Central East **LHIN** | **RLISS** du Centre-Est

Strengthening Connections

Engaged Communities. Healthy Communities.

Central East LHIN Report to the Community

Fall 2017

Ontario

Local Health Integration Network

Réseau local d'intégration des services de santé

Message from our Chair and CEO

We are pleased to introduce the Central East LHIN quarterly report to the community. The report, titled "Strengthening Connections" highlights the deliberate and constructive steps that the Central East LHIN takes, in collaboration with its partners to continue to lead the advancement of an integrated sustainable health care system that ensures better health, better care and better value so that local residents are living healthier at home.

After a summer of transition, which saw the seamless transfer of home and community care services and staff from the Central East Community Care Access Centre to the Central East Local Health Integration Network (Central East LHIN), our focus as an organization has now shifted to transformation. The Central East LHIN has already moved forward with programs and initiatives in its expanded role that align with the goals outlined in the *Patients First: Action Plan for Health Care* and that continue to contribute to the achievement of our four strategic aims as detailed in our *2016-2019 Integrated Health Service Plan*.

Continue to support frail older adults to live healthier at home by spending 20,000 fewer days in hospital and reducing Alternate Level of Care days for people age 75+ by 20% by 2019.

Continue to improve the vascular health of people to live healthier at home by spending 6,000 fewer days in hospital and reducing hospital readmissions for vascular conditions by 11% by 2019.

Continue to support people to achieve an optimal level of mental health and live healthier at home by spending 15,000 fewer days in hospital and reducing repeat unscheduled emergency department visits for reasons of mental health or addictions by 13% by 2019.

Continue to support palliative patients to die at home by choice and spend 15,000 fewer days in hospital by increasing the number of people discharged home with support by 17% by 2019.

An important aspect of the *Patients First* Act is the formalization of LHIN Sub-regions. A sub-region is a smaller geographic planning region within the Central East LHIN that will help the LHIN to better understand and address patient needs at the local level. By looking at care patterns through a smaller, more local

lens, the Central East LHIN will be able to better identify and respond to community needs and ensure that patients across the entire LHIN continue to have access to the care they need, when and where they need it.

Following an Expression of Interest in August, that invited health system stakeholders from across the Central East region to submit an application to join one of the seven Sub-region Planning Tables, the successful respondents who represent a diverse cross-section of stakeholders were invited to participate in the October 16th Inaugural Sub-region Planning Tables Kick-Off Event. With over 70 individuals in attendance, representing unique perspectives including – patients, caregivers, Indigenous, Francophone, new immigrant, primary care providers, specialists, hospital, public health, municipal services, community health centres/family health teams, community support services, long-term care, mental health and addictions sector – the purpose was to launch the Central East LHIN's formal approach to sub-region planning. **The event started with a 90 minute "State of the Health Care System" address and provided an overview of the renewed Central East LHIN, an overview of Central East LHIN Sub-region planning including Health Links next steps, it introduced the updated Sub-region Profiles and Data tools, and introduced the Sub-region Planning Table members.**

The Central East LHIN continues to seek health system stakeholders – patients, caregivers, Indigenous representatives, Francophone representatives, and New Immigrant representatives to participate in Sub-region Planning Tables.

Planning Table members had the opportunity to come together for the first time and begin to establish relationships. They traded stories about their experiences with the health care system and looked at the sub-region profiles data to better understand the needs of patients and caregivers in their local communities. We are excited about moving forward with sub-region planning and recruiting additional members to join the tables as we work together to improve the health of our local populations and improve the patient experience. The important work that will come out of these planning tables will assist the Central East LHIN as we continue to guide, direct and inspire health system change. **Please visit the Central East LHIN website – www.centraleastlhin.on.ca – and click on "Priorities – Sub-regions" to view the materials from the October 16th Kick-off Event and to access the Sub-region Profiles Interactive Tool.**

As a Board and a leadership team, we are honoured to work with so many patients and caregivers, health service providers, physicians, nurses, front line providers, community leaders and other organizations to ensure that the health care system is effectively managed. Thank you for your ongoing support and collaboration.

