

LHINC-IN

A Message from Executive Director, Mario Tino



I am pleased to share with you the first issue of *LHINC-IN*, a newsletter that provides an update on the major activities and projects at the LHIN Collaborative (LHINC).

LHINC was formed by the LHINs to provide a provincial table to engage health service providers (HSPs), their associations and the LHINs collectively on system-wide issues related to the LHINs' mandate, and support system alignment. Working collaboratively with health system stakeholders and enabling the involvement of experts from all sectors form the foundation of our work and are central to achieving LHINC's mandate.

Since our inception last year, we have created LHINC Council, set up the operations of the secretariat and began working on a number of major projects, including the development of service accountability agreements for hospitals and long-term care homes.

We also sought the input of HSP associations, LHINC Council members, LHINs and the Ministry of Health and Long-Term Care on issues and priorities that should be addressed by LHINC. Based on their feedback, LHINC Council identified an initial set of projects that are aligned with LHINC's mandate and support the LHINs in their role as system managers.

For the most part, our work is project based and we have provided a brief description of the major projects currently underway in this newsletter.

There are a number of common threads to our work including a focus on supporting consistent or common approaches, particularly on provincial strategies and initiatives across the LHINs, and identifying and promoting the adoption of leading practices across the LHINs.

Bringing together key health sectors and LHINs at a provincial table and collaboratively focusing efforts will go a long way to ensuring a sustainable, high quality health care system for the residents of Ontario.

I look forward to sharing the results of our current projects and the future work that lies ahead. We will continue to provide regular updates on specific project activities to the LHINs and HSPs, and going forward our newsletter *LHINC-IN* will be distributed three times a year.

In the interest of open and transparent communication, we invite you to broadly share this newsletter with individuals, HSPs and associations.

I encourage you to review our project highlights and the information on LHINC and LHINC Council and please contact us if you have any feedback or questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mario Tino', written in a cursive style.

Mario Tino

What is LHINC?

LHINC is a provincial advisory structure to the LHINs that engages health service providers, their associations and the LHINs collectively on system-wide health issues related to the LHINs' mandate. LHINC enables the involvement of expertise from all sectors to provide advice on provincial or common areas and provides central support for provincial initiatives. LHINC is led by a Council of LHIN and health sector representatives and is supported by a secretariat.

Our Mandate

LHINC supports the LHINs by:

- Fostering the collective engagement of the HSP community in support of collaborative and successful integration of the health care system;
- Enhancing the LHINs' role as system managers;
- Where appropriate, consistently implementing provincial strategy and initiatives; and
- Identifying and supporting best practices.



LHINC Council

LHINC Council facilitates HSP engagement and plays an integral role in establishing project priorities that support the LHINs mandate. Membership includes leadership level representatives from nine health sectors and the LHINs.

*LHIN representation on LHINC Council includes:

- Bill MacLeod (Chair), CEO, Mississauga Halton LHIN;
- Bonnie Ewart, Interim CEO, Toronto Central LHIN;
- Deborah Hammons, CEO, Central East LHIN;
- Paul Huras, CEO, South East LHIN;
- Alan Iskiw, Senior Director, Hamilton Niagara Haldimand Brant LHIN; and
- Chantale LeClerc, Senior Director Champlain LHIN



LHINC's Projects & Activities



LHINC's projects are guided by the following four value streams aligned with the mandate of the LHINs:

- Integration, System Alignment & Coordination
- Accountability and Performance
- Planning and Engagement
- Allocation Methodology

Integration, System Alignment & Coordination

Enhanced Role for Community Care Access Centres (CCACs)

This project is examining options for an enhanced role for CCACs. We have established a small working group of LHIN and CCAC CEOs to define a vision for enhanced CCAC roles in an integrated health system. The working group will also develop by this fall a practical framework to support a common approach to the implementation of the CCACs' enhanced role in placement that is consistent with recent regulations under the *Community Care Access Corporations Act*. The project is expected to be completed by January 2011.

Transition Management – The “Home-First” Approach

The focus of this project is to support a shift to a “home-first” philosophy and approach across the LHINs. It supports the LHINs' priority to improve the transition of clients across the health sectors. Key activities will include identifying and supporting the rapid adoption of leading practices from LHINs and CCACs that are achieving results in managing the transition and continuity of care of patients from hospital acute care to their homes or other more appropriate settings. Particular focus will be placed on those patients designated as requiring alternate levels of care (ALC). A working group representing LHINs and HSPs will provide expert advice and input. The expected completion date for this project

Improving Access to & Coordination of Health Services – Mental Health & Addictions Services

We are developing models based on leading practices to improve access to and coordination of health services for mental health and addictions clients. We have established a working group representing HSPs and the LHINs that will provide expert advice and input. We are collecting information on current approaches in the LHINs and other jurisdictions. The next steps will involve identifying leading practices and accountability structures for the provision of coordinated access to services across providers. The project will be completed in October 2010.



