Waterloo Wellington **LHIN**

Annual Business Plan

2009/10 to 2011/12
April, 2009

Ontario
Local Health Integration Network

Table of Contents

EXECUTIVE SUMMARY

I. INTRODUCTION 1

II. ABOUT THE WATERLOO WELLINGTON LHIN 3

III. ENVIRONMENTAL SCAN OF OPPORTUNITIES/RISKS TO THE LOCAL HEALTH SYSTEM 7

IV. WWLHIN PLAN FOR THE LOCAL HEALTH SYSTEM FOR 2009/10 – 2011/12 12

V. FINANCIAL SUMMARY 22

VI. LHIN OPERATIONS 29

VII. COMMUNICATIONS PLAN 33

APPENDICES I

APPENDIX 1: POPULATION HEALTH PROFILE II

APPENDIX 2: MORTALITY, POTENTIAL YEARS OF LIFE LOST, AND HOSPITALIZATION RATES BY ICD10 CHAPTER V

APPENDIX 3: ENVIRONMENTAL SCAN DETAILS VII

APPENDIX 4: ALIGNMENT OF STRATEGIES WITH AREAS OF FOCUS FOR 2009/10 - 2010/12 XVI

APPENDIX 5: STATEMENT OF FINANCIAL POSITION XVIII

Executive Summary

The Waterloo Wellington Local Health Integration Network (WWLHIN) focuses its activities on addressing our community's priorities for health. Broadly, these priorities are to improve accessibility to health services, to improve the health of the population, to enhance the effectiveness of the system and to build capacity so we can achieve a sustainable health system. These priorities were identified through extensive consultation with our community and our health service providers. These priorities represent significant opportunities for innovation, integration, and imagination.

The WWLHIN produced its first Annual Business Plan last year (previously called Annual Service Plan). The plan, in its entirety, is available for viewing on the website – www.wwlhin.on.ca, or by contacting the office.

Building on the accomplishments to date, and recognizing that there is much work still to be done, the WWLHIN is setting direction for 2009/10 to 2011/12 through this Annual Business Plan (ABP). This document will help the public understand the progress made to date and how the needs of our community will be addressed over the next three years.

We will work with our system providers and partners to improve access to health services by specifically focusing on improving access to primary care services and services for identified and vulnerable populations. Together, we will focus on further improving emergency department efficiency, coordination of and access to mental health service, wait times in acute care and placement to long-term care.

We will work with our partners to improve our population's health by increasing 'healthy practices' education and the availability of programs that enhance people's health.

Over the next three years, the focus on enhancing system effectiveness will be in two areas: making it easier to use or 'navigate' the health system and increasing our collective ability to identify and apply well researched methods and tools to health system planning and the delivery of services.

How will we work toward achieving a sustainable health system? We will continue to support the utilization of technology to ensure people have the information they require to make better decisions about their own care and to ensure caregivers have the right information they need to provide better care. We will support efforts to look at different ways to maintain a stable workforce. We will create a more transparent and accountable health system by being even more diligent in setting specific outcomes for our health service providers and then reporting on those outcomes.

Admittedly, this is an ambitious plan. However, it is one that has been carefully thought out, evaluated for its relevance to our four priorities, can be managed within available financial resources and, most of all, will positively transform our health system.

While the ABP is a valuable guide for our future activities, our collective success toward reaching these goals will only be possible with the continued participation of our health service providers and the support of our community as we move forward. Now, as always, we welcome comments, ideas, and questions.

I. Introduction

Our Annual Business Plan (ABP) reflects how the Waterloo Wellington Local Health Integration Network (WWLHIN) will deliver on the promise of health system transformation as identified in the Integrated Health Service Plan (IHSP). The detailed ABP demonstrates the basis for our health system priorities in the WWLHIN and outlines our strategies over the next three years to achieve success.

Based on comprehensive input from our community, local health system priorities have been determined in alignment with our mission of "Inspiring people to improve quality of life now and in the future through collaborative relationships and health system integration." Our priorities and our focus for the next three years are stated below.

Improving Accessibility to Health Services

Over the last year, we have made progress improving access to health services. Wait times for many priority surgeries and acute care procedures are down significantly, emergency department efficiencies are improving and additional investments have been made to enhance community services. However, there is still much to be done. Over the next three years, our focus will be on:

- Improving access to primary care services
- Improve efficiency and reduce wait times in emergency departments
- Improve coordination of and access to mental health services
- Improve access to health services for specific and vulnerable populations
- Reduce wait times for acute care services
- Reduce wait times for long-term care

Improving the Health of the Population

Work on improving the health of the population continues within the WWLHIN. Throughout our health system, there is an increasing emphasis on prevention and promotion. It is imperative to address issues before they become more complex and costly from both a patient health perspective and a system financial perspective. Partners, such as public health, continue to promote healthy living choices and preventative approaches.

Over the next three years, our focus on improving the health of our population will be on:

- Increasing the availability of programs that enhance an individual's health
- Increasing community awareness of, and participation in, preventative practices and behaviours

Enhancing System Effectiveness

We continue to hear the people of Waterloo Wellington express satisfaction, for the most part, with the quality of care they receive from their health service providers and care givers.

However, there is ongoing frustration with the lack of coordination and user-friendliness of the system. Over the next three years, our focus on enhancing system effectiveness will be on:

- Increasing ease of use of the health system, and
- Increasing the ability to identify and apply well researched methods and tools to health system planning and service delivery.

Building Community Capacity to Achieve a Sustainable Health System

As we continue our journey towards improving access, enhancing system effectiveness and improving the health of the population we must keep at the fore the need to develop sustainable solutions. Key to our success is the building of community capacity. Over the next three years, our focus on building community capacity to achieve a sustainable health system will be on:

- Utilizing technology to ensure people have the right information, in the right place, at the right time
- Maintaining a stable healthcare workforce
- Creating a more transparent and accountable health system

II. About the Waterloo Wellington LHIN

The Waterloo Wellington LHIN (WWLHIN) is a Crown Corporation, established by the *Local Health System Integration Act, 2006*, and is governed by an appointed Board of Directors. We are one of 14 LHINs across the Province, responsible for building an integrated health system in our community to make it easier for people to get the best care in the most appropriate setting, when they need it.

All of the work we undertake, including the development of this Annual Business Plan, is done in alignment with our mission and values.

WWLHIN Mission

Inspiring people to improve quality of life now and in the future through collaborative relationships and health system integration.

WWLHIN Values

Accountability - Demonstrated by follow through, evidence-based outcomes and transparency

Integrity - Demonstrated by sound decision making processes and honesty

Innovation - Demonstrated by creativity, future focus and change

Community - Demonstrated by respect, engagement and focus on people

Since April 1, 2007, the WWLHIN has been responsible for health system planning as well as coordinating, integrating and funding services within our boundaries. Those services include community support services, some primary care services, community mental health and addictions services, care connection and coordination, care in the home such as personal support and homemaking, long-term care, and acute care services. These are delivered through:

- 4 Community Health Centres, with six satellites
- 8 hospital corporations, with ten sites
- 35 long-term care homes
- 1 Community Care Access Centre
- 31 community support service programs (delivered by 29 discrete providers)
- 22 community mental health and addiction programs (delivered by 15 discrete providers)

Census data from Statistics Canada provides us with the most accurate population and demographic information about the WWLHIN. In 2006, the most recent census data available, the WWLHIN population was 686,320, or 5.6 percent of the total Ontario population. Our population is growing at a projected rate of 16 percent and is expected to be 797,600 by the year 2015. This growth rate exceeds that of the province, which is projected to grow about 13 percent between 2006 and 2015.

From a health planning perspective, the WWLHIN has five sub-LHIN areas: Urban Waterloo and South Rural Waterloo, Rural Waterloo, Urban Guelph, Rural Wellington and Rural North Wellington and South Grey. Making comparisons among these areas allows for identification of distinct characteristics and needs. At this level, population distribution and proportion of the population 65 and over are shown in figures 1 and 2 on the following pages.

In the WWLHIN the Aboriginal population constitutes one percent of the population, while the Immigrant, Mennonite and Francophone populations make up 20 percent, 3.4 percent and 1.3 percent respectively.

The following highlights describe some key population health, mortality and hospitalization information for WWLHIN and Ontario. Additional details about these trends are provided in *Appendix 1: Population Health Profile* and *Appendix 2: Mortality, Potential Years of Life Lost, and Hospitalization Rates*.

Broad Health Related Trends

Based on data from the 2007 Canadian Community Health Survey our population is engaging in less healthy behaviour than in 2003. These include physical activity and fruit and vegetable consumption. As a result our percentage of people who are overweight or obese has increased by 4.1 percent. The percentage of our population with diabetes, asthma and high blood pressure has also increased by 1.4 percent, 0.8 percent and 2.6 percent respectively. The percent of people who have 5 drinks or more on any occasion has also increased. The percent of non-smokers exposed to second-hand smoke has decreased slightly, but at 8.3 percent it is much higher than the provincial average of 5.7 percent.

A similar trend among some preventive behaviours is also emerging. From 2005 to 2007 the percentage of residents getting flu shots and the percent of residents who had contact with their medical doctor in the past year decreased both in the WWLHIN and Ontario. However, between 2007 and 2008 the percentage of people who had a mammogram, cervical cancer screening and fecal occult blood test increased.

Although these trends suggest that our population should be less healthy than they were two to four years ago, according to the 2007 Canadian Community Health Survey, the percentage of WWLHIN residents who rated their overall health as very good or excellent has increased between 2005 and 2007. A similar inconsistency appears in the area of mental health. While there was a decrease in the percentage of people who report having a lot of life stress, there was also a decrease in the percentage of people who rated their overall mental health as very good to excellent.

Mortality, Potential Years of Life Lost, and Hospitalization

Based on 2004 data, the most recent data available from the Ministry of Health and Long-Term Care, the Age-Standardized Mortality Rate (ASMR) for the WWLHIN is 539.6 deaths per

100,000 residents. This is lower than the provincial average, and the sixth lowest among all LHINs. The top three causes of mortality, in order, are cancer, circulatory disease and respiratory disease.

We compare similarly when examining Potential Years of Life Lost (PYLL). WWLHIN residents lost 4,290.1 years per 100,000 residents, which was lower than the provincial average as well as being the fourth lowest among all LHINs. The top three causes of PYLL are: cancer, injury and circulatory disease.

By examining trends in chronic disease prevalence we begin to paint a picture of need and resource utilization in our LHIN. The top four chronic diseases in our LHIN in 2007 were hypertension, arthritis, asthma and diabetes. These remain relatively unchanged from 2005 when they were arthritis, hypertension, asthma and diabetes.

Service utilization data from 2005/06 was analyzed to determine how residents with these chronic conditions were using our health system. Three of these four chronic diseases are expectedly contributing to the highest rates of general practitioner (GP) visits, which are hypertension, arthritis, diabetes and heart disease. Three of the top causes of GP visits are then showing up at the ER: arthritis, heart disease, Chronic Obstructive Pulmonary Disease (COPD) and asthma. Finally, only one of the top four chronic diseases (arthritis) is contributing to the highest rates of hospitalizations, the other three are: heart disease, cancer and COPD.

