

Toronto Central **LHIN**
Report to the Community
2010/11

Partners in action

Working Together for
Better Access to Care

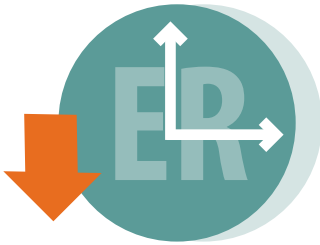


Ontario

Local Health Integration
Network

Toronto Central LHIN 2010/11 Accomplishments

More people in and out of the emergency room (ER) sooner



36%

reduction in the time people are spending in the ER

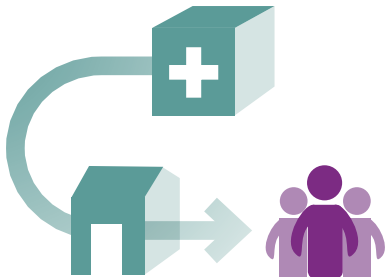
Better use of health care dollars



\$113M

spending avoided by helping thousands of people get to the 'right place of care'

Getting from hospital back home and to the community



22%

fewer alternate level of care (ALC) patients waiting in hospital to be transferred to another more appropriate place of care once their acute care is complete

More people receive home and community care



624

more supportive housing units for seniors and people with mental health and addictions issues



Firsts in Toronto Central LHIN:

- » First automated patient referral system, getting patients to the right services, faster
 - › 24,000 health professionals in 84 organizations: one referral system
- » First 200 supportive housing units geared to people with substance addictions

- » First hospital health equity plans
- » First Senior Friendly Hospital Strategy adopted by all adult hospitals

Message to our community

Our goal in the LHIN is to help people and communities become healthier by providing everyone with the quality services they need. This is what everyone wants. And it is what patients who depend on the health care system need.

Our task is to get all the players in the local health scene working together as a “system” for the benefit of patients and clients. No one organization can do it alone: partnerships are the key to success.

The Report to the Community is a snapshot of the health care success stories as well as the failings and flaws in the LHIN this past year. During the fiscal year (April 1, 2010 to March 31, 2011), there were many small steps forward and a few breakthroughs.

To achieve the goal of healthier people and healthier communities, the health care system must be designed around what’s important to patients and clients. The system is not yet ‘person-centered’, but it is moving in the right direction.

To achieve the kind of health care system we all want, we must face the challenges together, including:

- » A health care budget that is growing faster than government revenues. In tough economic times we need to make sure that every dollar we spend improves health care services.
- » An increasingly diverse and aging population that expects to be able to age at home and in a community setting.
- » People have different levels of access to health care and can have vastly different experiences depending on their income, the language they speak, where they come from and their gender and sexual orientation.

These challenges are important and very real, but they are only part of the story.

The collective efforts of health professionals, organizations, community members and the Toronto Central LHIN team are improving the quality of care in the local health care system. Many people are getting easier and faster access to key services such as community-based seniors programs, emergency room services, home care and supportive housing. There are numerous examples of health care organizations working together and finding creative solutions to get the best value for health care dollars.

The Report to the Community features important recent changes and what they mean to people including:

- » Initiatives to remove obstacles that prevent people from receiving the services they need
- » Progress in improving wait times for services such as the ER, surgery and mental health and addictions
- » Efforts to help seniors come home from hospital and receive more in-home and community supports

Going forward we will continue to work with our partners to meet the needs of an ever changing urban population and ensure the highest possible standard of care for all.

We’re proud of what we’ve accomplished as a system this past year. To all involved – thanks for a job well done.



Angela Ferrante
Board Chair



Camille Orridge
CEO

Partners in Action

One of the major changes in health care delivery at the local level is the way people and providers work together.

The Toronto Central LHIN is leading and investing in new ways to improve care for specific populations and close gaps in access to services. Hospitals, the Community Care Access Centre (CCAC), long-term care homes and community agencies are all coming together to meet the needs of seniors, children, mental health and addiction clients, and ethnic/cultural communities.

