

June 30, 2015

Ms. Nancy Naylor
Assistant Deputy Minister
Health System Accountability and Performance Division
Ministry of Health and Long-Term Care
80 Grosvenor Street
5th Floor, Hepburn Block
Toronto ON M7A 1R3

Dear Ms. McCulloch,

I am pleased to present you with the Toronto Central LHIN's (TC LHIN) Annual Business Plan (ABP) for 2015/2016.

The ABP is driven by TC LHIN's four Strategic Priorities that address the most urgent local health needs and offer the greatest opportunity for system change to meet our goals for residents. Our intention is for this plan to touch the lives of each of the over one million residents in our community.

This plan sets out a focused set of activities designed to achieve the Ministry of Health and Long-Term Care's (Ministry) and the TC LHIN's priorities in key areas: improving access to care, improving the patient experience through better coordinated and integrated care, and improving value and quality of health care. Our efforts will also focus on ensuring that system design and service delivery are responsive to the needs of patients and their families, and grounded in and informed by their perspectives.

This plan is designed to support and advance the Ministry's *Patients First: Action Plan for Health Care* and transformation initiatives including Health Links and the transformation of Primary Health and Community Care.

We look forward to continuing to collaborate with you, other LHINs, and health service providers and communities in TC LHIN to deliver on the ABP for the people we serve.

Sincerely,



Angela Ferrante
Board Chair

Toronto Central LHIN

Annual Business Plan

2015 – 2016

Table of Contents

Mandate and Strategic Directions.....	3
Overview of Current and Forthcoming Programs.....	6
Overview by Goal.....	7
Environmental Scan.....	8
Risk Assessment.....	10
Integrated Health Service Priorities	
1. Designing Health Care for the Future.....	13
2. Taking a Population Health Approach.....	27
3. Transforming Primary Health and Community Care.....	37
4. Achieving Excellence in Operations.....	47
LHIN Operations Spending Plan.....	56
LHIN Staffing Plan (Full-Time Equivalents) Operations.....	57
Communications Plan.....	58
Community Engagement Plan.....	64
LSSO and LHINC Submissions.....	76
Endnotes.....	88

Mandate and Strategic Directions

Toronto Central Local Health Integration Network (LHIN) is one of fourteen local health-planning organizations that serve Ontario. From Windsor to Thunder Bay, from Timmins to Belleville, Ontario is incredibly diverse, and this diversity demands tailored strategies to meet the unique needs of all Ontarians. At the core of Toronto Central LHIN's business is an in depth understanding of the communities that we serve. We use this knowledge strategically to drive the design and delivery of the services provided to the citizens of Toronto.

LHINs are agencies, established by the *Local Health System Integration Act in 2006*, which are guided by policy direction from the Government of Ontario. The Ministry of Health and Long-Term Care (the Ministry) sets out guidelines and expectations to drive improvements to local health care systems. The LHIN uses its knowledge of the surrounding landscape, providers and people to develop plans that fit the local context and meet the needs of the community.

Toronto Central LHIN is the only organization with a bird's eye view of the population and subpopulations within its geographic boundary. Creating connections and convening strategic partnerships has allowed Toronto Central LHIN to improve care in local communities and neighbourhoods. Viewing the interrelated set of systems serving the public with the perspective of the entire population, positions the LHIN as a natural leader to gather the support of a number of providers and agencies.

Toronto Central LHIN's work has evolved since the development of the 2013-2016 Integrated Health Service Plan (IHSP-3). For example, the health system has seen the implementation of transformational initiatives, such as Health Links and Health System Funding Reform. An update to our Strategic Plan was undertaken in order to better reflect these changes and illustrate how our activities support the priority objectives. The IHSP-3 created the foundation for the work that will be carried out through the implementation of Toronto Central LHIN's 2015-18 Strategic Plan. Effectively, the 2015-2018 Strategic Plan replaces the IHSP-3. None of the activities of the IHSP-3 are lost in this transition; however the priorities that they are addressing have been renamed to reflect the evolution of our work. Similar to the consultations undertaken to inform the IHSP-3, the strategic planning process involved extensive engagement with our local community, including health service providers and their boards, consumers of health services and the public (in particular, we reached out to marginalized populations that are not traditionally heard from in health system planning and design).

We have adopted four strategic priorities to guide our investments and activities and help achieve our goals:

- Designing Health Care for the Future
- Taking a Population Health Approach
- Transforming Primary Health and Community Care
- Delivering Excellence in Operations

The Ministry-LHIN Performance Agreement (MLPA) establishes Ministry expectations and metrics by which the LHIN's progress will be measured. The Annual Business Plan (ABP) connects the strategic and operational activities, laying out the three-year road map to achieving the goals and priorities established in the Strategic Plan and the new IHSP that is under development.

The ABP is a detailed plan of initiatives the LHIN will implement in a 12-month period to achieve the goals of its Strategic Plan and meet its MLPA commitments. The Agency Establishment and Accountability Directive requires the LHIN, as a provincial agency, be accountable to the government for using public resources and produce a business plan annually. The 2015-2016 ABP is driven by the Toronto Central LHIN's four Strategic Priorities that address the most urgent local health needs and offer the greatest opportunity for system change to meet our goals for residents.

Linkages with the Provincial Plan

In February 2015, the Minister of Health and Long-term Care, the Honorable Dr. Eric Hoskins, detailed his strategic plan, *Patients First: Action Plan for Health Care*, which outlines the direction of the future of the Ontario health care system. Building upon previous provincial health action plans, the goal is to explicitly put the patient at the core of all health planning strategies. The Action Plan focuses on four key objectives.

Access: focuses on the need to provide timely access to the right care. More specifically, the plan prioritizes reduced wait times to see primary care physicians and specialists, timely access to mental health care, and enhancing the coordination of care for complex patients. This aligns very strongly with Toronto Central LHIN's approach to target sub-populations with poor health outcomes and ensure they have appropriate access to care.

Connect: essentially seeks to improve the linkages among services and providers to integrate care closer to home. Toronto Central LHIN's work in this area is already well underway and significant benefits have been achieved by integrating services across the continuum of care through Health Links.

Inform: seeks to empower individuals to make decisions about their own health. Enhanced patient education will be an important element of Toronto Central LHIN's efforts to design health care for the future. By working with patients to demystify the system we will support patient-informed decision-making.

Protect: aims to strengthen decision-making that is focused on value and quality. The Ministry will ensure that our universal health care system is maintained by explicitly prioritizing sustainability. The Toronto Central LHIN will actively support this objective in every aspect of our work.

Toronto Central LHIN

Our Strategic Plan 2015-2018



CRITICAL SUCCESS FACTORS



Overview of Current and Forthcoming Programs



Overview by Sector

Toronto Central LHIN has the highest concentration of health services in Canada, with 172 unique health service providers (HSPs), which offer 202 unique programs and services.

- 17 hospitals with a total of 2,163,008 inpatient days (2013/14 YE).
- 17 community health centres (CHCs) providing an estimated 449,759 face-to-face encounters (YE 2013/14).
- 61 agencies providing community support services (CSS) totaling an estimated 1,128,079 community visits and 924,799 resident days (2013/14 YE).
- 70 agencies that provide community mental health and addictions (CMHA) and problem gambling services totaling an estimated 1,409,503 visits (2013/14 YE).
- 1 Community Care Access Centre (CCAC) providing an estimated 164,124 visits for case management services (2013/14 YE).
- 36 long-term care (LTC) homes accounting for almost 6,723 approved long-term care beds (equivalent to 2,453,235 bed days available for admission) (2013/14 YE).

Toronto Central LHIN's transfer payment funding is \$4.76B*

HSP funding 2014/15	Total	% of Total Funding
Operation of hospitals	3,584,903,808	75%
Long-term care homes	267,424,716	6%
Community care access centre	244,702,630	5%
Community support services	93,459,523	2%
Assisted living services in supportive housing	53,669,470	1%
Community health centres	91,699,161	2%
Community mental health addictions program	127,118,591	3%
Addictions program	37,861,791	1%
Specialty psychiatric hospital	260,163,143	5%
Total	4,761,002,833	100%

*Based on 2014-15 Actual

Overview by Goal

Over the next four years Toronto Central LHIN will be guided by the following three overarching goals:

I) A Healthier Toronto

Our intention is for our work to touch the lives of each of the over one million residents in our community. Toronto Central LHIN will broaden its impact. Up until now, health planning captured only those coming through the doors of the health care system, leaving behind those who need care but are not connected to services. As a consequence, we have missed many opportunities to improve health in our city. We will plan for the entire population in our catchment area and move from improving health care towards the broader goal of improving health. We recognize that in the wide spectrum of social determinants of health, health care is only a small contribution to the overall picture of what impacts the health of an individual. Impacting health will require close collaboration with the many other partners, inside and outside health, who share this vision. Although our goal is to improve the health of everyone, we recognize that the path to getting there will be different for the diverse communities throughout the city. Whether characterized by income, social, racial or ethnic factors, many communities get less benefit from the health care system than others. These differences often reflect disparities in access or other barriers to care. We will build on our understanding of these unique needs and drive the development of targeted solutions that will improve health equity across these groups.

II) Positive Patient Experiences

We want a health care system that is more responsive to patients, cost-efficient, higher quality, and easier to navigate. We believe that this can only be achieved when excellence in health outcomes is matched with positive patient experience. Impacting the patient experience involves leveraging the knowledge of patients, families and other informal caregivers in planning and decision-making. The incorporation of these perspectives ensures that care plans will be appropriate and ultimately more effective in improving patient outcomes.

Our goal is to achieve a patient experience that is:

- seamless and transitions are barrier free across sectors and facilities;
- supported by open and effective communication between patient and provider as well as, across providers;
- culturally appropriate and culturally competent; and
- inclusive of family, caregivers – across all generations.

III) System Sustainability

In order to ensure that we can meet the needs of Ontarians today and in the future, the health care system must become sustainable and transparent. The system is operating within a tight fiscal environment. While this brings challenges, it also presents opportunities to explore innovations that drive quality and value from our health care investments. Key to the sustainability of our health care system is the importance of ensuring that care is happening in the right place at the right time. Our ability to achieve this goal relies on careful, data driven capacity planning and design of the system that fully leverages our resources across the entire spectrum of health care. Strategic Plan 2015-2018 will ensure that we are able to meet the needs of the population in our catchment area, while supporting and maintaining the critical role our health care partners play in providing specialized services to the province.

Enhanced performance measurement, reporting and performance management will help to safeguard quality.

Environmental Scan

To determine the future outlook for the Toronto Central LHIN, we examined current trends in Ontario's health system and analyzed feedback collected from our stakeholders.

Provincial Considerations

As the LHIN is influenced by provincial directions, it is critical that our new strategic plan aligns with provincial priorities. In the fall 2014, the Premier of Ontario publically released mandate letters to each

Minister within the cabinet. Health priorities were included in many mandate letters outside of those for the Ministry of Health and Long-Term Care. This emphasizes the cross-Ministry and collaborative nature of health care, indicating the need for co-operation between sectors. Fiscally, the province of Ontario is still very significantly restrained, with no new dollars expected for the overall health care budget. This has obvious implications for our LHIN and health service providers, in that the expectation will be to do more with less, while public expectations for health care delivery remain high.

Recognizing LHIN boundaries should be invisible to patients and that there are standards that everyone should be able to expect regardless of where they live the 14 LHINs across Ontario have engaged in collaborative planning. The 14 LHIN CEOs have developed four strategic directions to guide their next round of planning at the individual LHIN level. They are: 1) Transform the patient experience through a relentless focus on quality 2) Build and foster integrated networks of care 3) Tackle inequities by focusing on population health, and 4) Drive innovative and sustainable service delivery.

Stakeholder Feedback

The development of the strategic plan was heavily informed by feedback received through engagement and outreach. Upon analysis, six themes emerged, each having an important influence on the future direction of the Toronto Central LHIN.

- **Population Health**

Planning across different sectors is critical to improving the health of the broader population. This means continuing our planning in conjunction with housing, social services, justice, emergency responders and many other partners in the community. Through consultations we heard that Toronto Central LHIN is effective at identifying sub-sets of the population that have poor health outcomes relative to the rest of the population, and in implementing targeted approaches to improve the health of that specific group. This work needs to be scaled up to other populations in need.

- **Community Care**

Shifting funding and support to strengthen community services is a priority, and it was identified that measuring quality of care is critical to assessing the impacts. Beyond beds and spaces, developing and providing tools and technology were identified as opportunities for the Toronto Central LHIN to provide support and leadership. For example, community providers suggested developing a common electronic medical record and integrated back office systems to strengthen the sector as a whole.

- **Focus on Patients**

While many patients indicated that they often receive excellent care from individual care organizations, coordination and communication across organizations continues to be poor. While providers assert that they deliver patient-focused care they are quick to concede that there is much room for improvement. The creation of tools by the LHIN such as the patient-oriented discharge summary, help improve communication and patient transitions between organizations.

- **Fiscal Realities**

Providers felt that they could better manage fiscal constraints if multi-year funding was confirmed. This will allow providers to plan their services with greater certainty, albeit in a highly constrained fiscal environment.

- **Cross-LHIN Collaboration**

Stakeholders and providers identified numerous issues when residents need services and care is delivered across LHIN boundaries. As many of the large academic hospitals are located in downtown Toronto, residents who live outside of the Toronto Central LHIN will often seek treatment here, and then return to their own community for primary and follow-up care. Similarly, many individuals who live outside of the Toronto Central LHIN, but work downtown will seek primary health care services during the day within the LHIN. These situations must be considered when working towards integrating care across LHIN boundaries. It is critical that the LHINs work together to coordinate care across LHIN boundaries and to ensure that, from the patient's perspective, they experience a true system of care.

- **Role of the Toronto Central LHIN**

Toronto Central LHIN and its staff currently function as collaborators, conveners, facilitators and leaders. These roles need to continue and evolve. Work by the Toronto Central LHIN is seen by its care partners and the Province as leading edge, and often has shaped the provincial agenda by engaging the key partners in moving forward new and innovative ideas. An example of our leadership is the LHIN's work around data collection and use to inform decision making.

Risk Assessment

Toronto Central LHIN represents a diverse population of 1.2 million¹ people. Toronto has become North America's fourth largest city and the population is growing; in fact the downtown core is growing at four times the rate of the rest of the City of Toronto². The fastest growing age group in the city is seniors³ and this group is expected to make up one-fifth of Toronto's population by 2031⁴. Toronto remains a multicultural hub with the highest percentage of immigrants in Canada⁵. One-third of Toronto's immigrants are newcomers, having arrived in Canada within the last 10 years⁶. Over 140 languages are spoken within our city⁷. This unique city is home to some of the richest and poorest neighbourhoods in Canada, with 26% of residents living in poverty⁸. Additionally, Toronto Central LHIN's population includes 59,000 Francophones⁹, 5,000 homeless¹⁰, the largest lesbian, gay, bisexual and transgender communities in Canada and a rapidly growing urban Aboriginal population, many with complex health needs. These characteristics shape how people interact with the health care system and consequently, affect how we as planners design the system to meet their needs.

Key Risks:

Long-Term Care Home Capacity

There are two main risks regarding long-term care homes (LTCHs) in Toronto. There is a high probability that in the future Toronto Central LHIN will lose a significant proportion of LTCH beds, as operators choose to leave and locate outside of Toronto due to the high costs of building and operating in the city. Access to long-term care is already a significant issue. Long-term care homes are operating at 99% occupancy and the median time for a client to be placed in a LTCH within the LHIN is higher than the provincial average. Toronto Central LHIN has the third lowest long-term care bed to population ratio in the province. At the same time, LTCH residents have increasingly more complex needs, requiring specialized services that many homes are currently not equipped to provide. Any further loss of LTCH beds would have a profound impact on Toronto Central LHIN's ER wait times, alternate level of care (ALC) performance and patient access to the appropriate level of care. Without good patient flow, provincial programs such as neurosurgery, trauma, complex cardiac can be significantly impacted thereby reducing patient access to, and cancellation of, surgery.

Long-Stay Alternate Level of Care (ALC)

A Long-Stay ALC patient is someone who is in hospital for more than 40 days. There are two main contributors to long-stay alternate level of care (ALC); patients with mental health issues waiting for supportive housing or other community supports, and those patients waiting for placement in a LTCH. It is particularly challenging to place certain long-stay ALC patients (e.g., those with behavioural issues) given the 99% long-term care occupancy rate in Toronto Central LHIN.

Mental Health and Addictions capacity

Toronto Central LHIN has a significant shortage of community-based addiction and mental health programs. In response, we developed a comprehensive plan, with targeted investment in this fiscal year to address some of the service gaps, and to decrease the number of ED readmissions and avoidable use of ED by mental health and addiction patients.

In the absence of adequate incremental community funding to address the identified gaps and local needs, Toronto Central LHIN's ability to implement its plan and positively impact changes at the client and system level are substantially reduced. This will challenge the LHIN in meeting its performance targets for both addictions and mental health readmission rates and avoidable admissions.

Inflationary pressures and balanced budget challenges

Despite the Ontario Government's constraint on public sector wages, independent arbitrators have awarded wage increases to most health care workers (2 % over two years). This decision could have a

very significant impact on health service providers' ability to sustain clinical and other programs at current levels.

Already, Health Service Providers (HSPs) are signaling that it will be challenging for them to balance their 2015/16 budgets, an obligation outlined in their Service Accountability Agreements. This risk is magnified by HSP reliance on funding from charitable organizations that fundraise to support specific programs and services in an environment where charitable revenue has been slowing significantly.

