LHINsight

Volume 2 Issue 1 - January 2008

Hamilton Niagara Haldimand Brant Local Health Integration Network
(also serving the communities of Burlington and Norfolk County)

Greetings from HNHB LHIN Board Chair, Juanita G. Gledhill

Juanita G. Gledhill, HNHB LHIN Board Chair

It has been an exciting and extraordinary fall for the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN). As your Board, we represent communities from across the LHIN including Burlington and much of Norfolk County. We are proud to be making important and historic transformations to the way our LHIN delivers health care to our citizens and we are proud to now bring community health care decision making to the local level for quality care in community hands.

Our LHIN Board's first milestone funding decision was the Emergency Department Action Plan for the citizens of Niagara. This was a milestone as well for the community: 9 organizations or networks, representing over 100 smaller organizations across the hospital sector and the community worked together to submit one collaborative proposal for $1.3 million to help prevent unnecessary visits to emergency rooms and to promote the right care in the right place. You can read more about the process on page 2.

Next was the LHIN Urgent Priorities Funding (LUPF) designed to assist the LHIN and its stakeholders to address priorities for improvement in the Integrated Health Service Plan (December 2006) and emerging pressure points. To date, decisions on 107 proposals for health system improvements for $2.9 million have been made at the local level. See page 2 and 3 for more information on how our LUPF process unfolded.

At its January 2008 meeting, our LHIN Board will be reviewing how community stakeholders' proposed strategies will support healthy aging and independence through the Aging at Home initiative (see page 8-9).

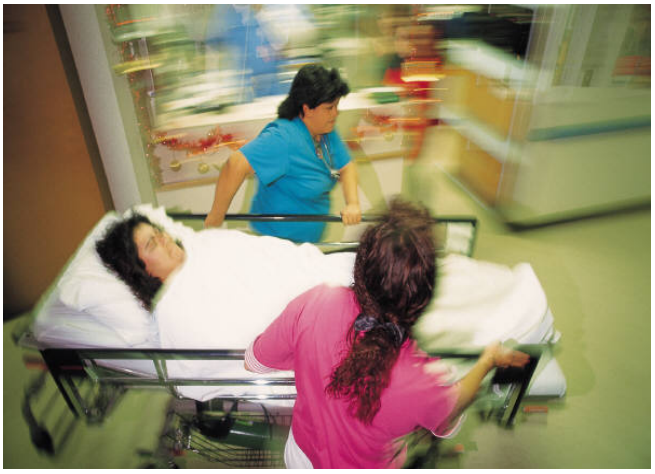
It's exciting to see how our providers are shifting away from 'how can *my* organization make a difference' and moving toward 'how can *our* organizations work together to provide a continuum of care for people in our community'. This is such a powerful and important shift - a shift that will result in a stronger and healthier community today, tomorrow, and for years to come. This shift supports our vision for health care across the province as a "…system that helps keep people healthy, gets them good care when they are sick, and will be there for our children and grandchildren."

…our providers are shifting away from 'how can my organization make a difference' and moving toward 'how can our organizations work together to provide a continuum of care for people in our community'

The hard work continues across our LHIN and we thank everyone for the many strides we've made so far. The HNHB LHIN Board looks forward to working with all of its communities to improve health care so that clients, patients, their families and caregivers are the principle focus and get the supports they need when the need them.

Inside:

Local Decision Making - History in the Making



The Local Health Integration Networks (LHINs) hold the authority to make decisions about health system improvement in the communities they serve. LHINs plan, integrate, and fund health care at the local level based on community needs.

On Tuesday October 30, two landmark rounds of decisions were made that changed the way health care resources are allocated in the Hamilton Niagara Haldimand Brant area. Never before in Ontario's history, have health care decisions, related to what will be funded, been debated and approved in a fully transparent and public process – the LHIN Board meetings.

Emergency Department Action Plan (EDAP)

EDAP was the first funding decision made at the local level. This one-time $1.3 million envelope was targeted by the Ministry to help the Niagara region reduce patient burden on its emergency departments.

