LHINfo Source

March/April 2007

LHINs assume full power April 1

While the vast majority of Ontario residents won't notice a thing, April 1, 2007, marks an extraordinary day for the province.

On that date, the 14 Local Health Integration Networks (LHINs) created by the province will assume responsibility for planning, funding and integrating health services in their geographic areas. This means about $21 billion of taxpayers' money will be taken off the books of the Ministry of Health and Long-Term Care and put onto the books of the LHINs.

"It is a bold move by the government to turn over about one-quarter of the public purse to the LHINs but it has been well laid out and well planned," says Central LHIN CEO Hy Eliasoph.

The LHIN has been hard at work preparing for the April 1 milestone including "completing a readiness assessment to make sure we are well prepared," Eliasoph says. "This has been a well thought out, collaborative effort.

"April 1 will be seen later as a red letter date in the calendar but it is more symbolically important right now." It means the Central LHIN will be responsible for a budget of about $1.4 billion and for accountability agreements and funding for 143 health care programs, he says. Those organizations include all of the hospitals, long-term care homes, the community health centre, mental health and addictions agencies, community support service agencies and the Central Community Care Access Centre.

The accountability agreements were negotiated earlier between the Ministry and health care providers, Eliasoph explains. "The LHINs did observe and participate in those negotiations," he says.

The date marks a "substantive change" in the chain of command in the province's health care system, Eliasoph says. "It means that providers will now be working directly with the LHINs rather than the Ministry."

It also means the Central LHIN can now formally and officially implement the Integrated Health Service Plan (IHSP) developed by the LHIN through stakeholder engagement and approved by the LHIN Board.

Also starting April 1, legislation goes into effect that gives the LHINs authority to issue integration decisions to further the IHSP or respond to requests of providers.

"We will be in position to work with providers to integrate, consolidate or realign services," Eliasoph says. "We do not intend to use that authority lightly and will work with providers to reach consensus whenever and wherever possible."

The LHIN will be looking at ideas and proposals for integration, he says. "Services will be moved with consensus where possible."

He gives the example of Humber River Regional Hospital and York Central Hospital coming together as the anchors of a Central LHIN dialysis network. Both hospitals are designated dialysis sites that operated independently but are coming together under a single management structure to coordinate dialysis activities and infrastructure across the entire LHIN.

There is a lot of work underpinning any integration decision, he says. "The LHIN operates under a fundamental principal of no surprises. We are hoping providers will be doing the same."

The LHINs were officially created in April 2005 and have been laying the groundwork for substantive change, Eliasoph points out. He compares it

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Caring Communities – Healthier People

Ontario

Handover of Responsibilities a Significant Milestone for Ontario

On April 1, 2007, the Central Local Health Integration Network (LHIN) will assume responsibility for planning, funding and integrating health services of 143 health service programs within the Central LHIN geography. This represents a critical step in the evolution of a health care system in Ontario that is accessible, coordinated and responsive, in addition to being accountable and sustainable.

As of April 1, LHINs will oversee more than one-half of the health care budget in Ontario – roughly $21 billion. LHINs will be responsible for the following service providers:

- Public and private hospitals
- Long-Term Care Homes
- Community Health Centres
- Mental health and addictions
- Community support service agencies
- Community Care Access Centres.

The government will retain control of:

- Individual practitioners
- Family Health Teams
- Ambulance services
- Laboratories
- Provincial drug programs
- Provincial programs
- Independent Health Facilities
- Public Health.

Unlike regional models in place in other provinces of Canada, LHINs won't be direct providers of clinical services. Existing provider organizations will continue to deliver the actual health care services. The Central LHIN has already been working with local providers to support more efficient, integrated and cost-effective delivery of these services. Particular focus has been applied to the seven health service priority areas identified in the Central LHIN Integrated Health Service Plan.

These areas are:

- Seniors and specialized geriatric services
- Mental health and addictions
- Neurological health services
- Chronic disease management and prevention
- Emergency services
- Wait times
- Cancer care

It is very important to view LHINs in the context of the broader health care transformation underway in Ontario. As important as it is to improve the quality of the health care services that people are receiving, it is also critically important to create a strong system for delivering those services in a manner that meets the needs of all Ontarians.

To that end, the Ministry of Health and Long-Term Care will focus on the stewardship of the health system and leave much of the specific implementation to the 14 LHINs.

For more information about the new system and the effects of the changes being made, log on to the Ministry of Health and Long-Term Care's LHIN website, which can be found at ***www.health.gov.on.ca***. Providers and members of the public with questions that are not answered there are invited to e-mail those questions to ***transforminghealth@moh.gov.on.ca***

Stormy Weather Doesn't Hamper HHR Innovations Breakfast

Twenty people braved the weather to learn about innovative health human resource practices.

The Central LHIN, in collaboration with the Health Human Resources (HHR) Advisory Group, held another Breakfast of Champions on February 14, 2007. Despite the stormy weather, 20 participants attended to listen to three very interesting and innovative presentations, showcasing best practices in health human resources.

The Regional Municipality of York presented on its employee experience at York Region, describing its successful True Blue Employee Recognition Program. The True Blue Program is a truly innovative way to recognize the achievements and efforts of employees.

York Central Hospital presented on its 360 Degree Feedback program, which helps provide employees with keen insights regarding personal competency, growth and development.

North York General Hospital presented its Station Interviews program, an innovative method that is used by the hospital for its recruitment of nurses.

The Central LHIN hosts regular Breakfast of Champions events to encourage innovation and promote knowledge transfer within our community. It also offers great networking opportunities.

Please join us at our next Breakfast of Champions on April 13, where North York General Hospital's "Focus on Lean in Health Care" will be showcased. For more information, please contact Rochelle Rutman at ***rochelle.rutman@lhins.on.ca*** or ***905-948-1872 ext.209***.

Central LHIN takes steps to address System-Level Quality Improvement

The Central LHIN Decision Support Advisory Group was formed with participants from several different local health service providers to advise the LHIN on issues relating to data, performance measurement, evaluation/impact analysis and collaboration opportunities for decision support.

In a recent initiative, the group created a survey in support of the system-level goal of Quality that was identified in the Central LHIN's Integrated Health Service Plan. The survey objective, related specifically to "client perception of quality of care" was to learn about how local health service providers capture and use patient/client feedback information. The information derived would then be used to determine what the LHIN's role could be in measuring and using patient satisfaction to improve the local health system.

The short online survey was sent to all local health service providers in early December 2006, including hospitals, long-term care homes, community support, and mental health and addictions agencies. Responses were received from 51 different organizations, reflecting an accurate representation of our providers by sector, size and communities served.

The results revealed that the majority of Central LHIN health service providers collect patient/client feedback and share it within their organization to improve service; however, only about half the respondents share their patient/client feedback with their local community. One question directly related to the LHIN's role simply asked, "How should the Central LHIN be involved in patient/client satisfaction or customer service?" As expected, 98 per cent of respondents indicated the LHIN should support quality improvement initiatives through, for example, providing opportunities for sharing best practices.

Based on survey results, advisory group members identified several potential areas for follow-up, including: common or streamlined feedback collection processes and creating a user-friendly system of rating or scoring; improving the comparability of feedback across the local health system for different types of services; working with other LHINs and the Ministry of Health to develop standard measurement tools and indicators that will benefit the entire province; and improving accountability to the public by sharing results more widely.

This is still only the beginning of the collaborative effort to advance our local health system. The Decision Support Advisory Group will continue to gather and analyze information, and use its findings to provide advice and direction to the Central LHIN in this area.

The Central LHIN will continue to investigate these and other opportunities to support quality improvement initiatives.

Figure 1: Responses to *"How should the Central LHIN be involved in patient/client satisfaction or customer service?"*

CENTRAL LHIN HOSTS WAIT TIMES STRATEGY DISCUSSION

The Central LHIN held two sessions on March 6, 2007, at North York General Hospital, giving health care providers in our geography an opportunity to dialogue with Dr. Alan Hudson, Lead, Wait Times Strategy, Ministry of Health and Long-Term Care.

Dr. Hudson discussed the status of the Ontario's Wait Time Strategy within the Central LHIN and throughout Ontario. He highlighted achievements to date, future directions, key implementation challenges and strategies moving forward.

The Wait Time Strategy continues to be a key priority for the Ministry of Health and Long-Term Care. Wait times is also one of the seven health planning priorities identified in the Central LHIN's Integrated Health Service Plan. It is critical in advancing the government's goal of improved access to health care services across the province.

To find out more about the proceedings of this event, log on to the Newsroom section of our Central LHIN website at ***www.centrallhin.on.ca***

Dr. Alan Hudson discusses wait times with a group of health care providers.

Central LHIN Fast Fact

In the Central LHIN, there are **143** health care programs that received funding from the Ministry of Health in 2005/06 and will fall under the LHIN mandate beginning April 1, 2007.

The aggregate budget for the Central LHIN-funded services was approximately ***$1.3 billion***, where hospitals received the majority of dollars, accounting for over ***$800 million***, or two-thirds of all spending in the Central LHIN. Long-term care homes **(19%)**, community care access centres **(10.8%)**, mental health **(3.5%)**, and other community support services **(3.8%)** account for the remaining share of funding.

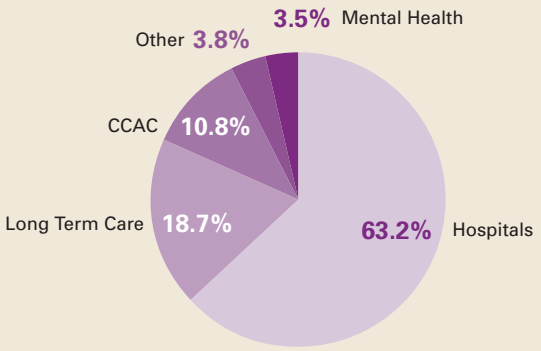

Exhibit 4.3l: Central LHIN Health Base Funding, by Sector, 2005/06

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to painting a house. "A lot of work must go into the prep for painting," he says. "If the prep is not done properly, it won't be long before the paint peels off. We've done a lot of prep work, spent a lot of time and energy building relationships. We hope that pays off, and that the changes we need to make will be long lasting and sustainable."

Not all providers have agreed on the emergence of the LHIN in a leading role in the health care system, Eliasoph says. "Some folks are champions of the LHIN and others are cynics," he says. "But we are pretty bullish on the future of LHINs and certainly on the Central LHIN."

Staff Profiles

Jingxian Sun *(Scarborough)*
Senior Consultant,
Performance and Contract

We are pleased to welcome Jingxian Sun to the Central LHIN. Jin joins the LHIN from the Finance and Information Management branch of Ministry of Health and Long-Term Care, where she worked as an Information Management Coordinator and provided various reports to support performance monitoring, budgeting, and planning. Jin has worked on projects such as Hospital Indicator Tools, Acute Hospital Replacement, and Hip & Knee Target Tracking, End-of-Life Utilization and Home Care Database Redevelopment.

Prior to joining the Ministry, Jin was a project manager in the Ottawa Community Care Access Center, where she developed the Decision Support function and the Corporate Performance Management mechanism. Jin also has eight years of experience in managing clinical trials and medicinal/academic marketing in international companies.

Jin has a Masters in Health Administration from the University of Ottawa, is a member of the Canadian College of Health Service Executives (CCHSE) and is a certified Project Management Professional.

In her time outside of the office, Jin enjoys camping, hiking, travelling and listening to music.

"I am very excited to take part in the cutting edge of Ontario's health system transformation."

Watch for the next issue of LHINfo Source in May. If you have comments or ideas for future issues, please contact Sandi Pelly at ***905-948-1872 ext 212*** or email ***sandi.pelly@lhins.on.ca***

Remember to check out Central LHIN's Newsroom regularly at **www.centrallhin.on.ca** for news stories on community engagement and our Integrated Health Service Plan.

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Enable Access to an Integrated Health System for Our Communities