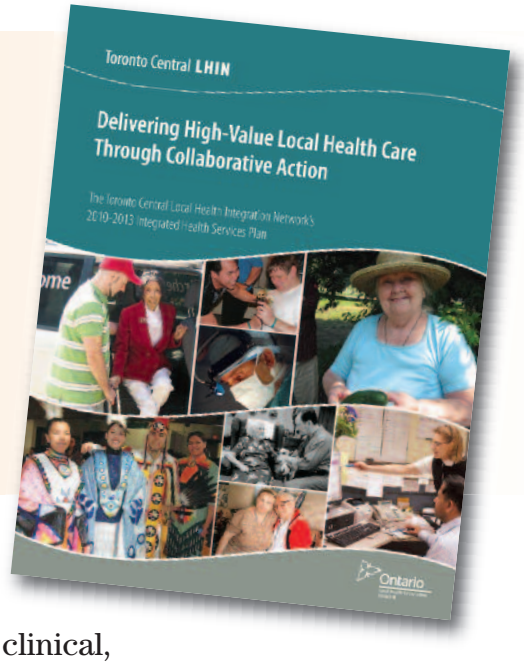
Toronto Central **LHIN REPORT** | January 2010

IHSP-2:
Delivering High Value Local Health Care Through Collaborative Action

The Toronto Central LHIN 2010–2013 Integrated Health Services Plan (IHSP-2) is a 3-year action plan for improving local health services. The purpose of the plan is to increase the value of health care services, through clear and concrete action. With its theme of *Delivering high-value health care through collaborative action,* this Plan is about making the best possible use of the city's great health care resources.



The IHSP-2 has a great starting point. The first IHSP (2007–2010) began a process of change in the local health care system. There have been significant accomplishments over the past few years – most notably enhanced services and new community-based models of care for seniors, increased collaboration resulting in innovations like Resource Matching and Referral with the potential to transform health care delivery, and a burgeoning culture of transparency and continuous improvement. The Toronto Central LHIN already has excellent and renowned clinical, research and educational programs and a wealth of talent. The IHSP-2 is designed to harness these attributes and increase the value of health care for consumers and communities.

To build the IHSP-2, the Toronto Central LHIN examined the latest evidence and data and tapped into the insights and experiences of

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Ontario
Local Health Integration Network

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health service providers, health professionals, and a diversity of consumers and community members. More than 2,000 individuals provided direct input into the IHSP-2 through engagement sessions and a consultation survey.

The Plan contains a lot of numbers which are critical to knowing whether actions are making a difference. However, in another three years, the real measure of success is whether services improve for the people who have the greatest needs – many of whom are marginalized and face barriers to health care – and whether the lived experiences of individuals and communities are better overall.

Beyond Toronto Central LHIN

Toronto Central LHIN serves a much larger community than the local area. Of the LHIN's 281,922 hospital cases from 2007 to 2009, 52 per cent involved residents from outside Toronto Central:

- **48%** of the cases were for Toronto Central residents
- **18%** were from Central LHIN
- **13%** from Central East
- **21%** were from other LHINS

Toronto Central LHIN's unique characteristics

The IHSP-2 is designed to respond to and reflect the Toronto Central LHIN's unique characteristics as Ontario's only completely urban and most densely populated LHIN, and an area of diversity and extremes. The Toronto Central LHIN has a rich mix of providers and community services that address the needs of diverse local communities. While this diversity makes for a vibrant city, it also leads to considerable disparities in access and health outcomes.

The Toronto Central LHIN has the highest concentration of health services in Canada – with 177 distinct agencies and more than 42,000 health care workers – and health education and research programs that have local, provincial, national and global impact.

