LHINsight

Volume 2, Issue 2 - February 2008

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

HNHB LHIN CEO, Pat Mandy, on the Three Cs in Community

Would you believe me if I said there were three Cs in *community* but only one U? Now before you think I need to go back to school, let me explain.

At the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) we believe our communities need three Cs (and a U) to be complete. Our communities must have **collaboration**, **communication** and **coordination** to work best and thrive. Our communities also need "**you"** to be able to succeed.

Collaboration is an important message of the HNHB LHIN and we're seeing it in action throughout our health care communities. The 128 recent Aging at Home Pre-Proposals encouraged organizations to seek out collaborative opportunities to provide services and supports to enable our seniors to remain in their homes longer.

The HNHB LHIN reviewed and approved service plans at their February 26 Board meeting. While the idea of collaboration (not competition) in health care may not be unique, it's a welcome change that will benefit seniors, their families and their caregivers. (see page 6-7 for details).

Communication is essential to ensuring the right services are available in the right place, at the right time. Our latest Hospital Annual Planning Submissions (HAPS) process supports this.

For two days in mid-January, senior leadership from HNHB LHIN hospitals presented their annual planning submissions to a LHIN Review Panel as well as their hospital colleagues. Hospital representatives shared their strengths, ideas and challenges to deliver a balanced budget with appropriate and responsive services for 2008-2010. This new process signals a dramatic shift in how hospitals work together, share and learn from one another. Communication is a vital part of the new HAPS process. (See page 2-3 for details).

Coordination of services is quickly becoming evident within our LHIN. When the Ministry of Health earmarked funding for the Niagara region to address Emergency Department (ED) visits, nine local organizations (representing over 100 smaller organizations) from across the hospital sector and the community worked together on a coordinated proposal to help prevent unnecessary visits to the ED and promote the right care in the right place. This kind of coordination is taking hold as service providers across the LHIN recognize the importance of working together to ensure the best services are available for clients, patients, their families and caregivers.

Finally there's one U in community, and that's **you**. You live or work within the health care system and understand best the improvements needed. We want your ideas for health system improvements and how you can be involved in the process, so we can share those ideas with the health care providers that can make these ideas happen. You have a role to play in changing the way health care is delivered in our community!

To find out about your HNHB LHIN and the collaboration, communication and coordination strides being made or to find out how you can be part of health-care solutions in your community, please read this newsletter or visit www.hnhblhin.on.ca for more information.

Editor's Note: This article was originally written for Joseph Brant Memorial Hospital's February newsletter.

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Hospital Annual Planning Submission

After two days of discussing with hospitals their common pressures and identifing potential solutions, Alan Iskiw, Senior Director of Performance, Contract and Allocation at the HNHB LHIN, sits back and considers the results. "I'm pleased," says Iskiw, "Hospitals are the first sector of health service providers to negotiate their accountability agreements directly with the LHIN, and the feedback from the two days bodes well." As he sorts through the feedback forms from the day, he adds, "People had suggestions on how to improve the process, which is great as we think about the next sectors, but participants were positive about how informative and helpful the process was."

On January 17 and 18, the eleven hospitals in the HNHB LHIN came together with a Community Review Panel. For the first time, hospitals shared their planning processes, pressures and solutions with each other, and with a Review Panel of individuals representative of the LHIN health care community. The goal was to identify and discuss ways to minimize the impact of achieving a balanced budget for 2008-2010. "A balanced budget will be very difficult for some of the hospitals," acknowledges Iskiw. "They have worked in a deficit for many years, but the Ministry has been clear – LHINs must negotiate agreements that are balanced." The two days were planned to help hospitals come together and share the innovative ways that they could achieve balanced budgets.