At the same time, operating costs (e.g., labour, utilities) have increased. Additionally, some hospitals within the LHIN have experienced unintended consequences related to the implementation of Health System Funding Reform. During the past two to three years, HSPs have undertaken operational efficiency strategies and organizational/service specific integration to avoid significant service reductions. However, the combined effect of lower revenue expectations from fund raising sources, coupled with fewer opportunities for operational savings, is creating the risk that HSPs will propose service reductions in order to meet balanced budget requirements over the next couple of fiscal years.

Rapid growth in downtown Toronto core

The rapid intensification of the downtown core poses challenges to the health care system. Growth is dramatic in the downtown and it is cumulatively larger than what has been previously acknowledged in planning estimates. The approach to infrastructure planning for health is very much disconnected from growth planning. There are several current examples that help to underscore the need for greater alignment of data and planning between the Province, the LHIN and the Municipality.

Toronto's hospitals are seeing many more people in the emergency department and these people are very sick. Over the last two years, St Michael's hospital has seen a 60% growth in the number of high acuity patients and an 8% growth in admissions of these cases. Increased ED use by very sick patients has driven nearly every hospital over the 100% occupancy mark, which strains hospital infrastructure and poses a risk to patient flow and safety. Hospitals are challenged to address this growing demand for services, as the Ministry funding formulae does not recognize this significant growth, especially as it relates to growth of marginalized communities.

Toronto Central LHIN has had a huge shift in the percentage of family physicians working in interdisciplinary models of care, from 20 to 80%. This has been an enormous success. Along with a few other LHINs, we are also leading a process with the Ontario Medical Association (OMA), the College of Physicians and Surgeons of Ontario (CPSO), the Ontario College of Family Physicians (OCFP) and the Ministry, to look at options to address the provincial issue of primary care physician retirement without new physicians taking their place in the system. As the population grows we are anticipating that there is sufficient supply of physicians to meet the demand, however, without expansion of the primary health care models, growth will occur in solo practices and walk in clinics, which will undo the significant progress made in shifting to group practice models.

Integrated Health Service Priorities

1. Designing Health Care for the Future

Redesign the system to improve outcomes and the patient experience.

Current Status

Ontario's health care system is undergoing a fundamental shift in the way we think about, plan for, and fund health care services. Our standard of excellence is no longer a system where providers do a first-rate job on their discrete piece of patient care. We are now focused on whole episodes of care, ones that better reflect the way that patients see their journey through the system as they move from primary health care, to hospitals, to the community. Redesign of services has already begun with collaborative multi-sector tables that bring together all parts of health care to deliver more effective, integrated and seamless care for cardiac, palliative, stroke and orthopedic patients.

The system of the future is one that is designed to leverage the best available evidence identified through organizations, such as Health Quality Ontario or Provincial Expert Panels. Health service providers apply this evidence to the local context and bring it to life. It is a system characterized by the seamless flow of information and warm handoffs of patients as they move from one provider to another. It is designed through the incorporation of a diverse set of patient perspectives and is only complete if it manages to relieve suffering by reaching beyond the clinical interventions to capture many facets of the patient experience.

Structural changes that align incentives with set objectives will enable the redesigned system. Changes include the continued implementation of new provincial funding models; strategic integration of services and health service providers; and new accountability measures introduced at the Provincial and LHIN levels designed to measure integration of care.

Clinical Service Planning

With Health System Funding Reform (HSFR) as one of the key underpinnings of the Excellent Care For All Act, Toronto Central LHIN has embraced this model and continues to work with its HSPs to ensure alignment and successful local implementation. Toronto Central LHIN has a number of initiatives that are focused on designing quality and evidenced-based care pathways, as well as ensuring integrated and coordinated care across the continuum.

The Clinical Evaluation/Clinical Utilization Committee, an advisory group to the Toronto Central LHIN, was formed to review and make recommendations to the LHIN regarding proposed clinical service changes. The Committee examines these changes within the context of the overall health system including Ministry and LHIN priorities. This work includes proactive planning related to alignment with HSFR especially the introduction of Quality Based Procedures . The focus is on ensuring patients get the right care, in the right place and at the right time.

1. Stroke, Total Joint and Hip Fracture Best Practice Implementation - Phase III

In 2011, Toronto Central LHIN undertook a system-wide capacity evaluation of stroke, total joint replacements (TJR), and hip fractures to facilitate the implementation of best practices for these clinical areas. The evaluation included a current state assessment, comparison to best practice guidelines and evidence, followed by a proposed future state model. In 2013/14, Toronto Central LHIN's implementation strategy for stroke, TJR and hip fractures continued to create a system that enabled clinicians to deliver best practice care. Toronto Central LHIN used a best practice definition (that was similar to the definition used by the Quality Based Procedure pathway) and subsequently adjusted to the Quality Based Procedure handbooks, where appropriate.

When applied, the new model suggested significant cost reductions in the acute care sector with the savings to be validated in the implementation stage. Although the acute care savings available to reinvest in non-acute care was much reduced as organizations had already started the change process, the modeled savings were reinvested into the rehabilitation sector to establish outpatient rehabilitation programs, scale inpatient rehabilitation to the appropriate capacity needed for these patient populations and to increase the intensity of multidisciplinary services for rehabilitation beds to meet the patient needs.

- In 2014/15, based on the endorsement and recommendation of Toronto Central LHIN Hospital Sector Table, the LHIN adjusted base funding, transferring funds from the acute sector to post acute providers. The impact of the reinvestment, and system-level changes on performance indicators and patient outcomes was then monitored by the Clinical Efficiency/Clinical Utilization Committee.
- In 2015/16 and beyond, through its Clinical Efficiency/Clinical Utilization Committee, the LHIN will continue to monitor the patient outcomes of this important transformation project.

2. Congestive Heart Failure (CHF) - Phase II

Congestive Heart Failure (CHF) is one of the leading causes for hospital admissions in Toronto Central LHIN. Presently, there are many patients with mild to moderate symptoms who present at the Emergency Department (ED) and are admitted, even though they could be managed properly in the community. On the flipside, there are examples of seriously acute patients that are discharged to the community prematurely and suffer poor outcomes because of the lack of support in the community. To improve CHF care, redesigned pathways for this disease have been implemented at the University Health Network's EDs (both its Western and General sites) along with the establishment of a post-ED ambulatory clinic.

- In 2014/15, this quality improvement project focused on CHF patients presenting to the hospital ED. It was piloted at one site (University Health Network).
- In 2015/16, this project will be transitioned to other Toronto Central LHIN organizations based on available funding.

3. Academic Health Sciences Centre - Cardiac Care Plan Phase I

Toronto Central LHIN's Academic Health Science Centres are major providers of cardiac care to local patients and to patients travelling from different regions across the province. The majority of programs provided by the Academic Health Sciences Centres are funded through the Ministry's Provincial Program Branch. As the system changes, there are a number of growing challenges that are prompting an examination of the clinical services and the pathways that patients with cardiac disease follow. Challenges include:

- a decrease in the overall volume of cardiac patients as a result of new programs in other LHINs;
- advances in drug therapies/new technology and health promotion;
- wide-spread use of new technologies;
- an increase in the number of congenital heart patients living into adulthood and requiring ongoing complex care;
- a substantial increase in the complexity and intensity of cardiac surgical patients; and
- a growing number of specialized procedures which are performed exclusively in the three academic health sciences centres with Toronto Central LHIN.

The success of the specialized tertiary programs is critical to our local population as well as to the province. More than half of the patient care activity at these centres is for patients from outside Toronto Central LHIN.

- In 2014/15, the LHIN initiated an Academic Health Sciences Centre Cardiac Care planning process. Representatives from Sunnybrook Health Sciences Centre, University Health Network, St. Michael's Hospital, the LHIN and the Cardiac Care Network participated in this process. The group assessed the current state and went on to develop a comprehensive plan focused on maintaining the viability of each program to ensure patients have ready access to new innovations and cardiac surgical expertise.
- In 2015/16, the planning committee has two key deliverables:
 1. A combined three-site Business Plan that forecasts volumes and funding; and
 2. A combined three-site Strategic Plan that will guide and prioritize activity to increase integration and coordination of services at the three sites and with the community.

4. Integrated Orthopaedic Capacity Plan Phase II

The move to Quality Based Procedures and the associated changes have prompted an examination of volumes, expertise, and distribution of orthopaedics across the LHIN, as well as the potential for consolidation of procedures and post acute care.

- In 2014/15, Toronto Central LHIN created a Steering Committee to develop the current state analysis which would inform a Toronto Central LHIN Orthopaedic Capacity Plan. Membership of this Committee includes the Chairs of Orthopaedics at each of the eight acute care hospitals and the corresponding Clinical Vice Presidents. Representatives from Sunnybrook Health Sciences

Centre, University Health Network, Sinai Health Systems, St. Michael's Hospital, SickKids, Toronto East General Hospital and St. Joseph's Health Centre participate on the Committee.

- In 2015/16, the Orthopaedic Steering Committee will submit a final report to the Toronto Central LHIN with recommendations for future orthopaedic service planning. This will be followed by the submission of a Toronto Central LHIN Orthopaedic Capacity Plan.
- In 2016/17, the Orthopaedic Steering Committee will implement and monitor the Orthopaedic Capacity Plan.

5. Vision Care Planning - Phase I

Each LHIN was asked by the Ministry to create a Vision Care Plan that is based on the recently released provincial Vision Care Plan. To develop the Plan, the Toronto Central LHIN created a Task Force including the Toronto Central LHIN, the Department of Ophthalmology and Vision Sciences at the University of Toronto, the Acute Care Hospitals and Kensington Eye Institute (KEI).

The LHIN's Vision Care Plan is expected to maximize opportunities for collaboration and further strengthen the relationship between vision care partners. The Plan will support safe, high quality, patient-centred ophthalmic surgical and clinical services; define the scope of inpatient/outpatient services to be provided by the Toronto Central LHIN hospitals and the Kensington Eye Institute (KEI), and identify surgical procedures and clinical services to be delivered within the Toronto Central LHIN by partner organizations. The Plan will aim to optimize capital investment and system capacity, while delivering value and sustainability through the efficient use of Vision Care resources. Equitable access to care for marginalized populations will be a focus. It will also include a commitment to the ongoing advancement of the academic mandate of all partnering organizations with a specific focus on education.

- In 2014/15, the Task Force began collating the information that will be used to inform the Toronto Central LHIN Vision Care Plan and to create an initial draft of the Plan.
- In 2015/16, the Vision Care Task Force will further develop the Toronto Central LHIN Vision Care Plan that brings a new and innovative approach for delivering patient-centred vision care services, both locally and provincially, by Toronto Central LHIN vision care providers.

6. Long-Term Care Specialized Capacity Planning - Rekai Centre

The Drs. Paul and John Rekai Centre is re-developing its long term care home currently located at 345 Sherbourne Street. The rebuilding of this space provides an opportunity to build a new long term care home (on a different site) with additional capacity to establish a specialized unit targeting long stay Alternate Level of Care (ALC) patients. This also creates an opportunity to use the existing site as a decanting facility for other long term care homes that are planning to redevelop their sites.

- In 2014/15, the goal is to finalize a business case for repurposing the Rekai Centre as a Specialized Long Term Care Centre. The Rekai Centre submitted to the LHIN a preliminary draft program model for a repurposed Rekai Centre at 345 Sherbourne. Since submission, Toronto Central LHIN

has been working with Reiki Leadership on finalizing the program model, as well as preparing a business plan on how the model could be operationalized.

- In 2015/16 (Q1), the recommendations and next steps will be determined by a Joint Working Group that has been established to examine the emerging pressures from ALC patients.

Community Based Rehabilitation Capacity Plan – Phase II

Community based rehabilitation service planning and implementation are a major focus of Toronto Central LHIN, as providers and planners look toward shifting care from acute hospital services toward ambulatory /community based care. The goal is to ensure equitable access to the functional continuum of rehabilitation services. This includes: physiotherapy (PT) funded through primary care, new community based PT clinics, CCAC rehabilitation services, exercise classes, falls prevention classes, and hospital based ambulatory rehabilitation services.

In this regard, Toronto Central LHIN has initiated the development of a community based rehabilitation capacity plan. This plan is expected to form the framework for the integration for rehabilitation and restorative activities across the LHIN, of which there are several contributing streams of activity including some that were initiated as Ministry initiatives. Ministry initiated initiatives include: expansion of QBPs to include ambulatory rehabilitation, Assess and Restore, community based PT clinics and PT in primary care.

In 2014/15, a Community Based Rehabilitation Steering Committee was formed with partners from across all sectors to strategically guide the development of a community based rehabilitation capacity plan. Toronto Central LHIN engaged in this project to understand the current state of ambulatory and community based services and to identify common challenges in supporting equitable access, such as system navigation, alignment of services to population need, and understanding access barriers. Better understanding of the current state will inform the development of future models of service to support equitable access in the LHIN, with consideration of the full functional continuum of needs - between restoring /optimizing function and maintaining function (including self-management).

Building on the current state analysis, the final report outlines a future state conceptual model and reflects the output of numerous planning discussions to address known gaps in Toronto Central LHIN's ambulatory and community based rehabilitation services. Multiple inputs were considered, including current state analysis, review of practices/models of care, patient/client feedback, and input from a broad cross section of stakeholders, including consultation/forum participants, Steering Committee members, and Toronto Central LHIN project leaders.

To inform the final report, Toronto Central LHIN worked with targeted health service providers and asked them to contribute client and consumer feedback about the current system (including barriers) and options for the future state (the Toronto Central LHIN Community Engagement and Corporate Affairs portfolio has supported this component).

- In 2015/16, Toronto Central LHIN will work with HSPs to align new and existing rehabilitation and restorative activities within the proposed future state model e.g. community planning for stroke QBP. Three specific recommendations from the final report will support this implementation:
 - Implementation of a communication and engagement strategy;
 - Development of a framework for a community services directory; and
 - Development of a framework for a community rehabilitation services navigation tool.

The overall success of Clinical Service changes will be measured based on improved quality of care to patients and the sustainability of the health care system. However, performance metrics will be different depending on the planning/implementation phase. The three phases to clinical services planning including 1) the development of a current and future state plan, 2) the implementation of the plan; and, 3) the monitoring of performance.

- Phase 1 Planning – This planning phase will be measured based on the submission of a consensus plan that is consistent with the project scope.
- Phase 2 Implementation – This phase will be measured on both the LHIN's and health service providers' ability to successfully implement the plan outlined in Phase 1.
- Phase 3 Sustainability - This phase will be measured based on the impact of the service changes on patients (quality outcomes and the patient experience) and the efficiencies gained by the health care system.

Community Support Services Sector Redesign

Community Navigation and Access Program (CNAP) is leading the development of infrastructure, tools and processes necessary for a seamless system of care in Toronto Central LHIN. Initially focused on community services related to seniors, the CNAP project has evolved and is now an enabler in support of Toronto Central LHIN's plan for the Home and Community Sector. Building on the momentum and continued impact of CNAP's work for seniors, Toronto Central LHIN continues to work to strengthen the community sector to develop a governance structure that will oversee the community sector as a whole with a population health focus.

Palliative Care

The Toronto Central LHIN is redesigning palliative care services to support the best possible end-of-life experience for people, and to reduce the costs associated with hospitalization of palliative patients. This strategy will provide strong community-based palliative care services; effective transitions to the most appropriate place of care; a continuum of services that meets people's diverse needs; and equitable access to services.

- The Toronto Central LHIN Palliative Care Strategy was finalized at the end of 2013/14. This strategy set the direction for the Toronto Central LHIN in 2014/15 and for the coming years. In 2014/15 a new governance structure was established to support the implementation of this

strategy, including the establishment of a Council comprised of leaders from across multiple sectors and disciplines.

- In 2014/15, needs assessments were conducted to inform recommendations related to Long Term Care Home capacity building, community hospice services, and psychosocial supports for clients and caregivers within an integrated approach to palliative care service delivery. Additionally, the electronic Resource Matching and Referral solution was implemented within inpatient palliative care units to improve access to, and planning for, these scarce hospice resources.
- In 2015/16, changes will be made to address the gaps identified through the needs assessment activities. Additionally, work will be done to share best practices for advanced care planning, and the next phase of the Resource Matching and Referral solution will be implemented for palliative care services.

Overall, measures of success for the Toronto Central LHIN Palliative Care Strategy are aligned with the Declaration of Partnership (Memorandum of Understanding:

- An improved client and caregiver experience; and,
- A 10% reduction in total hospital days attributed to palliative care.

The following indicators will be implemented and measured in alignment with Provincial Palliative Care Steering Committee implementation recommendations:

- Home support for discharged palliative care patients;
- ER visits in the last 2 weeks of life;
- Percentage of palliative care patients discharged from hospital that were seen in the ER within 30 days;
- CCAC home care wait times (SRC 95); and
- Outpatient palliative care wait times- RCCs

Integrations

Since 2008/09, Toronto Central LHIN has completed 18 *voluntary* integrations between health service providers. Up until now, Toronto Central LHIN's stance has been one of enthusiastically encouraging, supporting, and assisting health service providers who voluntarily decide that integration is in the best interest of their clients and patients.

Toronto Central LHIN's overall goal for voluntary integrations is to achieve better outcomes for patients and clients, strengthen health care service quality, and achieve positive system impacts. These outcomes are defined as improved access to services, enhanced capacity of services, better client/ patient experience, stabilization of existing services, improved quality of service, improve transitions across the health care system, and extend reach outside health care. Toronto Central LHIN focuses on the impact of the integration on patient populations, as well as on the broader health care system, including other health service providers.

Integrations have the most direct impact on the client/patient as exemplified through increased volumes of service, enhanced access to services, and improved client satisfaction with services. In recognition of this, since 2011/12 all voluntary integrations in Toronto Central LHIN have identified specific integration performance objectives in volume increases, increased number of clients served, and or improved client satisfaction measured by the health service provider's own tools.