A Plan built on five priorities

The new Plan is organized around five areas of priority, namely: **emergency room wait times, alternative level of care, diabetes, mental health and addictions, and value and affordability.** These priorities address critical local health care issues and contribute to the achievement of the provincial government's plan for health care. Beyond their impact on the health and lives of people who receive services in the Toronto Central LHIN, these priorities are catalysts for broader system change. Following is a high-level summary of the action plans. You are encouraged to read the plan in full on the Toronto Central LHIN's web site – www.torontocentrallhin.on.ca

PRIORITIES 1 & 2: Reduce emergency room wait times and alternate level of care days

Why these priorities? 1 2	Long emergency room (ER) wait times are a symptom of problems in the health system. One problem in particular is that many hospital inpatient beds are occupied by "alternate level of care" (ALC) patients waiting to be transferred to a more appropriate setting such as long-term care or home care. By making changes to reduce ER wait times and ALC days, the Toronto Central LHIN will address many other problems in the local health system.
What needs to be done in the next three years?	• Standardize referral and intake processes to improve the flow of patients to and within community programs. • Enhance community-based programs and services to support patients at home. • Improve hospital processes to increase capacity in the emergency department.
What will be achieved by acting on these initiatives?	• By the end of three years, most people will be treated in the ER or admitted from the ER within the province's wait time targets. • More people will receive timely access to an enhanced range of services that meet their individual needs, particularly those with the highest needs: the frail elderly, people with mental illness and/or addictions and people with complex chronic conditions.

PRIORITY 3: Improve the prevention, management and treatment of diabetes

Why this priority? 3	The Toronto Central LHIN has a high rate of diabetes, with 9.8 per cent of residents 20 years and older living with the disease. People with diabetes tend to have poorer overall health than the general population and often develop other conditions. By acting on this priority, the LHIN will reduce the demand on the local health system, develop a powerful testing ground for chronic disease management and integrated health care, and demonstrate the potential of e-health through technology-based screening and management tools. Local diabetes initiatives will also enhance health equity since diabetes disproportionately affects visible minorities, low-income groups and marginalized populations.
What needs to be done in the next three years?	• Expand outreach and screening programs, starting with high-needs neighbourhoods. • Increase access to primary care teams, starting with high-needs neighbourhoods and high-risk groups. • Improve the quality, consistency and comprehensiveness of diabetes services in the primary care or physician clinic setting.

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PRIORITY 3: Improve the prevention, management and treatment of diabetes – *continued*	
What will be achieved by acting on these initiatives?	• Fewer people will develop serious and life-threatening complications including cardiovascular disease, kidney failure and nerve damage. • People will be better informed about the risks of diabetes, healthy choices and where they can access the services they need. • People with the highest needs will have better access to culturally appropriate services, in their own language.

PRIORITY 4: Improve the prevention, management and treatment of mental illness and addiction	
Why this priority? 4	It is estimated that one in five adults will experience mental illness in their lifetime. Many people with a mental illness diagnosis also have other chronic or frequent acute conditions. People with mental illness and/or addiction tend to be frequent users of hospital emergency departments. Some of the most marginalized people in the Toronto Central LHIN are living with mental illness and/or addiction. Addressing this priority will allow the LHIN to improve health equity, organize community capacity, and set evidence-informed standards. By addressing this priority, the LHIN will also influence an ongoing shift in attitudes in order to reduce stigma and discrimination.
What needs to be done in the next three years?	• Develop and implement initiatives to target the needs of the most complex and vulnerable communities in the Toronto Central LHIN. • Implement standardized assessment process in community mental Health programs. • Develop and implement standardized intake and referral process in Mental Health and Addictions programs. • Enhance data collection and utilization in mental health and addictions programs and services to support evidence-informed decision making.
What will be achieved by acting on these initiatives?	• More people with mental health and/or addictions issues will have quicker and more equitable access to the right mix of services to meet their needs. • More clients will move from the streets or institutions into supportive housing. • More clients will actively participate in their care through the assistance of a consumer-led common assessment tool.

