Central LHIN | RLISS du Centre

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CENTRAL LHIN SECTOR NETWORKS & ENGAGEMENT

Stakeholder Group	Purpose	Engagement Goals
Patient and Family Advisory Committee (PFAC)	To provide advice on local health issues and programs from the patient, family and caregiver's perspectives	To embed the voice of the customer into all levels of designing and planning the health care system to support improved patient and system outcomes
Sub-region Collaborative Tables	To engage and co-create sustainable solutions for gaps in continuity of care at the sub-region and neighbourhood level	Identify two or three LHIN-wide solutions to improve care transitions for patients, families and caregivers
Sub-region Learning Forum	To bring all six sub-region planning tables together to share a Learning Forum in preparation for implementation	Provide opportunity for sub-regions leaders to share what is and is not working
Primary Care – Family Physicians	To obtain meaningful physician input into relevant system decisions, and to work towards locally sustainable solutions to provide high quality primary care services	To help align both primary care physician activities and objectives with LHIN priorities
Primary Care – Specialists	To engage specialists in dialogue to further support and implement referral initiatives including eConsult	To improve timely access to specialist care and support patient transitions across the care continuum
Primary Care – Nurse Practitioners	To engage primary care nurse practitioners in relevant system design and subsequent integration to provide high quality primary care services	To further align and strengthen primary care at the sub-region level
Chippewas of Georgina Island	To co-design of services and supports required for Indigenous communities	Co-create a plan that is aligned with the needs of the community and improves access to culturally appropriate services
Urban Indigenous Community: NinOskKomTin	To co-design services and supports required for Indigenous communities	Co-create a plan that is aligned with the needs of the community and improves access to culturally appropriate services

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

North York West French Language Services Advisory Committee	To bring together health care providers and community stakeholders to discuss the needs of the Francophone community in the North York West sub-region	Promote health services in French (i.e. primary care, seniors care, chronic illness, mental health) to improve service delivery and health outcomes
French Language Health Planning - Entité 4	To plan, coordinate and integrate high quality health care services for Francophones in Central LHIN	To improve equitable access to health services for the local Francophone population
Mental Health and Addictions Service Coordination Council	To improve the integration, coordination and distribution of mental health and addictions services for transitional aged youth and adults in York Region	To facilitate and support the implementation of the Mental Health and Addictions Supports within Housing Action Plan for York Region
Mental Health and Addictions Providers & People with Lived Experience	To bring providers and people with lived experience together to develop a Central LHIN Addictions Strategy	The development of a three-year Central LHIN Addictions Strategy that will align with the provincial Opioid Strategy to enhance addictions supports and harm reduction
Regional Palliative Care Network	To provide leadership and structure to facilitate the development of a comprehensive, integrated and coordinated system of hospice palliative care	Provide collaborative leadership to advance standardization, education, coordination and continuous quality improvement across all sectors in the region
Long Term Care Homes (LTCH) Palliative Care Work Group	To bring providers together to develop and implement a Central LHIN Palliative Care LTCH Strategy, in alignment with the Central LHIN Board Approved Palliative Care Action Plan	Increase palliative care capacity in LTCHs through education and supports
Regional Palliative Care Teams Implementation Working Group	To bring providers together to provide strategic advice and recommendations on the implementation of the Palliative Hubs model, aligned with Central LHIN sub-regions	Drive the implementation of the Palliative Hub model
Emergency Department (ED) Working Group	To bring all six Central LHIN EDs together for planning, implementing, and exchanging best practices	Advance the ED/ALC strategy and consult on sub-region transition planning

Health Links Partnership Table	To bring together Health Links leads, home and community care, digital health, hosting organizations and other stakeholders together to standardize resources, tools, and processes and align approaches across Central LHIN	Spread and scale the Health Links approach and integration of Health Links into sub-region planning
ALC Collaborative	To support the development and implementation of LHIN-wide strategies to enhance patient flow from acute to community settings	Implement and evaluate sustainable strategies that enhance system capacity and patient flow across the care continuum
Community Paramedicine Working Group	The purpose is to develop a community paramedicine strategy for Central LHIN and determine how best to allocate the community paramedicine funding envelope	Implement a Community Paramedicine Strategy for Central LHIN, review Expanding Paramedicine in the Community (EPIC) evaluations and recommendations and other community paramedicine initiatives
Dementia Strategy Advisory Committee	The purpose is to bring together people with dementia, family caregivers, health clinicians and community care providers to co-design a formalized dementia strategy tailored to support the needs of people living with dementia in the Central LHIN	To develop a local strategy in Central LHIN for a three-year period that aligns with the Provincial Dementia Strategy
Community Support Services – Programs/ Services for Seniors	Based on the LTC Capacity Plan, develop and implement community-based alternatives to traditional institutional LTC for Seniors	Recommendations for the expansion and enhancement of Adult Day Programs for Seniors
Community Support Services – ABI and Attendant Outreach Services	To review strategy to reduce wait lists and service pressures for Acquired Brain Injury (ABI) and Attendant Outreach services	Recommendations for the implementation of the three-year strategy
Clinical Services VP Planning Group	To engage Central LHIN hospitals to guide the development of clinical strategies to advance care	Consult and provide guidance in advancing the ALC strategy, sub regional planning to improve care transitions for patients, families and caregivers

Musculoskeletal (MSK) Intake & Assessment Steering Committee	To bring together key stakeholders from Central LHIN hospitals to guide development and implementation of a centralized intake and assessment model for hip, knee and other MSK procedures	To provide timely, appropriate and transparent access to a high quality, integrated continuum of MSK care.
QBP Steering Committee (Quality Based Procedures)	To bring together Central LHIN hospitals to support and provide guidance on the implementation of QBPs	Consult and provide guidance on transition plans at the sub-region level, particularly those related to pertinent QBPs
Stroke Planning and Care Council	To bring together stakeholders in stroke care to collaboratively plan and support the spread of best practices for stroke care	Provide opportunity for stroke care stakeholders to input on transition plans at sub-region level
Seniors Care Network Steering Committee	To provide leadership and structure towards implementation of a regional Seniors Care Network in Central LHIN	Provide the opportunity for input, advice, and recommendations for implementation of integrated, coordinated network of seniors care services
Reactivation Care Centre (RCC): Transition Leadership Forum	Provide corporate leadership, communication and direction to partner hospitals, planning teams and participants	Provide a collaborative environment to support timely direction-setting, change management, communication and oversight of components of the RCC project
Reactivation Care Centre (RCC): Clinical Integration, Standardization, Orientation and raining Teams	Provide support planning for operational interdependencies among partner hospitals and other participants of the RCC project	Provide the opportunity for input into standardization of processes and procedures, and establish training and orientation plans