



2008: History in the Making

In November 2006, the Toronto Central LHIN released its *2007-2010 Integrated Health Service Plan*. A major point made by all groups throughout the community engagement process that contributed to that plan was that “engagement without action is useless.”



One year later, Toronto Central LHIN is proud to announce that it is moving from the initial planning phase of integration to concrete action. With the support of scores of health service providers and individuals on advisory Councils and advisory Panels, plus some urgent priority funding provided by the Ministry of Health and Long Term Care, the LHIN has started the physical transformation of our local health care system.

“Two historic pieces of business were endorsed by the Board of Directors at its December 12th meeting,” says Chair Mohamed Dhanani. “The LHIN has reached a critical milestone with the approval of the Councils’ recommended work plans and the allocation of urgent priority funds.”

For the first time, the LHIN is able to describe in some detail what integration activities consumers can expect next year.

“We are delivering on specific requests from the public, such as transportation escort services for seniors and a new model of care for youth who’ve had childhood onset of disabilities,” says Mr. Dhanani. “And for the first time we are able to financially support integration activities that will help us to meet our deliverables and to promote innovation in access, equity improved health outcomes, better quality of care and efficiency.

When we add the activity yet to be outlined in our Aging at Home Strategy to these projects, 2008 is shaping up to be an important year in the history of our local health care system.”

The directional plan and work plan for each of the Councils will be posted on www.torontocentrallhin.on.ca on the IHSP/Councils page. For a full list of integration projects to receive urgent priority funding please see page 3.

Aging At Home Strategy

Toronto Central LHIN has received a welcome boost for one of the main priorities identified in its 2007-2010 Integrated Health Service Plan, with the provincial funding announcement of an Aging at Home Strategy.

This three-year, \$702-million initiative will be led by the Local Health Integration Networks (LHINs), with each LHIN receiving a specific funding allocation to meet the needs of local communities. The funding means more seniors in our area will soon be able to maintain their independence in their own homes.

"The Aging at Home Strategy focuses on doing things differently, using a community development approach to link existing services and providers with new and different ways of delivering services and "grassroots" groups," says Laura Pisko-Bezruchko, Senior Director, Planning Integration and Community Engagement. "There is a focus on innovation, illness prevention and keeping seniors healthy. It matches our IHSP plans very nicely."

Toronto Central LHIN has \$48,779,415 to plan and fund projects over three years, beginning April 1, 2008.

Staff submitted a high-level directional plan for the Toronto Central LHIN to the Ministry of Health and Long-Term Care on October 31, 2007. This directional plan identified objectives and priorities, policy and legislative barriers that must be addressed by the ministry in order to implement the strategy, possible performance measures and outcomes and a work plan to engage local seniors, caregivers and service providers. The document is posted on the web site at www.torontocentrallhin.on.ca on the Aging at Home Strategy page.

A final implementation plan outlining funding allocations for the LHIN for the 2008/09 year must be submitted by February 29, 2008. Between November and January, 2008, Toronto Central LHIN is conducting a first wave of community



engagement activities to inform that plan, including focus groups, sessions led by community animators, surveys and face-to-face meetings.

"We are building on the lessons learned during the preparation of the IHSP: targeting our efforts to maximize resources by using existing forums and tapping into expertise within our LHIN," says Laura. "We are reaching out to different language groups and populations whose needs are often not heard to get their ideas for ways we could do things differently and ensure that our plan reflects the requirements of seniors and caregivers in all of our neighbourhood areas."

More than 20 meetings have already been scheduled with existing groups of seniors and caregivers and the locations posted to the web site. These groups have their own special needs and/or sensitivities and are being led by our community partners. A general public consultation session will be held at Kensington Gardens, 45 Brunswick Ave (near College and Spadina) on December 18 from 1:00 p.m. to 3:00 p.m.

On December 12, a funding allocation model for the first fiscal year was approved by the Toronto Central LHIN board. It will be posted to the Aging at Home page of the web site.

Funding to move early integration efforts forward

With \$4,956,895 allocated from the provincial 2007/08 Urgent Priorities Fund, Toronto Central LHIN is about to address local priorities identified by the public in its Integrated Health Service Plan and its draft Annual Service Plan.

Funding is to be aligned with objectives, criteria and parameters defined by the Ministry of Health and Long-Term Care for urgent priorities. Among the primary eligibility criteria are that the initiative:

- Improves provision of services (existing or new)
- Supports integration activities focusing on improving: access, equity, health outcomes, quality of care and efficiency
- Demonstrates progress toward performance targets as set out in the Ministry-LHIN Accountability Agreement (MLAA)

Secondary eligibility criteria, include:

- Addresses systemic issues and pressures in the LHIN's local health care system

The LHIN must submit high level project descriptions, expected results and performance measures and targets to the ministry by January 31, 2008 to be eligible for the 2007/08 funds.

The ministry will review the submission and provide feedback to the LHIN within 14 business days (~ 3 weeks). The process culminates with release of funding by the ministry to the LHIN for initiatives approved by the LHIN's Board of Directors.

On December 12th, the Toronto Central LHIN Board of Directors endorsed the acquisition of business cases from health service providers on the following Health System Improvement Pre-Proposals (HSIPs). Business cases will be reviewed by the Toronto Central LHIN prior to the January 31 submission date to the ministry.

Integration/Innovation – including access, equity, health outcomes, quality of care and efficiency

SENIORS' SERVICES:

1. Coordinated Access for Community Services

Sponsor: Various health service providers and Ontario Community Services Association (OCSA)

What it is: project management support to enable the existing OCSA Access Working Group to implement its proposal for a common access point for community support services. Implement the "Every Door Leads to Service" model in the community support services sector. Results will be improved access to and seamless referrals between community support services for seniors and reduced duplication of services by streamlining operations. This initiative will be aligned with an overall navigation approach for Toronto Central LHIN.

2. Navigation Model for Seniors

Sponsor: Regional Geriatric Program

What it is: To achieve key IHSP deliverables:

1. Development of an access and navigation model for seniors by March 2008 and piloting the navigation model in fiscal 2008/09.
2. Development, piloting and evaluation of a screening tool for the identification of frail and marginalized seniors.

3. Seniors' Foundational Integration Initiatives

Sponsor: Toronto Central CCAC

What it is: 1. Develop an inventory of health-related information, education activities, and resources and services for seniors (social, health and other relevant services) 2. Inventory well seniors programs and identify how to support, enhance and expand existing programs.

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3. Develop a map of existing health care services for seniors and identify the best way to access these services, service gaps, pressures and recommendations to address.

MENTAL HEALTH AND ADDICTIONS:

4. Coordinated Access to Mental Health Supportive Housing

Sponsor: Toronto MH Housing and Support Network – LOFT

What it is : Development and implementation of a centralized access system for mental health supportive housing by 32 health service providers/ 3800+ units.

5. Long-Term Care/ Mental Health Development of a Framework for Seniors in the Community

Sponsor: City of Toronto (Long Term Care)

What it is: Development and implementation of a framework to improve access to specialized services required by seniors with serious mental illness and severe behavioural response issues, to allow them to continue living in the community and to avoid premature institutionalization.

6. Mental Health and Addictions Foundational Integration Initiatives

Sponsor: Centre for Addictions and Mental Health

What it is: 1. Development of an inventory of integration initiatives 2. Mapping of Mental Health and Addictions services to identify gaps, barriers and pressures, and development of recommendations to address these 3. Development of an inventory of health promotion, prevention and public education resources currently available to Toronto Central LHIN consumers/ families and healthservice providers.

REHABILITATION:

7. Inpatient Rehabilitation Referral Form

Sponsor: GTA Rehab Network

What it is: A common inpatient rehab/complex continuing care (CCC) referral form – a standardized form that can be used by health service providers for all referrals to inpatient rehabilitation and CCC. As part of its continued focus on reducing alternate level of care (ALC) days and improving patient flow from acute care to post-acute care, the inpatient rehab/ccc referral form reflects an agreement between GTA Rehab Network members on information required for referrals from acute care hospitals to post-acute destinations.

8. Lifespan Clinic Model

Sponsor: Bloorview Kids and Toronto Rehab Institute

What it is: a new model of care for youth with childhood onset disabilities transitioning to adult services that will ensure seamless care for youth.

EDUCATION AND RESEARCH:

9. Toronto Central LHIN Education and Research Organizations' Value to the Health System

Sponsor: Wellesley Institute

What it is: 1. A description of the value, risks and opportunities afforded by the Toronto Central LHIN research and education resources to the health care system and recommendations to promote greater education and research linkages and opportunities among organizations that will benefit the health system. 2. Determine how research and education organizations in Toronto Central LHIN can contribute to reducing health disparities (health inequities).

BACK OFFICE INTEGRATION:

10. Back Office Integration Partnership Feasibility Study

Sponsor: Solutions East Toronto Health Network/Toronto East General Hospital

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What it is: 1. A feasibility assessment on integrating human and legal resources between Toronto East General Hospital and five community health service provider partners. 2. An analysis of the risks inherent in having volunteers undertake back office work.

11. Integrated Client Information System – Phase II

Sponsor: Community Care East York

What it is: A client information system that manages and integrates case management and scheduling data across a consortium of seven community support agencies; this will promote internal efficiencies and achieve coordinated services management, as well as data sharing across organizations and sectors. Each partner is contributing resources to the project.

LHIN-WIDE

12. Toronto Central LHIN Project Management and Evaluation

Sponsor: University Health Network

What it is: 1. Tools, structures, and processes to monitor execution of the Toronto Central LHIN-funded integration initiatives. Structures/ processes will be aligned with existing LHIN reporting/monitoring processes and will ensure coordination across initiatives. 2. Design, development and application of a longitudinal evaluative framework to measure Toronto Central LHIN's progress in achieving outcomes, targets and deliverables in its Integrated Health Service Plan.

13. Health Equity Roadmap

Sponsor: Wellesley Institute

What it is: The creation of a health equity plan for the Toronto Central LHIN local health system.

14. Comprehensive Health System Blueprint

Sponsor: Toronto Central LHIN

What it is: A comprehensive review of the Toronto Central LHIN local health care system with specific focus on an assessment of current system performance, service utilization patterns, socioeconomic and demographic trends, identification of service needs and integration opportunities. Application of forecasting models to develop future scenarios for a sustainable health system in five, ten and 15 years.

Improving Provision of Existing Services

15. Toronto Ride -Infrastructure

Sponsor: Senior Peoples' Resources in North Toronto, Inc. (Neighbourhood Link)

What it is: using existing Infrastructure to grow/expand Toronto RIDE program to provide enhanced transportation and escort services to seniors. Funds required for administrative functions to better meet current client demands and service delivery funding to develop and enhance multi-sectoral health service provider partnerships and increase the number of rides provided to seniors.

16. Home at Last

Sponsor: St. Christopher's House, Community Care East York, Mid-Toronto Support, Services Senior Link, SPRINT, St. Clair West Services for Seniors, Storefront Humber, West Toronto Support Services, Woodgreen Community Centre, St. Joseph's Healthcare, Sunnybrook Health Sciences Centre, Toronto Western Hospital, Toronto Central CCAC

What it is: expanded Toronto Central Home-at-Last (TC HAL) Program will focus on ensuring that eligible clients discharged from participating hospitals are connected to the community support service (CSS) provider in their area of residence, in a sustained relationship that aligns with services offered by other service providers, including the CCAC, when referred. Facilitates discharge from inpatient beds and emergency departments.

Council Conversations

Councils exist to advise the Toronto Central LHIN management team on the implementation of its 2007-2010 Integrated Health Service Plan (IHSP). They are comprised of health service providers who have been chosen for their system-level thinking, as well as consumers and family members who have been cross-appointed from advisory panels (see page 9 for membership) to ensure that implementation plans reflect advice provided in community engagement meetings.

Action notes on advisory Council meetings are now posted in full at www.torontocentrallhin.on.ca on the IHSP/Councils page.

Here's a summary of the Councils' progress to date:

Mental Health & Addictions Council

Recent meeting dates: August 13, September 24, November 5

Member news: Sonja Nerad, Program Director, Access Alliance Community Health Centre has resigned from the Council and is being replaced by Kapri Rabin, Director, Integration and Urban Health at the Central Toronto Community Health Centre. Dr. Chan Shah, staff physician at Anishnawbe Health Toronto resigned in November. Mark Vimr, Executive Vice-President, St. Joseph's Health Centre has joined the Council.

Accomplishments: finalized charter (work plan) in September.

Council invited four integration projects aligned with the IHSP priorities (Toronto Mental Health Housing and Support Network, Concurrent Disorders Support Service Partnership, Mental Health Emergency Room Alliance, and the Long Term Care/ Mental Health Psychogeriatric Framework Implementation Project) to present to the Council on November 5th and to discuss successes, challenges and proposed next steps.

Next meeting: December 17

Rehabilitation Council

Recent meeting dates: September 10, October 2, November 13

Member news: Anne Lotz, Executive Director, West Toronto Support Services has resigned from Council

Accomplishments: Two Council working groups have been created and have started to meet:

- 1) a Medically Complex Working Group, which is being led by a LHIN Subcommittee of the Toronto Academic Health Sciences Network (TAHSN) – with representation and input from across the care continuum



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Council Conversations continued from page 6

- 2) a Youth Working Group, which is being lead by Bloorview Kids Rehab and Toronto Rehab Institute– with representation and input from across the care continuum.

Both Working Groups have three main objectives:

- to map and analyze the key transitions for their specific patient populations in the TC LHIN as they move across care settings, to determine what systemic barriers individuals face when trying to access rehabilitation services
- to identify the best models/ projects that exist to make transitions easier
- to identify tools that promote effective transitions and access to care and facilitate implementation across the LHIN, with a focus on computer-based tools where possible, and targeting alternate level of care issues

Next Meeting: December 18

Seniors' Council

Recent meeting dates: September 5, October 10 and November 14

Accomplishments:

- Developed a detailed work plan to achieve the IHSP deliverables
- Reviewed integration initiatives already underway and identified three projects that the Council will meet with that are aligned with IHSP deliverables
- Provided advice to Toronto Central LHIN on its Aging at Home Strategy and directional plan,
- Identified criteria for identification of frail and marginalized seniors as a step in development of a screening tool to identify and improve health outcomes
- Gathered information on access and navigation models for seniors and is developing a navigation model for Toronto Central LHIN.

Next meeting dates: December 12 and January 9.

Advisory Panel Update

Toronto Central LHIN has four consumer Advisory Panels that provide advice to Councils and the LHIN senior management. They are the:

- Seniors' Advisory Panel
- Mental Health and Addictions Consumer/ Survivor Advisory Panel,
- Mental Health and Addictions Family Advisory Panel
- Rehabilitation Advisory Panel

Advisory Panels are consulted at key implementation milestones to ensure that plans continue to reflect the advice provided during community consultations. For a complete list of members, please see page 9.

Accomplishments of these panels to date:

All four panels were launched on May 22, 2007 and have confirmed their terms of reference.

This summer, panelists who have cross-appointments to Advisory Councils provided consumer friendly text edits for the Toronto Central LHIN's Hip and Knee Replacement Program brochure.

This fall, panelists reviewed and supported the direction for the Toronto Central LHIN's Aging At Home Strategy.

Back Office Integration Council

Recent meeting dates: September 6, November 1

Accomplishments:

- Partnership established with OntarioBuys (Ministry of Finance)
- Undertaking interviews with health service providers across TC LHIN on their experiences of back office integration,
- Electronic survey of health service providers also underway.

Next meeting: January 10, 2008. Meetings will now be held bi-monthly

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Council Conversations continued from page 7

Education and Research Council

Recent meeting dates: September 6, November 1

Member News: Dr. Sarita Verma has resigned from the Council due to conflicting time commitments.

Accomplishments: met to discuss charter and work plan

Next meeting: February 21, 2008

Energy and Environment Management Council

Recent meeting dates: September 27

Accomplishments: Grant awarded by Ontario Power Authority (amount to be determined); energy consumption data collection tool to be developed by the E&E Council and used across hospitals in Toronto Central LHIN as first phase of energy consumption data collection.

Next meeting: January 24.



Health Human Resources Council

Recent meeting dates: September 13, October 25. December 6th meeting is being deferred to the New Year

Accomplishments since May: Council finalized charter and high level action plan in October.

Celebrating
Innovations in
Health Care Expo

Save the Date!
April 22, 2008

Metro Toronto Convention Centre

The annual *Celebrating Innovations in Health Care Expo*, hosted jointly by the Ministry of Health and Long-Term Care along with the 14 Local Health Integration Networks (LHINs), is returning for its third successful year!

Mark your calendar for Tuesday
April 22, 2008.

This inspiring event is an opportunity to celebrate the hard work of Ontario’s health care providers and to learn from their ingenuity. It’s also a perfect occasion to connect with other health care professionals, discuss and share innovations and generate new ideas.

Some surprises are in
store for attendees ...

This year’s expo promises to be even more dynamic with an interesting and thought-provoking keynote speaker, interactive displays and a few new twists to the awards ceremony.

Watch for future e-mails
for more information!

Toronto Central LHIN
Advisory Panels Members, 2007/08

Seniors’
Advisory
Panel

Jerry	Berman
MaryAnn	Chang
Mae	Couzens Duffy
Vince	Goring
Georgette	Gregory
Maureen	Hutchinson
Fernanda	Leitao
Bea	Levis
Charlotte	Maher
Ethel	Meade
Neil	Mudde
Shashi	Sanwalka

Rehabilitation
Advisory
Panel

Bob	Alexander
Lew	Boles
Gillian	Chernets
Bob	Coffey
Peter	Duffy
Darlene	Engel
Georgia	Gerring
Pat	Godin
Susan	Shaw
Nirmal	Kaur

Mental Health and
Addictions – Consumer/
Survivor Panel

George	Allen
Karen	Cox
Terry	Bisset
Jim	Buchanan
Carmen	Carrasco
Jennifer	Chambers
Franklin	Clarke
Emily	Fox
Marcel	Grimard
Peter	Lye
Michele	Macaulay
Eliana	Roman
Aminta	Vidi
Richard	Botcher

Mental Health and
Addictions – Family
Advisory Panel

Annick	Aubert
Eleanor	Baker
Paul	Denison
Christine	Kierans
Deanna	McNeil
Ganesh	Pon
Joyce	Santamaura
Mark	Shapiro
Rebekah	Tsingos



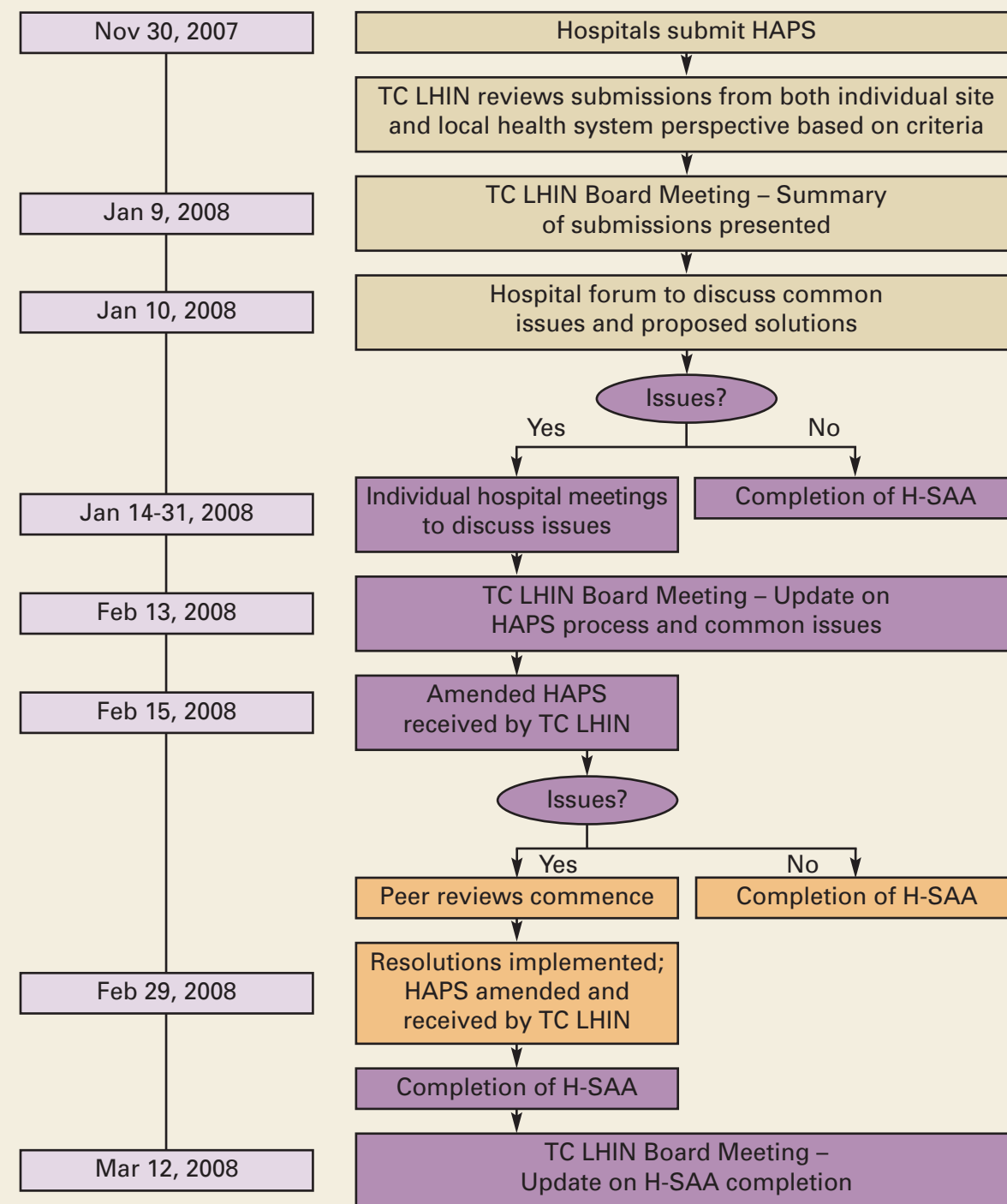
Toronto Central LHIN
Board of Directors approves

Hospital Service Accountability
Agreement (H-SAA) Process

At its December 12, 2007 meeting, the Board of Directors of the Toronto Central LHIN approved the new process to be used to reach accountability agreements with 18 local hospitals for the 2008-2010 fiscal years.

It is a streamlined process developed in collaboration with hospitals that involves four steps: internal review, negotiations of points, issues resolution and finally preparation and sign-off of Hospital Service Accountability Agreements (H-SAAs). (See diagram for timeline and steps).

Accountability Agreement continued from page 9



Notes:

(1) All H-SAAs must be signed and completed by March 12, 2008

Internal review

Hospital Annual Planning Submissions (HAPS) were submitted to the LHIN on November 30. These documents outline the services a hospital plans to deliver in return for the funding provided. Staff will now review each submission against this checklist:

- **Outputs and impacts:** Is the hospital maintaining a level of services commensurate with the funds provided? What are the impacts on consumers and system changes for changes in service levels?
- **Balanced Budget:** Is the budget balanced?

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Accountability Agreement continued from page 10

- **Alignment with Ministry-LHIN Accountability Agreement (MLAA):** Does the hospital plan align with the LHIN's obligations to the Ministry of Health and Long-Term Care, including transformation, integration, innovation and sustainability of health delivery system?
- **Alignment with Integrated Health Service Plan (IHSP):** Does the hospital plan align with the priorities outlined in the IHSP?
- **Community Engagement:** Has the hospital plan been developed with community consultation?