PRIORITY 5: Improve the value and affordability of health care services	
Why this priority? 5	The economic downturn has sharpened attention on how to get the best value out of limited health care dollars. The reality in the world of publicly funded health care is that resources will always be constrained. The Value and Affordability agenda challenges everyone in the LHIN to recognize that providing the best care to those who need it and delivering value to the public in general can be achieved simultaneously by working more effectively as an integrated system.
What needs to be done in the next three years?	• Integrate Value and Affordability collaboration in the annual cycles of all health service providers. • Increase the proportion of supplies purchased through joint buying groups. • Improve data quality relating to value and affordability.
What will be achieved by acting on these initiatives?	• Maintain or increase the volume of services provided within the LHIN in spite of constrained resources. • Increase the proportion of back office (HR, finance, materials management, other administrative functions, etc.) activity that is being delivered through shared services. • See an increased number of voluntary integrations resulting from provider-identified opportunities to increase value by shifting where or how services are delivered.

Health Equity and E-Health drive the IHSP-2

The IHSP-2 priorities are enabled by a number of factors. Two of these are particularly critical to transforming the health care system: health equity and e-health.

Toronto Central LHIN – a picture of extremes

24% of Toronto Central LHIN residents earn low incomes.

34% of adults in Toronto Central LHIN have a university degree, compared to 19 per cent for the province.

7.5% of working-age adults in Toronto are unemployed. The provincial rate is 6.5 per cent.

- **Health equity:** Through its priorities and specific cross-cutting actions – including the development of a city-wide interpretation model for health service providers – the Toronto Central LHIN aims to ensure everyone in the LHIN has the same access to health services that reflect individual needs and circumstances.
- **E-health:** E-health is an essential component in the LHIN's priorities for the next three years as well as an overall imperative for transforming health care in the LHIN. The Toronto Central LHIN is working with other LHINs to implement e-tools that integrate clinical information across the continuum of care and support patients/clients as they transition between health professionals, services and levels of care. Key tools include Resource Matching and Referral; Connecting GTA, which links clinical and other

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patient information for health professionals; Diabetes Registry which provides information and tools to assist health professionals and patients manage the patient's diabetes; and the GTA West Diagnostic Imaging Repository, which allows clinicians to view MRI and CT and other diagnostic images from other providers.

Measuring the success of the IHSP-2

The Toronto Central LHIN will collaborate with health service providers and communities to continually strengthen the reliability and currency of its performance measures and to evaluate, whenever possible, performance based on outcomes. An Annual Business Plan will further define the specific initiatives, risks and outcomes in the LHIN each year. Quarterly reports and a yearly report card will be used to monitor and report to the public on progress against the milestones and targets in the Annual Business Plan.

Ultimately, the success of IHSP-2 implementation will be measured in the experiences of individuals and families using the system. For people who work and volunteer within health care organizations, success will mean greater job satisfaction and better access to the information they need to make the best decisions possible for their clients and patients.

What's Next?

With a plan in place and broadly communicated across the LHIN, we now need to shift more of our energies into implementation. Early this winter the LHIN is developing its Annual Business Plan – spelling out the implementation steps for the first year of IHSP-2. Also starting in December the LHIN will work with health service providers and consumer advisors to continue to strengthen its engagement approaches including creating sector-specific tables, starting with CHCs and CCACs, to tackle specific sectoral risks and change issues and strategy. The LHIN will engage its stakeholders about how it can make more effective use of targeted funding, performance measurement and management and integration to improve health system performance and deliver greater value for our communities.

Resource Matching and Referral: Connecting People and Care

November 16, 2009 marked the latest milestone for the Resource Matching and Referral (RM&R) program, with RM&R now supporting electronic referrals from 14 Acute and Rehab/CCC hospitals to 38 long-term care homes and the Toronto Central CCAC. Fifty-three health service providers and 20,000 individuals in the Toronto Central LHIN are now able to refer clients/patients electronically using RM&R, including: rehabilitation, complex continuing care (CCC), long-term care and CCAC in-home service.

RM&R is an electronic information and referral system that matches patients/clients to the earliest available services and care setting that best meets individual client needs.

Without a synchronized system, referrals can be cumbersome both for the provider and the client, and important information can get lost. RM&R streamlines and standardizes the "hand-offs" between organizations across the continuum of care and allows providers access to an inventory of available programs and services that best suit the client's needs. Patients are matched and connected promptly to the most appropriate services ultimately improving quality of care and the experience of individuals and families.