A group of 9 Niagara organizations or networks, representing over 100 smaller organizations (ranging from long-term care homes to community support services, from hospitals to supportive housing) came together to develop a joint proposal. They focused on how to provide quality patient care in the community that would relieve pressures on hospitals and emergency departments. There were four criteria that they worked with:

- Expedite patient flow from hospital to community, reducing Alternative Level of Care and emergency department pressures;
- Enhance access to professional and community support services that enable frail seniors to live independently;
- Expand and co-ordinate CCAC and CSS services and improve system capacity to manage clients, primarily frail seniors with higher level needs;
- Enhance availability of case management available to hospital patients to enable faster access to community services.

Together they submitted one consensus based and area wide endorsed basket of proposals worth $1.3 million. The proposals advance a continuum of support and care to ensure right support in right place.

The Home to Stay program was one of 10 initiatives approved by the HNHB LHIN Board. The program ensures the right mix of services are available in a timely manner to make discharges from hospital smoother and quicker, and to help sustain people at home and in the community, e.g., congregate and supportive housing, community support services (e.g., meals, housekeeping, transportation, caregiver support, etc), adult day services, in-home care and service coordination.

HNHB LHIN was thrilled to be part of bringing the community together to collaborate. Each of the initiatives work together to meet the Ministry goal of reducing patient burden on Niagara's emergency departments.

LHIN Urgent Priorities Funding (LUPF)

LUPF took the community decision making one step further. In this case, the Ministry provided the HNHB LHIN with $2.9 million for 2007/08 and $5.6 million for 2008/09 to address priorities identified in our Integrated Health Service Plan (IHSP) as well as emerging pressure points.

HNHB LHIN providers submitted previously developed proposals for the MOHLTC Regional Office for long-term pressure points, and pre-proposals referred to as Health Service Improvement Plans (H-SIPs) for community priorities and emerging pressures.

In Phase 1, the HNHB LHIN received 75 H-SIPs for funding consideration. The submissions were assessed against three principle criteria, specifically: benefit to the community, risk assessment and feasibility. Sixteen H-SIP submissions were assessed to meet these criteria and were brought to the HNHB Board for discussion. The Board passed a motion to fund 15 of the 16 proposals presented.

In Phase 2, 50 re-submitted or new pre-proposals were presented at the November HNHB LHIN Board meeting. Of those, 23 were recommended to the Board and 22 were approved.

Phase 3, 10 pre-proposals were presented at the December HNHB LHIN Board meeting. Of those, 3 were recommended and all three were approved.

The HNHB LHIN is excited about starting to address the priorities established locally and is looking forward to measuring how the funded initiatives improve health in the LHIN.

LHIN Urgent Priorities Funding Table – Phases 1, 2, and 3

Priority	# of Programs	Units of Service	Phase1 $	Phase 2 $	Phase 3 $
Assist Persons to Live Independently in the Community	16	22,667	$219,600	$1,299,604	$160,500
Support Persons with Mental Health and Addictions Issues	11	2,324	$523,695	$592,440	-
Enhance Patient Flow	6	1,686	$855,241	$292,750	$319,329
Prevent and Manage Chronic Disease	4	9,000	$367,000	$134,683	-
Support End of Life Strategies	2	765	-	$617,967	-
Total	**39**	**36,442**	**$1,965,536**	**$2,937,444**	**$476,829**

Hospital Annual Planning Submission 2008-2010

EDAP and LUPF are exciting developments for 2007/08 and the innovations continue. It is time for hospitals to negotiate their agreements with the LHINs, and those within the HNHB LHIN are doing things differently this time around.

Traditionally, hospitals have developed their work and financial plans in isolation. Each hospital created their own annual plan, and submitted it individually to the Ministry of Health and Long-Term Care for approval. The Ministry then made its decisions based on the merits of the individual plan and the alignment of the plan with the goals of the Ministry. When hospitals shared innovations and best practices it was done individually and separate from discussions about funding.