Integrations have the potential to also reach outside the health care system. Toronto Central LHIN has established more formal dialogue with the City of Toronto and the United Way to determine the potential impact of integrations affecting populations served by the social welfare systems. Toronto Central LHIN has also reached out to sister LHINs in the Greater Toronto Area to explore opportunities for the virtual integration of services at a regional level. More work is needed in both these areas to understand the expanded potential of voluntary integrations.

Toronto Central LHIN continues to pursue voluntary integrations with all health service providers who are ready, willing and able. The challenge before Toronto Central LHIN is how to sustain the success experienced to date with voluntary integrations, while moving to targeted or strategic integrations facilitated by the LHIN.

The Local Health System Integration Act (LHSIA) states in section 24 that:

"Each local health integration network and each health service provider shall separately and in conjunction with each other identify opportunities to integrate the services of the local health system to provide appropriate, coordinated, effective and efficient services."

The LHSIA clearly lays out the responsibility and obligation for LHINs and health service providers to seek out opportunities to integrate services. The proactive identification of integration opportunities is new territory for Toronto Central LHIN. As a regional planning body, it is time for the LHIN to begin to drive system transformation and achieve improved client and patient outcomes through integrations.

- As part of our continuous quality improvement approach, in 2014/15, Toronto Central LHIN developed Voluntary Integration Pathways for both the community and hospital health service providers. These Pathways provide clarity regarding Toronto Central LHIN's role and responsibilities in voluntary integrations. Future voluntary integrations will also benefit from this work by learning from valuable feedback.
- In 2015/16, Toronto Central LHIN will undertake a third party review to evaluate the success of past voluntary integrations and the LHIN pathways. This review will also make recommendations as to how the LHIN can sustain the success experienced to date with voluntary integrations, while moving to targeted or strategic integrations facilitated by the LHIN.

The impact of voluntary integrations is measured on the following three areas:

1. The Client/Patient – volume increases, increased number of clients served, and or improved client satisfaction measured by the health service provider’s own tools.
2. Quality of Service - the improvement in the quality of the service or the way services are provided. Health service providers have committed to invest time and resources to develop knowledge centres where current practices in service delivery can be improved through research, enhanced staff and volunteer training and education.
3. The Broader Health Care System - health service providers have begun to identify impacts they can have on the broader health care system in alignment with the system level objectives that have been identified by the LHIN or the Ministry. For example, recent voluntary integrations in the community have identified a reduction in emergency department visits by their clients as a goal for their integration.

In summary, each integration has its own specific measures of success. However, the success of the LHIN’s overall strategy will be measured based on achieving the following:

- Improved access to services;
- Enhanced capacity of services;
- Better client / patient experience;
- Stabilization of existing services;
- Improved quality of service;
- Improved transitions across the health care system; and
- Extended reach outside the health care system.

Goals of the Strategic Priority

- Align funding mechanisms and service design with specific targets for improved patient outcomes.
- Engage diverse populations in service redesign.
- Work with health service providers to re-organize the system to enable strategies based on the best available evidence.
- Integrate the patient experience by allocating funding to the patient journey rather than individual tests, visits and procedures.
- Leverage funding tools to encourage health service providers to align their services with broader health care objectives.
- Encourage strategic integration of services.
- Use Toronto Central LHIN’s local data sets to plan for the implementation of the Ministry’s long-term plan for the capacity of the health care system.

Consistency with Government Priorities

Please see section *Linkages with the Provincial Plan* on page 4.

Action Plans	Please indicate the status of project (Not Yet Started, In Progress, Deferred, or Completed) and if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column.					
“We will deliver the following”	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
Clinical Service Changes <i>Toronto Central LHIN has a number of initiatives that are focused on quality and evidenced based care pathways. The LHIN's Clinical Evaluation/ Clinical Utilization Committee is leading this transformation. The following clinical services changes are currently underway:</i> - Stroke, Total Joint and Hip Fracture Best Practice Implementation - Phase III - Congestive Heart Failure (CHF) Plan Implementation - Phase II (dependent on ARTIC Grant) - Academic Health Sciences Centre - Cardiac Care Plan Development Phase I - Integrated Orthopaedic Capacity Plan Development Phase II - Implementation Vision Care Plan Development- Phase I - Long Term Care Specialized capacity Planning - Rekai Centre	In progress	75%	Complete	25%		
	To be initiated	50%		50%		25%
	In progress	50%		25%		34%
	In progress	33%	Complete	33%		
	In progress	50%		50%		
	Complete	100%				
Orthopaedic Care Pathway and Model The Toronto Central LHIN has been working with the acute care, post-acute, and community HSPs to improve care for two large orthopaedic populations – hip fracture and total joint replacements (hip & knee). This work is being done in parallel with initiatives of HQO and the introduction of Quality Based Procedures. We will complete resource reallocation that establishes ambulatory rehabilitation capacity for these populations and set up performance management framework to assess best practice. The work will	In progress	25%	Complete	25%		

• Physiotherapy in Primary Care	In progress	33%	In progress	33%	In progress	33%
Community Support Services Sector redesign • Complete a governance review of CNAP given its new mandate. • Develop membership, terms of reference and mandate of a new Home and Community Strategic Advisory Table • Educate CNAP members and the broader community sector on the LHIN's vision for the sector. • Develop a process to bring all LHIN funded CSS providers of seniors services onboard as CNAP members. • Provide a CSS sector developed report with recommendations related to the "Bring Care Home Report", the LHIN's Access to Care Report and other relevant reports. • Develop recommendations and a high level process for the coordinated access points across the community sector for clients/caregivers/providers to access community services as it relates to consistency of access to a common, defined basket of services.	In progress	33%	In progress	33%	In progress	33%
Palliative Care Strategy Implementation • Strengthen service capacity in the community and long term care settings to reduce hospitalization. • Broaden access to palliative care services by establishing early identification protocols, and focusing on access to palliative care services across sectors.	In progress	25%	In Progress	25%	Complete	25%

Improve integration of services through integrated care teams, and system navigators.						
Toronto Central LHIN's Integration Strategy The LHIN will undertake a third party review of its voluntary integrations to evaluate the success of past voluntary integrations and provide advice in moving towards targeted or strategic integrations facilitated by the LHIN.						
- Review to evaluate the success of past voluntary integrations and the LHIN pathways itself - Create a plan to support the LHIN in moving to targeted or strategic integrations facilitated by Toronto Central LHIN.	To be initiated To be initiated	100% 100%				
Assess and Restore Plan Phase II In 2013/14, the MOHLTC and the LHINs collaborated on a significant Physiotherapy Reform Program that removed services from OHIP and realigned and expanded them into other existing structures. Now that the transfer is complete, the Toronto Central LHIN wants to ensure that this investment achieves the greatest value and is fully integrated with other community-based rehabilitation services. The goal is to develop a plan for rehabilitation service delivery in the community and across the continuum that meets the needs of the community, including people with chronic diseases, disability and frail seniors.	Complete	50%				
Chronic Disease Management						

Toronto Central LHIN will implement a multi-year Chronic Disease Framework that will focus on Diabetes, COPD & Asthma, and Vascular Disease. The Framework brings together the LHIN's initiatives, including the Diabetes Early Detection Programs; Diabetes Education Programs: Telehomecare, Telemedicine; and Tele-ophthalmology programs. It will be supported by the LHIN's work on community rehab, physiotherapy, exercise and falls, and palliative care.	In Progress	25%	In Progress	25%	In Progress	25%
Telehomecare The Toronto Central LHIN will implement the Telehomecare Sustainability Plan, transitioning after the conclusion of the Ministry-supported pilot phase.	In progress	50%	Complete	50%		
Telemedicine The Toronto Central LHIN will implement the recommendations from the third-party evaluation of the Telemedicine Nursing projects (Urban Telemedicine Portfolio) and introduction of performance metrics	In progress	50%	Complete	50%		
Paediatric Diabetes Education Programs The Toronto Central LHIN will introduce annual planning and statistical reporting for Paediatric Diabetes Education Programs as a baseline for capacity planning and review of equitable access.	In progress	50%	Complete	50%		

How will we measure success?

- Percent of projects or programs where funding models were reviewed or integrated to meet changing clients' needs.
- Percent of projects/programs where evidence-based strategies were adopted in accordance to LHIN objectives.
- Number of service integrations achieved by 2017/18.

What are the risks / barriers to successful implementation?

- Change Management – as the above initiatives include a significant change management component, any one of the three planning phases could be delayed. Toronto Central LHIN's approach to system planning is expected to mitigate this risk.

Integrated Health Service Priorities

2. Taking a Population Health Approach

Tackle the needs of the whole population and the sub populations within.

Current Status

Our mandate is to deliver quality health care to all and this commitment is reinforced by Ontario's Excellent Care for All Act. The Act states that we "[s]hare a vision for a Province where excellent health care services are available to all Ontarians, where professions work together, and where patients are confident that their health care system is providing them with excellent health care." Toronto Central LHIN aims to fulfill this vision by addressing the needs of everyone who live in or receives care within our geographic boundaries.

Planning across the health care system has generally been focused on meeting the needs of those actively receiving health care. Evidence suggests that by adopting a population health approach, better outcomes can be achieved for both patients and the system. In taking this approach we are reorienting the work of the Toronto Central LHIN towards activities that aim to improve the health status of the population as a whole, as well as its many sub-populations.

This work requires us to segment populations into sub-groups (or subpopulations) and understand their unique needs and challenges, so that in collaboration with our HSPs, we may help improve the overall health of the diverse communities we serve.

We believe that good health is more than the absence of disease. Reorienting the health care system to take into consideration the broader social determinants of health (that go beyond clinical and curative services) is a major shift that can only be achieved through long-term strategic partnerships. This includes non-traditional partnerships with organizations outside the health care system, such as shelters, police, housing, and employment centres to work towards addressing the full range of factors that impact health.

Health Links

Health Links is an innovative approach that brings together a network of providers to better and more quickly coordinate care for high-needs complex patients. In conjunction with our health service providers,

the LHIN has been implementing Health Links with the goal of helping to streamline and improve access to services offered. Within the Toronto Central LHIN boundaries, there are nine Health Links, each with the goal to improve care for patients with complex needs. This is being realized through the identification of complex patients and clients, development of coordinated care plans with patients and cross sectoral partners, and the attachment of the patients to primary care. Implementation of the Health Links has been staggered into three waves, each of which has a population of focus. Wave 1, (also known as the Early Adopters Health Links) primarily focuses on the complex elderly. Wave 2 focuses on adults with mental health conditions and addictions. Wave 3 focuses on children and youth. To inform the LHIN's Health Link planning and implementation processes stakeholder engagement continues to be conducted and includes provider engagement meetings at the Health Link operational, executive and strategic levels. Additionally, client engagement and physician engagement is conducted within the Health Link Council and Stewardship groups. The feedback received through the Health Link governance structure and working groups is integrated into the implementation, development and monitoring of the Toronto Central LHIN Health Links progress.

Toronto Central LHIN has also taken a regional planning approach to a number of other initiatives intended to help support the work of the various Health Links, to meet their business needs and to help advance the program's strategic aims. This regional approach is intended to help avoid duplication of effort, promote efficiencies and leverage economies of scale. These initiatives are intended to build related processes and infrastructure once and to make corresponding services available to Health Links as they move to implementation. Taking a regional approach helps to coordinate design efforts, avoid overlap and optimize existing resources. Such initiatives include, but are not limited to:

- Implementation of a standardized discharge summary;
- Development of an integrated decision support system; and
- Implementation of a number of coordinated access points to help support referrals to services required by complex and at-risk patients.

To further complement the work of our Health Links, the LHIN is collaborating with other funding partners, and with providers who have planning accountability for specific populations, to identify areas of focus that will help to address the needs of at-risk populations, with an emphasis on population health. The Strategic Advisory Council has helped to identify both short- and long-term opportunities to address barriers and key regional issues. Addressing the needs of Children and Youth (particularly transitional age youth and youth with mental health and addictions issues), promoting elder-friendly communities, and health promotion/building a healthy city, have surfaced as initial areas of focus. The Council has prepared a number of whitepapers on various topics, including the importance of transportation in relation to health, and the impact of fiscal constraints and the changing fiscal environment on health programs and ultimately on clients. Currently, a discussion paper on the importance of housing and health outcomes is under development.

The LHIN is working closely with the Toronto Central CCAC and its community support service providers to support the development and implementation of various initiatives that are designed to benefit the work of the various Health Links. Three examples of our combined efforts are outlined below:

1. Seniors

The Community Navigation and Access Program (CNAP) is a network of over 32 community support service agencies serving seniors across the Toronto Central LHIN. This provider network helps seniors maintain their independence and live at home with required supports. A toll-free phone number (1-877-540-6565) provides a single access point for community support services, ranging from adult day programs, transportation, caregiver support, and counseling.

In 2013-14, the CNAP hub response was co-located with the CCAC Information and referral teams. This co-location of both teams supports cross-organizational relationship building, collaboration, and process improvements. In 2015-16, the Seniors Crisis Access Line (SCAL) will also be co-located at CNAP/CCAC Coordinated Access Point to facilitate the integration of a coordinated access point for crisis services for seniors.

2. Mental Health and Addictions (MHA)

The MHA Access Point aims to create a streamlined, efficient and informative process for all stakeholders accessing a range of mental health and addictions services. The Access Point can facilitate referrals in person, by phone and via web-based applications. In 2014/15, two independent access models were integrated resulting in one common application process, cross trained access staff, integrated data set and ability to look at system level opportunities and challenges arising from the intersection of two of the LHINs largest MH service categories, Intensive Case Management/ACTT and Supportive Housing.

In support of the Health Links, the Access Point has been working on three components:

- Extending the scope of the MHA Access Point to incorporate additional mental health services (such as early intervention in psychosis);
- Implementing a plan to integrate the addictions services into the MHA Access Point; and
- Developing recommendations regarding the feasibility of supporting the Access Point with Resource Matching and Referral technology.

3. Coordinated Access To Specialists

In response to the LHIN's primary care strategy recommendations, the LHIN is working with its provider partners in support of the development of a directory of specialists to help increase awareness of resources and to help improve access to specialist services across the LHIN, including access to urgent referrals for patients with complex care needs. This work will support a provincial initiative that is underway to achieve the same purpose.

Health Equity Data Collection

Toronto Central LHIN has a very diverse population. Given that socio-economic determinants of health are the most important factors influencing health status and outcomes, identifying and addressing health disparities first requires connecting equity data with health outcome data. The collection of socio-demographic information is an indispensable first step. Previously, there was no consistent comprehensive equity data collection across Toronto Central LHIN hospitals and other providers. To address this gap, the LHIN committed to collecting equity data and developing equity indicators.

1. Hospital Equity Data Collection

In April 2013, the LHIN adopted questions identified through the Tri Hospital and Toronto Public Health study, and asked Mount Sinai Hospital to lead and support the providers in the collection of patient-level socio-demographic data. Currently, hospitals are rolling out the equity data collection tools with the goal to reach 60% of patients by March 2015. Information from patients is collected on a voluntary basis and includes: preferred language, whether born in Canada, ethnic origin, disabilities, gender, sexual orientation, income, and number of people supported by income.

Toronto Central LHIN is collaborating with the Canadian Institute for Health Information (CIHI) to include the hospital equity data into CIHI's databases. This will allow broader users of data to access the data, while preserving privacy and security of the information.

2. Community Health Centre (CHC) Equity Data Collection

Although CHCs have been collecting socio-demographic data on clients for the past 20 years, a review of the current state showed that this was not done consistently and was not comparable to other sectors. To address this, the LHIN mandated standardized equity data collection within CHCs.

In October 2013, a pilot project was initiated in five CHCs to evaluate demographic data collection using the standardized set of eight questions proposed by the LHIN. In 2014/15, Toronto Central LHIN asked all CHCs to implement equity data collection with the aim of having all CHCs on board collecting the standardized data elements by March 31, 2015.

3. Paediatric Equity Tool

The Tri-Hospital + TPH data collection instrument was exclusively developed and tested with adult patients and it did not adequately measure a paediatric population. Starting in late 2013/14, the Hospital for Sick Children and Holland Bloorview Kids Rehabilitation Hospital partnered to develop and pilot a paediatric-specific health equity data collection instrument and to explore approaches to data collection with paediatric populations. Once developed, this tool will also be used by other hospitals and CHCs that serve paediatric populations.

4. Equity Data Analysis Framework

In 2015/16, the LHIN will continue to develop a framework to guide analysis of equity data and identification of key measurement indicators.

The overall success of the standardized equity data collection will be measured based on improved quality of care to patients and the sustainability of the health care system. However, performance metrics are based on the stage of implementation.

Phase I Implementation – This phase will be measured on the ability of the HSPs to achieve a successful implementation of patient level equity data collection.

- The 17 Toronto Central LHIN hospitals will be collecting equity data for 60% of patients who use the system by March 31, 2015. This target will be increased to 75% by March 31, 2016.
- All 17 CHCs will be collecting the standardized equity questions by March 31, 2015.
- The LHIN will develop a framework for applying an equity lens in identifying needs and gaps, performance measurement, and identification of key equity indicators.

Phase II Sustainability - This phase will be measured based on the HSPs' use of the equity data to improve direct clinical care and stakeholders, impact service changes on patients (quality outcomes and the patient experience) and the efficiencies gained by the health care system.

- Hospitals and CHCs will be using the information to inform and improve direct clinical care.
- Hospitals, CHCs and the LHIN will be using the patient demographic data to analyze needs, identify health disparities and develop strategies to address the disparities.
- Longer term – improved patient experience.
- Longer term – reduction in health disparities for key indicators.