The Review Panel

The Panel consisted of eleven leaders in the academic, community, and acute health sectors. ***Dr. Ian McKillop***, the JW Graham Research Chair in Health Information Systems at the University of Waterloo, chaired the Panel. The Panel members were:

- ***Karen Belaire***, VP Administration, McMaster University
- ***Mary Burnett***, Chief Executive Officer, Alzheimer Society of Brant
- ***Marcel Castonguay***, Executive Director, Le Centre de Santé Communautaire du Hamilton- Wentworth-Niagara Inc.
- ***Ken Deane***, Chief Operating Officer, London Health Sciences Centre & St. Joseph's Healthcare
- ***Brian Hutchings*** (Department Head) Commissioner, Community Services Niagara Region, Community Services, Seniors Services
- ***Bill Jappy***, Chair, Erie's North Shore Support Service
- ***Ruby Miller***, Director, Health Services, Six Nations of the Grand River
- ***Tom Peirce***, Senior Director, Strategic Planning & Integration, HNHB CCAC
- ***Jenny Rajaballey***, VP Mental Health & Community Services, Grand River Hospital
- ***Tim Siemens***, Executive Director, Mennonite Brethren Senior Citizens Home - Tabor Manor

The conversations provided a very new experience for hospital leaders in the HNHB LHIN. "The two days helped me better understand the needs of the broader LHIN partners and to understand the common and unique challenges and opportunities," shares Kevin Smith, CEO of St. Joseph's Healthcare. "I believe the Review Panel process reinforced the idea that hospitals need to be connected and must increasingly think about how we might maximize the benefits of those connections for our patients."

In preparation for the two day event, each hospital was asked to prepare a presentation that would:

- Identify its role;
- Describe the community engagement processes that were used to prepare the Hospital Service Accountability Agreements;
- Share innovative/creative solutions to address service delivery and financial pressures; and,
- Identify unique pressures faced by the hospital.

The presentations set the foundation for discussions that ensued over the course of the two-day session. "It was interesting to see what elements of their future plans hospitals chose to highlight," commented Panel chair, Dr. Ian McKillop.

Always looking to improve the process, Iskiw has been gathering comments from participants. "The experience was revealing and certainly highlighted all the wonderful work that is being performed by the hospitals in our LHIN," says Marcel Castonguay, a HAPS Review Panel Member and the Executive Director of Le Centre de Santé Communautaire du Hamilton-Wentworth-Niagara Inc. "The process certainly provided better understanding of the operational difficulties and challenges faced by these agencies. It was also revealing in how disconnected the partners are from one another. This disconnect does not just exist between hospitals but between hospitals and community partners. Only a very small segment of all services really works as a system."

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Hospital Annual Planning Submission (cont.)

"Hospitals need to stop going at this on their own – they need to include community partners in order to really get creative solutions."

After the two days, hospitals had a chance to make changes to their work, and on January 31, they submitted the final draft of their Hospital Annual Planning Submission (HAPS) to the HNHB LHIN for approval. This year, the HAPS and the resulting Hospital-Service Accountability Agreement (H-SAA) will cover a two-year period from 2008-2010.

The HAPS documents are integral to the development of the Hospital - Service Accountability Agreements (H-SAA) which each hospital will negotiate with their LHIN by March 31, 2008. The Hospital Service Accountability Agreements will form the basis for a multi year planning and funding framework for hospitals.

Iskiw smiles as he opens yet another email from a CFO of a hospital, "I think we are definitely headed in the right direction. Listen," he adds as he reads aloud, ""I just wanted to thank you and your staff for all of the work that went into arranging this process. I found it an extremely valuable two days and I have several new ideas to take away to my group and explore in more detail." (Susan Hollis, Chief Financial Officer, from St. Joseph's Healthcare) I look forward to the next round. It can only get better."

These sentiments are echoed by Dr. McKillop, "I was intrigued that few hospital CEOs and Chairs used the opportunity to offer constructive thoughts on the HAPS of others. Many members of the panel were new to the HAPS process themselves, and this possibly limited their ability to engage as deeply as they might have."

Castonguay was surprised by the amount and volume of collaborative opportunities that exist between hospitals and community agencies. "I am more convinced than ever that hospitals need to focus on what they do best and only they can do - acute care, research etc. Many other services need to be reconsidered to determine if the best fit is in a hospital or should be released to a community setting." He believes that hospitals and community agencies need to work together on this.