The HNHB LHIN is doing things substantially differently. Building upon the spirit of collaboration and cooperation, hospitals will be sharing their Hospital Annual Planning Submissions (HAPS) with each other before an HNHB LHIN Review Panel. The Panel will be made up of leaders from the academic, community and acute health care sectors. Rather than each hospital negotiating with the LHIN in isolation of each other, hospitals are being asked to share their ideas, strengths and challenges with colleagues in a two day session.

Dr. Ian McKillop, the JW Graham Research Chair in Health Information Systems at the University of Waterloo, will Chair the Review Panel. "This process will likely be a change for hospitals and it has the potential to have big rewards. Sharing the collective experience, innovations, and successes of our hospitals will mean improved health care in the HNHB LHIN," explained Dr. McKillop. "Sharing across acute, chronic, and community sectors will undoubtedly result in innovative solutions and improved collaboration. I am excited to be part of this new way of doing business."

Dr. McKillop and the 10 member panel will be able to bring a community perspective to the HAPS process. They will provide informed commentary to the hospitals on the implications and impacts of actions that hospitals are proposing to ensure balanced budgets.

"The days of hospitals working in silos are behind us. This new process signals a dramatic shift in how we - hospitals – need to work together, share, and learn from one another," commented David Bird, CEO for West Lincoln Memorial Hospital and West Haldimand General Hospital. "The two days we'll spend on this process confirms the HNHB LHIN's approach that we all fit within a continuum of treating patients in this LHIN. I am proud to be part of this unique opportunity and am hopeful that our hospitals will come out of the process with a stronger, better informed plan for our communities. "

The Review Panel and hospitals will be meeting January 17 and 18. Based on the feedback received over the two days hospitals will reevaluate their plans and resubmit them to the HNHB LHIN by the end of February.

HNHB LHIN Welcomes New Emergency Department Lead

The Ministry of Health and Long-Term Care and Local Health Integration Networks (LHINs) have jointly retained 14 LHIN Emergency Department (ED) Leaders to serve as consultants, with both provincial and LHIN level responsibilities. The LHIN ED Leaders are qualified physicians with extensive expertise in emergency care and work to ensure that local health system issues of emergency department access, quality of care, and wait times are effectively managed and improved.

The **HNHB LHIN** is pleased to welcome our new **Emergency Department Lead, Dr. William Krizmanich.** Dr. Krizmanich is currently Chief of the Department of Emergency Medicine at Hamilton Health Sciences and Associate Clinical Professor in the Department of Family Medicine at McMaster University.

At the provincial level, Dr. Krizmanich will assume a range of responsibilities including implementing the provincial Emergency Department Strategy and planning for emergency department human resources.

At the local LHIN level, Dr Krizmanich will work as a collaborative champion to foster and effect improvements in the delivery of emergency services across the LHIN, will advise HNHB LHIN CEO, Pat Mandy on effective and efficient use of hospital resources and opportunities for improvement, and will lead local health systems efforts related to ED patient management.

In early December, Dr. Krizmanich chaired the first LHIN-wide ED meeting. Representatives from the CCAC, hospitals, and community health providers were updated on the MOHLTC ED Strategies and shared with Dr. Krizmanich the current issues that have an impact on emergency services.

Dr. Krizmanich is excited about his role as the HNHB LHIN ED Lead. Onsite visitations of the LHIN emergency departments and meeting with leadership from these departments have been very positive and educational experiences for Dr. Krizmanich.

"We have a wealth of experience within our LHIN to help find solutions to deliver the best care to our patients. For the first time, many of us in leadership positions in the ED will be able to meet to bring forward best practices and standards throughout the LHIN and to contribute to the planning of provincial emergency department strategies. This venue will also allow us to create solutions in how we implement provincial ED strategies and wait times. This is an exciting time for all of us to be able to work as a group to bring about the changes to improve the care we provide to our community."

