TORONTO CENTRAL LHIN REPORT | SEPT/OCT 2007 EDITION

GOOD NEWS for patients needing hip and knee surgery

The most recent data indicates that Toronto Central LHIN has a 90th percentile wait time (nine out of every 10 patients are seen within) of 113 days for hip replacement surgery. Those needing knee replacements have a 90th percentile wait time of 122 days. This is much better than the provincial target of 182 days and represents significant progress over the past two and a half years.

Examples of the excellent work that has been taking place in Toronto Central LHIN hospitals over the last six months to support this achievement include:

Information Technology and reporting improvements

- Working with Surgeons' Assistants (office staff) to ensure queue management, data tracking and reporting is accurate
- Development of a definition of Wait 1 (wait time from family physician referral to surgeon) to be trialed and used across the province
- Development of a system to track Wait 1 within the Toronto Central LHIN that will serve as a provincial template

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Ontario

TTC driver thinks new program is the "better way"

Nancy Wilson loves her job as a TTC bus and subway driver, but she knows that after 20 years, the repetitive action of constantly pressing gas and break pedals has not helped her sore knees.

Ten years ago Nancy had an arthroscopic procedure done on her right knee to treat inflammation, but the pain eventually returned as her condition progressively worsened. This past April, while Nancy was vacationing in Myrtle Beach, the pain was so bad she was confined to her hotel room after her knees buckled and she collapsed. When she came back to Ontario, her family doctor immediately referred her to a sports doctor who determined that she needed to be seen by an orthopedic surgeon.

Nancy was referred to Dr. Rod Davey, an orthopedic surgeon at Toronto Western Hospital (TWH). Having known several colleagues who had undergone total hip and total knee replacements, Nancy expected the wait time between seeing a surgeon and actually undergoing surgery to take as long as six months, if not longer.

Deanna Baker, Advance Practice Physiotherapist of the Toronto Western Hospital Assessment Centre site and Dr. Rod Davey, Associate Director, Surgical Services; and Head, Division of Orthopaedic Surgery, University Health Network are part of the team in the highly efficient process.

"My family physician and myself were surprised when it only took four weeks to get an appointment with the advanced practice physiotherapists for an assessment on my condition. The physiotherapists treated me very well, conducted a number of tests and ordered x-rays of both my knees," explained Nancy.

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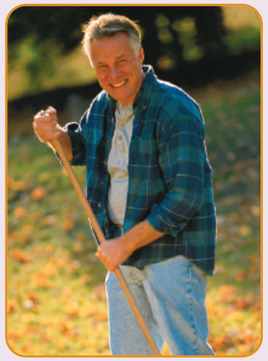
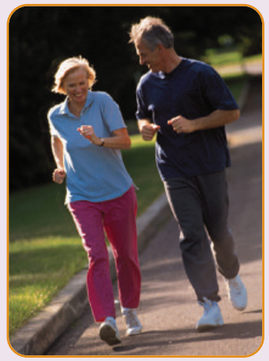
What Nancy did not know was that the Toronto Central LHIN had just implemented a standardized process of joint care to help reduce wait times for hip and knee replacements. Known as the Hip and Knee Replacement Program (HKRP), the new process includes a standardized referral form that physicians send to a central intake centre for review. The patient is then seen at an assessment centre by a team of professional staff who perform an evaluation to ensure the patient is a good candidate for surgery. The TWH site is one of two assessment centres for the HKRP (the other is located at the Holland centre site of Sunnybrook Health Sciences Centre) and is where Nancy went for an appointment just a few weeks after being referred to Dr. Davey.

After the assessment, the physiotherapists decided that Nancy definitely needed a consult with Dr. Davey, and on that same day Dr. Davey met with Nancy, reviewed her case and informed her that she needed to have total knee replacement on both of her knees.