There have been some important successes in the Toronto Central LHIN:

- » Obstacles are being removed for those who need care the most;
- » There are fewer speed bumps and shorter wait times for key services; and
- » More seniors and people with complex health care needs are receiving the right care in the right place.

All of these changes are producing better results for the money we spend on health care.

At the same time, there are some considerable challenges and areas we need to work on more aggressively. People and communities continue to face barriers accessing health services due to their income, background, language and other factors.

Moving forward, we will build on our successes and zero in on the most significant health system gaps, while continuing to reduce wait times for key services.

The recent gains that we have made are important steps in a long-term effort to create a health care system that delivers excellent care for all.

Moving forward, we will build on our successes and zero in on the most significant health system gaps, while continuing to reduce wait times for key services.



Removing obstacles for those who need care the most

Programs underway in the LHIN are removing the barriers that stand between people and the care that they need.

These Toronto Central LHIN partnerships are assisting some of the most vulnerable people who are at greatest risk of health problems: people with mental health and addictions, seniors with complex and debilitating health issues, and people who have difficulty accessing quality health services because of poverty, language barriers and other circumstances.

// The most important thing to me right now is to be stable, both in health and lifestyle. The housing has given me a new perspective towards how I want to live and what I need in order to accomplish my goals. //

– Client, The Jean Tweed Centre



CASE STUDY: Mr. A's Story

Mr. A: Getting the Support to Move Forward

Mr. A. was referred to the Toronto Community Addictions Team (TCAT) by a social worker after arriving in a downtown hospital emergency room. TCAT representatives and hospital staff met with him on the same day.

Now in his fifties, Mr. A. had been a heavy abuser since adolescence of a broad range of substances. His problem with drugs was related to childhood abuse and a subsequent brain injury. He cycled in and out of prison and, with no access to a family physician, visited emergency rooms and withdrawal management services.

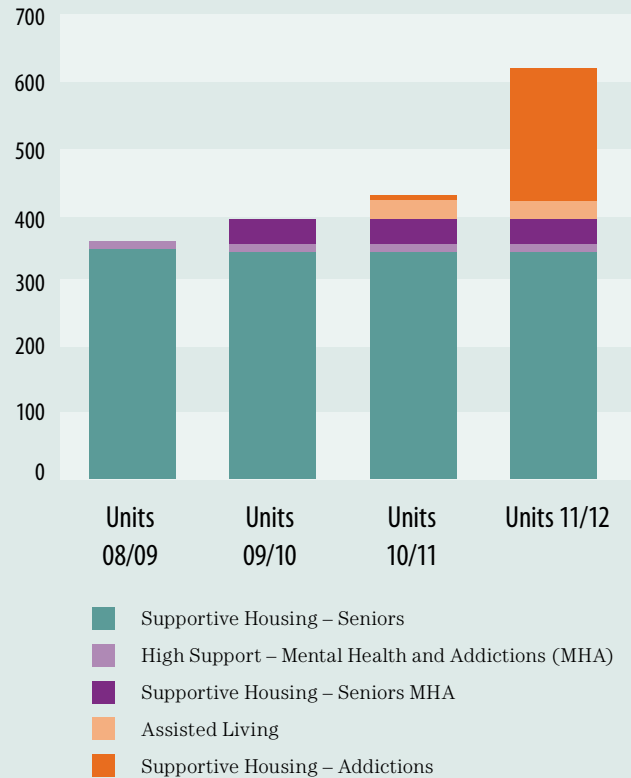
Shortly after his referral, he was arrested and his TCAT case manager organized a case conference with contacts at agencies who worked with him to agree on a common plan of support. TCAT arranged his exit from detention to a transitional addiction treatment program to avoid his return to the street. Next, working with an inner city health agency, they helped him access psychiatric care and a family physician comfortable working with a patient with acquired brain injury. They also connected him with the financial trustee program to help him manage his funds and work toward stable housing.

He now has ongoing psychiatric care and access to the Ontario Disability Support Program. The help Mr. A. has received is the result of close collaboration among a variety of community agencies. The integrated support he is getting is providing him with the skills he needs to move forward with his life.