Figure 1

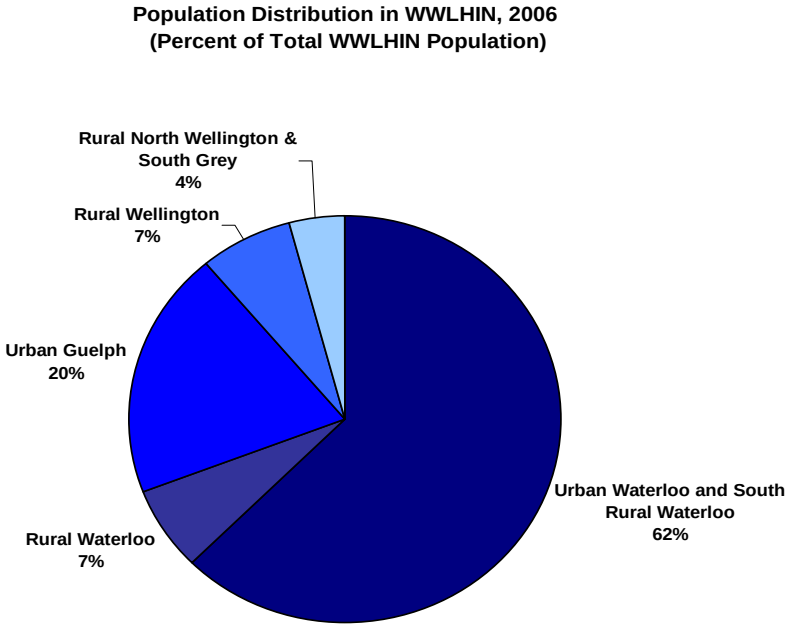
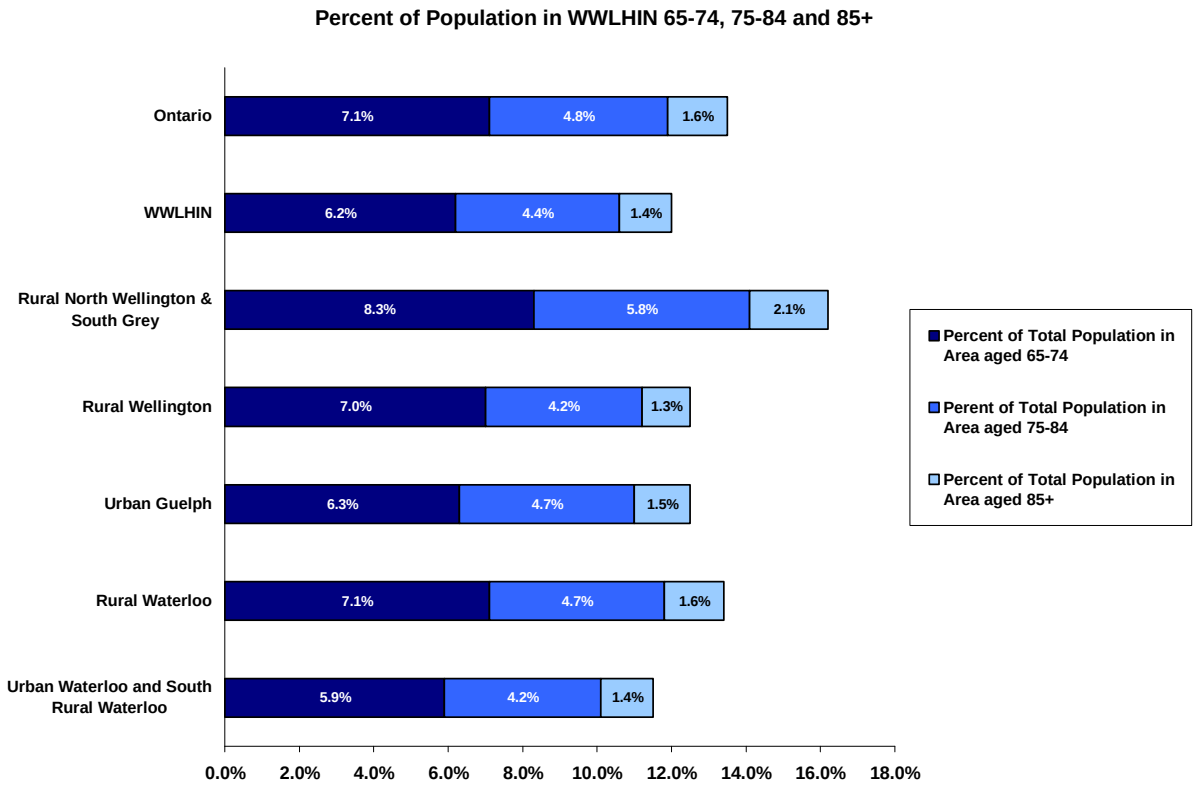


Figure 2


Percent of Population in WWLHIN 65-74, 75-84 and 85+
Ontario
WWLHIN
Rural North Wellington & South Grey
Rural Wellington
Urban Guelph
Rural Waterloo
Urban Waterloo and South Rural Waterloo
7.1%
4.8%
1.6%
6.2%
4.4%
1.4%
8.3%
5.8%
2.1%
7.0%
4.2%
1.3%
6.3%
4.7%
1.5%
7.1%
4.7%
1.6%
5.9%
4.2%
1.4%
0.0% 2.0% 4.0% 6.0% 8.0% 10.0% 12.0% 14.0% 16.0% 18.0%
Percent of Total Population in Area aged 65-74
Perent of Total Population in Area aged 75-84
Percent of Total Population in Area aged 85+

III. Environmental Scan of Opportunities/Risks to the Local Health System

In confirming our plans for the next three years, we completed an environmental scan of the current state of health and the health system in the WWLHIN. In doing so, the risks and opportunities that shape our efforts to address our priorities became apparent.

The environmental scan verifies the intelligence gathered from our community through integration, performance, planning and decision support work carried out at the WWLHIN. It considers issues and trends that may influence the commitments set forth in the Ministry-LHIN Accountability Agreement (MLAA) and priorities identified in the IHSP.

It takes into account government policies and priorities and any new or pending legislation and regulations. This approach brings together both quantitative data and qualitative information to provide a more robust and contextualized approach to identifying the needs of the residents of the WWLHIN and the associated risks of not investing to meet those needs.

Our environmental scan confirmed many strengths of the WWLHIN including the fact that we have:

- A relatively compact geography and a small number of providers delivering service. This provides the opportunity for greater coordination and partnership than more dispersed LHINs with more providers.
- Demonstrated an ability to get things done when focus and attention are provided to an issue in challenge. A good example is the significant reduction in our key wait times over the last two years, providing quicker access to much needed services for our residents.
- A high level of adoption of new community-based alternate healthcare delivery models, such as our Family Health Teams and Community Health Centres.
- A wealth of knowledge we can tap into through our local post-secondary institutions and industries, particularly the high-tech sector.
- An increasing level of partnership within sectors and between sectors to develop new and innovative solutions while living within our means.

The environmental scan also identified progress made towards each of our IHSP priorities as well as the opportunities and gaps (risks) that remain. Details are contained in *Appendix 3: Environmental Scan Details*. Highlights are outlined below:

Progress Towards Improving Accessibility to Health Services

Over the last year, we have made progress improving access to health services. Wait times for many priority surgeries and acute care procedures are down significantly, emergency department efficiencies are improving, additional investments have been made to enhance community services, and we now have nine Family Health Teams in the WWLHIN. Nonetheless, there are still key gaps.

- Many of our residents still do not have access to a regular primary care provider which, in turn, leads to a high number of non-urgent emergency department visits to WWLHIN hospitals.
- Overall, there is still a fragmentation in our health system resulting in patients not being able to navigate across the sectors for their care needs. This problem becomes even

more acute for vulnerable populations, such as individuals whose first language is not English and seniors who may need assistance to help them navigate the system.

- There is still a need to improve access to, and coordination of, community mental health and addiction services.

In addition to addressing the above gaps, there is an opportunity to:

- Review where and how services in emergency, acute care, complex continuing care and mental health can best be delivered to improve access and coordination.
- Develop new and sustainable models of care in various wait time areas including orthopaedics, eye care and MRI/CT; such models will not only improve care, but mitigate against the risk of health human and financial resource shortages.
- Improve access to, and reduce the wait time for, long-term care or develop alternative community-based solutions for those who would otherwise find themselves in long-term care.

Progress Towards Improving the Health of the Population

Work on improving the health of the population continues within the WWLHIN. Throughout our health system, there is an increasing emphasis on prevention and promotion. It is critical to try to address issues before they become more complex and costly from both a patient health perspective and a system financial perspective. Partners, such as public health continue to promote healthy living choices and preventative approaches. In addition to continuing this work, there are opportunities for:

- Our partners in public health to increase community awareness of, and participation in, preventative practices.
- Our partners in public health, education and other areas to invest in preventative programs that promotes physical activity and nutrition.
- The WWLHIN to proactively facilitate the creation of effective models of care to help residents manage their chronic disease and take preventative measures, thereby reducing avoidable pressure on the health system.
- The WWLHIN to develop targeted strategies for specific populations, e.g., rural, homeless, immigrants, the poor, and teenagers, among others.

Progress Towards Enhancing System Effectiveness

We continue to hear the people of Waterloo Wellington express satisfaction, for the most part, with the quality care they receive from their health service providers and caregivers. However, there is ongoing frustration with the lack of coordination and user-friendliness of the system. Patients and clients continue to be frustrated with having to repeat information as they move from one health provider to the next as they attempt to navigate the system. Information, assessments and diagnostic tests continue to be repeated, sometimes unnecessarily. People continue to remain in hospital while waiting for access to appropriate services in the community.

There are opportunities to:

- Examine and increase the supply of appropriate care such as hospice, convalescent care, supportive housing and day programs to decrease the number of alternate level of care (ALC) days and enhance health outcomes.
- Improve the flow of information to patients and clients and between providers through technology, thereby reducing the need to repeat information and tests.
- Improve people's understanding of who to turn to for help.
- Improve the transition points in the system to help people move more easily from one part of the system to the next.
- Continue to implement best practices in planning, research and clinical areas.

Progress Towards Building Community Capacity to Achieve a Sustainable Health System

As we continue our journey towards improving access, enhancing system effectiveness and improving the health of the population, we will keep, as a priority, the need to develop sustainable solutions. Key to our success is building community capacity to achieve a sustainable health system.

We have made progress on this by improving upon existing partnerships, building new partnerships, working towards a stable healthcare workforce, creating a more transparent and accountable health system, measuring and reporting on system-wide achievements and utilizing technology to ensure people have the right information in the right place at the right time. There are opportunities to:

- Continue to encourage new partnerships that will help generate new ideas and solutions.
- Improve the sharing, quality and availability of information between providers using electronic means.
- Develop new ways of attracting health professionals and develop alternative models of providing care to optimize the use of our stretched resources.

Factors Affecting Demand and Cost of Local Health Services

As part of our environmental scan, we examined key factors that have impacted, and are expected to continue to impact demand and costs of local health services. Demographics such as population growth and aging, along with inflation and labour costs, will all have an impact.

Demographic Factors

Growth in the population and the need for appropriate services for the elderly population in particular will increase the demand for specific health services and programs in Waterloo Wellington. Population growth is projected to increase demand for services by approximately 1.8% per year.

Chronic diseases will continue to be a challenge for the WWLHIN in light of an aging population; increasing incidence of asthma, diabetes, and obesity, lower breast cancer screening rates, and high mortality and hospitalization rates associated with cancer and circulatory diseases. The higher prevalence of chronic diseases in an aging population is projected to increase demand for appropriate services and programs by 0.8% per year.

The combination of population growth and services associated with the needs of an aging population are expected to increase health costs by 2.6% per year.

Inflation and Labour Costs

Inflation and labour costs are key cost drivers that affect the cost of health service and program provision. Unit labour costs have historically risen at a faster rate than core inflation. Canada is currently experiencing 4.0% labour cost growth. The Ontario Budget projects 4.9% growth in labour costs over the 2009/10 fiscal year.

The combination of core inflation and labour cost drivers, alongside supply issues related to health service workers, indicates a reasonable expectation of inflationary pressures exceeding those of the general economy. The WWLHIN is projecting 5.0% cost growth for current service provision. This coincides with the Ontario Budget projection of 5.0% growth in health service costs.

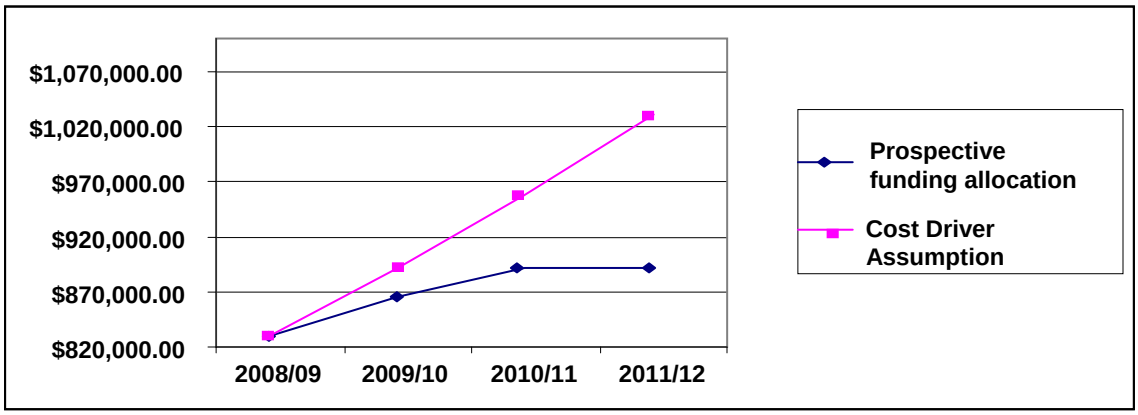
Cost Driver Impact

The combined effects of increased demand and increased cost of service provision are estimated to be 7.4% in 2008/09, 8.8% in 2009/10, and 7.4% in 2010/11. These figures represent the amounts by which the WWLHIN's base funding would need to change if funding were driven by cost growth and demand alone and improvements to the effectiveness and integration of services were not made.

However, we know the allocation to the WWLHIN is currently, and is projected to continue to be, less than the amount associated with cost drivers. Given these facts and the recent economic challenges, the need to accelerate the transformation of the system is clear.

The chart below illustrates the difference between the projection of expenditures based on cost drivers and the prospective allocation of funding as set out in the financial summary section of this ABP. The prospective allocation is a reflection of the strategic decisions taken by the WWLHIN to further its objectives, and improve the health system for residents of Waterloo-Wellington. This allocation can be contrasted against a future picture of health investment if the status quo were maintained.

While we expect to continue to receive additional funding, that funding is increasingly targeted towards strategic priorities and transforming the system. While the system transforms, we need to control expenditures and continue to seek new and innovative ways to providing services.



Other Key Factors Affecting the Provision of Health Services

Economic prospects, the supply of health human resources and the availability of technological supports all have an impact on the provision of health services.