Deborah Hammons,
Chief Executive Officer

Louis O'Brien,
Chair, Board of Directors

Our Achievements

The following are some of the programs, initiatives, milestones and investments that have contributed to and will continue to contribute to achieving our four strategic aims and the overarching goal of advancing integrated systems of care to help Central East LHIN residents live healthier at home.

Physician Leadership

Since its inception, the Central East LHIN has recognized the valuable role that physicians play in the development and implementation of activities that will lead to an integrated and sustainable health care system. Central East physicians continue to provide leadership and input into the implementation of the LHIN's Integrated Health Service Plan and the obligations set out in its Ministry-LHIN Accountability Agreement.

Dr. David Borenstein

Clinical Quality Lead,
Central East LHIN and Health Quality Ontario

Dr. Ilan Fischler

Mental Health and Addictions Physician Lead,
Central East LHIN

Dr. K. Jennifer Ingram

Seniors Physician Lead,
Central East LHIN

Dr. Gary M. Mann

Emergency Medicine Physician Lead, Central East LHIN

Dr. Ed Osborne

Regional Palliative Care Physician Lead, for the Central East Region

Dr. Randy S. Wax

Critical Care Physician Lead,
Central East LHIN

Due to the recent retirement of Dr. Paul Caulford, a process is underway to recruit a new Primary Care Physician Lead.

Dr. Judith A. Armstrong

Primary Care Physician Lead - Peterborough City and County sub-region

Dr. Phil Stratford

Primary Care Physician Lead - Northumberland County sub-region

Dr. Rahim Ladak

Primary Care Physician Lead - Durham North East sub-region

Dr. Lubna Tirmizi

Primary Care Physician Lead - Durham West sub-region

Dr. Avnish Mehta

Primary Care Physician Lead - Scarborough South sub-region

Dr. Sheila-Mae Young

Primary Care Physician Lead - Haliburton County and City of Kawartha Lakes sub-region

Due to the recent retirement of Dr. Paul Caulford, a process is underway to recruit a new Scarborough North Sub-region Primary Care Physician Lead.

The system-level Specialty Physician leads and Sub-region Primary Care Physician Leads are actively working with their local physician colleagues and other health service providers to improve the design, delivery and access to health services in their local communities.

The flu shot is your best defense.

The flu shot is:

- safe (including for kids and if you are pregnant or breastfeeding)
- free
- available from your doctor or nurse practitioner, and at participating pharmacies and local public health units across the province
- proven to reduce the number of doctor visits, hospitalizations and deaths related to the flu
- different each year because the virus changes frequently – so you need to get it every fall

Flu season runs from late fall to early spring. Be sure to get your shot as soon as it is available because it takes two weeks to take effect.

Find a flu shot clinic near you: www.ontario.ca/page/get-flu-shot

Seniors: Sue's Story

Sue* has a complex health care history that includes diabetes, hypertension, asthma, arthritis, breast and lung cancer. She must use a wheelchair to get around after a stroke left her with weakness on her left-side. When her live-in family member who managed her medications, appointments and daily care needs passed away suddenly, Sue felt overwhelmed and headed to the hospital emergency department.

While in hospital, staff from TransCare, a community support services organization, as well as hospital staff, and the Central East CCAC (now the Central East LHIN) partnered with Sue to initiate a Coordinated Care Plan. With this support, Sue's care was successfully managed in the community until she was offered a Long-Term Care bed. She is now thriving in her new home where she has all her care needs met.

"The Coordinated Care Plan process begins with having a solid team who can identify patients who can benefit from the Coordinated Care Plan and to be able to carry the process through. Like all of the health care partners in the Central East LHIN, our coordinators are well-known for their collaborative work with all of our hospital and community partners and this benefits our clients directly. The Coordinated Care Plan is not only a document – it's a valuable and meaningful interaction involving our patients in their own care."