Accountability & Performance

Development of Service Accountability Agreements

LHINC is supporting the development of and providing communication support for the Service Accountability Agreements with long-term care homes, hospitals and multi-sectoral sectors. As part of this support, LHINC has conducted a process review and evaluation of the 2009-11 Multi-Sector Accountability Agreement to help inform the upcoming 2011-13 planning and consultation process. We have obtained input through a survey of more than 1000 multi-sector HSPs and the LHINs. The evaluation results will be available in September 2010.



Coordinated Approach to Indicator Development

This project focuses on creating a consistent and systems based approach to the development, maintenance and monitoring of indicators for service accountability agreements and other LHIN initiatives. LHINC has established a Health System Indicator Steering Committee as the conduit for system partners to collectively advance the LHINs' efforts to improve system performance. The membership includes HSPs, LHINs, the Ministry of Health and Long-Term Care, the Ontario Health Quality Council, the Institute for Clinical Evaluative Sciences, the Canadian Institute for Health Information, the Health System Performance Research Network and Cancer Care Ontario.

Priority Setting/Decision Making Framework

This project is developing a common framework for priority setting that can inform decision making by the LHINs based on a consistent and transparent process. We have reviewed current priority setting/decision making models used across the LHINs and other jurisdictions. A working group with LHIN and HSP representatives is providing expert advice and input. It is expected that final recommendations on a common/consistent priority setting/decision making framework will be made by October 2010.

Planning & Engagement

Stakeholder Engagement

We are developing models to effectively engage HSPs that are not funded by the LHINs in LHIN processes. The initial focus is on primary care physicians. We have conducted research on current practices across all LHINs and will be working with representatives from the LHINs, HSPs and primary care physicians to develop a comprehensive physician engagement strategy.

The project is expected to wrap up in October 2010. Phase II will begin in the fall of this year with a focus on public health.



Community Engagement

LHINC is supporting a community engagement toolkit - *Engaging People Improving Care*, or *EPIC*. It is an accessible, organized collection of resources on community engagement for health.

The resources cover the gamut of issues associated with community engagement, including planning, execution and evaluation. EPIC has been developed for health professionals, health planners, governments, and health-related groups and organizations that want to incorporate community engagement into their work through the contribution of the LHINs and various health service provider associations. Please visit Epic at www.epicontario.ca for additional information.

As many of our current projects will be completed over the next couple of months, LHINC will begin new projects during the remainder of the year. We are also developing a process for identifying future priorities based on input from LHINC Council members and the LHINs.

We expect to launch our website in the near future at www.lhincollaborative.on.ca. It will contain additional information on our projects and will be a central resource for HSPs and the LHINs on LHINC activities.

Please LHINC-IN

We welcome your feedback. Please contact us if you have any questions, concerns or comments.

LHINC Office – 425 Bloor Street East, Suite 350,
Toronto, ON M4W 3R4

General inquiries can be directed to:
1-866-383-5446 or lhinc.collaborative@lhins.on.ca

Editor: Kathy Cox
kathy.cox@lhins.on.ca
416.969.3899

LHINC Secretariat

Mario Tino, Executive Director
416.969.3891
mario.tino@lhins.on.ca

Liane Fernandes, Senior Consultant
416.969.3892
liane.fernandes@lhins.on.ca

Saul Melamed, Senior Consultant
416.969.3893
saul.melamed@lhins.on.ca

Bryn Hamilton, Project Consultant
416.969.3894
bryn.hamilton@lhins.on.ca

Beth Horodyski, Project Consultant
416.969.3897
beth.horodyski@lhins.on.ca

Ashnoor Rahim, Project Consultant
416.969.3895
ashnoor.rahim@lhins.on.ca

Nikhil Agarwal, Project Consultant
416.969.4471
nikhil.agarwal@lhins.on.ca

Cathy Lumsden, Project Consultant
416.921.7453 ext.332
cathy.lumsden@lhins.on.ca

Tamer Ahmed, Administrative Resident
416.921.7453 ext.329
tamer.ahmed@lhins.on.ca