Economic Prospects

Although residents in the WWLHIN had better relative economic circumstances recently than Ontarians as a whole, the downturn in the economy will surely test local prosperity and living standards. These economic pressures may also affect how, and to what extent, health care services can be funded.

These trends point to the need to ensure the availability of appropriate types of health services and programs, the appropriate mix of health human resources to deliver these services, and the technological supports to enable these providers to deliver services in an efficient and consistent manner.

Health Human Resources

Both Ontario and the WWLHIN are bracing for an expected wave of physician and nurse retirements, due to occur in the near future. The WWLHIN cannot take the availability of health human resources for granted, even when the area has been awarded new medical and pharmacy schools. Indeed, these very investments require that the WWLHIN play a more concerted role to help ensure that limited, and perhaps decreasing, health human resources are most effectively and efficiently used.

Technological Supports

In terms of technological supports, while they are playing an ever larger role in health, and consuming a correspondingly larger share of resources, e-health initiatives have not been implemented in a sufficiently integrated way in Ontario or in the WWLHIN area to take full advantage of their potential. The challenge here is that many of the larger providers in the area currently use legacy systems that do not communicate with each other. As such, the basis for making meaningful comparisons that would, in turn, permit effectiveness and efficiency gains, is strictly limited.

The above factors must prompt our service providers to look at the way services are currently provided and become even more innovative in achieving a sustainable health system.

The needs and opportunities (risks) identified through our environmental scan shape the plans contained in the next section.

IV. WWLHIN Plan for the Local Health System for 2009/10 – 2011/12

The WWLHIN remains committed to advancing the four priorities set out in the IHSP. The environmental scan reminds us of the persistence of system challenges. It also points to opportunities where we can target new investments while at the same time safeguarding and enhancing the value of investments already made in the local area.

Aware of our responsibility to manage health services from an integrated perspective and in alignment with government priorities, we have prioritized and sequenced initiatives that we believe will best address the gaps and opportunities (risks) identified in the environmental scan. In prioritizing and sequencing initiatives, we are always mindful of our strategic drivers:

1. system transformation
2. enhancing health and wellness; creating healthy workplaces
3. system performance and improvement
4. enhancing community capacity
5. strategic leadership

Risks to Implementation of Our Plan and Mitigation Strategies

The WWLHIN's focus for the next three years will be on the areas outlined below. As we turn our attention to implementation, the WWLHIN and our providers need to take action constantly to mitigate against three overarching risks:

1. The current economic downturn, which will have an impact on allocations to the health system.
2. The increasing shortage of qualified professionals and staff, which will continue to provide additional challenges as we implement solutions requiring such staff.
3. The challenges associated with transforming a system and undertaking many transformational projects at once.

The WWLHIN also takes into account that many of our health service providers are challenged with limited financial and human resources. The recent Ontario Medical Association (OMA) agreement and other factors affecting the cost of delivering health services will pose further challenges that need to be considered.

Despite these challenges, the people of Waterloo Wellington expect the priorities of the IHSP to be advanced. The need for transformation was already clear. With the economic downturn, rather than slowing the transformation, we are of the view the transformation needs to be accelerated. With this acceleration comes the need for leadership and champions within our community and amongst our health service providers, clinicians and caregivers. The WWLHIN will continue to support those who embrace the transformation agenda, putting our local priorities and the needs of people of Waterloo Wellington first. As required, we will refine our plans and take alternate approaches to address additional impacts resulting from an economic downturn.

We will continue to seek alternative solutions to address risks to our strategy posed by health human resource shortages. Many of these solutions will be developed through our Health Human Resources Strategy and the work lead by our Health Human Resources Council.

Aware that we and the system cannot address everything at once, we will further prioritize and sequence initiatives each year. Further, wherever possible, each of our strategies (such as the ED/ALC strategy) will target multiple areas of focus to maximize the use of the financial and human resources in our system. A detailed mapping is outlined in *Appendix 4.*

The plan that follows outlines our focus and key initiatives in each of the IHSP priority areas for the period 2009/10 – 2011/12.

IHSP PRIORITY 1 Improving Accessibility to Health Services

The environmental scan identified key opportunities to promote access to appropriate services, improve timeliness of service delivery, and ensure the availability of appropriate services. Over the next three years, our focus on improving access to health services will be on continuing to:

- Improve access to primary care services
- Improve efficiency and reduce wait times in emergency departments
- Improve coordination of and access to mental health services
- Improve access to health services for specific and vulnerable populations
- Reduce wait times for acute care services
- Reduce wait times for long-term care

1. We will continue to improve access to primary care services by:

- Entering into service accountability agreements with Community Health Centres (CHCs) that set clear expectations for their role in helping to achieve specific system outcomes.
- Encouraging innovative approaches to using existing funding and to addressing health human resource shortages.
- Pursuing the transfer of the accountability for Family Health Teams from the Ministry of Health and Long-Term Care (MOHLTC) to LHINS.
- Continuing to collaborate in local system planning to encourage greater integration with all the relevant players at the table, including health service providers the WWLHIN does not fund, such as Family Health Teams and municipalities.

Our community will know this objective has been met when:

- All CHCs sign and make publicly available their accountability agreements and relevant measures of success.
- Within the first year CHC services, that were previously unavailable because of lack of specific health service professionals or staff, will be provided through alternative means (e.g., within their scope of practice nurse practitioners will meet the primary health service needs of clients in areas where physician recruitment remains a challenge).
- The four CHCs in the WWLHIN continue to report high client satisfaction with the primary care services they provide.

- The residents of the WWLHIN, particularly those rostered to Family Health Teams (FHTs) or within the CHCs' catchment areas, do not go to emergency departments to access after-hours primary care (by the end of the third year of the plan).
- The number of "orphaned" or "unattached" residents who are seeking a primary care provider decreases over the three years of the plan.
- The number of "orphaned" or "unattached" residents access more and more relevant services in the community, such as primary care.
- People report they feel like they are receiving care in an organized way and are not being passed around the system.

2. We will continue to improve efficiency and reduce wait times in emergency departments by:

- Focusing on Emergency Department (ED) efficiency through ED Wait Times initiatives, enhancing primary care availability, addressing ALC challenges, reducing the wait to long-term care, and improving flow within hospitals.
- Monitoring the success of pay-for-performance initiatives at funded WWLHIN hospitals and rolling out the successes and learnings to other WWLHIN hospitals.
- Interpreting and understanding the data on ED use and targeting solutions towards areas that require improvement

Our community will know this objective has been met when:

- The WWLHIN hospitals report high client satisfaction with their services and/or clearly identify their strategies to improve the patient ED experience.
- Residents who accessed ED services report they received Emergency Department treatment in a reasonable amount of time and high level of satisfaction with the service provided.
- Patients receive Emergency Department treatment within the performance target established by the pay-for-results ED Wait Times initiative.
- Patients who do leave the Emergency Department without being seen access appropriate care elsewhere, in a timely manner.
- Patients who do not require Emergency Department care, including those presenting with mental health concerns that can be managed in the community, are directed to and receive care in the most appropriate setting.

3. We will continue to improve the coordination of and access to mental health services by:

- Implementing the recommendations of the mental health and addictions services review currently being completed by WWLHIN health service providers. The review will take into consideration 50 longer term, mental health beds that will be moving from London to Grand River Hospital's Freeport site, thereby increasing the complexity of mental health services provided. The WWLHIN requested a policy change of government to facilitate this divestment.

Our community will know this objective has been met when:

- Community mental health and addictions providers in the WWLHIN sign and make publicly available their accountability agreements and relevant measures of success.
- Residents of the WWLHIN access mental health services in an appropriate setting.
- Information on wait times for community mental health services is publicly available so consumers can make informed choices in seeking treatment.
- Clients/consumers see a web of interconnected mental health inpatient, community and residential services in the WWLHIN to support them.

4. We will continue to improve access to health services for specific and vulnerable populations by:

- Implementing the recommendations of the clinical optimization review of acute care services. The WWLHIN and its system partners are undertaking a clinical optimization review of acute care services to improve access and quality of services and patient safety while at the same time developing models that are sustainable within our financial means.
- Improving access to appropriate levels of care in the community by continuing to take a multi-pronged strategy to address need. This includes implementation of targeted Aging at Home solutions, additional interim beds in long-term care homes (overbeds), transition bed programs, retargeting existing budgets and resources to address ALC issues, improving long-term care placement processes, enhancing Personal Support Worker services through the Waterloo Wellington Community Care Access Centre, investing to meet the needs of multi-cultural populations and other system-level initiatives.

Our community will know this objective has been met when:

- New immigrants and vulnerable populations within the WWLHIN have better access to appropriate services for their specific needs
- People have access to care closer to home for specific services.
- New leading practices and service models are implemented, which contribute to improved standards of care for specific and vulnerable populations.
- Seniors are able to remain in their own home longer with additional support and programs.

5. We will continue to reduce wait times for acute care services by:

- Developing and implementing sustainable models of care in specific wait time areas through the introduction of common intake and centralized referral for hips and knees, the development of a new, comprehensive model of eye care, and coordinated approaches for MRI/CT exams.
- Continuing to facilitate collaboration between our existing MRIs and support referrals to the next available MRI.
- Enhancing capacity by supporting the addition of an MRI at Cambridge Memorial Hospital within the next two years.

Our community will know this objective has been met when:

- Primary care practitioners tell their patients, when referred to surgery for diagnostic testing, that they are confident the length of time they have to wait is clinically appropriate for their condition.
- Residents in the WWLHIN see the appropriate flow of patients through the system through the achievement of the 'Percentage of ALC Days MLAA Indicator hitting the performance target mutually set by the WWLHIN and MOHLTC.
- Residents know they have access to MRI exams within the performance target mutually set by the WWLHIN and MOHLTC, within a clinically relevant period.
- The WWLHIN has a common intake process and centralized referral for hips and knees surgery, leading to equitable access: those waiting the longest receiving care first regardless of location of referring practitioner or surgeon.

6. We will continue to improve access and reduce wait times to long-term care by:

- Moving long-term care beds where possible to areas of highest need.
- Supporting over-bedding and transition beds as interim measures.
- Evaluating the impact of the 288 long-term care beds that will be opening in Guelph in 2009/10, including examining options for targeting these beds at specific populations.
- Submitting a long-term care home redevelopment plan to address outdated, aging homes in the area. As facilities renovate, there is a risk that some beds may need to close during the renovation, which may affect wait time to long-term care placement.

Our community will know this objective has been met when:

- When the 288 new long-term care beds are opened in Guelph, the mix of care includes specialized units for specific populations (e.g., younger Acquired Brain Injury (ABI) residents and dementia patients).
- Alternatives to long-term-care are in place and utilized in the WWLHIN including supports for independent living in the home and supportive services in designated seniors' housing.
- The wait time for placement to Long-Term Care decreases to the performance target mutually set by the WWLHIN and MOHLTC.

IHSP PRIORITY 2 Improving the Health of the Population

The environmental scan identified key opportunities to promote healthy living choices, to facilitate coordinated preventative care and services, and to increase capacity of programs that enhance an individual's health. Over the next three years, our focus on improving the health of the populations will be on continuing to:

- Increase the availability of programs that enhance an individual's health
- Increase community awareness of, and participation in, preventative practices and behaviours

1. We will continue to increase availability of programs that enhance an individual's health by:

- Working with our health service providers to develop a comprehensive Chronic Disease Management Strategy building further on the work of the HealtheConnections project on the management of diabetes.
- Implementing solutions through our *HealtheConnections* eHealth project, which leverages partnership opportunities with the MOHLTC, Canada Health Infoway, health service providers, academia and industry. This project will enable the implementation of solutions that bring health information to people with chronic diseases, while allowing for the more effective sharing of their health information with their clinical support team.

Our community will know this objective has been met when:

- Individuals can monitor their health (chronic disease) with the support of professionals as appropriate in the community, outside of the hospital setting.
- Those with specific chronic conditions (e.g., diabetes) can access current information about their health and understand what it means.
- Primary care providers receive information about test results in a timely manner and can flag potential issues early so clients can manage them before they become more serious.
- Patients see a physician, other than their own family doctor, who already has information about their condition so they don't need to repeat information.

2. We will continue to increase community awareness of, and participation in, preventative practices and behaviours by:

- Supporting health service programs that include preventative practices.
- Providing programs and services close to home, through outreach, or enhancing access through transportation services.
- Ongoing communications with the community regarding information and opportunities to enhance preventative practices and behaviours through our website and community engagement.

Our community will know this objective has been met when:

- They see evidence of people taking greater accountability for their health, evidence of people knowing what they need to do to stay healthy, and evidence of people taking the required action to stay healthy.
- People can access information and resources in the community that promote health and well-being and prevent illness.