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Welcome Dr. Krizmanich; the LHIN looks forward to your expertise and energy.

Word on the Street – HNHB LHIN has a Speakers Bureau

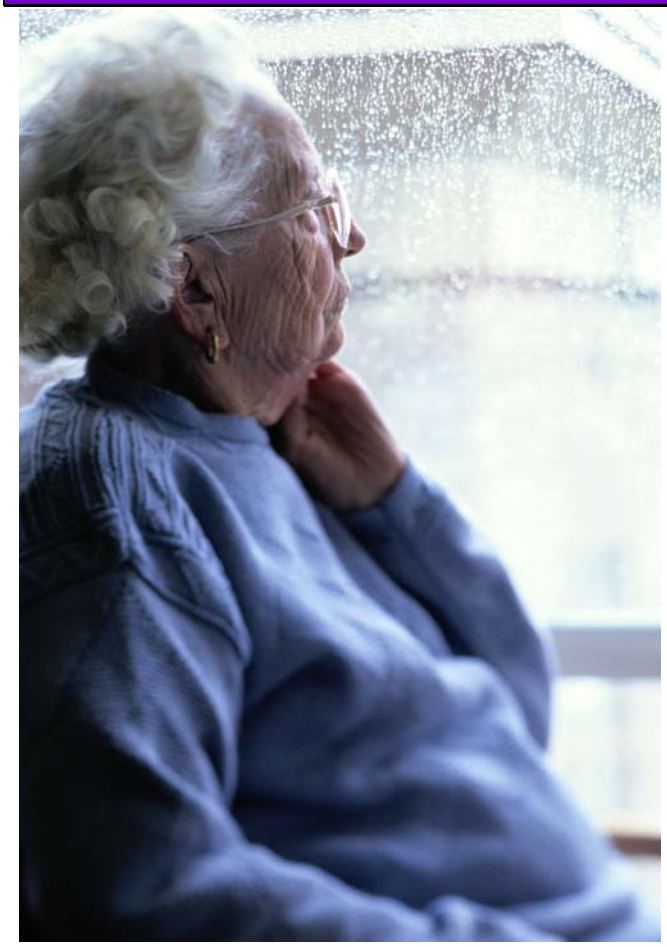
HNHB LHIN Board members and Senior Staff are eager to share their enthusiasm for the work the HNHB LHIN is doing and at the same time hear the community's thoughts on how health care is working for them.

Members of our Board have recently spoken with the St. Catharines Rotary Club, the Elderly Service Advisory Committee for Halton, the Connecting Care Communities Conference, and the Haldimand Norfolk Resource Centre – just to name a few.

If you are interested in having an HNHB LHIN speaker address your group or event, visit our website – www.hnhblhin.on.ca – where you'll find a speaker's bureau form under the 'Be Informed, Get Involved' tab.

If you're not able to access us on-line, please contact Lianna Paron at lianna.paron@lhins.on.ca or (905) 945-4930 x216.

Meet Flo – the face of one health care initiative



Meet Flo, an 85-year old woman admitted to hospital from her home. Flo had multiple health issues and was becoming increasingly frail. Hardest of all was her declining cognitive status. Together, these issues required her to be transferred to a nursing home because she could not get the services she needed at home. Flo represents many thousands of people in our community: people who need assistance to make the transition from acute hospitals to other settings faster and with fewer hassles, bottlenecks, and irritations. To this end, the “Flo" Collaborative was established.

The FLO Collaborative, sponsored by the Ontario Health Performance Initiative, has initiated 29 projects throughout Ontario. Each of these projects requires teams to be created at each of the following levels:

- senior management and clinical leaders,
- middle managers
- front-line staff

These teams are comprised of staff from hospitals and CCACs (and other providers where relevant in, for example, long-term care, complex continuing care and rehabilitation).