Risks and barriers to success implementation include:

- Change Management – equity data collection includes a significant change management component, which can delay project implementation. Mount Sinai Hospital, the lead for this project, is mitigating this risk by providing training and support to health service providers. Simultaneously, the LHIN is encouraging leadership involvement and buy in.
- IT Challenges and Privacy Concerns – there are privacy concerns around data collection. Secondly, the various IT systems used among providers pose significant challenges. The LHIN and Mount Sinai are supporting health service providers to work with their IT vendors to provide viable solutions to address any challenges and concerns. In addition, the LHIN is developing a data sharing agreement that will guide the appropriate use of equity data by all stakeholders.

Engaging Marginalized Populations

The goal of our 2015-2018 Strategic Plan is to create a health care system that wraps around the patient, is more responsive, cost-efficient, higher-quality, and easier to navigate. We believe that this can only be achieved when clinical excellence is matched with positive patient experience.

Engaging patients and their families in the design of the health care system will ultimately ensure that the system is more effective in improving patient outcomes. Patients should experience a system that is:

- seamless, where cross sector/facility transitions are barrier free;
- culturally appropriate and culturally competent;
- support by open and effective communication between patient and provider, as well as across providers; and
- inclusive of family, caregivers – across all generations.

Our new plan also expands our planning focus to a population level, shifting from those currently accessing health care to include all those who live in our catchment area. Our intention is for this plan to touch the lives of the over one million residents in our community. Toronto Central LHIN works with providers to ensure that the care and services they deliver reflect the best available evidence and information. This positively impacts all those currently receiving health care services and contributes to building a world class health care system.

With this expanded view of whom we are planning for, we have the opportunity to begin to examine the disparities in health that we see across the population and among the sub-groups.

Many distinct groups appear to get less benefit from the health care system. Variations in health outcomes across different sub populations may be driven by income, social, racial, ethnic factors. Improving the overall health of Torontonians requires a better understanding of the unique needs of these sub populations and the development of solutions to improve health equity.

Addressing these needs is a multi-step process. First, we must be able to identify variations through robust analysis of population health data. Next, we must engage with communities to understand their needs and to design tailored solutions together to ensure that our work is effective and appropriate.

There is a diversity of need within the city of Toronto and this initiative aims to equip the LHIN and health service providers with the tools required to address the needs of both those who are accustomed to accessing the system and those who are not.

Goals for this Strategic Priority

- Establish accountability for ensuring that all residents within our catchment area have access to services.
- Foster the evolution of the Health Links model to ensure consistent and effective care for complex patients through coordinated care planning.

- Harness a robust data collection system that captures the unique needs of the communities we serve. This data will support our ability to stratify populations into meaningful groups for planning, allow us to identify health inequities and other unmet needs, and develop appropriate and targeted solutions.
- Work with patients and health service providers within sub populations to implement targeted solutions that bridge gaps in access and appropriateness of care.
- Build strategic relationships with other partners (e.g., Toronto Community Housing, United Way, Toronto Police Service and Toronto Paramedic Services) to strengthen community and social supports and improve health.
- Engage marginalized populations.

Consistency with Government Priorities:

Please see above for section *Linkages with the Provincial Plan on page 4.*

Action Plans	Please indicate the status of project (Not Yet Started, In Progress, Deferred, or Completed) and if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column.					
“We will deliver the following”	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
Health Links • The implementation of the nine Health Links continues in 2015-16. • Foot Care Service Delivery Pilot Project in West Toronto Health Link. • Four Villages CHC and the Michener Institute will work in partnership to provide placements for chiropody students with the goal of enhancing access to foot care services for clients with diabetes residing in West Toronto. • Pilot to help inform future curriculum development and community placement opportunities. • Aim is to expand access to comprehensive diabetes services in high risk communities by spreading the model to other underserved areas in the future and considering addition of other disciplines (e.g. kinesiology, dietitians, social work).	Complete	100%				
	Complete	25%				

Essential Influenza Vaccination for at-risk and complex older adults in high priority neighborhoods - To plan for the dissemination of the Influenza immunization initiative piloted in 2013/14 in two high priority neighbourhoods to other high priority neighbourhoods. - Project goals are to increase awareness around Influenza vaccination and increase vaccination rates amongst at-risk and complex older adults residing in high priority neighbourhoods.	On-going		On-going		On-going	
Measuring Health Equity Collection of a standardized set of socio-demographic (equity) patient level data by hospitals and CHCs on a voluntary basis that allow improvement of care and outcomes for vulnerable populations. The aim of this project is to link patient health data to patient socio-demographic data to identify health disparities so they can be addressed. This project will help the LHIN and HSPs use patient demographic information to improve direct clinical care.	In progress	60%		30%		10%
Strategic Advisory Council Toronto Central LHIN will continue to work with the Strategic Advisory Council to identify opportunities for collective action to improve population health.	On-going		On-going		On-going	

Francophone							
• Increase the number of Francophones attached to a Primary care physician close to home.	In progress	50%	Complete	50%			
• Improve transition and navigation for Francophones to the right place of care (focusing on frail seniors, patients with multiple chronic conditions, immigrants with mental health and addictions, women and youth in transition).	In progress	40%	In progress	30%	Complete	30%	
• Incorporate a coordinated care process for complex Francophone patients within Health Links.	In progress	40%	In progress	30%	Complete	30%	
• Expand the Francophone Cultural Competencies training to support French Language Services (FLS) delivery.	In progress	50%	Complete	50%			
• Strengthening health services providers' capacity to implement an Active Offer of FLS.	In progress	50%	In progress	25%	Complete	25%	
• Coordinated Access to Francophone MHA services in GTA (Central, Central-East and Toronto Central LHINs).	In progress	50%	Complete	50%			
• Increase the offer of educational programs in French for high risk and marginalized populations (people living with HIV/AIDS, diabetes, peer support in mental health and addictions).	In progress	50%	In progress	25%	Complete	25%	

Support the incorporation of the linguistic preference in the care and referral systems to identify Francophones and ease their transition.	In progress	50%	In progress	25%	Complete	25%
Enhance Collaborative Care Access Model in Community Supports Services	In progress	50%	In progress	25%	Complete	25%
Aboriginal people						
Provide administrative and planning support for the Toronto Indigenous Health Advisory Circle.	Complete	100%				
Provide options for all HSP's and other allied supports for options to access Aboriginal cultural safety training.	In progress	50%	In progress	25%	Complete	25%

How will we measure success?

- Percent increase in the number of coordinated care plans for clients linked to Health Links partner services.
- Percent of hospitals and community health centres that achieve equity data collection for 75% of new clients.
- Percent of community agencies that have implemented community business intelligence.
- Number of engagements with sub-populations.

What are the risks / barriers to successful implementation?

- With competing priorities that will emerge over time, there is a risk of HSPs shifting attention to other initiatives. Mitigation of this risk will include continuous engagement and re-focusing health service providers on the goals of these initiatives.

Integrated Health Service Priorities

3. Transforming Primary and Community Care

Invest in the community by building a robust and integrated home, community and primary health care system

Current Status

For most patients, community-based care is the best option and is often less costly than institutional-based care. Demand for community-based care is on the rise and, even with increased government spending in this sector, further investments in infrastructure will be required so the community can shoulder its increasing share of responsibilities.

A patient's long-term relationship with their primary health care team is the cornerstone of care. It has the potential to anchor efforts to drive integration and coordination of the patient journey. In order for primary health care to make a meaningful contribution to system integration, the LHIN will need to find ways to engage primary health care providers in a shared accountability for patient outcomes.

Transforming primary health and community care means creating conditions that empower patients to get the care they need with ease. The LHIN will invest in strategies that make "every door the right door", simplifying access and driving integration. We will focus on building common infrastructure, common spaces, shared services for IT, and decision support in order to bring providers together.

Toronto Central LHIN is leveraging new investments from the provincial government to establish innovative models of care that are both patient-centered and cost-effective.

Primary Health Care

As a result of population growth and human resource gaps, some populations and neighbourhoods do not have access to comprehensive primary health care and community services to meet their unique needs. They also face barriers related to transportation and geographic location, poverty, socio-economic factors and cultural barriers. In support of its Primary Care Strategy, the Toronto Central LHIN will continue to work closely with its primary care and community service providers to improve access to primary health care services for residents. This continued emphasis on primary health care ensures that the LHIN builds on the experiences and lessons learned from the extensive community and provider engagement.

Two key areas of focus will include:

1. Physician Retirement

As physicians age and consider retirement, many of them have no process for ensuring that their patients continue to receive access to primary care services. This is particularly true for physicians practicing independently or in small family health groups. In 2015/16 the LHIN will continue to work with key stakeholders to address this issue, with a goal of supporting the transition of patients and the continuity of care for those who are impacted as a result of primary care physician retirement.

2. Access to Primary Care

Building on the work of its Health Links stakeholders, the LHIN will continue its efforts to connect unattached patients to primary care providers. We will also continue our efforts to secure additional primary care resources to help address the unmet needs of patients who reside in the Health Links

catchment areas. The LHIN will continue to work with the Ministry and its local primary care providers to develop sustainable primary care models to help address the current, growing, diverse and changing needs of residents within the LHIN, with focus on enhancing health outcomes.

Mental Health and Addictions (MHA)

Across the broader MHA program, Toronto Central LHIN continues to build on previous investments and transformation initiatives in order to strengthen our impact. Toronto Central LHIN has leveraged 2014/15 Community Investment funding, along with other funding resources, to enhance capacity and test innovative MHA service and housing models. These investments will help to meet the needs of people with complex mental health and substance abuse conditions and make progress towards system targets. Over the course of the next three years, new models and partnerships will be monitored and evaluated, with a view to scaling it out to the broader MHA system in Toronto Central LHIN.

In support of delivering evidence-based practice in working with highly complex individuals, new MHA service models provide for service coordination and team-based care, flexibility to increase and decrease the intensity of service as required, responsive service and a network of partners to provide seamless access to additional key services. These principles are embedded in support service and housing models that have been funded over the last two years, and will continue to guide program development moving forward. Building on the initial investments made last year, Toronto Central LHIN has invested in two additional multi-disciplinary teams, continuing to focus on the MHA populations in our two MHA-focused Health Links. These teams will build system expertise in serving key populations; those who are chronically homeless with MHA challenges, and those who have challenging mental health diagnosis, such as Borderline Personality Disorder, Dual Diagnosis, and concurrent disorders. In each case, over the course of the next year, a continuum of services will be integrated together in support of these clients including housing options, peer and family supports, clinical supports and primary care.

The City of Toronto Mobile Crisis Intervention Team (MCIT) Program has successfully expanded across the city, providing equitable access to all Toronto residents. The Mobile Crisis Intervention Team Steering Committee, co-chaired by Toronto Police Services and Toronto East General Hospital, has continued to provide oversight for the implementation of a joint training and education curriculum, development of standards, and an integrated performance scorecard. In early 2015/16, an implementation evaluation will be submitted and provide further information for program and process improvements. In response to a recommendation from the Steering Committee, the LHIN is looking to support a planning process to address the broader Crisis Response System that spans the City of Toronto.

Targeted efforts are being made to continue to transition long stay ALC patients from CAMH and other hospitals to high support housing programs in the community. Community investment funding has enabled the creation of 62 new high support units supported by the Interdisciplinary Transitional Team (CAMH) to assist with transitioning from hospital to community, and from high support to lower levels of supports. This flow to the right place of care is supported by coordinated discharge plans, specialized

programs such as the Managed Alcohol program, and strong partnerships between Toronto Central LHIN community providers and landlords.

Over the course of the next two years, Toronto Central LHIN will be implementing the new Provincial MHA Supportive Housing allocations. The new Supportive Housing units will form part of an ongoing housing strategy to address the needs of vulnerable Toronto Central LHIN residents. Alongside the Supportive Housing program, Toronto Central LHIN has continued to invest in our partnership with Toronto Community Housing Corporation. The models, which provide mental health and addictions support teams on site, have now been expanded with additional teams in high needs buildings in both the Downtown East and the West ends of the LHIN. Throughout 2015/16, the teams will continue to extend reach to new buildings through a hub and spoke model and will engage appropriate community partners, such as Toronto Police Services, primary care, Health Link representatives, and community services in the development of strong local service networks. In Q1 2015/16, the Centre for Research on Inner City Health will be providing an implementation evaluation on this model in order to inform program development and future partnership options.

Toronto Central LHIN will continue to actively partner with MCSS Toronto Regional Office to support the implementation of the forthcoming refreshed Dual Diagnosis Framework, and to address the needs of the shared complex Dual Diagnosis population. We anticipate the opportunity to jointly address service model gaps for this complex population leveraging new community funding that may become available.

Toronto Central LHIN will analyze and commence implementation of the recommendations being developed in 2014/15 from the Transforming Pathways to Addiction Services initiative. This project brought together hundreds of clients, family members, academics, administrators and front line staff from across the formal and informal addiction system to inform system improvement opportunities for those with substance abuse issues.

Community Hubs

Toronto Central LHIN is increasing community capacity through the introduction of community hubs. This model of care is designed to deliver primary care and community services closer to residents in underserved geographies. The LHIN will develop and implement a renewed community hub model consisting of a unique blend of integrated community programs and flexible capital design. The hubs are intended to be multi-purposed and adaptable, used by multiple providers to deliver a basket of services that are tailored and adapted over time to meet the changing needs of clients and the sub-LHIN level community. Community capital has been identified as a key enabler for the Toronto Central LHIN in advancing its goal of improving health outcomes in these neighbourhoods.

Among the 72 neighborhoods that make up the geography of the Toronto Central LHIN, there are several that have been identified as considerably underserved. Many factors including geographic isolation, lack of transportation, rapid growth, poverty and cultural barriers contribute to poor access to primary care and community services.

Over the next three years, Toronto Central LHIN will continue the engagement, analysis and planning work currently underway in priority neighbourhoods including:

1. Mid-East Toronto— Regent Park and Sherbourne and St. James Town

As a result of previous years' planning and engagement, the expansion of St. Michael's Hospital's Academic Family Health Team into the new Regent Park revitalization, along with increased investment in mental health and addiction services in the downtown east, will result in improved access to primary health care and other services in this underserved area. Planning will continue for the development of a community hub to be located at the Sherbourne Health Centre. Toronto Central LHIN will also continue to collaborate with partner organizations in St. James Town, building on the success of the Health Access St. James Town initiative.

2. Thorncliffe Park

In early 2014, Toronto Central LHIN embarked on a gap analysis in the Thorncliffe Park neighbourhood to better understand the primary care landscape of this geography. The goal was to gather information and create a plan with both immediate and long-term goals for the community. Our findings highlighted a number of gaps, including a significant gap in pre-natal, perinatal and post-partum care, and the need for better coordination of services for homebound seniors.

In 2014, a community-driven blueprint for primary health care was developed (Health Access Thorncliffe Park). Action was taken in response to the identified gaps for two hot spots: maternal care and primary care for frail and homebound seniors.

Over the next three years, Toronto Central LHIN will continue to support the Thorncliffe Park Pregnancy Clinic, which was launched in early 2015. Women in the program will receive care throughout their pregnancy from the clinic's team and/or be referred to a midwife or an obstetrician. The Clinic will also help transition women and their newborn children to ongoing primary health care services. The LHIN will also continue to build on this success and collaborate with its partners to address other identified needs, including increasing access to comprehensive primary health care and cross-funder collaboration on the development of a community hub.

3. West and Central West Toronto - Oakwood Vaughan, Mavety and Mt. Dennis

The west end of Toronto has a number of solo practitioners at or near retirement age. Additionally, there are fewer primary care resources available in this neighbourhood compared to other areas in Toronto Central LHIN. The population in this area faces barriers to service related to language, age and other socio-economic factors.

Over the next three years, Toronto Central LHIN will build on the engagement work completed in Mt. Dennis. We will also expand our reach to the Oakwood Vaughan and Mavety areas and work with community partners and other stakeholders to identify health service needs and program opportunities.

Furthermore, the LHIN will explore opportunities for community hub development in all three areas.

Goals:

- Increase capacity for services and service integration.
- Develop technology that allows for sharing patient data across sectors and providers.
- Develop common tools and IT infrastructure to support the community.
- Draw on a range of supports outside of the health portfolio.
- Create new models to integrate providers around the needs of patients and neighbourhoods.
- Co-locate services in a way that is meaningful to the local community.
- Target funding to drive strategic integrations.