IHSP PRIORITY 3 Enhancing System Effectiveness

The environmental scan identified key opportunities to enhance user-friendliness of the system, improve coordination and integration of services and programs, and ensure best practices for operational processes and clinical practice. Over the next three years, our focus on enhancing system effectiveness will be on continuing to:

- Increase ease of use of the health system
- Increase the ability to identify and apply well-researched methods and tools to health system planning and service delivery

1. *We will continue to increase the ease of use of the health system by:*

- Developing and implementing an Emergency Department/Alternate Level of Care/Long-Term Care (ED/ALC/LTC) strategy to improve the flow of patients through the system.
- Reviewing the assessment and placement process for long-term care.
- Making available additional long-term care beds and ensuring that current needs are being met in the design of long-term care services.
- Ensuring that redevelopment of aging long-term care homes to meet current standards does not negatively impact the availability of, or the services in, long-term care homes.
- Assessing the transition points in the system, including reviewing discharge processes from the hospital and coordination of intake to services.
- Ensuring support is available to assist people in navigating the health system.

Our community will know this objective has been met when:

- Residents know where to go to get the service they need.
- Families have the information they need to be confident their loved ones are in the most appropriate place, receiving the most appropriate service for their care needs.
- Residents report increased levels of satisfaction with the care they do receive.
- People moving through the system, do not fall through cracks in the system due to lack of coordination of services and programs.
- Patients and families work closely with case managers as appropriate, to manage their requisite health.
- Acutely ill patients that require admission from the emergency department (ED) to the hospital are admitted within target wait times.
- Waits for long-term care from the community and from acute care meet targets established collaboratively through the MLAA.

2. *We will continue to increase our ability to identify and apply well- researched methods and tools to health system planning and delivery by:*

- Being involved at the provincial level in health system planning and applying those learnings to the WWLHIN.

- Sponsoring community engagement events that showcase best practices in service delivery and demonstrated success in health system planning.
- Providing opportunities to our service providers to become engaged in planning initiatives.
- Maximizing opportunities for the local system providers to implement best practice initiatives, such as LEAN and FLO Collaborative improvement methodologies.

Our community will know this objective has been met when:

- Residents see that decisions with respect to the management of the health system made in the WWLHIN are grounded in research and follow best practice, including:
    a. Operational decisions such as the implementation of central intake and assessment channels for hip and knee (and possibly other) surgeries.
    b. Strategic decisions, such as those made with respect to the allocation of targeted funding to the community sector to keep seniors in their own homes.

IHSP PRIORITY 4 Building Community Capacity to Achieve a Sustainable Health System

The environmental scan identified key opportunities to build partnerships and alliances to enhance community capacity, measure and report on system-wide achievements, utilize technology to ensure people have the right information in the right place at the right time, work towards a stable healthcare workforce, and support a transparent and accountable health system. Over the next three years, our focus on building community capacity to achieve a sustainable health system will be on continuing to:

- Utilize technology to ensure people have the right information, in the right place, at the right time
- Maintain a stable healthcare workforce
- Create a more transparent and accountable health system

1. *We will continue to utilize technology to ensure people have the right information, in the right place, at the right time by:*

- Continuing to work with our health service providers to implement the WWLHIN e-Health Strategy. As we implement new models of care, we will explicitly determine how information and technology can best be used to enable the movement of the right information to the right people at the right time.
- Continuing to implement solutions to enable these new models of care through programs like our *HealtheConnections* project which is a collaborative partnership between our health service providers, Family Health Teams, academia, industry, Canada Health Infoway and the Provincial e-health office.
- Implementing requirements through accountability agreements requiring health service providers to report in specific ways on specific issues, including performance.

Our community will know this objective has been met when:

- Residents of the WWLHIN with chronic health concerns have comprehensive and timely information to help them make decisions about, and are enabled to, better self-manage their care.
- Residents of the WWLHIN with chronic health concerns no longer have to repeat information about themselves or their health for different caregivers, regardless of where they are in the WWLHIN.
- Caregivers have the information they need to make decisions.

2. We will continue to maintain a stable healthcare workforce by:

- Continuing to support the work and strategies of our Health Human Resources Council, including their plans to address recruitment, retention, inter-professional care opportunities and introduce new models of care and service delivery to ensure our providers have the right resources to deliver on the priorities identified by the people of Waterloo Wellington.

Our community will know this objective has been met when:

- The areas of the WWLHIN with the most challenges to physician recruitment are targeted to ensure residents of those areas continue to have equitable access to health services.
- Services that may have previously been unavailable because of lack of specific health service professionals or staff members will be made available through alternative means, as appropriate.

3. We will continue to create a more transparent and accountable health system by:

- Continuing to set and commit to specific performance obligations and expectations through our accountability agreement with the Ministry (MLAA).
- Entering into new service accountability agreements with long-term care homes directly and setting specific performance obligations and expectations aligned with our MLAA and Integrated Health Service Plan.
- Continuing to monitor performance, mitigating risks and instilling a culture of accountability.
- Ensuring public reporting on health service provider performance as a key element of our performance framework.

Our community will know this objective has been met when:

- They see the WWLHIN and its health service providers achieve the key objectives set out in this Annual Business Plan.

ENABLERS TO ACHIEVING OUR PLAN

The IHSP identifies health human resources as a key enabler to implementing our strategy. The environmental scan demonstrates the challenges in our system accessing certain types of services due to health human resource shortages. It also illustrates the opportunities available to us, opportunities which are addressed throughout this plan. In addition to continuing to recruit new resources, we will work with our post-secondary partners, communities and Health Force Ontario to look at new ways of attracting and retaining resources. We will also continue to implement new models of care to provide the services the people of Waterloo Wellington need in alternate ways.

The IHSP also identifies e-health as a key enabler. Through the environmental scan, we see that there continues to be opportunity to provide information to the public and providers in a timelier manner. There are also opportunities to improve the quality of information and avoid the need for patients and clients to repeat information or to undergo repeat tests. The promise of e-health is significant; however, successful implementation is dependent on support from administrators, buy-in from clinicians and a willingness to share information for the benefit of the client and patient.

PRIORITIES FOR INVESTMENT

We, like all LHINs, are expected to and will implement our plans within the allocations provided by the Ministry of Health and Long-Term Care. Having said that, as new priorities arise in our system, policy changes and/or additional investments may need to be requested. The WWLHIN believes that new investment opportunities must represent clearly-defined and significant gaps in the local health system. The WWLHIN will consider such opportunities for advancement to the Ministry on an exception basis, as we are mindful of the challenging economic situation and the clear limits it imposes on new financial resources.

As part of our planning efforts, the WWLHIN has prioritized investment in our vascular program (general vascular, cardiovascular and thoracic vascular), in a new psychiatric day hospital and in the expansion of an integrated Complex Continuing Care Program. All of the initiatives are high priorities for the WWLHIN and address clearly-defined and significant gaps in the local heath system.

The rationale for dedicated investment in the vascular program was expressed through an integration decision issued by the WWLHIN in June 2008. The integration contemplated in the decision is intended to create a general vascular services program that will improve access to elective care while ensuring access to emergency vascular services throughout WWLHIN. The integration promotes the all-round development, coordination and implementation of vascular services in the WWLHIN, including its general vascular, cardiovascular and thoracic vascular components.

The creation of a new psychiatric day hospital would provide a new service delivery model for adults in the WWLHIN. The program would be comprehensive and designed to meet the needs for persons at risk in a psychiatric crisis. It would include patient diversion from inpatient acute Schedule 1 beds, and the transition of individuals through the program from inpatient to community settings.

The integrated Complex Continuing Care Program is a specialized program of care providing specialized programs for medically complex patients whose condition requires a hospital stay, regular onsite physician care and assessment and active care management by specialized staff.

The expanded integrated program would provide care for those who need it in an appropriate setting.

V. Financial Summary

A. Overview of Allocation to WWLHIN

The WWLHIN invests to advance local priorities and achieve its overall strategic goals. In 2008/09, the WWLHIN received approximately $831 million in funding for the provision of local health services.

The Ministry LHIN Accountability Agreement outlines the current year allocation of funds to the WWLHIN, as well as allocation targets for out years. The WWLHIN's allocation as at March 31, 2009, is presented in Table 1 below. Comparative actuals for 2007/08, as well as projections for future years, are also presented.

Table 1: WWLHIN Multi-Year Funding Allocation

	Final 2007/08 Funding Allocation (1)	Final 2008/09 Funding Allocation (2)	2009/10 Funding Target (2)	2010/11 Funding Target (2)	2011/12 Funding Target (3)
Hospitals	$495,524,666	$513,549,141	$508,518,310	$508,518,310	$508,518,310
Hospital Grants for Municipal Taxation	$ 159,225	$ 159,225	$ 159,225	$ 159,225	$ 159,225
Long-Term Care Homes	$124,127,504	$133,531,737	$137,450,988	$141,303,056	$141,303,056
Community Care Access Centre	$ 82,525,235	$ 87,491,554	$ 92,467,383	$ 98,959,252	$ 98,959,252
Community Support Services	$ 11,693,400	$ 13,467,648	$ 13,251,318	$ 13,549,473	$ 13,549,473
Assisted Living Services in Supportive Housing	$ 5,219,100	$ 5,875,770	$ 6,109,590	$ 6,247,055	$ 6,247,055
Community Health Centres	$ 13,071,551	$ 14,434,472	$ 14,231,274	$ 14,231,274	$ 14,231,274
Community Mental Health	$ 24,253,991	$ 25,868,454	$ 26,816,083	$ 27,395,320	$ 27,395,320
Specialty Psychiatric Hospitals	$ 27,820,502	$ 29,553,211	$ 29,358,522	$ 29,358,522	$ 29,358,522
Addictions Programs	$ 5,730,110	$ 7,482,111	$ 7,713,602	$ 7,887,159	$ 7,887,159
Initiatives	$ -	$ -	$ -	$ -	$ -
Total HSP Transfer Payments	**$790,125,284**	**$831,413,322**	**$836,076,295**	**$847,608,646**	**$847,608,646**

(1) MLAA as of March 31, 2008
(2) MLAA as of March 31, 2009
(3) Flat lined to previous year as per MOHLTC direction

B. Targeted Investment Strategy

In developing plans each year, the WWLHIN requests its health service providers target their investments towards those activities that best meet the priorities identified by the people of Waterloo Wellington as articulated in the Integrated Health Service Plan (IHSP). Our health service providers are expected to determine and readjust services and investments to best meet those priorities.

In turn, the WWLHIN can make funding and allocation decisions that alter the initial distribution of funding. These funding decisions are made in alignment with the priorities and tactical goals expressed by the WWLHIN. While the distribution of funding may shift, the total amount of funding received does not change as a result of this process.

From time to time, the Provincial Government announces additional funding, usually targeted to support specific local priorities. When this occurs, the WWLHIN and its providers are expected to assess and incorporate how best to utilize these additional investments in light of funding already invested and the performance being achieved through those investments. Recent examples of this type of investment include funding received to implement the Wait Times Strategy, the Emergency Department Action Plan, Aging at Home and the Personal Support Worker Initiative in Long-Term Care Homes.

Given additional funding is normally relatively small and targeted, significant effort is made to evaluate the outcomes of any new investments to ensure they best advance the priorities of the WWLHIN IHSP. The WWLHIN is taking steps to aligning its investments to meet its stated priorities through the allocation of funding.

Future Year Funding

The current economic downturn casts uncertainty over the level of funding and allocation in future years. The targets identified in Table 1 above are used for planning purposes and are subject to confirmation in the Provincial Budget each year. In addition to our existing base funding, other strategies have brought with them additional funds for the WWLHIN. Some of these are one-time in nature, others base adjustments. In all cases, any additional funding is targeted towards specific priorities and objectives. Examples of the key potential investments are outlined below.

Wait Times Strategy Funding

This funding is provided through the MOHLTC's Wait Times Strategy. The funding is targeted to increase the number of surgeries, procedures and exams in Priority Wait Time areas and to reduce wait times and the backlog of individuals waiting for service. Since the funding is one-time, it is not included in the MLAA until announced in a given year. For 2008/09, the WWLHIN received $8,668,000 in one-time wait times funding. Of this funding, $7,236,100 was utilized by providers. The unspent funding that accrued because of unutilized incremental volumes was returned to the MOHLTC. The WWLHIN has made the assumption that at least this level of funding will continue to be provided. This assumption is supported by the shift in resources seen by the WWLHIN as the Provincial Wait Times office identifies new priorities. The funding level remains consistent, while the priorities change.

Funding	Sector	2009/10	2010/11	2011/12
Wait Times	Hospital	$7,236,100	$7,236,100	$7,236,100

Mental Health Repatriation

Consistent with the Tier 2 divestment initiative, the WWLHIN is negotiating the repatriation of 50 longer-term mental health beds that are currently located in the South West LHIN. This initiative is part of the strategic mental health plan of the WWLHIN. The service configuration and costs of service provision have not yet been determined. It is likely that the final allocation will involve other sectors, such as specialty psychiatric hospitals and community mental health.

Long-Term Care Beds

The MOHLTC has announced that 288 long-term care beds will be provided to the WWLHIN. The first 92 beds are expected to become operational in 2009/10. Once this capacity is expanded, the base funding will increase at the rate stipulated in the MLAA. Currently, the MLAA stipulates a funding rate of $37,534 per bed in 2009/10, and a funding rate of $38,586 per bed in 2010/11.