Results

- » Clients who had been using the ER over 40 times a year are making **56% fewer trips to the ER** and needing withdrawal management half as often.
- » All 28 supportive housing agencies have one wait list and system to link clients with supportive housing.
 - › Based on the success of this partnership, local agencies are working together to better coordinate clients' access to case management services across the city.
- » First-ever supportive housing units geared to people with substance addictions helping people regain their health and dignity have been opened.

Toronto Central LHIN Supportive Housing Investments



The Toronto Community Addictions Team (TCAT).



Moving ahead, the Toronto Central LHIN and its partners will focus increasing attention on the groups who are in greatest need including frail seniors, children and youth with complex medical needs, the Aboriginal community and other marginalized groups.

Data from the LHIN's automated patient referral system – Resource Matching and Referral – tell us which patients are waiting too long and facing difficulty accessing services. We will use this information to address health disparities across the city.

Drumming for Diabetes

The Anishnawbe Health Diabetes Program, funded by the Toronto Central LHIN, aims to reduce the toll of diabetes on the Aboriginal community by promoting earlier detection, and reaching out to community members where they congregate, such as the Native Canadian Centre of Toronto. The Program team, consisting of a chiropodist, a diabetic nurse educator and a dietitian, provides blood/glucose level testing, workshops on healthy living and foot care services. This unique program emphasizes a holistic culture-based approach that addresses people's physical, mental, emotional and spiritual needs.

Toronto Central LHIN funding allowed Anishnawbe Health to partner with the Canadian Diabetes Association and the Southern Ontario Diabetes Initiative to promote wellness around diabetes. At Drumming for Diabetes, people from different generations shared in drumming, dancing and traditional foods while they learned about how to prevent and/or manage diabetes.

Participants at Drumming for Diabetes, an annual event of the Anishnawbe Health Diabetes Program and the Southern Ontario Aboriginal Diabetes Initiative (SOADI).



Reducing speed bumps on the road to timely health care

CASE STUDY: Rebecca's Story

Compassionate Emergency Care

Rebecca was in her 90s and lived in Toronto with a personal caregiver who provided care 24/7.

Rebecca was struggling with a respiratory infection. She had chest pain and shortness of breath. Her caregiver was concerned and immediately called her daughter Miriam suggesting that they call an ambulance. Rebecca was taken to St. Michael's Hospital.

"St. Michael's is a busy, downtown trauma centre," says Miriam. "It was pretty busy. I must say that I never expected to get the level of care that we did. And that fast."

Rebecca arrived in the ER at 2 p.m. and was quickly triaged. The team of doctors, nurses and residents ran numerous tests including blood work and chest X-rays. The doctor also did a thorough assessment before diagnosing her with pneumonia.

"Everyone was extremely caring and respectful to an older person who can feel uncomfortable in a strange environment," says Miriam. "We were in the ER for about eight hours, but I expected it to be a lot longer. There wasn't any unnecessary waiting. They took the time they needed to run the tests, get the results, and make the arrangements to discharge my mother and get her home safely."