The capability to make improvements in quality will be developed from within participating organizations through training. It is expected that those who receive training will later be leveraged by participating organizations to support other improvement efforts in the future. A leadership series is also being designed to engage senior and clinical leaders to strategically and tactically support quality improvement for this particular project, and for the future.

The HNHB LHIN is proud to announce that three FLO collaborative projects have been approved for our LHIN. The Hamilton Niagara Haldimand Brant Community Care Access Centre will be working with teams from

- Hamilton Health Sciences Corporation,
- the Niagara Health System and
- St. Joseph's Healthcare (Hamilton)

The three projects have been working hard. They have established their teams, co-lead by the hospital and the CCAC. These teams have been meeting regularly to identify units, issues, and possible outcomes. They are taking a 'plan, do, study, act' approach. For example, every day, on a medical unit that has been identified as having difficulty with ACL issues, the allied health team meets with their CCAC case manager to ask "what is happening with each of the patients in the unit today?". By doing these 'bullet rounds', the teams have been able to set the indicators that they will measure, and have established a baseline from which to begin.

Encouraging and supporting organizations in activities like the FLO collaborative helps the HNHB LHIN further its goal to provide the right service at the right time in the right place.

Benefits of Participating

Participating organizations will benefit by:

- The development of trained quality improvement staff;
- Assistance and support in applying improvement methods to achieve improved outcomes for patients; and,
- Receipt of funding to help cover costs incurred related to replacement staffing and implementation of change ideas.

Hospitals to reduce adverse events and improve patient care

On Thursday, November 29 the Canadian Institute for Health Information (CIHI) released its first Hospital Standardized Mortality Ratio (HSMR) report. The HSMR is an analytic tool used by hospitals in several countries throughout the world to help support efforts to improve the quality of care. It allows health care decision makers to look at the actual number of deaths that have occurred in their hospitals and compare this to the expected number.

The goal of HSMR is to help hospitals identify what changes they may want to make in order to help improve patient safety and the quality of care, and allows them to track their progress over time.

Hospitals from the HNHB LHIN that were reported in the CIHI report include:

- Brant Community Healthcare System (Brantford General Hospital)
- Hamilton Health Sciences (HHS)
- Joseph Brant Memorial Hospital (JMBH)
- Niagara Health System (NHS)
- St. Joseph's Healthcare (Hamilton).

Individual hospital results vary across the HNHB LHIN.

In light of the HSMR results and report, hospitals have already taken proactive steps to reduce adverse outcomes and actively review unexpected patient outcomes. For example, Joseph Brant hospital has implemented a rapid response team to meet the needs of patients whose condition deteriorates unexpectedly. They have also increased their investment in infection prevention and control. Joseph Brant Hospital uses the HSMR "to identify strategies to reduce avoidable deaths (and) enhance patient safety".

The HNHB LHIN continues to work closely with its hospitals to improve the quality of care that is provided to patients and their families.

The complete HSMR report can be found at www.cihi.ca – the Canadian Institute for Health Information website.

Stakeholders Develop Priorities for Mental Health

On November 22, over 50 stakeholders and consumers gathered together with LHIN staff members and brainstormed priorities and action steps to better meet the needs of people with mental health and addictions issues. Overall, there was high consensus that it is time to implement health improvement strategies; our communities need person-centred, accessible mental health and addictions services, and need them now.

In January, the LHIN is convening a working session with people who indicated interest in being involved in next steps. The purpose of this meeting will be to develop an action plan for broader discussion at the local level, building on the directions emerging from November 22nd.

The top 8 priorities developed during the forum were:

- Declare minimum service components for all communities.
- Link services between ministries to address youth mental health.
- Ensure that there housing needs are meet from one end of the housing continuum to the other.
- Increase accountability between organizations and between the organizations and the LHIN. Ensure equal access to services within the client's home community.
- Address the social determinants of health.
- Ensure that people with mental health and addictions illnesses be involved at all levels of provision and planning of services.
- Ensure stable multi-year funding.

e-Health in Action

Announcing the new HNHB Telemedicine Advisory Committee

Over the summer, the HNHB LHIN and the Ontario Telemedicine Network (OTN) joined forces to define opportunities for telemedicine development within our region.