Funding	Sector	2009/10	2010/11	2011/12
288 Long-Term Care Beds	Long-Term Care	$1,801,600	$11,112,800	$11,112,800

Community Health Centre Funding Increase

The MOHLTC has increased planned funding in other community sectors by 2.25% per year. There are indications that funding for Community Health Centre salaries will increase at the same rate. It is reasonable to assume that the sector as a whole will receive the same treatment as other community providers in future years.

Funding	Sector	2009/10	2010/11	2011/12
CHC Funding	CHC	$320,200	$647,600	$647,600

Provincial Priorities Programs

The MOHLTC has provided funding for other programs on a one-time basis in a manner analogous to the wait-times funding. This funding totalled $5,130,905 for 2008/09. It is reasonably assumed that this funding will continue in future years to maintain performance on provincial priorities.

Funding	Sector	2009/10	2010/11	2011/12
Provincial Priorities	Hospital	$5,130,905	$5,130,905	$5,130,905

NOTE: Projections regarding Provincial Priorities Programs include neither growth projections nor planned expansions of these programs.

Initiatives Funding

The WWLHIN receives discretionary funding from the MOHLTC that is expressed in the MLAA as initiative funding. This funding pool includes three different types of funding: Emergency Department Action Plan, Urgent Priorities and Aging at Home. Each initiative type has prescribed features and is subject to the WWLHIN's allocation process. The allocation process is designed to further the strategic objectives of the WWLHIN while simultaneously satisfying the prescribed funding criteria.

Emergency Department Action Plan Fund

The Emergency Department Action Plan Fund has $174,400 of uncommitted annual funding in each of 2009/10 to 2010/11. This funding is to be spent within the community on projects that enhance emergency access, primarily through diversion.

Urgent Priorities Fund

This fund is to be used for high-priority projects that meet WWLHIN and provincial objectives. A specified percentage of the Fund must be used to fund projects that target ALC or ED issues. According to the MLAA, the Urgent Priorities Fund has $671,511 of uncommitted funding in 2009/10 and $978,761 in 2010/11. The allocation of future year Urgent Priorities funding has not yet been decided, as the WWLHIN has expressed a desire to maintain this funding as a flexible resource to deal with urgent priorities such as ALC, long-term care wait-times, and ED pressures. This funding is allocated throughout the year as opportunities arise to advance the WWLHIN's strategic objectives.

Aging At Home Fund

This fund is designed to target solutions that allow seniors to remain in their homes as long as possible. The Aging At Home Fund has $3,437,113 in funding not yet assigned to a specific program in 2010/11. The WWLHIN is committed to an extensive planning and review process that will guide allocation decisions to match the funding criteria and strategic objectives of the WWLHIN.

For the purposes of this plan and analysis, the assumption is that funds will be allocated in a manner consistent with the current year's allocation. It is assumed that all initiative funding will be ongoing at the same rate in 2011/12, as Urgent Priorities funding and Aging At Home funding are base funding to the WWLHIN from the MOHLTC.

C. Prospective Allocation of Funding

Table 2 presents a pro-forma view of the WWLHIN funding allocation and planning targets based on the potential revenue additions and the potential reallocation of funds set out above.

Table 2: Prospective WWLHIN Multi-Year Funding

Sector	Final 2007/08 Funding Allocation (1)	Final 2008/09 Funding Allocation (2)	2009/10 Funding Target (2)	2010/11 Funding Target (2)	2011/12 Funding Target (3)
Hospitals	$495,524,666	$513,549,141	$522,211,354	$523,532,138	$523,532,138
Hospital Grants for Municipal Taxation	$ 159,225	$ 159,225	$ 159,225	$ 159,225	$ 159,225
Long-Term Care Homes	$124,127,504	$133,531,737	$139,559,838	$152,415,856	$152,415,856
Community Care Access Centre	$ 82,525,235	$ 87,491,554	$ 94,704,747	$101,852,339	$101,852,339
Community Support Services	$ 11,693,400	$ 13,467,648	$ 16,602,345	$ 18,020,921	$ 18,020,921
Assisted Living Services in Supportive Housing	$ 5,219,100	$ 5,875,770	$ 6,236,390	$ 6,408,655	$ 6,408,655
Community Health Centres	$ 13,071,551	$ 14,434,472	$ 14,551,474	$ 14,878,874	$ 14,878,874
Community Mental Health	$ 24,253,991	$ 25,868,454	$ 26,816,083	$ 27,395,320	$ 27,395,320
Specialty Psychiatric Hospitals	$ 27,820,502	$ 29,553,211	$ 29,908,522	$ 29,908,522	$ 29,908,522
Addictions Programs	$ 5,730,110	$ 7,482,111	$ 8,524,602	$ 8,698,159	$ 8,698,159
Initiatives	$ -	$ -	$ 3,915,756	$ 10,199,077	$ 10,199,077
Total HSP Transfer Payments	**$790,125,284**	**$831,413,322**	**$863,190,336**	**$893,469,086**	**$893,469,086**

(1) MLAA as of March 31, 2008
(2) MLAA as of March 31, 2009
(3) Flat lined to previous year as per MOHLTC direction

Note 1: This table does not include an estimate on costs associated with Mental Health bed repatriation, due to the undetermined nature of service configuration.

While Table 2 above presents a prospective alignment of funding by sector, it is important to remember that the WWLHIN lays out its funding decisions in the context of its strategic objectives and funding initiatives. Sector is not considered during the process; sectoral allocations are attributed following the funding decision-making process.

D. Budget Allocations

Annually, the WWLHIN undertakes the approval of budgets submitted by its providers. This involves the receipt of a service plan, and a budget submitted through an electronic system. These plans and associated budgets are reviewed in the context of system demands, and an emphasis is placed on integration and the implementation of innovative service models. The budgets of all providers are approved by the Board of Directors of the WWLHIN as a total package. This approach allows the WWLHIN to ensure that its strategic objectives are being addressed in the base funding of its existing providers, and provides an opportunity to realign services and base funding.

E. WWLHIN Tactical Objectives

As articulated in the previous section, the WWLHIN has specific tactical objectives that arise from its strategic priorities. These are the projects that are going to be undertaken by the WWLHIN's service providers, and funded by the WWLHIN in order to advance its local priorities. These decisions are guided by the decision-making framework used by the WWLHIN. The budget approval process, specific initiative funding, and in-year reallocations are all made within the decision-making framework that was built to align with the WWLHIN's stated strategic priorities.

The WWLHIN is working towards adding cost per unit of service, return on investment and other decision-making tools to its investment analysis process.

F. Key Financial Policies

Allocation Policy

The WWLHIN continually monitors the funding available for allocation. Allocation ideas are discussed within the context of the decision-making framework and decisions are then made. The allocation is continually tied to the funding available in order to control against the risk of over-committing funds for allocation. No allocation is made without written confirmation from the MOHLTC of funding availability.

Cash Flow Policy

The WWLHIN continually monitors cash flow to its providers and compares the cash flow against the allocation. No cash flow is made without the allocation being confirmed and checked against previous cash flows. This is to control against the risk of flowing funds that have not been allocated.

Risk Management Policy

The WWLHIN has adopted a risk management framework based on the Ontario Risk Management guidelines. The main thrust of risk management is to inform allocation decisions and to provide context and guidance to decision makers. The WWLHIN uses a comprehensive information-gathering approach, with open lines of communications between the WWLHIN and its health service providers. Risk is reported to both the WWLHIN Board of Directors and the MOHLTC on a quarterly basis, and discussed internally by staff on a monthly basis.

G. Summary

The current growth in health service spending in relation to provincial revenue is unsustainable. Action is required to change the models of care provided and to bring efficiencies to the system. This requires an intellectual, managerial, and financial investment to turn the system into a more sustainable model. The WWLHIN, through the articulation of our Annual Business Plan, has provided the vision and guidance necessary to inform our management responsibilities, and has laid out the financial tools we will employ in implementing the best course of action.

VI. LHIN Operations

The WWLHIN has the responsibility, with our community and health service providers, to reshape the delivery of health services in Waterloo Wellington. To achieve the priorities set out in our IHSP and execute on the plans outlined previously in this document, we need to utilize innovative approaches and tools, and we require the right mix of talented, experienced, committed and passionate staff. An increase to our base operating allocation beginning in 2008/09 has improved our financial flexibility and ability to build additional capacity to meet our responsibilities in the Ministry-LHIN Accountability Agreement (MLAA) over the three-year period of the Annual Business Plan.

This requires a strong WWLHIN, capable of influencing communities and providers to develop solutions and achieve outcomes that have never before been achieved. It requires investment in an appropriate number of staff and appropriate skills-sets to help shape community engagement, integration and performance activities. It also requires investment in new, innovative tools and techniques. In January 2009, the WWLHIN implemented a re-organization with a strong team orientation to drive performance and systems design supported by clinical expertise, communications and issues management. We are also introducing a project management framework to support the various endeavours necessary to pursue health systems transformation.

In the period 2009/10 to 2011/12, the WWLHIN will build additional capacity in health system data analysis, trending and forecasting. We are undertaking, with our health service providers, more sophisticated and specific reviews from a local systems perspective, e.g., review of complex continuing care (CCC) services, clinical optimization review of acute care services, mental health and addictions services review, and pharmacy review. These reviews are geared towards transforming our system to accelerate the achievement of our local priorities and require additional experienced resources.

In addition to looking at trends from traditional financial allocation and funding envelopes, current data systems are being transitioned from viewing individual programs and services toward a systems and client-focused perspective. For example, all LHINs are currently working with the MOHLTC and health service providers on the development of new indicators that will be incorporated into their service accountability agreements. Monitoring, analyzing and determining how to influence system change through the use of this new information will require additional tools.

The WWLHIN's operating budget now provides opportunities for developing sophisticated analytical tools to use on broader Ministry current and planned systems databases. For example, while we can analyze and interpret individual service/clinical data (e.g., the internal performance of a hospital), we need to develop the tools to appropriately assess the inter-relationship of services in other sectors (e.g., community support services and mental health and addictions). This is a challenge for the WWLHIN. We can work at the local level by partnering with our health service providers and other LHIN resources through reviews and related activities. We do still need to challenge the MOHLTC to provide broader and timelier system analysis performance measurement using current information. For instance, the Health Based Allocation Methodology tool provides excellent system information but is still based on 2007/08 data. As an integrated system is created, having an up-to-date capability is critical.

The WWLHIN will begin various other activities related to access to services, building capacity, improving the health of our population and system effectiveness. This will include linking

financial allocations to planning, community engagement, integration and performance management activities.

Impact on Health System Performance

Given the current economic downturn we have carefully and strategically staffed our new organizational structure, and will only have an increase of 1.5 FTE in 2010/11. With this challenging plan we will strive to complete the following objectives in a timely manner:

- Renegotiate service accountability agreements with community-based providers and hospitals.
- Negotiate for the first time service accountability agreements with 35 long-term care homes in 2009/10.
- Identify and take action on planning, integration and performance management opportunities.
- Develop and improve the focus of financial, service and clinical data toward local health systems.
- Develop our research capability and enhance existing or new performance indicators.
- Enhance our overall ability to identify health service trends to assist in planning proactively for future years.
- Continue collaboration with health service providers and other community resources and thereby leverage resources currently existing in the Waterloo Wellington LHIN area.
- Initiate new partnerships and alliances when opportunities emerge at the local, inter-LHIN or provincial settings.

Planned Expenditures

Table 3 below presents actual expenditures for 2007/08, compared with planned expenditures for 2008/09, and for the period for this Annual Business Plan, 2009/10 to 2011/12.

The revised MLAA as of May 15, 2009, indicates that the WWLHIN's annual funding targets for 2009/10 to 2011/12 have not been confirmed, except for the initiative funding identified in Table 2. The operations plan, presented in form 1D (Table 2 below) below, assumes:

- Allocation increases to meet a 2% increase in salaries.
- Benefits at 20% of salaries.
- A 2% cost increase for all other expenses for each of the three years 2009/10 to 2011/2012.

The assumptions maintain the status quo of the 2008/09 MOHLTC allocation for the term of the Annual Business Plan 2009/10 to 2011/2012 with due regard to the economic downturn and pending any further clarification of expenditure constraints or new constraints. The only exception to the above assumption is a pressure which exists now with the WWLHIN's current leased space.