Dr. Michael Baker, Rose Family Chair in Medicine, University Health Network, using RM&R.

One of the main reasons emergency departments get backed up is that the hospital beds needed by ER patients are occupied by "alternate level of care" patients waiting to be transferred to a more appropriate care setting. In the Toronto Central LHIN, more than 500 patients each day are in hospital waiting to be transferred to another care setting. RM&R allows patients/clients to leave the hospital and move to the next level of care sooner, freeing up hospital beds for acutely ill patients and reducing ER wait times.

"RM&R has the potential to transform the way we deliver health care. With comprehensive, real-time facts, health care providers no longer have to rely on who they know and their memories when referring patients," said Matt Anderson, CEO, Toronto Central LHIN. "RM&R uncovers gaps and inconsistencies in the way people are admitted. It will indicate which kinds of clients are waiting and not getting access to services so that we can address inequities and service gaps and make the system work more effectively for everyone."

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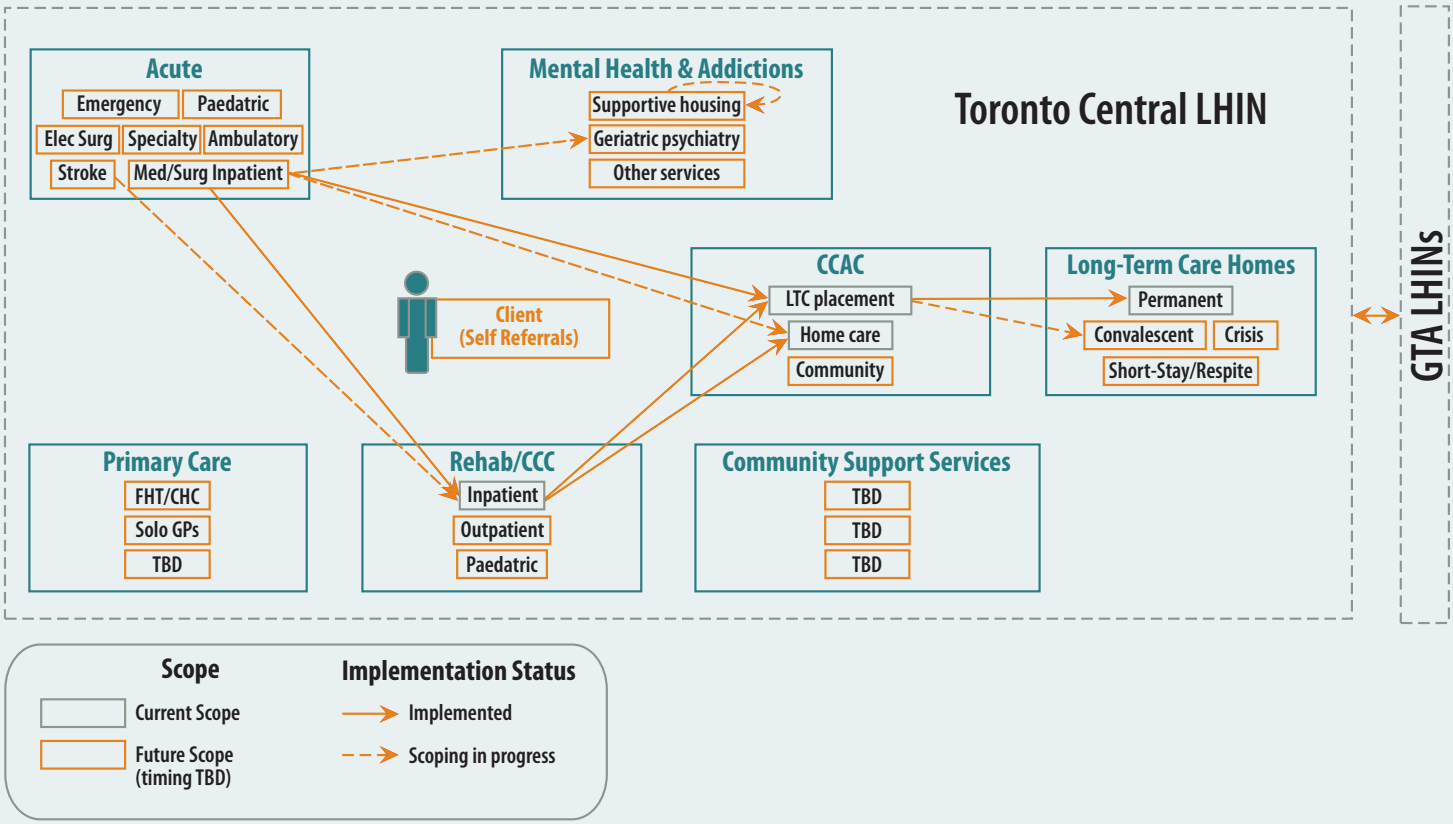
Resource Matching and Referral: Connecting People and Care continued from page 7