- Gurprit Matharu, Director, Integrated Care, TransCare Community Support Services

*name changed to protect patient privacy

Strategic Aim #1: Continuing to support frail older adults to live healthier at home by spending 20,000 fewer days in hospital and reducing Alternate Level of Care days for people age 75+ by 20% by 2019

Over 16% of the Central East LHIN population consists of seniors aged 65+ and by 2020, it is projected that approximately 32,700 Central East LHIN residents will be living with dementia, the second highest in Ontario. The Central East LHIN remains committed to caring for frail seniors in the Central East LHIN through projects and investments. which have contributed to and will continue to contribute to achieving our Seniors Aim, including:

- **Adult Day Programs (ADPs)**
- **Assisted Living Services for High Risk Seniors (ALS-HRS)**
- **Exercise and Falls Prevention Classes**
- **Behavioural Supports Ontario (BSO)**
- **Geriatric Assessment and Intervention Network (GAIN) – hospital and community teams**
- **Geriatric Emergency Management (GEM) Nurses**
- **Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT)**
- **Primary Care Collaborative Memory Services (PCCMS)**

Delivering on the Seniors Aim:

As of September 1, 2017, Community Care Northumberland expanded its Meals on Wheels program to the Port Hope community. The Meals on Wheels program promotes health and independence by providing quality and affordable meals to seniors living alone, adults with disabilities who are unable to shop for groceries or cook for themselves and those being discharged from hospital with limited/no help available during their recovery.

As a result of strategic, organizational changes at the Canadian Red Cross (CRC) in December 2016, the decision was made to transition the Meals on Wheels program in Port Hope to another provider in the community. As the funder of the program, the Central East LHIN worked with CRC and Community Care Northumberland on an integration plan to ensure the ongoing delivery of the Meals on Wheels program to existing and future clients in Port Hope.

Vascular: Donna's Story

Donna is feeling a lot less stressed these days; and she has Telehomecare to thank for it.

Donna is the primary caregiver to her 85 year-old ex-mother-in-law, Margaret. Margaret has COPD, is legally blind, diabetic and has a host of other medical issues. When she first came to live with Donna in October 2016, she had just been discharged from a three-month stay in the hospital after taking a bad fall and breaking a hip and shoulder.

Donna registered for Telehomecare with the Central East CCAC (now Central East LHIN) and the equipment was delivered to her house and a technician arrived to show her how to use it. She said it was surprisingly easy and it didn't take her long to get into the routine of recording Margaret's vitals every morning.

Telehomecare is a free, six-month program for qualified patients with mild-to-moderate Chronic Obstructive Pulmonary Disease (COPD) or Congestive Heart Failure (CHF). With the support of specially-trained Registered Nurses, patients are educated and taught self-management of their disease through weekly phone sessions, while using home-based technology to measure blood pressure, oxygen and weight. Data monitoring results are shared regularly with the Primary Care Physician.

"It has made all the difference," she said of the program she was originally reluctant to try. "This is definitely the way of the future."

Strategic Aim #2: Continue to improve the vascular health of people to live healthier at home by spending 6,000 fewer days in hospital and reducing hospital readmissions for vascular conditions by 11% by 2019

Vascular diseases are major causes of illness, disability, hospitalization and death in the Central East LHIN and across Canada. Despite reductions in the number of people who die each year from vascular diseases, it remains the number one threat to the health of Canadians.

Vascular diseases are a broad group of health conditions that affect almost all parts of the body. Vascular disease includes cardiovascular (heart), cerebrovascular (brain) including vascular dementia and stroke and peripheral vascular disease which presents in other areas of the body such as kidneys, arms and legs. Vascular disease impacts our individual health and our health care system.