Telemedicine is essentially the practice of medicine at a distance – enabled by technology and high-speed telecommunications networks. At its simplest, telemedicine can be a couple of health care professionals discussing a case on the phone, or at its most complex, specialists in different countries can use satellite technology and video-conferencing equipment to hold a real-time consultation.

As part of this work, more than thirty people from our provider community attended a session called "Integrating the Continuum of Care through Telemedicine" held September 12. The purpose was to solicit input on how to better use and grow telemedicine. The session focused on how OTN's existing and developing services could be used to help:

- eliminate geographic obstacles to care;
- eliminate obstacles associated with time;
- create proactive health delivery; and,
- expand clinical reach.

Attendees also provided ideas on telemedicine possibilities for our LHIN.

To put this into action, an HNHB Telemedicine Advisory Committee was established to work with OTN to develop and guide local initiatives. This committee's membership will be made up of representatives from the various provider groups within our LHIN and is planned to begin its work later this winter.

Please contact the Ontario Telemedicine Network at www.otn.ca for more information on this new initiative.

HOBIC continues to grow in HNHB LHIN

On April 3, 2007**,** the MOHLTC initiative Healthy Outcomes for Better Information and Care (HOBIC) went live with its electronic collection of 'patient-centred, evidence-based' clinical health outcomes. When fully implemented, HOBIC will provide nurses with clinical health outcomes information that will:

- inform clinical practice and facilitate benchmarking and sharing of best practices across health settings to improve quality of care;
- provide a foundation piece (common data elements across health settings) to inform the electronic patient record;
- support LHIN planning and decision-making for integrated service delivery;
- inform health human resources planning and deployment ; and,
- inform public reporting on health system performance.

HOBIC was introduced in the HNHB LHIN in the fall of 2006 with two pilots at sites of the Niagara Health System (Douglas Memorial site in Fort Erie and the Niagara-on-the-Lake site).

In the next year the HOBIC initiative will roll out to seven additional HNHB LHIN sites.

HNHB LHIN to Help Seniors Age at Home

Ontario's population is aging. At present, 15% of HNHB LHIN's population is over the age of 65. By 2016, the number is projected to reach 17.5%. This shift in demographics is increasing expectations of the health system, requirements for right care at right time, and aspirations among populations for healthy aging and independent living. In August 2007, Minister of Health and Long-Term Care (MoHLTC) George Smitherman, announced the Provincial Aging at Home (AAH) strategy.

MoHLTC provided guidance by outlining the foundational elements necessary for local implementation which include:

- A definition of "home" that respects community members' choices and requirements for safe and secure shelter and support.
- A definition of "senior" consistent with variable onset of aging characteristics among population groups.
- A commitment to equity to ensure reasonable access to supports for independent living close to home.
- An approach to innovation that respects the commitment public, non profit and private sector stakeholders have to healthy and vibrant communities and how they support healthy aging.
- Engagement of citizens, stakeholders and providers for strategies that are informed by communities' values and principles, evidence as to what works, and, feasibility.
- Opportunities to leverage one or more dollars for every AAH dollar investment

As a part of that strategy, more than $60 million will be invested in HNHB LHIN communities over the next three years to support seniors' independent living and aging at home.

The AAH strategy will enhance seniors' choices to sustain their entitlements: to live with dignity and independence in their own communities. By definition, these supports are flexible, close to home, and responsive to changing needs over time. This is exciting news for our community!

This year, the HNHB LHIN's AAH goals are:

- To ensure everyone has access to services and supports for seniors that enhance healthy aging in the home.
- To help seniors, their families, and caregivers get the right supports at the right time
- To support the caregivers - who make aging at home possible - to sustain their health, their well being, and their ability to support their loved ones.
- To increase the range and scope of supports in the home to enhance choices for healthy aging.