Table 3: WWLHIN Operations Spending Plan

Table 3: WWLHIN Operations Spending Plan					
LHIN Operations ($)	**2007/08 Actuals**	**2008/09 Forecast**	**2009/10 Planned Expenses**	**2010/11 Planned Expenses**	**2011/12 Planned Expenses**
Operating Funding	**3,483,394**	**4,269,038**	**TBD**	**TBD**	**TBD**
Salaries and Wages	1,725,473	2,270,115	2,315,517	2,461,827	2,511,064
Employee Benefits					
HOOPP	162,949	220,663	219,974	233,874	238,551
Other Benefits	183,700	265,470	243,129	258,492	263,662
Total Employee Benefits	***346,649***	***486,133***	***463,103***	***492,365***	***502,213***
Transportation and Communication					
Staff Travel	34,831	53,400	54,468	55,557	56,669
Governance Travel	15,380	17,800	18,156	18,519	18,890
Communications	55,396	60,300	61,506	62,736	63,991
Total Transportation and Communication	***105,607***	***131,500***	***134,130***	***136,813***	***139,549***
Services					
Accommodation	240,437	231,800	236,436	241,165	245,988
Advertising	23,011	39,970	40,769	41,585	42,416
Banking	1,311	-	-	-	-
Consulting Fees	282,267	309,850	316,047	322,368	328,815
Equipment Rentals	12,602	8,520	8,690	8,864	9,041
Governance Per Diems	106,200	129,600	132,192	134,836	137,533
Insurance - Operations Only	15,756	16,100	16,422	16,750	17,085
LSSO Shared Costs	300,000	300,000	300,000	300,000	300,000
Other Meeting Expenses	44,245	48,700	49,674	50,667	51,681
Other Governance Costs	48,082	53,850	54,927	56,026	57,146
Printing & Translation	24,941	56,200	57,324	58,470	59,640
Staff Development	33,743	49,500	50,490	51,500	52,530
Other Services		-			
Total Services	***1,132,595***	***1,244,090***	***1,262,972***	***1,282,231***	***1,301,876***
Supplies and Equipment					
IT Equipment		-			
Office Supplies & Purchased Equipment	120,548	72,200	73,644	75,117	76,619
Total Supplies and Equipment	***120,548***	***72,200***	***73,644***	***75,117***	***76,619***
Capital Expenditures	38,369	65,000	20,000	200,000	50,000
LHIN Operations: Total Planned Expense	**3,469,240**	**4,269,038**	**4,269,366**	**4,648,354**	**4,581,321**
Annual Funding Target		4,269,038	4,269,366	4,648,354	4,581,321
Operating Surplus (Shortfall)	14,154	0	-	-	-
Amortization of Tangible Capital Assets	146,279	258,023	130,951	165,063	71,588
Initiatives Funding					
E-Health	275,000	275,000	600,000	TBD	TBD
A@H	181,000				
Aboriginal Community Engagement	5,000	5,000	5,000	5,000	5,000
ED/ALC Lead		33,300	TBD	TBD	TBD
ED Lead	37,500	37,500			
Wait List Management	70,000				
LHIN Operations - Total Planned Expense	**4,051,894**	**4,619,838**	**4,874,366**	**4,653,354**	**4,586,321**

The table below presents the WWLHIN staffing plan, which shows the actual complement for 2007/08 compared with planned expenditures for 2008/09 and the period for this Annual Business Plan.

Table 4: WWLHIN Staffing Plan

Actual for 2007/08, Forecast for 2008/09 and Plan for 2009/10 to 2011/12					
	2007/08 Actuals as of March 31	2008/09 Forecast	2009/10 Plan	2010/11 Plan	2011/12 Plan
Number of FTE					
Position Title:					
CEO	1	1	1	1	1
Sr. Director	2	2	2	2	2
Sr. Manager	2	3	3	3	3
Manager	4	6	6	6	6
Controller	1	1	1	1	1
Program Lead	2	2	2	2	2
Sr. Analyst	3	3	3	3	3
Analyst		1	1	2	2
Executive Asst.	1	1	1	1	1
Administrative Asst	3	4	4	4	4
Program Assistant	2	2	2	2.5	2.5
Receptionist	1	1	1	1	1
Webmaster		.5	.5	0.5	0.5
TOTAL	**22**	**27.5**	**27.5**	**29**	**29**

In addition to the information presented above, the WWLHIN Statement of Financial Position is provided in *Appendix 5*. This statement is required by the MOHLTC.

VII. Communications Plan

The WWLHIN, since its inception in 2005, has implemented a number of communications strategies to develop strong relationships with its stakeholders including health service providers, community partners, political leaders (municipal, provincial, and federal), media outlets, consumers and residents. The WWLHIN is committed to working in an open, transparent and accountable manner as it continues to lead the transformation of our local health system.

The Annual Business Plan contains many elements for announcements; however, does not require a separate communications plan.

The WWLHIN will make the Annual Business Plan available to the public, stakeholders and health service providers through a variety of methods, including printed copies, electronic copy posted to the WWLHIN website, and providing regular updates in newsletters or bulletins.

Separate from the ASP, but encompassing elements from it, the WWLHIN has developed an annual Corporate Communications Plan that will support the WWLHIN's mission, vision, and values as well as the business plan by:

- Affirming the WWLHIN's role as managing the transformation of the health system that is in the community's best interest and in an open and transparent manner.
- Raising awareness of the strategic directions and key initiatives of the organization, including fiscal responsibilities.
- Increasing external stakeholders' awareness of current and emerging health related issues.
- Outlining and optimizing opportunities to engage in community activities.
- Increasing public understanding of the WWLHIN while enhancing positive relations with community stakeholders.
- Providing opportunities to support health service providers' in their communication development efforts.

The WWLHIN's Corporate Communications Plan for 2009 – 2010 outlines:

- Strategic Objectives
- Internal and External Stakeholders
- Schedule of Strategies including media and government relations activities
- Measurement and Reporting Mechanism

APPENDICES

Appendix 1: Population Health Profile

Indicator	WWLHIN 2001	WWLHIN 2006	WWLHIN % Change	Ontario 2001	Ontario 2006	Ontario % Change
Total population	**626,365**	**686,320**	**9.6**	**11,285,550**	**12,160,285**	**7.8**
Senior population, age 65+	**68,535 (10.9%)**	**82,690 (12.0%)**	**20.7**	**1,383,710 (12.3%)**	**1,649,185 (13.6%)**	**19.2**
	2005	2007	% Change	2005	2007	% Change
Very good or excellent self-rated health	**61.9**	**62.6**	**1.1** ↑	**60.8**	**65.4**	**7.6** ↑
Very good or excellent self-rated mental health	**75.1**	**72.4**	**3.6** ↓	**72.8**	**74.6**	**2.5** ↑
Exposed to second-hand smoke at home	**6.3**	**8.3**	**31.7** ↓	**7.3**	**5.7**	**21.9** ↑
Contact with medical doctor in past year	**78.4**	**76.8**	**2.0** ↓	**81.5**	**70.9**	**13.0** ↓
Had flu shot in past year	**38**	**33.1**	**12.9** ↓	**41.1**	**29.4**	**28.5** ↓
Obese or overweight	**49.2**	**53.3**	**8.3** ↓	**48.8**	**49.6**	**1.6** ↓
Heavy drinkers	**20.6**	**23.5**	**14.1** ↓	**22.1**	**21.7**	**1.8** ↑
Physically inactive	**45.6**	**47.2**	**3.5** ↓	**46.0**	**49.0**	**6.5** ↓
Consume fruits/vegetables 5+ times/day	**47.1**	**43.5**	**7.6** ↓	**46.2**	**39.9**	**13.6** ↓
Have a lot of life stress	**22.8**	**21.7**	**4.8** ↑	**23.1**	**17.5**	**24.2** ↑
Daily or occasional smokers	**19.3**	**20.0**	**3.6** ↓	**20.8**	**18.7**	**10.1** ↑
Prevalence of selected chronic conditions (12+)						
Arthritis/ rheumatism	**15.3**	**15.5**	**1.3** ↓	**17.2**	**16.4**	**4.7** ↑
High blood pressure	**13.9**	**16.3**	**17.2** ↓	**15.4**	**16.4**	**6.5** ↓

asthma	**8.8**	**8.6**	 **2.3**	**8.0**	**8.2**	 **2.5**
diabetes	**4.5**	**5.4**	 **20**	**4.8**	**6.1**	 **27.1**
heart disease	**4.6**	**3.6**	 **21.7**	**4.8**	**5.0**	 **4.2**
	2007	2008	Ontario	Min	Max	Target
Had screening mammogram in past 2 years (age 50-69)	**58.4**	**61.8**	**62.8**	**55.5**	**67.9**	**70**
Cervical Cancer Screening Had Pap smear test in past 3 years (age 18 to 69)	**na**	**71.9**	**70.5**	**66.8**	**75.1**	**85**
FOBT received fecal occult blood test in the last 2 years	**15.1**	**22.7**	**19.9**	**14.9**	**23.1**	**40**

Data Source: CCHS 2005 & 2007
^ All figures, except for Total Population and Senior Population, expressed as a percentage.
Green arrows represent improvement in performance over time
Red arrows represent a decline in performance over time

Indicator	WWLHIN			Ontario		
	2001	2006	% Change	2001	2006	% Change
Female life expectancy at birth	82.0	No update		82.1	No update	
Male life expectancy at birth	77.8	No update		77.5	No update	
Population with English mother tongue	80.1	78.2	2.4% ↓	71.9	69.8	2.9% ↓
Population with French mother tongue	1.5	1.5	0%	4.7	4.4	6.4% ↓
Population who are immigrants	19.8	20.6	4.0% ↑	26.8	28.3	5.6% ↑
Population who are recent immigrants (arrived between 1996 and 2001)	2.9	3.2	10.3% ↑	4.8	4.8	0%
Population who are visible minorities	9.3	11.7	25.8% ↑	19.1	22.8	19.4% ↑
Population of Aboriginal identity	0.7	1.0	42.9% ↑	1.7	2.0	17.6% ↑
Labour force participation rate (age 15+)	71.8	71.5	0.4% ↓	67.3	67.1	0.3% ↓
Unemployment rate (age 15+)	5.1	5.2	2.0% ↑	6.1	6.4	4.9% ↑
Population in low income	10.2	9.7	4.9% ↓	14.4	14.7	2.1% ↑
Families (with children) headed by a lone parent	20.6	21.8	5.8% ↑	23.4	24.5	4.7% ↑
Population (age 20+) with less than grade 9 education	8.7	No update		8.7	No update	
Population (age 20+) without high school graduation certificate	26.6	No update		25.7	No update	
Population (age 20+) with completed post-secondary education	47	55.2 (age 25+)	17.4% ↑	48.7	56.8 (age 25+)	16.6% ↑

Data Sources: Census 2001 and Census 2006
^ All figures, except for Total Population and Senior Population, expressed as a percentage
**** Interpret with caution due to high degree of sampling variability***
Green shading: indicator is showing progress over time
Red shading: indicator is not showing progress over time

Appendix 2: Mortality, Potential Years of Life Lost, and Hospitalization Rates by ICD10 Chapter

	Age-standardized mortality rate per 100,000				Potential Years of Life Lost (PYLL) per 100,000				Age-standardized hospitalization rate per 100,000			
	WWLHIN		Ontario		WWLHIN		Ontario		WWLHIN		Ontario	
Cause (ICD-10 Chapter)	2000/01	2003/04	2000/01	2003/04	2000/01	2003/04	2000/01	2003/04	2005/06	2006/07	2005/06	2006/07
I. Infectious Diseases	**6.2**	**7.9**	**9.3**	**9.0**	**81.3**	**80**	**122.3**	**103**	**160.1**	**153.8**	**144.2**	**135.9**
II. Neoplasms	**178.5**	**175.7**	**181.4**	**175**	**1530.9**	**1541**	**1590.3**	**1560**	**513.6**	**482.8**	**635.7**	**604.2**
III. Diseases of blood	**1.9**	**2**	**2.1**	**2**	**20**	**20**	**18.4**	**17**	**70.7**	**64.3**	**82.1**	**81.9**
IV. Endocrine/ nutritional disorders	**26.2**	**24**	**26.1**	**27.2**	**161**	**152**	**171.0**	**182**	**170.9**	**166.5**	**195**	**197.3**
V. Mental & behavioural disorders	**14.1**	**11.2**	**15**	**14.2**	**42.9**	**43**	**59.2**	**58**	**394**	**137.4**	**459.9**	**115.2**
VI. Nervous system diseases	**29.2**	**27.5**	**24.8**	**23.8**	**173.6**	**146**	**142.9**	**138**	**107.1**	**111.4**	**123.1**	**117.4**
VII. Eye diseases	**0**	**0**	**--**	**--**	**0**	**0**	**--**	**0**	**19.4**	**22.1**	**18.6**	**18.9**
VIII. Ear diseases	**--**	**--**	**--**	**--**	**0**	**3**	**1.1**	**0**	**21.4**	**20.9**	**21.4**	**21.4**
IX. Circulatory system diseases	**217.0**	**183.6**	**209.1**	**184.3**	**793**	**700**	**852.9**	**811**	**847.6**	**766**	**1095.6**	**1044.1**
X. Respiratory system diseases	**42.9**	**42.3**	**45.4**	**44.1**	**110.9**	**135**	**150.5**	**145**	**586.3**	**553.8**	**603.3**	**593.9**
XI. Digestive system diseases	**19.2**	**21.1**	**22.6**	**22.5**	**137.5**	**182**	**191.1**	**189**	**766.7**	**735.1**	**867.5**	**857.7**