The Central East LHIN remains committed to improving the vascular health of people living in the Central East LHIN through projects and investments which have contributed to and will continue to contribute to achieving our Vascular Aim, including:

- Centres for Complex Diabetes Care (CCDC)
- Centralized Diabetes Intake (CDI) and Referral
- Diabetes Education Programs
- Regional Cardiovascular Rehabilitation and Secondary Prevention Program (CRSP)
- Telehomecare
- Central East Self-Management Training Program

Delivering on the Vascular Aim:

Ontario is improving access to care for people with chronic kidney disease in Scarborough, with the addition of more dialysis stations as well as other programs such as diabetes education at Scarborough and Rouge Hospital.

Dr. Eric Hoskins, Minister of Health and Long-Term Care, and Soo Wong, MPP for Scarborough-Agincourt, were at the Scarborough and Rouge Hospital's Birchmount Site on August 30, 2017 to announce that Ontario is providing a grant to help the hospital plan and construct a new dialysis facility. The new, modern facility will provide treatment to patients with chronic kidney disease and respond to the growing needs of the community. It will accommodate 45 dialysis stations, including 19 new stations and 26 stations that are being relocated from other sites, providing patients and families in Scarborough with better access to the high quality services that they need.

Mental Health and Addictions: Tom's Story

Tom* was admitted to hospital after a number of emergency room visits due to mental health and addiction struggles. His instability resulted in job loss which affected his housing, mental health, and struggles with addictions. While in hospital, Tom received support from a Hospital-To-Home Case Manager who facilitated a Coordinated Care Plan with the Pinewood Centre, Durham Mental Health Services, and CMHA Durham, along with social work and psychiatric support from Lakeridge Health Oshawa. Tom's apartment was again secured and plans were set in place to cover his arrears. He accepted addictions services supports, CMHA Durham's Intensive Case Management, and was provided crisis resources.

Today, Tom has successfully maintained his housing subsidy for close to a year. He has secured temporary employment and recovered by better managing his mental health. He has aspirations of going back to school, and has welcomed supports from a debt counsellor to better manage his finances. He has experienced no relapses since his hospitalization last year, and continues to seek support through the Pinewood Centre to remain abstinent.

*name changed to protect patient privacy

Strategic Aim #3: Continue to support people to achieve an optimal level of mental health and live healthier at home by spending 15,000 fewer days in hospital and reducing repeat unscheduled emergency department visits for reasons of mental health or addictions by 13% by 2019

Mental health and/or substance abuse issues can be very disruptive to individual and family lives. When interventions are less disruptive and focused on connecting individuals with the right care, outcomes are improved. With approximately 20% of Canadians experiencing a mental illness during their lifetime, and the remaining 80% affected by an illness in family members, friends or colleagues, a continuing focus on those with mental health and addiction issues by the Central East LHIN and its stakeholders is paramount. Quality based and flexible health care can have a profoundly positive effect on those who are affected by mental health and addiction (MHA) issues. These people experience significant barriers in accessing the primary health care system and other broader health supports, such as housing and food, raising their risk of other health problems such as diabetes and other vascular diseases.

The Central East LHIN remains committed to supporting people living in the Central East LHIN to achieve an optimal level of mental health through projects and investments which have contributed to and will continue to contribute to achieving our Mental Health and Addictions Aim, including:

- **Community Crisis Review Project**
- **Community Crisis Beds**
- **Housing and Homelessness**
- **Mental Health Strategic Planning**

Delivering on the Mental Health and Addictions Aim:

On September 27th, 2017 the LHIN Board passed a motion directing staff to move forward with the development of a Central East LHIN Regional Mental Health and Addictions System Plan, in order to create a transformed Central East LHIN Mental Health and Addictions (MHA) service system.

The goal in developing the plan is to improve access and coordination of MHA services, in order to fulfill MOHLTC policy direction towards a transformed and more accessible service system. This includes the development and implementation of a Centralized Access Model for MHA services in the Central East LHIN and the identification and implementation of standardized pathways and strengthen system wide capacity.

Based on the direction received on September 27th, the LHIN, Ontario Shores, and Lakeridge Health are moving forward to establish the leadership structure and the immediate creation of an advisory group and two action groups – one focussed on the implementation of a Central East LHIN Opioid Strategy and a second on the Centralized Access Model – as part of the plan.