Consistency with Government Priorities:

Please see above for section *Linkages with the Provincial Plan on page 4.*

Action Plans	Please indicate the status of project (Not Yet Started, In Progress, Deferred, or Completed) and if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column.					
“We will deliver the following”	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
Primary Health Care • Physician Health Human Resource Planning ○ Collaboratively work with stakeholders to ensure the continuity of care, maintain and enhance the patient experience so that transitions due to the retiring primary care providers do not adversely affect the patient and/or the health system. ○ Identification of geographies, neighbourhoods that are considered “hot spots” or “primary care deserts”.	In progress					
	In progress					

• The identification of populations at risk with imminent family physician retirements.						
○ Toronto Academic Health Sciences Network Education Committee is working to create education and practice opportunities in these geographies, primary care deserts to ensure primary health care professionals and services remain in these areas to serve the needs of the community.	In progress					
Community Hubs <i>Toronto Central LHIN will continue the work underway in current priority neighbourhoods and undertake additional planning and engagement in new neighbourhoods:</i> • Mid-East Toronto (Regent Park, Sherbourne, St. James Town) • West and Mid-West Toronto (Oakwood Vaughan, Mavety, Mount Dennis) • Thorncliffe Park Women in the program will receive care throughout their pregnancy from the clinic's team and or be referred to a midwife or an obstetrician. The Clinic will also help transition women and their newborn children to ongoing primary health care services. The LHIN will also continue to build on this success and collaborate with its partners to address other identified needs, including increasing access to comprehensive primary health care and cross-funder collaboration on the development of a community hub.	On-going		On-going		On-going	
	On-going		On-going		On-going	
	On-going		On-going		On-going	

Integrated Multi-disciplinary teams for individuals with complex mental health and addictions issues In 14/15 two models were implemented to bring together ACT teams and Intensive Case Management within a client centered service plan. The models were implemented in two sites.	Complete	100%				
- In 15/16, two additional models will be implemented to further support testing of the integrated continuum of services. Those models will be implemented in: - Reconnect Mental Health Services. - Toronto North Support Services Implementation and outcome evaluations are currently taking place and results will inform future program development. - Implementation of expanded peer and family supports for MHA complex clients.	In progress	90%	Complete	10%		
Mental Health and Addictions Crisis program - Monitor the expansion of the expansion of Mobile Crisis Intervention Teams. This initiative includes developing standardized training, protocols, - and practices for the teams when responding to emotionally disturbed individuals. - Develop City of Toronto Mental Health Crisis Response model.	In progress	80%		20%		
Mental Health and Addictions Supportive Housing Implementation of Mental Health and Addictions Supportive Housing rent supplement program.	In progress	70%		30%		

Implementation of expanded Social Housing MHA site based interventions. Evaluation results in 15/16 will inform program development and future investments.	Complete	100%				
High Support Housing - Implementation of High Support Housing capacity targeting; - Seniors needing higher MHA supports with assisted living. - ALC patients with criminal justice histories, and those with challenging behaviours. - Chronic substance users requiring managed alcohol environment.	Complete	100%				
Enhancement of Access Models: - Complete the integration of CCAC and CNAP (Community Navigation and Assistance Program) in the seniors community support services sector. - Complete the expansion of MHA Access Point to addictions services, other service types - Develop strategy for integrating cross sector access points to support more effective client interface.	In progress	20%	Complete	10%		
	In progress	50%		40%		10%
	To be initiated	50%		30%		20%
Home at Last Implementation of Home at Last Evaluation and Community Needs Assessment for Peer Support	In progress	50%	Complete	50%		
Review of outreach teams in LTCH (Behaviours and psychogeriatric teams)	Complete	100%				
Implementation of Seniors' Crisis Program	In progress	50%	Complete	50%		

Attendant Outreach - Enhancing the overall consumer experience by improving the PIC intake and screening model through the implementation of new protocols, including changing the name of PIC to the Attendant Services .Application Process or ASAP - Expand Attendant Outreach and Supportive Housing. - Develop a cluster model for Attendant Services that includes on-call support and overnight services.	In progress	50%	In progress	25%	Complete	25%
Caregiver Support - Caregiver Support for Frail Seniors and Medically Complex Children. - Implement the recommendations in Patient First Report	ongoing In progress	50%	ongoing In progress	25%	ongoing Complete	25%
Behavioural Services Redevelopment and coordination of Behavioural services for community and long-term care.	In progress	50%	Complete	50%		

How will we measure success?

- Percent attachment to primary care (through Health Care Connect).
- Percent reduction to admission to hospital for ambulatory care sensitive conditions.
- Percent reduction in readmission to hospital through emergency departments from the community.
- Percent of acute care patients who see a physician within 7 days of discharge.

What are the risks / barriers to successful implementation?

- Change management is a significant component in the planning and implementation of new models of service delivery or a test of change initiatives. Retaining the commitment and buy-in from the major stakeholders involved in the initiatives described above throughout the planning and implementation of new initiatives will help ensure success. Toronto Central LHIN will

continuously engage health service providers and clients/patients, wherever possible, to mitigate any erosion of commitment to the success of the initiatives above.

- The high number of solo practitioners in Toronto Central LHIN will present a challenge in reaching out, engaging and linking them to local Health Links.

Integrated Health Service Priorities

4. Achieving Excellence in Operations

Strengthen Toronto Central LHIN's organizational capacity to effectively manage the health care system.

Current Status

To achieve the goals outlined in the 2015/18 Strategic Plan, Toronto Central LHIN will need to strengthen its own capacity. Over the last nine years, the LHIN model has matured, evolving over time from simply carrying out the management of contracts for the provision of health care services to an organization that is leading data-driven planning for the populations we serve. Toronto Central LHIN has a proven track record of leveraging emerging technology and building analytic capacity to carry out effective planning. We believe there are further opportunities to strengthen our role and effectiveness in the system. There are a number of specific areas that we intend to focus on over the next four years to improve our overall performance. To effectively manage the health care system we will need to invest in the following areas:

- **Enhanced data and analytics:** In the current fiscal environment, making informed decisions about investments is more important than ever. We know that ready-access to comprehensive data is essential to effectively manage the health care system, but this is one area where the system has fallen behind. To improve access to information and facilitate integration, Toronto Central LHIN will support the identification of IT solutions that can be leveraged across the system.
- **Evaluation methodologies:** We need to properly assess our work, so we can maximize our investments and make informed decisions.
- **Community engagement activities with priority and at-risk populations:** We need to understand individual needs and challenges so we can tailor solutions and facilitate access to appropriate care.
- **Policy and strategy frameworks:** These will be developed to create consistency and clarity of purpose to guide decision making for managing growth, implementing funding reform, brokering service changes and driving strategic integration.
- **Cross-sectoral partnerships:** Adopting a population health approach requires us to work with a number of health and non-health partners so we can maximize our effectiveness and reach.

Community Business Intelligence (CBI)

Community Business Intelligence is a data collection technology, database, and reporting portal to facilitate collection of individual client level data from community mental health, addictions, and support service organizations. This project will equip both the LHIN and HSPs with information required to make evidence-based planning and allocation decisions. Phase 1 of the project will deliver real time client utilization and client journey reports. Currently, approximately 60 organizations are feeding information into the system, with the remaining CSS and CMHA HSPs scheduled to submit in 2015/16. The LHIN has also initiated work with ICES to provide a data submission at the end of this fiscal, enabling the first connection of community and acute sector data.

Integrated Decision Support (IDS)

Integrated Decision Support facilitates the analysis of patient journeys across disparate encounters, providers, sectors (hospital, CCAC and CHCs) and geographies that previously would have taken significant effort to stitch together, quickly and accurately. By early 2015/16, six LHINs will be submitting information to IDS. Integrated Decision Support equips the LHIN and HSPs with more timely information regarding patient journey information to support strategic priorities (e.g. Health Links) and quality improvement initiatives. Currently it is operational and Toronto Central LHIN is exploring the scope of future phases of work pending stakeholder commitment.

HSP360

HSP360 provides a centralized location and common view for the LHIN and HSPs to access performance information across priority programs (e.g. Quality, Accountability). It allows users to gain a better understanding on how an HSP is performing individually and compared to peers. HSP 360 will decrease the time and manual process required by LHIN and HSP staff to consolidate and prepare performance, planning and peer comparison reports. It increases transparency of information available to the LHIN with HSPs, and the awareness and improvement of data quality. The datasets available in HSP 360 are ALC, Critical Care, Stocktake, Quality (Toronto Central LHIN), SRI (Quarterly HSP submissions), and project information in the first phase of its implementation.

Emergency Management Communications Tool

Toronto Central LHIN received clear and unanimous feedback from our partners that communications and coordination requires additional work and focus. One of the points of reference positively cited by many was the communications “Dashboard,” that was developed and used by the health sector during the G20 to communicate issues, such as bed capacity. Unfortunately, the Dashboard was not designed for ongoing use and is now inoperable. This precluded its use during subsequent events, such as the ice storm, where it would have facilitated a more synchronized and timely response from the health care sector.

In order to remedy this situation, Toronto Central LHIN decided to develop a new dashboard for the Pan and Parapan American Games (Games). Following consultations with over 30 of our regional and

provincial partners, it was evident that an Emergency Management Communications Tool (EMCT) (i.e., dashboard) would be a critical resource in allowing for a coordinated response, not only to an emergency situation, but also in addressing instances associated with the Games where the systemic capacity may be strained by increased volume. Toronto Central LHIN took a lead in developing the necessary technology within a very short time frame. Our intention was to create a system featuring secure, timely access to information such as bed capacities, emergency department flow, health human resources, medical inventories and similar critical data. The EMCT would serve as the cornerstone of the planned communication and coordination for the health care sector during the Games and would meet the following requirements:

- The system would be scalable, allowing it to be expanded and tailored to regional partners and in particular the other LHINs.
- The scope of the project and level of automation of the system would be matched to the availability of funds committed by other partners.
- Our partners in the health care community would be continuously engaged as the Toronto Central LHIN leads and manages the process to obtain an EMCT that would best support the health system in managing issues related to the Games.

The desire to identify such a system through the procurement process, design it in cooperation with a vendor, produce it, train up organizations and users within the Games footprint, and have it operational in time for the Games may be charitably described as “ambitious.” Fortunately, partnership with the University Health Network’s Shared Information Management Services and financial support from the Ministry allowed Toronto Central LHIN to lead this project while subscribing to a very aggressive timeline. To this end, the EMCT became operational on June 16, 2015, with over 600 users operating the system on behalf of over eighty different organizations, including all the LHINs, Public Health Units, Paramedic Services in the Games footprint, as well as the Ministry, Public Health Ontario and the majority of hospitals within this geography.

The successful implementation of the EMCT during the Games provided a valuable test of the system. While, thankfully, there were no major incidents during the games, the EMCT proved to be very valuable in the sharing of situational awareness amongst the various partners from different disciplines over the course of the six weeks. The LHINs and the Ministry’s Emergency Management Branch (EMB) were able to provide updated information throughout the operational communications cycle; hospitals were able to communicate when they were in surge or suffering interference with key infrastructure; and Public Health Units were able to communicate issues of food and water safety, extreme weather and communicable diseases.

The EMCT remains up and running, available to support the seven Games LHINs and partners both in routine operations and in cases of emergency. The intention is to now scale the Tool out to the remainder of the provincial health system, with the LHINs acting as key facilitators in promoting emergency preparedness, and with EMB acting as the lead in emergency response

Goals:

- Facilitate integration and partnerships via shared tools and projects.
- Build the core competencies of the Toronto Central LHIN.
- Initiate public reporting of performance metrics to drive provider excellence in care delivery.
- Build leadership capacity to support change management in the system.
- Develop policy frameworks to guide health equity and community engagement activities.

Consistency with Government Priorities:

Please see above for section *Linkages with the Provincial Plan on page 4*.

Action Plans	Please indicate the status of project (Not Yet Started, In Progress, Deferred, or Completed) and if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column.					
“We will deliver the following”	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
Community Business Intelligence A data collection technology, database, and reporting portal to facilitate collection of individual client level data from community mental health, addictions, and support service organizations. This project will equip the LHIN with anonymous patient level data that is integrated across sectors (acute and community) to make evidence based planning and allocation decisions.	In progress	60%		30%		10%
HSP360 A centralized location and common view for the LHIN and HSPs to access performance information across programs (e.g. Quality, Accountability) to get a better understanding on how and HSP is performing individually and compared to peers. This project will decrease the time and manual process required by LHIN and HSP staff to consolidate and prepare performance, planning and peer comparison reports, and enable transparency of information available to the LHIN with HSPs, and increase awareness and improvement of data quality.	In progress	50%		30%		20%
Emergency Management Communications Tool (EMCT)	In progress	50%	Completed	50%		

Create and implement a technological solution to provide near real time, secure information sharing amongst the health care sector. This project will provide a secure mechanism to communicate and share updates among providers during a crisis situation and enable a more coordinated systemic response.						
Centre for Research on Inner City Health (CRICH) Research Evaluations The LHIN has developed a collaborative partnership with CRICH to evaluate initiatives and projects funded by Toronto Central LHIN. The evaluation will focus primarily on the services and individuals targeted by the projects and initiatives; however both intended and unintended impact to the rest of the system will also be explored. Knowledge translation activity with LHIN staff will be conducted.	In progress	50%		40%		10%
Patient Experience Survey St Joseph's Health Centre (SJHC) has developed an internally managed, low cost, short turnaround time email-based survey tool to measure patient experience and inform their decision making and quality improvement practices. The aim is to improve patient experience and the quality of care through use of a timely and low cost email based survey. Full implementation is planned for all SJHC sites. Additional hospitals and CHCs are being supported in implementing the survey.	Complete	100%				
Patient Oriented Discharge Summary	In progress	60%		40%		

A prototype template containing five essential elements that patients should understand and act on after discharge from hospital. This project aims to improve the patient experience at discharge and patient outcomes following discharge, including smoother transitions to next place of care, reducing avoidable repeat ED visits and hospitalizations. Implementation has begun in 8 early adopter hospitals. Community awareness component will be added later.						
Standardized Discharge Summary Ensure the LHIN's hospitals implement standardized discharge summary more fully throughout their hospitals.	On-going		On-going		On-going	
Measure, Report on the Patient Experience - Work with patients and providers to determine meaningful measures of the patient experience. Conduct literature review regarding best practices and analyze data. - Recommend a minimum set of questions across the continuum of care. - Recommend standards for measuring, using and reporting of patient experience information by HSPs.	On-going		On-going		On-going	
Toronto Ride - Toronto Ride – Launching of a centralized scheduling and route planning for community transportation services, and delivered by decentralized health service providers. - Integration of Dialysis Assisted Program with Toronto Ride Program.	Complete	50%				
	Complete	100%				

Plan for Ambulatory Care for Total Joint Replacement.	Complete	100%				
Resource Matching & Referral – Mental Health and Addictions Complete planning and implementation of the Resource Matching and Referral tool within Access CAMH. In addition, build off of the business improvement recommendations from LOFT to use the RM&R tool to improve coordination amongst MH&A agencies and CAMH. The aim is to enhance safety and quality of care for patients as they transition through the care continuum and facilitate a greater understanding of the ways in which technology can support the community mental health and addictions sector and improved planning for future work.	On-going		On-going		On-going	
Community Information Management Supports the procurement of a common client management system for community mental health and support service organizations. This project will equip agencies with technology required to serve clients effectively, by enabling more efficient data collection and data organization processes. It will also equip agencies with the infrastructure required to participate in regional and provincial ehealth initiatives to enable more integrated system planning across sectors and geographic boundaries.	In progress	40%		60%		

How will we measure success?

- Number of new integration initiatives that align performance indicators to improving broader system impact.

- Percent increase in individuals enrolled in Toronto Central LHIN leadership programs.
- Number of new policy frameworks developed.
- Percent increase in the number of health service providers uploading data to public facing business intelligence tools.
- Number of new infrastructure projects to support core business processes.

What are the risks / barriers to successful implementation?

- The availability of socio-demographic data is critical as a building block for developing equitable programs and services and ensuring equitable access to care. Despite its importance, the collection of this data requires significant change management.

LHIN Operations Spending Plan

Operations Spending Plan (FORM 1C)		241		
LHIN Operations (\$)	2014/15 Actual	2015/16 Planned Allocation	2016/17 Planned Expense	2017/18 Planned Expense
Operating Funding (excluding initiatives)	5,535,121	5,535,121	5,535,121	5,535,121
Initiatives Funding (including E-Health, A@H, ED, Wait Time, etc.)	4,913,512	4,138,678	4,138,678	4,138,678
Salaries and Wages	3,249,410	3,680,694	3,680,694	3,680,694
HOOPP	301,135	269,013	269,013	269,013
Other Benefits	404,019	524,961	524,961	524,961
Total	705,153	793,974	793,974	793,974
Transportation and Communication				
Staff Travel	22,232	24,435	24,435	24,435
Governance Travel	197	-	-	-
Communications	42,131	23,030	23,030	23,030
Others	20,116	15,000	15,000	15,000
Total Transportation and Communication	84,677	62,465	62,465	62,465
Services				
Accommodation	302,698	342,854	342,854	342,854
Consulting Fees	96,242	35,000	35,000	35,000
Equipment Fees	3,833	21,540	21,540	21,540
Insurance	5,359	15,000	15,000	15,000
LSSO Shared Costs	317,718	219,777	219,777	219,777
LHIN Collaborative	50,929	50,929	50,929	50,929
Other Meeting Expenses	12,483	27,153	27,153	27,153
Board Chair's Per Diem Expenses	15,050	30,000	30,000	30,000
Other Board Members' Per Diem Expenses	23,950	50,400	50,400	50,400
Other Governance Costs	149	19,600	19,600	19,600
Printing and Translation	69,865	68,270	68,270	68,270
Staff Development & others	104,340	74,866	74,866	74,866
Other Services		-	-	-
Total Services	1,005,958	955,389	955,389	955,389
Supplies and Equipment				
IT Equipment	144,955	24,800	24,800	24,800
Office Supplies & Purchased Equipment	63,571	17,800	17,800	17,800
Other S & E			-	-
Total Supplies and Equipment	208,526	42,600	42,600	42,600
Capital Expenditures	278,590			
LHIN Operations: Total Planned Expense	5,532,314	5,535,122	5,535,122	5,535,122
Annual Funding Target		9,673,799	9,673,799	9,673,799
Operating Surplus (Shortfall)	2,807	0	0	0
Amortization of Tangible Capital Assets	204,342			
Initiatives Spending				
EMCT	800,000	500,000	500,000	500,000
Aboriginal Community Engagement	20,000	20,000	20,000	20,000
ALC Resources Matching & Referral Business Trans	370,000	125,000	125,000	125,000
Critical Care Lead	75,000	75,000	75,000	75,000
Diabetes	1,129,301	1,106,715	1,106,715	1,106,715
ED Lead	75,000	75,000	75,000	75,000
e-Health	510,000	510,000	510,000	510,000
ER/ALC, Performance Lead	100,000	100,000	100,000	100,000
French Language Service	106,000	106,000	106,000	106,000
French Planning Entities	568,713	568,713	568,713	568,713
Pan/Parapan Am Games LHIN Coordination	414,498	207,249	207,249	207,249
Primary Care LHIN Lead	75,000	75,000	75,000	75,000
Provincial End of Life Network	30,000	30,000	30,000	30,000
LHINC	640,000	640,000	640,000	640,000
LHIN Operations and Initiatives- Total Actual/Planned	10,445,827	9,673,799	9,673,799	9,673,799

