Central **LHIN**

Gaining Momentum

2013 COMMUNITY REPORT

Ontario
Local Health Integration Network

Doing the right thing for the right reasons

Healthier People

Sustainable health care

System-level improvements

Together we are better

Caring Communities

Local health system

Right care, right time, *right place* **Health Links**

Integrated Health Service Plan

Person-centred care

Delivering locally on provincial priorities

Ontario's Action Plan for Health Care

Evidenced-based system improvements

Like the wind that drives the pinwheel, Central LHIN continues to be a driving force in transforming the health care system in northern Toronto, York Region and south Simcoe County. ***And we are gaining momentum.***

About our LHIN

Central LHIN is a provincial crown agency responsible for planning, funding, coordinating and integrating health services in northern Toronto, York Region and south Simcoe County. For us, that means working with 116 health service providers to provide leadership and accountability to help ensure we're delivering the right care, at the right time, in the right place by:

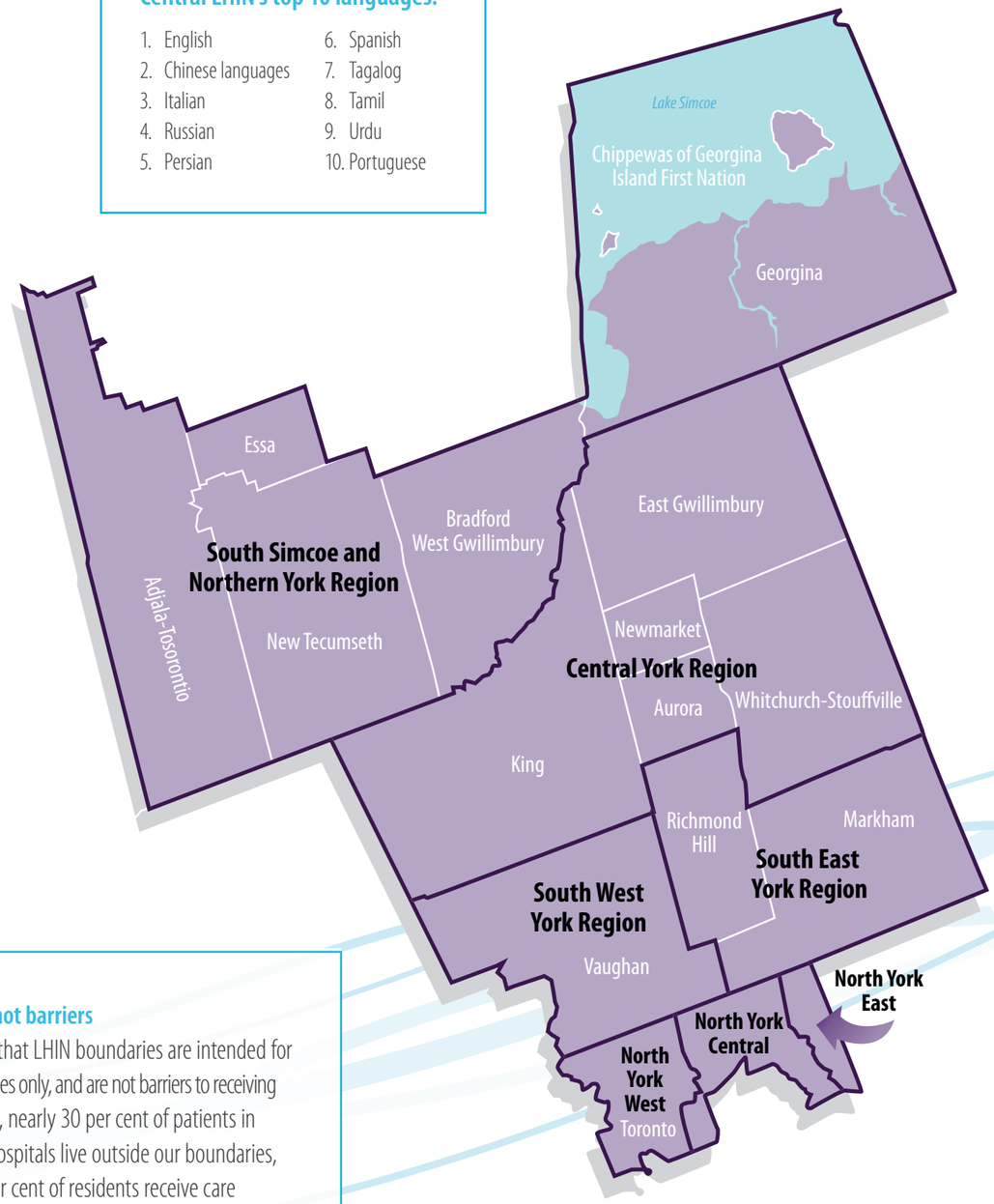
1. Measuring health care performance
2. Setting targets based on these measures
3. Holding organizations accountable for achieving these targets
4. Publicly reporting performance results
5. Achieving targets which are improving the lives of patients