The community health service providers (community support services, community health centre, mental health and addictions and long-term care homes) will be the next sector to negotiate their accountability agreements.

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Challenges and Innovations from HAPS Process

The following article outlines some of the challenges and innovations described by hospitals during the Hospital Annual Planning Submission (HAPS) process as they work towards balanced budgets and appropriate and responsive services.

Dr. McKillop, Chair of HAPS Review Panel

Challenges

Over the course of the two days, it became evident that there were two core challenges applicable to nearly every hospital in our LHIN.

Access to Care

- Alternate level of care (ALC) – The percentage of patients who no longer require the services of an acute care hospital and could be cared for in another setting, e.g. long-term care home, is rising. The results include long emergency department wait times and cancelled elective surgery.
- Emergency Department pressures – The length of time patients wait in the Emergency Department continues to rise.

Increased Operating Costs

- Inflation – The existing funding model does not keep pace with inflationary costs of best care.
- Infectious Disease – The increasing prevalence of infectious diseases has an impact on bed occupancy, the ability to discharge patients, and patient outcomes.
- Staffing – The shortage of nursing and other allied health professionals results in increased overtime costs to ensure coverage, and overburdened staff.

Innovation and Change

Although the hospitals and other health care sectors are experiencing service delivery and operational challenges, it is clear there is much expertise within the LHIN that can be leveraged to address the operational issues facing many of our hospitals. Hospitals presented numerous examples of innovation and change already in place that build upon the spirit of collaboration and cooperation.

Focus On Healthcare Supply Chain Integration (FOHSCI)

FOHSCI is an innovative initiative that consolidates all aspects of purchasing and procurement, inventory and distribution management, logistics and payment across several hospital organizations. There are 16 hospitals within the regions of Hamilton Niagara Haldimand Brant and Waterloo Wellington and St. Michael's Hospital (Toronto) that are members of FOHSCI. This initiative will help hospitals provide the highest quality of health care in the most efficient manner.

e-Health

There are three main e-Health initiatives underway.

Decision Support Strategy – is a centralized warehouse to hold, share and leverage collective decision support information and activities throughout the LHIN.

Regional Diagnostic Imaging Repository – is a central image and report repository, which will allow access to all patient images and reports from hospitals within the LHIN.

- Integrated Cancer Services – is a common information technology platform and coordinated cancer program delivery between Juravinski Cancer Centre in Hamilton and the new Walker Family Cancer Centre under development in St. Catharines.

Implementing Efficient Program Delivery Models

There are four innovative ways that hospitals are increasing their program delivery efficiency.

- Wait Time Strategy - LHIN-wide working groups are reviewing performance, allocating volumes and identifying opportunities for improved efficiency.
- Critical Mass – clustering service delivery and caregivers in fewer locations creates an optimal "critical mass" of resources that improves the work environment for staff and, more importantly, enhances patient care and safety.
- Coaching Teams – The majority of hospitals have participated in processes to improve service delivery and efficiency, for example, implementation of Critical Care and Emergency Department Leads,
- Patient Flow – Three pilot projects are working to improve patient flow through the hospital (part of the FLO collaborative in partnership with the CCAC).

If you would like any information about the HAPS proess in general, or about any of these challenges or innovations, please contact Rosalind Tarrant at rosalind.tarrant@lhins.on.ca

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Come See us in Action

Interested in learning more about how the HNHB LHIN Board of Directors makes its decisions? Come to one of the board sessions. All of the meetings are public, so please join us at one of the following upcoming dates.

March 25, 2008
1:00 – 4:00 p.m.
The Town of Grimsby
Council Chambers
160 Livingston Avenue
Grimsby ON

April 29, 2008
1:00 – 4:00 p.m.
Burlington Public Library
Centennial Hall
2331 New Street
Burlington ON

May 27, 2008
1:00 – 4:00 p.m.
Council Chambers
Stoney Creek Municipal
Service Centre
777 Highway 8
Stoney Creek ON

June 24, 2008
1:00 – 4:00 p.m.
The Town of Grimsby
Council Chambers
160 Livingston Avenue
Grimsby ON

July 29, 2008
1:00 – 4:00 p.m.
The Town of Grimsby
Council Chambers
160 Livingston Avenue
Grimsby ON

August 26, 2008
1:00-4:00
The Town of Grimsby
Council Chambers
160 Livingston Avenue
Grimsby ON

If you cannot make it to a board meeting, board agendas and minutes are posted on our website at www.hnhblhin.on.ca under the Board of Directors tab.