"Once Dr. Davey informed me of how severe my condition had become, I made the decision to have surgery on one knee, and I'm pleased to say that my first surgery was scheduled for Aug. 28, 2007," said Nancy. "The new process being used to assess patients is highly efficient and my colleagues who had to wait months for an assessment can't believe I had surgery just weeks after my referral!"





A *New* Integrated Model of Care for Patients Following a Hip Fracture

A hip fracture is a significant threat to an older person's independence and ability to live in the community. A Total Joint Network project that all Toronto Central LHIN hospitals and the Toronto Central Community Care Access Centre (CCAC) have implemented is helping to overcome that threat. It has already demonstrated benefits for all patients and their families, as well as for the healthcare system. Those who experience a hip or knee fracture now have more opportunities for rehabilitation and most patients are going home sooner.

The Total Joint Network (TJN), now part of the TC LHIN, is a partnership of 35 health care organizations in Greater Toronto Area from Oshawa to Halton. TJN's new integrated model of care ensures patients who live in the community and experience a hip fracture receive the right care in the right place at the right time. It has increased access to health care and reduced wait times both to surgery and rehabilitation.

Before the project began, health care services for patients experiencing a hip fracture were identified as fragmented and limited, especially for those with cognitive and weight bearing issues.

Hip fracture patients traditionally remained in acute care for 9 to 15 days depending on their discharge destination. Rehabilitation stays were 35 to 45 days and often were not considered as an option when patients had a cognitive impairment or other complications. Many patients were streamed directly into long-term care despite their previous success in living in the community.

The new TJN model of care provides all patients the opportunity for rehabilitation and focuses on achieving a transfer to rehabilitation five days after surgery or once the patient is medically stable. This is achieved by improved care throughout the patient's hospitalization, from the Emergency Department through surgery to the rehabilitation stay. On discharge from rehabilitation, the majority of patients receive support through the Toronto CCAC. Patients and families also receive education for patients and families about the care process and such complications as delirium, dementia and depression that may be issues following a hip fracture.

The new model of care was launched in the TC LHIN hospitals during the spring and summer of 2007. More than 70% of patients are now able to successfully return home after an average stay in rehabilitation of 28 days.

Submitted by:

Janet McMullan, Total Joint Network, Project Manager

Nizar Mahomed, University Health Network, Director Musculoskeletal (MSK) & Arthritis Program

John Flannery, Toronto Rehabilitation Institute, Medical Director, MSK Program

Rhona McGlasson, Total Joint Network, Quality Improvement Lead

Heather Brien, Toronto Central CCAC, Manager

Aileen Davis, University Health Network, Researcher

Judy Moir, GTA Rehab Network, Executive Director

Maryanne Brown, Total Joint Network, Advanced Practice Nurse

MINISTRY – LHIN Accountability Agreement
sets expectations for next three years

On August 17, 2007, Mohamed Dhanani, Chair of the Board of Directors, announced that the Toronto Central Local Health Integration Network (LHIN) and the Ministry of Health and Long-Term Care had signed a three-year accountability agreement.

The agreement defines the obligations and responsibilities of both the LHIN and the ministry. Responsibilities and obligations are set out for the following areas: community engagement, planning and integration; information management and reporting; financial management and processes; performance management and e-Health.

While the LHIN fulfills its mandate to plan, integrate and fund health care services, the ministry, in its stewardship role, will focus more on long-term strategy, priorities and system outcomes. The ministry will provide a provincial framework by establishing legislation, policy, standards, targets and measures for Ontario's health care system.

"We are excited to move forward on our mandate to improve the health system for residents in the Toronto Central LHIN," said Mr. Dhanani, "The accountability agreement is a key milestone to achieving better results and meeting the health care needs of our communities by increasing access to a more integrated health-care system."

The agreement sets the stage for negotiation of service accountability agreements (SAA) with hospitals in 2007, and with other health service providers over the next two years.

Both an executive summary and the full agreement are posted on the web site at www.torontocentrallhin.on.ca on the Board of Directors page.