Our planning areas

Central LHIN covers an area of 2,730 square kilometres and is divided into seven geographical planning areas, as illustrated by the map at the right. Each planning area has varying populations, age structures, economic conditions, and health and social characteristics, requiring targeted approaches to respond to its own unique challenges and needs when planning at a system level. The majority of Central LHIN's population lives in communities along Highways 401 and 404.

Central LHIN's top 10 languages:

1. English
2. Chinese languages
3. Italian
4. Russian
5. Persian
6. Spanish
7. Tagalog
8. Tamil
9. Urdu
10. Portuguese



Boundaries, not barriers

Did you know that LHIN boundaries are intended for planning purposes only, and are not barriers to receiving service? In fact, nearly 30 per cent of patients in Central LHIN hospitals live outside our boundaries, and over 30 per cent of residents receive care outside of the LHIN. Our focus is to strengthen the system – regardless of where people live.

CENTRAL LHIN

1.8M RESIDENTS

Central LHIN has the most residents of all LHINs in the province – that's 14% of Ontario's population

128,000 MORE SENIORS

Central LHIN will experience a 60% growth rate in our seniors population between 2011-2021. This means our LHIN is experiencing greater-than-average population aging compared to the rest of the province.

20% GROWTH RATE

By 2016, 181,000 more residents will live in Central LHIN, making us one of the fastest growing LHINs in Ontario

48% DIVERSE

Central LHIN is home to 864,000 immigrants (highest in the province) and is one of the most diverse LHINs in Ontario

96,000 BABIES & YOUNG CHILDREN

This means that almost 14% of Ontario's children aged 0-4 live in our LHIN – the highest of all LHINs in the province

Learn more about our LHIN at **www.centrallhin.on.ca**

Who we fund

Priorities for investment in Central LHIN are guided by the needs of our communities, in alignment with provincial priorities. We work with our stakeholders to plan investments that put local health dollars where they are most needed to improve the accessibility, coordination, quality and efficiency of our local health system for patients and their families.

In 2012/13, Central LHIN's budget of $1.8 billion was allocated across a range of health programs through 110 Service Accountability Agreements delivered by our health service providers, including:

- Six public and three private hospitals ($1,127,771,450)
- 46 long-term care homes ($317,942,980)
- 37 community support service providers ($72,281,825)
- 21 mental health and addictions service providers ($71,939,565)
- One community care access centre ($240,775,825)
- Two community health centres ($8,810,116)

Central LHIN is committed to transparent, responsive and accountable health spending, which includes Board meetings that are open to the public and the posting of Board materials at:

www.centrallhin.on.ca (click on 'Board of Directors').

For 2012-13, **99.73 per cent of Central LHIN's $1.8 billion budget was spent on health service providers,** with just 0.27 per cent of the budget spent on LHIN operations. Hospitals account for the majority of the spending, at 62%

Who we don't fund

Many Ministry of Health and Long-Term Care-funded services do not fall under our mandate as defined by the Local Health System Integration Act, 2006, including:

- Most physician services
- Nurse practitioner led clinics
- Drug benefits
- Independent health facilities
- Laboratories
- EMS ambulance services
- Public health

"LHINs are making important and tough decisions. They're integrating care so it reflects the needs of patients, and they're implementing provincial priorities at the local level, with robust community input."