Palliative: Amir's Story

Amir* is a patient of the Nurse Practitioner-Led Clinic (NPLC) at the Canadian Mental Health Association (CMHA) Durham branch and had been receiving both Nurse Practitioner care as well as medication management and monitoring at the NPLC. He had multiple diagnoses including schizophrenia, COPD, high cholesterol, drug dependence, history of gastro-intestinal cancer and a terminal cancerous growth.

The NPLC initiated a Coordinated Care Plan for Amir and his family. His Nurse Practitioner, Consulting Physician, Outreach Nurse, CCAC Care Coordinator and Palliative Care Team member facilitated a Coordinated Care Conference, with his family present. It was an emotional meeting, but between all Care Team members, they were able to provide daily support to the patient and his family in his home until he passed away peacefully.

*name changed to protect patient privacy

Strategic Aim #4: Continue to support palliative patients to die at home by choice and spend 15,000 fewer days in hospital by increasing the number of people discharged home with support by 17% by 2019

Palliative and end-of-life care is a philosophy of care aimed to relieve suffering and improve the quality of life for people living with a life limiting illness. It focuses on achieving comfort and ensuring respect for the person nearing death and maximizing quality of life for the patient, family and loved ones. Palliative and end-of-life care is holistic in nature and aims to address peoples' physical, psychological, social, spiritual and practical issues and their associated expectations, needs, hopes and fears; prepare people for and to manage self-determined life closure and the dying process; and, help them cope with loss and grief during the illness and bereavement.

The Central East LHIN remains committed to supporting palliative patients to die at home by choice through projects and investments which have contributed to and will continue to contribute to achieving our Palliative Care Aim, including:

- **Central East Regional Palliative Care Strategy**
- **Palliative Care Community Teams**
- **Residential Hospice Strategy**

Delivering on the Palliative Care Aim:

Ontario is making it easier for families to access end-of-life and palliative care with the announcement of new hospice beds across the Central East LHIN region. John Fraser, Parliamentary Assistant to the Minister of Health and Long-Term Care, was joined by Granville Anderson, MPP for Durham on August 31, 2017 at the new Oak Ridges Hospice site to announce 20 new hospice beds for Durham Region. On October 12th Ontario announced support for Hospice Peterborough to help fund the capital costs of their 10 bed hospice care centre.

Together with the 2016 investment of $315,000 in annual funding to The Bridge Hospice in Warkworth to support three palliative care beds in the Northumberland community and 10 beds to be opened in Scarborough, these recent announcements will ensure the availability of residential hospice beds across the Central East LHIN.

Francophone Initiatives

The Central East LHIN and the Entité 4 through a Joint Action Plan, continue to implement initiatives and projects to better support health care access for the 30,200 members of the LHIN's french-speaking population.

Improving Access and Accessibility to Primary Care and Chronic Disease Support

In July 2016, TAIBU Community Health Centre started providing primary health care services in French with funding provided by the Central East LHIN. The primary health care service is supported by an interdisciplinary team of health professionals, including a Francophone health provider, with the objective of providing high quality service to meet the needs of the community.

Improving Access and Accessibility to Care for Seniors

The Central East LHIN continues to support the enhancement of the Francophone Seniors' Adult Day Program at "Les Centres d'Accueil Heritage" in the Durham Cluster with the introduction of Falls Prevention workshops with 12 to 15 participants per class. The LHIN also works collaboratively with Entité 4 to increase the occupancy in the 37 francophone beds at Bendale Acres LTC in Scarborough.

Improving Access and Accessibility to Mental Health and Addictions Services

The Central East LHIN works with the Central LHIN and Toronto Central LHIN and both Entité 4 and Reflet Salveo (Entité 3), to support the development of a Mental Health and Addictions (MHA) Navigation and Coordinated Access to Community MHA Services for Francophones project. This project enables Francophones to have access to linguistically and culturally appropriate community MHA services in the GTA through the provision of ongoing Mental Health First Aid in French to the Francophone community in the Durham and Scarborough Clusters with over 50 people participating in the classes.