Have a Story to Share?

If you have a story to submit, or have an idea for a story you would like to read, please contact Chandra Rice at chandra.rice@lhins.on.ca or 905.945.4930 x 214. We would love to hear from you.

Word on the Street – HNHB LHIN Vice Chair Jack Brewer Talks about Aging

As part of the HNHB LHIN's Speakers Bureau, members of the Board and Senior Staff get out and talk with communities about how to improve health and the health care system. They 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.

Recently, Jack Brewer, Vice Chair of the HNHB LHIN Board of Directors, spoke with the Burlington Rotary Club. "Get involved in helping us help seniors, like me, to age at home," chuckled Brewer, speaking of the LHIN's Aging at Home strategy.

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 Trish Nelson-Simmons at (905) 945-4930 x255

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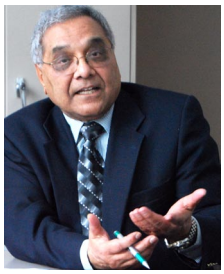
Aging At Home

To help address the health and well-being of our aging population, Minister George Smitherman launched the Aging at Home strategy in August, 2007. As part of that strategy, the Ministry is investing more than $60 million in the HNHB LHIN over the next three years.

The Aging at Home strategy is the local incubator for health system transformation. The collaboration and innovation potential for independent living and healthy aging at home in the 21st century is enormous. There are signs early in the strategy of new collaborations, and readiness for new ways of work in Phase 2 to support aging at home in the HNHB LHIN.

The full weight of the strategy to promote social inclusion, opportunities for under-employed persons, new partnerships, adoption of technologies, shared services, and robust volunteerism for healthy aging, is yet to be realized. And it will take collaboration and innovation to make it happen. The HNHB LHIN is asking all stakeholders with shared responsibility and accountability for aging at home and independent living to consider:



- What is ours to do?
- What is ours to partner?
- What is for others to do?

In other words, stakeholders are asked to consider how they can contribute to senior's independent living, by thinking about:

a) what they do best among their peers and partners;
b) how partnerships can leverage improved outcomes, innovation and efficiencies; and,
c) what should be relegated to others.

Aspirations include shared commitment to excellence in service provision, enhanced health outcomes, improved system performance, and sustainability. The Aging at Home strategy is the HNHB LHIN's opportunity to model health system improvement for client focused, accessible, and responsive services that result in right care in the right place, seamless transitions, and improved outcomes.

To obtain more information about the Aging at Home Strategy, please read the Aging at Home Bulletin, available on our website www.hnhblhin.on.ca (*To be put on our mailing list for the AAH Bulletin, please email Kathy Gilchrist at kathy.gilchrist@lhins.on.ca*) ***- LHINsight -***

Aging at Home - PreProposal and Service Plan Process

The HNHB LHIN is pleased to announce that on January 25, the HNHB LHIN Board of Directors approved 45 pre-proposals then totalling approximately $11M for service plan development. That same day, all proposal sponsors were advised that they were eligible to submit a service plan.

Subsequently,

- Three HNHB LHIN Staff were each assigned lead contact for a bundle of proposals;
- Three teleconferences were held to brief health service providers and respond to questions;
- Service Plan 'Questions and Answers' updates were posted on the HNHB LHIN website; and
- All service plan leads were strongly encouraged to send draft service plans to their HNHB LHIN Staff contact for comment and review prior to the submission deadline to help ensure accurate and comprehensive service plan submissions.

Health service providers worked with their HNHB LHIN Staff contact between January 28 and February 8, (service plan deadline). HNHB LHIN Staff then completed final reviews and high level analyses, and prepared the materials for the February 26 board meeting.