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

Our health service providers

Abuse Program of York Region Access Apartments for Physically Disabled Adults in Toronto Across Boundaries Addiction Services for York Region Advent Valleyview Residence Alzheimer Society of York Region Aphasia Institute Aurora Resthaven Baycrest Bayview Community Services Bernard Betel Centre for Creative Living Bethany Lodge Better Living at Thompson House Better Living Health and Community Services Black Creek Community Health Centre Bloomington Cove Long Term Care Centre Bradford Valley Canadian Hearing Society Canadian Mental Health Association (York Region / Toronto) Carefirst Seniors and Community Services Carefree Lodge Cedarvale Lodge Central Community Care Access Centre (CCAC) Circle of Home Care Services Chai-Tikvah Foundation Chippewas of Georgina Island Community & Home Assistance to Seniors (CHATS) Community Head Injury Resource Services of Toronto (CHIRS) COTA Health Cummer Lodge Don Mills Surgical Unit Downsview Services to Seniors Downsview Long-Term Care Centre Elginwood Long Term Care Centre Etobicoke Services for Seniors Extendicare Bayview Friuli Terrace Good Samaritan Nursing Home Harold and Grace Baker Centre Hawthorne Place Care Centre Hazel Burns Hospice Hesperus Fellowship Community of Ontario Humber River Hospital Jane/Finch Community and Family Centre King City Lodge Nursing Home Kristus Darzs Latvian Home Leisureworld Caregiving Centres March of Dimes, York Mariann Nursing Home and Residence Mackenzie Health Mackenzie Place Maple Health Centre Markham Stouffville Hospital Markhaven Mon Sheong Richmond Hill Long Term Care Centre Newmarket Health Centre North Park Nursing Home North York General Hospital North York Seniors Centre North Yorkers for Disabled Persons PACE Independent Living PalCare Network for York Region Parkview Home Participation House Regional Municipality of York River Glen Haven Nursing Home Simcoe Manor Home For The Aged Sherwood Court Shouldice Hospital Limited Southlake Regional Health Centre Southlake Residential Care Village St. Clair West Services for Seniors St. Demetrius Supportive Care Services St. Joseph's Private Hospital & Infirmary Stevenson Memorial Hospital The Canadian Hearing Society The Canadian National Institute for the Blind The Caritas Project Community Against Drugs The Gibson Long Term Care Centre The Krasman Centre Toronto North Support Services The Village of Humber Heights The Vitanova Foundation The Willows Estate Nursing Home The Woodhaven Long Term Care Residence Ukrainian Canadian Centre Union Villa Villa Colombo Homes for the Aged Villa Colombo Senior Centre Villa Leonardo Gambin Vaughan Community Health Centre Yee Hong Centre For Geriatric Care York Support Services Network

Visit www.centrallhin.on.ca / About our LHIN / Our Health Service Providers to view a complete list of our health service providers by category and location

Over the years, community capacity has been increased by Central LHIN through funding to add 133 new transitional care beds to rehabilitate and transition people after a hospital stay that need restorative care before returning home or moving into long-term care. By building this capacity in the community, the transitional care beds have resulted in better outcomes for patients and have saved the system an estimated $20.2 million in 2012/13 (compared to the annual cost of the same number of acute care beds).

Responding to our aging population

In just eight years, Central LHIN will be home to about 128,000 more seniors. As our population ages, helping seniors stay in their homes while continuing to lead healthy and independent lives is an important area of focus for the Central LHIN. Here are a few examples of how Central LHIN's investments are making a difference for our aging populations.

Home First

People who receive care in their homes are generally happier, more comfortable and tend to heal more quickly. That's why Central LHIN was one of the first LHINs in Ontario to implement Home First, a hospital discharge philosophy that helps patients and their families make informed choices about care that could allow them to return home after a hospital treatment.