LHIN Staffing Plan (Full-Time Equivalents) Operations

Position Title	2014/15 Actual	2015/16 Outlook Plan	2016/17 Outlook	2017/18 Outlook
LHIN Operations				
Accounting Manager	1	1	1	1
Administrative Assistant	4	4	4	4
Business Manager	1	1	1	1
CEO	1	1	1	1
Community Eng and Communications Consultant	1	1	1	1
Consultant	3	3	3	3
Corporate Coordinator	1	1	1	1
Executive Assistant	2	2	2	2
French Language Services Coordinator	1	1	1	1
Health Design Consultant	1	1	1	1
Perf Measurement Analyst	2	2	2	2
Planner	1	1	1	1
Program Dev Consultant	1	1	1	1
Project Manager	2	2	2	2
Project Coordinator	-	1	1	1
Receptionist	1	1	1	1
Senior Director	5	5	5	5
Senior Lead	1	1	1	1
Sr Perf/Cont/Alloc Consultant	4	4	4	4
Sr Planner	2	2	2	2
Sr. Consultant	5	5	5	5
Sr. Integration Consultant	1	1	1	1
Financial Coordinator	1	1	1	1
Office Coordinator	1	1	1	1
Pan Am Games Emer Lead Planner	2	2	2	2
Community Eng and Communications Coordinator	1	1	1	1
Communications Assistant	1	1	1	1
Sr Financial Analyst	2	2	2	2
Senior Business Analyst	1	1	1	1
Finance Lead	1	1	1	1
RMR Lead	1	1	1	1
GRAND TOTAL	52	53	53	53

Communications Plan

Business Objectives

The ABP is a document essential to the work of Toronto Central LHIN. It guides the work of the LHIN in three ways:

- 1) Builds on past successes and outlines the action plans and resources to be allocated in the upcoming year as a way to reach the goals and objectives outlined in the IHSP 2013-16.*
- 2) Provides a framework the LHIN can use to communicate the impacts of regional decision-making on health care delivery.*
- 3) Provides an opportunity for the LHIN to fine-tune its strategies during the coming year.*

Guided by Ontario's vision "to make Ontario the healthiest place to grow up and grow old", the ABP acts as a guide for how Toronto Central LHIN will develop a regional system of integrated health care across the care continuum, from primary care and public health through to community, acute and long-term care. Activities include:

- Improving access to a better integrated Primary Health Care System;
- Supporting Primary Health Care with better management of chronic conditions;
- Supporting the development of a strong, relevant, hospital system;
- Implementing the Clinical Services Roadmap;
- Creating and implementing capacity plans to further high-quality care for specific specialized services such as surgery;
- Strengthening Community Support & Community Mental Health and Addictions Service;
- Improving access to quality Mental Health and Addictions Services;
- Enhancing an effective and comprehensive information management system; and
- Improving measurement and actions to ensure positive patient experiences in the health care system.

Toronto Central LHIN has also adopted four strategic priorities that will guide our investments and activities to drive the reforms needed to achieve our goals:

- Designing Health Care for the Future
- Taking a Population Health Approach
- Transforming Primary Health and Community Care
- Delivering Excellence in Operations

Communications Objectives

- To raise awareness with the public and health service providers about the LHIN's various streams of work. Toronto Central LHIN plays a key role in:
 - Engaging communities and understanding their needs: We collect information about the communities we serve, and we use this data to design and deliver health care services that reflect the citizens of Toronto.
 - Transforming the health care system: Toronto Central LHIN is a leader in system transformation. For example, the LHIN is working closely with their Health Link leads to improve care for complex patients by bridging gaps in the system.
 - Coordinating appropriate care: The LHIN works hard to ensure that services are coordinated and aligned with patients' needs.
 - Managing performance and ensuring accountability. Both the LHIN and health service providers identify opportunities to integrate services and provide appropriate, coordinated, effective and efficient services based on funding available. We are also responsible for tracking performance against accountability agreements.
- To provide timely communications to both the public and health service providers in Toronto Central LHIN.
- To ensure that information is accessible to Toronto Central LHIN residents, in a culturally sensitive and appropriate manner.
- To ensure that the implementation of the Strategic Plan coincides with the launch of a new visual identity.

Context

The Toronto Central LHIN's Strategic Plan identifies actions to be taken to improve our uniquely urban health care system and respond to the changing needs of the people served in our LHIN. If we do not change the health care spending trend of the past decade, health care will crowd out all other programs, such as housing and education, which have a decisive influence on the health, well-being and prosperity of our communities. Recognizing the breadth of the factors that contribute to health outcomes, a considerable amount of LHIN resources have been dedicated to building the foundation upon which a newly transformed health care system will rely. This work involves an investment plan for the transformation of the community sector, a significant shift towards population health planning, and the development of a system-wide focus on quality and equity.

The Toronto Central LHIN's 2015-18 Strategic Plan and the initiatives laid out in this ABP are strategically aligned with government direction and priorities, including the Patients First Action Plan for Health Care, the Patients First Roadmap to Strengthen Home and Community Care, and the Premier's Mandate Letter to the Minister of Health and Long-Term Care. The Premier's Mandate Letter includes priorities placed on home and community care which have shaped the LHINs' role in delivering more efficient and coordinated care to patients, as well as our focus on accountability and transparency.

The Toronto Central LHIN recognizes the joint accountability of the Ministry and LHINs to serve the public interest and effectively oversee the use of public funds.

Target Audiences

Ministry of Health and Long-Term Care

Internal to Toronto Central LHIN:

- Board of Directors
- Senior Management Team
- Staff
- Physician leads
- Advisory Groups
 - Toronto Indigenous Health Advisory Circle
 - French Language Services
 - Mental Health and Addictions
 - Children and Youth
 - Health Professional Advisory Committee
 - Strategic Advisory Council
 - Integrated Health System Emergency Response

Toronto Central HSPs:

- Mental Health and Addictions Agencies
- Toronto Central Community Care Access Centre
- Community Health Centres
- Community Support Services
- Hospitals
- Long Term Care Homes

External Stakeholders:

- Public (all residents of Toronto Central LHIN and those who access services within its boundaries)
- Media
- Members of the Provincial Parliament
- Public Health Units
- Other funders
- Other community agencies
- Police
- Toronto Community Housing
- United Way
- Toronto Public Health

Key Messages

Toronto Central LHIN

- Over the last five years, Toronto Central LHIN has made significant progress toward improving the health care for our residents and we are well positioned to continue to support health system transformation in the future.
 - We have developed strong relationships outside of health care and are looking at the broader factors that impact people's health.
 - We are ensuring the system is reliable for many years to come by actively supporting the integration of services to reduce cost and increase efficiency.
 - We have created innovative tools and started to gather data to help us better understand the unique needs within our communities.
- As the health system continues to shift focus toward more patient-centered care, Toronto Central LHIN will remain accountable to our residents and ensure that the system is able to meet the needs of all those who access care in the Toronto Central LHIN.
- Toronto Central LHIN will support a system that is coordinated, inclusive and provides timely access to high quality health care.
- By leveraging our local knowledge and understanding of our communities, we are able to broaden our strategies to improve the health of all people.
 - This population health approach involves re-designing the health system to work in partnership with non-health sectors.
- Toronto Central LHIN values system design where health services are proportionate to patient needs and wants, and everyone in Toronto has a fair chance to lead a healthy life.
- While maintaining our core business of funding, performance management, planning, and design, Toronto Central LHIN will be guided by three overarching goals:
 - **A Healthier Toronto** aims to improve the overall health of everyone in our city and to find new ways to reach those who do not regularly access health services. We will seek out community-driven solutions to address barriers in care.
 - **Positive Patient Experiences** will include the perspective of the patient and their caregivers, while driving system changes that will result in care that is cost-efficient, of high quality, and easy to navigate.
 - **System Sustainability** will involve applying innovations to help us respond to fiscal restraints and by maximizing value from our health care investments.

- Our sights are set firmly on these goals and to achieve them the Toronto Central LHIN will work to deliver the following priorities.
 - Designing Health Care for the Future
 - Redesign the system to improve outcomes and patient experience.
 - Taking a Population Health Approach
 - Tackling the needs of the whole population and the sub populations within.
 - Transforming Primary and Community Care
 - Invest in the community by building a robust and integrated home, community and primary health care system.
 - Delivering Excellence in Operations
 - Strengthen the Toronto Central LHIN's internal capacity to effectively manage the health care system.
- We will be relentless in our efforts to ensure that our community's voice is reflected in the work we do and we will continue to engage patients, providers and partners to ensure our plan remains responsive to their evolving needs.

Transformation

- Putting people and patients first by improving the health care experience.
- Providing information and resources to help people make sound decisions, and to live and stay healthy.
- Providing better access to quality health services, and protecting those services for generations to come.
- Patients First
 - a caring, integrated experience for patients;
 - faster access to quality health services; and,
 - for all Ontarians at every life stage.
- Access
 - Providing faster access to the right care.
- Connect
 - Providing better home and community care.
- Inform
 - Providing information to make the right decisions about your health.
- Protect
 - Ensuring our universal health care system is sustainable for generations to come.

Strategic Approach

Moving forward, our communications will position the LHIN as a valued key player within the transformation of Ontario's health system, and as the lead in health system transformation in Toronto.

Toronto Central LHIN will undertake different communications strategies in support of the ABP priorities and actions based on the specific objectives and audiences/stakeholders. Overall our communications will:

- Continue to develop and leverage opportunities to build the reputation and establish credibility of the Toronto Central LHIN by informing health care providers and residents of Toronto about programs and initiatives that will improve care for all.
- Inform and build awareness among health service providers of shared accountability of the LHIN and health service providers in transforming the health system.
- Ensure stakeholders understand the role of respective organizations and support integration opportunities that improve patient care.
- Track and report performance against accountability agreements.

Additionally, Toronto Central LHIN's communications initiatives will support the Ontario government's Patient's First: Action Plan for Health Care (February 2015). Specifically, LHINs have a responsibility in important provincial initiatives such as Health System Funding Reform, Health Links and the health initiatives for seniors. These priorities will be featured in our ongoing communications efforts.

Tactics

Our LHIN has a comprehensive range of communication vehicles that it leverages to highlight progress and collective successes in achieving the IHSP priorities. Over the last two years, Toronto Central LHIN has met and consulted with over 2000 providers and patients. Toronto Central LHIN uses a number of quality communication and community engagement tools to communicate, including:

- *Annual Report*
- *Report to the Community*
- *CEO Reports to the Board*
- *Proactive and responsive news releases*
- *Media outreach*
- *eNewsletters*
- *Stakeholder eblasts,*
- *Quarterly sector table and committee meeting,*
- *Community engagement reports*
- *Social media*
- *Program based brochure*
- *Presentations and speaking engagements*
- *Regular website updates*
- *Organizing knowledge-building and information-sharing events, such as quality forums, think tanks and other community meetings.*
- *Building and maintaining working relationships with provincial and local government representatives.*
- *Participating in partnerships, such as the provincial LHIN communications group, and forging links with communications leads at HSPs.*

Evaluation

A formal and comprehensive evaluation of Toronto Central LHIN's communications efforts will be conducted in-house. The evaluation will include the following measures:

- Tracking positive editorial coverage/limited negative editorial coverage - This information will be collected and evaluated within a context of transparent disclosure.
- Website traffic - Using analytics, pages and specific postings are tracked.
- Identifying and tracking critical communication success factors will enable the Toronto Central LHIN to more effectively identify whether communication activities have been successful.
 - Visible senior leadership engagement and support of the ABP initiatives and related communications.
 - Senior leadership and LHIN-wide committees take visible, active roles in supporting communications and change with their teams as tracked in shared communication and community engagement plans.

Feedback mechanisms and ongoing assessment are in place to monitor the effectiveness of communication vehicles and messages. As activities are carried out, Toronto Central LHIN has the ability to make quick modifications based on shifts and lessons learned.

Community Engagement Plan

The LHIN's Role in Community Engagement

As set out in Section 16 of the *Local Health System Integration Act 2006*, Ontario's Local Health Integration Networks (LHINs) are required to "...engage the community of diverse persons and entities involved with the local health system about that system on an ongoing basis, including about the integrated health service plan and while setting priorities. 2006, c. 4, s. 16 (1)". Ministry of Health and Long Term Care (the Ministry)-LHIN Accountability Agreement, as well as government directives, reinforce the expectation that community engagement is a fundamental part of the way local health care services are planned and priorities are set and implemented in the LHIN.

"Community" as defined by LHSIA:

- Patients and other individuals in the geographic area of the network;
- Health Service Providers (HSPs) and any other person or entity that provides services in or for the local health system; and
- Employees involved in the local health system.

There are special obligations for the LHIN to engage Aboriginal and French-speaking communities, and there are particular obligations related to integration, whether voluntary, facilitated, funded or directed. The Local Health System Integration Act includes a prescribed period for public submissions regarding LHIN integration decisions and HSPs are required to undertake community engagement as part of these activities.

Toronto Central LHIN's Approach to Community Engagement

Local decision-making is critical to the LHIN model. We leverage the input of community members, health care professionals, and stakeholders to inform our planning and decision-making processes.

Toronto Central LHIN is unique in that it is the only fully urban LHIN and is home to a very diverse population. Residents represent both the poorest and richest in the country and reflect nearly every ethnic and racial group living within the City of Toronto. This diversity is further exemplified by the fact that there are over 140 different languages spoken within the LHIN. These characteristics shape how people interact with the health care system and, consequently, affect how we as planners design the system to meet their needs.

Toronto Central LHIN is committed to building a health system that is accountable and effective in improving everyone's health, provides a seamless client experience, and is sustainable. To ensure that all people benefit from the work done to improve health outcomes, the LHIN is creating a system that is geared to population health. Population health is about knowing and understanding the needs of the various populations receiving and requiring care in our region.

Typically, in health planning we consider the needs of those currently receiving care; however, we cannot assume that those not using services do not need them. Too many people are not accessing health care because, for a variety of reasons, they cannot, or because the services available are not appropriate. The LHIN is uniquely positioned to work at the community level and to analyze local data to identify any unmet needs.

Effective community engagement is an important driver behind the work of the Toronto Central LHIN and requires a creative approach that not only promotes equity and reflects and respects our community's diversity, but also builds on and leverages the strengths of our health and community leaders.

Through our engagement strategy work, we expand and deepen the LHIN's reach into a diverse set of health care providers, patient/caregiver and resident communities - including Aboriginal, Francophone, ethno-cultural neighbourhoods, and marginalized groups. Our approach includes engagement with local health service providers, training community ambassadors and combining the community with the health service provider engagement to develop system planning and recommendations.

Community Engagement: Three-Year Plan

Toronto Central LHIN recognizes that every community within our borders has unique characteristics and needs and we make our best effort to consider all voices when we undertake community engagement. The LHIN engages with six types of groups: public; health service providers; health professionals/workers; strategic partners; government, elected officials and interest groups; and priority communities.

The Toronto Central LHIN 2015-18 Strategic Plan lays out the goal of creating a health care system that wraps around the patient, is more responsive, cost-efficient, of higher-quality, and easier to navigate. We believe that this can only be achieved when clinical excellence is matched with positive patient experience.

Engaging patients and their families in the design of the health care system will ultimately ensure that the system is more effective in improving patient outcomes.

Patients should experience a system that is:

- seamless and cross sector/facility transitions are barrier free;
- culturally appropriate and culturally competent;
- supportive of open and effective communication between patient and provider, as well as across providers; and
- inclusive of family, caregivers – across all generations.

Our new plan also expands our planning focus to a population level, shifting from those currently accessing health care to include all those who live in our catchment area. Our intention is for this plan to touch the lives of the over one million residents in our community. Toronto Central LHIN works with providers to ensure that the care and services they deliver reflect the best available evidence and information. This positively impacts all those currently receiving health care services and contributes to building a world-class health care system.

With this expanded view of whom we are planning for, we have the opportunity to begin to examine the disparities in health that we see across the population and among the groups that are represented within it. Some distinct groups appear to gain less benefit from the health care system. Variations in health outcomes across different sub populations may be driven by income, social, racial, ethnic factors. Improving the overall health of Torontonians requires a better understanding of the unique needs of these sub populations within and solutions to improve health equity.

Addressing these needs is a multi-step process. We must be able to identify variations through robust analysis of population health data. Then there is an important process of engaging with communities to understand their needs and to design tailored solutions together in order to ensure that we are able to be effective. There is a diversity of need within the city of Toronto and this work aims to equip the LHIN with the tools that it requires to address the needs of those who are accustomed to accessing the system and those who are not.

In order for the Toronto Central LHIN to improve the patient experience, incorporating the patient voice into the design of the system is a critical step. To accomplish this, the LHIN must set the context and support its staff and health service providers by building community engagement capacity across the system. This plan will be focused on pursuing the goal of equitable access to health services and other supports to provide for identified needs in care. Toronto Central LHIN will need to develop approaches and tools to support staff and health service providers in their pursuit of these goals. Additional support and coordination at the community level will be required to foster community development through the coordination of community engagement mechanisms, as well as to assist with the ongoing support for the sustainability of patient, family and caregiver participation in planning.

This exercise will include an engagement process to involve HSPs and other key partners in the refinement and implementation of a set of tools for planners. The goal is to build community engagement capacity and transfer knowledge across the health system, including a focus on meaningfully engaging with hard to reach populations.

