

Local Health Integration Networks: Building a True System

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LHIN Coordination Project Wind-Up

The April 1st transition day for LHINs and the Ontario health care system is now six weeks in the past. LHINs are now fully immersed in the job of planning, managing and funding health care in their local communities. They are supported in the ministry by the LHIN Liaison Branch, under the leadership of Carrie Hayward.

The smoothness of the transition is a testament in part to the success of the LHIN Coordination Project (LCP), and that very success means that it has come time to wind the project up. As of June 1st the LHIN Coordination Project will be no more.

LCP was established by Deputy Minister Ron Sapsford early in December, and Assistant Deputy Minister Gail Paech was asked to see the project through. In essence, it became her job to ensure that the innumerable critical activities under way as the ministry and LHINs prepared for transition day actually accomplished the goal of making sure that transition happened.

As Paech remembers, it seemed at first to be a daunting task.

“Our job was to get the whole thing over the goal line, to make it real. And the problem was, we had people performing a great many critical tasks, and performing them very well, but in isolation. And these were interdependent projects. We needed to get them talking, and working together.”

And so began the work of the aptly named project. It was, pure and simple, about coordination.

“We started by identifying what had to be in place for the LHINs to be ready on April 1st to undertake their responsibilities,” said Project Lead Sheila Banks-Switzer. “And then we provided the table around which the people responsible for those mission-critical activities could have

a conversation, in order to help themselves – and each other – get it done.”

Twelve individual projects were identified as “mission critical,” and a working group with representatives from each project began to meet weekly. These projects included five transition fast-track projects, and they ran the gamut from the wind-down of the regional offices; to the drawing up of accountability agreements; to assessing the readiness of LHINs as April 1st approached.

The readiness assessment and risk management project is one which Banks-Switzer is very proud. A risk management team from the Ministry of Health and Long-Term Care’s audit function worked with the LCP team to complete this project.

“Together with the risk team, we did 15 assessments in a month – one for each LHIN and one for the ministry. And the key with the LHINs is that what we really did was enable them to do their own assessments. By the end of February, everybody knew where everybody else was at, and everybody knew what had to be done. It all got a lot simpler after that.”

The other LCP accomplishment of which both Banks-Switzer and ADM Paech are particularly proud was the series of three knowledge transfer sessions held in February, March and April. The sessions were organized to ensure that the LHINs had the institutional knowledge that would be required come April 1st.

“This wasn’t about just having talking heads at the head of the room lecturing to the LHINs,” said Banks-Switzer. “This was an interactive, participatory session, in which LHINs worked through carefully crafted case studies with the help of their future ministry contacts. Things couldn’t have gone better. They started out not knowing what they didn’t know and ended up knowing a lot.”

”The dialogue at the Knowledge Transfer sessions was very informative for both sides,” says Barry Monaghan, CEO of Toronto Central LHIN. “There was a tremendous amount of complex detail presented in a very clear way that was beneficial to LHIN staff and that will be critical to our future success.”

With the wind-up of LCP now on the horizon, Gail Paech can look back on a job very well done. Paech was the lead for the System Integration on the Health Results Team and had the responsibility for creating the LHINs.

“This is a dream come true in terms of my fundamental belief of what needs to happen in health care, and LHINs are what needed to happen. We created them, gave them life, and through the LHIN Coordination Project we helped make sure they have the tools to breathe new life into the system – to make it a system geared exclusively to delivering the best possible care to patients, which is what we all want.”

This will be the last of the LHIN Bulletins published by the Ministry of Health and Long-Term Care. Like the LHIN Coordination Project this bulletin has accomplished what it set out to do. Health care providers and interested Ontarians have received regular updates about the events and activities surrounding the transition to LHINs.

Going forward, the ministry will continue to provide regular updates, in a slightly different form, about its new role as steward of the health care system. These updates will begin in the near future. Like the LHIN Bulletins before them, they will be sent to providers and also posted on the ministry website.