Because of Home First, people get home safely, sooner. Introduced in September 2009, Home First has served 2,243 patients in Central LHIN (as of March 2013). From April 2012 to March 2013, Home First relieved 34,952 alternate level of care days resulting in savings of $17,819,682 to the health care system (cost savings realized by being home with supports rather than in an acute care hospital). Central LHIN currently funds 180 Home First spots in the community.

Learn more at **www.centrallhin.on.ca / Advancing Quality / Home First**.

Behavioural support

As the population ages, the number of people with cognitive impairment and dementia also increases, which can be challenging to others. To help address this challenge, the province has invested $40 million in the Behavioural Supports Ontario Project (BSO), $3.97 million of which has been allocated to Central LHIN. This investment means that 60 new staff – nurses, personal support workers and other health care providers – are providing enhanced services for our seniors with complex and challenging mental health, addictions, dementia or other neurological conditions.

Between April 1, 2012 and March 31, 2013, enhanced behavioural support was provided to 1,229 individuals where they live, whether that be in long-term care, in their home or elsewhere.

Learn more at **www.centrallhin.on.ca / Advancing Quality / Mental Health and Addictions.**

"My wife has regained her dignity through [the BSO] program. Visits with our children are much easier and we enjoy the time together. We see the change and I'm so happy Joan is being given the best possible quality of life."

– Brian

PINWHEEL PROJECTS

"I commend the Central LHIN for its openness to change, its championing of the integration of services and for trying new things that benefit people's health."

– Terry McCullum CEO, LOFT Community Services

New model of care for young adults with complex medical needs

There are many children in Central LHIN with complex medical needs that require specialized care. However, all too often the type of care they need isn't readily available in the community as they transition into young adulthood. That's why Central LHIN worked collaboratively with health service providers and across ministries to address a service gap through the development of an innovative, congregate care model for young adults with complex medical needs.

The model at the Reena Community Residence in Vaughan brings together housing, health care, significant care coordination and support services so that seven young adults with complex medical conditions have the opportunity to live in a home setting. Central LHIN has funded the March of Dimes to manage around-the-clock services for these clients, and the Central Community Care Access Centre (CCAC) is providing the nursing component of care.

This local solution was developed to respond to the needs of the people in our communities and has been shown to:

- Improve outcomes for children / young adults with medical complexity
- Build provider and system capacity closer to home
- Reduce emergency department visits and hospitalizations

Learn more at **www.centrallhin.on.ca / Newsroom / January 7, 2013**

"People with complex disabilities can be supported in the community if accessible, affordable housing is available. The partnership with Reena is a magnificent opportunity to provide independent living, community integration, and social inclusion for people with disabilities."

– Andria Spindel, President and Chief Executive Officer, March of Dimes

PINWHEEL PROJECT 1

Strengthening palliative care in our communities

PINWHEEL PROJECT 2

Dr. Elisabeth Kübler-Ross – the author of On Death and Dying – once said, "Watching a peaceful death of a human being reminds us of a falling star; one of a million lights in a vast sky that flares up for a brief moment only to disappear into the endless night forever." Helping those falling stars disappear with the dignity, comfort and respect they deserve is a key area of focus of Central LHIN, its health service providers and partners involved in palliative care.

In 2013, for example, the Central LHIN commenced the development of a regional vision and plan for palliative care by collaborating with its recently formed Central Hospice Palliative Care Program Council (Council) and the Central Community Access Centre (CCAC).

"As we collaborate to deliver the right care, at the right time, in the right place, we are committed to providing standardized, best practice palliative care in our LHIN."

– Kim Baker, Chief Executive Officer for Central LHIN

Comprised of caregivers, family members, community representatives and health sector leaders representing palliative services, the new Council and the LHIN are seeking new ways to strengthen palliative care for patients in our communities, and to support more patients through the end of life period in their preferred locations. This will be achieved through the development of a comprehensive, integrated, regional program for hospice palliative care in Central LHIN.