The goal is to have 80% of health service provider sites in the Toronto Central LHIN managing referrals electronically using RM&R in the next three years. The LHIN is working with the mental health and addictions and community support service sectors on plans to use RM&R to refer clients to and from those agencies over the next few years.

REACHING CRITICAL MASS:
Current RM&R scope and implementation progress in Toronto Central LHIN



"The referral form is now easier to read. I don't need to decipher someone's handwriting!"

– CCAC Hospital Care Coordinator

"Referral applications are more comprehensive… giving the care team a better understanding of the client's current status"

– Rehab/CCC facility

LHIN-wide Language Interpretation Service *Promotes Health Equity*

The Toronto Central LHIN is a mosaic of nationalities, socio-economic levels, and educational backgrounds. This diversity makes Toronto a unique and vibrant city, but it also leads to considerable disparities in access and health outcomes.

Evidence shows that, on average, individuals who are poor, have language barriers and are newcomers to Canada do not receive the same access to health care as the general population. Vulnerable populations experience poorer health than the average.

Why it matters:

The Yamaguchi family arrived from Japan with their 11-year-old daughter, with end stage heart failure. Her native country was unable to offer a heart transplant, but she was admitted to SickKids. Dealing with the stresses of immigration, a complex and life threatening illness, and an unfamiliar health care system is compounded by the fact that the family does not speak English.

Earlier this year, the Toronto Central LHIN launched Partnerships for Service Improvement (PSI), an initiative to support LHIN Health Service Providers to partner on back office and clinical support service projects to reduce duplication and costs. Due to the overwhelming interest among both the hospital and community providers regarding the need to enhance interpretation services, the Toronto Central LHIN has committed to support the development of a LHIN-wide language and interpretation service building on the PSI project – Toronto Healthcare Interpretation Services.

The goal of the LHIN-wide interpretation model is to improve all health service providers' access to a consistently high standard of language and interpretation services.

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LHIN-Wide Language Interpretation Service Promotes Health Equity continued from page 7

IMMIGRANTS IN TORONTO CENTRAL LHIN
41% of the population are immigrants
Of this group, 20% are recent immigrants (arrived between 2001 and 2006)
More than 160 languages are spoken in this LHIN
4.5% of LHIN residents have no knowledge of ENG or FR
Highest proportion of immigrants from: 19% – Southern Europe 13% – Eastern Asia (i.e. Philippines) 11% – South East Asia (i.e. China, Eastern Europe) 10% – Southern Asia (i.e. India, Pakistan, Sri Lanka)

As the lead organization, the Hospital for Sick Children (SickKids) will apply its commitment to and organizational experience in health equity to the entire LHIN. The project will be informed by a multi-sectoral advisory group while three working groups will be formed to identify solutions related to the areas of human resources; policies, standards and guidelines; and technology.

Citizenship and Immigration Canada (CIC) is also partnering with SickKids on a number of health equity initiatives including translation of patient health information and development of cultural competence education for staff. SickKids has proposed further endeavours with CIC, including the implementation of the language and interpretation model in the LHIN.

My Story:
John at St. Jude's Community Homes

My story started in the small town of Elkhorn, Manitoba where I spent the first years of my life. I was actually born in Brandon – about 100 miles away – because there was no hospital in Elkhorn. My father was the town doctor in Elkhorn.

Looking back, I now realize that it was during my later years of high school when I first began to get sick. I thought I had told people things and later found out I hadn't. I imagined things about myself that weren't true. I could hear music that no one else could. My father listened and did everything he could to try and help.

In 1981 I had my first major breakdown. My father was able to arrange for me to stay in a hospital in Guelph. I was there for six weeks, and this was the first time that I began to take medication for my illness.

When I went home I enrolled in the Toronto Learning Centre and commuted back and forth each day between Orangeville and Toronto. Although this sounds like a lot of travelling, I really believe the routine helped me (at least for a while). That November I was taken off my medication, but found over time that I could not concentrate. In 1982 I began to see a psychiatrist at Sunnybrook Hospital and was put back on medication. I moved to Dufferin Residence that year as well, and this helped me to learn how to live independently.

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My Story: John at St. Jude's Community Homes continued from page 10

In 1984 I started the Day Treatment Program at Toronto East General Hospital and lived in several of their houses and a year later I joined Progress Place and worked in their Transitional Employment Program as a caretaker and a bus boy. I enjoyed working and it was good for me. In the following years, I lived in various supportive housing residences, and in December 2005 I moved into St. Jude's.

I am currently working at the Canadian Red Cross as a cleaner one night each week. I am doing this job through the Canadian Mental Health Association's employment program. My job is helping me maintain a routine, earn some money, and helps me feel good about myself. It also gives me a chance to give back to society. So many people have helped me, and this is a small way to give something back.

In my spare time, I like to read books on history, politics and religion, go for walks, and attend church as an expression of my faith. Doing these things helps me cope successfully with life, gets me through tough times, and brings meaning to my life. I think everyone should find some things they enjoy doing, and make sure they become a regular part of their lives.

What have I learned about living with my illness? I can't tell you what to do but I know what works for me. I have to take my meds, work as a team member with my doctor, keep a healthy routine, and always be hopeful about the future. Although it may not always seem that way, I believe there are lots of good things waiting for me in the future.

Looking back over my story, I have had a long – and at times difficult – journey. However, I have overcome a lot, made good friends, found people who have helped me and I've been able to help others. I also know that I have a home I love and enjoy at St. Jude's. I look forward to the years ahead. Life is good.

John - St. Jude Community Homes' resident

What have I learned about housing? People need to feel respected where they live. Everyone should practice the Golden Rule – do to others what you want others to do to you. Community is very important – make friends and be a friend to the people you live with. When you choose to go through life this way, things always seem to work out better.

Toronto Central LHIN hospitals honoured with *Awards of Excellence*

On November 18th, 2009, over 200 exhibitors including the Toronto Central LHIN came together for the *Celebrating Innovations in Health Care Expo,* to showcase health care initiatives that are driving change and improvement in health care delivery across Ontario.

Presented by the Ontario Hospital Association in partnership with the government as part of the OHA's HealthAchieve conference, the event reflected six themes:

- **Meeting Community Needs Through Integrated Care**
- **Improving Quality and Patient Safety**
- **Improving Efficiency Through Process Redesign**
- **Innovations in Health Information Management**
- **Innovations in Health Human Resources**
- **Innovations in Health Promotion**

With winners receiving a $10,000 achievement grant, the presentation of the Minister's Awards of Excellence spotlights six outstanding innovations from across Ontario.

This year, two hospitals in the Toronto Central LHIN – **St. Michael's Hospital and Mount Sinai Hospital** – won these prestigious awards honouring their ingenuity in generating successful and sustainable approaches that demonstrate their commitment to improving the health care system for this generation, and generations to come.

"This inspiring event is an opportunity to showcase innovations that play a very important part in building a sustainable modern health care system. I am proud to recognize the hard work of Ontario's health care providers."

– Deb Matthews, Minister of Health and Long-Term Care

And the winners are. . .

Category: *Meeting Community Needs Through Integrated Care*

Winner: **St. Michael's Hospital**

My Baby and Me: Passport for Young Pregnant Homeless Women

Street-involved women tend to have more complications in pregnancy because of their struggle with poverty and housing issues. Working together with youth serving agencies, St. Michael's helped young homeless pregnant women access prenatal care. Each year an estimated 50 young women with no permanent home give birth at St. Michael's Hospital in downtown Toronto. A small booklet was offered to each woman called *My Baby and Me*. The booklet was like a medical record and contained helpful information about pregnancy, birth and baby care. Transportation and food vouchers were also provided. Over a two-year period 101 women used these booklets: 94% gave birth to full term infants, 90% gave birth to infants in a healthy weight range.

Category: *Innovations in Health Information Management*

Winner: **Mount Sinai Hospital**

Innovation in real-time reporting of utilization and performance in the Emergency Department

With one of the Ministry's priorities to improve wait times in the province, Mount Sinai Hospital (MSH) focused their attention on wait times reporting and maintaining the best quality of care, while ensuring efficient patient flow. The project began with the implementation of an Emergency Department Data Quality Committee to understand the process of data collection. The ability to review wait times data by the hour, or even by the minute, is a significant milestone for MSH to explore gaps in the system and thereby improve patient care throughout the system.

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Toronto Central LHIN hospitals honoured with Awards of Excellence continued from page 13

Category: *Innovations in Improving Efficiency Through Process Redesign*

Winner: **St. Michael's Hospital**

Getting Results Through Collaboration in Action

Through its Corporate Patient Flow Program, St. Michael's hospital has improved processes throughout the hospital and improved wait times both in emergency care and surgical procedures. Perhaps most importantly, this initiative, created by a small management team, has improved the patient experience, and their overall quality of care. As one part of a multi-pronged strategy, the team initiated the formation of multidisciplinary Action Groups that encouraged knowledge sharing, and interactive learning. Resulting from these groups were simple, patient-focused solutions that did not require additional resources, including a discharge planning toolkit and interdisciplinary cluster meetings that helped improve staff communication throughout the hospital. In addition to large gains in a variety of patient flow outcomes, a cultural shift within the hospital emerged, and process improvement has become an integral part of everyday business and patient planning.

Putting IHSP-2 into *Action*

By Matt Anderson, CEO, Toronto Central LHIN

Over the summer and fall, health service providers and community members joined the Toronto Central LHIN in an intensive process to develop the 2010–2013 Integrated Health Services Plan (IHSP-2). Over 2,000 individuals provided input into the plan.

While many people put in numerous hours and very early mornings to develop IHSP-2, regular "business" has continued and important gains have been made across the LHIN. Here's a snapshot.

- The development of the first Long-Term Care Service Accountability Agreement (L-SAAs) is well underway. The L-SAAs are being shaped by significant engagement with long-term care homes, the Ontario Long-Term Care Association, Ontario Association of Non-Profit Homes and Services for Seniors, as well as the City of Toronto and other municipalities.
- In early November, the LHIN reached another important milestone for Resource Matching and Referral – the electronic referral system that matches clients/patients with services that best meet their needs. Currently, 53 Toronto Central LHIN health service providers are able to electronically refer patients/clients for some rehabilitation, complex continuing care, long-term care and CCAC in-home services.
- This fall, the report on the 2008/09 Hospital Health Equity Plans was publicly released to stakeholders online at **www.torontoevaluation.ca/tclhin/index.html**. And in September, the LHIN announced that it will fund the development of a LHIN-wide model to expand interpretation services. The Hospital for Sick Children – the lead organization – and a number of hospitals and community agencies have joined forces to develop collaborative solutions including technology and pooling professional resources.
- Toronto Central LHIN hospital CEOs led six hospital Value and Affordability task forces that are developing shared solutions in key back office and clinical areas.
- Local health service providers pulled together to respond to H1N1. The Toronto Academic Health Sciences Network (TAHSN) Pandemic Flu Planning Task Force intensified efforts to coordinate Toronto hospitals. Dr. Tom Stewart, the LHIN's Critical Care Lead, brought together Toronto Central LHIN hospitals to develop and implement a Critical Care Surge Management Plan. The Toronto Central LHIN asked the Toronto Central CCAC to chair a Community Pandemic Flu Planning Group to support planning and coordination among community agencies and long-term care homes.

CHCs have played a key role in delivering vaccinations and flu assessment services. The Toronto Central LHIN assigned Dr. Tara Kiran, a family physician from Regent Park CHC, to act as the LHIN's H1N1 primary care lead. With the guidance of a primary care advisory group and in partnership with the OMA, Toronto Public Health and others, Dr. Kiran has been leading strategies to link primary care with other parts of the system.

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Putting IHSP-2 into Action continued from page 15

The H1N1 LHIN System Executive Committee which brings the sectoral chairs and leads together with the LHIN and Toronto Public Health proved to be an effective mechanism for resolving system-level issues.

- The Health Professional Advisory Committee is bringing a critical health professional perspective to the LHIN's strategy and implementation efforts. Local decision-making is being strengthened by the input of these professionals who are close to the ground and have a current understanding for the needs to the patients and clients in their care.
- ER wait times continued to improve. With the strong commitment exhibited by health service providers during the IHSP-2 consultations and with the leadership of the ER Pay for Results hospitals and Toronto Central CCAC, there's every reason to be confident the LHIN will achieve its targets. The Year 2 Aging at Home investments will directly benefit some 5,350 seniors and reduce ALC once initiatives are fully implemented. Health service providers submitted 61 proposals for Aging at Home Year 3.

The LHIN is fortunate to have a strong foundation upon which to build in the years ahead. Efforts such as the ones described are producing better value for health care dollars. Toronto Central LHIN with its health professional, research and educational assets and track record of collaboration, is capable of transforming the health care system.

The IHSP-2 is designed to make the best possible use of the city's great health care resources. Challenges such as diminishing revenue, growing rates of chronic disease and retiring health professionals will become amplified in the coming years, creating a greater imperative to change things that aren't working well.

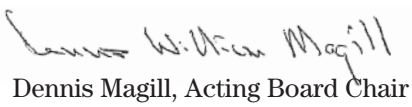
If we get the IHSP-2 right every person in Toronto Central LHIN, regardless of race, income, age, education, sexual orientation and language, will have timely access to the health care options they require. And those with the most serious and complex conditions will receive the extra support they need.

IHSP-2 is a plan for the Toronto Central LHIN health care system. At every step the LHIN tapped into the wisdom of health care workers. We learned from people's lived experience. Your thoughtful advice strengthened the initiatives and performance measurement approach in this plan. LHIN is committed to working with its community to develop more reliable, outcomes-based indicators so everyone will know how the local health care system is performing.

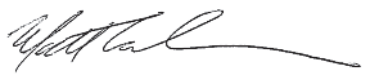
Planning is necessary, but it's the relatively easy part. Now we need to bring the same collaborative spirit and thinking to making this plan a reality for the people we serve.

Happy New Year!

On behalf of the Board and team at the Toronto Central LHIN, we would like to wish you and your families all the best in the new year. We would also like to take this opportunity to thank all the hard working health service providers, health care workers and volunteers for their dedication to improving the health care system for all the people across Ontario who you serve. Your spirit of collaboration and partnership has made 2009 a year of progress and positive change and we look forward to continued success in 2010!



Dennis Magill, Acting Board Chair



Matt Anderson, CEO

425 Bloor Street East, Suite 201
Toronto, ON M4W 3R4
Tel: 416.921.7453
Fax: 416.921.0117

425, rue Bloor Est, bureau 201
Toronto (Ontario) M4W 3R4
Tél. : 416.921.7453
Téléc. : 416.921.0117