32 service plans were approved by the HNHB Board of Directors. These plans begin to meet the priorities for healthy aging at home identified in the first round of community engagement and environmental scanning. Watch for the Aging at Home Bulletin for more detailed information about the Aging at Home Pre-Proposal and Service Plan Processes and the Aging at Home Strategy in general. The AAH Bulletin is available on our website www.hnhblhin.on.ca (*To be put on our mailing list for the AAH Bulletin, please email Kathy Gilchrist at kathy.gilchrist@lhins.on.ca*)

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Let's Talk: Aging At Home

Let's Talk is a series of organized small informal conversations that provide information to the HNHB LHIN. With Let's Talk: Aging at Home, the conversations will be held with a wide range of people, in particular seniors, their families, their caregivers, their health service providers, and anyone else interested in discussing aging at home. These conversations will inform the direction that the HNHB LHIN takes as it implements the Aging at Home Strategy.

The best way to understand how Let's Talk: Aging at Home works, is to describe a session. A person, let's call her Ruby, decides she would like to animate a conversation using the Let's Talk: Aging at Home booklet. Ruby could be a health service provider, an active senior, a caregiver, an activist, etc. Anyone can use Let's Talk: Aging at Home. Ruby contacts the HNHB LHIN, who sends her the package and invites her to one of the training workshops being held throughout the HNHB LHIN (she doesn't have to go, but it is there as a resource if she wishes). Ruby brings the package to the group she meets with weekly. She has already asked them if they want to participate in Let's Talk: Aging at Home, so when she shows up with the booklet, they want to get started. She asks each participant to complete the consent form and demographic profile and explains that these help the HNHB LHIN know who they have reached. Then they are ready. Ruby asks the first question in the booklet, and the conversation begins. An hour later, the group has almost finished the booklet, but they break for tea. Discussion continues both during tea, and after. As they finish up their conversation, Ruby laughs as she talks about how much she has had to write down. To finish the process, Ruby asks the group to complete the feedback sheet, and asks who would like to act as the contact for follow-up information. Ruby then brings the various pieces of the Let's Talk: Aging at Home booklet together, so she can send it into the LHIN. She takes a photocopy first, because she thinks it will be useful to her too – the group had lots of great ideas about aging at home. And she sends it in, satisfied that she and her friends have played a role in shaping how seniors will age at home in her area. She looks forward to asking another group she knows to take part in the project, as she can host as many conversations as she has groups to talk to.

Seniors at Diner's Club talk about Aging at Home

The HNHB LHIN will then use the information gathered through Let's Talk: Aging at Home to inform the planning process for the second and third years of the Aging at Home Strategy.

For more information about Let's Talk: Aging at Home, please contact Chandra Rice at chandra.rice@lhins.on.ca or 905.945.4930 x214.

If you are like Ruby and would like to host a conversation, please call Chandra Rice at 905.945.4930 x214 to request a Let's Talk: Aging at Home package.

If you do not have a group to participate with, but would still like to take part in a conversation, please call 905.945.4930 or toll free at 1.866.363.5446 and ask when the next Let's Talk: Aging at Home group conversation will take place in your area. You will be matched with other people looking to participate in a conversation.

If you prefer not to participate in a group, but would still like to have a say, call 905.945.4930 or toll free at 1.866.363.5446 and request an individual Let's Talk: Aging at Home survey.

There are many ways to let us know your opinions about Aging at Home in the HNHB LHIN. Take advantage of them - we want to hear from you.

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Osteoporosis Co-ordinators battle 'The Silent Thief'

Bev Ruffo sits reviewing today's patient list with an eye for the early warning signs of osteoporosis. She's looking for patients who have suffered a low trauma fracture and are over the age of 50. She can already see that today will be busy. She will have to approach 16 patients with her questions. Working from her table in the hall, she greets people flowing through the fracture clinic including doctors, technicians, and nurses. Bev is working at the hospital as a part of a new initiative through Osteoporosis Canada.