	Age-standardized mortality rate per 100,000				Potential Years of Life Lost (PYLL) per 100,000				Age-standardized hospitalization rate per 100,000			
	WWLHIN		Ontario		WWLHIN		Ontario		WWLHIN		Ontario	
Cause (ICD-10 Chapter)	2000/01	2003/04	2000/01	2003/04	2000/01	2003/04	2000/01	2003/04	2005/06	2006/07	2005/06	2006/07
XII. Skin diseases	**--**	**--**	**1**	**1**	**--**	**2**	**3.9**	**3**	**62.5**	**57.8**	**75.1**	**72.8**
XIII. Musculo-skeletal diseases	**4.8**	**3.5**	**3.8**	**3.7**	**31.5**	**16**	**24.8**	**26**	**373.8**	**353.4**	**460.6**	**468.4**
XIV. Genitourinary diseases	**9.6**	**9.7**	**11.1**	**11.8**	**41.1**	**23**	**38.2**	**38**	**416.2**	**385.7**	**475.8**	**453.6**
XV. Maternal conditions	**--**	**--**	**0.1**	**0.1**	**3.6**	**4**	**4.6**	**6**	**1410.7**	**1404**	**1151.7**	**1152.8**
XVI. Perinatal conditions	**3.9**	**3.4**	**4.2**	**4.7**	**259.3**	**214**	**266.5**	**276**	**93.3**	**96.7**	**75.4**	**75.9**
XVII. Congenital abnormalities	**2.7**	**2.7**	**3.1**	**3.2**	**145.2**	**108**	**158**	**153**	**47.9**	**48.3**	**48.3**	**47.1**
XVIII. Symptoms not elsewhere classified	**9**	**7.6**	**10.8**	**9.4**	**170.5**	**181**	**234**	**195**	**390.6**	**342.4**	**489.5**	**460.8**
XIX. Injury & poisoning	**N/A^**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**591.4**	**569.1**	**617.1**	**615.9**
XX. External causes of mortality	**27.8**	**31.8**	**32.6**	**33.9**	**740.5**	**772**	**834.3**	**828**	**N/A**	**N/A**	**N/A**	**N/A**
XXI. Factors influencing the use of services	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**396**	**387.2**	**435.2**	**441.4**
All Causes	*593.7*	*554*	*602.6*	*569.9*	*4443*	*4323*	*4864*	*4729*	*7440.2*	*6858.7**	*8075.1*	*7576.6**

Data Source: Population Health Planning Database, Inpatient Discharges and Vital Stats tables.
N/A: Not applicable.
-- Data suppressed due to small numbers.
^ There are no deaths assigned to that ICD-10 chapter, because injury and poisoning related deaths get coded by the external cause.
**** The all-cause hospitalization rate for WWLHIN and Ontario in 2005-06 is not comprehensive due to the lack of complete mental health inpatient data in 2006. This is due to the transition of mental health data from the DAD to a new mental health database, OMHRS***

Appendix 3: Environmental Scan Details

In confirming our plans for the next three years, we completed an environmental scan of the current state of health and the health system in the WWLHIN. In doing so, the risks and opportunities that shape our efforts to address our priorities became apparent.

The environmental scan verifies the intelligence gathered from our community through integration, performance, planning and decision support work carried out at the WWLHIN. It considers issues and trends that may influence the commitments set forth in the Ministry-LHIN Accountability Agreement (MLAA) and priorities identified in the IHSP.

It takes into account government policies and priorities and any new or pending legislation and regulations. This approach brings together both quantitative data and qualitative information to provide a more robust and contextualized approach to identifying the needs of the residents of the WWLHIN and the associated risks of not investing to meet those needs.

The Integration intelligence comes from a number of sources, including:

- Planning forums held across the WWLHIN.
- Review of the operating plans submitted by Health Service Providers.
- Regular and frequent discussions with HSPs and the community in a number of formal and informal ways, including WWLHIN staff attendance at community events and as HSP liaisons.

The performance intelligence comes primarily from routine tracking of the MLAA indicators, which measure success with respect to the IHSP priorities. These indicators include the following:

- Percentage of Alternate Level of Care (ALC) days
- Median wait time to long-term care (LTC) home placement
- Wait times for priority service
    - Cancer Surgery
    - Cardiac By-Pass Procedures
    - Cataract Surgery
    - Hip Replacement
    - Knee Replacement
    - Diagnostic MRI Scan
    - Diagnostic CT Scan

The planning and decision support intelligence comes from the following sources:

- Planning forums held across the WWLHIN.
- Review of the operating plans submitted by Health Service Providers.
- Current data on the health of WWLHIN residents, health human resources, LTC and mental health and addictions.
- A review of complex continuing care (CCC) services within the WWLHIN.
- The Ministry of Health and Long-Term Care's recently released priorities of focusing on Emergency Department wait times and family health.
- Analysis and review of various reports from organizations such as the Canadian Institute for Health Information (CIHI) and the Institute for Clinical Evaluative Sciences (ICES), which provide LHIN-specific reporting.

Improving Access to Health Services

The WWLHIN aims to improve access to health services by promoting access to appropriate services, improving timeliness of service delivery, and ensuring availability of appropriate services. The following key findings influence our actions in relation to this priority.

Key Findings

- Based on 2007 data from the Primary Care Access Survey, 94 percent of WWLHIN residents 18 and older have a family doctor. This is slightly higher than the provincial average of 91 percent. The proportion of residents who have a doctor is similar among males and females. Residents who are more likely to have a family doctor are those aged 65 and over, and those with a chronic condition. Those who are less likely to have a family doctor are immigrants who have been in Canada for less than 10 years (only 81 percent have a doctor).
- Based on the population of the WWLHIN we should have approximately 500 general practitioners. Data from the Ontario Physician Human Resources Data Centre suggest that as of 2007, the WWLHIN is above target with 517 practicing physicians. However, the location of these physicians within the WWLHIN does not necessarily match the demand in that area.
- In 2006/07, 10 percent of the total emergency department visits to WWLHIN hospitals were made by patients who did not have a family physician, and almost 8 percent of non-urgent visits were made by patients with no family physician[i].
- While Family Health Teams (FHTs) provide more comprehensive care to residents, their capacity to serve more "orphan" or "unattached" patients is limited because most of the physicians enrolled in FHTs belong to pre-existing primary care delivery models, like Family Health Networks, and are already caring for large numbers of patients.
- FHTs are currently involved in our planning exercises, however, unlike CHCs, FHTs are not directly accountable to the WWLHIN. Therefore, their efforts are inherently limited by the terms of the contracts they have with the MOHLTC. These contracts carry with them a different set of expectations and thus promote operational and performance outcomes that do not necessarily align with those of the WWLHIN.

- CHCs have very clearly defined catchment areas, which limit them to addressing local primary care access issues for specific populations. This poses particular challenges for areas that do not have CHCs, such as rural South Grey and North Wellington and rural Wellington. However, each of these sub-LHIN planning areas has two FHTs.
- Input from various community engagement events, including Planning Forums and Champions of Change Symposiums, indicates that fragmentation in the health system results in patients not being able to navigate across the sectors for their care needs. This problem becomes even more acute for vulnerable populations, such as immigrants whose first language is not English and seniors who may not have family, or others, to help them navigate the system.
- Community engagement activities led by the WWLHIN revealed a need for greater access to community mental health and addiction services, including assessment, treatment, and support (such as stress management, life skills, psychotherapy, counselling, housing, employment and income support).
- Although the WWLHIN funds several community-based organizations providing mental health and addictions services, the average wait in the WWLHIN for placement in drug and alcohol treatment programs is increasing, and is higher than the provincial average[ii].
- The WWLHIN is undertaking a number of planning initiatives including a review of complex continuing care (CCC) services, a clinical optimization review of acute care services, a mental health and addictions services review, and a pharmacy review. It is anticipated that these initiatives will lead to improved planning and identification of integration opportunities. Additionally, the WWLHIN is involved in the redevelopment of its LTC beds and the repatriation of Tier II long-term mental health beds from the South West LHIN.
- The wait time for LTC placement has steadily increased over the past four quarters. The Waterloo Wellington Community Care Access Centre (WWCCAC) case managers have identified that a third of those on LTC wait lists do not require this level of care, but do need augmented home support. Many high-functioning patients are admitted to LTC homes if they cannot manage with 10 hours per week of home support. Additional options for long-term care, such as assisted and supported living accommodations and arrangements, have the potential to serve the needs of such individuals. Recent studies show that 85 percent of people over the age of 65 years want to continue being at home as they age[iii]. The Waterloo Wellington CCAC is providing more services to those waiting to be placed in LTC to alleviate pressure on acute care beds.
- The percentage of ALC days in acute care hospitals has increased between 2006 and 2009. Currently, approximately 55 percent of ALC patients are awaiting placement to a long-term care facility. Limited availability of palliative care, supportive housing and other services has also contributed to the ALC issue.
- With the exception of MRI wait times, provincial targets have been met or exceeded for all priority wait-times services in WWLHIN. Cancer wait times remain stable and on target, and wait times in every other area are the shortest since the initiation of the Wait Times Strategy. These results indicate that, with the exception of MRI, the backlog of people waiting for procedures has been addressed for these priority services. However, new models of service delivery and approaches, such as common intake and referral, have not yet been implemented. Research indicates that without the implementation of such initiatives, the wait times will again increase when incremental funding is no longer available. The focus now needs to turn to sustaining these excellent results by providing

delivery models which make optimal use of system resources and are sufficiently robust to withstand shifts in these resources.

- Access to MRI services in the WWLHIN remains a risk. Performance has substantially improved as a result of the capacity added to the system with the new MRI at Guelph General Hospital. Patients on the wait list are being redirected as appropriate to fully utilize both machines, effectively lowering the wait across the WWLHIN. The trend, however, of rapid improvement is predicted to plateau in future quarters without additional capacity added to the system, and, at the current level, substantial improvement is still necessary in order to achieve the provincial benchmark of 28 days. There is also increased demand for MRIs in the WWLHIN due to the repatriation of residents who are receiving MRIs outside of the WWLHIN, and the expansion of services to include breast and cardiac MRIs.

System Needs and Opportunities:

- Move ahead with the planned mental health and addictions services review with a focus on reducing duplication, improving navigation through the health system, improving patient and caregiver satisfaction, and increasing capacity and efficiency by lowering the frequency of costly hospitalization admittance.
- Continue with the clinical optimization review of acute care services and pharmacy review that have already begun, and implement the resulting recommendations.
- Implement the recommendations resulting from the review of complex continuing care (CCC) services.
- Continue the repatriation of the Tier II long-term mental health beds and the redevelopment of LTC beds.
- Continue multi-pronged strategy aimed at providing appropriate levels of care by reviewing and redirecting existing investments towards appropriate community-based solutions.
- Continue to implement new, sustainable models of care in priority acute care areas, including the introduction of centralized intake and referral for hip and knee replacements, the potential development of a new model of eye care in the WWLHIN, and coordinated approaches for MRI/CT exams.
- Increase MRI capacity to decrease wait times.
- Target physician recruitment activities to areas with the most acute GP/FP shortages.
- Provide a single, client-driven information source regarding services which uses multiple media (paper, web-based, or telephone).
- Establish rural satellite programs using existing infrastructure, health service providers and innovative partnerships.

Improving the Health of the Population

The WWLHIN aims to improve the health of the population by promoting healthy living choices, facilitating coordinated preventative care and services, and increasing the capacity of programs that enhance an individual's health. The following key findings influence our actions in relation to this priority.

Key Findings

- The rates of hypertension, asthma, and diabetes amongst those age 12+ years have been increasing steadily from 2003 to 2007. Thirty-five percent of WWLHIN residents had at least one of the following chronic conditions: cancer, diabetes, heart disease, hypertension, stroke, asthma, COPD, or arthritis. Just under half of residents aged 65+ years had two or more of these chronic conditions[iv].
- Conditions such as cancer, heart disease and stroke have high rates of mortality. These conditions also have high rates of inpatient hospital separation along with chronic obstructive pulmonary disease (COPD) and diabetes. Whereas hypertension, arthritis, diabetes and heart disease led to high rates of visits to family physicians.
- Based on data for the WWLHIN, there is a demonstrated negative relationship between chronic disease prevalence and income.
- In 2007, just under half of the WWLHIN population aged 12+ years was physically inactive and over 50 percent of those aged 18+ years were either overweight or obese.
- Since the prevalence of chronic diseases increases with age, the aging population in the WWLHIN will result in a higher burden of chronic disease in the future.
- The provision of chronic disease management and prevention services and programs is widely dispersed and highly fragmented in the WWLHIN area. People suffering from chronic diseases receive care in a variety of settings, including hospitals, long-term care homes, and in the community, but not necessarily in a manner that is coordinated across these sites.
- The WWLHIN is currently developing a Chronic Disease Management Strategy with an initial focus on Diabetes Management as part of the *HealtheConnections* project and the broader Diabetes Strategy of the MOHLTC.
- The number of visits to Emergency Departments for mental health reasons in the WWLHIN increased by 10 percent between 2004/05 and 2006/07 (from 7,764 to 8,545).
- Community engagement activities also indicated that community-based supports for mental health clients discharged from hospital are inadequate or poorly coordinated. Without community-based supports, residents experiencing mental illness have high rates of relapse, which may require hospital readmission, or other high-intensity care.
- In a 2005 report by the Ontario Student Drug Strategy,[v] it was noted that 16 percent of Grade 7 to 12 students in Ontario may have a drug use problem. This report also identified that 6 percent of students assessed in the study reported hazardous drinking and elevated psychological distress.