Our objectives are to:

- Identify what expertise and resources (e.g. methods, stories, cases, tools, etc.) currently exist across partners.
- Implement Phase 1: Develop and pilot a set of tools for use by Toronto Central LHIN staff to support meaningful engagement of equity seeking groups throughout all planning phases in order to refine the tools and make them relevant and accessible to a broad spectrum of planners across the system.
- Implement Phase 2: Pilot the general set of tools for planners in one to two provider communities that serve equity seeking groups to validate tools and identify any knowledge and/or support gaps that need to be addressed to ensure widespread adoption of the tools.
 - The pilot will be leveraged to create a community of practice as a sustainable solution to building community engagement capacity and transferring knowledge across the system.
- Implement Phase 3: Outline short and long term value-adding activities for 2015-16 and beyond to continue to address the capacity and resource needs of planners and to build a network of communities of practice across the LHIN to improve and sustain efforts.

The model of participation has been adapted from the International Association for Public Participation (IAP2) framework. This framework is values-based, decision-oriented and goal-driven and will guide the level of participation to be applied to Toronto Central LHIN initiatives. The level of community engagement spans a spectrum, with an increasing level of community impact that defines the community's role and the formulation of the engagement goal that drives the engagement process.

The following principles will guide community engagement activities:

Inclusive

We will engage with the full range of healthcare consumers, providers, and communities that have a stake in, or will be impacted by, our plans. We will implement specific outreach activities to engage hard-to-reach and marginalized populations.

Timely

We will engage with stakeholders early and often in the planning process, allowing sufficient time for meaningful dialogue, consultation and plan modifications. Our goal is to provide stakeholders with enough time to share information with their partners prior to and after engagement.

Appropriate

We will use a variety of methods of communication that reflect the needs of our stakeholders, while being efficient in the use of our resources and those of participating stakeholders. The key will be flexibility and understanding that common methods of engagement may not be effective for some stakeholders.

Accessible

We will provide clear, accessible and comprehensive information to facilitate stakeholder involvement with issues and decision making – striving to eliminate the barriers of language, culture and disabilities

Responsive

We will be respectful of, and responsive to, stakeholder input. We will modify or refine plans and actions to reflect stakeholder advice, where appropriate.

Transparent

We will engage with stakeholders openly and will be transparent about our purpose, goals, accountabilities, expectations, and constraints and how stakeholder engagement will be used in decision-making.

Balanced & Equitable

We will balance the participation and influence of various stakeholder groups.

Accountable

We will monitor the effectiveness of our stakeholder engagement strategies and be accountable to our process, principles, and ultimately to the healthcare outcomes within our communities.

Community/Stakeholder	Initiatives
Health Service Providers	Standing Toronto Central LHIN advisory committees • Sector Tables • Strategic Advisory Council • Quality Table Each Toronto Central LHIN initiative has a time-limited, specific advisory or working group with membership from HSPs, other stakeholders, patients, and community members. TC LHIN sometimes co-chairs and participates. Some committees report to the LHIN. The LHIN uses other engagement tactics, including presentations at meetings, surveys, thinks tanks, and focus groups to engage HSPs. Toronto Central LHIN Board-to-HSP Board engagement

	• Board-to-Board sessions to inform/involve HSP Boards in transformation initiatives including Health Links, e.g., community sector capacity building; clinical service integrations. • Issue-specific Toronto Central LHIN Chair or Board meetings with HSP Boards. • Tailored information and updates for HSP Boards.
Health Professionals	Standing Toronto Central LHIN advisory groups • Health Professionals Advisory Group: this group will be reconstituted with health professionals that are drawn from the Health Links with the goal of identifying common issues and the development of solutions that may be tested in within Health Links and scaled across the LHIN where appropriate. The Advisory Group will become an important mechanism by which the knowledge translation among health providers is achieved, with leaders from the group responsible for the dissemination of best and promising practices. Health professional membership in key LHIN standing and initiative-specific advisory and working groups for example, Quality Table. Partner with health professional groups and associations to engage members for example, OMA District 11. Primary care engagement The LHIN engages primary care providers directly in support of Health Links planning and implementation through: • Outreach led by the LHIN's three Primary Care Physician Advisors – specific activities for organized group practices, solo practitioners and CHCs. • Partnership with OMA District 11 to deliver engagement sessions on key topics and a joint Toronto Central LHIN – OMA District 11 primary care newsletter.
Public, patients, clients, caregivers	• General public, patient clients and caregivers Toronto Central LHIN has a number of general engagement mechanisms to support engagement: • Partnering with providers, patient and community groups to develop and implement engagement strategies.

	• Using social media, media, conferences and events, focus groups, deliberative discussion groups, surveys. • Developing new communications tools focused on the education of patients and caregivers on the options for accessing services and self-management. • Utilizing residents and citizens panels designed to both inform the community of work and to gather and synthesize community response on contentious issues. • Facilitating public and patient presentations at Toronto Central LHIN Board meetings and delegations to Board. • Including patient/client, family, caregiver representatives on advisory groups and think tanks • Facilitating staff and Board community tours Community engagement requirements are included in all Toronto Central LHIN funded projects and integrations and changes requiring LHIN oversight including capital projects. A Toronto Central LHIN-HSP reference group of community engagement professionals collaborates to develop engagement tools and share strategies and best practices. • Diverse communities/people with barriers to participation While established community engagement approaches have their place, they can sometimes present a skewed perspective. Their design unintentionally excludes many (e.g., those with physical or cognitive disabilities, people who do not speak English or French). Many of the excluded have high needs and are frequent users of the EDs and other costly services. The LHIN's focus is on developing different approaches to include voices that have been largely absent. The following are some current TC LHIN initiatives: Health Access St. James Town The Toronto Central LHIN is leading an initiative in partnership with United Way, Toronto Community Housing, the City of Toronto and St. Michael's Hospital to improve access to services for the populations in St. James Town. Patients and local residents are involved at every step of the Health Access St. James Town initiative. The focus is on the entire continuum of services, with an emphasis on primary care and transitions within health care and between health and social care.
--	--

	This initiative is not only designed to make concrete changes to health care delivery for the community's underserved and high-needs populations, it is testing strategies for engaging community members and patients in local health service design. Information and tools from this project can be adapted by Health Links for local activities. The project uses community animators who are members of different ethno-cultural, linguistic and other communities living in the neighborhood. These animators are trained to survey and interview members of their community in their first language. They also help facilitate community meetings including providing real-time "whisper translation" so that people could participate in multiple languages. This project can provide information about how to design and deliver different kinds of community meetings with diverse communities. Toronto Central LHIN is supporting a "Health Access St. James Town" web site, which includes a news bulletin, a blog, discussion groups and survey tools to enable dialogue among community members and area providers. Engaging Mount Dennis Based on the recommendations formulated by the various stakeholders in Mount Dennis, Toronto Central LHIN has worked closely with a group of Health providers ready and willing to bring services into the neighborhood. A Service Providers Network including Regeneration Community Services, LOFT, Progress Place, Salvation Army and West Park Family Health Team have been working towards implementation of a Weston Mount Dennis Community Place where collaborative efforts will run services for the Weston and Mount Dennis neighborhoods. Discussions about expanding the network of willing health service providers, identification of services that can be brought into the neighborhood and the timing of their implementation will be completed in Quarter 1 2015/16. Once the collaborative model is up and running, Toronto Central LHIN will go back to the community to encourage the participation of diverse populations in local health service utilization and evaluation. Based on the Mount Dennis community engagement findings, Toronto Central LHIN will continue to work with Muslim Immigrants women and Francophone women to further scope the needs to identify ways and means for overcoming gaps and design solutions. Francophone
--	---

	Standing processes for including Francophone community voices in Toronto Central LHIN planning and decisions: • Partnering with the Toronto Central LHIN’s French Language Services (FLS) Health Planning Entity, Reflet Salvéo to engage local community groups and Francophone agencies around the IHSP-4 (2017-2020). • Toronto Central LHIN FLS Core Group of HSP representatives responsible for FLS to advance best practices and collaborative plans to increase the active offer of FLS to Francophone patients/clients. • Cultural competency for better FLS delivery, moving towards bilingual organization and strengthening active offer trainings will continue to be offered to Toronto Central LHIN HSPs. The trainings will target both service providers and Francophone patients and families. • Francophone survey regarding barriers to accessing primary care services. Support Reflet Salvéo’s attachment strategy to PHC. • Toronto Central LHIN will continue to focus on reaching the large and growing number of Francophone immigrants and refugees who face multiple equity issues by building relationships with community leaders and agencies serving this population. • A similar focus will be devoted to improving equitable access to French-language services for vulnerable groups such as people living with, affected by, and or at risk of being affected by HIV/AIDS. Toronto Central LHIN ensures that Francophone engagement is included in Toronto Central LHIN priority initiatives and uses translation and interpretation to support Francophone participation. • The LHIN will promote the use of the linguistic variable across current and oncoming initiatives. We will continue discussions to assess where in the referral process it is appropriate to identify Francophone patient language preference and apply required changes. • The LHIN will support ongoing discussion on Coordinated Access to Francophone MHA services in GTA. The LHIN will continue the collaborative work started in 2014-15 to optimize the existing centralized access systems tools and processes across the Toronto Central, Central, and Central-East LHINs: ACCESS Point, Streamline, and Single Access.
--	---

	• The LHIN will incorporate Francophone client engagement into its mental health and addictions capacity-building planning so as to create service models for complex and at-risk clients that are integrated within the care continuum at local (Health Links) and regional levels (GTA LHINs). • The LHIN will continue to support the work of the Coordinating Table of agencies serving Francophones living with HIV/AIDS. Aboriginal people There are a few ongoing forums to engage Aboriginal communities in Toronto Central LHIN: • The LHIN has partnered with Toronto Public Health to develop a road map for enhanced planning for Aboriginal Services. The Toronto Indigenous Health Advisory Circle of Toronto Aboriginal health and other Aboriginal community agencies involved in health care delivery will be a partner in the development of this plan. • Participation along with Toronto Public Health in an Urban Aboriginal Roundtable for the City of Toronto with broad membership for Aboriginal agencies. Toronto Central LHIN is a member of the Provincial LHIN Aboriginal Network, which engages provincial Aboriginal, First Nations and Metis stakeholders on provincial issues and strategies. Ongoing engagement processes include participation in Aboriginal Forums and traditional events. Toronto Central LHIN partners with Aboriginal agencies to undertake Aboriginal community-led engagement processes. For example Anishnawbe Health Toronto led engagement with Aboriginal Youth experiencing mental illness and addictions to inform the design of new services for young Aboriginal people with mental health and addictions issues. Toronto Central LHIN is working with the Centre for Research on Inner City Health (CRICH) and community engagement and development experts from provider organizations to develop collaborative engagement processes for specific communities. The aim is to design engagement processes that are rigorous, culturally competent and to have providers work together to engage shared communities of interest to improve the process and outcome. The first target communities are
--	--

	Lesbian Gay Bisexual and Transgendered people and Aboriginal people.
MPPs	Toronto Central LHIN engages MPPs and their staff regularly through direct contact and problem-solving for specific issues, regular targeted communiqués including briefing notes, fact sheets, key messages, and corporate communications vehicles – social media, news media and publications. Toronto Central LHIN has one-on-one meetings with MPPs and staff regarding specific local issues and initiatives. Toronto Central LHIN collaborates with MPPs’ offices on local community engagement activities. Toronto Central LHIN holds annual or bi-annual meetings between all MPPs, the LHIN Board and CEO regarding key health system transformation initiatives. Toronto Central LHIN has an annual event with MPPs’ and their constituency staff to inform staff about Toronto Central LHIN and key initiatives and impact on local health services and constituents.
City of Toronto	Toronto Central LHIN and GTA LHINs and City are creating a joint leadership table to identify and advance mutual strategies to improve the health and well-being of Torontonians • 5 GTA LHIN-City Leadership Table will include five LHIN CEOs and executives representing key city departments impacting population and community health. The LHIN is also actively engaging with the City to align our capacity planning with city’s expansion plans. The LHIN engages with City Councilors on key issues that are of interest in their Wards or relevant to their committee roles. Toronto Central LHIN works with specific City Departments on relevant initiatives, particularly related to services for high-needs populations including: Toronto Public Health, EMS, City Planner; Long-Term Care Homes and Services; Shelter Support and Housing, Toronto Community Housing, TTC; City’s Seniors Strategy Expert Panel.
eHealth Stakeholders	There are various tables and processes for engaging ehealth stakeholders to steer, guide and support implementation of Toronto Central LHIN, GTA and provincial ehealth initiatives including: • Connecting GTA Steering Committee

	• Resource Matching and Referral Steering Committee • GTA Health Information Collaborative (HIC) • GTA West DI-r Project - Exec Meeting
Other Partners	Toronto Central LHIN engages strategic partners to advance initiatives to improve the health and wellbeing of the local population and other strategic aims: United Way of Toronto; provincial agencies including eHealth Ontario, Health Quality Ontario, Cancer Care Ontario and Ontario Telehealth Network; research and data partners – Toronto Community Health Profiles Partnership, Institute for Clinical Evaluative Sciences.

LSSO and LHINC Submissions

LSSO Introduction and Current Mandate

The LHIN Shared Service Office (LSSO) was established by Ontario's 14 LHINs to achieve cost effectiveness, efficiency, and service consistency across the 14 LHINs, all of which make an equal contribution to the LSSO annual funding. The Office's overall objectives are to enable efficient and effective use of resources among LHINs, enabling economies of scale and supporting adoption of best practices in back office services.

The LSSO provides essential back office services, including information technology management and business applications, procurement and vendor management, payment processing payroll services, legal, and Human Resources (HR) advisory services to all the LHINs. Toronto Central LHIN has responsibility for operating LSSO services based on its annual work plan, which is approved by the 14 LHIN CEOs. Toronto Central LHIN also funds administrative support for LHIN Legal Services (provided through the Ministry of the Attorney General) through LSSO.

For 2015-16, Toronto Central LHIN will continue to focus on delivering the following services to all LHINs:

- Information technology management;
- Procurement; and
- HR council/advisement.

The services/activities will be based on an annual work plan and budget, which is approved by the 14 LHIN CEOs.

LSSO Information Technology Services

As LHINs have evolved, so too have their information technology requirements. How people receive and consume information electronically, and how they collaborate and participate in business activities is constantly shifting and evolving. While new services in each LHIN tend to grow organically, the integration of core business applications have not kept pace with the unique needs of the LHINs.

Priorities for 2015/16 for LSSO Information Technology Services will focus on ensuring leading practices for user adoption and integration of existing processes. Further efforts will be deployed to strengthen our partnership with key information technology service providers, ensuring all LHINs have a full understanding of their technology environment as well as an insightful appreciation of the Shared Service Framework. Investing in user adoption and business functionality, rather than new software, has the potential to unlock the capabilities of existing applications, streamlining processes and improving productivity.

Key activities for 2015/16 include:

- A focus on operational effectiveness;
- Expanding LHIN business collaboration portal;
- Business application enhancement and maintenance; and,
- Long-term Information Technology Strategy development.

Operational Effectiveness

Over the last five years, in a push to achieve legislative mandates and infrastructure modernization, a number of information technology projects and service arrangements have been implemented—to the point of “Implementation Fatigue” arising from recent deployment of core application systems: GP Dynamics, SharePoint and Microsoft Dynamic CRM. Through extensive stakeholder engagement efforts, it has become clear that LHINs collective efforts need to go further in terms of information technology best practices and user adoption.

The LHINs have spent a vast amount of their time and money to build these shared technologies, but in aggregate, there is no comprehensive approach to drive or sustain user adoption and benefits realization after go-live. A singular effort by the implementation vendor and the project teams to ensure that the application is operational has created an atmosphere where go-live becomes the end game and all associated budget and activities are directed toward that goal. This model will forever produce solutions that are only partially utilized, with user resistance and a low chance of achieving the initial vision that drove the investment in the first place. Poor adoption has resulted in missed opportunities and shortfalls of expected economic yields. Increasing user adoption will lead to a more cohesive approach to maximizing efficiencies and cost savings.

For 2015, LSSO proposes a one-year hiatus from implementing any new systems beyond what currently exist, and those that require maintenance to keep the systems running. This pursuit of operational effectiveness is appealing because it is concrete and actionable, however there needs to be continual search for ways to reinforce the right technology and right fit for LHINs. As such, LSSO must make clear tradeoffs and leverage complementary activities to deliver measurable performance results.

Key activities for 2015/16 include:

- Engage with all LHINs to complete an exhaustive business requirements analysis to inform a new long-term Information Technology Strategy;
- Develop an intentional focus on user adoption of existing applications to improve productivity and user experience;
- Implement relevant tactics to help users overcome barriers to adoption;
- Control the burden on user productivity by automating low-level management tasks; and,
- Renew end-of-life equipment such as to mitigate business interruptions and unplanned cost.

SharePoint Business Collaboration Portal

Along with the trend toward increased cloud services, is an increasing proliferation of smart devices and disruptive technologies that have changed workplace habits and forms of communication and collaboration within and outside the organization, forcing new demands on organizational culture and communication norms. Whether in a small team or as an individual user, employees need to quickly connect with the people, content and resources they need to get their work done. Knowledge and information should be sharable both within and outside of the organization and captured in seamless secure and centralized locations.

In 2014, LSSO expanded the web services by revamping LHIN websites with a new Ministry approved visual identity and increased web storage capacity to allow LHINs to advance digitized and accessible content. This reflects a significant improvement in existing web-based technology; however, social networking, external collaboration, online communications, and project management still lag behind. There are significant gains to be achieved by strengthening the cross-collaboration capabilities with our agencies and key stakeholders.