Osteoporosis is a disease characterized by low bone mass and deterioration of bone tissue. The project Bev is involved with is meant to help people recognize that their fracture may be the result of osteoporosis - a disease often known as "the silent thief" because bone loss occurs without obvious symptoms.

With questionnaire in hand Bev approaches her first patient of the day. Irene Wojtow-Dmyterko is over the age of 50 and has sustained a low trauma fracture. Bev asks Irene if she is willing to participate in a survey about osteoporosis. As they work through the questions together, Bev takes the opportunity to raise Irene's awareness of the risks of osteoporosis and educate her on how to counteract the disease. Bev also makes sure Irene understands that, today, osteoporosis is reversible and can be stopped. Bev's goal is to educate not to instil fear. If the results of the survey warrant it, Bev will suggest to Irene that she ask her family doctor to do a bone density scan, as it is the only way to diagnose osteoporosis. At the same time, Bev will let Irene's family doctor know in a letter that Irene is a prime candidate for osteoporosis. If Irene is in agreement, Bev will follow-up with her in 12 weeks to see if she was able to get the scan done. This unique approach is raising awareness and helping diagnosis people with osteoporosis early.

Osteoporosis Canada has screening co-ordinators in 27 Ontario hospitals, chosen because they have high volumes of low trauma fractures in their fracture clinics. The screening co-ordinators are hired by Osteoporosis Canada, as part of an Osteoporosis Strategy funded by the Ministry of Health and Long-Term Care but are not hospital employees. It was identified that doctors did not have the time to screen fracture clinic patients for osteoporosis, even if they were aware that the disease may have been the cause of the fracture.

Dr. Wismer is the osteoporosis champion at Hamilton Health Sciences' Henderson Hospital, where Bev does her work. "The compliance without coordinators like Bev was terrible," explained Wismer. "Doctors just didn't have the time to screen. Yet, the money spent on screening for osteoporosis is well spent. Unlike other types of screening, there is no doubt that catching osteoporosis in the early stages lowers the morbidity and mortality rates of patients, which is why we've tried to make Bev feel as much at home as possible."

Bev and Irene sit and talk about Osteoporosis

Wismer acknowledges that not all hospitals have embraced the program, but thinks that it is having an effect, no matter what the relationship between the hospital and the co-ordinators. "Osteoporosis Canada's approach to screening is terrific. It has really increased the

Osteoporosis Co-ordinators battle 'The Silent Thief' (cont.)

number of people who get screened," says Wismer. "At the Henderson, it doesn't take much for doctors to check if Bev has seen the patient."

The HNHB LHIN area has two screening co-ordinators – Bev and Lisa-Marie – who work out of four hospitals; Henderson, Niagara Falls, Welland, St Catharines. "We're only touching the surface of the problem" says Lisa Campbell, area manager for HNHB LHIN catchment, "but hopefully the word will spread."

Osteoporosis Canada hopes to expand its program and by doing so help people recognize the early warning signs so that they can stop the silent thief in its tracks. Visit the Osteoporosis Canada website for more information, www.osteoporosis.ca

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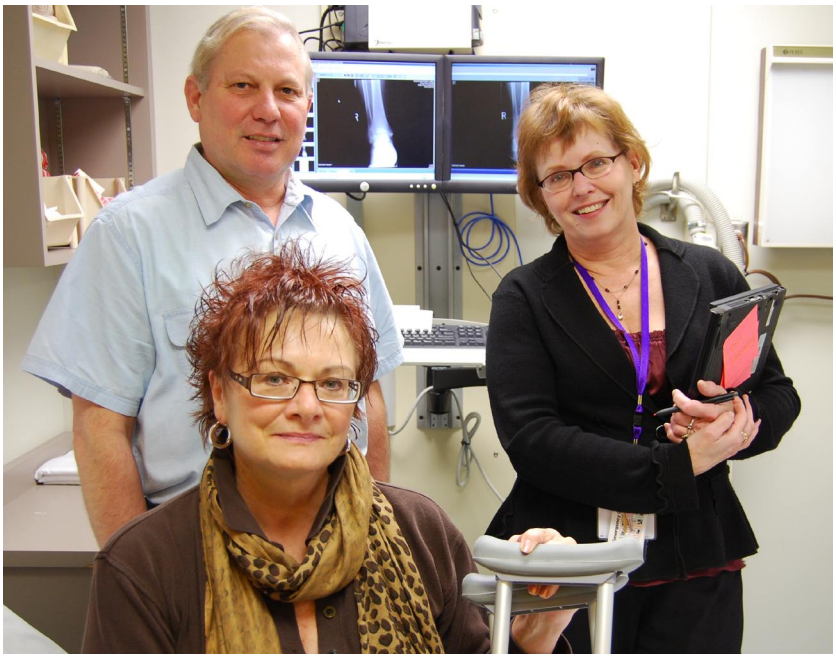