Key Findings (continued)

- With respect to performance, the rate of ED visits that could be managed elsewhere has been steadily decreasing during the last fiscal year and is currently within the performance corridor.
- Performance with respect to the hospitalization rate for ambulatory care sensitive conditions continues to track well and is trending towards improving the baseline established as the target for 2008/09. Continuous improvement in this measure reflects a more integrated primary and community care system, and reduced hospitalization rates have a beneficial impact on relieving pressure on ALC rates.

System Needs and Opportunities:

- There is an opportunity for the WWLHIN to be proactive and facilitate the creation of effective models of care to help residents manage their chronic disease and take preventative measures, thereby reducing avoidable pressure on the health system.
- Chronic disease prevention and management strategies should include solutions targeted to low income or at-risk residents. The CHCs could potentially have a role to play in these targeted initiatives.
- Expand mental health teams to provide outreach in high schools and other venues to engage teenagers in a dialogue about mental illness.
- Develop targeted strategies for specific populations, e.g., rural, homeless, Mennonite, immigrant, and low income populations.
- Establish centralized services to assist rural hospitals in their management of mental health patients waiting to access Schedule 1 inpatient beds.

Enhancing System Effectiveness

The WWLHIN aims to enhance system effectiveness by improving the user-friendliness of the system; improving coordination and integration of services and programs; and ensuring best practices for operational processes and clinical practice. The following key findings influence our actions in relation to this priority.

Key Findings

- Currently, patients' personal health information is stored multiple times and with multiple providers. As a result, when patients move from one health service provider to the next, information, assessments and diagnostic tests must often be replicated, resulting in costly and unnecessary duplication. Despite this fragmentation, there are many instances in the WWLHIN where e-health solutions are currently being implemented to deal with this issue. These include provider access to the Wait Times Information System, resident access to Telehealth Ontario, ED physician access to an online Drug Profile Viewer, and Grand River Hospital's My Care Source, which is a portal that allows cancer patients to manage their condition.
- The WWLHIN is undertaking a number of planning initiatives, including a review of complex continuing care (CCC) services, a clinical optimization review of acute care services, a mental health and addictions services review, and a pharmacy review. It is

anticipated that these initiatives will lead to improved planning and identification of integration opportunities.

- The percentage of ALC days in acute care hospitals has increased between 2006 and 2009. Currently, approximately 55 percent of ALC patients are awaiting placement to a long-term care facility. Limited availability of palliative care, supportive housing and other services has also contributed to the ALC issue.
- As mentioned under the Improving Access priority above, the wait time for LTC placement has been increasing and many of those on the wait list do not require this level of care. Additional options for long-term care, such as assisted and supported living accommodations and arrangements, have the potential to serve the needs of such individuals.
- Performance with respect to AMI readmissions continues to track well. In the WWLHIN, the cardiac wait times working group tracks and reports on the measure.
- Input from various community engagement events, including Planning Forums and Champions of Change Symposiums indicates that there are inefficiencies in the health system for a number of reasons. For example, stakeholders at these events identified that current funding models lead to fragmentation between sectors, resulting in patients not being able to navigate across the sectors for their care needs. As well, a lack of targeted primary care programs for vulnerable populations leads to increased usage of more costly acute care services, such as Emergency Departments.

System Needs and Opportunities:

- Continue the work of the review of complex continuing care (CCC) services, clinical optimization review of acute care services, mental health and addictions services review, and pharmacy review and implement the resulting recommendations.
- Examine and increase the supply of appropriate alternative care, such as hospice, convalescent care, supportive housing and day programs to decrease the number of ALC days and enhance health outcomes.
- Assess the funding formulas and budgets for HSPs in order to be able to reward innovation and integration.
- Encourage the consistent application of the WWLHIN-wide discharge planning policy.
- Place teams in LTC facilities to deal with acute episodic events and thereby prevent the return to acute care.
- Target preventative programs to vulnerable populations in order to decrease high-cost usage of acute care services.

Building Community Capacity to Achieve a Sustainable Health System

The WWLHIN builds community capacity to achieve a sustainable health system by forgoing partnerships and alliances, measuring and reporting on system-wide achievements, utilizing technology to ensure people have the right information in the right place at the right time, working towards a stable healthcare workforce, and supporting a transparent and accountable health system. The following key findings influence our actions in relation to this priority.

Key Findings:

- There are presently no MLAA indicators that tie directly to this priority area.
- Although residents and health service providers across the WWLHIN see the merits and promise of e-health, the information management system is fragmented due to the fact that most e-health solutions are currently sector specific, developed for a single organization, and focus only on the patient's or client's needs at a particular point in time. The solutions often fail to consider information that may have been collected by other providers or that may be needed by other providers. Furthermore, the transfer of information electronically between providers is hampered by inconsistent standards and old legacy systems that do not communicate with one another.
- Data quality and availability varies by sector. The data on the hospital sector is very robust and of generally good quality and there is some data on LTC placement and the use of mental health and addictions services. However, there is a serious data gap for CHCs, the WWCCAC, and community support services sectors. This leads to an incomplete picture of the system and hampers decision making.
- The various reviews currently underway and planned at the WWLHIN, (review of complex continuing care (CCC) services, clinical optimization review of acute care services, mental health and addictions services review, and pharmacy review), are designed to respond to the needs of the residents in the WWLHIN. As such, it is anticipated that opportunities for integration and improved efficiency will be identified through these reviews.
- In the WWLHIN, immediate recruitment needs have been identified in several areas including GP/FPs, neurology, ophthalmology, pathology, anaesthesiology and paediatric surgery.

System Needs and Opportunities:

- In its first report in April 2006, the Ontario Health Quality Council stated that the implementation of an effective e-health strategy will support the creation of a high-performing health system[vi]. Many transformation initiatives have identified that lack of access to timely information is a barrier to success. There is a significant opportunity to ensure people have timely access to the right information about their health, preventative practices and service availability. Similarly, there is the opportunity for providers to have better information about their patients and, in turn, provide a higher quality of care. Timely information also allows for the development of new and innovative service delivery models.
- A coordinated WWLHIN-wide recruitment and retention strategy is required that involves partnership with stakeholders such as local universities, Health Force Ontario, health service providers, and the MOHLTC.
- As the WWLHIN begins to transform the system and provide services in new and more appropriate ways, new health human resource pressures will be created. For example, there will be a growing need for more community-based providers, including those who can provide more appropriate home-based care for seniors.
- There is the opportunity to create a system of greater accountability for performance outcomes as well as improving transparency through recognition and reward of system behaviours, performance achievement, and enhanced public reporting.

Endnotes

---

[i] Population Health Planning Database (PHPDB), *Population Estimates Table*. Retrieved June 2008.

[ii] Drug and Alcohol Registry of Treatment (DART) Database, retrieved June 2, 2008, from www.connexontario.ca

[iii] Government of Ontario, Ministry of Health and Long-Term Care, *Aging at Home: Enabling Seniors to Live Safely at Home with Dignity and Independence* (Toronto: July 2007).

[iv] Government of Ontario, Ministry of Health and Long-Term Care, Health System Intelligence Project, *Chronic Conditions in the Waterloo Wellington LHIN* (Toronto: October 2007).

[v] Edward M. Adlaf, and Angela Paglia-Boak, *Drug Use Among Ontario Students 1977-2005* (Toronto: Centre for Addiction and Mental Health, n.d.).

[vi] Government of Ontario, Ontario Health Quality Council, *First Yearly Report* (Toronto: Ontario Health Quality Council, 2006). Retrieved from URL: www.ohqc.ca.

Appendix 4: Alignment of Strategies with Areas of Focus for 2009/10 - 2010/12

	STRATEGY											ENABLERS				
	ER/ALC				PRIMARY CARE		ADDICTIONS AND MENTAL HEALTH		CLINICAL OPTIMIZATION			HEALTH HUMAN RESOURCES		E-HEALTH		
IHSP PRIORITY FOCUS FOR 2009/10 - 2010/12	Process Improvement Projects	ED P4R	Aging at Home	LTC Redevel-opment and Capacity	Chronic Disease Mgmt Strategy	Prevention and Promotion	Mental Health and Addictions Services Review	Implementation of Longer-Term Mental Health Bed	Acute Care	Complex Continuing Care	Rural Health	Data Modeling	Service Design	Healthe Connections	Access to Care/Wait Times	Performance and Accountability
IMPROVE ACCESSIBILITY TO HEALTH SERVICES																
1. Continue to improve access to primary care services					X				X		X	X	X	X		X
2. Continue to improve access to emergency department services	X	X	X									X	X	X	X	X
3. Continue to improve the coordination of and access to mental health services							X	X	X		X	X	X	X		X
4. Continue to improve access to health services for specific and vulnerable populations			X	X					X	X	X	X	X	X		X
5. Continue to reduce wait times for acute care	X											X	X	X	X	X
6. Continue to improve access to long-term care	X		X	X								X	X			X
IMPROVING THE HEALTH OF THE POPULATION																
1. Continue to increase availability of programs that enhance an individual's health			X		X	X			X				X	X		X
2. Continue to increase community awareness of, and participation in, preventative practices and behaviours			X		X	X			X				X	X		X

IHSP PRIORITY FOCUS FOR 2009/10 - 2010/12	STRATEGY											ENABLERS				Performance and Accountability
	ER/ALC				PRIMARY CARE		ADDICTIONS AND MENTAL HEALTH		CLINICAL OPTIMIZATION			HEALTH HUMAN RESOURCES		E-HEALTH		
	Process Improvement Projects	ED P4R	Aging at Home	LTC Redevel-opment and Capacity	Chronic Disease Mgmt Strategy	Prevention and Promotion	Mental Health and Addictions Services Review	Implementation of Longer-Term Mental Health Bed	Acute Care	Complex Continuing Care	Rural Health	Data Modeling	Service Design	Healthe Connections	Access to Care/Wait Times	
ENHANCING SYSTEM EFFECTIVENESS																
1. Continue to increase ease of use of the health system	X	X	X	X					X					X		X
2. Continue to increase our ability to identify and apply well researched methods and tools to health system planning and delivery	X											X	X	X		X
BUILDING COMMUNITY CAPACITY TO ACHIEVE A SUSTAINABLE HEALTH SYSTEM																
1. Continue to utilize technology to ensure people have the right information, in the right place, at the right time	X	X	X		X	X	X	X	X		X	X		X		X
2. Continue to maintain a stable healthcare workforce												X		X		X
3. Continue to create a more transparent and accountable health system														X		X

Appendix 5: Statement of Financial Position

Balance Sheet As at:	E ACTUAL (12 months) March 31, 2008	G FORECAST (12 months to) March 31, 2009	I FORECAST (12 months to) March 31, 2010
ASSETS:			
1. Cash	769,204	990,000	840,000
2. Accounts Receivable from:			
MOHLTC			
Public Hospitals	3,572,372	-	-
LHINs			
Other Govt. Reporting Entities (other GREs)			
Non-GRE (Receivable from third parties)			
Sub-Total	*3,572,372*	-	-
3. Tangible Capital Assets			
i. Capital Costs:			
a. Beginning Balance	671,475	709,844	774,844
b. In-year additions	38,369	65,000	20,000
c. In-year disposals			
d. Ending balance	709,844	774,844	794,844
ii. Accumulated Amortization:			
a. Beginning Balance	252,940	399,219	657,242
b. less: amortization on disposed assets	-		
c. In-year amortization	146,279	258,023	130,951
d. Ending balance	399,219	657,242	788,193
NET BOOK VALUE (i less ii)	*310,625*	117,602	6,651
4. All Other Assets:			
TOTAL ASSETS	***4,652,201***	***1,107,602***	***846,651***

LIABILITIES:			
5. Accrued Salaries, Wages and Benefits	39,445	90,000	100,000
6. Accounts Payable and Accrued Liabilities to:			
MOHLTC	3,634,237	-	-
Public Hospitals			
LHINs			
Other Govt. Reporting Entities (other GREs)	4,598		
Non-GREs (such as Trade Payables to third parties)	663,296	900,000	740,000
Sub-Total	*4,302,131*	***900,000***	***740,000***
7. Deferred Capital Contributions from the Province (i.e. MOHLTC & Other GREs)			
a. Beginning Balance	418,535	310,625	117,602
b. In-year Capital Contributions Received/To Be Received	38,369	65,000	20,000
c. Amortization for the Year	146,279	258,023	130,951
d. Ending Balance	*310,625*	*117,602*	*6,651*
8. Deferred Revenue from the Province (i.e. MOHLTC & Other GREs)			
a. Beginning Balance	-	-	-
b. In-year Contributions Received/To Be Received	-	-	-
c. Recognized in Income for the Year	-	-	-
d. Ending Balance	-	-	-
9. All Other liabilities			
TOTAL LIABILITIES	***4,652,201***	***1,107,602***	***846,651***
NET ASSETS / (LIABILITIES)	-	-	-