Learn more at **www.centrallhin.on.ca / newsroom / LHINfo Minute / September 13, 2013**

"Health Links represents a significant new way to improve care. As part of the South Simcoe and Northern York Region Health Link, we are committed to finding new ways to enable people to navigate the system faster, cheaper and with better outcomes than they have previously experienced."

– Dr. Dave Williams, President and CEO, Southlake Regional Health Centre, and lead organization for the South Simcoe Northern York Region Health Link

PINWHEEL PROJECT 3

Health Links

Health Links is an example of how the LHINs are putting patients at the centre of the health care system. At its core, Health Links is about physicians, specialists, hospitals and community providers working together to improve the coordination of care for patients with complex medical needs – such as seniors – by coordinating care plans in a way that hasn't been done before. It's about being person-centred and creating communities of health service providers to more effectively coordinate local health care services for people who need them the most.

In an effort to make the system more person-centred, Central LHIN engaged its Health Links last June to teach them about Experience-Based Design (EBD), an improvement methodology that integrates the role of patients in redesigning care delivery. Equipped with the tools to do so, Central LHIN Health Links are now using real patient experiences to understand how to improve the health care experience.

Learn more at **www.centrallhin.on.ca / Advancing Quality / Health Links**

Health Links will make a difference by:

- Improving access to family care for seniors and patients with complex conditions
- Reducing avoidable emergency room visits
- Reducing the need to go back to the hospital shortly after discharge
- Reducing the time it takes to see a specialist once referred by your primary care doctor
- Improving the patient's treatment and care experience throughout the health care system

HIGHLIGHTS

In 2012/13, Central LHIN continued to demonstrate that together we are indeed better. Here are just a few examples of how the LHIN and its health service providers are working together to make a difference to the health care system.

In 2012/13, Central LHIN hospitals continued to reduce wait times significantly compared to 2011/12. For example:

- Patients visiting Central LHIN's emergency departments were seen within 3.65 hours – that's the second fastest result in Ontario
- Patients admitted to Central LHIN's emergency departments waited eight hours less
- Patients needing a diagnostic MRI scan got theirs 43 days faster
- Patients waiting for a cardiac by-pass procedure got their surgery 10 days faster
- Patients requiring lifesaving cancer surgery waited four days less

"Central LHIN's emergency rooms have continued to see improvements in reducing wait times and treating more patients. This is a direct result of the planning efforts the LHIN and our hospitals have undertaken, and I am confident in the sustainability of our endeavours."

– Dr. Rakesh Kumar, Central LHIN Emergency Department Lead

In 2012/13, Central LHIN invested $13.6 million so that hospitals could perform additional procedures, such as:

14,315
MRI hours

601
cataract surgeries

716
cancer surgeries

144
paediatric surgeries

358
general surgeries

270
joint replacement surgeries

6,230
CT hours

HIGHLIGHTS CONTINUED

"Collaboration and coordination of services between our health care organizations provides an opportunity to learn from each other and share innovations and best practices. In these challenging times, working together as a system will allow us to deliver high quality critical care services to the residents of the Central LHIN."

– Dr. Michael Sullivan, Central LHIN Critical Care Lead

Primary Care in Central LHIN

In Central LHIN, there are:

- 1,400 Family Physicians
- Two Nurse Practitioner Led Clinics
- 11 Family Health Teams and
- 2,057 unattached patients

In 2012/13, our partnerships with family doctors helped improve access to primary care services for unattached patients and reduce avoidable hospitalizations.

Need a family doctor?
Health Care Connect can help.
Call 1-800-387-5559

or visit **www.ontario.ca/healthcareconnect.**

"I am proud of the work Central LHIN has been doing towards improving access to primary care services, supporting the implementation of avoidable hospitalizations and enabling primary care services to be better integrated with the work of other health sectors. Through the work of the LHIN and its partners, we continue to strengthen and further integrate primary care in local health planning, for the benefit of people in our communities."

– Dr. David Kaplan, Central LHIN Primary Care Lead

In 2012/13, Central LHIN continued to connect with its health service providers in a meaningful way to help improve the health care system together. For example, we:

- **Engaged primary care providers** through our second annual Quality Forum – *Quality Improvement in Primary Care.* Developed in partnership with the University of Toronto's Department of Family and Community Medicine, this collaborative was developed for physicians, specialists, nurses and allied health professionals. The purpose? Give health care practitioners practical tips about how to improve quality in their practice, and teach them about the heightened relevance of quality improvement in primary care as Ontario's health care system transforms.
- **Engaged mental health and addictions providers** through a quality collaborative called *Improving Flow in the Emergency Department for Mental Health and Addiction Services.* The objective? Learn how to better respond to people needing urgent help with a mental illness or substance abuse in hospital emergency departments.

In 2012/13, Central LHIN invested in interpretive services to better respond to its diverse communities. As one of the most diverse LHINs in Ontario, Central LHIN has the lowest number of residents that speak English (in 2006, just over half of Central LHIN's population reported English as their mother tongue). In response, Central LHIN has funded interpretive services, which is coming to Central LHIN in October 2013. It is anticipated that these services will support about 4,000 people annually to receive health information in their preferred language. Interpretive services will primarily be delivered over the phone with opportunities for video conferencing and face-to-face services.

As of July 2013, about 16,600 hospital intensive care unit (ICU) days have been avoided since the December 2010 implementation of the West Park Transitional Home Ventilation Service pilot project. This is equivalent to a 16-bed ICU.

Central LHIN continues to focus on increasing capacity in the community through the LHIN's Community Sector Optimization strategy. In 2012/13, for example, the LHIN focused on optimizing funds and resources for transportation services so that more services can be provided – with reduced duplication – to help people get to and from non-urgent medical appointments. The goal? Work better together to improve equitable access to non-emergency medical rides in Central LHIN.

In 2012/13, Central LHIN increased support for community services by $14.3 million so that more seniors were provided with home care and more people received the help they need to cope with their addictions. This was achieved by investing in:

- Transitional support housing for individuals with mental illness and addictions
- 119,727 additional personal support worker hours to provide more home care for those who need it the most
- Assisted living services for 325 seniors with complex medical needs
- And more

In 2012/13, Central LHIN and its health service providers continued to invest in information technology to improve both quality and access to health care for the people in our LHIN. For example, we:

- **Implemented the Resource Matching and Referral (RM&R) solution in two of Central LHIN's family health teams** – the first LHIN in Ontario to implement this e-referral solution in a primary care setting. An electronic solution that matches patients care requirements to available health care services, RM&R speeds up the referral and matching process by replacing a paper-based system and improves the completeness of patient referrals. Since implementing RM&R in all of Central LHIN's hospitals in 2011/12, patient referrals to the Community Care Access Centre and St. John's Rehab are now happening electronically. The benefit? Referrals are now 28 per cent more complete, which means people are being served faster, smarter and safer.
- **Invested in the hiring of new telemedicine nurses to conduct virtual patient consultations.** For patients, this means improved access to health care, less travel and an increase in the types of health care services available at more than 68 sites across Central LHIN. This year, Central LHIN is piloting telehomecare in the South Simcoe / Northern York Region area of the LHIN through Southlake Regional Health Centre. High user patients, particularly those with chronic obstructive pulmonary disease and congestive heart failure, will be the target population for the pilot.

"Telemedicine tears down geographic barriers and increases access to much-needed health care services."

– Dr. Ed Brown, CEO, Ontario Telemedicine Network

Central **LHIN**

WE ASKED :

What is Central LHIN? What are we known for and are doing well? And what services are we providing to transform the health care system? These words represent the answers provided by staff and are helping us propel the health care system, *together.*

LHINs are making a difference

While LHINs have only been around since 2006, they have made a tremendous impact on Ontario's health care system. That's because LHINs are the only organizations in Ontario to bring together health care partners from sectors such as hospitals, community support services, community care access centres, mental health and addictions, community health centres and long-term care to develop innovative, collaborative solutions leading to more timely access to high-quality health care for residents.

Because of LHINs . . .