NEW! Health System Improvement Pre-Proposal (H-SIP) Form and Process

To create an integrated health care system, LHINs must work with health service providers to ensure that available resources are targeted to local health system priorities. All proposals submitted to the LHINs will be assessed against local health system needs. The onus for reviewing, evaluating and acting on proposals submitted by health service providers is the responsibility of the LHIN.

To reduce the time and costs health service providers incur in preparing detailed business cases, the LHINs have established a pre-proposal process. This process, known as Health System Improvement Pre-Proposal (H-SIP), will enable the LHIN to make a preliminary assessment of any request or activity contemplated by a health service provider that requires the LHIN's approval.

All H-SIPs will be evaluated against LHIN priorities as outlined in the IHSP, local health system needs, and financial feasibility. Following the

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Health System Improvement continued from page 5

LHIN's review and evaluation of submission, a health service provider may be invited to submit a detailed proposal and a business plan for further analysis by the LHIN. Guidelines for the development of a detailed proposal and business case will be provided by the LHIN.

- The submission of an H-SIP is not formal notice of a proposed integration to the LHIN as contemplated by section 27 of the Local Health System Integration Act, 2006 (LHSIA). Health service providers wishing to provide notice to the LHIN of a proposed integration under section 27 of LHSIA should contact the LHIN for more information.

H-SIP forms for the Toronto Central LHIN can be completed and submitted two ways:

- Access and submit form through WERS (for health service providers that have access to the Web Enabled Reporting System);
- Download the form through the Toronto Central LHIN website and return by e-mail to:

  Lola Olorunfemi, Program Assistant Planning, Integration and Community Engagement
  Lola.Olorunfemi@lhins.on.ca
  416-969-3298

Council Conversations

While the beach beckoned and many in Toronto headed out on vacation this summer, Toronto Central LHIN's advisory Councils forged ahead to address the priorities of the Integrated Health Service Plan. Action notes on Council meetings are now posted at www.torontocentrallhin.on.ca on the IHSP/Councils page. Here's an abbreviated update on their progress to date.

Mental Health & Addictions Council

New Council members appointed: none

Meeting dates since May: May 14, June 4, June 25, August 13.

Three Working Group meetings were also held between Council meetings, two to work on developing the charter and one to develop a process to engage with Mental Health & Addictions integration initiatives currently underway.

Accomplishments: Council is currently developing a more detailed work plan to achieve the priorities identified in the IHSP (deliverables, timelines, outcomes and impact being highlighted).

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Council Conversations continued from page 5

Council identified four themes to assist priority implementation efforts: seniors, housing, integrated access to emergency services and concurrent disorders.

Charter: submitted to the board in June; to be resubmitted in November

Next meeting date: September 24 – Council will finalize list of proposed existing integration initiatives.

Rehabilitation Council

New Council members appointed: none

Meeting dates since May: June 18, September 10

Accomplishments: A Stroke Task Group has met throughout the summer to develop a detailed patient flow map that outlines patient "flow" across the continuum of care, identifies the gaps and barriers patients face and outlines opportunities for improvements across the continuum. This map will help to identify best practice initiatives that are currently in place, including transition service models, projects and tools.

Charter: submitted to the board in June; to be resubmitted in November

Next meeting date: October 2, 2007

Seniors Council

New Council members appointed: none

Meeting dates since May: May 9, June 13, July 11, September 5

Accomplishments: Identifying focus of the Navigation and Independence in the Community Working Groups and finalizing the process to identify existing integration initiatives that are aligned with the Council's work.

Charter: submitted to board in June, to be resubmitted in November

Next meeting date: October 10

Energy and Environment Management Council

New Council members appointed: Donald Squires, Administrator, The Rekai Center

Meeting dates since May: May 3, May 31

Accomplishments: Energy utility reporting tool developed in partnership with Ministry of Energy in recognition of the Energy Conservation Leadership Act; Investigation into incentive and program funding from the Ontario Power Authority, the Toronto Atmospheric Fund and energy service companies such as Toronto Hydro and Toronto Water.