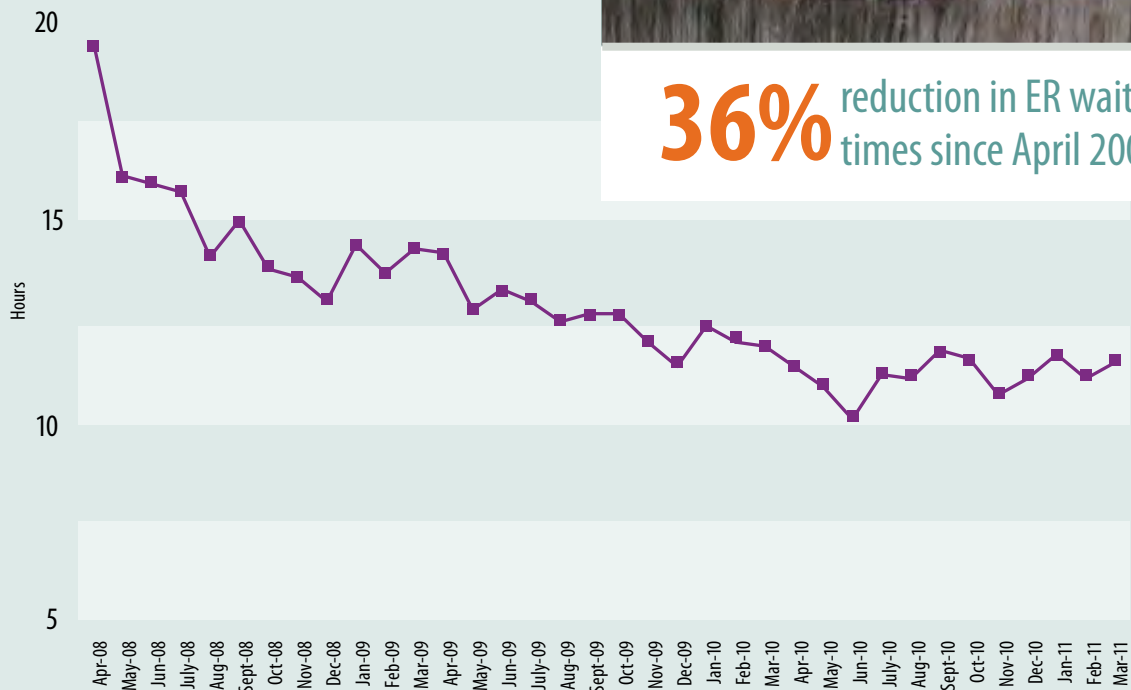
What impressed Miriam the most was that the team kept her and her mother informed every step of the way. "We knew what was happening at every stage. They took my mother's condition seriously, explained everything to her and didn't talk down to her."

“ I used to see patients waiting on stretchers, crowding our ER daily. Our hospital transformation has now led to patients admitted and receiving care sooner. Patients and staff are happier. Some nurses who left have returned after hearing about our progress. ”

- Mark Joithe, RN
ER Team Leader, St. Michael's

Wait times for common surgeries, tests and emergency care are much better today than they were in recent years. Despite this progress, too many people are waiting longer than the recommended “target” wait times for key services such as knee replacement surgery and MRI scans. That is why hospitals and other organizations in the LHIN will continue an all-out effort to reduce wait times while making sure services keep pace with an aging and changing population.

Amount of time 9 out of 10 patients spend in the ER in the Toronto Central LHIN



36% reduction in ER wait times since April 2008



Emergency Room Wait Times

- » Last year, more people were in and out of the ER sooner, with 79% of patients seen within the province's target wait times. Toronto Central LHIN hospitals achieved this improvement even though the number of ER visits has climbed 23% since April 2008.
- › We need to improve wait times for the most seriously ill and injured patients who need a hospital admission. In March 2011, only 33% of these patients were treated in the ER and admitted within the province's eight-hour target.

Wait Times for Surgery

Since fall 2005, wait times have gone down:

- » 71% for cataract surgery
- » 61% for knee surgery
- » 70% for hip surgery

Getting people to the right place of care

Alternate level of care (ALC) patients are individuals who are in hospital even though they no longer need this level of care because the services they need, including home care and long-term care, are not available. ALC tells us that we need to reorganize the health care system and provide more options for people to age at home and in their communities.

In the Toronto Central LHIN, we are working to create a system that assists people to manage their day-to-day health care so that they can live fully and independently for as long as possible.

And we are having considerable success. A variety of Toronto Central LHIN partnerships are tackling this problem and making a difference in the lives of patients, clients and caregivers.

Providing the necessary support to seniors in their homes has resulted in fewer visits to ERs and a reduction in hospital admissions. These in-home supports are also helping to keep seniors from going into long-term care prematurely.



Virtual Ward

Virtual Ward is an innovative LHIN partnership, between St. Michael's, Women's College Hospital, Sunnybrook Health Sciences Centre, the University Health Network, and the Toronto Central Community Care Access Centre (CCAC).

It works like this: patients considered at high risk for re-admission are admitted to the Virtual Ward the day they are discharged. "Virtual" refers to the fact there is no physical ward: patients receive care in their own homes. Services include care coordination, medical and nursing care, personal support, medication and dietary counseling, and 24/7 availability to a physician.

Dr. David Walker, Provincial ALC Lead, identified Toronto Central LHIN's Virtual Ward as a promising model for helping high-risk seniors return home after a hospital stay.

Home First

Home First coordinated by the Toronto Central CCAC and involving hospitals, community service providers, caregivers and families, supports seniors to go home from hospital by assessing their needs and connecting them to the supports they require for a safe return home.

The program employs a specialized team led by a care coordinator to develop a comprehensive support plan and organize the required services.

CASE STUDY: Mrs. K's Story

Virtual Ward Helps Mrs. K. Get Home

Mrs. K., a 63-year-old woman who lives alone in her home, had been hospitalized and treated for a pulmonary embolism as well as other complications related to lung problems. Staff from the Virtual Ward program found her to be very short of breath and unsure of where to turn for help. She displayed a poor understanding of her medications and was not using available community support services.

The Virtual Ward team took her to Women's College Hospital to assess her need for home oxygen. The next step involved refining her diagnosis: pulmonary function test ruled out chronic lung disease and she was able to stop using her puffers. The team then focused on arranging in-home support for her heart problems, including medication counseling, dietary counseling, and increased nursing visits until her condition stabilized.

Virtual Ward staff spoke with Mrs. K.'s family doctor to ensure proper medical follow-up, including regular monitoring through blood tests. They also arranged for cardiac assessment at St. Michael's to further refine the treatment plan for her congestive heart failure.

"Without them (Virtual Ward Team), I would have been back in hospital. I used to be a volunteer gardener a few years back. This month, I'll go back to my plot," said Mrs. K.

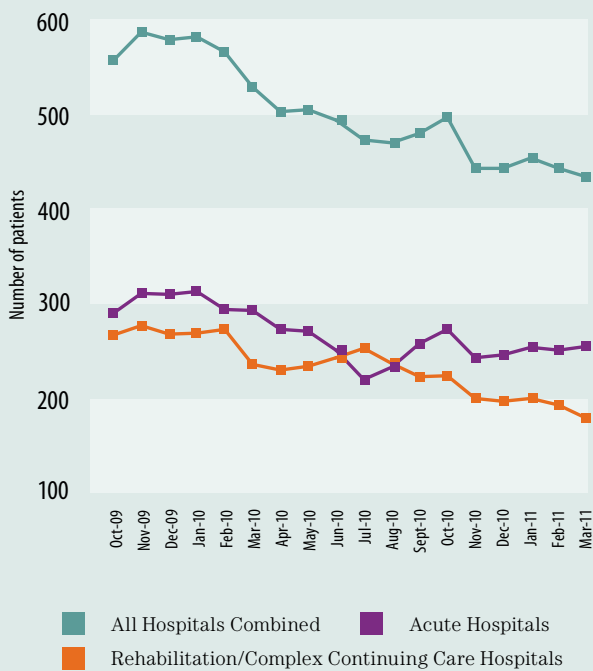


*Mrs. K. with Norm Umali,
a CCAC Community Pharmacist*

Average monthly number of ALC patients in Toronto Central LHIN hospitals (Oct 2009 to Mar 2011)



22% reduction in # of ALC patients in TC LHIN hospitals since October 2009



Results

- » Supporting seniors at home has resulted in **235 fewer applicants for long-term care** each year and a 44% drop in the number of ALC patients in hospital waiting for long-term care.
- » The LHIN called on the CCAC, hospitals and community agencies to work together to identify the barriers preventing **“long-stay” ALC patients** from moving to the next care destination. Some of these patients had spent a decade in hospital.
 - › With investment and support from the LHIN, these partnerships have been able to help some of the most high-needs patients in local hospitals.
 - › By the end of March 2011, **37 long-stay ALC patients were able to leave the hospital**, saving those patients from spending another 18,500 days in hospital and freeing up 37 hospital beds for other patients.

Better value for money

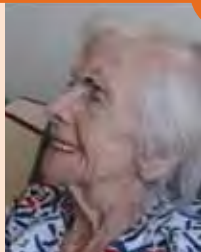
Results

Higher quality care is also less expensive care. Simply put, it costs less to keep people healthy; to prevent complications such as falls and infections that lead to hospitalization.

Toronto Central LHIN initiatives have helped thousands of people get care in a more appropriate setting, **avoiding \$113 M in spending**.

CASE STUDY: Lillian's Story

At 95 years of age, Lillian lives in a retirement home with daily visits from her daughter-in law, Alena, and regular visits by her grandsons. She was first admitted to hospital after a fall and, a short time later, was again admitted through the ER as a result of overmedication.



Lillian was admitted to Virtual Ward, a program supported by the Toronto Central LHIN that provides short-term “transitional care” to high-risk, complex patients who have recently been discharged from hospital so that they can safely return home after a hospital stay.

Once at home, Lillian was connected with Home First, a program funded through the Toronto Central LHIN. A community care coordinator with the Toronto Central Community Care Access Centre screened Lillian, found that she was able to receive intensive support in her home, and developed a service plan to meet her needs.

Lillian is now safely in her own home, supported by a team that includes care coordination, a physician, a pharmacist to assist with her medications, and personal support to assist with bathing, dressing, and meals.

“This is exactly what we wanted for Lillian,” says Alena. “She’s settled and happy and our family continues to spend time together as we always have.”

- » By keeping more seniors home and out of long-term care (LTC), some 235 fewer seniors apply for LTC every year, allowing a reinvestment of \$8.5 M annually back into LTC for other seniors.
- » Home First has reduced an estimated 75,000 ALC days, allowing hospitals to reinvest \$43 M a year back into services for those needing hospital care.
- » As of March 2011, **37 long-stay ALC patients** were able to leave hospital, helping **hospitals avoid spending \$27 M**.



“ Pay for Results in the Emergency Department has also helped us reduce wait times for ambulance off-load patients which has enabled paramedics to spend less time waiting in hospitals and more time on the streets of our city providing life-saving care. ”

– Susan VanDeVelde-Coke PhD
Executive Vice-President, Sunnybrook Health Sciences Centre

People and Communities in the Toronto Central LHIN

Serving a Unique Urban Population

Toronto Central LHIN is home to approximately 1.5 million people, the most densely populated and only completely urban LHIN. Toronto's population is remarkably diverse.

Over 40% of the population are immigrants. The French-speaking population totals more than 53,000, including a growing proportion of recent immigrants and visible minorities.

An estimated 16,200 Toronto Central LHIN residents are from Aboriginal communities.

Toronto is also home to the largest lesbian, gay, bisexual and transgendered community in Canada.

Young adults aged 25 to 44 represent 32% of the LHIN's population, while the population 85 and over is growing faster than all other age groups, with a projected increase of 15% by 2015.

Vast differences in income and education are part of Toronto, along with some of the most affluent and some of the poorest neighbourhoods in Canada. Close to a quarter of the population is low income; a significant number of whom are children, youth, senior women, recent immigrants, visible minority groups and those living in a lone parent family. Women account for more than half (54%) of all low income persons and 66% of all low income seniors.

The ranks of the homeless and under-housed continue to grow, as does the proportion of those with mental health and addiction issues. A disproportionate number of Ontario's shelters and boarding houses are located in central Toronto, along with a significant share of publicly funded housing.

According to the Daily Bread Food Bank's Who's Hungry Report, food bank use has grown in recent years with 2010 showing the largest year-to-year jump since 1995, the year social assistance benefits were reduced by 21%.



A disproportionate number of shelters and boarding houses are part of our community, along with a significant share of public housing.

In East York nearly two-thirds of low income families were living in high-rise buildings by 2006. There are many reasons for this, including the high cost of housing. In recent years, only a limited number of non-profit units have been built and, at the same time, gentrification of certain neighbourhoods has created a significant loss of rental housing units at the more affordable end of the market.

Some of the most affluent neighbourhoods in Canada are located within our community, along with some of the poorest.



Low income households are becoming more concentrated across the City's inner suburbs in high-rise buildings.

Who Comes Here for Care?

People from across Ontario receive services from organizations in the Toronto Central LHIN. More than half the patients in Toronto Central LHIN hospitals live in other LHINs, as does 41% of alternate level of care (ALC) patients discharged from local hospitals.

Downtown Toronto is the core of the Greater Toronto Area (GTA) and the hub of the province's largest urban workforce. A large percentage of the workforce is made up of commuters from the four GTA regions – York, Durham, Peel and Halton – that surround the city centre and many of these individuals choose to access their health services near their workplace.

Health needs

More than one in three residents has at least one chronic condition, and this is expected to increase as the population ages. Mental illness and addictions are serious local health issues, as are infectious diseases, including HIV. Diabetes affects almost 10% of LHIN residents aged 20 and over.

As the population of older and frailer seniors continues to grow, so does the need for more intensive community-based care and support.



Some of the province's top health research and teaching hospitals are located within the LHIN boundaries, drawing patients from across Ontario.

Barriers to access

While diversity is a key source of Toronto's vitality, it can also present challenges in accessing health services. Differences in ethnicity, race, culture, and economic means can result in barriers to access and affect health and wellness.

- » People with low incomes access ERs more than those with higher incomes.
- » Diabetes rates are higher among low income groups; and twice as high in immigrant communities.
- » Aboriginal communities have a shorter life expectancy, higher infant mortality, and higher rates of diabetes, new HIV infections, and mental illness and addictions.

Over 40% of Toronto's remarkably diverse population is made up of immigrants and more than 160 languages and dialects are spoken.



Flexibility needed to respond to changing needs

No one individual, community, or group of patients has the exact same health care needs. As populations and neighbourhoods evolve, needs change, gaps may appear, and new approaches may be required.

By working as a system, Toronto Central LHIN's partners can effectively respond to different needs and listen to the voices of consumers about what quality health care means to them.

Measuring our Progress

As a result of the changes underway in Toronto Central LHIN, many people are getting easier and faster access to key health services.

Over the past few years, wait times for surgeries and procedures have steadily improved – some quite dramatically. Wait times for cataract surgery, hip and knee surgery and cancer surgery are all much lower than they were when the province starting measuring wait times in 2005.

Over the past several years, we have also experienced major reductions in the time people wait in ERs. At the end of 2010/11, ER wait times overall were 36% lower than three years earlier.

The significant reduction in the number of “ALC” patients who are waiting in a hospital bed to be discharged home or to another place of care is the result of an “all-hands-on deck” effort across the LHIN.



However, wait time results in the Toronto Central LHIN have been mixed this past year, with wait times for a few services starting to inch up. As the Toronto Central LHIN scorecard for 2010/11 (pg 17) shows, the LHIN is not meeting its targets for recommended wait times for some types of surgery and services.

We will continue to put a major push on reducing ALC so that people aren't waiting in a hospital bed when they need a different kind of care.

The LHIN will focus on raising the overall quality of health care in Toronto. Quality health care is accessible, safe, equitable and centred around patients' and clients' needs.

The Toronto Central LHIN scorecard provides a snapshot of wait times and access to services in the local health care system last year.

