



LHINfo Source

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New Levels of Collaboration Position Central LHIN for Future Success

Message from the CEO



In looking forward to 2010 Central LHIN will continue to facilitate building relationships and supporting linkages among health service providers to make a positive impact on our communities. This past year has been one of both challenge and change, and it has been by working together with our health service providers, stakeholders and our Board of Directors, that we have been able to achieve notable accomplishments.

The release of our Integrated Health Service Plan (IHSP) 2010-2013: *Creating Caring Communities, Healthier People...Together* is a good example. This new strategic plan, with its four planning priorities, will serve as a very targeted and focused framework to guide our activity and investments going forward. In our role as system managers, the plan builds on our collective earlier achievements, what we have heard

from engaging with hundreds of our stakeholders and, what we learned through our Health Service Needs Assessment & Gap Analysis, so I feel confident in how we are moving forward toward our vision.

I've heard 2009 described as the year in which LHINs have matured as organizations from strategic startups to full operating entities. To me, that progression is of particular benefit in order to better support our health service providers as we continue to work collaboratively to develop innovative and creative solutions to meet the service needs of our growing communities given current and ongoing fiscal challenges.

The results of some of our collaborative efforts are positive and speak for themselves. Central LHIN residents benefited in the last year from an increase in the number of procedures performed by our health service providers, reductions in wait times, and the launch of new services designed to see that patients receive timely and responsive care in the most

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appropriate setting. Health service providers also met regularly in conjunction with the LHIN and other organizations such as Public Health to coordinate our LHIN's approach to issues such as H1N1 and developing system level critical care surge capacity plans.

Most recently, our hospitals worked with us to collaboratively determine, based on where they were most needed, which hospital(s) would receive four new neonatal intensive care beds allocated by the Province to Central LHIN. More newborn babies getting more care closer to home is a good example of how system level collaboration is a benefit to better meet the needs of our communities.

Our ability to improve the health system, achieve the goals of our IHSP, ensure we make the best use of limited resources, and seize the opportunities to come is also dependent on creating new levels of innovative partnerships with stakeholders outside of the health care sector. In 2009 we have begun to build stronger

connections with some of our municipal partners, broader social service organizations and other government ministries to work toward these aims. I look forward to building on these relationships in the year to come.

I am fortunate to work with a very accomplished and talented Central LHIN team. I would like to acknowledge the staff and the Central LHIN Board of Directors, and I thank them for their hard work and dedication to our shared vision over the past year.

Thank you as well to all our health service providers and many other important stakeholders, for another year of partnership, collaboration and achievement.

Wishing you a safe and happy holiday season and New Year.



Kim Baker, CEO
Central LHIN

New Three-Year Strategic Plan for Central LHIN

Central LHIN is pleased to announce the release of our Integrated Health Service Plan (IHSP) for 2010-2013, *Creating Caring Communities, Healthier People...Together*.

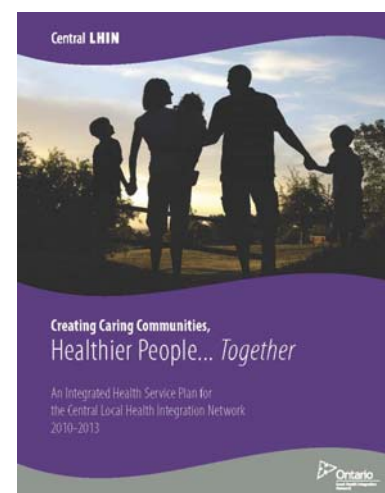
IHSPs are local strategic plans that guide LHIN activities over a set period of time. In consultation with hundreds of health care professionals, community leaders and members of the public, we have identified four planning priorities to focus on over the next three years including:

- Emergency Department and Alternate Level of Care
- Chronic Disease Management and Prevention
- Mental Health and Addictions
- Health Equity

We'll work with our health service providers, the Ministry of Health and Long-Term Care, and other stakeholders to

make a difference in our communities through targeted local investments within these priority areas.

Visit our website at www.centrallhin.on.ca to learn more about the positive impacts we've already had within our local health system. Then, view our IHSP 2010-2013 and find out how – together – we'll continue to move towards our vision of caring communities and healthier people in Central LHIN.



Emergency Department
and Alternate Level
of Care **1**

Chronic Disease
Management and
Prevention **2**

Mental Health
and Addictions **3**

Health Equity **4**

Innovations in Community Engagement

Central LHIN was pleased and proud that 18 of the innovative programs and services delivered by our health service providers were selected to be highlighted at this year's Celebrating Innovations in Health Care Expo 2009.

This inspiring annual event is an opportunity to celebrate the hard work of Ontario's health care providers and to learn from the very best in health care innovation. We will feature these and other innovation stories in our newsletter and online throughout 2010.

To top it off, two cross-LHIN innovations involving Central LHIN were also chosen to be highlighted at the Expo. One was the Citizen's Reference Panel, a group of community members that were demographically representative of Central LHIN's population. This panel was a key component of our stakeholder engagement related to our new Integrated Health Service Plan (IHSP) 2010-2013.

During the development of our IHSP, the Citizen's Reference Panel met three times to provide a consumer perspective on our planning priorities. Repeatedly

convening the same focus group allowed for more in-depth understanding of the Central LHIN's issues and opportunities than is sometimes possible with other types of engagement events.

On the final day, the Panel spent time crafting anecdotes about what positive impacts might be achieved for residents in our local communities through our planning priorities. These anecdotes are a highlight of the IHSP 2010-2013.



Supporting Local Collaboration

A key way LHINs work to improve the sustainability of the health system is by encouraging and supporting local integration initiatives. In 2008, in concert with four other LHINs, Central LHIN released the Local Health Integration Network/Health Service Provider Governance Resource and Toolkit for Voluntary Integration Initiatives. This toolkit supports health service provider boards in developing strategies to work with one another and the LHIN on voluntary integration initiatives. Rollout of this resource – available on the LHIN website at www.centrallhin.on.ca – continued into 2009.

In September 2009, the Ministry of Health and Long-Term Care released the LHIN Guide to Good Governance, a document developed by the Ministry for use by all LHIN Board members and stakeholders. Our integration toolkit was included as an appendix.

Four voluntary integrations have been completed, including one cross-LHIN with Toronto Central LHIN:

1. **Homewood Mental Health Projects of Metropolitan Toronto and COTA Health**

Transfer of all operating funds and associated services from Homewood to COTA

2. **Palliative Care Network for York Region and Southlake Regional Health Centre**

Transfer of pain and symptom management consulting services from Palliative Care Network to Southlake Regional Health Centre

3. **York Central Hospital and Canadian Mental Health Association-York**

Transfer the mandate and funding for the mental health vocational program from York Central to Canadian Mental Health Association -York

4. **Arts Carousel and PACE Independent Living**

Transfer the mandate and funding from Arts to PACE to deliver community support service attendant outreach services

Two integrations are in progress and will come before the Central LHIN Board in 2010.

For more on integration in Central LHIN, including Guidelines for Identifying Integration Proposals, visit the integration section of our website.

Dialogue and Collaboration: Keys to Effective Aboriginal Patient Care

On November 19, the Noojimawin Health Authority and the Central LHIN teamed up at Seneca College – King Campus to host an afternoon of dialogue and relationship building for aboriginal health service providers, First Nations health staff, and Central LHIN hospital and community health service provider staff.

The focus of the workshop – entitled Accountability of Care – was to discuss how health service providers in Central LHIN can work together with the aboriginal community to improve aboriginal patient care.

Key note speaker Sylvia Maracle, Executive Director of the Ontario Federation of Indian Friendship Centres, kicked off the event by addressing health equity in the aboriginal community. She emphasized the importance of “meaningful engagement” between health service providers, an integrated approach to health planning, and a commitment to continually addressing aboriginal health issues over the long-term.

Her remarks were followed by a panel discussion highlighting several best practices and current initiatives focused on serving the aboriginal community in Central and neighbouring LHINs.

“I appreciated having the chance to meet with the aboriginal community and truly listen and learn about their health care experiences and challenges so that going forward, we can make a positive difference based on

understanding and mutual respect.” said Mary Ryan, Manager of Diversity and Inclusivity at Southlake Regional Health Centre.

In the second part of the meeting, participants were divided into three small groups to discuss how to improve the provision of health services in our LHIN in ways that are culturally sensitive to the Aboriginal community. Breakaway groups were then asked to report back to the larger group with their thoughts and suggestions.

The workshop was the first time health service providers and members of the aboriginal community within Central LHIN have come together to work on building stronger relationships, and to begin developing strategies to enhance information sharing and improve patient care for the aboriginal community.

Recommendations from the workshop will form the basis of a report that will be presented to the Central LHIN early in 2010. The report will then be used to support the development of an aboriginal strategy for the LHIN in relation to the Health Equity planning priority of our Integrated Health Services Plan 2010-2013.

“This was a great opportunity for native services to share their knowledge and programs with Central LHIN health service providers,” said Peter Menzies, Aboriginal Clinical Lead, Centre for Addiction and Mental Health. “I am really hoping this first dialogue leads to the creation of a lasting partnership between aboriginal communities and health service providers within the Central LHIN.”

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Two Aging at Home year two (2009-10) investments will add the following new supports for Aboriginal seniors in Central LHIN:

Lead Organization	Project Title	New Units of Service*
The Lance Krasman Memorial Centre for Community Mental Health	Traditional Supports for Seniors of Aboriginal Descent Aging at Home	169 adult day programming hours
		24 one-way trips
		300 social visits
		1440 hours of homemaking
Chippewas of Georgina Island	Georgina Island Support for Independent Living	3840 one-way rides

*estimated

For more information on Central LHIN’s activities, upcoming projects, partnerships and funding opportunities, visit us online at www.centrallhin.on.ca.