Charter: submitted to board in June; to be resubmitted in November

Next meeting date: September 27

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Council Conversations continued from page 6

Back Office Integration Council

New Council members appointed: Mark Menard, Senior Director, Corporate Services, Toronto CCAC

Meeting dates since May: May 3, June 7, August 9, September 6

Accomplishments: Developing partnership with OntarioBuys to undertake an environmental scan to inventory back office work in the TC LHIN health system

Charter: to be submitted to board in November

Next meeting dates: October 4

Education and Research Council

New Council members appointed: None

Meeting dates since May: June 11, September 6

Accomplishments: Over the summer the Council worked to draft a collective vision for education and research activities in the Toronto Central LHIN. The resulting vision will inform where the Council will focus attention over the next three years.

Charter: To be submitted to board in November

Next meeting date: November 1

Health Human Resources Council

New Council members appointed: Robert DaCosta, St. Joseph's Health Centre, resigned in June. He will be replaced by Marla Fryers, V.P. Programs and Chief Nursing Officer, Toronto East General Hospital.

Meeting dates since May: May 16, June 14 and September 13.

Accomplishments: Two joint co-chair meetings with the Education and Research Council to identify synergies and to influence work plan development. HealthForce Ontario initiatives are informing the development of the HHR Council's charter and IHSP priority, which calls for a local HHR solution in line with the provincial plan. Finalizing a draft charter that will further the work of the Mental Health & Addictions, Rehabilitation and Seniors Councils.

Charter: to be submitted to board in November

Next meeting date: October 25

Advisory Panel Update

New Mental Health & Addictions Consumer/ Survivor Advisory Panel Member appointed: Richard Botcher

New Rehabilitation Advisory Panel Member Appointed: Nirmal Kaur

"Flo" Collaborative participants announced

The Flo Collaborative

In August, Toronto Central LHIN was pleased to learn that of 35 submissions received from across the province, six submissions from Toronto Central LHIN organizations were among the 28 successful partnerships accepted by the Ontario Health Performance Initiative (OHPII)[1] for its new provincial quality improvement project.

Entitled the "Flo" Collaborative, the project is designed to improve transitions from acute care hospitals to subsequent care destinations for all patients. The collaborative will use systematic quality improvement methods to build leadership commitment and support, expand knowledge and expertise of staff and use information to monitor improvements and create incentives for improvement. "These are the levers that have been identified as critical to achieve sustainable system transformation results in other jurisdictions around the world," says Laura Pisko-Bezruchko, Senior Director, Planning, Integration and Community Engagement.

The collaborative is named "Flo", after an 85-year-old woman, who was admitted to hospital from her home. Flo had multiple health issues, had become increasingly frail and was experiencing declining cognitive status.

[1] The Ontario Health Performance Initiative is a joint effort of the Health System Strategy and Health System Accountability and Performance Divisions of the Ministry of Health and Long-Term Care.

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Why the Flo Collaborative is important :

- The six partnerships will be guided by external consultants with expertise and a proven track record in improving transitions from acute care hospitals to subsequent care destinations for all patients, not only those designated as alternate level-of-care (ALC)
- The focus is on process improvement, while recognizing the critical importance of complementary longer-term strategies needed to address capacity issues in the system.
- The initiative is aligned with and will contribute to the achievement of the Rehabilitation and Seniors priorities of the Toronto Central LHIN's Integrated Health Service Plan.
- The collaborative will facilitate change from sector and organizational thinking to a "systems-approach" across the LHIN. It will foster closer collaboration, innovation and creative problem solving by all HSPs that will result in a workable and sustainable solution to ALC issues in the LHIN.

"Flo" Collaborative continued from page 8

Together these issues meant that she required admission to a nursing home. The "Flo" Collaborative hopes to help the health care system provide the care, with fewer delays and bottlenecks, that the thousands of people like Flo need as they move from one care setting to another.