- Local decisions are being made to respond to local health care needs through open board meetings.
- Providers in the local health care system are working together and coordinating services to improve access to quality care for Ontario residents.
- The health care system is working more like a system, and the health care needs of people in your community are being identified, coordinated and addressed in an integrated way.
- Health service providers are being held accountable for the taxpayer dollars they are given through the development and signing of accountability agreements, and through the LHIN's accountability agreement with the Ministry of Health and Long-Term Care.

Did you know?

- The **LHIN model is far more cost effective** than the previous model that saw all health care system decisions being made by the Ministry of Health and Long-Term Care. In fact, the LHIN model replaced seven regional offices of the Ministry of Health and Long-Term Care, and 16 District Health Councils.
- Of Central LHIN's $1.8 billion budget, 99.73% of those dollars go directly to our health service providers, which means **just 0.27% is spent on the administrative cost of running Central LHIN.**
- The **LHIN model is focused on providing person-centred quality care for patients** and responding to the unique health care challenges and needs of each individual LHIN. LHINs are also engaging communities more directly and more effectively than ever before.
- Under the LHIN model, **decision-making and community consultation is now done at a local level.** By working with our health service providers, LHINs are better able to focus on efficiencies, collaboration and integration to create a more effective health care system so that patients receive the best possible care.

Together, the Central LHIN team is helping to propel the transformation of the health care system at a local level by working together and with our health service providers. And we are gaining momentum.

Moving forward: Our focus for the next three years

Appropriateness, Access, Integration, Person-Centredness. These are the four quality-based system directions that will guide Central LHIN's activities and investments in the local health system until 2016:

- Through *Appropriateness*, we aim to improve the delivery of safe, effective and timely care in the right setting.
- Through *Access*, our goal is to continue to improve access to hospital, community and primary care services.
- *Integration* for us is about strengthening the transitions of care and integrating health care delivery from disease prevention to end of life care.
- And *Person-Centredness* is about focusing first on people from a system perspective, and improving equity in how people experience health care and service delivery.

Outlined in Central LHIN's Integrated Health Service Plan (IHSP) 2013-2016, these four areas of focus will guide the LHIN as it works with its health service providers, key stakeholders and the Ministry of Health and Long-Term Care to help transform the local health care system in a way that matters most to patients.

Learn more at **www.centrallhin.on.ca / Strategic Priorities: 2013-16**

"Congratulations to the Central LHIN on the release of their Integrated Health Service Plan. This is an important step forward in strengthening the health system for patients and families. The Central Community Care Access Centre values the contribution of the IHSP blueprint which supports giving patients a seamless experience through hospital, residential and community care settings."

– Cathy Szabo, CEO, Central Community Care Access Centre

Transformation is underway

One way to keep momentum going is to constantly stretch, constantly strive and constantly reach for meaningful goals which can, at times, feel far away. As a funder, planner and manager of the local health system, Central LHIN's goal is to provide the right care, at the right time in the right place – a simple principle that requires focused plans and actions. It all comes down to taking deliberate steps, both large and small, to improve the health care system and make it better for everyone that receives health care in our region.

Our success in achieving our goals depends on working with our health service providers so that people in our diverse communities receive the best possible care from prevention through to end of life. The recent launch of our Integrated Health Service Plan 2013-16, developed with input from hundreds of people from the local health sector and community leaders, was an important step in this process.

Another was the introduction of two Health Links in our LHIN that will make accessing health care easier and less complicated for those that rely on our system the most, such as seniors and people with complex medical conditions. Health Links is centred on one simple concept: physicians, specialists, hospitals and community services working together to better coordinate care. It is this simple, yet profound focus on transitions and interdisciplinary communication that will help improve health care – and the health care experience – for patients with complex medical needs.

On behalf of the Central LHIN, I would like to thank our health service providers and the people who work every day in our system for their hard work and dedication. I also wish to express my gratitude to our Board of Directors and our staff for their continued focus on transforming the health care system and advancing quality health care for our communities. We look forward to continued collaboration with our stakeholders to achieve a system that is truly person-centred.

Kim

Kim Baker, Chief Executive Officer
Central LHIN

Together, we're better.

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