For 2015/16 the focus will include the implementation of an easy-to-use collaborative portal (“Extranet”) that gives employees, clients and agencies a central, secure online location to easily share protected information anytime and anywhere. The Extranet collaboration websites will enable LHINs’ employees to share information more effectively and work together on projects through a combination of ways to become more efficient.

Key activities for 2015/16 include:

- Implement extranet portal and business process workflow enhancements in SharePoint with an aim to improve collaboration with health service providers and various sectors.
- Maintain application systems compatibility and their supporting components to ensure LHINs can respond to factors that originate from service providers.
- Change the way in which technology meets short-term business needs, whereby providing new services become more a matter of configuring resources rather than building new systems.
- User training to ensure everyone has the requisite level knowledge to propel projects forward to maximize user capabilities.

Business Application Enhancement and Maintenance

The LSSO will pursue an annual planning cycle to replace aging infrastructure and business applications to ensure they are always up to date and can change quickly in response to short-term business needs. A particular focus for 2015/16 will include an update of the existing Dynamics GP software.

Dynamic GP was implemented as the core business tool to manage the 14 LHINs’ finance and payroll administration. The system mainstream support will end on October 13, 2015. After mainstream support

has ended, Microsoft will no longer release payroll tax-table updates or major service pack for this version— this will affect the ability to process payroll.

Key activities for 2015/16 include:

- Upgrade the existing software to a newer version before October; and,
- Evaluate user-defined process workflows required to extend business capabilities.

This upgrade will also facilitate information sharing through secure portals for tracking and forecasting budgetary needs for project management, record keeping and staffing organization requirements.

Innovate and Build a New IT Strategy

Over the past six years, LSSO made deliberate choices to insource and outsource various IT activities to deliver on its value proposition: “to provide a reliable information technology infrastructure, that is secure and enables the LHIN to conduct its business”. Taking into account lessons learned over the years and the existing IT outsource contract coming to the end of its term, the LSSO is well-positioned to begin the development of a new longer-term IT strategy.

Key activities for 2015/16 include:

- Measurement and evaluation of the CompuCom Agreement¹¹, particularly per unit price and service expansion opportunities.
- Establishment of a procurement planning committee, coupled with tactical steps to meet Ministry timelines for renewal—up to two-year approval process.

Our aim is to renew CompuCom contract in March 2016, and in parallel, develop the business case to go to market with a new RFS in 2018.

LSSO Procurement Services

Centralized support for procurement activities across LHINs assists with compliance requirements and takes advantages of centralized resources through joint procurements. The LSSO procures on behalf of LHINs in a number of areas (insurance, audit, payroll, benefits, IT network and support, financial IS support, website) in order to deliver cost savings through economies of scale, and reduce administrative costs through centralized vendor management. The LSSO provides templates and tools and coordinates with the MOHLTC to ensure that individual LHINs have access to advice on compliance and implementation matters with a goal to support adoption of best practices and reduce administrative time for LHIN staff.

Priorities for LSSO Procurement Services in 2015-16 will focus on ensuring leading practices for vendor management, strengthening our partnership with Ministry staff to ensure LHINs are up-to-date on requirements and compliance obligations, and facilitating easy access to the knowledge and resources required by LHINs.

LSSO Human Resources Services

The LHIN-Ministry Memorandum of Understanding requires that “each LHIN shall utilize substantially similar employment policies and practices” and “each LHIN shall use or employ the same human resources services as all other LHINs either directly or indirectly through a shared service arrangement among the LHINs.” While each LHIN manages the majority of their human resources needs internally, LSSO Human Resources Services provides advisory services as well as a range of supports, including:

- Provide benefits administration, including vendor management, transaction support, and reporting;
- Support for implementation of a Human Resources Information System, for records management;
- Coordination and maintenance of core policies or policy guidelines; and,
- Coordination of common tools, templates and best practices for a full range of human resources functions.

Human Resources Services’ priorities for 2015-16 are to identify and act on opportunities to enhance support to the LHINs, with a focus on improving access to core Human Resources functions, collectively and individually as LHINs. LSSO continues to support implementation of improved human resources information systems and development of new tools and templates based on LHIN priorities.

Finance, Payroll and Corporate Services

The LSSO provides the means through which LHINs can share common expenses, processes and accounting for transactions that require funds to be shared across all 14 LHINs. In doing so, the LSSO provides a range of transaction processing, financial application and procurement supports on behalf of LHINs. These include support for common financial functions such as procurement of audit services and insurance services, assistance with payroll processing, and coordination of transactions for joint procurements and payments.

The LSSO also acts on behalf of the 14 LHINs to fund the Legal Services Branch and facilitates administrative support for joint activities.

Risk Assessment

The following risks have been identified, and could impede the LSSO’s pursuit of the above stated objectives:

- Maintaining a balanced budget with increase in service requirements (e.g. procurement office, project management, decision support & planning) will increase the project cycle time.
- The mitigation may be in the form of a reduction in the spectrum of work and deferral of select projects until funding is secured.

- Delays due to policy development, process re-design and implementation have negative implications on project budgets.
- Failure of the LHINs to grant additional staffing requests to participate in project committees, as well as a deficiency in the current staffs skills to implement the initiatives may impact success. The mitigation may be in the form of a deferral of the project until the resources are secured.
- Vendor resources in managing, prioritizing and addressing the LHINs. Limited staff within the LSSO to actively manage all areas of the LHINs SLA and validate deliverables and performance.

Financial Summary

Operations Spending Plan (FORM 1C)				LSSO
LHIN Operations (\$)	2014/15 Actual	2015/16 Planned Allocation	2016/17 Planned Expense	2017/18 Planned Expense
Operating Funding (excluding initiatives)	5,595,272	5,707,016	5,707,016	5,707,016
Initiatives Funding (e.g. E-Health, A@H, ED, Wait Time, etc.)				
Salaries and Wages*	1,603,745	1,821,345	1,821,345	1,821,345
Employee Benefits				
HOOPP	118,774	137,829	137,829	137,829
Other Benefits	180,777	237,815	237,815	237,815
Total Employee Benefits	299,551	375,644	375,644	375,644
Transportation and Communication				
Staff Travel	1,238	6,900	6,900	6,900
Governance Travel				
Communications	11,357	18,547	18,547	18,547
Others	7,828			
Total Transportation and Communication	20,422	25,447	25,447	25,447
Services				
Accommodation	167,914	184,309	184,309	184,309
Advertising				
Consulting Fees	46,309	34,596	34,596	34,596
Equipment Rentals	2,726	1,584	1,584	1,584
Insurance	2,680	2,760	2,760	2,760
LSSO Shared Costs	2,122,962	2,623,104	2,623,104	2,623,104
Collaborative Expenses				
Other Meeting Expenses	1,582	7,479	7,479	7,479
Staff Development & others	21,571	23,092	23,092	23,092
Other Services				
Total Services	2,365,744	2,876,924	2,876,924	2,876,924
Supplies and Equipment				
IT Equipment	463,862	525,776	525,776	525,776
Office Supplies & Purchased Equipment	30,494	38,160	38,160	38,160
Total Supplies and Equipment	494,356	563,936	563,936	563,936
Capital Expenditures	811,455	43,720	43,720	43,720
LHIN Operations: Total Planned Expense	5,595,272	5,707,016	5,707,016	5,707,016
Annual Funding Target				
Operating Surplus (Shortfall)	-	-	-	-
Amortization of Tangible Capital Assets	1,040,008			
LHIN Operations and Initiatives- Total Actual/Planned Expense	5,595,272	5,707,016	5,707,016	5,707,016

LSSO Staffing Plan (Full-Time Equivalents)

Position Title	2014/15 Actual	2015/16 Outlook Plan	2016/17 Outlook	2017/18 Outlook
IT Services				
Director, Technology Solutions	1	1	1	1
Administrative Assist	1	1	1	1
IS Manager	1	1	1	1
Coordinator, IT Support	1	1	1	1
Sharepoint & CRM Admin/Developer	1	2	2	2
IT Project Manager	1	-	-	-
IT Analyst & Application Specialist (Transition)/ CRM developer	1	1	1	1
Project Manager	1	2	2	2
Finance Manager	1	1	1	1
Specialist-Payroll & Benefits	1	1	1	1
Financial Analyst	1	1	1	1
Executive Assistant	1	1	1	1
Procurement Specialist	1	1	1	1
HR/OD Strategic Business Partn	1	1	1	1
Legal Admin	1	1	1	1
	15	16	16	16

2014-15 Budget assumptions

The following assumptions were considered when compiling the budget:

- All vacant positions are budgeted at the mid-range of the pay scale group for all of the corresponding positions.
- Staff benefit costs are budgeted based on salaries for all positions.
- The costs for the Toronto Central LHIN Legal Services Branch are included in the budget.
- The cost of living adjustments and the performance increases are both at 0%, and have been factored into the forecasts.
- The rental cost is based on the cost of the lease agreement, together with additional budgeted rental space.

Budget commentary

The significant points of note about the budget and forecast are:

- The LSSO budget for 2015-16 is prepared on the basis of a balanced budget.
- The LSSO budget for 2015-16 was based on current operating costs, adjusted to reflect one-time additional funding for IT transition costs.

- Any staffing required for future projects, or initiatives not included in this document, will be funded through project funding from the Toronto Central LHINs as part of the project request and approval process.

LHIN Collaborative (LHINC) Introduction and Current Mandate

Background

The LHIN Collaborative (LHINC) was established in 2009 as a provincial secretariat structure to the LHINs, focused on engaging health service providers, their associations and the LHINs collectively on system-wide health issues. In 2012, LHINC's responsibilities were expanded to provide secretariat services to the LHIN leadership, enabling them to more effectively respond to Ministry requests at a provincial level and ensuring timely response on emerging issues.

The LHINC plays an essential role by supporting provincial dialogue on key strategies, enabling joint work, sharing leading practices, and coordinating across LHINs on information requests and emerging issues. This work includes:

- **Enabling LHIN leadership to provide timely response on system change and strategic opportunities** – ongoing project support for Leadership Council and CEO work groups on a range of topics to inform system planning and dialogue with the Ministry on transformation, including development of briefings, surveys, white papers or reports as needed.
- **Providing centralized project support for priority pan-LHIN initiatives** – provide project support for pan-LHIN projects to achieve Ministry priorities such as the Clinical Council of the Palliative Care Strategy, including project management support for provincial initiatives, engagement activities for implementation. LHINC is also supporting the implementation of new regulation and policy guidelines for personal support services.
- **Establishing tools and resources to share knowledge and improve communication** – improving knowledge management and collaboration across LHINs to support more effective use of resources, avoid duplication and facilitate adoption of leading practices.
- **Provincial Service Accountability Agreements (SAAs) and Indicators** – acting as a central resource to coordinate all provincial activities in the development, consultations, engagement and education related to the annual L-SAA, M-SAA, and H-SAA process.
- **Facilitating dialogue between LHINs and other health system leaders** – supporting ongoing dialogue between LHINs and other provincial system leadership, including the System Strategy Council, a health system indicator leadership group, and a range of other provincial project and sector related groups.

LHINC 2015/16 Priorities

In accordance with its mandate, LHINC's ABP is based on priorities that are identified by the Ministry and the 14 LHINs through the LHIN Leadership Council (comprising of LHIN CEOs and Board Chairs) and the LHIN CEO Council (comprising of the 14 LHIN CEOs).

In 2015/16 LHINC will continue to grow and evolve as the LHINs support implementation of the Minister's Action Plan for Health Care and other provincial strategies. Key areas of focus for 2015/16 include:

- ***Enabling Joint Work across the System to Action LHIN and Ministry Priorities*** – supporting ongoing work such as the Service Accountability Agreements (SAAs) as well as new ongoing multi-year projects such as the Personal Support Services Policy Guideline Implementation, LHIN coordination to support the Personal Support Worker Wage Increase, and support for the Palliative Care Project clinical work group.
- ***Enabling Collaboration with Sector Partners*** – building on the success of the System Strategy Council and CCAC Benchmarking project, LHINC is providing support for the ongoing joint LHIN-CCAC Collaboration Table, the Health System Indicator Initiative, and other provincial stakeholder engagements.
- ***Timely and Coordinated Response across LHINs on Pan-LHIN Issues*** – allowing the LHINs to speak with one voice in response to emerging issues, in order to provide timely response to the MOHLTC on new policy and provincial priorities.
- ***Facilitating Improvements to Improve Sharing of Leading Practices across LHINs*** – targeting opportunities for improvement in processes and information, including ongoing work to enhance SAA processes, coordinating reporting on key provincial projects and developing common tools and resources for LHIN staff and leadership.

Financial Summary

Operations Spending Plan (FORM 1C)				LHINC
LHIN Operations (\$)	2014/15 Actual	2015/16 Planned Allocation	2016/17 Planned Expense	2017/18 Planned Expense
Operating Funding (excluding initiatives)	1,383,000	1,379,000	1,379,000	1,379,000
Initiatives Funding (e.g. E-Health, A@H, ED, Wait Time, etc.)				
Salaries and Wages	984,087	897,053	897,053	897,053
Employee Benefits				
HOOPP	75,783	62,794	62,794	62,794
Other Benefits	121,830	125,587	125,587	125,587
Total Employee Benefits	197,613	188,381	188,381	188,381
Transportation and Communication				
Staff Travel	2,400	2,750	2,750	2,750
Communications	8,589	28,430	28,430	28,430
Total Transportation and Communication	10,989	31,180	31,180	31,180
Services				
Accommodation	111,454	112,860	118,503	120,566
Advertising				
Consulting Fees	5,776	13,200	13,200	13,200
Equipment Rentals	1,467	3,504	3,504	3,504
Insurance	893	1,524	1,524	1,524
LSSO Shared Costs	44,400	44,400	44,400	44,400
Collaborative Expenses				
Other Meeting Expenses	7,547	13,900	13,900	13,900
Staff Development & others	581	15,948	15,948	15,948
Other Services	9,195	30,006	24,363	22,300
Total Services	181,314	235,342	235,342	235,342
Supplies and Equipment				
IT Equipment	3,696	8,200	8,200	8,200
Office Supplies & Purchased Equipment	5,301	18,844	18,844	18,844
Other S & E		-	-	-
Total Supplies and Equipment	8,997	27,044	27,044	27,044
Capital Expenditures		-	-	-
LHIN Operations: Total Planned Expense	1,383,000	1,379,000	1,379,000	1,379,000
Annual Funding Target				
Operating Surplus (Shortfall)		-	-	-
Amortization of Tangible Capital Assets	135,229			
LHIN Operations and Initiatives- Total Actual/Planned Expense	1,383,000	1,379,000	1,379,000	1,379,000

LHINC Staffing Plan (Full-Time Equivalents)

Position Title	2014/15 Actual	2015/16 Outlook Plan	2016/17 Outlook	2017/18 Outlook
LHINC Operations				
Senior Consultant	4	5	4	4
Project Consultant	2	1	2	2
Admin Assistant	1	1	1	1
Sr Director, LHINC	1	1	1	1
Pan LHIN Comm. Director	1	-	-	-
	9	8	8	8

ENDNOTES

- 1 Statistics Canada, 2013. Census Profile – Age, Sex, Marital Status, Families, Households, Dwellings and Language for Canada, Provinces, Territories, Health Regions, Peer Groups and Census Metropolitan Areas, 2011 Census. Available from The Community Data Program.
- 2 Keesmaat, Jennifer. Planning for Complete Communities. Paper Presented at Deputy Minister meeting, February 17, 2015.
- 3 City of Toronto, 2012. City of Toronto Backgrounder, 2011 Census Age and Sex Counts. Available from: https://www1.toronto.ca/city_of_toronto/social_development_finance_administration/files/pdf/censusbackgro_under_ageandsex_2011.pdf
- 4 City of Toronto Social Development, Finance and Administration Division, Toronto Seniors Demographic Snapshot, 2006 2008. Available from: https://www1.toronto.ca/city_of_toronto/social_development_finance_administration/files/pdf/seniors_pres_2_006_census_nov08.pdf
- 5 Statistics Canada. Immigration and Ethno cultural Diversity in Canada. 2011. Available from: <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.cfm> City of Toronto. Toronto Backgrounder. 2011 National Household Survey. May 9 2013. Available from: https://www1.toronto.ca/city_of_toronto/social_development_finance_administration/files/pdf/nhs_backgrounder.pdf
- 6 City of Toronto. Toronto Backgrounder. 2011 National Household Survey. May 9 2013. Available from: https://www1.toronto.ca/city_of_toronto/social_development_finance_administration/files/pdf/nhs_backgrounder.pdf
- 7 City of Toronto, Toronto Facts: Diversity. Available from: <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=dbe867b42d853410VgnVCM10000071d60f89RCRD&vgnextchannel=57a12cc817453410VgnVCM10000071d60f89RCRD>
- 8 Statistics Canada, 2014. Table F-17 Family data - Low income (based on before-tax low income measures, LIMs), 2012. Available from The Community Data Program. Statistics Canada. 2012. Toronto, Ontario (Code 3520005) and Ontario (Code 35) (table). Census Profile. 2011 Census. Statistics Canada Catalogue no. 98-316-XWE. Ottawa. Released October 24, 2012. <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E>
- 9 Francophones in Ontario: Data based on the Inclusive Definition of Francophone (IDF) from the 2011 Census. 2013. Available from: <http://www.ofa.gov.on.ca/en/franco-stats.html>
- 10 The Homeless Hub, 2013 Street Needs Assessment: Interim Report. Available from: <http://www.homelesshub.ca/community-profiles/ontario/toronto>
- 11 The CompuCom contract is three years, with optional two years. The three-year term ends in March 2016. A decision must be made to go to market with a new RFP.

Please note the immigration statistics are for the whole City of Toronto and are taken from the National Household Survey, which has data limitations.