Dr. Wismer, Bev, and Irene stand before Irene's x-rays

Assessing your risk factors: a first step

No single cause for osteoporosis has been identified. However, certain factors seem to play a role in the development of osteoporosis. We call these factors "risk factors" because each factor influences our risk of developing the disease. Several of these factors have been shown to be stronger predictors of bone loss than others and are therefore considered major risk factors. Other conditions that may also lead to bone loss are considered minor risk factors. OC recommends that all postmenopausal women and men over 50, and all individuals over the age of 65 be assessed for the presence of risk factors for osteoporosis.

Major risk factors

- Age 65 or older
- Vertebral compression fracture
- Fracture with minimal trauma after age 40
- Family history of osteoporotic fracture (especially if your mother had a hip fracture)
- Long-term (more than 5 months continuously) use of glucocorticoid therapy such as prednisone
- Medical conditions (such as celiac disease, Crohn's disease) that inhibit absorption of nutrients
- Primary hyperparathyroidism
- Tendency to fall
- Osteopenia apparent on x-ray
- Hypogonadism (low testosterone in men, loss of menstrual periods in younger women)
- Early menopause (before age 45)

Minor risk factors

- Rheumatoid arthritis
- Hyperthyroidism
- Prolonged use of anticonvulsants
- Prolonged heparin use
- Body weight less than 57 kg (125 lbs.)
- If your present weight is more than 10% below your weight at age 25
- Low calcium intake
- Excess caffeine (consistently more than 4 cups a day of coffee, cola or some energy drinks)
- Excess alcohol (consistently more than 2 drinks a day)
- Smoker

Risk factors are additive, meaning that the more risk factors you have, the greater your risk of developing osteoporosis. If you are over 50 and have at least one of the major risk factors or two or more of the minor risk factors, OC recommends that you talk to your physician about being tested for osteoporosis.

from www.osteoporosis.ca

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About LHINsight

This publication aims to keep the community informed about the activities of the HNHB LHIN and its community members.

The LHINsight is being sent to any organization, group, or individual interested in the HNHB LHIN's activities. If you are, or you know of, an organization that would like to be included on our mailing list, please contact Kathy Gilchrist at kathy.gilchrist@lhins.on.ca.

The LHINsight is available on the HNHB LHIN website at www.hnhblhin.on.ca under the 'Be Informed, Get Involved' tab.

To submit or suggest a story idea for an upcoming edition of LHINsight, please contact Chandra Rice at chandra.rice@lhins.on.ca or 905.945.4930 x214.

Visit us on the Web

For more information on any of the stories you have read in the LHINsight, 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

RÉSEAU LOCAL D'INTÉGRATION DES SERVICES DE SANTÉ
de Hamilton Niagara Haldimand Brant

LHINsight is produced by the Hamilton Niagara Haldimand Brant LHIN, one of 14 local health integration networks. The LHIN is responsible for planning, coordinating and funding the local health system in this region which spans from Burlington to Fort Erie and from Burford to Cayuga and includes more than 1.3 million residents. The LHIN represents local decision-making; decisions about the organization, coordination and funding of health services will be made closer to home by people who live and work in the LHIN. The health services include community support services, mental health and addictions services, community health centres, the Community Care Access Centre, long-term care homes and hospital services.

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