Over the next 18 months, OHPI will use three action- based learning series to bring together quality improvement teams from these organizations to work collaboratively with senior leaders from across local health integration networks (LHINs). The senior leadership series will focus on strategic and tactical support for quality improvement. Middle management teams will participate in intensive training to support, spread and sustain improvements and front-line staff teams will be focused on testing, measuring and implementing process improvements to improve patient flow.

TC LHIN hospitals and the community care access centre submitted applications to participate in the collaborative in late May. The OPHI and LHINs jointly reviewed the submissions. Criteria used to select the successful partnerships were:

- Number of pairs of organizations applying
- Number of teams proposed for each pair of organizations applying
- Ability of those applying to commit to the required time and resource commitments
- LHIN representation across the province
- Number of teams that could be supported by a CCAC
- Balance of Improvement Advisors across the hospital and CCAC sectors
- Intensity of patient flow issues at the acute care organizations

Congratulations to the following Toronto Central LHIN partnerships:

- Bridgepoint Health/ University Health Network
- The Hospital for Sick Children/ Bloorview Kids Rehab
- St. Joseph's Health Centre/ Toronto Central CCAC
- St. Michael's Hospital/Providence Healthcare
- Toronto East General Hospital/ Toronto Central CCAC
- Toronto Rehab Institute/ Mount Sinai Hospital

We look forward to seeing the learning from these partnerships effectively transferred throughout the LHIN and province.

Benefits of Participation

The benefits of participating in the "Flo" Collaborative include the opportunity to:

- Receive funding to offset some of the costs of participation to the organization ($70,000 per partnership – delivered through the LHIN)
- Receive support from OHPI, including project coordination, exploratory work to gather and synthesize potentially better practices to help teams redesign care processes, and coaching of Improvement Advisors (IAs) using a train-the-trainer model.
- Engage with other organizations to achieve improvements in patient flow, measured through key metrics, including the ALC indicator in Accountability Agreements;
- Enhance leadership capability for quality improvement through participation in the Leadership Series;
- Provide action-based learning opportunities for frontline and management staff who participate in the Improvement Teams;
- Interact with, and learn from, world leaders in quality improvement;
- Gain free Improvement Advisor Certification from the US-based Institute for Healthcare Improvement (IHI) for an individual in the organization.

Calling all front line health service providers

....the Toronto Central LHIN needs you!

At the Toronto Central LHIN we know that finding innovative solutions to making health care more consumer-focused means tapping the expertise of health service providers who work on the front lines of our local health care system, everyday. We are pleased that more than 35 front line providers are already volunteering their time on our Councils to implement the nine priorities in our Integrated Health Service Plan (IHSP). We want to build on this as we go forward!

Making it Easier for You to Get Involved

We recognize that busy schedules dedicated to providing care means that many front line health service providers have limited time to share their knowledge with us. Our response is **two NEW ways** to get involved.

Health Professionals Advisory Committee

The Local Health Integration Act mandates each LHIN to have a Health Professionals Advisory Committee. According to the regulations, specific health professions will be included on these committees to provide advice on achieving consumer-focused health care.

Go to www.lhins.on.ca to find out more, including the list of health professions mandated for inclusion, and to download an Expression of Interest form. All completed expression of interest forms along with a brief c.v. should be forwarded to hpac@lhins.on.ca

Primary Care e-Network

The Primary Care e-Network is a **VIRTUAL** way for the Toronto Central LHIN to engage with front line health service providers *online* to

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Front line health service providers continued from page 10

create a consumer-focused local health care system. Unlike the Health Professionals Advisory Committee, our Primary Care e-Network is open to **ALL** front line health service providers who deliver services to people living within the Toronto Central LHIN (west to Islington, east to Warden). Join the Primary Care e-Network to:

- ✓ Provide expert advice to the LHIN on system transformation — especially ways to make it easier for your patients or clients to receive services.
- ✓ Provide input on how to put our Integrated Health Service Plan (IHSP) priorities (i.e. seniors care, mental health and addictions, rehabilitation) into action
- ✓ Learn about innovations in E-Health, Health Human Resources, and Education and Research.

If you are interested in getting involved in our Primary Care e-Network, please contact Krissa Fay at krissa.fay@lhins.on.ca.

Questions about the Health Professionals Advisory Committee or the Primary Care e-Network? Contact Krissa Fay, Community Engagement Consultant at 416-969-3278.

Good news on funding announcements

Toronto Central LHIN has benefited from a number of recent funding announcements from the Ministry of Health and Long-Term Care.

These will permit the LHIN to begin integration initiatives over the next three years and address service pressures.

Processes to identify distribution of Aging at Home and Priorities Funding are yet to be determined. Flo Collaborative, Patient Flow and Substance Abuse funding have been specifically assigned.

Description	Fiscal 2007/08	Fiscal 2008/09	Fiscal 2009/10	Fiscal 2010/11
Aging at Home Strategy	$243,000	$6,194,791	$15,394,886	$27,189,738
Flo Collaborative	$140,000	$280,000		
Patient Flow	$484,000			
Substance Abuse	$287,200			
Priorities Fund	$4,890,252	$8,732,593		
Total New Funding Announcements	**$6,044,452**	**$15,207,384**	**$15,394,886**	**$27,189,738**

GOOD NEWS

continued from page 1

Process improvements

- Standardization of referral forms and history taking documentation for all patients in the Toronto Central LHIN
- Launch of a Central Intake Centre centralized fax line (416-599-HKRP/4577) in the Toronto Central LHIN on May 31, 2007 to manage hip and knee referrals
- Launch of Assessment Centres at Sunnybrook Health Science Centre, Holland Centre site on May 31, 2007 and at the University Health Network, Toronto Western Hospital site on July 18, 07 to triage patients
- Development of internal processes to manage the flow of patients across the six participating hospitals
- Optimal surgical flow study to maximize operating room efficiencies and increase number of cases per day conducted by University Health Network, which will be shared as a toolkit with other hospitals

Leading practice implementation

- Ongoing commitment of organizations to continue their leading practice initiatives to manage patients post-operatively to minimize length of stay and the need for in-patient referrals, thereby maximizing surgical capacity
- Increased condition self-management education for all patients, both surgical and non- surgical candidates

Human Resources

- Hiring and training of Advanced Practice Therapists (APPs) to assess and triage hip and knee replacement candidates, which has increased surgeon time for other tasks
- Development of Medical Directives for the APPs to manage this patient population, including the ability to order x rays, blood work etc.
- Development of processes to use the APPs across multiple sites, thereby maximizing their effectiveness and facilitating standardization of process and standards of care

The achievements seen to date are a result of the ongoing hard work and commitment to the Joint Health and Disease Management Program demonstrated in all the hospitals in the Toronto Central LHIN. We acknowledge especially the administrative and the clinical leadership of the surgeons and APPs, which has been paramount in ensuring the successes achieved to date.

Celebrating Innovations in Health Care Expo

The online resource is now live!

Simply visit

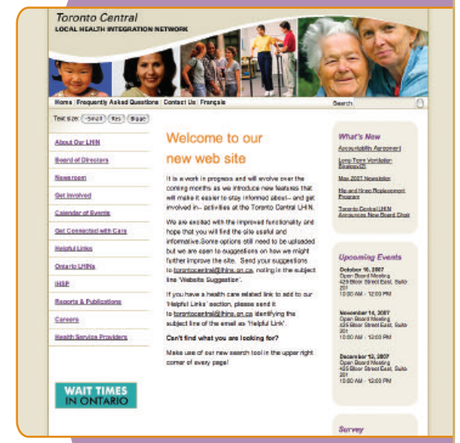
http://mohexpomicro.innovasium.com

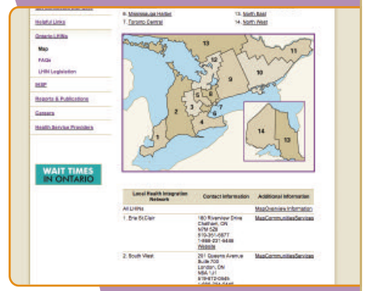
where you can:

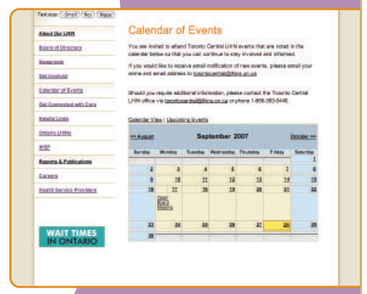
- View the 2007 Expo program exhibitor lists
- See the 2007 Expo photos
- Read about highlights from 2007 Innovation Awards
- Access workshop speaker information & presentations
- Join the mailing list

Web site gets a face lift

If you haven't visited www.torontocentrallhin.on.ca lately, you will have missed the first stage of a refresh to the Toronto Central LHIN's web site. The update has been designed to make it easier for users to find the information they need and give them access to more material.







We've worked collaboratively with the other 13 local health integration networks (LHINs) and the Ministry of Health and Long-Term Care to develop a design that reflects our unique personality as LHIN, while maintaining a consistent "look" for LHINs and a common site architecture across LHINs, " says Sandra Fawcett, Communications Specialist for the LHIN. "By having common navigation features on each of our sites, we hope to make it easier for users to move from LHIN site to LHIN site."

The new site structure will expand the opportunities to post material for the public, increasing the transparency of the LHIN's activity.

New to the site are:

- the ability to size the text, which will be helpful to those with visual challenges
- action notes for each of the Advisory Panels and Councils that are working on the implementation of the Integrated Health Service Plan;
- a Calendar of Events;
- a Health Service Providers page
- a Careers page that provides links to job opportunities within the LHIN; and
- an expanded list of helpful links to health service organizations.

General information on LHINs can be found on the refreshed www.lhins.on.ca site.

"Under development in the next phase of the refresh are interactive options that will facilitate greater community engagement, " says Sandra. "Suggestions on ways to improve the site and new links are warmly welcomed. Please send these to torontocentral@lhins.on.ca. "

The Environmental *ENERGIZERS*

Angelika Gollnow and Rose Cook take a personal approach to their responsibilities as support staff for the Energy and Environmental Management Council

"She's the Diva of recycling here at the LHIN," says Angelika Gollnow, Integration Consultant at the Toronto Central Local Health Integration Network (LHIN).

The "Diva" in question is her colleague Rose Cook, Senior Integration Consultant.

"Rose has everyone in lunchroom looking twice at the packaging for their meals, and recycling as much as possible," says Angelika. "She's put together two displays to show staff what can and cannot be recycled. And if anyone puts a recyclable in the garbage, Rose picks it out, redirects it to the recycling box and provides the offender with a short reminder on what's possible."

This is just one example of how the powerful duo have taken their responsibilities as lead support staff for the Energy and Environmental Management Council seriously. Their commitment to reducing the environmental footprint of the LHIN itself is personal.

Taking a cue from LHIN CEO Barry Monaghan, who turns out lights in rooms that aren't being used, this summer the pair campaigned

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Environmental ENERGIZERS continued from page 14

successfully to have the air conditioning in the LHIN building turned up two degrees to conserve energy even further.

Angelika has encouraged staff not to print emails unnecessarily and to print everything double sided when possible. The LHIN recently switched to using water pitchers rather than individual water bottles at meetings, once again as a conservation measure.

Both staff members ride their bicycles to work and have lobbied the building management to provide more secure storage for bikes, so that others can benefit from this transportation option.

"I am committed to this because each and every one of us can make a difference, "says Rose. "When we recycle we use less energy and cause less pollution, and we reduce the amount of waste going to landfill, which reduces methane levels, a powerful greenhouse gas. By working together we can all make Toronto a greener place to live for current and future generations.

