

**Toronto Central
Local Health Integration Network**

ANNUAL SERVICE PLAN

June 30, 2008



TABLE OF CONTENTS

- 1. INTRODUCTION 1
- 2. ENVIRONMENTAL SCAN 5
- 3. DETAILED PLANS TO IMPLEMENT IHSP COMMITMENTS AND PRIORITIES
FOR THE LOCAL HEALTH SYSTEM 8
- 4. FINANCIAL SUMMARY 12
- 5. PLANNING FOR LHIN OPERATIONS 16
- 6. MANAGEMENT PLAN TO DEAL WITH RISKS 19
- 7. COMMUNICATIONS PLAN 21

1. INTRODUCTION

The Toronto Central Local Health Integration Network's (LHIN) Annual Service Plan (ASP) fulfills obligations set out within the recently signed Ministry-LHIN Accountability Agreement (MLAA) and its related Schedules 5, 6, 8 and 10. The ASP also satisfies the LHIN's obligation to provide an Annual Business Plan, as articulated in the Agency Establishment and Accountability Directive for Crown agencies. The ASP is also a tool to help the Ministry of Health and Long-Term Care (MOHLTC) and Toronto Central LHIN with multi-year planning.

In developing the ASP, Toronto Central LHIN was guided by a commitment to the provincial health care system vision that was adopted by the Board of Directors during the preparation of Toronto Central LHIN's 2007-2010 Integrated Health Service Plan (IHSP):

"A health care system that helps people stay healthy, delivers good care when they need it, and will be there for their children and grandchildren."

To execute this vision at the local level, the LHIN is implementing its IHSP to achieve the following three goals:

- Ensure **sustainability** of the local health care system to maintain existing levels of service
 - Services providing to our local communities
 - Sustain and continue to meet demand for essential provincial services offered in Toronto Central LHIN that are not provided in other LHINs (e.g., paediatric intensive care, trauma, etc.)
- Improve **access** to health care services:
 - **Equitable** access for our population, including marginalized consumers
 - **Timely** access to key services, such as services provided in Toronto's emergency rooms
 - **Appropriate** access to key services, made possible by reducing Alternative Level of Care (ALC) days to ensure patients get the right care in the right setting
- Improve **coordination** of services and navigation of the system for key sub-populations our LHIN:
 - Consumers requiring mental health and addictions services
 - Consumers with chronic diseases, such as diabetes
 - Seniors

Critical Enabler of Success

- Investment in information management and information technology will be a significant enabler of success in our LHIN. Our *e-Health Strategy* focused on connecting organizations within and across sectors to improve service coordination. Recognizing the similar needs and the value of a common approach where patients cross LHIN boundaries, Toronto Central LHIN and

Central LHIN formed a joint e-Health Council and are refreshing our strategy for a single approach to e-Health across the two LHINs.

To achieve its three key goals, the LHIN established nine priority areas of focus, for which it created dedicated Councils:

- Mental Health and Addictions
- Rehabilitation
- Seniors
- Health Human Resources
- Education and Research
- Electronic Health (e-Health)
- Energy and Environment Management
- Back Office Integration
- Provincial Priorities

Currently, the LHIN is engaged in the following work to achieve the three goals above:

Council efforts:

- Council work plans include an emphasis on addressing the diverse needs of Toronto Central LHIN consumers and families.
- Councils developed inventories of existing resources (for health promotion and prevention, psychogeriatric services, current mental health and addictions integration initiatives) and integrated them into a common electronic inventory that the public and providers can access (www.toronto.communitycareresources.ca).
- Further Council activity is referenced in the *Detailed IHSP Implementation Plans* section.

Strategic Investments:

- Through its *Urgent Priority Funding*, the Toronto Central LHIN is investing in projects that address coordination of services, including a navigation model for seniors, a centralized model for accessing mental health and addiction services, a standardized inpatient rehabilitation referral form, and a common resource and referral management system to match patients from acute care to the most appropriate setting/bed in rehabilitation, complex continuing care, or Community Care Assess Centre (CCAC).
- The *Urgent Priority Funding* was also used to support improved access to services, such as funding for the LIFEspan program that ensures access to care for patients transitioning for care at Bloorview as children to adult care at Toronto Rehabilitation Institute. This fund also supported our efforts in sustaining the local health care system by addressing pressures in programs such as the spasticity clinic at West Park Health Centre, and addressing outstanding risks at Runnymede.
- In the first year, through comprehensive community engagement efforts and based on needs identified by seniors the Toronto Central LHIN developed its

Aging at Home Strategy and related funding to support seniors at home, targeting underserved areas. The funding will be used to create new supportive housing services at ten sites, ensure safe transition to home for seniors, enhance transportation services for seniors living at home, and enhance community services to allow seniors to age at home and to avoid premature and avoidable institutionalization.

Other Efforts:

- Over the past year, the LHIN has expressed a concentrated focus on ameliorating the growing alternative level of care (ALC) issues in Toronto. As part of the HAPS process, the LHIN established an ALC task force comprised of leaders across all Toronto hospitals and CCAC to assess the ALC problem and explore solutions. A report has been produced and pending the ministry's announcement on ALC strategy, the LHIN will begin to execute elements of the task force's report.

Over the next year, the LHIN will be completing deliverables outlined in its IHSP, in support of the objectives outlined above:

- Develop mechanisms to support partnerships and an improved access system for mental health and addictions.
- Enhance the capacity of mental health and addiction service providers to meet the needs of people with concurrent disorders, wherever they enter the system.
- Develop and promote the use of standard rehabilitation definitions.
- Pilot an approach to navigate seniors through the system.
- Facilitate discussions on health human resources issues and solutions, consistent with and in support of the provincial health human resources plan.
- Support the development of a resource management system.
- Develop a standard referral management system.
- Promote the use of the provincial chronic disease management framework.

Alignment with Provincial Priorities

- The Toronto Central LHIN is closely aligned in its foci and priorities to those of the provincial government. In the Ontario Budget 2008, the ministry highlights in four key areas of strategy: improving access to health care, shortening wait times, promoting health and preventing illness, modernizing health infrastructure.
 - The budget describes a key focus on improving access to care for seniors; seniors are an important group for the Toronto Central LHIN, with its Seniors Council and Aging at Home Strategy efforts. This year, Toronto Central LHIN will focus on enhancing community services and supportive housing for seniors.
 - In addition, the budget describes the expansion of the provincial Wait Time Strategy to include a focus on reduction of ER wait times. Toronto Central LHIN shares the province's commitment to reducing wait times in emergency departments. Toronto Central LHIN maintains that ER wait

- times are a systemic issue, and is exploring a range of solutions, including those that strive to reduce ALC.
- Ontario has also committed to developing and implementing a much-needed Diabetes Registry as part of its commitment to modernizing health infrastructure. This commitment complements our LHIN's projected future investment in patient and provider portals, to assist patients in managing their diabetes care and to give providers more longitudinal information to help treat their patients.
 - Our LHIN is also aware of the province's commitment to Family Care for All, and that this commitment will contain a focus on mental health and addictions. Improving access to mental health addictions services and coordinating services for Toronto Central LHIN mental health and addictions services is highly salient. Our Mental Health and Addictions Council is actively working toward these goals, and recently funded projects and initiatives (through Urgent Priority Funding) aimed at the coordination and integration of services for this much in need population.
 - Toronto Central LHIN also shares the Ministry's commitment to monitoring and improving outcomes of quality health care. In particular, we monitor the Hospital Standardized Mortality Rate (HSMR), submitted by our hospitals, to ensure that there are no quality concerns. This indicator gives us information on whether there is a higher mortality in any of our hospitals than expected. We are pleased that all of our acute care hospitals are in the appropriate range, and two of our hospitals displayed significant improvement at the end of 2007/08. We also examine key indicators that hospitals report (required in the Hospital-Service Accountability Agreements) such as readmission to own facility for specified CMGs and percent chronic patients with new stage 2 or greater skin ulcers. Our LHIN Critical Care Lead helps us monitor quality outcomes by monitoring night time discharge, and readmission to the ICU – two important quality measures captured in the Critical Care Information System.

2. ENVIRONMENTAL SCAN

Toronto Central LHIN undertook extensive community engagement activities and an environmental scan in 2006 to identify gaps and opportunities in our health care system as part of the planning for its 2007-2010 Integrated Health Service Plan (IHSP). Since the release of the IHSP in November 2006, Toronto Central LHIN has updated that environmental scan internally with an analysis of new data and reports.

Based on the environmental scan, the following cost drivers are exacerbating existing service delivery challenges in the Toronto Central LHIN.

- Inflation.
- Demographic trends (immigration and increased diversity).
- Growth of the population in the GTA/905 leads to increased referrals for specialized, costly services in Toronto Central LHIN.
- More medically complex patients.
- Aging population.

In addition, the following local issues affecting provision of health services:

Sustainability:

- **Capital infrastructure does not match models of care or current environmental standards.** For example, some programs are located in older buildings that cannot accommodate new or expanded ambulatory programs that fit with a transition from hospital to community-based care. Other programs are located in rental space that cannot be modified to accept new environmental standards or increasing volumes and changes to the care model.
- **Cost of provincial acute care programs** – Hospitals report that funding for provincial programs delivered through academic centres (e.g., trauma and organ transplants) has not kept pace with program volumes and increasing costs associated with provision of those services. The under-funding of these programs have two key consequences: a) hospitals are unable to meet funded volume targets, return allocated funding to Treasury, and risk not providing required services to a population in need, and b) hospitals consume part of their global budgets to subsidize the cost of completed volumes, having a negative impact on the provision of their core services to their communities.
- **Cost of provincial mental health programs** – The Forensic Program at the Centre for Addiction and Mental Health faces ongoing volume and funding pressures. In addition, the Sexual Behaviours Clinic that treats federal and provincial parolees is experiencing high demands of clients that are creating budget pressure.
- **Historic lack of consistent investment in the community** – Lack of consistent investment in community services such as supportive housing, caregiver support, meals on wheels, and adult day services create access challenges

for an aging population, force many of our seniors to seek institutionalized care before they require it, and exacerbate ALC issues as patients cannot be transferred out of hospital as the required services in the community do not exist.

- **Aging infrastructure** – Aging infrastructure and an accumulated level of deferred maintenance within the system exists. Aging infrastructure typically costs more over the medium to long-term to operate.
- **Need for Community Care Access Centre (CCAC) services exceeding availability** – The essential in home professional services provided by the Toronto Central CCAC supports clients with chronic diseases, prevents placement in institutionalized facilities, and allows individuals in emergency departments or in hospital to leave sooner and have their needs met in the community. Funding for CCAC has not kept pace with dramatic growth in acute and community referrals to CCAC, creating pressures for CCAC in attempting to serve their population.

Access:

- **Long term care wait lists** – The 37 long-term care homes that provide 6,150 beds have an aggregate wait list of approximately 1,700 consumers. Toronto Central LHIN has a large number of hard-to-place individuals with multiple needs together with applicants awaiting admission to designated ethnocultural long-term care homes or units. Time to placement for such applicants often reflects wait times of up to seven years.
- **Emergency Department Access** - Patients in Toronto Central LHIN hospitals have longer waits in emergency departments than elsewhere across the province, with average waits of 4 hours for urgent cases to 10 hours on average for non-urgent cases. Patients are not getting the care they need when they need it. The MOHLTC has announced a provincial ER Strategy to address access and wait times in emergency departments. Toronto Central LHIN has selected a LHIN Emergency Department Lead to work on local ER wait time issues in Toronto Central LHIN, as well as working with other LHINs on cross-LHIN solutions. Toronto Central LHIN is looking forward to using data from the Ministry's new Emergency Department Reporting System to assess the problems with access to emergency services further.
- **Health inequities exist that need to be addressed through the provision of culturally competent care** - The lack of staff training, lack of materials in different languages and unresponsive service delivery models maintains these inequities.
- **Inappropriate level or setting of care provided** – The impact of the ALC issue in terms of the total number of hospital beds affected and the pressures being placed on Emergency Departments (EDs) within the LHIN is significant. Further, ALC issues afflicting our rehabilitation and complex continuing care facilities are significant and create challenges for patients being admitted to these settings as well. Also of note is that 34% of ALC patients in the Toronto Central LHIN hospitals are not residents of the LHIN, and may be waiting repatriation to facilities in other LHINs.

Coordination:

- **Lack of integration between sectors** - Toronto Central LHIN residents have the longest average psychiatric hospitalization length of stay in the province mainly due to lack of integration of care with the community services.
- **Need for greater and more coordinated services to meet needs of senior population** - Most seniors require supports to enable them to live independently. In the absence of these supports, many seniors are admitted prematurely to long-term care homes and hospitals, where care is more expensive. Our community requires enhanced services for seniors living at home, for accessible and affordable transportation, and for enhanced access to care and for someone to help them navigate the system.
- **Challenges with transferring patients between sectors** – Providers across the health care system identify challenges with referrals: difficulty determining the most suitable place to refer a patient, difficulty determining whether places to refer patients have availability, and challenges transferring patient information with the referral. These issues can lead to patients unnecessarily staying in acute hospital beds, rehabilitation beds or using other health care resources longer than they require them.

Enablers:

- **Lack of technology** - e-Health is a fundamental solution to many challenges identified throughout the system. It is key to the successful completion of the plan because it reduces duplication of effort (on medical histories, referral paperwork, etc.), and ensures that the most current and accurate information is available for both clinical and management decision-making. It supports involvement of patients in their own care and gives providers the holistic information they require to provide high quality and safe care.

3. DETAILED PLANS TO IMPLEMENT IHSP COMMITMENTS AND PRIORITIES FOR THE LOCAL HEALTH SYSTEM

To improve sustainability, access, and coordination of services, the Toronto Central LHIN's Integrated Health Service Plan (IHSP) focuses on local system transformation activities in nine areas: seniors, mental health and addictions, rehabilitation, e-Health, education and research, health human resources, energy and environment management, back office integration and provincial priorities.

Key Elements of the Plan:

- Our **IHSP Implementation Framework** mobilizes system champions, consumers and others in our community to provide advice and leadership, and to leverage system resources towards our common goal of system transformation/integration. This includes eight multi-sectoral Councils of HSPs and four consumer/family Advisory Panels mandated to provide advice to the Toronto Central LHIN senior management on strategies to implement the priority initiatives identified in the IHSP.
- Our **recent investments** set the stage for innovative and collaborative approaches designed by health services providers across the hospital and community sectors to address the gaps and needs identified by our community in the IHSP.

Role of Councils to Address each Area of Focus:

The Councils, with input from the consumer/family Advisory Panels and other stakeholders are advising LHIN senior management on the identification of activities and system changes necessary to meet the needs of consumers accessing care in the Toronto Central LHIN.

- The outcome of our seniors, rehabilitation, mental health and addictions priorities will be a redesign of these systems to ensure consumers, including those who are marginalized, will have more equitable access to health care and will be able to move through the system in an efficient and effective way with access to standardized leading practice care.
- Achievement of the IHSP priorities in the non-clinical areas will strengthen our LHIN's HSP resource capacity to ensure sustainability of our existing health care delivery. Council Co-chairs meet periodically to ensure alignment of the work of the Councils and no unnecessary duplication of efforts where a priority emerges from more than one Council.

Implementation Steps

Seniors:

Priorities in IHSP: Provide supports for marginalized and at risk seniors who need to navigate their way through the health care system; Enable seniors to live independently in the community for as long as possible.

Select activities underway or planned to achieve priority:

- Develop a map and web-based inventory of all the health care services that exist for seniors (health and other relevant services), and the best way to access these services
- Identify and expand on an appropriate approach to identify and navigate at risk/marginalized seniors

Anticipated impacts include:

- Fewer seniors applying for long-term care, as they are able to live in the community with appropriate supports
- Improved client and family satisfaction
- Improvements in identifying, assessing, referring and matching seniors to the services and supports they need including primary care

Mental health and addictions:

Priorities in IHSP: Improve coordination and integration of services for people with concurrent disorders; Improve access to coordinated and integrated mental health and addiction services.

Select activities underway or planned to achieve priorities:

- Develop and implement psychogeriatric framework for seniors with mental illness residing in the community
- Develop and implement a coordinated access model to mental health housing and support services

Anticipated outcomes include:

- Fewer applications to long-term care, through improved awareness of and coordinated access to required community based services
- Decreased percentage of emergency department visits for those with mental health and addiction issues that could be managed elsewhere
- Decreased hospital readmission rates for psychiatric diagnoses
- Improvements in identifying, assessing, referring and matching consumers to the services and supports they need

Rehabilitation:

Priority in IHSP: Improve the transition from hospitals and institutional care to independent and supportive community living for groups of individuals who need rehabilitation services.

Select activities underway or planned to achieve priority:

- Develop and promote the use of standard rehabilitation definitions and common assessment inpatient rehabilitation form for all populations
- Identify groups of individuals who need rehabilitation as they transition to independent living, and design transition service pilot model

Anticipated outcomes include:

- Reduction in ALC days for medically complex and stroke rehabilitation patients
- Improved access by rehab service users and providers to information about the full spectrum of services offered in Toronto Central LHIN

Health Human Resources:

Priority in IHSP: Facilitate discussions on health human resource issues and solutions.

Select activities underway or planned to achieve priority:

- Environmental scan of HHR initiatives, issues, pressures and opportunities

Anticipated outcomes include:

- Increased awareness of HHR challenges and identification of opportunities to address consistent with and in support of the provincial HHR plan

Back Office Integration:

Priority in IHSP: Promote collaboration on back office integration initiatives.

Select activities underway or planned to achieve priority include:

- Conduct an environmental scan of opportunities and challenges to implementing new back office integration initiatives in the LHIN and share results with health service providers

Anticipated outcomes include:

- Health care system is more efficient by better managing the flow of goods, information and funds

Energy and Environment Management:

Priority in IHSP: Encourage new and ongoing energy and environment management initiatives.

Select activities underway or planned include:

- Create communication and training materials to educate and train HSPs on better energy and environment management practices

Anticipated outcomes include:

- Enhanced efficiency of health care system resources

Education and Research:

Priority in IHSP: Facilitate dialogue to strengthen the education and research enterprise.

Select activities underway or planned:

- Conduct environmental scan of the significant research and educational activity in the Toronto Central LHIN

Anticipated outcomes include:

- Improved understanding of value of research and education with respect to adoption of best practices and innovation in the health care system

Electronic Health (e-Health):

Priority in IHSP: Build information bridges to support integration of service delivery.

Select activities underway or planned include:

- Implement a referral and resource management tool to match clients to the most appropriate facility and service, and facilitate electronic transfer of patient referrals from one institution or another

- Develop and implement a GTA Health Information Access Layer (HIAL) to integrate patient information from diverse systems in use across the five LHINs

Anticipated outcomes include:

- More efficient and appropriate client or patient referral
- Decrease in ALC
- More robust information on resource needs; understanding of reasons why patients are not being accepted for care
- Increased coordination among providers at different health care institutions across the GTA, leading to reduced duplication of diagnostic tests.

4. FINANCIAL SUMMARY

Statement of Toronto Central LHIN 2008/09 Funding Allocation and Multi-Year Funding Target

	2008/09 Funding Allocation (000's) ⁽¹⁾	2009/10 Funding Target (000's) ⁽¹⁾	2010/11 Funding Target (000's) ⁽¹⁾
Total LHIN Budget	3,981,524.2	4,055,161.1	4,079,780.5
Total Health Service Provider (HSP) Transfer Payments	3,975,763.8	4,055,141.1	4,079,760.5
Operation of LHIN	5,620.4	TBD	TBD
Initiatives	20.0	20.0	20.0
E-Health	120.0	TBD	TBD
Total Health Service Provider (HSP) Transfer Payments by Sector:			
Operation of Hospitals	3,116,040.3	3,170,769.9	3,170,769.9
Grants to compensate for Municipal Taxation - public hospitals	736.8	736.8	736.8
Long Term Care Homes	213,431.5	213,431.5	213,431.5
Community Care Access Centres	164,460.2	171,038.6	179,590.6
Community Support Services	37,280.4	38,119.2	38,976.8
Acquired Brain Injury	1,405.1	1,436.7	1,469.1
Assisted Living Services in Supportive Housing	37,591.5	38,437.3	39,302.2
Community Health Centres	63,706.3	63,706.3	63,706.3
Community Mental Health	87,456.5	89,424.3	91,436.3
Addictions Program	21,986.4	22,481.1	22,986.8
Specialty Psych Hospitals	216,505.3	221,268.3	221,268.3
Grants to compensate for Municipal Taxation - psychiatric hospitals	44.6	44.6	44.6
Initiatives	15,118.9	24,246.5	36,041.3

Note:

1. The 2009/10 and 2010/11 funding targets are for planning purposes and are base funding targets only (except for the Operations of Hospitals which includes some one-time funding agreements). They are subject to the annual Results Based Plan, Printed Estimates and Provincial Budget approvals.

LHIN Operations Spending Plan to Maintain Status Quo Operation

LHIN Operations Sub-Category (\$)	2006/07 Actuals	2007/08 Toronto Central LHIN Budget	2008/09 Planned Expenses
Salaries and Wages	1,433,578	2,706,796	3,190,176
Employee Benefits			
HOOPP		305,240	343,475
Other Benefits	317,478	378,964	452,763
Total Employee Benefits	317,478	684,204	796,238
Total Salaries, Wages and Benefits	1,751,057	3,391,000	3,986,414
Transportation and Communication			
Staff Travel	21,394	35,000	45,400
Governance Travel	3,741	6,000	6,000
Telecommunication	36,076	35,000	34,616
Communication	87,971	69,780	72,571
Other Benefits			
Total Transportation and Communication	149,182	145,780	158,587
Services			
Accommodation	182,237	258,800	317,977
Advertising (Including recruitment)	93,211		15,764
Banking	510	5,000	
Community Engagement/Forums	218,019	39,650	46,000
Consulting Fees	1,019,894	62,000	125,000
Equipment Rentals	5,631	8,200	8,364
Governance Per Diems	66,875	189,500	238,290
Staff Recruitment			37,000
LSSO Shared Costs	290,201	300,000	306,000
Other Meeting Expenses	8,912	14,070	28,000
Other Governance Costs	21,145	19,000	34,500
Printing & Translation	131,986	58,444	60,327
Staff/Board Development			

LHIN Operations Sub-Category (\$)	2006/07 Actuals	2007/08 Toronto Central LHIN Budget	2008/09 Planned Expenses
	22,641		100,000
Total Services	2,061,262	954,664	1,317,221
Supplies and Equipment			
IT Equipment and Software Maintenance	67,106	20,265	54,000
Office Supplies and Purchased Equipment	524,570	98,630	104,190
Total Supplies and Equipment	591,677	118,895	158,190
LHIN Operations: Total Planned Expense before Other Programs	4,553,178	4,610,339	5,620,413
Other Programs			
E-Health		275,000	283,250
LHIN Operations: Total Planned Expense		4,885,339	5,903,663

Summary of Funding Associated with Key Initiatives

Funding Initiative	Fiscal 2008/09	Fiscal 2009/10	Fiscal 2010/11
Aging at Home	6,194,791	15,394,886	27,189,738
Urgent Priorities Fund	8,851,598	8,851,598	8,851,598
Flo Collaborative	72,540		
Total	15,118,929	24,246,484	36,041

Other Resource Approaches

Toronto Central LHIN will look for opportunities to make strategic reallocations of existing resources within its local health care system under the strategies outlined in the IHSP. Toronto Central LHIN is in the early stages of developing its integration plan and specific strategies and the associated dollar values have yet to be determined. The reallocation of existing funds among local HSPs will be a critical method to affect system change.

Local HSPs will be encouraged to find new ways to deliver services and programs--most likely in partnership with other health service providers in their community. New methods that result in savings can lead to opportunities for reinvestment for both the HSPs who generated the savings and others.

It must be noted that the reallocation process will not be limited to identifying cost efficiencies and be used to meet current cost pressures, but will ensure the highest quality of care for the patient population, that system resources are used appropriately and that the administrative burden on health service providers and the Toronto Central LHIN are reduced.

Consistent with the focus of its IHSP, Toronto Central LHIN will be encouraging the enhancement of services within the community rather than institutional based programming. Partnerships across the sectors will be fostered to move appropriate hospital-based services into the community wherever appropriate.

5. PLANNING FOR LHIN OPERATIONS

Currently the Toronto Central LHIN has a core operating budget of \$5.6 million and has a staff complement of 31.0 full-time equivalent (FTE) employees. With these operating resources and board guidance, Toronto Central LHIN manages the most complex and diverse urban health care system in Canada. It is responsible for planning, integrating, funding and performance monitoring of 194 providers, of which 18 are hospitals (5 are major academic centres) that have total annual HSP services budget of approximately \$3.8 billion.

Selected HSPs in Toronto Central LHIN provide both services to the local population and highly specialized services for local, provincial, national and even global populations. As such they have gained reputations in Canada as Centres of Excellence in areas of research and clinical practice. Strategic and operational decisions made in Toronto Central LHIN therefore have provincial implications for selected services.

Toronto Central LHIN has accomplished a great deal within its existing resources to date and will continue to leverage resources within the LHIN to accomplish its mandate.

TORONTO CENTRAL LHIN Operational			
	2006/07 Actuals as of March 31	2007/08 Forecast	2008/09 Plan
Number of FTE			
CEO	1.0	1.0	1.0
Executive Assistant	3.0	3.0	3.0
CEO Office - Corporate Co-coordinator	-	1.0	1.0
Senior Directors	2.0	2.0	2.0
Receptionist	1.0	1.0	1.0
Controller / Business Support Mgr.	1.0	1.0	1.0
Office Manager	1.0	1.0	1.0
Communications Specialist	1.0	1.0	1.0
Sr Integration Consultant	3.0	3.0	3.0
Sr Community Engage Consultant	1.0	1.0	1.0
Senior Planner/Epidemiologist	1.0	1.0	1.0
Integration Consultant	1.0	1.0	1.0
Community Engage Consultant	1.0	1.0	1.0
Planner	-	1.0	1.0
Program Assistant	2.0	3.0	3.0
Analyst	-	1.0	1.0
Sr Perform Mgm Consultant	1.0	2.0	2.0
Sr Funding and Alloc Consultant	2.0	2.0	2.0
Performance Mgm Consultant	1.0	1.0	1.0
Funding and Allocations Consultant	1.0	2.0	2.0
Database Coordinator	1.0	1.0	1.0
Total	25.0	31.0	31.0
E- Health			
Senior Project Manager	0.8	0.8	0.8
Analyst	1	2	2
Total	1.8	2.8	2.8
LSSO			
Senior Director		1	1
Managers		2	2
Payroll Administrators		1	1
Legal staff		2	2
Payroll Administrators		1	1
Program Assistant		2	2
		9	9
Grand Total	26.8	42.8	42.8

Supplies and Other Expenses

- The majority of the incremental increase in supplies and other expenses relates to community engagement, consulting fees, communications, staff/board recruitment and development.