TAIBU Community Health Centre is Idenfitied as a French Lanuguage Service Provider

The Central East LHIN has identified TAIBU Community Health Centre as a French Languages Services Provider. In a letter dated August 22, 2017, the Central East LHIN stated that the identification highlights TAIBU's continued dedication and commitment to support local Francophone populations in Scarborough that resulted in enhanced community engagement, outreach and improved access to quality French Language services.

On October 13, 2017, Honourable Mitzie Hunter, MPP Scarborough Guildwood and Minister of Education together with Monsieur Francois Boileau, French Language Services Commissioner, Mr. Louis O'Brien, Chair of the Central East LHIN and other distinguished guests were present to congratulate TAIBU and to acknowledge that the identification is another significant milestone for the Central East LHIN, Entité 4 and the Francophone communities in Scarborough.

Identification is defined as the selection of service providers, by the Local Health Integration Networks, for the purpose of planning and delivering quality services in French. The objective is for the Francophone population to have access to a continuum of health services in French, necessary to respond to the needs of the community.

Indigenous Initiatives

In 2010/11, the Alderville First Nation, Curve Lake First Nation, Hiawatha First Nation, Métis Nation of Ontario, Mississaugas of Scugog Island First Nation and the Central East LHIN established a significant partnership to benefit the health, communities and the future of First Nations, Métis, Inuit and Non-Status people.

Since that time, through two advisory groups, the First Nations Health Advisory Circle and the Métis, Inuit, and Indigenous Peoples' Health Advisory Circle, the Central East LHIN has continued to receive advice on a variety of topics related to provincial and Central East LHIN priorities and how they pertain to the First Nations people represented.

In the spirit of the Truth and Reconciliation Commission Call to Action, the Central East LHIN collaborated with both Indigenous Health Advisory Circles to develop detailed work plans based on the local priorities.

This led to the following accomplishments:

Partnering to provide Diabetes Services for First Nations

The LHIN worked with the First Nations and other health care providers to ensure the provision of culturally safe diabetes services in many First Nations communities.

Indigenous Cultural Safety Training

Through funding provided by the Ministry of Health and Long-Term Care, 324 training spaces were made available to the Central East LHIN for Indigenous Cultural Safety Training.

Central East LHIN
Patient and Family Advisory Committee

Since its inception, the Central East Local Health Integration Network (LHIN) has recognized the value of listening to the voice of patients and their family/caregivers. Taking action on the lived experience of patients and their caregivers has resulted in the establishment of new programs, improvements to existing services and, when warranted, the re-design or re-assignment of accountability for services.

To support the implementation of the **2016-19 Integrated Health Service Plan (IHSP 4)** by the LHIN and its Health Service Providers (HSPs), the Central East LHIN developed a *Patient and Family Engagement Strategy* and, in late October 2016, actively recruited community members to participate in a Central East LHIN Patient and Family Advisory Committee (PFAC).

After an excellent response to the call, six individuals, who have been patients, or caregivers of patients in the Central East LHIN, and who reflect the diversity of the people and communities within the LHIN, have been invited to join the committee as inaugural members.

The Central East LHIN is continuing to actively seek additional community members to participate in its Patient and Family engagement activities. This will help to ensure that discussions include diversity of the people and communities within the Central East LHIN geography. Planning outcomes reflect and respond to a broad range of lived experiences.

If you are a patient/caregiver with a lived health system experience and are interested in representing a perspective of patients or caregivers at the Sub-region level, please visit the Central East LHIN website and click on "Priorities – Sub-regions".

For more information, including PFAC member biographies, please visit **www.centraleastlhin.on.ca**.

