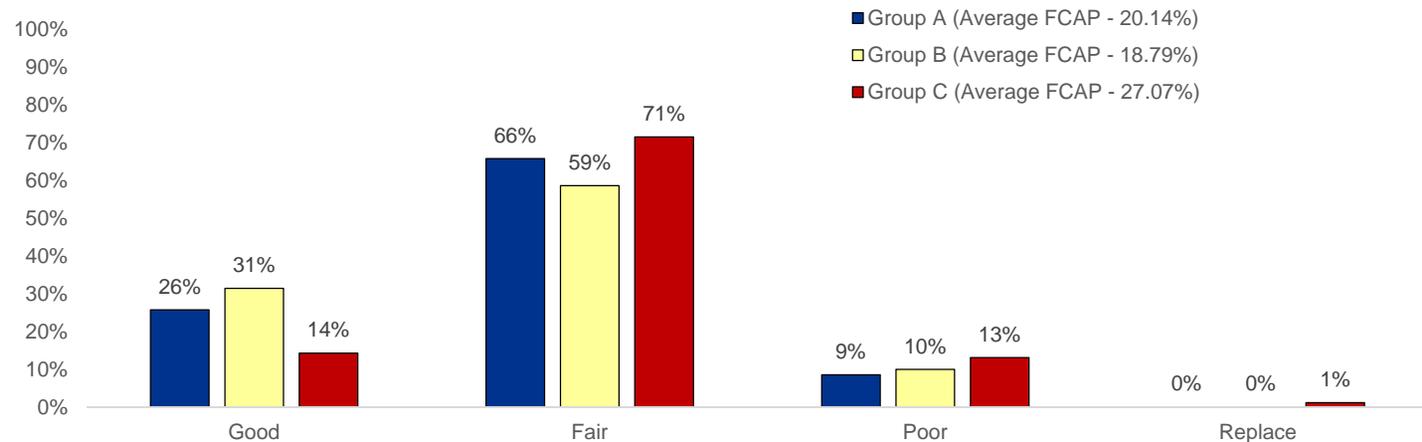
Small and rural hospitals have higher capital infrastructure deficits than hospitals in larger centres

The Ministry's Facility Condition Assessment Program ('FCAP') provides an indication as to the extent of infrastructure deficits that exist within Ontario hospitals (recognizing that FCAP only addresses facilities and not other key infrastructure components such as medical equipment). Expressed in terms of a percentage, the FCAP score delineates condition assessments as follows⁹:

FCAP Score	Condition Assessment	Description
0%-10%	Good	The facility and its components are functioning as intended; normal deterioration observed on major systems.
10%-30%	Fair	The facility and its components are functioning as intended; normal deterioration and minor distress observed.
30%-60%	Poor	The facility and its components are not functioning as intended; significant deterioration and distress observed.
60% +	Replace	The facility and its components are not functioning as intended; significant deterioration and major distress observed, possible damage to support structure; may present a risk to people or materials; must be dealt with without delay.

As noted below, small and rural hospitals have a higher infrastructure deficit than larger hospitals based on the average FCAP score, leading to a significantly lower percentage of facilities rated as good (14% vs. 26% and 31% for Group A and B hospitals, respectively). We believe this reflects in large part the lower amount of own funds necessary to support capital expenditures.

Average FCAP scores¹⁰



Overall conclusions

As outlined in the Premier's mandate letter to the Ministry, the concept of '*putting patients at the centre – the right care, right place, right time*' will continue to influence the operational environment for small and rural hospitals.

While we understand that small hospitals will continue to be exempted from Health System Funding Reform, we anticipate that small and rural hospitals will see an increase in transformation activities, either in response to (i) new initiatives undertaken under programs such as HealthLinks and HealthHubs; and/or (ii) financial pressures that continue to challenge certain small and rural hospitals from the perspective of ongoing sustainability. Regardless of the reason, it appears that the need for small and rural hospitals to obtain resources to support transformational activities will likely increase, not decrease, over time. This conclusion is reinforced by several of the themes highlighted in the recent publication on Health System Transformation issued by the LHIN Leadership Council:

- Change is necessary for the Ontario healthcare environment due to a number of factors, including fiscal and demographic challenges
- Improving system integration and accessibility and modernizing home and community care are key initiatives identified in the 2014 Framework for Strategic Action
- Health innovation is viewed as an enabler of health system transformation

Discussions with the participating LHINs indicates small and rural hospitals continue to face pressures and constraints from a financial, capital and human resource perspective, a number will likely be challenged to secure the necessary capacity to undertake significant transformational activities. As a result, programs such as the Transformation Fund could potentially support system-wide changes across small and rural hospitals that would otherwise be unable to implement these changes through their own resources.



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Overview of Small and Rural Hospital Transformation Fund



Background and objectives

Established on April 23, 2013, the Transformation Fund is a four-year, \$80 million program (\$20 million per year) that is intended to achieve four stated objectives:

1. To demonstrate progress on moving forward with the Province's Action Plan for Health Care, including the priority of ensuring the right care at the right time in the right place
2. To enhance organizational sustainability within existing resources
3. To strengthen the linkages between small and rural hospital care and community care so that they operate as integrated networks that (i) ensure patient access to core acute services; (ii) ensure collaboration with community services; (iii) respond to community needs for post-acute and palliative services; and (iv) improve the quality and safety of services for patients while delivering good value for money within existing resources
4. To complement goals and objectives of Health Links, which are similar to the objectives noted above in terms of the focus on right care, right time, right place; financial efficiency and increased coordination

Eligible Transformation Fund projects can fall into one of five categories:

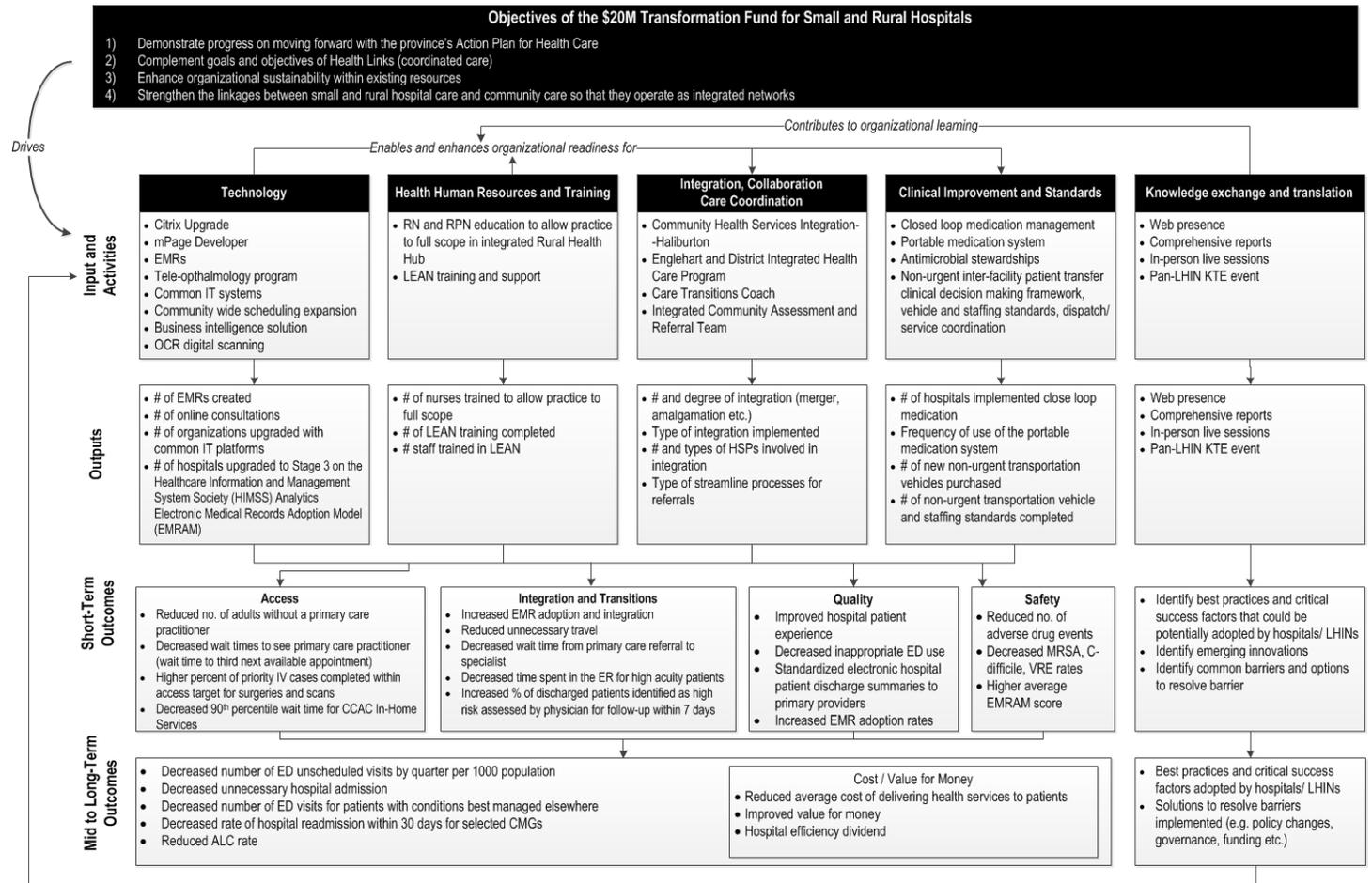
- Technology
- Health human resources and training
- Integration, collaboration and care coordination
- Clinical improvements and standards
- Knowledge exchange and translation

Based on our review of projects supported to date, we note that in certain instances, a single project may involve multiple categories. As noted later in our analysis, investments in technology are sometimes made in support of integration, collaboration and care coordination.

In order to demonstrate the linkages between the Transformation Funds objectives, activities and outcomes, the Ministry has developed a draft logic model for the program, which is presented on the following page.

Review of the Small and Rural Hospital Transformation Fund

Overview of the Transformation Fund



Funding allocations and investments

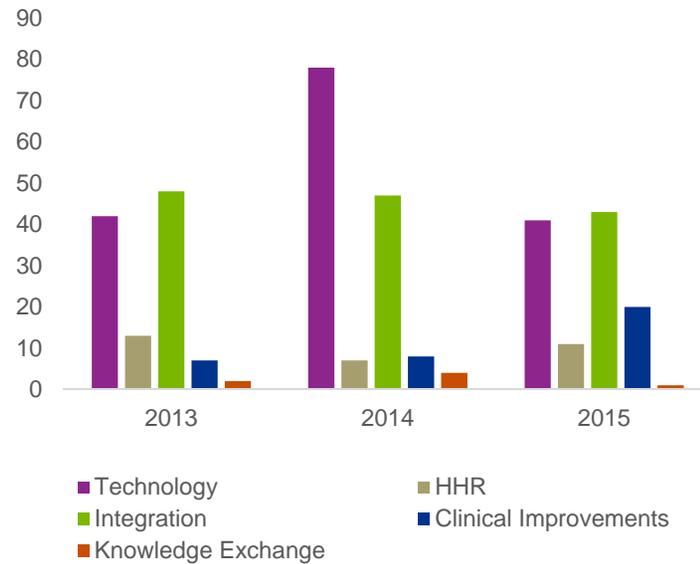
Since its inception, the Transformation Fund has supported a total of 373 separate projects^{12,13}, including 116 projects identified to date for the 2014-2015 fiscal year. Overall, the total investment made in small and rural hospitals through the Transformation Fund has amounted to \$61.2 million.

As noted on the following page, 94% of the Transformation Fund support was used to in three of the five potential categories:

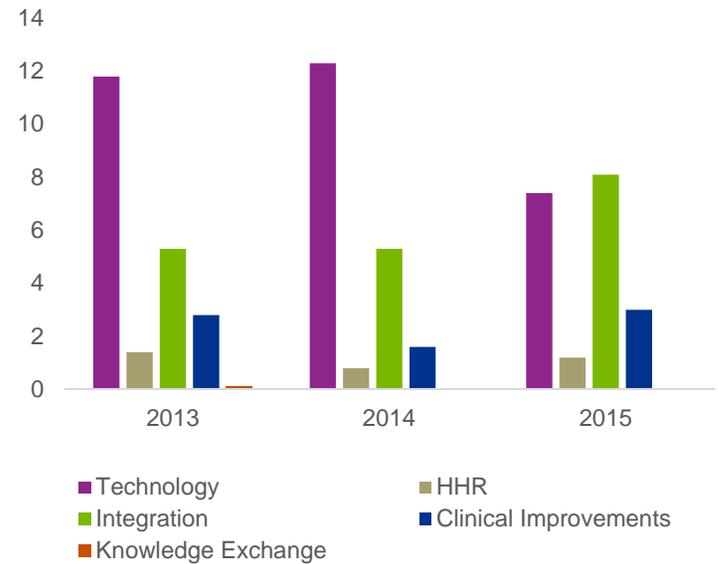
- Technology initiatives (161 projects, \$31.5 million);
- Integration, collaboration and care coordination (138 projects, \$18.7 million); and
- Clinical improvement and standards (35 projects, \$7.4 million).

The significance of these three categories is consistent across all of the participating LHINs, with the Central East LHIN and North East LHIN having the highest number of projects involving integration, collaboration and care coordination.

Number of Projects Funded



Project Funding (in millions of dollars)





Review of the Small and Rural Hospital Transformation Fund Overview of the Transformation Fund

2012-2013 Projects ¹⁵ (Funding in thousands)	Technology		Health and Human Resources Training		Integration, Collaboration and Care Coordination		Clinical Improvement and Standards		Knowledge Exchange and Translation		Total	
	Projects	Funding	Projects	Funding	Projects	Funding	Projects	Funding	Projects	Funding	Projects	Funding
Waterloo Wellington	1	\$84	1	\$119	2	\$200					4	\$403
South East	9	\$639	1	\$125							10	\$764
Central East					26	\$1,022					26	\$1,022
North West	2	\$140	2	\$451	8	\$2,787			1	\$55	13	\$3,433
Champlain	1	\$2,753	1	\$200	2	\$285	2	\$550			6	\$3,788
North East	21	\$3,559	4	\$424	9	\$828	3	\$365	1	\$50	38	\$5,226
South West	8	\$4,639	4	\$130	1	\$167	2	\$1,920			15	\$6,856
Total	42	\$11,814	13	\$1,449	48	\$5,289	7	\$2,835	2	\$105	112	\$21,492

2013-2014 Projects ¹⁵ (Funding in thousands)	Technology		Health and Human Resources Training		Integration, Collaboration and Care Coordination		Clinical Improvement and Standards		Knowledge Exchange and Translation		Total	
	Projects	Funding	Projects	Funding	Projects	Funding	Projects	Funding	Projects	Funding	Projects	Funding
Waterloo Wellington	2	\$161	1	\$265			1	\$50			4	\$476
South East	13	\$956	2	\$167	3	\$100	1	\$65			19	\$1,288
Central East	4	\$413	1	\$112	2	\$175			1	\$10	8	\$710
North West	3	\$857	1	\$27	2	\$2,729	1	\$142	1	\$15	8	\$3,623
Champlain	1	\$2,970	1		2	\$125	2	\$138			6	\$3,233
North East	41	\$3,378	1	\$200	38	\$2,155			1	\$10	81	\$5,743
South West	15	\$3,525					3	\$1,242	1	\$10	19	\$4,777
Total	79	\$12,260	7	\$771	47	\$5,284	8	\$1,637	4	\$45	145	\$19,997



Review of the Small and Rural Hospital Transformation Fund Overview of the Transformation Fund

Current year activities

A total of \$20 million in funding has been approved for projects during the 2014-2015 fiscal year by the seven participating LHINs. As noted below, projects approved for the 2015 fiscal year follow the traditional focus on technology, integration and clinical improvement.

2014-2015 Projects ¹⁶ (Funding in thousands)	Technology		Health and Human Resources Training		Integration, Collaboration and Care Coordination		Clinical Improvement and Standards		Knowledge Exchange and Translation		Total	
	Projects	Funding	Projects	Funding	Projects	Funding	Projects	Funding	Projects	Funding	Projects	Funding
Waterloo Wellington	1	\$10	2	\$315	1	\$151					4	\$476
South East	7	\$635	3	\$197	5	\$198	4	\$258			19	\$1,288
Central East					12	\$720					12	\$720
North West	2	\$504	1	\$160	6	\$2,198	2	\$912			11	\$3,774
Champlain	1	\$1,934	1	\$50	2	\$1,120	1	\$120	1	\$10	6	\$3,234
North East	24	\$1,860	2	\$90	16	\$2,735	10	\$821			52	\$5,506
South West	6	\$2,500	2	\$380	1	\$1,000	3	\$860			12	\$4,740
Total	41	\$7,443	11	\$1,192	43	\$8,122	20	\$2,971	1	\$10	116	\$19,738

Individual project descriptions

We have included as appendices to our report details relating to individual Transformation Fund projects, as follows:

- Appendix B provides a listing of projects undertaken during the 2012-2013 fiscal year
- Appendix C provides a listing of projects undertaken during the 2013-2014 fiscal year
- Appendix D provides a listing of projects approved during the 2014-2015 fiscal year
- Appendix E includes case studies involving individual projects that are intended to facilitate knowledge transfer among small and rural hospitals.



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REVIEW OF THE SMALL AND RURAL
HOSPITAL TRANSFORMATION FUND

Observations and Items for Consideration



Based on the results of our review, we make the following comments and observations concerning the Transformation Fund.

1. Outcomes and achievements of objectives

The draft logic model has identified a number of intended outcomes from the Transformation Fund, which are intended to fulfill short and long-term objectives for the enhancement of access, integration and transitions, quality and safety.

As documented in Appendices B, C and D, our review of available documentation relating to the projects undertaken through the Transformation Fund in the 2013 and 2014 fiscal years indicates that the *intent* of the projects appears to be consistent with the outcomes and objectives identified in the Transformation Fund logic model, recognizing that a number of projects are “early stage” and as such, a clear attainment of the intended objectives cannot be determined at this time. Other projects, particularly those involving technology and training, appear to demonstrate the achievement of intended outcomes (which the logic model identifies as a precursor to the achievement of objectives). We do note, however, that for certain projects, it appears that the desired mid to long-term outcomes have already been achieved. For example:

- The Champlain LHIN has indicated that the Home First project, initiated in the 2012-2013 fiscal year, has contributed towards decreases in ALC rates of between 40% to 83% for four of the eight participating hospitals from December 2012 to December 2013¹⁷. During the same period, 86% of patients discharged with enhanced services are still at home 90 days post-discharge, achieving the Transformation Fund's outcome of decreased rate of hospital readmission within 30 days¹⁷.

As discussed later in our report, our analysis of projects undertaken through the Transformation Fund was influenced by the extent of available documentation relating to the projects, which varied considerably. In certain instances, our conclusions reflect the intended outcomes of projects as they are based on proposals and other planning documents as opposed to documents outlining actual results. In order to facilitate future evaluations, the Ministry and participating LHINs may wish to consider establishing a formal reporting mechanism for project outcomes and achievements.

Based on the results of our review, we make the following comments and observations concerning the Transformation Fund.

2. Logic model considerations

Given the draft nature of the logic model for the Transformation Fund (see page 15), the Ministry and participating LHINs may wish to consider the following revisions:

- **Aggregation of activities and outputs** – We note that the draft logic model contains very specific activities with respect to the Transformation Fund, such as the naming of specific integration projects (e.g. Community Health Services Integration – Haliburton, Englehart and District Integrated Health Care Program) or specific training activities (e.g. LEAN training and support). Given that the intended role of the Transformation Fund is to support these types of broad activities across the seven participating LHINS, consideration could be given to presenting more generalized inputs and activities that allow Transformation Fund participants additional latitude as to how the intended outcomes are achieved.
- **Revise logic model for knowledge exchange and translation** – We note that the input and activities listed under knowledge exchange and translation are the same as the outputs. Given that activities under this category should describe how the knowledge is assembled rather than the end presentation materials, consideration could be given to revising the wording surrounding knowledge exchange and translation. We also note that the mid to long-term outcome for knowledge exchange and translation is the adoption of best practices and critical success factors by small and rural hospitals and the participating LHINS. In our experience, there is a considerable span between best practice identification and best practice adoption and as such, consideration could be given to intermediate steps such as generating awareness and buy-in.
- **Aggregation of outcomes and alignment with other programs focused on small and rural hospitals** – Consistent with our comments concerning activities and outputs, we note that the draft logic model outlines a number of specific outcomes. In addition, we note that the achievement of certain objectives may be influenced by other Provincial initiatives directed towards small and rural hospitals, including Health Links and Health Hubs.

In order to facilitate future evaluations of the Transformation Fund, as well reflect the potential for other initiatives to contribute towards the attainment of the outcomes, consideration could be given to revising the logic model by (i) aggregating outcomes into less specific categories, so as to allow for a less prescriptive approach to determining the benefits and outcomes of the Transformation Fund; (ii) aligning outcomes with future initiatives focused on small and rural hospitals. We note that the draft logic model has outcomes that are consistent with Health Links but as future initiatives are introduced (e.g. Health Hubs), the addition of new outcomes should be considered.

Notwithstanding the potential for the aggregation of activities, outputs and outcomes, individual projects should have specific performance indicators established by the LHIN and participating hospitals that align with the broader categories identified in the logic model. For example, a project involving a regional pharmacy initiative could have more specific performance indicators such as (i) a reduced number of adverse drug events (consistent with the broader outcome of enhanced patient safety); and (ii) operating cost reductions of \$x (consistent with the broader outcome of reducing the average cost of delivering health services to patients)

We have included on the following page a potential logic model that reflects the comments noted above.

Objectives of the \$20M Transformation Fund for Small and Rural Hospitals

- 1) Demonstrate progress on moving forward with the Province's Action Plan for Health Care
- 2) Complement goals and objectives of Health Links (coordinated care)
- 3) Enhance operational sustainability within existing resources
- 4) Strengthen the linkages between small and rural hospital care and community care so that they operate as integrated networks

Inputs and activities

Technology	Health Human Resources and Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation
<ul style="list-style-type: none"> Support the implementation of technologies and/or the development and deployment of new tools intended to facilitate enhanced integration, collaboration and clinical improvements and standards 	<ul style="list-style-type: none"> Undertake training and develop programs to enhance patient safety and/or clinical and non-clinical effectiveness and efficiency 	<ul style="list-style-type: none"> Build capacity within small and rural hospitals for integration, collaboration and care coordination Establish working groups for the identification and implementation of coordination opportunities 	<ul style="list-style-type: none"> Identify and implement opportunities for enhanced clinical care and patient safety 	<ul style="list-style-type: none"> Identify, appraise and validate best practices and innovative approaches to transformation Establish and operate information dissemination mechanisms

Outputs

<ul style="list-style-type: none"> No. of EMRs created No. of online consultations No. of organizations upgraded with common IT platforms No. of hospitals upgraded on the HIMSS Analytics EMRAM 	<ul style="list-style-type: none"> No. of training programs completed 	<ul style="list-style-type: none"> No. and degree of integration and collaboration projects undertaken 	<ul style="list-style-type: none"> No. of clinical and patient safety initiatives undertaken 	<ul style="list-style-type: none"> Web presence Comprehensive reports Presentations (in person and webinars) Pan LHIN KTE events
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Outcomes

- Reduce the time from primary care referral to specialist consultation
- Reduce the number of 30-day re-admissions to hospital
- Reduce the number of avoidable ED visits for patients with conditions best managed elsewhere
- Reduce time from referral to home care visit
- Reduce unnecessary hospital admissions
- Reduce hospital ALC rate
- Enhance the hospital patient experience
- Enhance patient safety measures
- Reduce the average cost of delivering health services to patients
- Contribute towards the attainment of priorities identified in LHIN strategic plans

3. Documentation and performance measurement

In its funding letter to participating LHINs, the Ministry has identified specific documentation requirements intended to support knowledge transfer and exchange activities, including:

- **A visible, publicly-accessible web presence** - Based on a review of LHIN websites, we note that all seven participating LHINs have published information relating to the Transformation Fund, although the level of detail will vary by LHIN.
- **An inventory of projects submitted and funded** - All participating LHINs provided KPMG with summaries of projects funded for each of the 2013, 2014 and 2015 fiscal years.
- **One or more in-person live sessions** - The *Small Hospital Knowledge Transfer Web Conference*, which included presentations by all participating LHINs was held on March 25, 2014. In addition, there is evidence that participating LHINs have conducted knowledge sharing sessions within their small and local hospitals. For example, the NE LHIN had presented at the ONA Northeast Annual Conference in April 2013, while the Champlain LHIN presented to the Champlain Alliance of Small Hospitals in 2014.

In addition to these requirements, the funding letters also stipulate that the participating LHINs “*shall establish performance expectations for projects, monitor progress on these, and develop an action plan for addressing projects that are not progressing as planned.*”

During the course of our review, we noted significant variations in the level of documentation maintained by the participating LHINs with respect to projects undertaken through the Transformation Fund, with no consistent format project reporting across the LHINs, including interim status reports and close-out reports. This variation in documentation is also noted within individual LHINs, with some projects having more documentation than others. Based on discussions with the participating LHINs, the absence of documentation for Transformation Fund projects was attributed to a number of factors including (i) staff turnover; (ii) insufficient resources and competing priorities within both the LHINs and the small and rural hospitals receiving the funding; and, (iii) the absence of a defined and standardized documentation format for projects.

In order to facilitate future evaluations of the Transformation Fund and enhance the degree of knowledge transfer and exchange, the Ministry and/or participating LHINs may wish to consider establishing a standard reporting template for projects that captures all necessary information at the various stages of projects, including planned milestones, expected outcomes and project progress. In addition, consideration may also be given to establishing a central repository of presentations and reports relating to Transformation Fund activities that can be accessed by all participating LHINs as well as small and rural hospitals.

In terms of reporting frequency, consideration could be given to requiring annual financial reporting by hospitals to their respective LHINs (and by LHINs to the Ministry), consistent with other programs such as HRIF, and with a deadline of May 31st in the following fiscal year. In addition to an annual reporting requirement, interim reports could be required no later than December 31st of the fiscal year in question so as to allow sufficient time to determine whether in-year funding reallocations and/or carryforwards to subsequent years are required.

Project identification and selection

Based on our discussions with the participating LHINs, we understand that the identification and selection of initiatives varied from LHIN to LHIN. In certain instances, LHINs spent an initial period of time establishing a working group comprised of small and rural hospitals, the purpose of which was to:

- Identify strategic priorities to be addressed through the projects, with the focus on enhanced collaboration and sustainability
- Assess resource requirements, including the need for project management capabilities
- Achieve buy-in and commitment from the participating small and rural hospitals
- Develop a linkage between small and large hospitals, recognizing that in certain instances collaboration would necessarily require the participating of larger hospitals

Examples of working groups established in support of the Transformation Fund include the Health Alliance (North West LHIN) and Champlain Alliance of Small Hospitals (Champlain LHIN).

Based on our discussions with participating LHINs, consideration could be given to the adoption of a more structured approach to project identification and prioritization through the use of small and rural hospital steering committees, which would allow for the development of an appropriate oversight and governance model for collaborative projects, enhanced buy-in and commitment and facilitate the implementation of multi-year projects (which could address issues relating to the timeliness of funding announcements by pre-selecting projects for support). In order to avoid potential conflicts of interest for the small and rural hospitals involved in the committees, as well as to resolve instances where requests for funding conflict or exceed the amount of available funding, we suggest that the LHINs retain final approval for all funding allocations.

1. The NELHIN is acting as the contracting agency on behalf of the seven LHINs participating in the Small and Rural Hospital Transformation Fund.
2. Ministry of Health and Long-term Care.
3. Healthcare Indicator Toolkit.
4. Ministry of Finance population projections.
5. Our review included an analysis of total MLPA funding for small and rural hospitals for the fiscal years 2010 to 2014, based on information reported in the Allocation, Payment and Transfer System (APTS). For the purposes of our review, we have excluded Weeneebayko Area Health Authority as it transitioned from a Federal Hospital to a Provincial Hospital during this period. On average, MLPA funding for the remaining 50 small and rural hospitals increased by 3.2% annually during this period, with the median funding increase being 2.6% per year. The highest reported funding increases were for Kemptville District Hospital (17.1% per year), Sioux Lookout Meno-Ya-Win Health Centre (12.7% per year) and Blind River District Health Centre (10.0% per year), with the lowest reported funding increases reported by Renfrew Victoria Hospital (decrease in MLPA funding from \$25.5 million in 2010 to \$21.1 million in 2014) and South Bruce Grey Health Centre, Clinton Public Hospital and Hanover & District Hospital, each of which experienced an average annual funding increase of 1% per year from 2010 to 2014.
6. Health Indicator Toolkit.
7. Total margin is defined as revenues less expenditures for all fund types.
8. Health Indicator Toolkit.
9. Ministry of Health and Long-term Care.
10. For the purposes of our report, we have presented FCAP scores by group (A,B,C), with Group C hospitals (representing hospitals with less than 100 beds) considered to be the proxy for small and rural hospitals. Additionally, we have only considered Group C hospitals located within the seven LHINs that participate in the Transformation Fund.
11. Participating LHINs.
12. Documentation provided by the participating LHINs indicates that in a number of cases, individual projects involved multiple hospitals and other community care providers. As a result, the number of participating hospitals and other organizations is higher than the number of individual projects. Additional information concerning partnerships supported by the Transformation Fund can be found in the appendices.
13. In certain instances, projects have been funded through a phased approach with each individual phase identified as a separate project.
14. KPMG analysis of information provided by the participating LHINs.
15. KPMG analysis of information provided by the participating LHINs. Additional details concerning projects can be found in Appendix B (2012-2013 fiscal year) and Appendix C (2013-2014 fiscal year).
16. KPMG analysis of information provided by the participating LHINs. Additional details concerning projects can be found in Appendix C.
17. *Home First Rural Champlain Hospitals Project Overview*, March 20, 2014



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REVIEW OF THE SMALL AND RURAL
HOSPITAL TRANSFORMATION FUND

Appendix A Demographic Changes





Review of the Small and Rural Hospital Transformation Fund Demographic Information for Small and Rural Hospitals

Hospital	Primary Community Served	Population ¹²			Residents 65 years and Over as a Percentage of Total Population ¹²		
		2001	2011	Change	2001	2011	Change
Champlain							
Almonte General Hospital	Mississippi Mills	11,647	12,385	↑ 6.3%	13.8%	17.6%	↑ 3.8%
Arnprior and District Memorial Hospital	Arnprior	7,192	8,114	↑ 12.8%	19.7%	22.7%	↑ 3.0%
Carleton Place and District Memorial Hospital	Carleton Place	9,083	9,809	↑ 8.0%	12.9%	16.5%	↑ 3.6%
Deep River and District Hospital	Deep River	4,135	4,193	↑ 1.4%	21.6%	23.0%	↑ 1.4%
Glengarry Memorial Hospital	North Glengarry	10,589	10,251	↓ 3.2%	18.5%	21.3%	↑ 2.8%
Kemptville District Hospital	North Grenville	13,581	15,085	↑ 11.1%	11.3%	13.7%	↑ 2.4%
Renfrew Victoria Hospital	Renfrew	7,942	8,218	↑ 3.5%	23.1%	24.3%	↑ 1.2%
St. Francis Memorial Hospital	Madawaska Valley	4,406	4,282	↓ 2.8%	20.5%	25.3%	↑ 4.8%
Central East							
Campbellford Memorial Hospital	Trent Hills	12,569	12,604	↑ 0.3%	22.7%	24.5%	↑ 1.8%
Haliburton Highlands Health Services Corporation	Minden Hills	5,312	5,655	↑ 6.5%	23.7%	27.4%	↑ 3.7%
North East							
Anson General Hospital	Iroquois Falls	5,217	4,595	↓ 11.9%	16.2%	20.2%	↑ 4.0%
Bingham Memorial Hospital	Black River – Matheson	2,912	2,410	↓ 17.2%	14.1%	18.3%	↑ 4.2%
Blind River District Health Centre	Blind River	3,969	3,549	↓ 10.6%	14.2%	19.6%	↑ 5.4%
Englehart and District Hospital	Englehart	1,595	1,519	↓ 3.9%	23.5%	25.3%	↑ 1.8%
Espanola General Hospital	Espanola	5,449	5,364	↓ 1.6%	14.5%	17.9%	↑ 3.4%

¹² Source – Statistics Canada census data



Review of the Small and Rural Hospital Transformation Fund Demographic Information for Small and Rural Hospitals

Hospital	Primary Community Served	Population ¹²			Residents 65 years and Over as a Percentage of Total Population ¹²		
		2001	2011	Change	2001	2011	Change
North East							
Hornepayne Community Hospital	Hornepayne	1,362	1,050	↓ 22.9%	8.1%	11.4%	↑ 3.3%
Kirkland and District Hospital	Kirkland Lake	8,616	8,133	↓ 5.6%	18.5%	19.5%	↑ 1.0%
Lady Dunn Health Centre	Wawa	3,668	2,975	↓ 18.9%	11.0%	16.1%	↑ 5.1%
Lady Minto Hospital	Cochrane	5,690	5,340	↓ 6.2%	12.7%	16.9%	↑ 4.2%
Manitoulin Health Centre, Central Manitoulin	Central Manitoulin	1,907	1,958	↑ 2.7%	21.0%	28.1%	↑ 7.1%
Manitoulin Health Centre, Northeast Manitoulin	Northeastern Manitoulin and the Islands	2,531	2,706	↑ 6.9%	20.3%	24.9%	↑ 4.6%
Mattawa General Hospital	Mattawa	2,270	2,023	↓ 10.9%	19.6%	21.3%	↑ 1.7%
Notre Dame Hospital	Hearst	5,825	5,090	↓ 12.6%	11.3%	16.6%	↑ 5.3%
Sensenbrenner Hospital	Kapuskasing	9,238	8,196	↓ 11.3%	15.0%	19.7%	↑ 4.7%
Services de Sante de Chapleau Health Services	Chapleau	2,832	2,116	↓ 25.3%	12.2%	15.6%	↑ 3.4%
Smooth Rock Falls Hospital	Smooth Rock Falls	1,830	1,376	↓ 24.8%	15.3%	24.7%	↑ 9.4%
Weeneebayko Area Health Authority, Attawapiskat	Attawapiskat	No Census Data					
Weeneebayko Area Health Authority, Fort Albany	Fort Albany	441	511	↑ 15.9%	79.4%	3.9%	↓ 75.5%
Weeneebayko Area Health Authority, Moose Factory	Moose Factory	No Census Data					
West Nipissing General Hospital	West Nipissing	13,114	14,149	↑ 7.9%	16.5%	20.1%	↑ 3.6%

¹² Source – Statistics Canada census data



Review of the Small and Rural Hospital Transformation Fund Demographic Information for Small and Rural Hospitals

Hospital	Primary Community Served	Population ¹²			Residents 65 years and Over as a Percentage of Total Population ¹²		
		2001	2011	Change	2001	2011	Change
North West							
Atikokan General	Atikokan	3,632	2,787	↓ 23.3%	15.7%	21.0%	↑ 5.3%
Dryden Regional Health Centre	Dryden	8,198	7,617	↓ 7.1%	13.2%	18.6%	↑ 3.3%
Geraldton District Hospital	Geraldton	2,224	1,893	↓ 14.9%	13.9%	15.1%	↑ 1.2%
Manitouwadge General Hospital	Manitouwadge	2,949	2,105	↓ 28.6%	5.9%	15.9%	↑ 10.0%
McCausland Hospital	Terrace Bay	1,950	1,471	↓ 24.6%	10.0%	16.7%	↑ 6.7%
Nipigon District Memorial Hospital	Nipigon	1,964	1,631	↓ 17.0%	14.5%	21.2%	↑ 6.7%
Red Lake Margaret Cochenour Memorial Hospital	Red Lake	4,233	4,366	↑ 3.1%	10.2%	11.0%	↑ 0.8%
Riverside Health Care Facilities, Incl., Emo	Emo	1,331	1,252	↓ 5.9%	18.0%	16.4%	↓ 2.6%
Riverside Health Care Facilities, Incl., Fort Frances	Fort Frances	8,315	7,952	↓ 4.4%	18.4%	19.2%	↑ 0.8%
Riverside Health Care Facilities, Incl., Rainy River	Rainy River	981	842	↓ 14.2%	25.5%	26.7%	↑ 1.2%
Sioux Lookout Meno-Ya-Win Health Centre	Sioux Lookout	5,336	5,037	↓ 5.6%	8.7%	9.2%	↑ 0.5%
Wilson Memorial General Hospital	Marathon	4,416	3,353	↓ 24.1%	5.3%	10.4%	↑ 5.1%

¹² Source – Statistics Canada census data



Review of the Small and Rural Hospital Transformation Fund Demographic Information for Small and Rural Hospitals

Hospital	Primary Community Served	Population ¹²			Residents 65 years and Over as a Percentage of Total Population ¹²		
		2001	2011	Change	2001	2011	Change
South East							
Lennox and Addington County General Hospital	Greater Napanee	15,132	15,511	↑ 2.5%	18.6%	20.6%	↑ 2.0%
Perth and Smiths Falls	Smiths Falls	9,140	8,978	↓ 1.8%	19.4%	19.9%	↑ 0.5%
Quinte Health Care Corporation	Bancroft	4,089	3,880	↓ 5.1%	21.6%	24.3%	↑ 2.7%
South West							
Alexandra Marine and General Hospital	Goderich	7,604	7,521	↓ 1.1%	20.8%	22.9%	↑ 1.1%
Clinton Public Hospital	Central Huron	7,806	7,591	↓ 2.8%	17.3%	21.4%	↑ 4.1%
Four Counties Health Services Corporation, Newbury	Newbury	422	447	↑ 5.9%	14.2%	16.8%	↑ 2.6%
Grey Bruce Health Services, Grey Highlands	Grey Highlands	9,195	9,520	↑ 3.5%	18.1%	20.5%	↑ 2.4%
Grey Bruce Health Services, Lion's Head	Northern Bruce Peninsula	3,599	3,744	↑ 4.0%	26.7%	31.7%	↑ 5.0%
Grey Bruce Health Services, Meaford	Meaford	4,524	11,100	↑ 145.4%	26.0%	23.7%	↓ 2.3%
Grey Bruce Health Services, Saugeen Shores	Saugeen Shores	11,388	12,661	↑ 11.2%	18.0%	21.3%	↑ 3.3%
Grey Bruce Health Services, Wiarton	Warton	2,349	2,291	↓ 2.5%	25.0%	28.8%	↑ 3.8%
Hanover and District Hospital	Hanover	6,869	7,490	↑ 9.0%	22.3%	24.4%	↑ 2.1%
Listowel Memorial Hospital	North Perth	12,055	12,631	↑ 4.8%	14.8%	16.5%	↑ 1.7%
Seaforth Community Hospital	Huron East	9,680	9,264	↓ 4.3%	15.2%	17.3%	↑ 2.1%

¹² Source – Statistics Canada census data



Review of the Small and Rural Hospital Transformation Fund Demographic Information for Small and Rural Hospitals

Hospital	Primary Community Served	Population ¹²			Residents 65 years and Over as a Percentage of Total Population ¹²		
		2001	2011	Change	2001	2011	Change
South West							
South Bruce Grey Health Centre, Chesley	Arran-Elderslie	6,577	6,810	↑ 3.5%	15.5%	16.2%	↑ 0.7%
South Bruce Grey Health Centre, Durham	West Grey	11,741	12,286	↑ 4.6%	16.8%	19.1%	↑ 2.3%
South Bruce Grey Health Centre, Kincardine	Kincardine	11,029	11,174	↑ 1.3%	15.2%	19.0%	↑ 3.8%
South Bruce Grey Health Centre, Walkerton	Brockton	9,658	9,432	↓ 2.3%	15.5%	18.1%	↑ 2.6%
South Huron Hospital	South Huron	10,019	9,945	↓ 0.7%	19.5%	22.6%	↑ 3.1%
Wingham and District Hospital	North Huron	4,984	4,884	↓ 2.0%	16.4%	18.5%	↑ 2.1%
Waterloo Wellington							
North Wellington Health Care Corporation, Mt. Forest	Wellington North	11,305	11,477	↑ 1.5%	16.9%	18.9%	↑ 2.0%
North Wellington Health Care Corporation, Palmerston	Minto	8,164	8,334	↑ 2.1%	17.0%	18.0%	↑ 1.0%

¹² Source – Statistics Canada census data



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REVIEW OF THE SMALL AND RURAL
HOSPITAL TRANSFORMATION FUND

Appendix B

2012-2013 Projects



SMALL AND RURAL HOSPITAL TRANSFORMATION FUND

Summary of Transformation Projects
Fiscal Year 2012-2013

Project Number	Local Health Integration Network	Project Domain					Project Name	Project Lead	Partners	Project Type	Status	Funding	Outputs	Does the Project align with the stated outcomes and objectives of the Transformation Fund	Actual and Anticipated Outcomes					
		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation									Access	Integration and Transitions	Quality	Safety	Knowledge transfer	Cost/Value for Money
1	Central East					Legal Costs	Haliburton Highlands Healthcare Services	Six health service providers, including project lead	New	Completed	\$ 15,500		<p>Merger of two organizations and the transfer of several services to the merged organization, with all integration to be completed by March 2015</p> <p>Yes. The support provided through the Transformation Fund has established the conditions for the integration of health care services in the LHIN. In a presentation dated March 25, 2014, the LHIN indicated the objectives of the project include (i) ensuring patient access to core acute care services; (ii) ensuring collaboration with community services; (iii) responding to community needs for post acute care and palliative care services, as appropriate; (iv) improving the quality and safety of services for patients; and (v) ensuring good value for money.</p>							
2	Central East					LR Review	Haliburton Highlands Healthcare Services	Six health service providers, including project lead	New	Completed	\$ 9,800			x						
3	Central East					Facilitator	Haliburton Highlands Healthcare Services	Six health service providers, including project lead	New	Completed	\$ 60,500									
4	Central East					Project Manager	Haliburton Highlands Healthcare Services	Six health service providers, including project lead	New	Completed	\$ 45,000									
5	Central East					Network Design	Haliburton Highlands Healthcare Services	Six health service providers, including project lead	New	Completed	\$ 45,000									
6	Central East					ICT Implementation	Haliburton Highlands Healthcare Services	Six health service providers, including project lead	New	Completed	\$ 65,000									
7	Central East					Telephony	Haliburton Highlands Healthcare Services	Six health service providers, including project lead	New	Completed	\$ 31,000									
8	Central East					Med Select Cabinets	Haliburton Highlands Healthcare Services	Six health service providers, including project lead	New	Completed	\$ 65,000									
9	Central East					Voice Recognitor	Haliburton Highlands Healthcare Services	Six health service providers, including project lead	New	Completed	\$ 70,000									
10	Central East					Shared Leadership	Haliburton Highlands Healthcare Services	Six health service providers, including project lead	New	Completed	\$ 52,000									
11	Central East					Renovations	Haliburton Highlands Healthcare Services	Six health service providers, including project lead	New	Completed	\$ 50,000									
12	Central East					Procurement	Haliburton Highlands Healthcare Services	Six health service providers, including project lead	New	Completed	\$ 30,000									
13	Central East					Leadership Training	Haliburton Highlands Healthcare Services	Six health service providers, including project lead	New	Completed	\$ 20,000									
14	Central East					LR Review	Campbellford Memorial Hospital	Ten health service providers, including project lead	New	Completed	\$ 10,000			<p>Draft service delivery model to be completed by February 2013</p> <p>Yes. The support provided through the Transformation Fund has established the conditions for the integration of health care services in the LHIN. A report prepared by the LHIN dated December 2013, the LHIN indicated that the integration of front-line services, back office functions, leadership and governance would improve client access to high quality services, create readiness for future health system transformation and make the best use of the public's investment.</p>						
15	Central East					Facilitator	Campbellford Memorial Hospital	Ten health service providers, including project lead	New	Completed	\$ 70,000				x					
16	Central East					Financial analysis	Campbellford Memorial Hospital	Ten health service providers, including project lead	New	Completed	\$ 10,000									
17	Central East					Emergency response unit	Campbellford Memorial Hospital	Ten health service providers, including project lead	New	Completed	\$ 16,650									
18	Central East					IT Capacity improvements	Campbellford Memorial Hospital	Ten health service providers, including project lead	New	Completed	\$ 72,000									
19	Central East					IT Capacity improvements	Campbellford Memorial Hospital	Ten health service providers, including project lead	New	Completed	\$ 20,000									
20	Central East					Telephone system upgrades/link - Trent Hill	Campbellford Memorial Hospital	Ten health service providers, including project lead	New	Completed	\$ 50,000									
21	Central East					PM - Palliative Care project	Campbellford Memorial Hospital	Ten health service providers, including project lead	New	Completed	\$ 56,000									
22	Central East					LEAN process improvement coordinato	Campbellford Memorial Hospital	Ten health service providers, including project lead	New	Completed	\$ 30,000									
23	Central East					PSW, RPN roles and standards - scope of practice	Campbellford Memorial Hospital	Ten health service providers, including project lead	New	Completed	\$ 20,000									
24	Central East					Professional developmen	Campbellford Memorial Hospital	Ten health service providers, including project lead	New	Completed	\$ 3,500									
25	Central East					Voice recognitor	Campbellford Memorial Hospital	Ten health service providers, including project lead	New	Completed	\$ 80,500									
26	Central East					Facility engineering review	Campbellford Memorial Hospital	Ten health service providers, including project lead	New	Completed	\$ 15,000									
27	Champlain					Regional Pharmacy Model Feasibility Study	Deep River Hospital	Champlain LHIN hospitals (8)	New	Completed	\$ 85,000	Feasibility study and implementation plan	Yes. In a presentation dated March 31, 2014, the benefits of the project were indicated to be (i) financial benefits arising from increased control of the medication supply chain, the avoidance of wastage and reduction in inventory holding costs; (ii) a reduction in medication errors; and (iii) increased bedside time for nursing staff through reduced nursing time for controlled drug counts and IV medication preparations.	x		x		x		
28	Champlain					On-line Course Repository	Almonte Hospital	Champlain LHIN hospitals (8), Ottawa Valley Family Health Team, CCAC	New	Completed	\$ 200,000	20 courses developed	Yes. The project involved the development of a 20-course curriculum of evidence based practice that is available through an on-line repository for access by small and rural hospitals. As indicated in a presentation on Transformation Fund project, the repository facilitates the sharing of staff across hospitals and contributes to patient safety by facilitating the tracking and monitoring of staff certification in essential training.	x	x	x				
29	Champlain					Standard Patient Order Sets	Carleton Place Hospital	Champlain LHIN hospitals (8)	New	Completed	\$ 100,000	Three order sets implemented	Yes. The project involved the development of standard order sets for CHF, COPD and stroke) adapted specifically for small hospital environments and based on Ontario's Quality Based Procedures best practice (as set in the Ministry's clinical handbooks). This will contribute towards enhanced clinical care (through improved coordination and transitions of care, reduced admission and readmission rates, enhanced patient safety) and position the small hospitals to successfully participate in HSRF.		x					
30	Champlain					Home First	Amprrior Hospital	Champlain LHIN hospitals (8), Ottawa Valley Family Health Team, CCAC	New	Completed	\$ 450,000		Yes. In a presentation dated March 20, 2014, the LHIN indicated that the project contributed to an overall reduction in ALC levels of 4.7% across the LHIN from December 2012 to December 2013, with four of the small and rural hospitals involved achieving reductions in the range of 40% to 83%. Reductions in ALC levels are identified as a mid to long-term objective of the Transformation Fund.			x				
31	Champlain					EMR	Chaplain LHIN small and rural hospitals (each leads its own individual project)		New	Completed	\$ 2,753,000	Movement of 2.5 to 3 levels on HIMSS	Yes. The project involves the building of information systems capacity (Meditech and Anzer) within the LHIN. In a presentation on Transformation Fund projects, the LHIN identified that the project allowed participating hospitals to move at least 2.5 to 3 levels on the HIMSS scale, which is identified as an objective of the Transformation Fund.	x	x					
32	Champlain					Clinical Information Integration	Amprrior Hospital	Champlain LHIN hospitals (8), Champlain LHIN E-Health Team, LTC, community service	New	Completed	\$ 200,000	Information needs have been mapped	Yes. The project is intended to facilitate direct exchange of data between a range of service providers, allowing for integration opportunities in clinical document repository, FHT EMR systems, LTC and community based service systems.	x	x					
33	North East					Anti-stigma training	Hopital de Mattawa Hospital	CAMH	New	Completed	\$ 25,000	Training complete	Yes. While the draft logic model does not reflect anti-stigma (mental health training), this type of project is considered to be consistent with the health human resources and training category. A review of project status reports provided in connection with our review indicate that the			x				
34	North East					Anti-stigma training	Hopital de Mattawa Hospital	North Bay Regional Health Centre	New	Completed	\$ 14,500	Training complete								
35	North East					Expansion of electronic medical records	Blind River District Health Centre		New	Completed	\$ 95,000	Improved efficiency, Improved EMR access								
36	North East					Expansion of electronic medical records	Hopital Notre Dame Hospital		New	Completed	\$ 118,000	Improved efficiency, Improved EMR access								

SMALL AND RURAL HOSPITAL TRANSFORMATION FUND

Summary of Transformation Projects
Fiscal Year 2012-2013

Project Number	Local Health Integration Network	Project Domain					Project Name	Project Lead	Partners	Project Type	Status	Funding	Outputs	Does the Project align with the stated outcomes and objectives of the Transformation Fund	Actual and Anticipated Outcomes						
		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation									Access	Integration and Transitions	Quality	Safety	Knowledge transfer	Cost/Value for Money	
37	North East	✓					Expansion of electronic medical records	Sensenbrenner Hospital		New	Completed	\$ 141,000	Improved efficiency, Improved EMR access	<p>Yes. Documentation provided by the LHIN indicates that the outcome of these projects was an increase in HIMSS scores for the participating hospitals and increased EMR adoption and integration, both of which have been identified as outputs/objectives of the Transformation Fund.</p>							
38	North East	✓					Expansion of electronic medical records	Espanola General Hospital		New	Completed	\$ 125,000	Improved efficiency, Improved EMR access								
39	North East	✓					Expansion of electronic medical records	Manitoulin Health Centre		New	Completed	\$ 85,000	Improved efficiency, Improved EMR access								
40	North East	✓					Expansion of electronic medical records	West Nipissing General Hospital		New	Completed	\$ 185,000	Improved efficiency, Improved EMR access								
41	North East	✓					Expansion of electronic medical records	Lady Dunn Health Centre		New	Completed	\$ 75,000	Improved efficiency, Improved EMR access								
42	North East	✓					HIMSS EMRAM	Homepayne Community Hospital		New	Completed	\$ 65,000	Module demo; system assessment								
43	North East	✓					HIMSS EMRAM	Anson General Hospital		New	Completed	\$ 90,000	Module demo; system assessment								
44	North East	✓					HIMSS EMRAM	Bingham Memorial Hospital		New	Completed	\$ 98,000	Module demo; system assessment								
45	North East	✓					HIMSS EMRAM	Lady Minto Hospital		New	Completed	\$ 88,000	Module demo; system assessment								
46	North East	✓					HIMSS EMRAM	Services de Sante de Chapleau Health Services		New	Completed	\$ 104,000	PHAMM LIVE; SCA module LIVE; and functional for both archiving and scanning components; ADM, CWS,								
47	North East	✓					HIMSS EMRAM	Englehart and District Hospital		New	Completed	\$ 80,000	Improved efficiency, Improved EMR access								
48	North East	✓					HIMSS EMRAM	Kirkland and District Hospital		New	Completed	\$ 125,500	Improved efficiency, Improved EMR access								
49	North East	✓					Moving to common IT systems	Weeneebayko Area Health Authority		New	Completed	\$ 300,000	Common IT system and upgraded equipment		<p>Yes. Project status reports provided by the LHIN in connection with these projects indicate that the intended outcomes of these projects is increased utilization of a common IT platform, which is identified as a technology output in the draft logic model.</p>						
50	North East	✓					Moving to common IT systems	Kirkland and District Hospital		New	Completed	\$ 400,000	Common IT system and upgraded equipment								
51	North East	✓					Moving to common IT systems	Hopital de Mattawa Hospital		New	Completed	\$ 350,000	Common IT system and upgraded equipment								
52	North East	✓					Moving to common IT systems			New	Completed	\$ 581,480	Common IT system and upgraded equipment								
53	North East					✓	Non-urgent patient transportation	Weeneebayko Area Health Authority		New	Completed	\$ 40,000	8-12 seat van purchased for hospital in Moose Factory	<p>Yes. The acquisition of new non-urgent transportation vehicles is identified as an intended output of the Transformation Fund.</p>							
54	North East					✓	Non-urgent patient transportation	Espanola General Hospital		New	Completed	\$ 78,166	Submission of a comprehensive project evaluation report at project completion that summarizes the services provided and the effect of the MTS from facility, patient and EMS perspectives	<p>Yes. The evaluation of services provided and the effect of the MTS from various perspectives is an intended output of the Transformation Fund.</p>							
55	North East					✓	Outpatient rehabilitation training	Weeneebayko Area Health Authority		New	Completed	\$ 10,000	Increase in current knowledge and service delivery for public health and community support services	<p>Yes. While the draft logic model does not reflect outpatient rehabilitation or palliative care training, this type of project is considered to be consistent with the health human resources and training category. A review of project status reports provided in connection with our review indicate that the intended outcome of this project is to improve the hospital patient experience and decrease unnecessary hospital utilization, which are consistent with access and quality outcomes identified in the draft logic model.</p>							
56	North East					✓	Palliative care education	NELHIN	NELHIN hospitals	New	Completed	\$ 374,554	Training of staff								
57	North East	✓					Pharmacy module implementation	Smooth Rock Falls Hospital		New	Completed	\$ 98,000	Improved efficiency, Improved EMR access	<p>Yes. Increased EMR adoption rates is an intended output of the Transformation Fund and this project directly relates</p>							
58	North East	✓					Physician office integration			New	Completed	\$ 280,000		<p>Yes. Physician office integration supports the intended outputs of the Transformation Fund</p>							
59	North East					✓	Project manager for joint executive committee in Temiskaming	Kirkland and District Hospital	Temiskaming Hospital, Englehart and District Hospital	New	Completed	\$ 80,000	Costs covered	<p>Yes. The proposed role of the project manager was to lead the integration activities with the overall goal of better coordination of patient care which directly supports the intended outputs of the Transformation Fund.</p>							
60	North East					✓	Realignment of community health services	Weeneebayko Area Health Authority	Health unit, community care providers	New	Completed	\$ 19,810	Realignment of services for public health and community support services	<p>Yes. This project intended on improving upon access to patient care through an integration project</p>							
61	North East					✓	Supply chain review	Smooth Rock Falls Hospital	Ten NELHIN hospitals, including project lead	New	Completed	\$ 150,000	Assessment complete	<p>Yes. The completed assessment was to done to centralize supply chain practices so 10 NE LHIN hospital were assessed. This initiative falls within the intended output of the Transformation Fund.</p>							
62	North East					✓	HELP - Hospital Elder Life Program	Blind River District Health Centre	Blind River, Espanola and West Nipissing General	New	Completed	\$ 48,000	HELP programs established at each hospital based on specific circumstances/needs of each community.	<p>Yes. The HELP program helps maintain cognition and mobility of high risk seniors during hospitalization, maximizes patient independence at discharge, assists with hospital to home transitions, and works towards preventing unplanned hospital readmissions.</p>							
63	North East					✓	Integration of Thessalon, Matthews Memorial Hospital to Blind River District Health Centre	Blind River District Health Centre	Blind River, Thessalon and Matthews Memorial hospitals	New	Completed	\$ 270,000	The integration of these two small hospital sites from Sault Area Hospital to Blind River District Health Centre will allow for efficiencies, continuity of care, and place these hospital sites under the operation of a rural hospital where issues and delivery of services are in similar environments.	<p>Yes. Aligned with the integration intended outcome of the Transformation Fund.</p>							

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Project Number	Local Health Integration Network	Project Domain					Project Name	Project Lead	Partners	Project Type	Status	Funding	Outputs	Does the Project align with the stated outcomes and objectives of the Transformation Fund	Actual and Anticipated Outcomes					
		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation									Access	Integration and Transitions	Quality	Safety	Knowledge Transfer	Cost/Value for Money
64	North East			✓			Study to align three hospitals for improved coordination of care	Smooth Rock Falls Hospital	Smooth Rock Falls, Notre Dame and Sensenbrenner hospitals	New	Completed	\$ 98,310	The purpose of this study was to explore options for these three hospitals to provide better coordination of patient care across the North Cochrane region.	Yes. Aligned with the integration and transitions intended outcome of the Transformation Fund.	x	x	x			
65	North East	✓					NE LHIN mental health bed registry	Blind River District Health Centre	NE LHIN hospitals	New	Completed	\$ 75,000	Mental health patients will benefit from improved access to care, as this bed registry – updated 4 times daily – assists patient flow. A first for our LHIN and as part of CritiCall, the registry allows us to know where acute care beds are available with the region for mental health patients. It will improve access to beds for small hospitals and their patients needing psychiatric support decreasing length of stay of mental-health patients in small hospital beds, increasing referrals to community mental support services, and decreasing inappropriate revisits to small-hospital emergency departments.	Yes. Aligned with the access, quality and safety intended aspects of the Transformation Fund.	x		x	x		
66	North East				✓		Review of Clinical Realignment of Services	Kirkland and District Hospital	NE LHIN small hospitals	New	Completed	\$ 200,000	To conduct clinical reviews with small hospitals to improve the patient transition from one care setting to another. This will help build plans in each HUB area to guide realignment projects.	Yes. Aligned with the integration and transitions intended outcome of the Transformation Fund.		x				
67	North East				✓		Refresh/Review Hospital Lab Services Strategic Plan	Manitoulin Health Centre	NE LHIN small hospitals	New	Completed	\$ 125,000	Exploring improvements in outpatient laboratory services in Northeastern Ontario.	Yes. Aligned with cost/value for money intended outcome of the Transformation Fund.						x
68	North East			✓			Improving efficiency of discharge from acute care to rehab/complex continuing care	Manitoulin Health Centre	St. Josephs CCC, Health Sciences North and the NE CCAC	New	Completed	\$ 36,000	To help coordinate patient movement between care providing institutions, value stream mapping will be done for three Sudbury facilities: between St. Joseph CCC HSN and NE CCAC. The three are working on improving the process for referring patients to the CCC beds at St Joseph's.	Yes. Aligned with the access intended outcome of the Transformation Fund.	x					
69	North East			✓			HELP - Hospital Elder Life Program	Espanola General Hospital	West Parry Sound Health Centre	New	Completed	\$ 48,000	HELP programs established at each hospital based on specific circumstances/needs of each community.	Yes. The HELP program helps maintain cognition and mobility of high risk seniors during hospitalization, maximizes patient independence at discharge, assists with hospital to home transitions, and works towards preventing unplanned hospital readmissions.		x	x	x		
70	North East				✓		Community Engagement	Weeneebayko Area Health Authority		New	Completed	\$ 50,000	Community Engagement in the Hudson and James Bay Coast Region with translation to be provided from English to Cree and vice versa.	Yes. This project will assist with knowledge transfer between providers in the Hudson and James Bay Coast Region, as well as with the NE LHIN.						x
71	North West			✓			Regional CIO	Atikokan General Hospital	All hospitals in the NW LHIN	New	Off Track	\$ 606,931	CIO recruited and hired; Project Charter completed; Project Schedule completed. CIO is leading the implementation of a fully functional integrated regional PMO and decision support office to provide these services to all 13 hospitals and the CCAAC in the NW LHIN	Yes. This project inconsistent with the Health Human Resources and Training activities identified under the Transformation Fund. Project also advances the integration of services / resources. This project provides the base on which the NW LHIN is building an integrated back office support service with PMO, decision support and change management services for all hospitals.			x			x
72	North West	✓					Digital Dictation	Dryden Regional Health Centre		New	On hold	\$ 50,000	Project delayed as HSP was originally contemplating development of a single hospital solution. Per discussion with MOHTLC, project resources to be redeployed in 15/16 to advance LHIN wide strategic projects.	Yes. Although the project is on hold based on the information provided the use of voice recognition software aligns with the intended outcomes of the Fund.				x		
73	North West	✓					Digital Diagnostic Imaging	Dryden Regional Health Centre		New	Completed	\$ 90,000	Software module installed and operational. End users have embraced new system	Yes. The installation and subsequent training on the new software for digital diagnostic imaging aligns with the intended outcomes of the Fund.			x			

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74	North West			✓			Scheduling and Referral Management	Dryden Regional Health Centre	RHCF, SLMHC	New	Behind Schedule	\$ 214,500	Project Charter revised; Communications Plan submitted and finalized; Sustainability Plan submitted; Project Schedule submitted; Change Management Plan submitted; Software purchase contract signed; Hardware purchases; Software purchases; Appointment data collected. Modules operational as of Nov, 2014 -	Yes. The implementation of Meditech community wide scheduling and referral management aligns with the Transformation Fund's outcomes/objectives.		x	x				
75	North West			✓			Non-urgent patient transportation	Dryden Regional Health Centre	All hospitals in the NW LHIN	New	Completed	\$ 75,000	Stakeholder engagement completed, report developed and presented to stakeholders; Stakeholders including the LHIN are now assessing the plan to determine how to advance the plans identified in the report	Yes. The study sought to generate solutions to address non-urgent patient care which is an intended output of the Transformation Fund.						x	
76	North West					✓	Knowledge transfer and exchange activities	Dryden Regional Health Centre	All hospitals in the NW LHIN	New	On Track	\$ 55,000	Procurement of the web-portal for knowledge transfer and exchange will be complete and is now operational. To date, 4 face to face KTE session has been held along with several teleconferences with stakeholders	Yes. The development of an interactive provider wide portal intended for knowledge transfer/exchange but would also reduce the need for face to face meetings is an intended output of the Transformation Fund.						x	x
77	North West			✓			Regional Transfer Nurse	Manitouwadge General Hospital	Six NWLHIN hospitals, including project lead	New	Off Track	\$ 151,000	Program became operational as of Dec 2012. Program demonstrating savings to referring sites as a result of a reduction in the number of nurse escorts required. Start up of project was delayed due to a number of HR and other policy related issues that needed to be resolved prior to implementation. Partners are now looking at expanding the scope of	Yes. The establishment of a nursing position to accept patient transfers would eliminate the need for a nursing escort for same day stretcher transfers and would ultimately result in cost savings to the hospital.	x		x				x
78	North West			✓			Patient Order Sets	Nipigon District Memorial Hospital	All hospitals in the NW LHIN	New	On Track	\$ 988,000	Order sets fully developed. Hospitals are now working to adopt the order sets broadly and are working with physician champions in increase adoption across the LHIN.	Yes. The deployment of patient order sets would result in series of outcomes that align with the Transformation Fund. This project intended on creating standardization of order sets, guidelines and protocols throughout the Northwest.			x				
79	North West			✓			Lab POC testing in ER	Red Lake Margaret Cochenour Memorial Hospital		New	Completed	\$ 42,250	I-Stat test is now being performed in the ED versus requiring lab tech to complete test	Yes. The addition of a test to the hospital's emergency department aligns with the outcomes of the Transformation Fund.				x	x		
80	North West		✓				Ultrasound training	Red Lake Margaret Cochenour Memorial Hospital, Wilson Memorial General Hospital		New	On Track	\$ 97,950	Training completed in pilot sites. In 14/15 project was expanded to provide cross training for x-ray tech's to complete ultrasounds which increases access to services in small hospitals.	Yes. The expected outcome of this initiative will be staff at the hospital will be able to deliver ultrasound services without having to rely on contracted services. This aligns with the Transformation Fund's logic model.						x	x
81	North West			✓			Regional RN Surgical First Assist Program	Riverside Health Care Facilities		New	Off Track	\$ 242,550	No outcomes achieved to date as candidate is just initiating education to receive certification. Project was originally proposed to be a recruitment of RN surgical assistant. However, after an extensive recruitment did not yield appropriate candidates, it was determined that the hospital would train the appropriate candidate. It is expected this project will conclude in 15/16.	Yes. The recruitment and certification of Surgical First Registered Nurse appears to align with the intended outcomes of the Transformation Fund.			x				x
82	North West		✓				Cross Cultural Sensitivity and Patient Safety Training	Sioux Lookout Meno Ya Win Health Centre	All hospitals in the NW LHIN and NW CCAC	New	Completed	\$ 353,019	Team from Sioux Lookout has completed education sessions with all local trainers. HSPs are currently completing local training	Yes. The training is intended at increasing patient safety which aligns with the intended outcomes of the Transformation Fund.					x	x	
83	North West			✓			Resource matching and referral	Wilson Memorial General Hospital	Four NWLHIN hospitals, NW CCAC and TBRHSC	New	Off Track	\$ 467,500	Licenses procured but are not fully deployed. RM&R regional expansion is delayed as the stakeholders are determining which party in the LHIN should be accountable for the overall operation and implementation of RM&R.	Yes. The intended outcome of this initiative was to improve access and improve transitions in care through the expansion of resource matching and referral software. This objectives aligns with the outcomes of the Transformation Fund.	x	x					
84	South East	✓								New	Completed	\$ 169,450	Electronic documentation in Meditech EDIS using voice recognition; 100% compliance; Various process changes to accommodate workflows	Yes. The project aligns with the Transformation Fund's outcomes relating to increased in electronic records.				x			
85	South East	✓								New	On Track	\$ 60,000	Process reform to align department with new electronic data processes	Yes. The project aligns with the Transformation Fund's outcomes relating to increased in electronic records.				x			
86	South East	✓								New	Completed	\$ 14,000	Voice recognition implementation complete; Reports available within minutes of the studies completion	Yes. The project aligns with the Transformation Fund's outcomes relating to increased in electronic records.				x			

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		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation	Access									Integration and Transitions	Quality	Safety	Knowledge transfer	Cost/Value for Money	
87	South East	✓								New	On Track	\$ 12,000		Yes. The project aligns with the Transformation Fund's outcomes relating to increased in electronic records.			x				
88	South East									New	Completed	\$ 15,000	Data available to physicians via Meditech	Yes. The project aligns with the Transformation Fund's outcomes relating to increased in electronic records.			x				
89	South East									New	On Track	\$ 10,000	Assessment created	Yes. The project aligns with the Transformation Fund's outcomes relating to increased in electronic records.			x				
90	South East	✓								New	Completed	\$ 198,600	Live ED CCAC notification to include LACGH and QHC	Yes. The project aligns with the Transformation Fund's outcomes relating to increased in electronic records.			x				
91	South East			✓						New	Completed	\$ 125,000	LEAN analysis of systems and workflows NHH Training on improvement methodology; Physician improvement events	Yes. The LEAN training sought out to improve upon patient care which is an intended outcome of the Transformation Fund.						x	
92	South East	✓								New	Completed	\$ 79,880	Increased scanning of patient reports; Improve coding of NHH charts, voice recognition licenses, review of health records processes	Yes. The project aligns with the Transformation Fund's outcomes relating to increased in electronic records.			x				
93	South East	✓								New	On Track	\$ 80,000	Engagement session and environmental scan study and options; Interface engine implementatic	Yes. The project aligns with the Transformation Fund's outcomes relating to increased in electronic records.			x				
94	South West		✓				SWLHIN Small Hospital LEAN	Hanover and District Hospital		New	On Track	\$ 26,000	Ongoing 3 year results based project with an emphasis on increased patient satisfaction and staff engagement. Trained and engaged managers and board; Staff awareness buy in; Patient centred care model implemented and education provided to all staff; Patient centred surveys for both in-patient and out-patients. Indicators developed as a management tool for evaluation	Yes. The LEAN training sought out to improve upon patient care which is an intended outcome of the Transformation Fund.				x			
95	South West	✓					4 G Network	Grey Bruce Health Services		New	On Track	\$ 800,000	RFP posted - Vendor selected; All network switches replaced; Wireless coverage maps done; installation started.	Yes. The project aligns with the Transformation Fund's outcomes relating to increased in electronic records.			x				
96	South West				✓		Medication Administration	Grey Bruce Health Services		New	On Track	\$ 820,000	RFP posted - Vendor selected; Contract currently at the legal agreement; Cart will be ordered December with a 30 day delivery; Implementation will start immediately upon contract signing	Yes. Automated dispensing units will meet current accreditation guidelines. The project aligns with the Transformation Fund's outcomes.		x		x			
97	South West	✓					Wiring Small Hospitals for Success Center Upgrade	Grey Bruce Health Services		New	On Track	\$ 1,300,000	2 RFPs posted in conjunction with Toronto East; Hospital evaluation committee has chosen a vendor and purchase orders being submitted; Contract will be signed by Dec 31 and work will start in early January	Yes. This project includes electronic falls/risk assessment for all patients over 75 and access to entire clinical records during downtime. The project aligns with the Transformation Fund's outcomes relating to increased in electronic records.		x	x				
98	South West	✓					RL 6 Incident Reporting Software Upgrade	5 SWLHIN Hospitals		New	On Track	\$ 236,980	Phase 1 - Requirements validation - Complete; Phase 2 - Install and Configure - Commenced Dec/13; Phase 3 Test and Train - To be completed Mar 31/14	Yes. The project aligns with the Transformation Fund's outcomes relating to increased in electronic records.			x				
99	South West		✓				SW LHIN Small Hospital Quality and Patient Safety Education	South Huron Hospital Association		New	On Track	\$ 26,000	Through an extensive Request for Proposal process, consistent with Broader Public Sector Procurement Directives, EZ Sigma Group have been selected as the training partner for the standardized LEAN training committed to by SHHA.	Yes. The LEAN training sought out to improve upon patient care which is an intended outcome of the Transformation Fund.					x	x	
100	South West	✓					Rural Hospital Clinical Transformation Phase I	Tilsonburg District Memorial Hospital		New	On Track	\$ 1,366,600	Pharmacy dispensing cabinets installed during summer of 2013; TDMH Go Live is January 22, 2014, and all mentioned key deliverables will be implemented; Subject matter experts training occurred in November 2013; Front line staff and physician training occurring in December/January 2014; All hardware is on site and will be configured and deployed in December and January 2014. Firstnet with enhancements	Yes. This regionally based project includes various components with the objective of increasing patient safety and incorporate best practice. The project aligns with the Transformation Fund's outcomes relating to increased in electronic records.				x		x	
101	South West	✓					Rural Clinical Transformation (HUGO)	Four Counties Health Services; Newbury		New	On Track	\$ 213,869	FCHS Go Live is February 19, 2014; Firstnet in place; Subject matter experts training occurring in December 2013; Front line staff and physician training occurring in January/February 2014. Hardware currently being ordered for delivery in December 2013. Many of the key deliverables are active after the go live date	Yes. This regionally based project includes various components with the objective of increasing patient safety and incorporate best practice. The project aligns with the Transformation Fund's outcomes relating to increased in electronic records.				x		x	
102	South West		✓				Small Hospital Quality and Patient Safety Education - LEAN	Four Counties Health Services; Newbury		New	On Track	\$ 26,000	Vendor selected thru a comprehensive regional RFP process; Training dates being established with vendor with targets of white belt in January and yellow belt in March 2014 with HUGO training in between; Metrics to be determined with Vendor in early 2014	Yes. The LEAN training sought out to improve upon patient care which is an intended outcome of the Transformation Fund.			x			x	
103	South West			✓			Community Wide Scheduling	Huron Perth Health Alliance (St. Marys, Seaforth and Clinton)		New	On Track	\$ 167,000	Clinics which are currently up and running with software experiencing less patient wait time	Yes. The intent of the project was to roll out scheduling software to accommodate better scheduling for clinic based programs. The project aligns with the Transformation Fund's outcomes.		x					

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104	South West				✓		Electronic Patient Safety - Medication Safety (EMPOWER)	Huron Perth Health Alliance (St. Marys, Seaforth and Clinton)		New	On Track	\$ 1,100,000	MEDREC live; ASP model complete, ASP initiative being planned; eMAR & BMV planning stage; Order set gap analysis starting in December	Yes. Enhanced medication patient safety through electronic processes was the desired outcome of this project and this aligns with the Transformation Fund's outcomes.		x		x		
105	South West	✓					Mental Health TLC Cameras	Huron Perth Health Alliance (St. Marys, Seaforth and Clinton)		New	On Track	\$ 85,000	Cameras/units purchased and some staff trained	Yes. The purchase of cameras and training of staff will provide for improved access to mental health and addictions treatment based on the information provided. This aligns with the Transformation Fund's outcomes.	x			x		
106	South West	✓					RL6 Risk Monitor Pro Software Upgrade	Huron Perth Health Alliance (St. Marys, Seaforth and Clinton)		New	On Track	N/A	Being reported thru South Huron Hospital as Lead organization	Yes. Based on the information provided, the upgrade is necessary for risk/incident management and it would appear that this aligns with the Transformation Fund.				x		
107	South West		✓				SW LHIN Small Hospital Quality and Patient Safety Education	Listowel Memorial Hospital	Wingham and District Hospital	New	N/A	\$ 52,000	Through an extensive Request for Proposal process, consistent with Broader Public Sector Procurement Directives, EZ Sigma Group have been selected as the training partner for the standardized LEAN training committed to by the partner organizations. All training sessions have been scheduled with completion prior to March 31, 2014. Yellow, White and Green Belt training has been scheduled for approximately 50 hospital staff	Yes. The LEAN training sought out to improve upon patient care which is an intended outcome of the Transformation Fund.				x	x	
108	South West	✓					Rural Clinical Transformation (HUGO)	Listowel Memorial Hospital	Wingham and District Hospital	New	On Track	\$ 636,192	Listowel and Wingham Go Live is scheduled January 22, 2014; Firstnet in place; Subject matter experts training occurring in November and December 2013; Front line staff and physician training occurring in December 2013 and January 2014; Automatic Dispensing Units on site and being implemented December 2013. Medication Carts ordered for delivery in December 2013	Yes. This regionally based project includes various components with the objective of increasing patient safety and incorporate best practice. The project aligns with the Transformation Fund's outcomes relating to increased in electronic records.				x		x
109	Waterloo Wellington			✓			Rural Wellington Health Service Integration Implementation Plan	Wellington Health Care Alliance	3 WW LHIN hospitals, WW CCAC, CMHA-WWD and 5 WW LHIN FHTs	New	Completed	\$ 100,000	Has served as base planning document to advance Health Link planning and has been a further enabler for many joint projects currently underway. Of particular note is that all of this work has resulted in nine organizations (4 FHTs, 2 Hospital Corporations, and 2 MH&A service providers and the WWCCAC) signing a Memorandum of Understanding that demonstrates their commitment to the provision of resources dedicated to the transformation process that places the patient at the centre of their care. These organizations, plus additional organizations and sectors (municipal, social services and justice) are participating in the Rural Wellington Health Link, and are now working together on how to address the needs of those people in their communities who are most in need, both from a health and social determinants of health perspective. The stakeholders are keenly focused on using their resources to bring their vision into reality for the communities they serve.	The integration plan was developed to meet the healthcare needs of residents of rural Wellington and coordinate the planning for all health services in the same region. The plan had a specific focus on those who use a disproportionate amount of care. The outcomes o		x				
110	Waterloo Wellington			✓			Rural Wellington Health Service Integration Implementation Plan	Wellington Health Care Alliance	3 WW LHIN hospitals, WW CCAC, CMHA-WWD and 5 WW LHIN FHTs	New	Completed	\$ 100,000	Has served as base planning document to advance Health Link planning and has been a further enabler for many joint projects currently underway. Of particular note is that all of this work has resulted in nine organizations (4 FHTs, 2 Hospital Corporations, and 2 MH&A service providers and the WWCCAC) signing a Memorandum of Understanding that demonstrates their commitment to the provision of resources dedicated to the transformation process that places the patient at the centre of their care. These organizations, plus additional organizations and sectors (municipal, social services and justice) are participating in the Rural Wellington Health Link, and are now working together on how to address the needs of those people in their communities who are most in need, both from a health and social determinants of health perspective. The stakeholders are keenly focused on using their resources to bring their vision into reality for the communities they serve.	The integration plan was developed to meet the healthcare needs of residents of rural Wellington and coordinate the planning for all health services in the same region. The plan had a specific focus on those who use a disproportionate amount of care. The outcomes o		x				

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		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation									Access	Integration and Transitions	Quality	Safety	Knowledge transfer	Cost/Value for Money
111	Waterloo Wellington			✓			LEAN in Rural Health Care - Working with our Partners to Transform Patient Care	Wellington Health Care Alliance	2 WW LHIN hospitals and 5 WW LHIN FHTs	New	Completed	\$ 119,000	14 Participants have completed their Green Belt Certification. Overall, 94% of staff who participated felt LEAN education was worthwhile. There have been 60 projects initiated to date.	Yes. The LEAN training sought out to improve upon patient care which is an intended outcome of the Transformation Fund.				x	x	
112	Waterloo Wellington			✓			Standardized Care Coordination - Leveraging Electronic Tools	Wellington Health Care Alliance	2 WW LHIN hospitals and 5 WW LHIN FHTs	New	Completed	\$ 84,000	Coordinated Access was implemented for a number of Rural Clinics in partnership with Family Health Teams and Community Services. The on line Skills, nursing consult and index tools were implemented across the Hospitals. Mosby is linked to existing Hospital Policies & Procedures. Staff feedback has been positive. Learning modules and tools are being utilized to enhance patient care and nursing practice. The educational information for patients is under review and will be utilized to enhance the discharge planning process. Access to FHT to hospital intranet provided with data gathering planned to commence an enhanced version by end of 2014							



cutting through complexity

REVIEW OF THE SMALL AND RURAL
HOSPITAL TRANSFORMATION FUND

Appendix C

2013-2014 Projects



SMALL AND RURAL HOSPITAL TRANSFORMATION FUND

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		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation								Access	Integration and Transitions	Quality	Safety	Knowledge transfer	Cost/Value for Money
1	Central East			✓			Community Health Services Integration	Haliburton Highlands Healthcare Services	Community Care Haliburton County	New	Unknown	\$ 100,000	The project included project management but ultimately, it dealt with the implementation of facilitated voluntary integration between HHHS and Community Care Haliburton County.		x				
2	Central East			✓			Community Health Services Integration	Campbellford Memorial Hospital	Campbellford Memorial Multicare Lodge and Community Care Northumberland	New	Unknown	\$ 75,000	The project included project management but ultimately, it dealt with the implementation of facilitated voluntary integration whereas the transfer of accountability for service delivery between CMMML and CMH and back office consolidation of all partners involved. This initiative links to the Transformation Fund logic model.		x				
3	Central East	✓					Enabling Technologies	Haliburton Highlands Healthcare Services	Ross Memorial, Campbellford Memorial Hospital, and Northumberland Hills Hospital	New	Unknown	\$ 129,900	In order to support a strategic alliance among the partners, a Rural Hospital CIO was required as well as additional IT and communication support. This initiative links to the Transformation Fund logic model.		x				
4	Central East	✓					Enabling Technologies	Campbellford Memorial Hospital	Unknown	New	Unknown	\$ 60,000	The objective of this project was for system process improvements including software for patient discharge, a follow up process and transition costs for back office consolidation. This initiative links to the Transformation Fund logic model.		x				
5	Central East	✓					Enabling Technologies	Haliburton Highlands Healthcare Services	Ross Memorial	New	Unknown	\$ 98,000	The funding was to be used to support diagnostic imaging and a strategic alliance between HHHS and Ross Memorial including integratrd leadership and equipment costs. It would appear this project links to the outcomes of the Transformation fund.		x				
6	Central East	✓					Enabling Technologies	Campbellford Memorial Hospital	Northumberland Hills Hospital, Ross Memorial, and Haliburton Highlands Health Services	New	Unknown	\$ 124,800	The funding was requested to support IT investments and upgrades to software, equipment, and websites. Included in this funding was the establishment of a CIO position. This links to the Transformation Fund logic model.		x				
7	Central East		✓				HHR Capacity Building	Campbellford Memorial Hospital	Unknown	New	Unknown	\$ 112,000	There were two components to this funding. First, an educational component whereas RNs and RPNs were trained in practicing a full scope inside the integrated Rural Health Hub. Second, the addition of a Nurse Practitioner to support weekend hours. The first would appear to fall within the scope of the Fund.		x				
8	Central East					✓	Pan LHIN Knowledge Transfer Activity	Central East LHIN	Multiple LHINs	New	Unknown	\$ 10,000	The intended use of the funding was to maximize the benefits of PAN LHIN KTE and schedule a face to face even and/or a web event. This would appear to align with the intended outcomes of the Transformation Fund.						x
9	Champlain	✓					EMR (Electronic Medical Record) implementation and pharmacy automation	Each hospital	All Champlain small hospitals - Almonte, Arnprior, Carleton Place, Glengarry, Kemptville, Deep River, Renfrew Victoria, St. Francis	Ongoing	Ongoing	\$ 2,970,400	Yes. All of the Champlain Small Hospitals have advanced well with their EMR adoption, with over two-thirds of them ready to implement clinical documentation. This sets the stage for electronic sharing of patient information with both regional and community partners. Capital investment in pharmacy automation, such as unit dose delivery and local drug packaging technology in small hospitals will improve efficiency, patient safety and enable pharmacists to focus more on clinical service and less on dispensing of medications. It also provides the infrastructure needed to support a regional model for pharmacy services. Each hospital has an equal allocation to support their individual requirement for continued implementation of electronic medical records and/or purchase of capital equipment needed for pharmacy automation. This links with the intent of the Transformation Fund.		x		x		x
10	Champlain			✓			Regional Pharmacy Feasibility Study	Deep River	All Champlain small hospitals - Almonte, Arnprior, Carleton Place, Glengarry, Kemptville, Deep River, Renfrew Victoria, St. Francis	Ongoing	Ongoing	\$ 125,000	Yes. Together with a steering committee of regional stakeholders, the small hospitals group have embarked on Phase 2 of the planning to be completed by March 31st, 2014, which will result in the fully described regional model. As noted above, small hospitals are purchasing capital equipment to support the model in future and to enhance patient safety including medication cabinets for inpatient units; table top unit dose packagers and automated packaging. This aligns with the outcome of the Transformation Fund.		x	x	x		x
11	Champlain				✓		Standard Patient Order Sets	Carleton Place Hospital	All Champlain small hospitals - Almonte, Arnprior, Carleton Place, Glengarry, Kemptville, Deep River, Renfrew Victoria, St. Francis	Ongoing	Ongoing	\$ 138,500	Yes. The project involved the development of standard order sets for CHF, COPD and stroke) adapted specifically for small hospital environments and based on Ontario's Quality Based Procedures best practice (as set in the Ministry's clinical handbooks). This will contribute towards enhanced clinical care (through improved coordination and transitions of care, reduced admission and readmission rates, enhanced patient safety) and position the small hospitals to successfully participate in HSFR.				x		

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		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation								Access	Integration and Transitions	Quality	Safety	Knowledge transfer	Cost/Value for Money	
12	Champlain		✓				Web-based Course Curriculum	Almonte Hospital	All Champlain small hospitals - Almonte, Arnprior, Carleton Place, Glengarry, Kemptville, Deep River, Renfrew Victoria, St. Francis	Ongoing	Ongoing		Yes. The project involved the development of a 20-course curriculum of evidence based practice that is available through an on-line repository for access by small and rural hospitals. As indicated in a presentation on Transformation Fund project, the repository facilitates the sharing of staff across hospitals and contributes to patient safety by facilitating the tracking and monitoring of staff certification in essential training.		x	x	x			
13	Champlain				✓		Clinical Information Integration	Amprior Hospital	All Champlain small hospitals - Almonte, Arnprior, Carleton Place, Glengarry, Kemptville, Deep River, Renfrew Victoria, St. Francis	Ongoing	Ongoing		Yes. The project is intended to facilitate direct exchange of data between a range of service providers, allowing for integration opportunities in clinical document repository, FHT EMR systems, LTC and community based service systems.		x	x				
14	Champlain			✓			Home First	Amprior Hospital	All Champlain small hospitals - Almonte, Arnprior, Carleton Place, Glengarry, Kemptville, Deep River, Renfrew Victoria, St. Francis	Ongoing	Ongoing		Yes. In a presentation dated March 20, 2014, the LHIN indicated that the project contributed to an overall reduction in ALC levels of 4.7% across the LHIN from December 2012 to December 2013, with four of the small and rural hospitals involved achieving reductions in the range of 40% to 83%. Reductions in ALC levels are identified as a mid to long-term objective of the Transformation Fund.	x		x				
15	North East			✓			Palliative Care Enhancement	Anson General		New	Completed	\$ 100,000	Yes. The intent of the funding was to further support additional resources to enhance care coordination for palliative care. This initiative aligns to the outcomes of the Transformation Fund.			x				
16	North East	✓					Point Click Care	Bingham Memorial Hospital	Anson General, Lady Minto, Bingham Memorial	New	Completed	\$ 25,000	Yes. The project would result in the further enhancement to support "Point Click Care"; this aligns with the intended outcomes of the Transformation Fund.			x				
17	North East	✓					Laboratory Interface between SAH and BRDHC	Blind River District Health Centre	SAH, BRDHC, Mathews Memorial, Thessalon Hospital	New	Completed	\$ 44,300	Yes. This project focuses on building and testing microbiology dictionaries and resolving issues with the third party provider. This will move the lab results from a manual process to an electronic one to support the integration of MMH and TH to BRDHC, this aligned		x	x				
18	North East			✓			1% Increase to Base for Mathews Memorial Hospital and Thessalon Hospital	Blind River District Health Centre	Mathews Memorial Hospital and Thessalon Hospital	New	Completed	\$ 26,000	Yes. This funding will allow MMH and TH to enhance the quality of care that they are providing to their patients. This aligns with the Transformation Fund.			x	x			
19	North East			✓			FADS Diagnostic Clinic	Blind River District Health Centre	HSN, BRDHC	New	Ongoing	\$ 60,000	Yes. The funding was intended to reduce the number of patients on the waiting list. This aligns with the Transformation Fund.		x	x				x
20	North East	✓					Expansion of OTN in West Parry Sound Emergency Department	Blind River District Health Centre	West Parry Sound Health Centre	New	Completed	\$ 40,000	Yes. The expansion of OTN services aligns with the Transformation Fund.			x				
21	North East				✓		Bereavement Training and Community Awareness	Blind River District Health Centre	St. Josephs General Hospital, Elliot Lake	New	Ongoing	\$ 10,000	Yes. The funding will provide bereavement training to volunteers who then can train others - Train the Trainer. This aligns with the Transformation Fund.							x
22	North East	✓					OTN Coordinator	Blind River District Health Centre	n/a	New	Ongoing	\$ 12,750	Yes. The expansion of OTN services aligns with the Transformation Fund.			x				
23	North East			✓			Enhancement to Palliative Care Program	Blind River District Health Centre	St. Josephs General Hospital, Elliot Lake	New	Completed	\$ 100,000	Yes. The intent of the funding was to further support additional resources to enhance care coordination for palliative care. This initiative aligns to the outcomes of the Transformation Fund.			x				
24	North East			✓			Expansion to Cardiac Rehab Program	Blind River District Health Centre	SAH, BRDHC	New	Ongoing	\$ 40,000	Yes. The funding allows for the expansion of the Cardiac Rehab program and for the lab interface between Blind River and SAH			x				
25	North East			✓			Shared Decision Support	Blind River District Health Centre	Manitoulin Health Centre, Espanola General, BRDHC	New	Ongoing	\$ 2,000	Yes. The funding supports collaboration and aligns with the Transformation Fund.		x					
26	North East			✓			Shared Decision Support Surplus Reallocation: One-time start up costs for Shared Decision Support Software	Blind River District Health Centre	Manitoulin Health Centre, Espanola General, BRDHC	New	Completed	\$ 35,000	Yes. The funding supports collaboration and aligns with the Transformation Fund.		x					
27	North East	✓					Shared Decision Support Surplus Reallocation: NORAD Pacs	Blind River District Health Centre	Englehart and District Hospital	New	Completed	\$ 16,819	Yes. The project aligns with the technological output of the Fund.		x					

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		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation								Access	Integration and Transitions	Quality	Safety	Knowledge transfer	Cost/Value for Money
28	North East	✓					Shared Decision Support Surplus Reallocation: IT Integration	Blind River District Health Centre	Englehart and District Hospital	New	Completed	\$ 21,234	Yes. The project aligns with the technological output of the Fund.		x				
29	North East	✓					Shared Decision Support Surplus Reallocation: North Shore Hospitals PACS	Blind River District Health Centre	n/a	New	Completed	\$ 24,947	Yes. The project aligns with the technological output of the Fund.		x				
30	North East			✓			Enhancement to Palliative Care Program	Blind River District Health Centre	n/a	New	Completed	\$ 100,000	Yes. The intent of the funding was to further support additional resources to enhance care coordination for palliative care. This initiative aligns to the outcomes of the Transformation Fund.			x			
31	North East			✓			Expansion of Congregate Dining	Blind River District Health Centre	n/a	New	Ongoing	\$ 6,630	Yes. The funding allows for the expansion of congregate dining. It would appear that this aligns with the Transformation Fund.			x			
32	North East			✓			Englehart Integrated Health Study	Englehart and District Hospital	n/a	New	Ongoing	\$ 30,680	Yes. The intent of the project was to develop a feasibility study for the implementation of a community hub model of care in Englehart. This aligns with the intended outcomes of the Fund.			x			
33	North East	✓					Englehart Integrated Health Study Surplus Reallocation: IT Integration	Englehart and District Hospital	n/a	New	Completed	\$ 19,320	Yes. The project aligns with the technological output of the Fund.		x				
34	North East			✓			Shared Behavioural Support Clinician	Espanola General	Manitoulin Health Centre, Blind River District Health Centre	New	Ongoing	\$ 37,500	Yes. The project will expand Behavioural Support Services to improve care for older adults with behaviours associated with complex and challenging mental health, dementia or other neurological conditions. This aligns with the Transformation Fund.			x	x		
35	North East			✓			Non-urgent patient transportation pilot project extension	Espanola General	Manitoulin Health Centre	New	Completed	\$ 150,000	Yes. The funding provided is a continuation and will allow for a pilot project to continue in Sudbury-Manitoulin and Greater Sudbury. On that basis, this project falls within the intended outcomes of the Transformation Fund.	x					
36	North East			✓			Enhancement to Palliative Care Program	Espanola General	n/a	New	Completed	\$ 100,000	Yes. The intent of the funding was to further support additional resources to enhance care coordination for palliative care. This initiative aligns to the outcomes of the Transformation Fund.			x			
37	North East			✓			Care Transitions Coach	Espanola General	West Parry Sound Health Centre	New	Ongoing	\$ -	Yes. The funding was intended to improve care transition for patients being discharged. This aligns with the Transformation Fund.	x	x	x			
38	North East	✓					Care Transitions Coach Surplus Reallocation: Patient Order Sets	Espanola General	West Parry Sound Health Centre	New	Completed	\$ 9,285	Yes. The project aligns with the technological output of the Fund.		x				
39	North East	✓					Care Transitions Coach Surplus Reallocation: Costs Associated with NESAs	Espanola General	n/a	New	Completed	\$ 31,000	Yes. The project aligns with the technological output of the Fund.		x				
40	North East			✓			HSN Non-Urgent Inter-facility Patient Transportation Pilot Project Expansion	Espanola General	HSN	New	Completed	\$ 145,000	Yes. The funding provided is a continuation and will allow for a pilot project to continue in Sudbury-Manitoulin and Greater Sudbury. On that basis, this project falls within the intended outcomes of the Transformation Fund.	x					
41	North East	✓					NEON Allergy Project	Mattawa Hospital	NEON	New	Completed	\$ 31,000	Yes. The project aligns with the technological output of the Fund.		x				
42	North East	✓					IT Projects	Mattawa Hospital	n/a	New	Completed	\$ 145,800	Yes. The project aligns with the technological output of the Fund.		x				
43	North East	✓					Community Based Healthcare Integration	Mattawa Hospital	Community Partners	New	Completed	\$ 150,000	Yes. The intent of the funding will support the requirements needed to complete the integration between the partners and expand on EMR. This links to the outcomes of the Fund.		x	x	x		
44	North East	✓					NEON Advanced Clinical Plan	Notre Dame Hospital	NEON	New	Completed	\$ 120,000	Yes. The project aligns with the technological output of the Fund.		x				
45	North East	✓					MEDITECH Clinical Specialist	Notre Dame Hospital	Sensenbrenner, Smooth Rock Falls Hospital	New	Completed	\$ 20,000	Yes. The project aligns with the technological output of the Fund.		x				
46	North East	✓					XERO EMR Viewer for all NORad Partners	Notre Dame Hospital	NORad	New	Completed	\$ 94,066	Yes. These projects indicate that the intended outcomes of these projects is increased utilization of a common IT platform, which is identified as a technology output in the draft logic model.		x				
47	North East	✓					IT Projects 2013-14 (Scanning, archiving, abstracting)	Notre Dame Hospital	n/a	New	Completed	\$ 45,233	Yes. These projects indicate that the intended outcomes of these projects is increased utilization of a common IT platform, which is identified as a technology output in the draft logic model.		x				

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		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation								Access	Integration and Transitions	Quality	Safety	Knowledge transfer	Cost/Value for Money
48	North East	✓					Implementation of Abstracting Software	Hornepayne Community Hospital	21 North East Hospitals	New	Completed	\$ 550,000	Yes. These projects indicate that the intended outcomes of these projects is increased utilization of a common IT platform, which is identified as a technology output in the draft logic model.		x				
49	North East	✓					Lab Cluster Specialist	Hornepayne Community Hospital	9 North East Hospitals	New	Ongoing	\$ 2,500	Yes. These projects indicate that the intended outcomes of these projects is creation of a lab cluster specialist, which is identified as a technology output in the draft logic model.		x				
50	North East	✓					Lab Cluster Specialist Surplus Reallocation: One-Time Start Up Costs for Lab Cluster Specialist	Hornepayne Community Hospital	9 North East Hospitals	New	Completed	\$ 2,500	Yes. These projects indicate that the intended outcomes of these projects is creation of a lab cluster specialist, which is identified as a technology output in the draft logic model.		x				
51	North East	✓					Lab Cluster Specialist Surplus Reallocation: IT Investments	Hornepayne Community Hospital	n/a	New	Completed	\$ 7,143	Yes. The project aligns with the technological output of the Fund.		x				
52	North East	✓					Lab Cluster Specialist Surplus Reallocation: One-Time Costs for NORAD	Hornepayne Community Hospital	Timmins and District Hospital	New	Completed	\$ 15,857	Yes. The project aligns with the technological output of the Fund.		x				
53	North East	✓					Router Upgrade	Hornepayne Community Hospital	n/a	New	Completed	\$ 5,000	Yes. The project aligns with the technological output of the Fund.		x				
54	North East	✓					IT Integration with HSN	Hornepayne Community Hospital	HSN	New	Completed	\$ 162,500	Yes. These projects indicate that the intended outcomes of these projects is integration between the two hospitals, which is identified as a technology output in the draft logic model.		x				
55	North East			✓			Physiotherapy	Hornepayne Community Hospital	n/a	New	Ongoing	\$ 9,691	Yes. The funding will support a physiotherapist. The creation of this position support the intended outcomes of the Fund.	x					
56	North East			✓			Physiotherapy Surplus Reallocation: One-Time Start Up Costs for Physiotherapy Project	Hornepayne Community Hospital	n/a	New	Completed	\$ 14,214	Yes. The funding will support a physiotherapist. The creation of this position supports the intended outcomes of the Fund.						
57	North East			✓			Mental Health Counsellor	Hornepayne Community Hospital	Hearst, Kapuskasing, Smooth Rock Falls Counselling	New	Ongoing	\$ 26,299	Yes. The funding will support a mental health counsellor. The creation of this position supports the intended outcomes of the Fund.	x					
58	North East			✓			Quality Based Procedures - Clinical Steering Review	Kirkland and District Hospital	25 North East Hospitals	New	Completed	\$ 47,000	Yes. The funding will support review of procedures to ensure QBP are in place and this supports the intended outcomes of the Fund.			x		x	x
59	North East	✓					Integration Costs for Temiskaming Palliative Care Network	Kirkland and District Hospital	Temiskaming Palliative Care Network	New	Completed	\$ 6,007	Yes. These projects indicate that the intended outcomes of these projects is increased utilization of a common IT platform, which is identified as a technology output in the draft logic model.	x					
60	North East	✓					Implementation of a common IT System	Kirkland and District Hospital	Temiskaming Hospital	New	Completed	\$ 250,000	Yes. These projects indicate that the intended outcomes of these projects is increased utilization of a common IT platform, which is identified as a technology output in the draft logic model.	x					
61	North East	✓					IT Upgrades 2013-14 PCS Implementation	Lady Dunn Health Centre	n/a	New	Completed	\$ 128,947	Yes. The project identifies to the technology output in the draft logic model.		x				
62	North East	✓					IT Upgrades 2013-14 Surplus Reallocation: NORAD Upgrade Project	Lady Dunn Health Centre	Timmins and District Hospital	New	Completed	\$ 154,748	Yes. The project identifies to the technology output in the draft logic model.		x				
63	North East			✓			Project Coordinator - North East Rural Communities Framework	Lady Dunn Health Centre	14 Community Agencies	New	Ongoing	\$ 4,650	Yes. The funding will support a project coordinator with the intent of supporting health systems coordination. The creation of this position supports the intended outcomes of the Fund.		x				
64	North East			✓			Project Coordinator - North East Rural Communities Framework Surplus Reallocation: Project Coordinator One-Time Start Up Costs	Lady Dunn Health Centre	14 Community Agencies	New	Completed	\$ 11,600	Yes. The funding will support a project coordinator with the intent of support health systems coordination. The creation of this position support the intended outcomes of the Fund.						
65	North East	✓					EMR and MSDS Online	Lady Minto Hospital	n/a	New	Completed	\$ 100,000	Yes. These projects indicate that the intended outcomes is increased utilization of a common IT platform, which is identified as a technology output in the draft logic model.		x				

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		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation								Access	Integration and Transitions	Quality	Safety	Knowledge transfer	Cost/Value for Money
66	North East			✓			Palliative Care Enhancement	Lady Minto Hospital	n/a	New	Completed	\$ 100,000	Yes. The intent of the funding was to further support additional resources to enhance care coordination for palliative care. This initiative aligns to the outcomes of the Transformation Fund.		x	x	x		
67	North East			✓			NE JAC Expansion West Parry Sound Health Centre	Manitoulin Health Centre	West Parry Sound Health Centre	New	Completed	\$ 2,500	Yes. This funding supports expanding on the services provided and this aligns with the outcomes of the Fund.	x		x			
68	North East	✓					NEON Conversion Plan	Manitoulin Health Centre	NBRHC, SAH	New	Completed	\$ 25,000	Yes. The project aligns with the technological output of the Fund.		x				
69	North East			✓			NE JAC Expansion Sault Area Hospital	Manitoulin Health Centre	SAH	New	Ongoing	\$ 6,000	Yes. This funding supports expanding on the services provided and this aligns with the outcomes of the Fund.	x		x			
70	North East			✓			NE JAC Expansion Tmmms District Hospital	Manitoulin Health Centre	TDH	New	Ongoing	\$ 13,000	Yes. This funding supports expanding on the services provided and this aligns with the outcomes of the Fund.	x		x			
71	North East	✓					PCS Implementation - SJGH	Manitoulin Health Centre	SJGH	New	Completed	\$ 30,000	Yes. The project aligns with the technological output of the Fund.		x				
72	North East			✓			NE JAC Expansion HSN	Manitoulin Health Centre	HSN	New	Ongoing	\$ 23,600	Yes. This funding supports expanding on the services provided and this aligns with the outcomes of the Fund.	x		x			
73	North East			✓			QBP Module Implementation	Manitoulin Health Centre	North East Small Hospitals	New	Ongoing	\$ 629,700	Yes. The funding will support review of procedures to ensure QBP are in place and this supports the intended outcomes of the Fund.			x		x	x
74	North East	✓					Improvement to IT Infrastructure	Manitoulin Health Centre	BRDHC, Espanola General	New	Completed	\$ 300,000	Yes. The project identifies to the technology output in the draft logic model.		x				
75	North East	✓					Tele-Ophthalmology Program	Manitoulin Health Centre	n/a	New	Ongoing	\$ 45,516	Yes. Expands upon the delivery of tele-ophthalmology program including enhanced services for diabetic patients. The project aligns with the intended outcomes of the Transformation Fund.			x			
76	North East			✓			Integrated Discharge Planning Manitoulin Health Centre	Manitoulin Health Centre	Community Partners	New	Ongoing	\$ -	Yes. The project sought out to identify the work required to consider and implement the right care model for the area.		x	x			
77	North East			✓			Hub Quality and Integration Lead	Manitoulin Health Centre	Community Partners	New	Ongoing	\$ -	Yes. The project sought out to increase integration and quality among various partners. This aligns with the Fund's intended outcomes.		x	x			
78	North East		✓				Tele-Ophthalmology Program, Integrated Discharge Planning, and Hub and Quality and Integration Lead Surplus Reallocation: Senior Friendly and Palliative Care Training	Manitoulin Health Centre	n/a	New	Ongoing	\$ 200,000	Yes. This project focused on enhancing the SFH and Palliative Care capacity of MHC staff through additional training. This aligns with the intended outcomes of the fund.		x	x	x		
79	North East	✓					On Demand Forms	Sensenbrenner Hospital	n/a	New	Completed	\$ 13,500	Yes. The project identifies to the technology output in the draft logic model.		x				
80	North East	✓					IT Projects 2013-14	Sensenbrenner Hospital	n/a	New	Completed	\$ 47,200	Yes. These projects indicate that the intended outcomes is increased utilization of a common IT platform, which is identified as a technology output in the draft logic model.		x				
81	North East			✓			Seniors Quality Patient Care Project	Services de sante de Chapleau Health Services	n/a	New	Completed	\$ 69,000	Yes. The project sought out to increase quality of care. This aligns with the Fund's intended outcomes.		x	x			
82	North East	✓					IT Projects 2013-14	Services de sante de Chapleau Health Services	n/a	New	Completed	\$ 72,366	Yes. These projects indicate that the intended outcomes of these projects is increased utilization of a common IT platform, which is identified as a technology output in the draft logic model.		x				
83	North East	✓					Patient Order Sets - SAH	Services de sante de Chapleau Health Services	SAH	New	Completed	\$ 40,000	Yes. These projects indicate that the intended outcomes of these projects is increased utilization of a common IT platform, which is identified as a technology output in the draft logic model.		x				

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84	North East			✓		Seniors Mental Health Worker - Chapleau Health Services	Services de sante de Chapleau Health Services	Community Mental Health Program	New	Ongoing	\$ 4,410	Yes. The funding will support a seniors mental health worker. The creation of this position support the intended outcomes of the Fund.	x						
85	North East			✓		Seniors Mental Health Worker - Chapleau Health Services	Services de sante de Chapleau Health Services	Community Mental Health Program	New	Completed	\$ 13,990	Yes. The funding will support a seniors mental health worker. The creation of this position support the intended outcomes of the Fund.	x						
86	North East			✓		Physiotherapy	Services de sante de Chapleau Health Services	n/a	New	Ongoing	\$ 39,200	Yes. The funding will support a physiotherapist. The creation of this position supports the intended outcomes of the Fund.	x						
87	North East			✓		Palliative Care	Services de sante de Chapleau Health Services	n/a	New	Completed	\$ 69,000	Yes. The intent of the funding was to further support additional resources to enhance care coordination for palliative care. This initiative aligns to the outcomes of the Transformation Fund.			x				
88	North East			✓		Oncology	Services de sante de Chapleau Health Services	n/a	New	Completed	\$ 52,000	Yes. The intent of the funding was to further support additional resources to enhance oncology services. This initiative aligns to the outcomes of the Transformation Fund.			x				
89	North East			✓		Oncology Surplus Reallocation: Seniors Quality Care Project	Services de sante de Chapleau Health Services	n/a	New	Completed	\$ 28,000	Yes. The project sought out to increase quality of care. This aligns with the Fund's intended outcomes.							
90	North East	✓				IT Projects 2013-14	Smooth Rock Falls Hospital	n/a	New	Completed	\$ 55,215	Yes. These projects indicate that the intended outcomes is increased utilization of a common IT platform, which is identified as a technology output in the draft logic model.		x					
91	North East			✓		Fort Albany Geriatrics Clinic	Weeneebayko Area Health Authority	North East Specialized Geriatric Services	New	Completed	\$ 20,910	Yes. The intent of the funding was to further support additional resources to enhance specialized geriatric services. This initiative aligns to the outcomes of the Transformation Fund.			x				
92	North East	✓				IT Projects 2013-14	Weeneebayko Area Health Authority	n/a	New	Completed	\$ 240,000	Yes. These projects indicate that the intended outcomes is increased utilization of a common IT platform, which is identified as a technology output in the draft logic model.		x					
93	North East	✓				Information Systems Strategic Plan	Weeneebayko Area Health Authority	n/a	New	Completed	\$ 115,000	Yes. These projects indicate that the intended outcomes is to examine the integration of IT, which is identified as a technology output in the draft logic model.		x					
94	North East			✓		BSO Resources in Small Hospitals	West Nipissing General Hospital	n/a	New	Completed	\$ 37,500	Yes. The intent of the funding was to further support BSO resources in small hospitals. This initiative aligns to the outcomes of the Transformation Fund.			x				
95	North East	✓				EMRAM and other IT investments	West Nipissing General Hospital	n/a	New	Completed	\$ 157,758	Yes. These projects indicate that the intended outcomes is increased utilization of a common IT platform, which is identified as a technology output in the draft logic model.		x					
96	North West	✓				Telemedicine Expansion	Dryden Regional Health Centre	Manitowadge General Hospital, McCausland Hospital, Geraldton District Hospital, Thunder Bay Regional Health Sciences Centre, Atikokan General Hospital, Riverside Healthcare Facilities, Dryden Regional Health Centre, Red Lake Margaret Cochenour Memorial Hospital, Lake of the Woods District Hospital	New	Completed	\$ 515,100	Yes. The overarching goal of this project was the purchase/installation of telemedicine equipment, expand on the utilization of telemedicine services and provide these services in areas that did not have it. Improving on patient care aligns with the outcomes of the Transformation Fund.	x		x				
97	North West			✓		Integrated Project Management Office and Decision Support	Riverside Healthcare Facilities	Manitowadge General Hospital, (No Suggestions) Hospital, Geraldton District Hospital, Nipigon District Memorial Hospital, Thunder Bay Regional Health Sciences Centre, St. Joseph's Care Group, Atikokan General Hospital, Riverside Healthcare Facilities, Dryden Regional Health Centre, Sioux Lookout Meno-Ya-Win Health Centre, Red Lake Margaret Cochenour Memorial Hospital, Lake of the Woods District Hospital	Continuation	Completed	\$ 785,000	Yes. Building on the implementation of a regional CIO in 2012/13, the fund supported the implementation and development of a LHIN wide project management office and decision support service for all hospitals and the CCAC. This provided access to these services to those who did not have them previously. Improving on patient care aligns with the outcomes of the Transformation Fund.	x	x				x	
98	North West			✓		Medication Management	Sioux Lookout Meno-Ya-Win Health Centre	Manitowadge General Hospital, (No Suggestions) Hospital, Geraldton District Hospital, Nipigon District Memorial Hospital, Thunder Bay Regional Health Sciences Centre, St. Joseph's Care Group, Atikokan General Hospital, Riverside Healthcare Facilities, Dryden Regional Health Centre, Sioux Lookout Meno-Ya-Win Health Centre, Red Lake Margaret Cochenour Memorial Hospital, Lake of the Woods District Hospital	New	Completed	\$ 1,944,259	Yes. The fund supported the purchase and process redesign necessary to advance closed loop medication. This provided access to these services to those who did not have them previously. Improving on quality of care and patient safety with the outcomes of the Transformation Fund.			x	x		x	

SMALL AND RURAL HOSPITAL TRANSFORMATION FUND

Summary of Transformation Projects
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Project Number	Local Health Integration Network	Project Domain					Project Name	Project Lead	Partners	Project Type	Status	Funding	Does the Project align with the stated outcomes and objectives of the Transformation Fund	Actual and Anticipated Outcomes					
		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation								Access	Integration and Transitions	Quality	Safety	Knowledge transfer	Cost/Value for Money
99	North West	✓				Community Wide Scheduling	Dryden Regional Health Centre	Atikokan General Hospital, Riverside Healthcare Facilities, Dryden Regional Health Centre, Sioux Lookout Meno-Ya-Win Health Centre, Lake of the Woods District Hospital	Continuation	Completed	\$ 191,000	Yes. The fund supported the expansion of community wide scheduling to additional hospitals and further integrate throughout the area. This links to the outcomes of the Transformation Fund.		x	x				x
100	North West		✓			Obstetrical Services Training	Red Lake Margaret Cochenour Memorial Hospital		New	Completed	\$ 27,000	Yes. The fund supported the provision of dedicated obstetrical services training for new nurses and enhanced training for existing staff. The intent is to increase patient safety which aligns to the Transformation Fund.		x	x	x			
101	North West	✓				Medical Grade Wireless Upgrade	Riverside Healthcare Facilities		New	Completed	\$ 150,000	Yes. The objectives of the project were to upgrade the wireless network which expand upon the applications that can be utilized. This aligns to the intended outcomes of the Transformation Fund.			x				x
102	North West				✓	Knowledge Transfer Exchange	Dryden Regional Health Centre	Regional - all Hospitals	Continuation	Ongoing	\$ 15,000	Yes. The objective of this initiative is to support the sharing of information and best practices among hospitals which clearly aligns with the Fund.						x	
103	North West					Quality Score Card	Sioux Lookout Meno-Ya-Win Health Centre	Regional - all small hospitals	New	Completed	\$ 142,175	Yes. The objective of this initiative is to develop a quality scorecard for inclusion of the Quality Improvement Plan required by HQO which reflects the definition of quality care in small / rural settings.		x	x	x			
104	South East	✓				North Hastings Hospital IT Refresh	Quinte Healthcare Corporation		New	Unknown	\$ 115,000	Yes. The IT refresh will continue on previous work with hospital IT and telecommunications infrastructure being upgraded. The project supports the following objectives of the Transformatoin Fund: organizational sustainability, access to core acute, collaboration with community services and improved quality, safety with value	x			x	x		x
105	South East	✓				North Hastings Hospital Infection Control Microfiber Cloth Washer/Dryer	Quinte Healthcare Corporation		New	Unknown	\$ 6,800	Yes. This project builds on previous work and the project supports the following objectives of the Transformatoin Fund: organizational sustainability, access to core acute, collaboration with community services and improved quality, safety with value	x			x	x		x
106	South East	✓				North Hastings Hospital Diagnostic Imaging	Quinte Healthcare Corporation		New	Unknown	\$ 151,000	Yes. This project builds on previous work and the project supports the following objectives of the Transformatoin Fund: organizational sustainability, access to core acute, and improved quality, safety with value	x			x	x		x
107	South East				✓	North Hastings Hospital Security Coverage	Quinte Healthcare Corporation		New	Unknown	\$ 65,000	Yes. This project builds on previous work and the project supports the following objectives of the Transformatoin Fund: organizational sustainability, access to core acute, and improved quality, safety with value	x			x	x		x
108	South East	✓				North Hastings Hospital Cardiology ECG Patient ID	Quinte Healthcare Corporation		New	Unknown	\$ 35,000	Yes. This project builds on previous work and the project supports the following objectives of the Transformatoin Fund: organizational sustainability, access to core acute, collaboration with community services, meets needs for post-acute/palliative servicesand improved quality, safety with value	x			x	x		x
109	South East	✓				Electronic Discharge Summary	Quinte Healthcare Corporation		New	Unknown	\$ 100,000	Yes. This project builds on previous work and the project supports the following objectives of the Transformatoin Fund: organizational sustainability, health links, access to core acute, collaboration with community services, meets needs for post-acute/palliative servicesand improved quality, safety with value	x			x	x		x
110	South East			✓		iCART	Quinte Healthcare Corporation		New	Unknown	\$ 40,000	Yes. The iCART project supports: awareness and access to appropriate range of community supports, streamlines processes, better informed and collaborative healthcare system and centralized information. The project aligns to the Transformation Fund.	x	x	x	x			

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Summary of Transformation Projects
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		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation								Access	Integration and Transitions	Quality	Safety	Knowledge transfer	Cost/Value for Money	
111	South East	✓					Dietary Information System	Lennox & Addington County General Hospital		New	Unknown	\$ 71,500	Yes. This project builds on previous work and the project supports the following objectives of the Transformation Fund: organizational sustainability, meet needs for post-acute/palliative services and improve quality, safety and value.	x		x	x			x
112	South East		✓				LEAN Promotion and Education	Lennox & Addington County General Hospital		New	Unknown	\$ 71,756	Yes. The LEAN training sought out to improve upon patient care which is an intended outcome of the Transformation Fund.				x			
113	South East	✓					Business Intelligence Solution	Lennox & Addington County General Hospital		New	Unknown	\$ 157,896	Yes. This project will develop clinical indicators for the implementation of Healthcare BI solution and the project supports the following objectives of the Transformation Fund: organizational sustainability, health links, collaboration with community services and improve quality, safety and value.		x	x				x
114	South East			✓			Hospice Integration	Lennox & Addington County General Hospital		New	Unknown	\$ 50,000	Yes. This project will enhance and expand upon the integration of hospice services in the area and the project supports the following objectives of the Transformation Fund: collaboration with community services, meet needs for post-acute/palliative services and improve quality, safety and value	x	x	x				x
115	South East	✓					Clinicla Modality Integration with Content Management System	Lennox & Addington County General Hospital		New	Unknown	\$ 21,000	Yes. This project will continue on previous work where additional health records will be electronic and integrated in a single system. The project supports the following objectives of the Transformation Fund: organizational sustainability, access to core acute and and	x	x	x				x
116	South East			✓			iCART	Perth & Smith Falls District Hospital		New	Unknown	\$ 10,000	Yes. The iCART project supports: awareness and access to appropriate range of community supports, streamlines processes, better informed and collaborative healthcare system and centralized information. The project aligns to the Transformation Fund.	x	x	x	x			
117	South East	✓					Medworxx Learning Management System	Perth & Smith Falls District Hospital		New	Unknown	\$ 30,000	Yes. This project will result in the development, management and delivery of classroom and online learning. The project supports the following objectives of the Transformation Fund: action plan, organizational sustainability, health links and improve quality, safety and value		x	x			x	x
118	South East	✓					Regional Shared Voice Activated Transcription for Radiology	Perth & Smith Falls District Hospital		New	Unknown	\$ 77,000	Yes. This project allows for the expansion of voice activated transcription platforms. The project supports the following objectives of the Transformation Fund: action plan, organizational sustainability, health links and improve quality, safety and value		x	x			x	x
119	South East	✓					Net Delivery Software Expansion Project	Perth & Smith Falls District Hospital		New	Unknown	\$ 30,000	Yes. This project will use software which supports regional responses to improving patient care and relate to the sharing of data between the hospital and primary care providers. The project supports the following objectives of the Transformation Fund: action plan, organizational sustainability, health links, access to core acute, collaboration with community services, meet needs for post-acute/palliative services and improve quality, safety and value	x	x		x	x		
120	South East		✓				LEAN Training	Perth & Smith Falls District Hospital		New	Unknown	\$ 95,000	Yes. The LEAN training sought out to improve upon patient care which is an intended outcome of the Transformation Fund.							x

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Summary of Transformation Projects
Fiscal Year 2013-2014

Project Number	Local Health Integration Network	Project Domain					Project Name	Project Lead	Partners	Project Type	Status	Funding	Does the Project align with the stated outcomes and objectives of the Transformation Fund	Actual and Anticipated Outcomes							
		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation								Access	Integration and Transitions	Quality	Safety	Knowledge transfer	Cost/Value for Money		
121	South East	✓					Tape Data Backup Upgrade	Perth & Smith Falls District Hospital		New	Unknown	\$ 80,000	Yes. This project will upgrade an aging tape backup infrastructure and support modern virtual infrastructure with offsite backup. The project supports the following objectives of the Transformation Fund: action plan, organizational sustainability, health links and improve quality, safety and value		x	x	x			x	
122	South East	✓					PC Replacement	Perth & Smith Falls District Hospital		New	Unknown	\$ 81,000	Yes. This project will replace outdated PCs. The project supports the following objectives of the Transformation Fund: action plan, organizational sustainability, health links and improve quality, safety and value				x	x	x	x	
123	South West	✓					Citrix Upgrade	Grey Bruce Health Services, South Bruce Grey Health Centre, Hanover and District Hospital		New	Unknown	\$ 217,000	Yes. Citrix software will provide for better clinical user experience with better access to information. This aligns with the Transformation Fund.	x	x						
124	South West	✓					7:24 Down Time Viewer	Grey Bruce Health Services, South Bruce Grey Health Centre, Hanover and District Hospital, Area Family Health Teams and Specialists		New	Unknown	\$ 459,000	Yes. Patient care and safety are enhanced during system downtimes with reduced disruptions. This aligns with the Transformation Fund					x			
125	South West				✓		Medication Distribution for the Inpatient Areas	Grey Bruce Health Services, South Bruce Grey Health Centre, Hanover and District Hospital, Area Family Health Teams and Specialists		New	Unknown	\$ 1,150,000	Yes. These projects indicate that the intended outcomes of these projects is a secure and efficient portable medication system, which is identified as a technology output in the draft logic model.				x	x			
126	South West	✓					mPage Developer	Grey Bruce Health Services, South Bruce Grey Health Centre, Hanover and District Hospital, Area Family Health Teams and Specialists		New	Unknown	\$ 120,000	Yes. These projects indicate that the intended outcomes of these projects is software technology increasing adherence to clinical standards, which is identified as a technology output in the draft logic model.				x	x			
127	South West	✓					Powernote	Grey Bruce Health Services, South Bruce Grey Health Centre, Hanover and District Hospital		New	Unknown	\$ 307,000	Yes. These projects indicate that the intended outcomes of these projects is the ability for doctors to complete their own notes without the need for staff to transcribe, which is identified as a technology output in the draft logic model.				x	x			
128	South West	✓					Advanced Picture Archive System Functionality (PowerViewer)	Grey Bruce Health Services, South Bruce Grey Health Centre, Hanover and District Hospital, Area Family Health Teams and Specialists		New	Unknown	\$ 100,000	Yes. These projects indicate that the intended outcomes of these projects is the technology improves the quality of diagnostic results and helps doctors identify the best course of action, which is identified as a technology output in the draft logic model.				x	x			
129	South West			✓			Single Sign ON	Grey Bruce Health Services, South Bruce Grey Health Centre, Hanover and District Hospital, Area Family Health Teams and Specialists		New	Unknown	\$ 175,000	Yes. These projects indicate that the intended outcomes of these projects is the technology will make it easier for clinicians and staff to log in and work between applications, which is identified as a technology output in the draft logic model.		x	x					
130	South West	✓					Healthcare Undergoing Transformation (HUGO) - Phase I	Listowel Wingham Hospitals Alliance, Four Counties Health Services, Alexandra Hospital, Tillsonburg District Memorial Hospital		Ongoing	Unknown	\$ 1,278,340	Yes. These projects indicate that the intended outcomes of these projects is the technology helps participating hospitals to develop electronic health records, which is identified as a technology output in the draft logic model.		x			x			
131	South West	✓					Bedside Documentation Terminals	Seaforth Community Hospital, Alexandra Marine and General Hospital		New	Unknown	\$ 195,000	Yes. These projects indicate that the intended outcomes of these projects is the provision of bedside wall mounted computers at every bed to increase nursing capacity and reduce congestion, which is identified as a technology output in the draft logic model.		x			x			
132	South West	✓					Clinical Paper Records Scanning	Seaforth Community Hospital, Alexandra Marine and General Hospital		New	Unknown	\$ 155,000	Yes. These projects indicate that the intended outcomes of these projects is the technology will help ensure quality seamless care with the creation of a patient's EMR, which is identified as a technology output in the draft logic model.		x			x			
133	South West	✓					HPHA AMGH Rural Sites Server Virtualization	Seaforth Community Hospital, Alexandra Marine and General Hospital		New	Unknown	\$ 100,000	Yes. These projects indicate that the intended outcomes of these projects is a refresh of computer server infrastructure and combine the information of four hospitals, which is identified as a technology output in the draft logic model.		x	x					
134	South West	✓					Huron Perth Healthcare Alliance and AMGH Patient Registration Integration	Seaforth Community Hospital, Alexandra Marine and General Hospital, Clinton Public Hospital, St Marys Memorial Hospital, Stratford General Hospital		New	Unknown	\$ 139,500	Yes. These projects indicate that the intended outcomes of these projects is technology that will help standardize training for staff who register patients, which is identified as a technology output in the draft logic model.					x	x		
135	South West	✓					Rural Network Infrastructure Refresh	Seaforth Community Hospital, Alexandra Marine and General Hospital		New	Unknown	\$ 100,000	Yes. These projects indicate that the intended outcomes of these projects is the replacement of the current network to increase performance and sustainability, which is identified as a technology output in the draft logic model.					x			

SMALL AND RURAL HOSPITAL TRANSFORMATION FUND

Summary of Transformation Projects
Fiscal Year 2013-2014

Project Number	Local Health Integration Network	Project Domain					Project Name	Project Lead	Partners	Project Type	Status	Funding	Does the Project align with the stated outcomes and objectives of the Transformation Fund	Actual and Anticipated Outcomes					
		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation								Access	Integration and Transitions	Quality	Safety	Knowledge transfer	Cost/Value for Money
136	South West				✓		Refresh of HPHA Rehabilitation Model		Seaforth Community Hospital, Stratford General Hospital	New	Unknown	\$ 51,545	Yes. These projects indicate that the intended outcomes of these projects is to assess the present rehabilitation model and make recommendations on the future model. This aligns with the Transformation Fund logic model.			x			x
137	South West	✓					Regional Bed Allocator		Seaforth Community Hospital, Huron Perth Healthcare Alliance Sites	New	Completed	\$ 57,368	Yes. These projects indicate that the intended outcomes of these projects is a dedicated regional bed allocator that centralizes and utilizes across four hospitals which is identified as a technology output in the draft logic model.	x		x			
138	South West				✓		District Hospital Molecular Testing for Clostridium Difficile		South Huron Hospital Association, Alexandra Marine & General Hospital, Hanover and District Hospital, Clinton Public Hospital, Seaforth Community Hospital, Listowel Memorial Hospital, Wingham and District Hospital	New	Unknown	\$ 40,000	Yes. These projects indicate that the intended outcomes of these projects is technology that helps in the identification of c-difficile in patients which is identified as a technology output in the draft logic model.				x		
139	South West	✓					OTN Enabled Healthcare Providers Telemedicine Clinical and Videoconferencing Equipment		South Huron Hospital Association	New	Unknown	\$ 70,000	Yes. These projects indicate that the intended outcomes of these projects is the provision of telemedicine and videoconferencing equipment that will facilitate increased access which is identified as a technology output in the draft logic model.	x		x			
140	South West	✓					SHHA FirstNet Implementation		South Huron Hospital Association, Thames Valley Hospital Planning Partnership	New	Unknown	\$ 51,365	Yes. These projects indicate that the intended outcomes of these projects is the implementation of a comprehensive emergency department information system which is identified as a technology output in the draft logic model.			x	x		
141	South West				✓		Website and Knowledge Sharing		LHINS with participating small hospitals	New	Unknown	\$ 10,000	Yes. The objective of this initiative is to support the sharing of information and best practices among hospitals which clearly aligns with the Fund.			x			x
142	Waterloo Wellington		✓				Lean training and support	Wellington Health Care Alliance	2 WW LHIN hospitals and 5 WW LHIN FHTs	Ongoing	Completed	\$ 265,000	Yes. The objective of this initiative is to support the sharing of information and best practices among hospitals which clearly aligns with the Fund.			x			x
143	Waterloo Wellington	✓					OCR Digital Scanning	NWHC	GMHC	Ongoing	Completed	\$ 10,000	Yes. The objective of this initiative aligns with the transformation fund's outcomes relating to technology with the scanning of emergency department records.		x				x
144	Waterloo Wellington			✓			Antimicrobial stewardship	WHCA		Ongoing	Completed	\$ 50,000	Yes. The objective of this initiative aligns with the transformation fund in that the antimicrobial stewardship initiative links to the fund's intended outcomes.				x	x	
145	Waterloo Wellington	✓					Standardized Care Coordination by Leveraging Shared Electronic Tools	Wellington Health Care Alliance	2 WW LHIN hospitals and 5 WW LHIN FHTs	Ongoing	On track. Fully implemented by March 2014	\$ 150,700	Yes. The objective of this initiative aligns with the transformation fund's outcomes relating to technology in support of clinical care delivery.		x				



cutting through complexity

REVIEW OF THE SMALL AND RURAL
HOSPITAL TRANSFORMATION FUND

Appendix D

2014-2015 Projects



SMALL AND RURAL HOSPITAL TRANSFORMATION FUND

Summary of Transformation Projects
Fiscal Year 2014-2015

Project Number	Local Health Integrator Network	Project Domain					Project Name	Project Lead	Partners	Project Type	Status	Percentage Complete at Sept 2014	Expenditure to Sept 2014	Funding	Does the Project align with the stated outcomes and objectives of the Transformation Fund	Actual and Anticipated Outcomes				
		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation										Access	Integration and Transitions	Quality	Safety	Knowledge Transfer
1	Central East			✓			Project Management & Implementation	Haliburton Highlands Healthcare Services	Ross Memorial Hospital (RMH), Community Care Haliburton County (CCHC), Victorian Order of Nurses (VON) & Supportive Initiatives for Residents of Haliburton (SIRCH)	Ongoing	Unknown	Unknown	\$ 108,198	\$ 100,000	Yes. The project included project management but ultimately, it dealt w the implementation of facilitated voluntary integration between HHHS and Community Care Haliburton County.	x				
2	Central East	✓					Information Technology and Communications	Haliburton Highlands Healthcare Services	Ross Memorial	Ongoing	Unknown	Unknown	\$ 25,691	\$ 129,900	Yes. In order to support a strategic alliance among the partners, a Rural Hospital CIO was required as well as additional IT and communication support. This initiative links to the Transformation Fund logic model.	x				
3	Central East			✓			Pharmacy	Haliburton Highlands Healthcare Services	Ross Memorial	Ongoing	Unknown	Unknown	\$ 1,528	\$	Yes. The support provided through the Transformation Fund has established the conditions for the integration of health care services in the LHIN. A report prepared by the LHIN dated December 2013, the LHIN indicated that the integration of front-line services, back office functions, leadership and governance would improve client access to high quality services, create readiness for future health system transformation and make the best use of the public's investment.	x				
4	Central East	✓					Diagnostic Imaging	Haliburton Highlands Healthcare Services	Ross Memorial	Ongoing	Unknown	Unknown	\$ 27,312	\$ 98,000	Yes. The funding was to be used to support diagnostic imaging and a strategic alliance between HHHS and Ross Memorial including integrated leadership and equipment costs. It would appear this project links to the outcomes of the Transformation fund.	x				
5	Central East			✓			Mental Health	Haliburton Highlands Healthcare Services	Ross Memorial	Ongoing	Unknown	Unknown	\$ 37,500	\$ 75,000	Yes. The project included project management but ultimately, it dealt w the implementation of facilitated voluntary integration whereas the transfer of accountability for service delivery between CMML and CMH and back office consolidation of all partners involved. This initiative links to the Transformation Fund logic model.	x				
6	Central East			✓			Volunteer Match Program (SIRCH), CCHC renovations, Procurement implementation	Haliburton Highlands Healthcare Services	RMH, Community Care HC, VON & SIRCH	Ongoing	Unknown	Unknown	\$ 109,485	\$	Yes. The funding was requested to support IT investments and upgrades to software, equipment, and websites. Included in this funding was the establishment of a CIO position. This links to the Transformation Fund logic mode	x				
7	Central East					✓	Pan LHIN Knowledge Transfer (50%)	CMH/NHH, HHHS/RMH	Unknown	Ongoing	Unknown	Unknown	\$	\$ 5,000	Yes. The intended use of the funding was to maximize the benefits of PAN LHIN KTE and schedule a face to face even and/or a web event. This would appear to align with the intended outcomes of the Transformation Fund					x
8	Central East			✓			CMH Strategic Plan & Master Planning	Campbellford Memorial	CMML, CCN, other community partners	Ongoing	Unknown	Unknown	\$ 81,603	\$ 83,000	Yes. Strategic planning for further integration of services among partner hospitals aligns with the intended outcomes of the Transformation Fund.	x				
9	Central East	✓					CIS - Rural Hospital CIO	Campbellford Memorial	RMH, NHH, HHHS	Ongoing	Unknown	Unknown	\$ 17,942	\$ 64,800	Yes. In order to support a strategic alliance among the partners, a Rural Hospital CIO was required as well as additional IT and communication support. This initiative links to the Transformation Fund logic model.	x				
10	Central East	✓					Voice recognition for Diagnostic Imaging at CMH	Campbellford Memorial	NHH	Ongoing	Unknown	Unknown	\$ 62,236	\$ 81,146	Yes. The use of voice recognition software aligns with the intended outcomes of the Fund.			x		
11	Central East			✓			Standard Order Sets (staffing for implementation; process redesign)	Campbellford Memorial	Unknown	Ongoing	Unknown	Unknown	\$ 16,667	\$ 40,000	Yes. The deployment of patient order sets would result in series of outcomes that align with the Transformation Fund.	x				
12	Central East		✓				Nurse Practitioner support	Campbellford Memorial	Unknown	Ongoing	Unknown	Unknown	\$	\$ 37,700	Yes. There were two components to this funding. First, an educational component whereas RNs and RPNs were trained in practicing a full scope inside the integrated Rural Health Hub. Second, the addition of a Nurse Practitioner to support weekend hours. The first would appear to fall within the scope of the Fund.	x				
13	Central East					✓	Pan LHIN Knowledge Transfer (50%)	CMH/NHH, HHHS/RMH	Unknown	Ongoing	Unknown	Unknown	\$	\$ 5,000	Yes. The intended use of the funding was to maximize the benefits of PAN LHIN KTE and schedule a face to face even and/or a web event. This would appear to align with the intended outcomes of the Transformation Fund					x
14	Champlain	✓					EMR Adoption	Each hospital	All Champlain small hospitals - Almonte, Arnprior, Carleton Place, Glengarry, Kemptville, Deep River, Renfrew Victoria, St. Francis	Ongoing	Unknown	Unknown	Unknown	\$ 1,933,900	Yes. All of the Champlain Small Hospitals have advanced well with their EMR adoption, with over two-thirds of them ready to implement clinical documentation. This sets the stage for electronic sharing of patient information with both regional and community partners. Capital investment in pharmacy automation, such as unit dose delivery and local drug packaging technology in small hospitals will improve efficiency, patient safety and enable pharmacists to focus more on clinical service and less on dispensing of medications. It also provides the infrastructure needed to support a regional model for pharmacy services. Each hospital has an equal allocation to support their individual requirement for continued implementation of electronic medical records and/or purchase of capital equipment needed for pharmacy automation. This links with the intent of the Transformation Fund.	x		x		x
15	Champlain			✓			Clinical Information Integration	Arnprior	All Champlain small hospitals - Almonte, Arnprior, Carleton Place, Glengarry, Kemptville, Deep River, Renfrew Victoria, St. Francis	Ongoing	Unknown	Unknown	Unknown	\$ 350,000	Yes. Increased integration of clinical information aligns with the intended outcomes of the Fund.	x				

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		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation	Access										Integration and Transitions	Quality	Safety	Knowledge Transfer	Cost/Value for Money	
16	Champlain	✓					Web-based course repository	Almonte	All Champlain small hospitals - Almonte, Amprior, Carleton Place, Glengarry, Kemptonville, Deep River, Renfrew Victoria, St. Francis	Ongoing	Unknown	Unknown	Unknown	\$ 50,000	Yes. The project involved the development of a 20-course curriculum of evidence based practice that is available through an on-line depository for access by small and rural hospitals. As indicated in a presentation of the Transformation Fund project, the repository facilitates the sharing of data across hospitals and contributes to patient safety by facilitating the tracking and monitoring of staff certification in essential training.	x	x	x				
17	Champlain			✓			Regional Pharmacy	Deep River	All Champlain small hospitals - Almonte, Amprior, Carleton Place, Glengarry, Kemptonville, Deep River, Renfrew Victoria, St. Francis	Ongoing	Unknown	Unknown	Unknown	\$ 770,000	Yes. Together with a steering committee of regional stakeholders, the small hospitals group have embarked on Phase 2 of the planning to be completed by March 31st, 2014, which will result in the fully described regional model. As noted above, small hospitals are purchasing capital equipment to support the model in future and to enhance patient safety including: medication cabinets for inpatient units; table top unit dose packagers and automated packaging. This aligns with the outcome of the Transformation Fund.	x	x	x			x	
18	Champlain			✓			Standard Patient Order Sets	Carleton Place	All Champlain small hospitals - Almonte, Amprior, Carleton Place, Glengarry, Kemptonville, Deep River, Renfrew Victoria, St. Francis	Ongoing	Unknown	Unknown	Unknown	\$ 120,000	Yes. The project involved the development of standard order sets for CHF, COPD and stroke) adapted specifically for small hospital environments and based on Ontario's Quality Based Procedures best practice (as set in the Ministry's clinical handbooks). This will contribute towards enhanced clinical care (through improved coordination and transitions of care, reduced admission and readmission rates, enhanced patient safety) and position the small hospitals to successfully participate in HSER.			x				
19	North East					✓	St. Joseph's via BRDHC - Bereavement Training	BRDHC	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 10,000	Yes. The funding will provide bereavement training to volunteers who then can train others - Train the Trainer. This aligns with the Transformation Fund.						x	
20	North East			✓			SAH via BRDHC - Expansion of Cardiac Program	BRDHC	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 40,000	Yes. The funding allows for the expansion of the Cardiac Rehab program and for the lab interface between Blind River and SAH			x				
21	North East			✓			HSN via BRDHC - FASD Clinic	BRDHC	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 60,000	Yes. The funding was intended to reduce the number of patients on the waiting list. This aligns with the Transformation Fund.	x	x				x	
22	North East			✓			BRDHC - OTN Telemedicine Coordinator	BRDHC	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 40,000	Yes. The expansion of OTN services aligns with the Transformation Fund.			x				
23	North East			✓			BRDHC - Expansion of Congregate Dining	BRDHC	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 6,630	Yes. The funding allows for the expansion of congregate dining. It would appear that this aligns with the Transformation Fund.			x				
24	North East			✓			BRDHC - Shared Decision Support	BRDHC	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 100,000	Yes. The funding supports collaboration and aligns with the Transformation Fund.		x					
25	North East					✓	Chapleau - FT Physiotherapist	Chapleau	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 42,300	Yes. The funding will support a physiotherapist. The creation of this position support the intended outcomes of the Fund.	x						
26	North East			✓			Chapleau - Seniors Mental Health Outreach Services	Chapleau	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 55,000	Yes. The funding will support a seniors mental health worker. The creation of this position support the intended outcomes of the Fund.	x						
27	North East			✓			Englehart - Integrated Health Care Program	Englehart	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 105,750	Yes. The intent of the project was to develop a feasibility study for the implementation of a community hub model of care in Englehart. This aligns with the intended outcomes of the Fund.			x				
28	North East			✓			WPSHC via Espanola - Care Transitions Coach	Espanola General Hospital	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 123,000	Yes. The funding was intended to improve care transition for patients being discharged. This aligns with the Transformation Fund.	x	x	x				
29	North East			✓			Espanola - Shared Behavioural Support Clinician	Espanola General Hospital	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 150,000	Yes. The project will expand Behavioural Support Services to improve care for older adults with behaviours associated with complex and challenging mental health, dementia or other neurological conditions. This aligns with the Transformation Fund.			x	x			
30	North East			✓			Hornepayne - Mental Health Counsellor	Hornepayne	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 79,694	Yes. The funding was intended to hire a mental health counsellor to provide care. This aligns with the Transformation fund.	x						
31	North East			✓			Hornepayne - Physiotherapist	Hornepayne	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 70,017	Yes. The funding will support a physiotherapist. The creation of this position support the intended outcomes of the Fund.	x						
32	North East	✓					Hornepayne - Lab Cluster IT Specialist	Hornepayne	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 105,000	Yes. These projects indicate that the intended outcomes of these projects is creation of a lab cluster specialist, which is identified as a technology output in the draft logic model.	x						
33	North East			✓			Lady Dunn - Project Coordinator NE Rural Framework	Lady Dunn	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 65,000	Yes. The funding will support a project coordinator with the intent of support health systems coordination. The creation of this position support the intended outcomes of the Fund.	x						

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		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation										Access	Integration and Transitions	Quality	Safety	Knowledge Transfer
34	North East			✓			MHC - Integrated Discharge Planner	Manitoulin Health Centre	Unknown	Ongoing	Unknown	Unknown	\$ 97,151	Yes. The project sought out to identify the work required to consider an implement the right care model for the area.		x	x			
35	North East			✓			MHC - Teleophthalmology Program	Manitoulin Health Centre	Unknown	Ongoing	Unknown	Unknown	\$ 81,000	Yes. Expands upon the delivery of tele-ophthalmology program including enhanced services for diabetic patients. The project aligns with the intended outcomes of the Transformation Fund.			x			
36	North East			✓			MHC - Hub Quality Integration Lead	Manitoulin Health Centre	Unknown	Ongoing	Unknown	Unknown	\$ 150,000	Yes. The project sought out to increase integration and quality among various partners. This aligns with the Fund's intended outcomes.		x	x			
37	North East			✓			MHC - NEJAC Expansion	Manitoulin Health Centre	Unknown	Ongoing	Unknown	Unknown	\$ 94,500	Yes. This funding supports expanding on the services provided and this aligns with the outcomes of the Fund		x	x			
38	North East			✓			SAH via MHC - NEJAC Expansion	Manitoulin Health Centre	Unknown	Ongoing	Unknown	Unknown	\$ 41,550	Yes. This funding supports expanding on the services provided and this aligns with the outcomes of the Fund		x	x			
39	North East			✓			TDH via MHC - NEJAC Expansion	Manitoulin Health Centre	Unknown	Ongoing	Unknown	Unknown	\$ 41,085	Yes. This funding supports expanding on the services provided and this aligns with the outcomes of the Fund.		x	x			
40	North East			✓			WPSHC via MHC - NEJAC Expansion	Manitoulin Health Centre	Unknown	Ongoing	Unknown	Unknown	\$ 48,250	Yes. This funding supports expanding on the services provided and this aligns with the outcomes of the Fund		x	x			
41	North East	✓					Regional via MHC - QBP Module Implementation	Manitoulin Health Centre	Unknown	Ongoing	Unknown	Unknown	\$ 767,000	Yes. The funding will support review of procedures to ensure QBP are in place and this supports the intended outcomes of the Fund.			x		x	x
42	North East	✓					WNGH - BSO Resources	WNGH	Unknown	Ongoing	Unknown	Unknown	\$ 150,000	Yes. The intent of the funding was to further support BSO resources in small hospitals. This initiative aligns to the outcomes of the Transformation Fund.			x			
43	North East	✓					Bingham - Point Click Care	Bingham	Unknown	Ongoing	Unknown	Unknown	\$ 25,000	Yes. The project would result in the further enhancement to support "Point Click Care"; this aligns with the intended outcomes of the Transformation Fund.			x			
44	North East	✓					St.Joseph's via MHC - PCS Implementation	Manitoulin Health Centre	Unknown	Ongoing	Unknown	Unknown	\$ 35,000	Yes. The project aligns with the technological output of the Fund.		x				
45	North East	✓					Notre Dame - MEDITECH Clinical Specialist	Notre Dame	Unknown	Ongoing	Unknown	Unknown	\$ 108,000	Yes. The project aligns with the technological output of the Fund.		x				
46	North East				✓		Kirkland Lake - Clinical Services Review	Kirkland District	Unknown	Ongoing	Unknown	Unknown	\$ 159,000	Yes. The funding will support review of procedures to ensure QBP are in place and this supports the intended outcomes of the Fund.			x		x	x
47	North East			✓			Non-Urgent Transportation 6-month extension	Espanola General Hospital	Unknown	Ongoing	Unknown	Unknown	\$ 188,312	Yes. The funding provided is a continuation and will allow for a pilot project to continue in Sudbury-Manitoulin and Greater Sudbury. On that basis, this project falls within the intended outcomes of the Transformation Fund.		x				
48	North East			✓			RM&R - Remaining to spend	Espanola General Hospital	Unknown	Ongoing	Unknown	Unknown	\$ 221,070	Yes. The project aligns with the technological output of the Fund.		x				
49	North East			✓			RM&R - CCAC Portion	Espanola General Hospital	Unknown	Ongoing	Unknown	Unknown	\$ 77,625	Yes. The project aligns with the technological output of the Fund.		x				
50	North East			✓			Non-Urgent Transportation 6-month extension (HSN)	Espanola General Hospital	Unknown	Ongoing	Unknown	Unknown	\$ 196,089	Yes. The funding provided is a continuation and will allow for a pilot project to continue in Sudbury-Manitoulin and Greater Sudbury. On that basis, this project falls within the intended outcomes of the Transformation Fund.		x				
51	North East			✓			Non-Urgent Transportation 6-month extension (Manitoulin)	Espanola General Hospital	Unknown	Ongoing	Unknown	Unknown	\$ 188,312	Yes. The funding provided is a continuation and will allow for a pilot project to continue in Sudbury-Manitoulin and Greater Sudbury. On that basis, this project falls within the intended outcomes of the Transformation Fund.		x				
52	North East			✓			Non-Urgent Transportation 6 month extension (HSN)	Espanola General Hospital	Unknown	Ongoing	Unknown	Unknown	\$ 239,751	Yes. The funding provided is a continuation and will allow for a pilot project to continue in Sudbury-Manitoulin and Greater Sudbury. On that basis, this project falls within the intended outcomes of the Transformation Fund.		x				
53	North East			✓			QBP Health Sciences North	Manitoulin Health Centre	Unknown	Ongoing	Unknown	Unknown	\$ 92,510	Yes. Support the review of QBPs as part of health system funding review. This project aligns with the outcomes of the Transformation Fund.						x
54	North East			✓			Share Dietitian Services- North Cochrane	Kapuskasing	Unknown	Ongoing	Unknown	Unknown	\$ 24,962	Yes. The project sought out to increase integration and quality among various partners. This aligns with the Fund's intended outcomes.		x	x			
55	North East			✓			Occupational Therapist	SSCHS	Unknown	Ongoing	Unknown	Unknown	\$ 80,000	Yes. The funding will support an Occupational Therapist. The creation of this position support the intended outcomes of the Fund.		x				
56	North East			✓			NE JAC NBRHC Expansion	West Nipissing General Hospital	Unknown	Ongoing	Unknown	Unknown	\$ 25,035	Yes. This funding supports expanding on the services provided and this aligns with the outcomes of the Fund.		x	x			

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		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation										Access	Integration and Transitions	Quality	Safety	Knowledge Transfer
57	North East			✓			Movement Disorders Clinic	West Nipissing General Hospital	Unknown	Ongoing	Unknown	Unknown	\$ 25,000	Yes. The intent of the funding was to further support additional resources to enhance services. This initiative aligns to the outcomes of the Transformation Fund.			x			
58	North East	✓					CSS IT Tactical Plan Integration to Hospitals	Espanola General Hospital	Unknown	Ongoing	Unknown	Unknown	\$ 85,000	Yes. The project aligns with the technological output of the Fund.		x				
59	North East			✓			NE SHA Associated Costs	Espanola General Hospital	Unknown	Ongoing	Unknown	Unknown	\$ 31,000	Yes. The project sought out to increase integration and quality among various partners. This aligns with the Fund's intended outcomes.		x	x			x
60	North East					✓	Pharmacy Peer Group	BRDHC	Unknown	Ongoing	Unknown	Unknown	\$ 140,000	Yes. The project sought out to increase integration and quality among various partners. This aligns with the Fund's intended outcomes.		x	x			x
61	North East	✓					Pharmacy Module- Meditech	BRDHC	Unknown	Ongoing	Unknown	Unknown	\$ 60,000	Yes. The project aligns with the technological output of the Fund.		x				
62	North East	✓					Pharmacy Module- Meditech (Englehart)	Englehart	Unknown	Ongoing	Unknown	Unknown	\$ 60,000	Yes. The project aligns with the technological output of the Fund.		x				
63	North East	✓					Pharmacy Module- Meditech (Wawa)	Lady Dunn Health Centre	Unknown	Ongoing	Unknown	Unknown	\$ 60,000	Yes. The project aligns with the technological output of the Fund.		x				
64	North East	✓					Projects Towards EMRAM	SSCHS	Unknown	Ongoing	Unknown	Unknown	\$ 66,000	Yes. The project aligns with the technological output of the Fund.		x				
65	North East	✓					M/S Upgrade	Mattawa Hospital	Unknown	Ongoing	Unknown	Unknown	\$ 76,390	Yes. The project aligns with the technological output of the Fund.		x				
66	North East	✓					PCS Implementation Controller	Lady Dunn Health Centre	Unknown	Ongoing	Unknown	Unknown	\$ 195,195	Yes. The project aligns with the technological output of the Fund.		x				
67	North East	✓					OTN EOS Replacement	Lady Dunn Health Centre	Unknown	Ongoing	Unknown	Unknown	\$ 385,016	Yes. The project aligns with the technological output of the Fund.		x				
68	North East	✓					Blood Glucometers Interface	Sensenbrenner	Unknown	Ongoing	Unknown	Unknown	\$ 5,000	Yes. The project aligns with the technological output of the Fund.		x				
69	North East	✓					Lab Phase 2	Manitoulin Health Centre	Unknown	Ongoing	Unknown	Unknown	\$ 20,000	Yes. The project aligns with the technological output of the Fund.		x				
70	North East			✓			Non-Urgent Transportation Review	Espanola General Hospital	Unknown	Ongoing	Unknown	Unknown	\$ 59,325	Yes. The funding provided is a continuation and will allow for a pilot project to continue in Sudbury-Manitoulin and Greater Sudbury. On that basis, this project falls within the intended outcomes of the Transformation Fund.		x				
71	North East	✓					OTN	Sensenbrenner	Unknown	Ongoing	Unknown	Unknown	\$ 1,695	Yes. The expansion of OTN services aligns with the Transformation Fund.			x			
72	North East			✓			CSS Project/Mental Health portion	Espanola General Hospital	Unknown	Ongoing	Unknown	Unknown	\$ 48,000	Yes. The project sought out to increase integration and quality among various partners. This aligns with the Fund's intended outcomes.		x	x			x
73	North East			✓			Resource Matching and Referral	Espanola General Hospital	Unknown	Ongoing	Unknown	Unknown	\$ 95,570	Yes. The project sought out to increase integration and quality among various partners. This aligns with the Fund's intended outcomes.		x	x			x
74	North East	✓					Scanning/Archive/PACS	Notre Dame	Unknown	Ongoing	Unknown	Unknown	\$ 18,123	Yes. The project aligns with the technological output of the Fund.		x				
75	North West			✓			Integrated Office of Project Management and Decision Support	Riverside Healthcare Facilities Inc	Unknown	New	Unknown	Unknown	\$ 1,145,000	Yes. Building on the implementation of a regional CIO in 2012/13, the fund supported the implementation and development of a LHIN wide project management office and decision support service for all hospitals and the CCAC. This provided access to these services to those who did not have them previously. Improving on patient care aligns with the outcomes of the Transformation Fund.		x	x			x
76	North West			✓			Quality Scorecard	Sioux Lookout Meno Ya Win Health Centre	Unknown	New	Unknown	Unknown	\$ 152,780	Yes. The objective of this initiative is to develop a quality scorecard for inclusion of the Quality Improvement Plan required by HOO which reflects the definition of quality care in small / rural settings.		x	x	x		
77	North West			✓			Medication Management	Sioux Lookout Meno Ya Win Health Centre	Unknown	New	Unknown	Unknown	\$ 759,000	Yes. The fund supported the purchase and process redesign necessary to advance closed loop medication. This provided access to these services to those who did not have them previously. Improving on quality of care and patient safety with the outcomes of the Transformation Fund.			x	x		x
78	North West	✓					Virtual ICU	Sioux Lookout Meno Ya Win Health Centre	Unknown	New	Unknown	Unknown	\$ 369,955	Yes. The project aligns with the technological output of the Fund.		x				
79	North West	✓					Blueprint Scenario Planning	Wilson Memorial General Hospital	Unknown	New	Unknown	Unknown	\$ 412,150	Yes. The project aligns with the technological output of the Fund.		x				
80	North West			✓			Regional Pharmacy Services	Atikokan General Hospital	Unknown	New	Unknown	Unknown	\$ 150,000	Yes. The project sought out to increase integration and quality among various partners. This aligns with the Fund's intended outcomes.		x	x			x

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		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation										Access	Integration and Transitions	Quality	Safety	Knowledge Transfer	Cost/Value for Money
81	North West	✓				IT Infrastructure	Dryden Regional Health Centre	Unknown	New	Unknown	Unknown	Unknown	\$ 454,061	Yes. The project aligns with the technological output of the Fund.		x					
82	North West		✓			Ultrasound Training	Wilson Memorial GH	Unknown	New	Unknown	Unknown	Unknown	\$ 159,500	Yes. The project aligns with the Transformation Fund's outcomes relating to increased access and quality of service	x		x				
83	North West	✓				Physician Documentation / Computerized Physician Order Entry	Dryden Regional Health Centre	Unknown	New	Unknown	Unknown	Unknown	\$ 50,000	Yes. The project aligns with the technological output of the Fund.		x					
84	North West	✓				Small Hospitals Shared IT	Dryden Regional Health Centre	Unknown	New	Unknown	Unknown	Unknown	\$ 108,750	Yes. The project aligns with the technological output of the Fund.		x					
85	North West		✓			Regional Chief of Staff Council	Wilson Memorial GH	Unknown	New	Unknown	Unknown	Unknown	\$ 12,600	Yes. The project sought out to increase integration and quality among various partners. This aligns with the Fund's intended outcomes.		x	x			x	
86	South East	✓				NHH Infection Control Microfiber cloth Washer / Dryer	QHC-NH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 6,800	Yes. This project builds on previous work and the project supports the following objectives of the Transformation Fund: organizational sustainability, access to core acute, collaboration with community services and improved quality, safety with value	x		x	x		x	
87	South East	✓				NHH Diagnostic Imaging – one 7.5 hour shift of X-ray technician on evenings	QHC-NH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 151,000	Yes. This project builds on previous work and the project supports the following objectives of the Transformation Fund: organizational sustainability, access to core acute, and improved quality, safety with value	x		x	x		x	
88	South East			✓		NHH Security coverage – one 8 hour shift on evenings 7 days per week	QHC-NH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 65,000	Yes. This project builds on previous work and the project supports the following objectives of the Transformation Fund: organizational sustainability, access to core acute, and improved quality, safety with value	x		x	x		x	
89	South East				✓	NHH Cardiology ECG Patient ID system	QHC-NH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 35,000	Yes. This project builds on previous work and the project supports the following objectives of the Transformation Fund: organizational sustainability, access to core acute, collaboration with community services, meets needs for post-acute/palliative services and improved quality, safety with value	x		x	x		x	
90	South East				✓	Lean Promotion and Education	LACGH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 71,756	Yes. The LEAN training sought out to improve upon patient care which is an intended outcome of the Transformation Fund			x				
91	South East	✓				Medworxx Learning Management System	PSFDH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 30,000	Yes. This project will result in the development, management and delivery of classroom and online learning. The project supports the following objectives of the Transformation Fund: action plan, organizational sustainability, health links and improve quality, safety and value		x	x			x x	
92	South East				✓	LEAN Training	PSFDH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 95,000	Yes. The LEAN training sought out to improve upon patient care which is an intended outcome of the Transformation Fund				x			
93	South East			✓		Hospice Integration	LACGH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 50,000	Yes. This project will enhance and expand upon the integration of hospice services in the area and the project supports the following objectives of the Transformation Fund: collaboration with community services, meet needs for post-acute/palliative services and improve quality, safety and value	x	x	x			x	
94	South East	✓				Clinical Modality Integration with Content Management System	LACGH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 21,000	Yes. This project will continue on previous work where additional health records will be electronic and integrated in a single system. The project supports the following objectives of the Transformation Fund: organizational sustainability, access to core acute and improve quality, safety and value	x	x	x			x	
95	South East	✓				iCART (Integrated Community Assessment and Referral Team)	PSFDH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 10,000	Yes. The iCART project supports: awareness and access to appropriate range of community supports, streamlines processes, better informed and collaborative healthcare system and centralized information. The project aligns to the Transformation Fund.	x	x	x	x			
96	South East			✓		Regional Shared Voice Activated Transcription for Radiology	PSFDH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 77,000	Yes. This project allows for the expansion of voice activated transcription platforms. The project supports the following objectives of the Transformation Fund: action plan, organizational sustainability, health links and improve quality, safety and value		x	x			x x	
97	South East	✓				iCART (Integrated Community Assessment and Referral Team)	QHC-NH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 40,000	Yes. The iCART project supports: awareness and access to appropriate range of community supports, streamlines processes, better informed and collaborative healthcare system and centralized information. The project aligns to the Transformation Fund.	x	x	x	x			
98	South East			✓		Dietary Information System	LACGH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 71,500	Yes. This project builds on previous work and the project supports the following objectives of the Transformation Fund: organizational sustainability, meet needs for post-acute/palliative services and improve quality, safety and value.	x		x	x		x	
99	South East	✓				Business Intelligence Solution	LACGH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 157,896	Yes. This project will develop clinical indicators for the implementation Healthcare BI solution and the project supports the following objectives of the Transformation Fund: organizational sustainability, health links, collaboration with community services and improve quality, safety and value.		x	x			x	

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		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation	Access										Integration and Transitions	Quality	Safety	Knowledge Transfer	Cost/Value for Money	
100	South East	✓					Net Delivery Software Expansion Project	PSFDH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 30,000	Yes. This project will use software which supports regional responses to improving patient care and relate to the sharing of data between the hospital and primary care providers. The project supports the following objectives of the Transformation Fund: action plan, organizational sustainability, health links, access to care acute, collaboration with community services, meet needs for post-acute/palliative services and improve quality, safety and value	x	x		x	x		
101	South East	✓					Tape Data Backup Upgrade	PSFDH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 80,000	Yes. This project will upgrade an aging tape backup infrastructure and support modern virtual infrastructure with offsite backup. The project supports the following objectives of the Transformation Fund: action plan, organizational sustainability, health links and improve quality, safety and value	x	x	x		x		
102	South East	✓					PC Replacement	PSFDH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 81,000	Yes. This project will replace outdated PCs. The project supports the following objectives of the Transformation Fund: action plan, organizational sustainability, health links and improve quality, safety and value			x	x	x	x	
103	South East	✓					North Hastings Hospital IT Refresh	QHC-NH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 115,000	Yes. The IT refresh will continue on previous work with hospital IT and telecommunications infrastructure being upgraded. The project supports the following objectives of the Transformation Fund: organizational sustainability, access to care acute, collaboration with community services and improved quality, safety with value	x		x	x		x	
104	South East	✓					Electronic Discharge Summary	QHC-NH	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 100,000	Yes. This project builds on previous work and the project supports the following objectives of the Transformation Fund: organizational sustainability, health links, access to care acute, collaboration with community services, meets needs for post-acute/palliative services and improved quality, safety with value	x		x	x		x	
105	South West	✓					Supporting applications for front line staff and managers in a small rural hospital setting	South Huron Hospital Association	Middlesex Health Alliance (Four Counties)	Ongoing	Unknown	Unknown	Unknown	\$ 485,000	Yes. The project aligns with the technological output of the Fund.		x					
106	South West	✓					Paperless Pharmacy	Grey Bruce Health Services	Hanover District, South Bruce Grey Health Care	Ongoing	Unknown	Unknown	Unknown	\$ 175,000	Yes. The project aligns with the technological output of the Fund.		x					
107	South West				✓		Development of a comprehensive pathway plan to meet QBP reporting requirements	Grey Bruce Health Services	Hanover District, South Bruce Grey Health Care	Ongoing	Unknown	Unknown	Unknown	\$ 200,000	Yes. The project sought out to increase integration and quality. This aligns with the Fund's intended outcomes.		x	x			x	
108	South West	✓					LEAN Advanced Program and Roadmap	Listowel Memorial	Middlesex Health Alliance (Four Counties), Alexandra Marine and General, Tillsonburg District Memorial	Ongoing	Unknown	Unknown	Unknown	\$ 290,000	Yes. The LEAN training sought out to improve upon patient care which is an intended outcome of the Transformation Fund.			x				
109	South West				✓		Health System Leadership Development (HSLD)	South Bruce Grey Health Care	Listowel Wingham Hospital Alliance, Tillsonburg District Memorial	Ongoing	Unknown	Unknown	Unknown	\$ 90,000	Yes. The project sought out to increase integration and quality among various partners. This aligns with the Fund's intended outcomes.		x	x			x	
110	South West	✓					Care Aware Device integration	Grey Bruce Health Services	Hanover District, South Bruce Grey Health Care	Ongoing	Unknown	Unknown	Unknown	\$ 1,000,000	Yes. The project aligns with the technological output of the Fund.		x					
111	South West	✓					Hospitals Undergoing Optimization (HUGO)	Listowel Memorial	Wingham and District	Ongoing	Unknown	Unknown	Unknown	\$ 450,000	Yes. These projects indicate that the intended outcomes of these projects is the technology helps participating hospitals to develop electronic health records, which is identified as a technology output in the draft logic model.		x		x			
112	South West	✓					EPIC - Electronic Patient Integration & Connectivity	Alexandra Marine and General.	Huron Perth Hospital Alliance (St. Marys, Seaforth)	Ongoing	Unknown	Unknown	Unknown	\$ 1,200,000	Yes. The project aligns with the technological output of the Fund.		x					
113	South West	✓					Digital Image Capture for Scopes	Grey Bruce Health Services	Hanover District, South Bruce Grey Health Care	Ongoing	Unknown	Unknown	Unknown	\$ 300,000	Yes. The project aligns with the technological output of the Fund.		x					
114	South West	✓					Voice Recognition Software	Grey Bruce Health Services	Hanover District, South Bruce Grey Health Care	Ongoing	Unknown	Unknown	Unknown	\$ 150,000	Yes. The project aligns with the technological output of the Fund.		x					
115	South West	✓					EMR Phase I - Pharmacy software/hardware	South Huron Hospital Association	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 200,000	Yes. The project aligns with the technological output of the Fund.		x					
116	South West	✓					InstantAccess Solution	Grey Bruce Health Services	Hanover District, South Bruce Grey Health Care	Ongoing	Unknown	Unknown	Unknown	\$ 200,000	Yes. The project aligns with the technological output of the Fund.		x					
117	Waterloo Wellington		✓				LEAN Training and Support	Wellington Health Care Alliance	2 WW LHIN hospitals and 5 WW LHIN FHTs	Ongoing	Unknown	Unknown	Unknown	\$ 265,000	Yes. The objective of this initiative is to support the sharing of information and best practices among hospitals which clearly aligns with the Fund.			x			x	
118	Waterloo Wellington	✓					OCR Digital Scanning	NWHC	GMHC	Ongoing	Unknown	Unknown	Unknown	\$ 10,000	Yes. The objective of this initiative aligns with the transformation fund's outcomes relating to technology with the scanning of emergency department records.		x				x	
119	Waterloo Wellington				✓		Antimicrobial Stewardship	WHCA	Unknown	Ongoing	Unknown	Unknown	Unknown	\$ 50,000	Yes. The objective of this initiative aligns with the transformation fund in that the antimicrobial stewardship initiative links to the fund's intended outcomes.				x	x		

SMALL AND RURAL HOSPITAL TRANSFORMATION FUND

Summary of Transformation Projects
Fiscal Year 2014-2015

Project Number	Local Health Integrator Network	Project Domain					Project Name	Project Lead	Partners	Project Type	Status	Percentage Complete at Sept 2014	Expenditure to Sept 2014	Funding	Does the Project align with the stated outcomes and objectives of the Transformation Fund	Actual and Anticipated Outcomes				
		Technology	Health and Human Resources Training	Integration, Collaboration and Care Coordination	Clinical Improvement and Standards	Knowledge Exchange and Translation										Access	Integration and Transitions	Quality	Safety	Knowledge transfer
120	Waterloo Wellington	✓					Standardized Care Coordination by Leveraging Shared Electronic Toc	Wellington Health Care Alliance	2 WW LHIN hospitals and 5 WW LHIN FHTs	Ongoing	Unknown	Unknown	Unknown	\$ 150,700	Yes. The objective of this initiative aligns with the transformation fund's outcomes relating to technology in support of clinical care delivery.	x				



cutting through complexity

REVIEW OF THE SMALL AND RURAL
HOSPITAL TRANSFORMATION FUND

Appendix E Selected Project Descriptions





Small and Rural Hospital Transformation Fund Lessons Learned

Technology	<ul style="list-style-type: none"> • Dedicated project planning should be conducted well in advance of project kick-off (e.g. six months) • Training of project team members is critical to success • Access to current super users during training is beneficial to facilitate knowledge transfer to staff • Internal resources should be expanded to ensure that team members assigned to projects can be backfilled • Roles and responsibilities for project team members need to be clearly defined, communicated and understood • The local project manager should report to the project sponsor (e.g. CEO) and not functional managers (e.g. CFO) • Managers of impacted areas should be included in the transformation team • Formal project management skills and experience are essential to success. If project management responsibility is assigned to an internal resource, the organization should make an investment in training such as a project management workshop as well as sufficient supporting tools (e.g. project management software)
Integration, Collaboration, and Care Coordination	<ul style="list-style-type: none"> • Dedicated integration facilitators can be extremely beneficial to integrations by providing support for management • Joint learning opportunities should be pursued during the integration stage to ensure consistent knowledge and understanding as well as provide opportunities for team building • A single comprehensive communications strategy supported and shared by all parties will ensure consistency in messaging as well as avoid any gaps • Solutions should focus on improving access across communities, which is the ultimate goal of the integration process • Aspects of the integration process, including the development of organizational models and communication strategies needs to recognize the importance of local decision making • Given the reliance on the community for fundraising and volunteer services it is important to minimize the impact on these key constituents • There is a need to support staff during transition, including specifically focusing on retaining and leverage skills, supporting equity in compensation and offering training and development • The presence of multiple parties requires a clear definition of each party's role and responsibilities • To the extent that savings are realized, the sustainability of the organization would be enhanced through investments in education • Explicit commitments from leadership are essential to successful transition efforts
Clinical Improvements and Standards	<ul style="list-style-type: none"> • Early consultation with employees and union representatives is helpful in reducing resistance to change
Health Human Resources (LEAN)	<ul style="list-style-type: none"> • Identify a small number of strategic priorities and cascade these through the organization • Develop capabilities for improvement across the organization, focused on root cause problem solving and A3 thinking • Ensure structured accountability, support and dedicated resources for improvement initiatives, including the creation of a transformation office, development of an improvement toolkit and approach and a definition of governance and roles • Develop management-level capabilities and standard systems for managing improvement across the organization, including standard tools (performance boards, huddles) • Identify specific improvement initiatives based on selected value streams



Small and Rural Hospital Transformation Fund Central East

Project Name	Community Health Integration Services
Scope	<p>The Community Health Services Integration set out to develop and implement a cluster-based service delivery model with the integration of community health and hospital services within the Northeast Cluster of the Central East LHIN. The area focused on for this initiative was:</p> <ul style="list-style-type: none"> • Haliburton County/City of Kawartha Lakes; and • Northumberland County <p>The components of the initiative for Haliburton County and the City of Kawartha Lakes CHS included:</p> <ul style="list-style-type: none"> • Legal advice for labour harmonization and transitioning the pharmacy provider • Facilitation for the integration planning process • Project management • Information technology and communications • System process improvements • Shared training, education and standards • Literature Review on rural health hub models • Pilot projects
Key Deliverables	<p>Based upon the information shared the following outcomes have been achieved:</p> <ul style="list-style-type: none"> • Improved client access to high-quality services • Created an environment of readiness for future health system transformation • Made the best use of the public's investment
Status and Performance	<ul style="list-style-type: none"> • Anticipated completed date by March 31st, 2014



Small and Rural Hospital Transformation Fund Champlain

Project Name	EMR (Electronic Medical Record) implementation and pharmacy automation
Scope	<ul style="list-style-type: none"> All of the Champlain Small Hospitals have advanced well with their EMR adoption, with over two-thirds of them ready to implement clinical documentation. This sets the stage for electronic sharing of patient information with both regional and community partners. Capital investment in pharmacy automation, such as unit dose delivery and local drug packaging technology in small hospitals will improve efficiency, patient safety and enable pharmacists to focus more on clinical service and less on dispensing of medications. It also provides the infrastructure needed to support a regional model for pharmacy services. Each hospital has an equal allocation to support their individual requirement for continued implementation of electronic medical records and/or purchase of capital equipment needed for pharmacy automation.
Key Deliverables	<p>Key deliverables for this project:</p> <ul style="list-style-type: none"> Demonstrated movement on Health Information Management System Model (Stage 3 and beyond) Common clinical pathways and adoption of best practices Optimize shareable patient data among partners Increased efficiency and quality of clinical documentation A demonstration of models of shared integration in technology to support quality service delivery
Status and Performance	<ul style="list-style-type: none"> The hospitals are continuing progress toward the development of their information systems and continue to advance on the HIM Scale. The hospitals are also progressing with the necessary investments in pharmacy automation infrastructure so that they are ready for the eventual implementation of a regional pharmacy model. The EMR implementation component of information system development has 2/3 of the hospitals ready to implement clinical documentation. There is good collaboration and cooperation among the hospitals to maximize purchasing efficiency and sharing of lessons learned with information system implementation.



Small and Rural Hospital Transformation Fund Champlain

Project Name	Regional Pharmacy Feasibility
Scope	<p>The goal of the initiative was to conduct a feasibility study to determine the opportunities for a regional pharmacy approach to delivery and coverage of pharmacy services and then develop an implementation plan based on the study's findings.</p> <p>The study examine the aspects of a regional delivery model including:</p> <ul style="list-style-type: none"> • The identification of human resources • Preferred drug distribution model • Medication management • Capital and technical requirements for the model <p>Additionally, the study will provide recommendations for the regionalization of hospital pharmacy departments including</p> <ul style="list-style-type: none"> • Unit dose distribution • Bedside medication verification • 24 hour pharmacy coverage <p>The project team included the Health Innovations Group and a team of hospital members including Champlain, Almonte and Carlton Place, Kemptville, Arnprior, Renfrew Vic, Deep River, Glengarry, and St. Francis.</p>
Key Deliverables	<p>Quantified Benefits</p> <ul style="list-style-type: none"> • The increased control of the medication supply chain (avoidance of waste) will provide incremental operating savings of approximately \$100,000 to \$200,000. • Inventory savings will provide one time savings of \$12,000. <p>Qualitative Benefits</p> <ul style="list-style-type: none"> • There should be a reduction in medication errors because of enhanced patient safety features of automation and bar coded medication foundational to future bedside applications • Increased bedside time for nursing staff with reduced nursing time on controlled drug count and preparing IV medications
Status and Performance	<ul style="list-style-type: none"> • The second phase of the feasibility study was completed as planned and included the development of a Champlain specific model of regional pharmacy service delivery and a multi-year implementation plan with detailed project milestones and outcome measures.



Small and Rural Hospital Transformation Fund Champlain

Project Name	Patient Order Sets
Scope	<ul style="list-style-type: none">Small hospitals are beginning to roll out three standard order sets, adapted specifically for their unique care environments (congestive heart failure, COPD and stroke) based on Ontario's Quality Based Procedures best practice (as set in the Ministry's clinical handbooks.) These clinical tools will help support best practice care in small and rural hospitals.
Key Deliverables	<p>Key deliverables for this project:</p> <ul style="list-style-type: none">Demonstrated improvement in performance targets for quality based proceduresThe integrated adoption of standardized orders sets based on clinical mapping and evidence based best practicesEmbedded best practices and safety guidelines (Flexibility of content adapt to rural service delivery)Demonstrated strategies for physician and clinician engagement to standardize and improve care
Status and Performance	<ul style="list-style-type: none">The development of the template for the initial order set took more time than anticipated. Development of the clinical templates continues guided by the provincial QBP handbooks, consultation with regional networks and supported by clinical consultation from regional partners such as the Eastern Ontario Regional Laboratory Service.The order sets are being implemented in alignment with the information systems in each hospital.Patient outcome data will be followed as the implementation proceeds but there is insufficient data at this stage of implementation .



Small and Rural Hospital Transformation Fund North East

Project Name	Palliative Care Enhancement
Partners	Anson General Hospital, Blind River District Hospital , St. Joseph's General Hospital Elliot Lake, Espanola Regional Hospital , Services de sante de Chapleau Health Services
Scope	<ul style="list-style-type: none"> Additional resources to enhance care coordination for palliative care for local residents in Iroquois Falls, Blind River, Elliot Lake, Espanola, and Chapleau.
Key Deliverables	<ul style="list-style-type: none"> Enhance levels of palliative care provided.
Status and Performance	<ul style="list-style-type: none"> All key deliverables achieved and projects complete.

Project Name	Laboratory Interface
Partners	Sault Area Hospital and Blind River District Health Centre
Scope	<ul style="list-style-type: none"> Thessalon Hospital (TH) and Matthew's Memorial Hospital (MMH) were transferred to the Blind River District Health Centre (BRDHC) from Sault Area Hospital (SAH). When integrated, a lab interface was required to build an electronic process to provide a more efficient and automated result for all lab tests. This project will focus on building and testing microbiology dictionaries and resolving issues with the third party provider. This will move the lab results from a manual process to an electronic one.
Key Deliverables	<ul style="list-style-type: none"> Build microbiology test dictionaries; Continue resolving issues with Life Lab results; Move the process from manual to electronic
Status and Performance	<ul style="list-style-type: none"> All key deliverables achieved and project complete.



Small and Rural Hospital Transformation Fund North East

Project Name	IT Investments in North East Hospitals
Partners	16 North East Hospitals
Scope	<p>IT Investments include:</p> <ul style="list-style-type: none"> • Purchase/Implement 'Point Click Care' • Implementation of wireless service • Physician IT integration • Disaster recovery/mitigation • IT integration (hospital and long term care home); IT Integration • Implementation of Patient Order Sets • Purchase/Implement Meditech EMR viewing of patient data • Purchase Meditech NPR training material • Local DI improvements of core equipment supporting the implementation of a regional Master Patient Index and IMPAX 6.5 • Router upgrade; PCS Implementation ; Glucometer Interface • Purchase and install On Demand Forms Software • Purchase and install firewalls, new computers, and PACS servers • Purchase and install EMR View Stations in Emergency Department • Purchase nursing order sets , 3 interfaces for lab analyzers, NORad PACS capital, nursing station printer, cabling for security monitoring system • Costs associated with NESA
Key Deliverables	<ul style="list-style-type: none"> • Necessary software/equipment purchased • Targeted IT infrastructure development met • Projects completed on time and on budget
Status and Performance	<ul style="list-style-type: none"> • All key deliverables achieved and project s complete.



Small and Rural Hospital Transformation Fund North East

Project Name	FADS Diagnostic Clinic
Partners	Blind River District Health Centre and Health Sciences North
Scope	<ul style="list-style-type: none"> The FADS Diagnostic Clinic was to increase the number of patients (up to 6 patients per month from the standard 2 patients) seen in an attempt to decrease the wait list which, as of October 2013, was over two years.
Key Deliverables	<ul style="list-style-type: none"> Increase the number of patients seen in the clinic to up to 6 per month
Status and Performance	<ul style="list-style-type: none"> The team was able to bring in 2 additional patients, bringing the total to 20 seen over a three month period. Project is ongoing.

Project Name	OTN in Emergency Department
Partners	Blind River District Health Centre and West Parry Sound Health Centre
Scope	<ul style="list-style-type: none"> Enhance videoconferencing capability in Emergency Department.
Key Deliverables	<ul style="list-style-type: none"> Purchase and install OTN equipment in Emergency Department.
Status and Performance	<ul style="list-style-type: none"> All key deliverables achieved and project complete.

Project Name	OTN Coordinator
Partners	Blind River District Health Centre
Scope	<ul style="list-style-type: none"> The OTN main suite had recently relocated to the Huron Shores Family Health Team building. As a result, more referrals have been received. The purpose is to provide more replacement time and support to ensure BRDHC continued enhancement of service to patients.
Key Deliverables	<ul style="list-style-type: none"> Ensure services are continued at 2.5 days per week ongoing Financially support the human resources needed to provide OTN services
Status and Performance	<ul style="list-style-type: none"> Key deliverables have been met thus far, multi year project



Small and Rural Hospital Transformation Fund North East

Project Name	Bereavement Training and Community Awareness Program
Partners	Blind River District Health Centre and St. Joseph's General Hospital Elliot Lake
Scope	<ul style="list-style-type: none">• Program to provide bereavement training and community awareness for families in Elliot Lake and Blind River.
Key Deliverables	<ul style="list-style-type: none">• Establish program• Track number of families served and satisfaction
Status and Performance	<ul style="list-style-type: none">• Key deliverables have been met thus far, multi year project

Project Name	Expansion to Cardiac Rehab Program
Partners	Blind River District Health Centre and Sault Area Hospital
Scope	<ul style="list-style-type: none">• Cardiac Rehab Program at Sault Area Hospital expanded to ensure that patients from the district have access to service.
Key Deliverables	<ul style="list-style-type: none">• Expand program to provide service to the entire Algoma District• Number of patients served
Status and Performance	<ul style="list-style-type: none">• Key deliverables have been met thus far, multi year project



Small and Rural Hospital Transformation Fund North East

Project Name	Shared Decision support
Partners	Blind River District Health Centre, Espanola Regional Hospital, Manitoulin Health Centre
Scope	<ul style="list-style-type: none"> To support a Decision Support Analyst position shared between three hospitals: Manitoulin Health Center, Espanola Regional Hospital and Blind River Health Center. The Decision Support Analyst will provide the three small hospitals with the ability to ensure quality data, informed decision making, identification of economies of scale and more importantly identify improvements to the patient experience and outcomes.
Key Deliverables	<ul style="list-style-type: none"> Hire decision support analyst Enhance cross sector coordination and transitions of care Provide access to quality evidence based care in small communities Standardized care across all three hospitals
Status and Performance	<ul style="list-style-type: none"> Key deliverables have been met thus far, multi year project

Project Name	Expansion of Congregate Dining
Partners	Blind River District Health Centre
Scope	<ul style="list-style-type: none"> This funding increase would allow an expansion of dining services from four times for 20- 25 clients to 6 times per year. Health promotion, health education and social activities are provided at each congregate dining session as well as transportation to and from the event.
Key Deliverables	<ul style="list-style-type: none"> Expand congregate dining program to provide meals 6 times per year for 20-25 clients
Status and Performance	<ul style="list-style-type: none"> All key deliverables achieved and project complete



Small and Rural Hospital Transformation Fund North East

Project Name	Englehart Integrated Health Study
Partners	Englehart and District Hospital
Scope	<ul style="list-style-type: none"> Examination of a community hub model whereby the hospital would be the central access point to the full continuum of care. The feasibility of repurposing existing hospital resources would be examined, which would include a solution to the aging LTCH infrastructure.
Key Deliverables	<ul style="list-style-type: none"> Determine the feasibility of establishing a central point of access to coordinated care (FHT, Hospital, LTC, Retirement, Assisted Living, Mental Health, EMS/DSSAB, Cancer Care, Palliative Care, etc.)
Status and Performance	<ul style="list-style-type: none"> Study currently underway, multi year project

Project Name	Shared Behavioral Support Clinician
Partners	Espanola Regional Hospital, Blind River District Health Centre, Manitoulin Health Centre
Scope	<ul style="list-style-type: none"> BSO clinician for the LTC/Eldcap/hospital and community programs in Espanola and Manitoulin Island and hospital/community in Blind Rlver.
Key Deliverables	<ul style="list-style-type: none"> Reduce patient transfers from LTC to acute or specialized unit for behaviors Delay need for more intensive services, reducing admissions and risk of ALC Reduce length of stay for persons in hospital who can be discharged to LTC with enhanced behavioral resources
Status and Performance	<ul style="list-style-type: none"> Key deliverables currently underway, multi-year project



Small and Rural Hospital Transformation Fund North East

Project Name	Care Transitions Coach
Partners	Espanola Regional Hospital and West Parry Sound Health Centre
Scope	<ul style="list-style-type: none"> Currently there are some challenges with the effective transition of clients from hospital to CCAC to CSS services. The Care Transitions Coach will be responsible to create an environment where care pathways can be developed, linkages to Primary Care established, and smooth transitions to LTC are established.
Key Deliverables	<ul style="list-style-type: none"> Improved coordination of care Improved connection with primary care and long term care Reduced emergency department admissions
Status and Performance	<ul style="list-style-type: none"> Project deferred until next fiscal, funding reallocated, multi-year project

Project Name	Non-Urgent Inter-Facility Patient Transportation Pilot Project
Partners	Espanola Regional Hospital, Manitoulin Health Centre, Health Sciences North
Scope	<ul style="list-style-type: none"> To test alternative models of non-EMS delivered non-urgent patient transportation in the North East for a 6 month trial period beginning in early 2013.
Key Deliverables	<ul style="list-style-type: none"> Delivery of regularly scheduled and dedicated non-urgent transportation alternatives in rural urban settings To inform the North East non-urgent transportation review that was completed in June 2014
Status and Performance	<ul style="list-style-type: none"> The pilots were extremely successful and have been extended until they can be transitioned into a new non-urgent transportation system/model for the region expected to be implemented in mid-2015.



Small and Rural Hospital Transformation Fund North East

Project Name	NEON Allergy Project
Partners	Hopital de Mattawa Hospital and NEON
Scope	<ul style="list-style-type: none"> NEON has been attempting to increase the use of the Allergy system, for over 12 months. This is a major upgrade to NEON, using the Allergies 2.0. A part time pharmacist, will be dedicated to assist and support NEON's allergy project and ongoing dictionary support.
Key Deliverables	<ul style="list-style-type: none"> To convert allergies in N01 and N02 Test and Live
Status and Performance	<ul style="list-style-type: none"> Converted allergies in N01 TEST, N02 TEST, N03 TEST, Standards TEST, Sandbox, N01 LIVE, N02 LIVE, N03 LIVE, Standards LIVE

Project Name	Community Based Healthcare Integration
Partners	Hopital de Mattawa Hospital and Community Partners
Scope	<ul style="list-style-type: none"> This funding will assist with the legal and consulting costs incurred as a result of the integration between the Hopital de Mattawa Hospital, and Algonquin Nursing Home.
Key Deliverables	<ul style="list-style-type: none"> Legal and consulting costs for Hopital de Mattawa Hospital, and Algonquin Nursing Home covered.
Status and Performance	<ul style="list-style-type: none"> All key deliverables are complete

Project Name	NEON Advanced Clinical Plan
Partners	Hopital Notre Dame Hospital (Hearst) and NEON
Scope	<ul style="list-style-type: none"> To provide a 5 year ACS Plan for NEON, that includes a first two years (2014/15 to 2015/16) implementation analysis as, at a minimum, all NEON sites strive to achieve EMRAM Level 3.
Key Deliverables	<ul style="list-style-type: none"> Complete plan and submit to NEON and the NE LHIN
Status and Performance	<ul style="list-style-type: none"> All key deliverables achieved and project complete



Small and Rural Hospital Transformation Fund North East

Project Name	Meditech Clinical Specialist
Partners	Hopital Notre Dame Hospital (Hearst), Sensenbrenner Hospital, Smooth Rock Falls Hospital
Scope	<ul style="list-style-type: none"> To share resources to help advance our clinical applications to enhance our current Meditech clinical environment with features that will allow us to better utilize our system. Our Meditech Clinical Specialist would work with the three sites to review areas of improvement, standardize operations and allow us to provide better usage of the system for our clinicians thus improving patient care.
Key Deliverables	<ul style="list-style-type: none"> Create a Meditech clinical support model that will aid in supporting, enhancing its current usage and enabling advancements.
Status and Performance	<ul style="list-style-type: none"> The three hospitals Meditech support model was conceived with the same goals of supporting, enhancing, leading and advancements within Meditech to benefit our clinicians within the three organizations. Posting of position was completed. Each site benefited from successful enhancements within Meditech.

Project Name	XERO EMR Viewer for all NORad Partners
Partners	Hopital Notre Dame Hospital (Hearst) and NORad Partners
Scope	<ul style="list-style-type: none"> Members of NORrad who share a regional PAC's system have the ability to interface the AGFA PAC's system with our HIS Meditech EMR module to retrieve patient images. This would allow for our clinicians a seamless transition of patient data / information by linking / interfacing PAC's images with the patients Meditech EMR Data to allow a single point of access saving time for clinicians.
Key Deliverables	<ul style="list-style-type: none"> Improve clinician access to patient data
Status and Performance	<ul style="list-style-type: none"> Xero was successfully purchased and installed for 13 of the 15 sites in LIVE with the patients EMR in Meditech to NORrad Partners. Clinicians are now able to link directly to the patients images including previous images for diagnostic comparison of results.

Project Name	Implementation of Abstracting Software
Partners	Hornepayne Community Hospital and 21 North East Hospitals
Scope	<ul style="list-style-type: none"> This initiative involves the implementation of a shared common system for coding and abstracting for 22 North East Hospitals.
Key Deliverables	<ul style="list-style-type: none"> MED2020 Set Up SFTP Site MED2020 Performs and Tests Conversion MED2020 Installs and Configures DB on Timmins Server MED2020 Develops and Tests batch interface Training Final conversation and merge and go live date March 24, 2014
Status and Performance	<ul style="list-style-type: none"> All key deliverables achieved and project complete

Project Name	Lab Cluster Specialist
Partners	Hornepayne Community Hospital and 9 North East Hospitals
Scope	<ul style="list-style-type: none"> The NEO Out-Patient review clearly demonstrated a lack of quality and integrity in capturing MIS data which is submitted to MOHLTC. The Cluster has no one monitoring or trained to monitor the integrity of instrument interfaces and is also struggling to retain and maintain trained staff to perform Meditech Super User functions. Failure to do so puts the quality of our lab functions at risk, has the potential to impact patient safety, and may ultimately impact Lab Licensing. The new position will not only help mitigate these risks, it will help with the standardization of MIS data amongst the group and help with comparability.
Key Deliverables	<ul style="list-style-type: none"> Hire two 0.5 TE Lab Cluster IT Specialists Lab Cluster IT Specialists to monitor the integrity of instrument interfaces and perform Meditech Super User functions.
Status and Performance	<ul style="list-style-type: none"> Key deliverables in process, multi-year project



Small and Rural Hospital Transformation Fund North East

Project Name	IT Integration with Health Sciences North
Partners	Hornepayne Community Hospital and Health Sciences North
Scope	<ul style="list-style-type: none"> To integrate HCH's IT with Health Science North (HSN).
Key Deliverables	<ul style="list-style-type: none"> Replacement of all current hardware located at HCH Active Domain Services-user accounts HSN service desk for all IT related issues Storage for individual users (Home drives) Minimum of 2 onsite visits yearly
Status and Performance	<ul style="list-style-type: none"> All key deliverables achieved and project complete

Project Name	Physiotherapy
Partners	Hornepayne Community Hospital
Scope	<ul style="list-style-type: none"> Funding will go towards 0.4 (FTE) of a full-time physiotherapist for Hornepayne (the remaining 0.6 FTE will be funded through the Ministry of Health and Long Term Care Physiotherapy Reform). The physiotherapist will be housed in hospital and will provide ongoing preventative care for over 75 patients/residents per year (inpatients, outpatients, long term care, and community).
Key Deliverables	<ul style="list-style-type: none"> Hire a physiotherapist Provide service to 75 individuals per year (inpatients, outpatients, long term care, and community)
Status and Performance	<ul style="list-style-type: none"> Physiotherapist hired 58 individuals served to date Key deliverables still in process, multi-year project



Small and Rural Hospital Transformation Fund North East

Project Name	Mental Health Counsellor
Partners	Hornepayne Community Hospital and Services de Counselling Hearst-Kapusksing-Smooth Rock Falls (SCHKS)
Scope	<ul style="list-style-type: none"> A full-time mental health counsellor (1.0 FTE) to be located in Hornepayne Community Hospital (HCH) and professionally supported by Services de Counselling Hearst-Kapusksing-Smooth Rock Falls (SCHKS). This position will provide ongoing mental health services to over 75 Hornepayne residents (inpatient, outpatient, long term care, Francophone).
Key Deliverables	<ul style="list-style-type: none"> Negotiate service agreement Hire MH counsellor Bi-annual MH counsellor performance review 75 individuals served per year
Status and Performance	<ul style="list-style-type: none"> Service agreement negotiated MH counselor hired 26 individuals served to date Key deliverables still in process, multi-year project

Project Name	Quality Based Procedures- Clinical Steering Review
Partners	Kirkland and District Hospital and 24 North East Hospitals
Scope	<ul style="list-style-type: none"> The Hay Group was asked to facilitate additional engagement sessions in the NE LHIN to gather input from the CEO's and clinicians all hospitals. A supplementary analysis of inappropriate referrals to Health Sciences North was also conducted. The analysis was to determine if surgical cases referred to Health Sciences North could have been managed at the local hospital.
Key Deliverables	<ul style="list-style-type: none"> Conduct additional CEO and clinician engagement sessions Complete supplementary analysis of inappropriate referrals to HSN
Status and Performance	<ul style="list-style-type: none"> All key deliverables achieved and project complete



Small and Rural Hospital Transformation Fund North East

Project Name	Integration of Timiskaming Palliative Care Network
Partners	Kirkland and District Hospital and Timiskaming Palliative Care Network
Scope	<ul style="list-style-type: none"> The purpose of this funding is to cover costs associated with the integration of Timiskaming Palliative Care Network under Kirkland and District Hospital.
Key Deliverables	<ul style="list-style-type: none"> Audit review Staffing costs Other costs (i.e. insurance, telephone, travel, volunteer recognition, office expenses)
Status and Performance	<ul style="list-style-type: none"> All key deliverables achieved and project complete

Project Name	Implementation of a Common IT System
Partners	Kirkland and District Hospital, Temiskaming Hospital, Englehart and District Hospital
Scope	<ul style="list-style-type: none"> The projects to move this IT integration forward include: Embosser Replacement, e-Front Learning Management System, Medworxx, Netfacilities, Risk Management Software with interface, and Occupational Health Software.
Key Deliverables	<ul style="list-style-type: none"> Implement all projects listed above
Status and Performance	<ul style="list-style-type: none"> All key deliverables achieved and project complete



Small and Rural Hospital Transformation Fund North East

Project Name	Project Coordinator- North East Rural Communities Framework
Partners	Lady Dunn Health Centre and 14 community agencies/stakeholders
Scope	<ul style="list-style-type: none"> Funding will be used to hire a project coordinator to implement the North East Rural Communities Framework for Improved Health System Coordination in the Wawa Area (Wawa, Michipicoten First Nation, Missanabie, Hawk Junction, Dubreuilville, White River) as a pilot project. This process will lead the community to develop strategies to address local health system issues, and implement a model for improved health system coordination
Key Deliverables	<ul style="list-style-type: none"> Hire project manager Develop work plan Assess current state Determine opportunities for improvement Develop action plan Implement action plan Monitor, adjust, evaluate
Status and Performance	<ul style="list-style-type: none"> Key deliverables in process, multi-year project

Project Name	North East Joint Assessment Centre (NE JAC) Expansion
Partners	Manitoulin Health Centre, West Parry Sound Health Centre Sault Area Hospital, Timmins and District Hospital, Health Sciences North
Scope	<ul style="list-style-type: none"> This funding will go towards the expansion of the NE JAC program in North East hospitals to increase service levels and decrease wait times.
Key Deliverables	<ul style="list-style-type: none"> Wait time less than or equal to 90 days Increase percent choosing next available surgeon Maintain or increase patients seen in assessment center 100% of primary joints receiving surgery seen at NE JAC
Status and Performance	<ul style="list-style-type: none"> Key deliverables in process, multi-year project



Small and Rural Hospital Transformation Fund North East

Project Name	NEON Conversion Plan
Partners	Manitoulin Health Centre, North Bay Regional Health Centre, Sault Area Hospital
Scope	<ul style="list-style-type: none">• One of the key barriers for NBRHC and SAH to participate in NEON is the need to convert their respective organization's Meditech data into the live NEON HCIS. An RFP was executed to select a consultant to complete a business case, risk analysis, privacy impact analysts and implementation plan for data conversion activities.
Key Deliverables	<ul style="list-style-type: none">• Consultant hired• Report Complete
Status and Performance	<ul style="list-style-type: none">• Key deliverables achieved and project complete

Project Name	QBP Module Implementation
Partners	Manitoulin Health Centre and 22 North East Hospitals
Scope	<ul style="list-style-type: none">• Patient Order Sets hired to assist with hospital QBP implementation including POS, change management, and technical support.
Key Deliverables	<ul style="list-style-type: none">• All small hospitals have required POS implemented
Status and Performance	<ul style="list-style-type: none">• Key deliverables in process, multi-year project



Small and Rural Hospital Transformation Fund North East

Project Name	Tele-Ophthalmology
Partners	Manitoulin Health Centre and Community Partners
Scope	<ul style="list-style-type: none"> To restore and expand the delivery of Tele-Ophthalmology in order to provide services such as screening for retinopathy and macular edema in diabetic patients. This funding is in alignment with NE LHIN and provincial priorities to coordinate local and regional services to the adult and aboriginal diabetes population.
Key Deliverables	<ul style="list-style-type: none"> Expand the delivery of Tele-Ophthalmology
Status and Performance	<ul style="list-style-type: none"> Key deliverables in process, multi-year project , 2013-14 funding reallocated towards Senior Friendly Hospital and Palliative Care Training

Project Name	Integrated Discharge Planning
Partners	Manitoulin Health Centre and Community Partners
Scope	<ul style="list-style-type: none"> To support 1 FTE to be involved in integrated discharge planning for all patients discharged from the Manitoulin health Center, as well as to coordinate service plans for clients transitioning back to the community in need of support. This position would ensure that service planning encompasses all available community services in the area, including on-reserve community support services and home support services.
Key Deliverables	<ul style="list-style-type: none"> Hire 1 FTE integrated discharge planner Develop work plan Implement work plan
Status and Performance	<ul style="list-style-type: none"> Key deliverables in process, multi-year project, 2013-14 funding reallocated towards Senior Friendly Hospital and Palliative Care Training



Small and Rural Hospital Transformation Fund North East

Project Name	Hub Quality and Integration Lead
Partners	Manitoulin Health Centre and Community Partners
Scope	<ul style="list-style-type: none"> To support the implementation of a Hub model for Manitoulin Island over 3 phases as outlined in key deliverables.
Key Deliverables	<ul style="list-style-type: none"> Project coordinator- creation of collaborative agreements with service providers and Integrated Quality Improvement planning; Care Pathway modeling and design, data standardization, service mapping; Implementation
Status and Performance	<ul style="list-style-type: none"> Key deliverables in process, multi-year project, 2013-14 funding reallocated towards Senior Friendly Hospital and Palliative Care Training

Project Name	Senior Friendly and Palliative Care Training
Partners	Manitoulin Health Centre
Scope	<ul style="list-style-type: none"> Through this funding, MHC staff will obtain specialized training in SFH best practices to assist with the implementation of the various s initiatives outlined in their SFH Improvement Plan . Palliative Care training will assist MHC staff with providing an enhanced level of care to Palliative patients within their facility.
Key Deliverables	<ul style="list-style-type: none"> Complete SFH training Complete Palliative Care training
Status and Performance	<ul style="list-style-type: none"> Key deliverables achieved and project complete



Small and Rural Hospital Transformation Fund North East

Project Name	Seniors Quality Care Project
Partners	Services de sante de Chapleau Health Services
Scope	<ul style="list-style-type: none"> Through SSCHS' Senior Quality program, SSCHS will develop and implement an ELDCAP Residents' First Quality Plan; train staff in the use of a selected delirium screening tool; implement Senior Friendly initiatives across the hospital; and develop, train, and implement clinical restorative care programs in long term care.
Key Deliverables	<ul style="list-style-type: none"> Implement Residents' First Quality Plan Train staff in the use of selected delirium screening tool Implement SFH initiatives Develop, train, and implement clinical restorative care programs in LTC
Status and Performance	<ul style="list-style-type: none"> Key deliverables achieved and project complete

Project Name	Palliative Care
Partners	Services de sante de Chapleau Health Services
Scope	<ul style="list-style-type: none"> Enhancing palliative care services within Services de santé de Chapleau Health Services to ensure local access for Chapleau Area patients and families.
Key Deliverables	<ul style="list-style-type: none"> Increase number of individuals served Train 1-2 nurses in palliative care
Status and Performance	<ul style="list-style-type: none"> Key deliverables achieved and project complete



Small and Rural Hospital Transformation Fund North East

Project Name	Seniors Mental Health Worker
Partners	Services de sante de Chapleau Health Services
Scope	<ul style="list-style-type: none"> Hire a part-time (0.5 FTE) seniors mental health worker as pilot project which will assist 40 seniors who are living with mental illness to remain in their homes. This project will support seniors to engage in social and physical activities to promote social integration and prevent deterioration. The funding will also support care-givers by providing them with coping strategies.
Key Deliverables	<ul style="list-style-type: none"> Hire 0.5 FTE Promote program to HSPs for referrals and community promotion for self-referral Demonstrate positive outcomes of the program
Status and Performance	<ul style="list-style-type: none"> 0.5 FTE hired 5 individuals served to date, 24 units of service Key deliverables in process, multi-year project

Project Name	Physiotherapy
Partners	Services de sante de Chapleau Health Services
Scope	<ul style="list-style-type: none"> Funding will go towards 0.4 (FTE) of a full-time physiotherapist for the Chapleau Area (the remaining 0.6 (FTE) will be funded through the Ministry of Health and Long Term Care Physiotherapy Reform). The physiotherapist will be housed in hospital and will provide ongoing preventative care for over 80 patients/residents per year (inpatients, outpatients, long term care, and community).
Key Deliverables	<ul style="list-style-type: none"> Hire physiotherapist 80 individuals served per year (inpatients, outpatients, long term care, and community)
Status and Performance	<ul style="list-style-type: none"> Key deliverables in process, multi-year project



Small and Rural Hospital Transformation Fund North East

Project Name	Oncology
Partners	Services de sante de Chapleau Health Services
Scope	<ul style="list-style-type: none"> Enhancing oncology services within Services de santé de Chapleau Health Services to ensure local access for Chapleau Area patients and families.
Key Deliverables	<ul style="list-style-type: none"> Increase number of individuals served Enhance partnership with Cancer Care Ontario Train 1-2 nurses in oncology
Status and Performance	<ul style="list-style-type: none"> Key deliverables achieved and project complete

Project Name	Fort Albany Geriatric Clinic
Partners	Weeneebayko Area Health Authority, North East Local Health Integration Network, North East Specialized Geriatric Services, Peetabeck Health Services.
Scope	<ul style="list-style-type: none"> This funding will support the initial costs surrounding the research and development of a pilot project for a geriatrics clinic situated in the community of Fort Albany First Nation. The development committee includes the North East Local Health Integration Network, North East Specialized Geriatric Services, Weeneebayko Area Health Authority and Peetabeck Health Services.
Key Deliverables	<ul style="list-style-type: none"> Research and implement pilot project
Status and Performance	<ul style="list-style-type: none"> Key deliverables achieved and project complete



Small and Rural Hospital Transformation Fund North East

Project Name	BSO Resources in Small Hospitals
Partners	West Nipissing General Hospital
Scope	<ul style="list-style-type: none">West Nipissing Hospital must be connected to the BSO network and must serve the Hospital, the Interim Beds AU Chateau and the community. It is expected that the BSO resource will assist West Nipissing Hospital and Au Chateau to accept patients with behavioral issues.
Key Deliverables	<ul style="list-style-type: none">Reduced patient transfers from LTCH/Interim Beds to acute care or specialized unit for behavioursIncreased number of patients with behaviour issues admitted to the Interim Beds at West Nipissing HospitalReduced length of stay for persons in hospital who can be discharged to a LTCH with enhanced behavioral resources
Status and Performance	<ul style="list-style-type: none">All key deliverables in process, multi-year project



Small and Rural Hospital Transformation Fund North West

Project Name	Telemedicine Expansion
Scope	<ul style="list-style-type: none"> • Purchase and installation of telemedicine equipment in a variety of hospital and community settings. • Project is intended to expand the utilization of telemedicine services as the Project involves putting equipment into locations that currently have limited or no access to telemedicine equipment. • Project is intended to improve patient quality of care, access to care and reduce the need for patient travel.
Key Deliverables	<p>Key Deliverables:</p> <ul style="list-style-type: none"> • Faster access to care improves health outcomes. • As for client centeredness, increased access in the community would decrease the patient's need to leave family and home to receive care. • Based on feedback from current experiences of patients, the patient experience is greatly improved. The technology is proven to be safe and effective. • By providing Telemedicine options to a larger group of the population, there is a greater opportunity for those in compromised populations to access health care. • Increased access health care is an understood and proven benefit of increased use of Telemedicine for both acute and chronic care patients. • Increased access to Telemedicine allows for the provision of care in a more timely fashion and is more flexible to patients' needs. • Along with the benefits to the patient, increased access to Telemedicine will help to leverage this technology to provide better service coordination between providers by creating linkages to a larger group of health service providers and community resources. This coordination will also serve to strengthen local health hubs and overall quality of care provided to the individual patient.
Status and Performance	<ul style="list-style-type: none"> • No status and/or performance updates were identified



Small and Rural Hospital Transformation Fund North West

Project Name	Integrated Project Management
Scope	<ul style="list-style-type: none"> • Development and implementation of a LHIN wide Project Management Office and Decision Support service for all hospitals in the LHIN. • Project will provide small hospitals and select community service providers with access to project management and decision support resources that traditionally would not be available to smaller HSPs. • This project will provide the HSPs resources required to make evidence based informed decisions and implement projects at to the standard expected by the LHIN. • These skills and capacities are required for the HSPs to be able to actively participate in the transformation initiatives underway in the LHIN including the implementation of the North West LHIN Health Services Blueprint and the development of Health Links.
Key Deliverables	<p>Key Deliverables:</p> <ul style="list-style-type: none"> • Service quality will be improved at all hospital and partner sites through the appointment of specific, subject matter experts in each of the noted areas. Safety, effectiveness, and staff and client experience is improved through standardization, elimination of duplicated efforts researching and then implementing leading industry practice • All small, rural northern hospitals and partnered agencies will <ul style="list-style-type: none"> • have access to leading practice in the specified areas regardless of availability to local human or fiscal resources • have improved access to a more robust and contemporary service through this proposed model • Be able to leverage the specialized subject matter expertise in this model
Status and Performance	<ul style="list-style-type: none"> • No status and/or performance updates were identified



Small and Rural Hospital Transformation Fund North West

Project Name	Medication Management
Scope	<ul style="list-style-type: none">• Purchase of asset and process redesign required to advance closed loop medication.• This project will significantly advance 11 of 13 hospitals in the LHIN towards the implementation of closed loop medication.• The implementation of closed loop medication management has been proven to virtually eliminate medication errors. Medication errors have a significant impact on the quality of care and patient outcomes.• This project will provide participating hospitals with the equipment and required process redesign to implement closed loop medication management.
Key Deliverables	<p>Key deliverables:</p> <ul style="list-style-type: none">• Will be improved at all participating hospitals through the introduction of the equipment, software, processes and procedures required to support automated medication management
Status and Performance	<ul style="list-style-type: none">• No status and/or performance updates were identified



Small and Rural Hospital Transformation Fund North West

Project Name	Community Wide Scheduling
Scope	<ul style="list-style-type: none"> • Expansion of scope of community wide scheduling to additional hospitals. • Through this project, the participating hospitals will be able to complete online booking and scheduling for appointments using an electronic solution. • This solution will allow participating hospitals to book appointments at other sites for diagnostic tests and consultations more efficiently. Currently, scheduling is completed via phone or fax which is inefficient and untimely for both the patient and referring facility. • This project will allow the referring hospital to complete book the appointment(s) for the patient immediately and coordinate appointments where multiple diagnostic tests or consults are required.
Key Deliverables	<p>Key deliverables:</p> <ul style="list-style-type: none"> • Meditech CWS would provide solid client-centric service and improved service quality for the following reasons: • Work with a single patient's appointment history and upcoming appointments. Potential to schedule appointments at the same time for various different areas (lab, DI, clinics, etc.) to optimize patient travel and/or specialist travel between all six participating hospital organizations • Primary care practitioners can see the status of ambulatory care bookings for the patient, and know the status of test bookings, etc. • Benefit to workers being able to see scheduling availability at different facilities. • With all staff using the same patient scheduling system, there are synergies in group/mutual training activities and technical support functions
Status and Performance	<ul style="list-style-type: none"> • No status and/or performance updates were identified

Project Name	Obstetrical Training
Scope	<ul style="list-style-type: none"> • Dedicated obstetrical services training for new nurses and enhanced training for existing staff. • Through the project, 4 recently recruited registered nurses will receive a one week orientation at a partnering hospital within an obstetrical unit. This training will allow the nurses to participate in a high volume and wide array of obstetrical services. • Additionally, other nursing staff will complete a continuing education course related to obstetrical services. • The combination of these initiatives provides the HSP with the human resources required to safely provide basic obstetrical services in the community.
Key Deliverables	<p>Key deliverables:</p> <ul style="list-style-type: none"> • RNs and MDs will be oriented and educated to the practice of delivering babies at the Red Lake Hospital • Low risk patients will receive safe care for themselves and newborns provided by competent health care providers • Service will be of a high quality and lead to a positive experience for the patient and family • Labour and delivery experience can be more individualized, supportive, reassuring and overall more effective • Appropriate orientation and education will lead to early identification of risk • Less travel for patients
Status and Performance	<ul style="list-style-type: none"> • No status and/or performance updates were identified



Small and Rural Hospital Transformation Fund North West

Project Name	Knowledge Transfer Exchange
Scope	<ul style="list-style-type: none">• Participation of hospitals in the LHIN and provincial knowledge transfer and exchange session.• This project will allow the hospitals to share experiences and lessons learned related to these projects with stakeholders including other hospitals, LHINs and the MOHLTC.
Key Deliverables	<ul style="list-style-type: none">• No key deliverables were identified
Status and Performance	<ul style="list-style-type: none">• No status and/or performance updates were identified



Small and Rural Hospital Transformation Fund South East

Project Name	North Hastings IT Refresh
Scope	<ul style="list-style-type: none">• This project builds upon the success of the QHC 2013-14 small hospital funding.• It is an improvement initiative identified through the “Improving the Patient Journey” LEAN analysis.• he project involves a refresh of the North Hastings hospital IT and telecommunications equipment in order to allow NHH to fully adopt the benefits of the rollout of the QHC eHealth plan and to enhance internal communication and communication with community partners.
Key Deliverables	<p>This initiative meets the following objectives set out within the domain as directed by the MOHLTC for the Small Hospital Transformational Fund program;</p> <ul style="list-style-type: none">• Organizational Sustainability• Access to core acute• Collaboration with Community Services• Improve Quality, Safety and Value
Status and Performance	Expected completion date by March 31 st , 2015



Small and Rural Hospital Transformation Fund South East

Project Name	North Hastings Hospital Infection Control Microfiber Cloth Washer/Dryer
Scope	<ul style="list-style-type: none">• This project builds upon the success of the QHC 2013-14 small hospital funding. It is an improvement initiative identified through the “Improving the Patient Journey” LEAN analysis.• The project involves a refresh of the North Hastings hospital IT and telecommunications equipment in order to allow NHH to fully adopt the benefits of the rollout of the QHC eHealth plan and to enhance internal communication and communication with community partners.
Key Deliverables	<p>This initiative meets the following objectives set out within the domain as directed by the MOHLTC for the Small Hospital Transformational Fund program;</p> <ul style="list-style-type: none">• Organizational Sustainability• Health Links• Collaboration with Community Services• Meet needs for post-acute/palliative care• Improve Quality, Safety and Value
Status and Performance	<ul style="list-style-type: none">• The estimated timeline for completion is March 31st 2015.



Small and Rural Hospital Transformation Fund South East

Project Name	North Hastings Hospital Diagnostic Imaging
Scope	<ul style="list-style-type: none"> • This project also builds upon the success of the QHC 2013-14 small hospital funding. It is an improvement initiative identified through the “Improving the Patient Journey” LEAN analysis. • The project will see the addition of 1 full time evening x-ray technician. • This resource will reduce the need for DI patient transfers at NHH.
Key Deliverables	<p>This initiative meets the following objectives set out within the domain as directed by the MOHLTC for the Small Hospital Transformational Fund program;</p> <ul style="list-style-type: none"> • Organizational Sustainability • Access to Core Acute • Improve Quality, Safety and Value
Status and Performance	<ul style="list-style-type: none"> • The estimated timeline for completion is March 31st 2015.

Project Name	North Hastings Hospital Security Coverage
Scope	<ul style="list-style-type: none"> • This project also builds upon the success of the QHC 2013-14 small hospital funding. It is an improvement initiative identified through the “Improving the Patient Journey” LEAN analysis. • The project will see the addition of evening security coverage at NHH to support security for clinical programs during this time.
Key Deliverables	<p>This initiative meets the following objectives set out within the domain as directed by the MOHTC for the Small Hospital Transformational Fund program;</p> <ul style="list-style-type: none"> • Organizational Sustainability • Access to Core Acute • Improve Quality, Safety and Value
Status and Performance	<ul style="list-style-type: none"> • No status/performance information was provided.



Small and Rural Hospital Transformation Fund South East

Project Name	North Hastings Cardiology ECG Patient ID
Scope	<ul style="list-style-type: none"> • This project also builds upon the success of the QHC 2013-14 small hospital funding. It is an improvement initiative identified through the “Improving the Patient Journey” LEAN analysis. • The project will implement an ECG Barcode Patient ID system for patient registration and transmission to PACS.
Key Deliverables	<p>This initiative meets the following objectives set out within the domain as directed by the MOHTC for the Small Hospital Transformational Fund program;</p> <ul style="list-style-type: none"> • Organizational Sustainability • Access to Core Acute • Collaboration with Community Services • Meets needs for post – acute/palliative services • Improve Quality, Safety and Value
Status and Performance	<ul style="list-style-type: none"> • The estimated timeline for completion is March 31st 2015.

Project Name	Electronic Discharge Summary
Scope	<ul style="list-style-type: none"> • This project involves implementation of electronic discharge summary technology resulting in timely completion of discharge summaries, greatly increased accuracy, increased ability to share discharge summaries quickly.
Key Deliverables	<p>This initiative meets the following objectives set out within the domain as directed by the MOHTC for the Small Hospital Transformational Fund program;</p> <ul style="list-style-type: none"> • Organizational Sustainability • Health Links • Access to Core Acute • Collaboration with Community Services • Meets needs for post – acute/palliative services • Improve Quality, Safety and Value
Status and Performance	<ul style="list-style-type: none"> • The estimated timeline for completion is March 31st 2015.



Small and Rural Hospital Transformation Fund South East

Project Name	Dietary Information System
Scope	<ul style="list-style-type: none">• This project initiative will be implementing a dietary system at the Lennox & Addington County Hospital to increase the quality of service to our convalescent care, acute and ambulatory patients.• Implementing this system will reduce waste by providing our dietary services with a tool to better track, change and process nutritional requests.• In addition, we will be implementing the cafeteria staff payroll deduction module. This is intended to raise revenues and staff satisfaction by providing easier access to cafeteria food without cash on hand.
Key Deliverables	<p>This initiative meets the following objectives set out within the domain as directed by the MOHLTC for the Small Hospital Transformational Fund program;</p> <ul style="list-style-type: none">• Organizational Sustainability• Meet needs for post – acute/palliative services• Improve Quality, Safety and Value
Status and Performance	<ul style="list-style-type: none">• The estimated timeline for completion is August 31st 2014.



Small and Rural Hospital Transformation Fund South East

Project Name	LEAN Promotion and Education
Scope	<ul style="list-style-type: none">• The Lennox & Addington County General Hospital is in the process of developing a lean culture to preserve the future viability of our organization and the health care system. LACGH has successfully used the lean methodology over the past two years to correct problems and make processes more efficient. LACGH will further develop the lean culture over 2014/2015 by upgrading some of our green belt staff to black belt certification, and by training a new group of people in the Lean methodology.• LACGH believes that a road to a better health care system is dependent on collaboration and cooperation with our community partners. To achieve better cooperation and collaboration LACGH will offer 50 percent of the available seats to its community partners.
Key Deliverables	<p>The anticipated benefits of the project are:</p> <ul style="list-style-type: none">• As a result of this arrangement, multiple Lean projects will be created to obtain certification. Participants will be expected to choose topics that will benefit both the partner and the hospital. This approach is intended to build inter-organizational relationships that will last for years.• The short term benefit will be more efficient processes that will be created through the specific projects.• The LHIN will benefit from this project by creating 18 more “Lean mean efficiency creating machines” that will promote the lean methodology and contribute to the system as a whole.
Status and Performance	<ul style="list-style-type: none">• The estimated timeline for completion is March 31st 2015. This includes training within the period of April 2014 to August 2014.



Small and Rural Hospital Transformation Fund South East

Project Name	Business Intelligence Solution
Scope	<ul style="list-style-type: none"> • Lennox & Addington County General Hospital will be implementing Healthcare BI Solution for Lennox-Addington County General Hospital which will provide an elegant combination of ETL (Extract, Transform and Load) and Business Intelligence to support the current needs for analyzing and monitoring data. • As future BI initiatives are undertaken, it also offers a foundation for extended BI capabilities to deliver readily-available, consumable information from the disparate systems implemented at Lennox-Addington County General Hospital made available to internal and external stakeholders. • The initial focus for this project will be to develop clinical indicators combining data from CIHI Meditech Rics Med2020 and CCAC • To accelerate the implementation and delivery of valuable information, we will be implementing an identical solution to numerous other Ontario hospitals (including QHC/Quinte General Hospital). • Data modeling and report templates will be replicated when possible for comparative data and collaboration. • Our internal resource will endeavor to develop a relationship with the Quinte BI team to share work and lessons learned.
Key Deliverables	<p>This initiative meets the following objectives set out within the domain as directed by the MOHLTC for the Small Hospital Transformational Fund program;</p> <ul style="list-style-type: none"> • Organizational Sustainability • Health Links • Collaboration with Community Services • Improve Quality, Safety and Value
Status and Performance	<ul style="list-style-type: none"> • The estimated timeline for completion is March 31st 2015.



Small and Rural Hospital Transformation Fund South East

Project Name	Hospice Integration
Scope	<ul style="list-style-type: none">• In November 2013 the local Hospice was required to integrate with another health service provider. Hospice Lennox and Addington (HLA) decided that Lennox and Addington County General Hospital would be the flow through for the HLA MSAA.• In an effort to enhance end of life services, LACGH would like to enhance the new integration partnership by introducing and developing a comprehensive end of life program in the hospital.• This program would include education, on site psychosocial support, a resource library and service enhancement to clients and their families. HLA has a wealth of valuable knowledge and expertise that could benefit staff, patients and families during a difficult period in their life.
Key Deliverables	<p>This initiative meets the following objectives set out within the domain as directed by the MOHLTC for the Small Hospital Transformational Fund program;</p> <ul style="list-style-type: none">• Collaboration with Community Services• Meet needs for post – acute/palliative services• Improve Quality, Safety and Value
Status and Performance	<ul style="list-style-type: none">• The estimated timeline for completion is January 31st 2015.



Small and Rural Hospital Transformation Fund South East

Project Name	Clinical Modality Integration with Content Management System
Scope	<ul style="list-style-type: none">• During our last 12 months, L&A have leveraged the small hospital funding program to align our health records department with a “new electronic world”• Through this process we have identified some efficiencies that will only be achieved by integrating our remaining pieces of electronic data in a single system. Therefore, we will be working on integrating ECG’s, telemetry, Vital Signs, PFT’s, and stress test results into the Hyde media platform. This will enable us to reduce filing, increase accessibility to information, and deliver more content to the CDR.
Key Deliverables	<p>This initiative meets the following objectives set out within the domain as directed by the MOHLTC for the Small Hospital Transformational Fund program;</p> <ul style="list-style-type: none">• Organizational Sustainability• Access to Core Acute• Improve Quality, Safety and Value
Status and Performance	<ul style="list-style-type: none">• The estimated timeline for completion is January 31st 2015.

Project Name	iCART (Integrated Community Assessment and Referral Team)
Scope	<p>Services Roadmap for the SE LHIN, iCART objectives include:</p> <ul style="list-style-type: none"> • Providing a system navigation mechanism for HSPs to assist with sustaining people in the community • Improve awareness of and access to an appropriate range of community supports • Enhancing timely and effective communication during transition points • Establish and streamline processes for referrals between providers <p>The project will support the implementation of:</p> <ul style="list-style-type: none"> • A centralized information and referral source supporting community service delivery and service coordination to create better care • Innovative use of navigators to work directly with clinicians, individuals and families and foster access to required services • Information and education strategy to inform all health care providers
Key Deliverables	<p>Benefits to the healthcare system include:</p> <ul style="list-style-type: none"> • Improved service coordination will support community service delivery, resulting in better care, increased system efficiencies and improved client outcomes through transitions and hand-offs • A better informed and collaborative health care system in the SE LHIN • A centralized navigation system will foster relevant communications across the hospital-community and among all HSPs • Supports flow during patient transitions within restorative care programs
Status and Performance	<ul style="list-style-type: none"> • No status/performance information was provided.



Small and Rural Hospital Transformation Fund South East

Project Name	Medworxx Learning Management System
Scope	<ul style="list-style-type: none">• The Medworxx Learning Management System (LMS) supports the development, management and delivery of classroom and online learning, with associated reporting and compliance tracking capabilities.• Medworxx LMS leverages the Medworxx Content Management System engine to create, distribute, archive, manage, track, and administer enterprise-wide healthcare learning solutions.• The delivery of quality patient care and providing the highest level of patient safety requires healthcare workers to be knowledgeable. The Medworxx LMS ensures the right course or content is delivered to the right student at the right time, in the proper format. Increasingly, hospitals are required to demonstrate compliance with regulatory requirements. Audited employee accreditation is mandatory.
Key Deliverables	<p>This initiative meets the following objectives set out within the domain as directed by the MOHLTC for the Small Hospital Transformational Fund program;</p> <ul style="list-style-type: none">• Action Plan• Organizational Sustainability• Health Links• Improve Quality, Safety and Value
Status and Performance	<ul style="list-style-type: none">• The estimated timeline for completion is March 31st 2015



Small and Rural Hospital Transformation Fund South East

Project Name	Regional Shared Voice Activated Transcription for Radiology
Scope	<ul style="list-style-type: none">• The project is to allow Quinte to expand their voice activated transcription platform to include PSFDH. This has already occurred with Lennox and Addington County General Hospital. Costs would be approximately \$77,000 to include interfaces, training, licenses, and testing. Timely access to support quality patient care.• Software utilized would be Speech Q and made available to 3 radiologists at PSFDH.
Key Deliverables	<p>This initiative meets the following objectives set out within the domain as directed by the MOHLTC for the Small Hospital Transformational Fund program;</p> <ul style="list-style-type: none">• Action Plan• Organizational Sustainability• Health Links• Improve Quality, Safety and Value
Status and Performance	<ul style="list-style-type: none">• The estimated timeline for completion is June 30th 2015.

Project Name	Net Delivery Software Expansion Project
Scope	<p>Use of Net Delivery Software – two augmented uses of the software would support regional responses to improving patient care and both relate to the sharing of data from the Hospital to primary care practitioners in the catchment area.</p> <ul style="list-style-type: none"> • The project would involve the creation of a Meditech report which would be automatically sent to the primary care provider at the time of discharge. This would support the primary care community in meet their targets of seeing the discharged patient within 7 days of discharge from an acute care facility. • The project would involve the automation of reports going to primary care practitioners following a patient's stay in acute care. Currently lab, diagnostic imaging and Health Records reports are mailed to practitioners. This information is not always sent in a timely fashion, increases risk of confidentiality breaches, are costly from a human resources, envelopes and stamps perspective and does not contribute to seamless, timely, and patient focused care. The Rideau–Tay Health Link is asking for timely information to support
Key Deliverables	<p>This initiative meets the following objectives set out within the domain as directed by the MOHLTC for the Small Hospital Transformational Fund program;</p> <ul style="list-style-type: none"> • Action Plan • Organizational Sustainability • Health Links • Access to Core Acute • Collaboration with Community Services • Meet needs for post – acute/palliative services • Improve Quality, Safety and Value
Status and Performance	<ul style="list-style-type: none"> • The estimated timeline for completion is December 31st 2014.

Project Name	LEAN Training
Scope	<ul style="list-style-type: none"> • In keeping with the Hospital's new strategic plan to implement LEAN throughout the organization; the first steps will be to educate staff about the principles and begin the change of culture which would see all staff assess all processes for value and potentially for waste. • Concepts such as time spent doing something incorrectly versus inspecting and fixing errors. The idea of overproduction, doing more than is required or sooner without the added value. • Investigating unnecessary transportation of goods or services, the impact of waiting, the loss of human potential by not engaging employees, listening to their ideas or supporting their ideas for change. Excesses in inventory increase financial costs due to expiration dates, storage and other factors. • Also in a multi-site hospital the concepts of unnecessary movement of staff and doing work that is not value added would begin to be assessed with any "waste" being seen as a potential for financial and/or human resource savings. • The project will require a project manager and training for over 500 staff.
Key Deliverables	<p>This initiative meets the following objectives set out within the domain as directed by the MOHLTC for the Small Hospital Transformational Fund program;</p> <ul style="list-style-type: none"> • Action Plan • Organizational Sustainability • Improve Quality, Safety and Value
Status and Performance	<ul style="list-style-type: none"> • The estimated timeline for completion is March 31st, 2015



Small and Rural Hospital Transformation Fund South East

Project Name	Tape Data Backup Upgrade
Scope	<ul style="list-style-type: none">• Upgrade ageing tape backup infrastructure to support modern virtual infrastructure and to incorporate offsite replication for faster data recovery.• Improvements in this process would augment patient confidentiality by reducing the risk of moving back up tapes from site to site and would be the first step to removing tape altogether.
Key Deliverables	<p>This initiative meets the following objectives set out within the domain as directed by the MOHLTC for the Small Hospital Transformational Fund program;</p> <ul style="list-style-type: none">• Action Plan• Organizational Sustainability• Health Links• Improve Quality, Safety and Value
Status and Performance	<ul style="list-style-type: none">• The estimated timeline for completion is June 31st 2014

Project Name	PC Replacement
Scope	<ul style="list-style-type: none"> • Replacement of outdated fleet of Windows XP PCs, notebooks and unsupported thin clients. • This will allow for operating system (OS) standardization, security hardening, energy efficiencies, a standard and more efficient user experience and support standardization. • Updated devices in clinical areas would allow physicians and nurses access to the internet and specifically support their access to PatientOrderSets.com. The alliance with PatientOrderSets.com is new for the Hospital focusing on evidence based practice. • The new devices would also allow staffs who work 24/7/365 to access education modules during their worked shifts.
Key Deliverables	<p>This initiative meets the following objectives set out within the domain as directed by the MOHLTC for the Small Hospital Transformational Fund program;</p> <ul style="list-style-type: none"> • Action Plan • Organizational Sustainability • Health Links • Improve Quality, Safety and Value
Status and Performance	<ul style="list-style-type: none"> • The estimated timeline for completion is June 31st 2014



Small and Rural Hospital Transformation Fund South West

Project Name	Citrix Upgrade
Scope	Citrix software will provide for a better clinical user experience. It will mean clinicians can access patient information faster and more reliably.
Key Deliverables	<ul style="list-style-type: none">• Patient safety, quality, sustainability, care coordination
Status and Performance	<ul style="list-style-type: none">• Project complete

Project Name	7-24 Down Time Viewer
Scope	Patient care and safety are enhanced during system downtimes by minimizing information and workflow disruption.
Key Deliverables	<ul style="list-style-type: none">• Patient safety, quality, sustainability, care coordination
Status and Performance	<ul style="list-style-type: none">• Project complete

Project Name	Medication Distribution for the Inpatient Areas
Scope	A secure and efficient portable medication system. This funding will support improved access to medication in the participating small hospitals.
Key Deliverables	<ul style="list-style-type: none">• Patient safety
Status and Performance	<ul style="list-style-type: none">• Project complete

Project Name	mPage Developer
Scope	This software technology will increase adherence to clinical standards by improving clinical team response time.
Key Deliverables	<ul style="list-style-type: none">• Patient safety, care coordination
Status and Performance	<ul style="list-style-type: none">• Project complete



Small and Rural Hospital Transformation Fund South West

Project Name	PowerNote
Scope	PowerNote allows doctors to complete their own notes directly into Cerner and eliminates the need for staff to transcribe these notes. Physicians can access pre-completed notes and use template charting. This helps streamline communication among healthcare providers regarding a patient's status.
Key Deliverables	<ul style="list-style-type: none"> • Patient safety, care coordination
Status and Performance	<ul style="list-style-type: none"> • Project complete

Project Name	Advanced Picture Archive System Functionality (PowerViewer)
Scope	The PowerViewer technology improves the quality of diagnostic results. This helps doctors determine the best course of treatment for patients.
Key Deliverables	<ul style="list-style-type: none"> • Patient safety, care coordination
Status and Performance	<ul style="list-style-type: none"> • Project complete

Project Name	Single Sign ON
Scope	This technology will make it much easier for clinicians and staff to log in and work between applications. Physicians can access pre-completed notes and use template charting. This helps streamline communication among healthcare providers regarding a patient's status.
Key Deliverables	<ul style="list-style-type: none"> • Care coordination
Status and Performance	<ul style="list-style-type: none"> • Project complete



Small and Rural Hospital Transformation Fund South West

Project Name	Healthcare Undergoing Transformation (HUGO) – Phase I
Scope	This technology will help the participating hospitals develop electronic health records for patients, including helping with medication administration records.
Key Deliverables	<ul style="list-style-type: none">• Patient safety; quality, sustainability, care coordination
Status and Performance	<ul style="list-style-type: none">• Project Phase complete

Project Name	Bedside Documentation Terminals
Scope	Wall-mounted computers at every inpatient bed at the Seaforth, Clinton (HPHA) and AMGH hospital sites reduce congestion improving clinical and nursing capacity.
Key Deliverables	<ul style="list-style-type: none">• Patient safety, quality, care coordination
Status and Performance	<ul style="list-style-type: none">• Project complete

Project Name	Clinical Paper Records Scanning
Scope	This technology will help to ensure quality and seamless care, by scanning paper records so that they can be included in the patient's Electronic Health Record and provide a more complete picture of past health experiences and medical interventions.
Key Deliverables	<ul style="list-style-type: none">• Improved efficiency, care coordination
Status and Performance	<ul style="list-style-type: none">• Project complete



Small and Rural Hospital Transformation Fund South West

Project Name	HPHA AMGH Rural Sites Server Virtualization
Scope	Refresh computer server infrastructure utilized by Seaforth, Clinton and AMGH hospital sites. Will combine information from different sources on one screen improving clinical capacity.
Key Deliverables	<ul style="list-style-type: none"> • Patient safety, improved efficiency, increased capacity
Status and Performance	<ul style="list-style-type: none"> • No status and/or performance updates were identified

Project Name	Huron Perth Healthcare Alliance and AMGH Patient Registration Integration
Scope	This technology will help standardize training for staff who are registering patients This will allow healthcare professional to better record the patient's medical information.
Key Deliverables	<ul style="list-style-type: none"> • Care coordination, access to care
Status and Performance	<ul style="list-style-type: none"> • Project complete

Project Name	Rural Network Infrastructure Refresh
Scope	Replace current network equipment to increase performance and ensure sustainability.
Key Deliverables	<ul style="list-style-type: none"> • Organizational sustainability
Status and Performance	<ul style="list-style-type: none"> • Project complete

Project Name	Refresh of HPHA Rehabilitation Model
Scope	This Project will assess the present HPHA rehabilitation program. It will make recommendations for the future rehab model based on evidence.
Key Deliverables	<ul style="list-style-type: none"> • Care coordination, access to care
Status and Performance	<ul style="list-style-type: none"> • Project complete



Small and Rural Hospital Transformation Fund South West

Project Name	Regional Bed Allocator
Scope	The Huron Perth Healthcare Alliance (HPHA) implemented a regional bed allocator. The initiative centralized bed utilization decisions across four hospitals serving the Huron and Perth Counties with the intent of proactively planning bed moves with acute awareness. It also supported patient access to acute services through timely communication and a proactive approach to the discharge of patients.
Key Deliverables	Based upon the information shared the following outcomes have been achieved: <ul style="list-style-type: none"> • Positioned project as a means to ease the burden on physicians in finding a bed for their patients • Patients will receive an enhanced access to bed resources throughout the HPHA as well as access to physicians for consult/urgent admissions through the HPHA One Number protocol • Improved quality of care as patient receives care in the correct bed service in a timely manner.
Status and Performance	<ul style="list-style-type: none"> • Project complete

Project Name	District Hospital Molecular Testing for Clostridium Difficile
Scope	The Polymerase Chain Reaction (PCR) test helps to identify c-difficile in patients diagnosed with gastroenteritis. This technology is an improvement on previous testing methods.
Key Deliverables	<ul style="list-style-type: none"> • Patient safety
Status and Performance	<ul style="list-style-type: none"> • Project complete

Project Name	OTN Enabled Healthcare Providers, Telemedicine Clinical and Videoconferencing Equipment
Scope	Telemedicine clinical and videoconferencing equipment will facilitate increased access to interdisciplinary teams, specialized and community-based services LHIN-wide.
Key Deliverables	<ul style="list-style-type: none"> Care coordination, access to care
Status and Performance	<ul style="list-style-type: none"> Project complete

Project Name	SHHA FirstNet
Scope	FirstNet is a comprehensive Emergency Department (ED) information management system that helps hospitals improve ED workflow from triage through discharge.
Key Deliverables	<ul style="list-style-type: none"> Care coordination, Access to care
Status and Performance	<ul style="list-style-type: none"> Project complete

Project Name	Web Site and Knowledge Sharing
Scope	Conference will share project proposals and results with the goal of spreading innovative projects. Idea sharing for 14/15 and 15/16 projects
Key Deliverables	<ul style="list-style-type: none"> Knowledge transfer
Status and Performance	<ul style="list-style-type: none"> No status and/or performance updates were identified



Small and Rural Hospital Transformation Fund Waterloo Wellington

Project Name	LEAN Training and Support
Scope	<ul style="list-style-type: none"> • Provision of formal education and training for staff on LEAN and for participants to initiate and complete a LEAN project six after the completion of the formal education process. • The participants include those at North Wellington Health Care, local Family Health teams, Waterloo Wellington District Canadian Association for Mental Health and other additional health care partners. • Beyond the initial training group, two additional LEAN Black Belt participants will be identified and will be tasked with initiating a project with a target of \$100,000 in savings.
Key Deliverables	<ul style="list-style-type: none"> • To build additional capacity within the health care organizations identified on LEAN principles, its tools and philosophy
Status and Performance	<ul style="list-style-type: none"> • The project was to be initiated by December 31, 2013 with the hiring of a LEAN facilitator with the training to be completed by March 31, 2014.

Project Name	Antimicrobial stewardship
Scope	To support the antimicrobial stewardship initiative within WHAC to promote best practice and meet WWLHIN mandate and Accreditation Standards
Key Deliverables	<ul style="list-style-type: none"> • No key deliverables identified.
Status and Performance	<ul style="list-style-type: none"> • Project charter completed by Dec 13, 2013, project to span two years

Project Name	OCR Digital Scanning
Scope	<p>The intent of the initiative is make Emergency Department records available to healthcare providers through an electronic information system and shared through an access portal whereas the records are currently paper based and require time for retrieval for follow up purposes for North Wellington Healthcare and Groves Memorial Community Hospital</p> <p>With an anticipated start date of January 2014 and the completion by December 2015, the creation of this system includes:</p> <ul style="list-style-type: none"> • Mapping out the current processes in the creation of Emergency Department patient records • The selection, acquisition, implementation and training of required hardware and software • Development of new processes where they are required • Modifying processes to ensure that they are suitable for scanning • Scanning emergency records and then subsequently storing and archiving records • Testing all systems
Key Deliverables	<p>The scanning of Emergency Department records intends on achieving the following:</p> <ul style="list-style-type: none"> • Legible image quality – 100% of records will meet the quality expectation of clinicians • Improved accessibility – Access to information will reduce from 2 weeks to 24 hours • Improved efficiency – Reduction in the labour required to manage records • Improved privacy – Incidents of unauthorized file access will be maintained at 100% • Improved disposition time – Faster and easier access to clinical information for clinicians allowing for quicker diagnosis/decision making
Status and Performance	<ul style="list-style-type: none"> • Scanning to begin by March 31, 2014 and completion and roll out in FY 2014/2015



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