6. MANAGEMENT PLAN TO DEAL WITH RISKS

Several risks have been identified by the Toronto Central LHIN as issues that will surface if the proposed plan is not implemented:

Risk:

- The Toronto Central LHIN continues to face risk related to the level of funding for its health service providers (HSPs). The targeted average overall increase for HSP allocation from fiscal 2008/09 to fiscal 09/10 is 2.23%; an increase that Toronto Central LHIN believes does not fully reflect anticipated inflation, service and volume growth. Toronto Central LHIN believes an increase of 3.5% is more appropriate based on an assessment of projected inflation and growth rates.
- Without adequate resources for the 194 HSPs within the Toronto Central LHIN, there is a significant risk that HSPs will not meet the growing demand for access to essential services, particularly provincial programs. HSPs providing unique services such as trauma and organ transplant may be unable to deliver the required services to the much in need patients. As well, the shortage of funding for provincial services puts pressures on other hospital services within these facilities. As well, HSPs may be challenged in meeting existing service levels, and delivering on key LHIN and Ministry priorities, such as reducing ALC and ED wait times.

Trauma

- The shortage of funding for provincial services such as Trauma creates financial and resource pressures on St. Michael's Hospital, Sunnybrook Health Sciences Centre and the Hospital for Sick Children. The current trauma funding formula is over 10 years old and is not reflective of the complexity related to cost of treating this patient population. Also, the funding for Trauma services is contained in the hospitals' base budget and is not reflective of the increase in volumes that the programs have seen over the past few years. Both these factors, the cost of treating trauma patients and the increase in volumes of patients put the LHIN at risk of not being able to provide access to necessary trauma care for patients across the province.

Women's College Hospital

- The Toronto Central LHIN has also identified the ongoing sustainability of Women's College Hospital (WCH) as a significant risk to the system. WCH is transitioning to be Canada's first academic ambulatory hospital with a focus on women's health and chronic disease management. Its transformation requires an increase in funding to sustain both health programs and the infrastructure necessary to deliver these programs.

Mitigation Strategies:

- Toronto Central LHIN has committed to its HSPs to lead a review of strategies related to provincial programs, such as trauma, within the LHIN. The group will suggest policy changes needed, cost containment options, emerging trends in volume growth, and sustainability. The Toronto Central LHIN will lead the process and bring forward the proposed solutions to the LHIN CEOs meeting in June 2008, and subsequently will submit it to the Ministry of Health and Long-Term Care (MOHLTC).
- The LHIN has carefully reviewed the 2008-10 Women's College Hospital's (WCH) Hospital Annual Planning Submission with particular scrutiny of the facility's request for an increase in base funding. As MOHLTC and the health care community would expect, before making any recommendations for additional funding support, we used a due diligence approach to assess WCH's request. In addition to the Toronto Central LHIN's comprehensive review, independent advice was sought. The feedback, along with our discussions with WCH's CEO and senior team, gives us confidence that our recommendations represent the best strategy for moving forward.
- Toronto Central LHIN negotiated the requested increase with WCH, and given that the Toronto Central LHIN would not have the resources to sustain a start up without provincial support, the LHIN is requesting the province to consider providing a large proportion of the base funding adjustment. The LHIN set aside its portion of the required funding.
- The Toronto Central LHIN recognizes that escalating health care expenditures must be managed through innovative approaches to health care delivery. Integrated action and system transformation on the part of MOHLTC and the Toronto Central LHIN are required to build system capacity and ensure sustainability.

7. COMMUNICATIONS PLAN

The ASP will be a public document that will assist health care providers and the public in understanding how the LHIN is planning to address the needs of its community.

Objectives:

- To demonstrate responsiveness to community needs
- To communicate planned and initiatives and actions to date to stakeholders

Audience:

- Primary – Broader health sector
- Secondary – local community

Messaging:

- The ASP is intended to assist the public in understanding how the Toronto Central LHIN is planning to address the needs of its community
- The plans in the ASP are based on discussions the Toronto Central LHIN has had with thousands of members of the public, providers, and stakeholders

Strategy:

- Highlight the areas of focus in the ASP, the tangible activities planned or underway and associated benefits, and any special considerations required to meet the identified needs of the local health system and community members

Tactics:

- Coordinated same-day release for all LHINs
- Other:
 - Discuss at board meetings and meetings with stakeholders
 - Highlight in newsletter
 - Discuss at stakeholder events hosted by the LHIN