Negotiations

Any systemic issues identified during the internal review by the LHIN staff will be discussed at a hospital and Community Care Access (CCAC) forum to be held in mid-January, 2008. The goal of the forum is to highlight the range and magnitude of issues, share best practices in balancing budgets and to find transformative systemic solutions.

Individual hospital results will not be discussed at the forum. In January and February, meetings between the Senior Director of Performance Contracts and Allocations and his team will be held with the vice-presidents and Chief Financial Officer of individual hospitals where issues have been identified.

Issues resolution

If the budget is not balanced, the HAPS will not be accepted.

Where issues are not able to be resolved at the hospital level, multi-hospital peer review panels will be invited to review the HAPS **without** representation from the hospital in question to find solutions to create a balanced budget.

H-SAA preparation

Based upon approved HAPS, accountability agreements will be drafted. The content of the H-SAA is being defined during Joint Policy and Planning Committee (JPPC) negotiations. There will be schedules in the agreement that are specific to Toronto Central LHIN to address hospital involvement in health equity and IHSP expectations.

"We are hopeful that the HAPS process will generate good discussion about integration opportunities in our LHIN, surface ideas on how to promote our change agenda and help to close the gap on health inequities" says Bill Manson, Acting Chief Executive Officer. "We look forward to working with hospitals to make our local health care system more effective and efficient."

Information to forge meaningful interaction

*On October 23rd and 25th, 2007, Toronto Central LHIN hosted a series of three sessions called **Working Together and Building Relationships**, which more than 200 community health care leaders from 111 community health service provider agencies attended.*

Presentation topics included: how to report on developing issues, an update on integration and community engagement activities and opportunities, plus funding, accountability and reporting requirements within our LHIN.

Health service providers commented that the sessions were very informative and that they appreciated the open dialogue with the Toronto Central LHIN. Recommendations for future sessions include highlighting integration success stories, directions on quarterly reporting requirements and including interactive round table discussions.

Based on the overwhelmingly positive feedback from the October sessions, the Toronto Central LHIN is planning a series for early in 2008.



Toronto Central LHIN Takes Kids to Work

Nathan Pond and Geoffrey Bezruchko

Children get to walk a day in their parents' shoes

*Often parents wish that their children could 'walk a day in my shoes,' to appreciate parental work responsibilities. On Wednesday, November 7th Toronto Central LHIN hosted its first annual **Take Your Kids to Work Day** and made that wish a reality.*

Part of a larger strategy by the Learning Partnership to promote on the job experience for grade nine students. *Take Your Kids to Work Day* has been an opportunity for kids to get education, skills and onsite training in a variety of different fields. Since 1994 more than 1.5 million students and tens of thousands of workplaces have participated.

The day started for Senior Director of Planning, Integration and Community Engagement Laura Pisko-Bezruchko and her son Geoffrey with breakfast at the Canadian College of Health Service Executives where they heard a guest speaker. Corporate Co-ordinator Cherry Pond began by familiarizing her son Nathan with her daily routine at the Toronto Central LHIN's office.

Later that morning, the boys were shown how services were offered at not-for-profits like Yorkminster Park Meals on Wheels and Perram House. At Yorkminster Park, meals for seniors were being sorted and packaged for distribution by volunteers; while palliative care was being offered to the terminally ill at Perram House. The boys witnessed how staff and volunteers came together to provide vital services to community members.

The final activity was an afternoon hospital tour hosted by the University Health Network. This was a highlight for Nathan and Geoffrey as the tour allowed them to see a side of the hospital normally closed off to the public. Geoffrey commented "it was neat to see real lungs, livers and tumours!"

"I think Geoff gained a better understanding of just how large, complex and diverse the Toronto Central LHIN health system is," says Laura. Both Geoffrey and Nathan also commented that they now have a better understanding and appreciation for the work their mothers' do. Proof that the program works for both parents and kids!