What seniors told us:

→ **Let us choose**: give us a range of options, close to home, that respect our self determination

→ **Involve us**: give us opportunities to share our ideas and involve us in the planning.

→ **Work together**: be open to the possible – innovative partnerships will be central to success.

→ **Focus on wellness**: don't just respond to crisis, but support the well elderly as well as the frail.

→ **Support the community**: our volunteers and smaller organizations are important to us; make sure they are part of the solution.

→ **Rethink transportation**: we need affordable accessible transportation in both rural and urban areas.

→ **Support our families**: recognize the impact that care giving has on the health of our care givers, and ensure that they have support too.

→ **Give us access to health care information**: we (and our health service providers) need easy and timely access to all aspects of our health information.

→ **Help us navigate the health care system**: it can be confusing for both us and our caregivers; and sometimes we need advocates.

→ **Remove system barriers**: make sure that we have equitable and barrier free access to the services that we need.

→ **Build on existing services and expertise**: we already have some excellent models, knowledge and assets, build from there.

→ **Show us how you are making a difference**: we want to know how the system is meeting our needs.

What our Board wants to see:

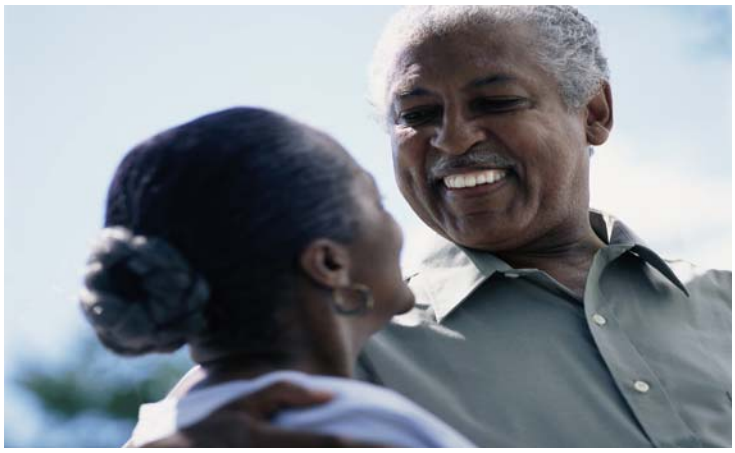
When asked "what difference will the Aging at Home Strategy make in the HNHB LHIN", the Board of Directors has offered:

- → A decrease in preventable and premature long-term care home admission: the average age of admission into a LTC home is increased by three years.
- → A reduction in alternative level of care beds.
- → Continuity of supports from the hospital into the community and vice versa.
- → A decrease in evictions, and homelessness, among seniors.
- → An increase in self directed services.
- → A decrease in elder abuse.
- → An increase of awareness of services among the "sandwich generation".
- → Services are integrated and working together.
- → A decrease in wait lists and length of wait lists for service and supports.
- → Better transportation services that are responsive to the needs of seniors for independent living in the community.

In order to move these valuable dollars into the community, The LHIN issued a call for for strategies that support independent living at home. More than 120 preproposals were submitted by the December 7th deadline..

The HNHB LHIN is also creating a unique community engagement tool that will help animate conversations amongst seniors about aging at home. These conversations will help inform the direction the HNHB LHIN will take over the next three years. This new and exciting tool will be unveiled in early February.

For more information about the AAH strategy, please visit us (under the Aging at Home tab) at www.hnhblhin.on.ca, or call Kathy Gilchrist at (905) 945-4930 x222. We would love to hear from you.



Health Professionals Advisory Committee – Next Steps

Critical to the work of the HNHB LHIN is engaging local stakeholders in discussions around the needs and priorities of communities served by the LHIN. A key stakeholder group within our LHIN is front line healthcare practitioners and, as part of its community engagement strategy and in response to the MOHLTC's requirements, the HNHB LHIN is establishing a Health Professionals Advisory Committee (HPAC).