Toronto Central LHIN Scorecard for 2010/11

ER wait times for seriously ill or injured patients who need to be admitted	Right direction	
ER patients who are seriously ill or injured but do not need to be admitted	On track	
ER wait time for people with minor conditions who do not need to be in hospital	Right direction	
Percent of repeat unplanned ER visits within 30 day for patients with mental health issues	On track	
Number of Alternate Level of Care patients in Toronto Central LHIN hospitals	Right direction	
Cancer surgery wait times	On track	
Cataract surgery wait times	Wrong direction	
Cardiac Bypass surgery wait times	Wrong direction	
Hip replacement surgery wait times	On track	
Knee replacement surgery wait times	Wrong direction	
MRI wait times	No change	



Understanding the scorecard

- On track** = meeting the LHIN's targets for recommended wait times (as of March 2011)
- Right direction** = not meeting the LHIN's wait time targets but improving (January – March 2011 vs. 2009/10 average)
- Wrong direction** = not meeting the LHIN's wait time targets and not improving (January – March 2011 vs. 2009/10 average)
- No change** = not meeting the LHIN's wait time targets; same wait time as previous year (2009/10)

Financial Picture – 2010/11

2010/11 Expenses

Health Service Providers' Operations Funding	\$4,364,963,326
Toronto Central LHIN Operations Funding	\$5,785,344
LHIN Shared Services Office (LSSO)	\$5,174,815
LHIN Collaborative (LHINC)	\$1,353,000
Targeted Funding	\$1,160,000
Aboriginal Health Transition Planning	\$49,600
French Language Health Services and Planning Entity	\$303,456
Total	\$4,378,789,541

The Toronto Central LHIN is also accountable for the operational budget for the services that are shared among all 14 LHIN organizations – LHIN Shared Services Office (LSSO) and LHIN Collaborative (LHINC).

Effective Use of Resources

Strong financial management is essential in difficult economic times.

Over 99% of all TC LHIN funding goes directly to health service providers to deliver services to clients. Less than 1% of the LHIN's total budget is for TC LHIN administration.

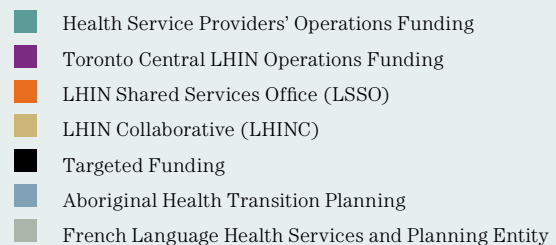
Following are the main types of expenditures in the Toronto Central LHIN:

HSP Operations – These are funds provided by the LHIN to health service providers for day-to-day operations

Targeted Funding – These are funds that are targeted to different programs and initiatives to improve local health services such as the Aging at Home Program

Toronto Central LHIN Operations Funding – This is funding to operate the Toronto Central LHIN organization

Toronto Central LHIN Expenses



The Year Ahead

The achievements and progress of the past year will serve as a springboard for tackling the challenges and embracing the opportunities of the year ahead.

Patients, clients, caregivers and families throughout our community played a big part in the achievements of the past year. Their willingness to be part of our outreach efforts, their openness in sharing their experiences, and their honesty in letting us know where we need to do better provided invaluable guidance in our efforts to improve the health care system.

The Toronto Central LHIN's updated Strategic Plan features a new strategy: Excellent Care for All by improving quality, equity and health system capacity. What this means is that we are committed to an all-out effort to create a system where everyone benefits from improved access to a range of high-quality services and supports.

In 2011/12, the LHIN is leading initiatives to reduce health disparities in the city, including those faced by immigrants.

For many Toronto residents, language can seem like an insurmountable barrier. Interpretation services can have a substantial influence on the quality of care of non-English speaking people. However, interpretation services can be too expensive for community agencies to afford on their own. That is why, starting in 2011/12, health service providers across the city are going to share these services as a way to bring costs down and expand access to interpretation support.

The only way we can be sure we're on target in improving quality and equity is by measuring results.

The only way we can be sure we're on target in improving quality and equity is by measuring results. This too will involve a cross-sector partnership to define meaningful measures and report on our progress – both positive and negative – to the public.

To keep our finger on the pulse of the standards of, and satisfaction with, the care being delivered, we'll continue to encourage client/patient/caregiver input at every opportunity.

By building strong partnerships, we will stay on the right track and achieve a system that provides the highest quality of care for all – now and for generations to come.



Toronto Central **LHIN**
Report to the Community

Partners in action

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Ontario

Local Health Integration
Network