"It's so basic," says Angelika. "Our health is influenced by what we eat, what we do and what is in the environment around us. We each have a responsibility to do what we can to make Toronto healthier for everyone."

New Emergency Department Lead

Dr. Dan Cass has been appointed Emergency Department Lead for the Toronto Central Local Health Integration Network.

In this role Dr. Cass will be working closely with the Ministry of Health & Long-Term Care's Wait Times team, HealthForceOntario Emergency Department program and LHIN staff as a consultant on the Emergency Department Strategy.

The strategy is designed to improve access, quality and system integration through:

- initiatives to improve efficient use of existing resources
- initiatives to reduce demand by meeting patient needs in new ways.

He will report provincially to Dr. Michael Schull, emergency Department Expert Panel Chair and at the LHIN level to Barry Monaghan, Chief Executive Officer.

Dr. Cass will also be working closely with hospital Executive and Physician Leads involved in various Emergency Department Strategy components.

Dr. Cass is a 1988 graduate of the University of Toronto. After a rotating internship at the Toronto General Hospital, he entered the Royal College Residency Program in Emergency Medicine in Toronto.

Dr. Cass joined the Emergency Department staff of St. Michael's Hospital in 1993, and was Chief of Emergency Medicine at St. Michael's from 1997 to September, 2007. He is an Associate Professor in the Division of Emergency Medicine, Department of Medicine at U of T and is involved in undergraduate, postgraduate and continuing education.

Since January, 2004, Dr Cass has served as the Chair of the Toronto Emergency Networks Steering Committee. He was also a member of the Hospital Emergency Department and Ambulance Effectiveness Working Group commissioned by Health Minister George Smitherman.

The View From Here

Appointment

Toronto Central LHIN is pleased to announce that **Thomas Kennedy** was appointed by Order in Council to the Board of Directors in July.

Thomas Kennedy

Mr. Kennedy is a co-founder of Kensington Capital Partners Ltd. He has spent 10 years in operational and management positions with Consolidation Coal Co. and Alberta Energy Company. He has investment banking experience as a senior executive with Bunting Warburg, Lancaster and TD Securities. Mr. Kennedy serves on the Advisory Committee of Tricor Pacific LP III, TriWest Capital Fund II, Torquest Partners Value Fund L.P. and Kilmer Capital Fund L.P., and on the Board of Directors of Polymer Plainfield Holdings Inc.

Mr. Kennedy is Chairman of the Board of Regent Park School of Music. He has served on the board of directors of Loft Community Services and Triax Growth Fund, as well as several public companies. Mr. Kennedy holds a B.Sc.Eng. (Mining) from Queen's University and a D.B.A. from the University of Edinburgh, Scotland and is a professional engineer. We welcome him to the board!

Resignation

With regret, the Board of Directors has accepted the resignation of **Michael O'Keefe,** Vice-Chair, effective August 11, 2007. Mr. O'Keefe had a busy business schedule and personal commitments that made it difficult for him to continue as a board member. Toronto Central LHIN deeply appreciates his contributions to the board and commitment to the advancement of health care and wishes him well in his future endeavours.

Health Inequities Task Force

The Board of Directors decided in August to create a task force to develop a vision and plan to correct health inequities within Toronto Central LHIN. Mental Health & Addictions, Rehabilitation, Seniors, e-Health, Back Office Integration and Joint Health and Disease Management councils also have been asked to identify in their short term work plans, one or two sustainable projects that will reduce access barriers for populations with lower health status.

Board meetings

Meetings will held in the Toronto Central LHIN boardroom, 425 Bloor Street East, Suite 201 this year. Please be sure to check the web site for dates and changes to the schedule before you attend and print your board meeting package before you come (see the Board Meetings page at: www.torontocentrallhin.on.ca). By printing your own package, you will help us to reduce our environmental impact by reducing the unnecessary number of copies we make available.