The HPAC will serve as a forum for dialogue amongst health professionals. It will advise the LHIN on key questions raised by stakeholders related to patient-centred care, implementation of the Integrated Health Services Plan (IHSP), and other strategic initiatives. It will offer advice to the LHIN on the impacts and opportunities

The HPAC will be a multi-disciplinary group whose membership is voluntary and whose composition will reflect the diverse perspectives of health providers. The Committee will be comprised of 12 to 15 members including four physicians, four nurses, one physiotherapist or occupational therapist, one dietician, one pharmacist, and one psychologist or social/social service worker. The committee may also have three additional members who meet the membership criteria but none of whom are a member of the College of Nurses of Ontario or the College of Physicians and Surgeons of Ontario. All HPAC members must practice or reside in the geographic area of the LHIN.

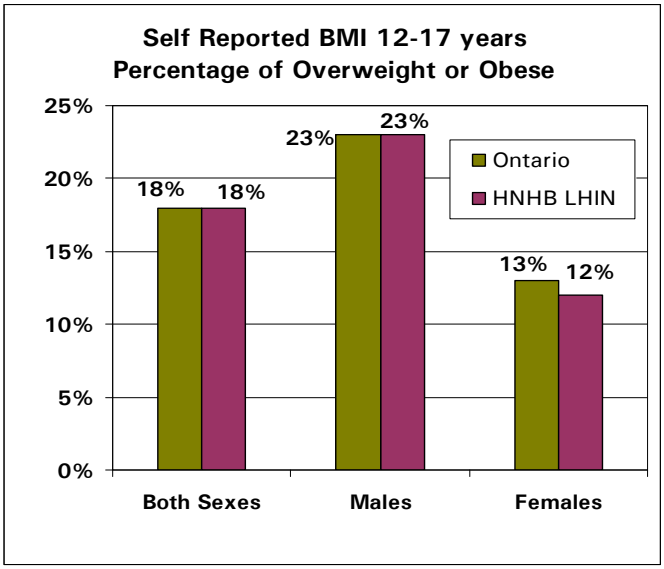
By the October 31 deadline, the HNHB LHIN had received more than 70 applications of interest to serve on the Committee. The HPAC Review Committee, is made up of senior academic and health professional leadership from Brock University, Mohawk College, McMaster University and Hamilton Health Sciences. It is reviewing applications and will recommend a slate of candidates to the HNHB LHIN Board of Directors by the end of January.

Watch future bulletins for further information on the HPAC including the members of the Committee and next steps.

HNHB LHIN presents…

Overweight and obesity rates in children have become serious problems across North America and the trend has been growing. On November 13, 2007, the HNHB LHIN was invited to participate in the "Childhood Obesity – From Knowledge to Action" workshop, sponsored by the Heart and Stroke Foundation of Ontario and held at the Six Nations community centre. LHIN staff (Ada DiFlavio and Ernie Jodoin) described the problem of overweight and obesity not only across the HNHB LHIN, but also at the sub-LHIN district level, and within the Six Nations community.

The workshop was an excellent opportunity to share the latest research on childhood obesity, to connect with and share ideas with community participants, to become acquainted with community-based initiatives, and to identify next steps for community-based action on obesity. Participants understand the problem is multifaceted and will require multi-sector actions and policies to meet the problem head on.



If you are interested the HNHB LHIN presenting at a workshop that you are holding, please contact Lianna Paron at lianna.paron@lhins.on.ca. It is part of the HNHB LHIN's mandate to provide information about the community, its needs, and its services.

Visit us on the Web

For more information on any of the stories you have read in this Bulletin, or any other LHIN initiatives, or to send us your comments, please visit our site at www.hnhblin.on.ca

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Hamilton Niagara Haldimand Brant Local Health Integration Network

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Hamilton Niagara Haldimand Brant
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de Hamilton Niagara Haldimand Brant