Members of the Central East LHIN Patient and Family Advisory Committee

Randy Filinski,
Pickering - Co-Chair

Mieko Ise,
Toronto

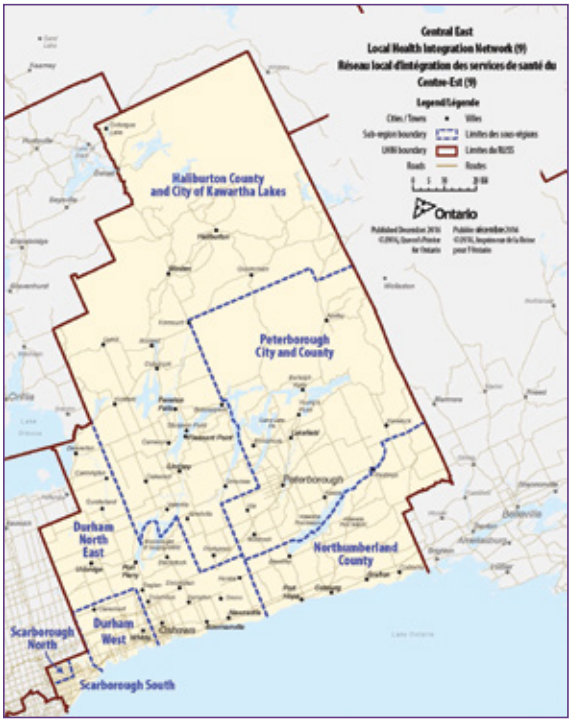
Craig Lindsay,
Toronto

Patricia Teskey,
Lindsay

Kerrianne Thompson,
Whitby

Anne-Marie Yaraskavitch,
Whitby - Co-Chair

Central East LHIN System profile
April 1st - September 30, 2017



In the Central East LHIN, seven (7) sub-regions provide a geographic foundation for the development of local integrated systems of care.

Serves an area of over **16,673** sq. km. with **1.6** million residents

8 hospitals operating out of **15** sites

131 Total Health Service Providers

9 school boards and **2** Children's Treatment Centres

68 Long-Term Care Homes with **9,957** beds

2nd largest based on area population

6th largest LHIN based on geography

4 Public Health Units

7 Family Health Teams, **6** Community Health Centres

Most Home and Community Care patients served provincially **3rd** largest based on budget

47 Community Support Service Agencies

Central East LHIN Home and Community Care services profile

Budget **$320 million**

93% - service provider contracts and care coordination
3% - general administration
2% - information technology
2% - facilities costs operations

Supported **15,946** new applications to Long-Term Care Homes and facilitated the placement of **1,873** individuals

Centralized Diabetes Intake Care Coordinators assessed and referred **1,105** patients to Diabetes Education Programs and the Centre for Complex Diabetes Care

Provided **2,306** palliative patients with in-home end of life care

Served an average of **44,048** patients each day

Connected **1,937** patients to a Primary Care Provider through the Health Care Connect Program

Served **71,148** unique patients

36,959 visits were made to our nursing clinics

Provided **12,191** children with School Health Support Services

21,727 patient transfers were made from hospital to home

To learn more about the Central East LHIN and how you can access it's programs and services, please call...

Ajax • Campbellford • Haliburton • Lindsay
Peterborough • Port Hope • Scarborough • Whitby

Toll-free
1-800-263-3877 • 310-2222

Local
905-430-3308

TTY
1-877-743-7939

Fax
905-427-9659

Email
centraleast@lhins.on.ca

Website
www.centraleastlhin.on.ca
www. healthcareathome.ca/centraleast

Twitter
@CentralEastLHIN

Si vous avez besoin d'accéder à ces renseignements en français, veuillez communiquer avec Lisa Gotell, Planificateur, stratégie du système de santé, intégration, planification et performance du RLISS du Centre-Est, à LisaA.Gotell@lhins.on.ca.

If you need access to this information in French, please contact Lisa Gotell, Central East LHIN Planner, Health System Strategy, Integration, Planning and Performance at LisaA.Gotell@lhins.on.ca

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé