Waterloo Wellington **LHIN**

The Foundation of Care

Accountability - Community - Innovation - Integrity

2009 - 2010 Annual Report

Ontario
Local Health Integration Network

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Message from our Chair and CEO

Kathy Durst
Chair

Sandra Hanmer
CEO

The realization of a mission takes vision and teamwork guided by values – accountability, community, innovation and integrity. This Annual Report recognizes the advancements made over the past year within the Waterloo Wellington Local Health Integration Network (WWLHIN). The on-going transformation of Ontario's health system is due to the collective efforts of committed people who bring extensive knowledge and unique experiences to the planning and implementation processes. In the WWLHIN, we are rich in the depth of qualified, professional health care experts who share their passion for excellence to support the delivery of high quality local health care programs and services.

Our organization is entrusted to lead the transformation of the health system to one that is person-centred, integrated and sustainable. Focusing on our value of accountability, the WWLHIN along with health service providers have agreed to establish local targets for the delivery of identified programs and services. Through ongoing rigorous evaluation and review, progress is measured and improvement opportunities identified.

Over the past year, health service providers, delivered top five results in six of the 11 provincial indicators noted in the Ministry – LHIN Accountability Agreement (MLAA) outlined in this report.

While there is still work to do in reducing wait times in our emergency departments as well as the number of alternate level of care days in our hospitals, to achieve provincial targets, we have experienced real progress in both of these areas. This is a result of the collective efforts of our health service providers implementing initiatives to focus on resolving these systemic pressures.

The eight hospitals within the WWLHIN provided tremendous leadership in the implementation of the Emergency Department Process Improvement Program, (ED-PIP). The goal of this provincial initiative is to reduce ED wait times and improve patient satisfaction. Hospital staff and physicians took a lead role in streamlining and improving emergency department procedures and processes. Local hospital successes and learnings are now being used by other hospitals throughout the province. Emergency Department wait times have decreased in the Waterloo Wellington LHIN for all patients by 15 per cent in the past year.

Community involvement continues to be an essential ingredient in the work of the WWLHIN. During 2009 - 2010, our engagement activities opened valuable conversations with consumer communities who have unique needs. Maintaining a flexible approach to gathering community input supports the WWLHIN and health service providers in the exploration of new ways of delivering an integrated health system for local residents.

Innovation is expected and actively encouraged across the WWLHIN. Over the past year, commitment to new approaches was demonstrated by community members, health service providers and the WWLHIN as they all came together to develop the next three year strategic plan, Working Together for a Healthier Future, Integrated Health Service Plan, 2010 - 2013. Eight priorities have been identified, and results will be achieved through the hard work and dedication of all partners. We are confident that the system improvement initiatives identified for each of the priorities are achievable and will further align the work of all partners across Waterloo Wellington. Residents will see a difference.

Integrity is demonstrated by our work together focusing on the best interests of our residents. This integrity was at the forefront throughout the past year as we developed the Integrated Health Service Plan. It is also reflected in the title of the document, Working Together for a Healthier Future. Change is not about responding to a crisis. Change is about visioning and achievement of the mission for a healthier future. Open, transparent and evidence supported decision making leads to the achievement of a sustainable local health system.

We are proud to present this report to our community as it demonstrates how the Waterloo Wellington Local Health Integration Network continues to progress towards our vision of an integrated, sustainable health system for the residents of Waterloo Wellington. Please visit our website at www.wwlhin.on.ca for more details on the topics outlined in this report.

Together, we can make a difference.

Members of the Board

Kathy Durst, Chair
June 2, 2005 – June 1, 2011

Paul Truex, Vice-Chair
June 2, 2005 – June 1, 2011

Mary D'Alton
May 17, 2006 – June 16, 2010

Bill Dinwoody
Dec 2, 2009 – Dec 1, 2012

Glenna Heggie
May 17, 2006 – May 16, 2011

Paul Holyoke
June 2, 2005 – June 1, 2011

Don Ross
June 1, 2006 – May 31, 2010

Bruce Schieck
Jan 5, 2006 – Jan 4, 2011

Dale Small
Nov 18, 2009 – Nov 17, 2012

WWLHIN Governance Structure

The WWLHIN is governed by a board of nine directors who are selected by the Lieutenant Governor in Council and appointed through Order in Council. Members hold office for a term of up to three years and may be re-appointed for one additional term. The Lieutenant Governor in Council is responsible for designating the Chair and Vice-Chair from among the members. The board is skills based, drawing on local individuals with a variety of experiences and expertise.

The board is bound by agreements with the Ministry of Health and Long-Term Care, is responsible for the management and control of the affairs of the WWLHIN and is the key point of interaction with the Ministry.

WWLHIN board meetings are open to the public and take place at locations throughout the Waterloo Wellington area. There are three standing committees of the board – Finance and Audit, Governance and Nominations.

Introduction to the WWLHIN

The Waterloo Wellington Local Health Integration Network (WWLHIN) is one of 14 LHINs established across Ontario in recognition that health care services are best managed at the local level where they can be delivered through an integrated approach and with input from the community. The WWLHIN is responsible for planning, coordinating, integrating and funding health services in Waterloo Region, Wellington County and South Grey County.

An integrated health system for Waterloo Wellington means:

> *A system that is easy to use and access, is coordinated and effective, promotes health and wellness, ensures the highest quality of care and services, recognizes and leverages the contributions of all stakeholders, encourages innovation, partnership and excellence and will be there for us today and tomorrow.*

WWLHIN Vision

The WWLHIN's Vision supports the MOHLTC's Vision, as it provides a common direction for the LHINs and all health service providers in Ontario.

A health care system that will keep people healthy, will get them good care when they get sick, and will be there for their children and grandchildren.

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
- Community — Demonstrated by respect, engagement and focus on people
- Innovation — Demonstrated by creativity, future focus and change
- Integrity — Demonstrated by sound decision making processes and honesty

Health Care Service in the Waterloo Wellington LHIN

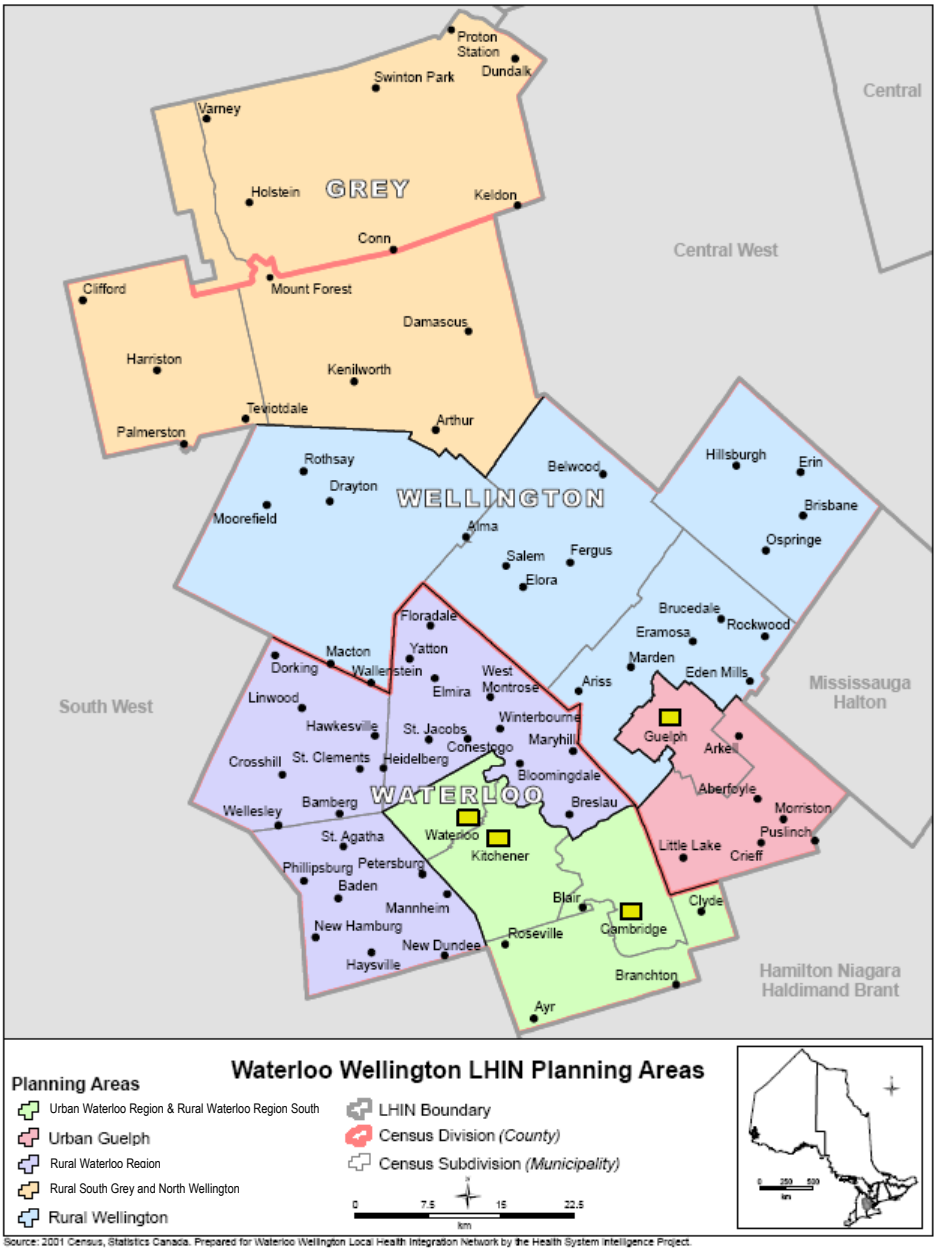
The Waterloo Wellington LHIN is responsible for funding 79 health service providers, who deliver over 100 programs and services. The following health service providers are funded by the Waterloo Wellington LHIN:

- eight hospital corporations (including one specialty hospital) operating on 10 sites
- one Community Care Access Centre
- 32 Community Support Services
- 22 Community Addictions and Mental Health Services
- 35 Long Term-Care Homes
- four Community Health Centres operating six sites.

A complete list of funded health service providers can be found on the WWLHIN website, www.wwlhin.on.ca

Waterloo Wellington LHIN Geography

The WWLHIN covers approximately 4,800 square kilometers of land. Almost 90 per cent of the WWLHIN's total geographic space is rural.



Source: 2001 Census, Statistics Canada. Prepared for Waterloo Wellington Local Health Integration Network by the Health System Intelligence Project.

Our Community

The WWLHIN is home to approximately 730,030 residents, representing 5.6 per cent of Ontario's total population. Between 2009 and 2022, the WWLHIN will experience a population growth of 16.2 per cent, and is projected to be the sixth fastest growing LHIN in the province. The expected provincial population increase during the same time period is 15.6 per cent.

The population growth of WWLHIN residents 65+ years between 2009 and 2024 is projected to be faster than that of the provincial growth (68.6% vs. 62.8%). However, the percentage of Waterloo Wellington residents who are 65+ years is currently lower (12%) than that of Ontario average (13.5%) and is projected to remain lower through 2024.

Our Health

Residents in the WWLHIN area are increasingly engaging in unhealthy behaviors. Data from the Canadian Community Health Survey informs us that there are a higher percentage of obese or overweight people in Waterloo Wellington, 53.3 per cent compared to the provincial average of 49.2 per cent. During the time period of 2003 - 2007, the obesity average increased by 4.1 per cent compared to the provincial average of 1.1 per cent.

Participation in physical activity has decreased dramatically from 2003 - 2007 in both the WWLHIN and the province; however this decrease was greater in the WWLHIN (5.6%) compared with the province (4.1%).

The percentage of heavy drinkers in the WWLHIN (23.5%) is slightly higher than the provincial average (21.7%) and has not changed significantly during 2003 - 2007.

While daily smoking has decreased by 0.4 per cent in Waterloo Wellington from 2003 - 2007, this is at a much slower rate than the province (1.5%).

In addition, the WWLHIN's percentage of the population consuming less than five fruits or vegetables per day (52.3%) was lower than the provincial percentage (55.1%). However, fruit and vegetable consumption by residents in the WWLHIN decreased by 1.7 per cent from 2003 - 2007, compared to the provincial decline of 0.3 per cent.

Our Planning

An essential component of the WWLHIN's planning process is to get an understanding of how and why future health needs are likely to change. Changes in future demand for health care services are driven by a number of factors including: demographic (e.g. age or gender), epidemiological (e.g. health status), social and economic factors (e.g. income or education), changes in clinical practice, technology, policy changes and public expectation. By doing an analysis of our community and health behaviours, future needs can be determined and planned.

Value - Accountability

Ministry / LHIN Accountability Agreement

The Ministry-LHIN Accountability Agreement (MLAA) clearly defines the relationship between the Ministry of Health and Long-Term Care (MOHLTC) and the WWLHIN in the delivery of local health care programs and services. It establishes a mutual understanding between the Ministry and the LHIN and outlines the responsibilities and obligations of each organization and the respective performance indicators within a pre-defined period of time.

Performance Indicator	Provincial Target	WWLHIN 09/10 Starting Point	WWLHIN 09/10 Performance Target	FY 09/10 WWLHIN Annual Results	WWLHIN Met Target or Within Corridor
90th Percentile Wait Times for Cancer Surgery	84 Days	55	55	49	YES
90th Percentile Wait Times for Cataract Surgery	182 Days	95	95	76	YES
90th Percentile Wait Times for Hip Replacement	182 Days	182	182	103	YES
90th Percentile Wait Times for Knee Replacement	182 Days	182	182	115	YES
90th Percentile Wait Times for Diagnostic MRI Scan	28 Days	68	28	82	NO
90th Percentile Wait Times for Diagnostic CT Scan	28 Days	28	28	33	YES
Median Wait Time to Long-Term Care Home Placement -All Placements	50 Days	132	100	182	NO
Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution	9.46%	20.07%	9.46%	17.78%	NO
Percentage of admitted ED patients treated within the target 8 hours	90%	48%	55%	52.52%	YES
Percentage of non-admitted ED patients with high acuity treated within target of 8 hours and with moderate acuity treated within target of 6 hours	90%	81%	87%	84.40%	YES
Percentage of non-admitted ED patients with low acuity treated within the target of 4 hours	90%	75%	81%	79.26	YES

Our results show that we have attained our goals in eight of the eleven performance indicators, meeting not only our own targets, and in several areas exceeding the provincial target.

The WWLHIN is the top performer in the province in hip replacement and knee replacement wait times with 103 and 155 days, respectively. We are a top five performer in wait times for cataract surgery (#2), wait times for MRI Scans (#3), wait times for cancer surgery (#4) and the percentage of admitted ED patients treated within the 8 hour target (#5).

However, there are still some performance measures that did not meet our targets and we continue to work in partnership with our health service providers to improve those results.

Specifically, although the percentage of Alternate Level of Care (ALC) days has improved since last year, it remains higher than the provincial target. Several programs and initiatives across Waterloo Wellington have contributed to the year over year improvement. For example, Aging at Home initiatives, interim long-term care beds and the Home First philosophy have strong results in providing the right care by the right provider in the right place. Several programs have been funded to help seniors who return or remain in their own homes with the supports they need.

For the longer term, 332 new long-term care beds will open in the Waterloo Wellington LHIN by the end of 2012. Ninety-six beds will open in late fall 2010 at St. Joseph's Health Centre, Guelph, another 96 at Village of Riverside Glen (Oakwood Retirement Communities), Guelph in March 2011, a further 96 at Hilltop Manor (PeopleCare Inc.), Cambridge and 44 at Pinehaven Nursing Home in Waterloo by the end of 2012.

The Waterloo Wellington LHIN is committed to ongoing system improvement and, as part of that commitment, will continue to identify and incorporate measures that align to local and provincial goals and priorities. With our health service providers, we will ensure that we have a robust performance measurement system to evaluate improvement in health care delivery.

Government Priority Initiatives

WWLHIN Emergency Department and Alternate Level of Care Initiatives

The WWLHIN and local health service providers have placed a high priority on reducing Emergency Department wait times and Alternate Level of Care days. Through a collaborative approach, a detailed and multi-pronged plan has been developed and implemented, with participation from all health service providers across the WWLHIN area.

The plan has two goals:

- ensuring individuals receive the right care, at the right time, in the right place
- improve the flow of people through the health system.

The strategy to effect change has identified solutions which are being implemented by providers across the system. While both of these systemic issues manifest within our hospitals, the actions to achieve improvement can only be successful through the collective efforts of system partners, including long-term care homes, community support services, community health centres, community addictions and mental health services, the community care access centre and our eight hospitals.

Emergency Department Initiatives

The plan for reducing wait times in our local hospital emergency departments includes realignment of processes and procedures, education, new initiatives and partnerships, and ongoing regular and rigorous monitoring. Through these combined strategies, emergency department wait times have decreased in Waterloo Wellington LHIN for all patients by 15 per cent in the past year.

The demonstration of leadership by the eight local hospitals was evidenced when they were chosen by the Ministry of Health and Long-Term Care to pilot a new provincial initiative, which is based on a quality−improvement technique known as Lean. The goal is to reduce ED wait times and improve patient satisfaction. The initiative is known as PIP – or Process Improvement Program. All of the WWLHIN hospitals, even those that don't have EDs, participated in this eight month project. Hospital staff and physicians took a lead role in streamlining and improving emergency room procedures and processes. Local hospital successes and learnings are now being used by other hospitals throughout the province.

Two hospitals in the WWLHIN, Grand River and St. Mary's General, were selected to participate in the second year of the government's Pay-for-Results program. The program rewards hospitals for meeting specific ED wait time reduction targets. Collectively, the hospitals received $2,390,300 to help meet these targets. The hospitals used the money in a variety of ways - for example, by creating a real-time picture of patient flow in the ED and streamlining existing processes, by using highly-skilled nurse practitioners to assess and treat patients with less-serious conditions more quickly, and making physical changes to the hospital to support efficiencies.

St. Mary's General Hospital was recognized as one of the top seven performers in the province in the ED Pay-for-Results program. The hospital received one-time performance funding of $530,000 for sharing best practices with other hospitals to help them improve the emergency department performance.

Innovative Aging at Home initiatives implemented by traditional and non-traditional partners have seen strong results over the past year. Program selection focused on those services, both in the short and long term, which will reduce pressures on our emergency departments by providing seniors with alternatives to ED visits. These enhanced services allow WWLHIN residents to age safely in the community and have prevented trips to the ED. These initiatives include:

- enhanced personal support worker hours
- integrated assistive living services
- Geriatric Emergency Management nurses (expanded to all hospitals with expanded hours)
- community palliative care teams
- Intensive Geriatric Services Workers (IGSWs), who provide support to frail seniors requiring access to community health services.

Alternate Level of Care Initiatives

Many of the ED initiatives have also positively impacted the efforts to reduce the number of ALC days in local hospitals. As an example, this includes decreasing hospital admissions through Geriatric Emergency Management nurses and more effective use of community services. In 2009 - 2010, existing ALC initiatives were continued along with the introduction of new initiatives. While the WWLHIN is committed to achieving the 9.46 per cent provincial target for ALC days, there was improvement over the past year by reducing the previous year's percentage of ALC days by 2 per cent to the current 17.78 per cent.

Due to the success of the transitional care program implemented in 2008 - 2009, the WWLHIN invested $4.1 million over the past year for 73 beds, including 10 palliative supportive care beds in Kitchener and 6 palliative supportive care beds in Guelph. These beds are located in long-term care or retirement homes and provide a home-like setting and care for individuals who should not be in the hospital but are waiting for placement and care in a more appropriate setting.

Two hospitals, Cambridge Memorial and Grand River, implemented the Home First philosophy with immediate results. Home First focuses on safe discharge from hospital to home and ensuring assessments for decisions about long-term care are performed in the community and not in the hospital as has been past practice.

The Waterloo Wellington Community Support Services Network has worked together to make it easier for seniors, and others, to be informed of and access available services. A pilot was launched for Easy Coordinated Access to community support services. This pilot facilitated connecting clients to needed services through one access point and supporting effective discharge planning.

Aging at Home investments designed to reduce ALC days and facilitate discharge from hospital, include:

- assisted transitional living for survivors of acquired brain injury
- attendant outreach expansion
- Intensive Geriatric Service Workers
- overnight stay care
- community palliative care teams
- opening of seniors supportive housing units.

The WWLHIN is one of four LHINs participating in the ALC Resource Matching & Referral project. This electronic information project will improve workflow and communication during the referral process, matching patients/clients to earliest available and most appropriate care/support setting, and delivering the right level of service at the right time. Ultimately, the project will lead to new, streamlined, patient-centred processes that can be expanded to include other pathways and inpatient units.

In the longer term, 332 new long-term care beds will be opened throughout the WWLHIN by the end of 2012. Ninety-six beds will open in late fall 2010 at St. Joseph's Health Centre, Guelph, another 96 at Village of Riverside Glen (Oakwood Retirement Communities), Guelph in March 2011, a further 96 at Hilltop Manor (PeopleCare Inc.), Cambridge and 44 at Pinehaven Nursing Home in Waterloo by the end of 2012.

Value - Community

Community Engagement

Community engagement activities through 2009 - 2010 focused on the development of the Integrated Health Service Plan, 2010 - 2013, and the Rural Health Care Report. The extensive consultation process during the past fiscal year continues the WWLHIN tradition of active and robust community engagement initiatives informing the overall decision-making process.

In addition to engagement with the general public and health services providers for both planning processes, emphasis was placed on engagement with those populations of the WWLHIN that are not regularly represented in consultation sessions open to the public. These populations include the homeless, mental health service consumers, frail seniors, Lesbian/Gay/Bisexual/Transgender/Queer (LGBTQ), immigrant and refugee, Francophone and Aboriginal residents. Input was received through a variety of activities, including telephone and web surveys, community meetings, public visits to libraries, shopping mall displays, focus groups and symposiums. Through the thorough community engagement process, thousands of individuals have had direct input into the planning for Waterloo Wellington's local health system.

Ongoing Engagement Activities

The WWLHIN has actively encouraged and planned community engagement activities as part of our annual planning process. Meaningful community engagement supports the WWLHIN's goals to inform, educate, consult, involve and empower stakeholders in health service planning and decision-making processes. Supporting the spectrum of our communities is achieved through a number of engagement strategies.

A 15-member Community Council meets quarterly to provide valuable input to the board. This is a group of individuals who bring their community knowledge, experience and interest in local health care to the WWLHIN, and in turn, back to the community.

During 2009 - 2010, the WWLHIN's government relations efforts included presentations to all 20 municipal councils located throughout the WWLHIN, information sharing through distribution of publications and news items, and one-on-one meetings with municipal and provincial representatives. Representing all LHINs, the WWLHIN took the lead role to present at the annual Association of Municipalities of Ontario Conference in August.

Presentation opportunities to community-based organizations are actively solicited. Over the past fiscal year, information was shared with more than 55 community groups such as the Wellington Federation of Agriculture, Fergus Rotary, Family Council Network of Waterloo-Wellington, and University of Waterloo students.

The WWLHIN participates at local events such as the Taking Culture Serious in Community Mental Health, Woolwich Seniors' Health Fair, Tri-Pride Celebrations, Grand River Métis Council Community Feast, and Seniors Wellness Fair. These venues are excellent networking opportunities for the WWLHIN with both general consumers, community partners and health service providers.

The WWLHIN was host to the seventh and eighth Champions of Change symposiums over the past fiscal year. These semi-annual events are held each April and September to offer health service providers and community members an opportunity to come together to share experiences that lead to strong performance to support quality care for local residents.

The theme for the April event was Changing Cultures – Changing Lives, with a focus on workplace culture in the local health care setting. Using the World Café approach, the facilitators supported interactive dialogue among the participants to identify opportunities for positive change through cultural awareness. At the September event, the development of the updated Integrated Health Service Plan (IHSP) 2010 - 2013 was the focus. The participants identified system improvement initiatives to address the eight priorities of the three-year strategic plan.

Other engagement opportunities over the past year focused on the MOHLTC Health Equity tools, addictions and mental health input into the development of the provincial plan, dual diagnosis policy roll-out and participation at the annual Innovation Expo.

MLAA Community Engagement Requirements

The MLAA requires that the WWLHIN engage with the Francophone and Aboriginal planning entities as prescribed under the LHSIA. However, as of March 31, 2010, these planning bodies were yet to be identified.

On March 15, 2010, the Ministry of Health and Long-Term Care issued a call for proposals for organizations interested in acting as the Francophone planning entity for the WWLHIN and we anticipate that we will learn more by July 1, 2010. For the purpose of planning with the Francophone community, the call for proposals combined the WWLHIN and the Hamilton Haldimand Brant Niagara LHIN.

In the absence of formally identified planning entities, the WWLHIN continued to engage these local communities directly.

According to Statistics Canada (Census 2006), the geographic territory of the Waterloo Wellington LHIN is home to approximately 9,000 Francophone and 7,000 Aboriginal residents. However, when population numbers are considered within the context of the new provincial inclusive definition for Francophone (Ontario IDF 2009) and the general acceptance that Aboriginal residents are reluctant to self-identify, it is understood that both communities are larger than the census data would indicate.

During the fiscal year 2009 - 2010, there were no Francophone or Aboriginal-specific health service providers in the WWLHIN.

Francophone Planning Activities

Working with the French Language Services Consultant to the WWLHIN, community meetings were organized with local Francophone residents in partnership with the Francophone Association of Kitchener Waterloo and the Centre Communautaire de Cambridge. Participation was encouraged by these organizations and additional promotion of community meetings was done through area French Language schools.

Participants were provided with an overview of the proposed priorities in health care for Waterloo Wellington for 2010 - 2013 and given an opportunity to comment on them in addition to offering their thoughts on health service priorities specific to the Francophone community. Dialogue with the Francophone community organizations is ongoing. This open conversation led directly to the development and submission of a proposal to Health Canada for funding of a telemedicine project described under Francophone Health Services.

Francophone Health Services

The WWLHIN has no provincially-designated communities for French language services and therefore no provincially-recognized and designated French language health service providers. WWLHIN Francophone residents access health services from the local mainstream health system or travel to service providers outside the WWLHIN to access service in French.
Late in 2008, the Francophone communities of Kitchener Waterloo and Cambridge jointly applied for recognition and designation as French language communities to the Province of Ontario and await the results of their application. In preparation for a successful outcome to that application, the WWLHIN initiated a survey in 2009 - 2010 of all WWLHIN-funded service providers to assess their current capacity to provide service in French. Results of this survey will be used to inform dialogue with the community, health service providers and the Ministry as may be required to fully contribute to the designation process.

Additionally, in this fiscal, the WWLHIN in conjunction with local Francophone Community groups submitted a proposal for funding to Health Canada. The proposal outlines a plan to provide mental health assessment and consultation using the Ontario Telemedicine Network to connect local Francophone residents, when referred by their primary care provider, to a French language service provider located elsewhere in the province.

Aboriginal Planning Activities

As there are no reserve lands or Indian Friendship Centres in our area to act in partnership with the WWLHIN, maintaining an ongoing connection with the local Aboriginal community has presented some challenge. Although there are four small local Aboriginal service agencies, none have a mandate in health. However, good progress was made in 2009 - 2010 to establish a

dialogue with each and further connections were made with local elders through Wilfrid Laurier University. This has led to ongoing dialogue and a conversation circle organized by the Aboriginal community to discuss their interest in accessing health services that are supportive of Aboriginal cultural beliefs and practice.

In this fiscal, we also became aware that a Métis Council, associated with the Métis Nation of Ontario was meeting regularly in the WWLHIN catchment area. A successful connection with the Grand River Métis Council resulted in a first time meeting with WWLHIN residents of Métis decent. The purpose of this initial contact was to learn more about the local Métis community, provide information on the WWLHIN vision, mission and mandate, and encourage ongoing dialogue. The size of the local Métis community is unknown and some local council members report discovering their Métis heritage only recently. Statistics Canada does not provide unique data related to this population.

Aboriginal Health Services

The local WWLHIN Aboriginal community is 100 per cent urban based – there are no reserve lands or Indian Friendship Centres within our territorial boundaries. Therefore, like WWLHIN Francophone residents, Aboriginal residents access health services from the local mainstream health system or travel to service providers outside the WWLHIN to access culturally appropriate service.

In this fiscal, the WWLHIN, in conjunction with a local elder and representatives of local aboriginal community organizations, opened an exploratory dialogue on the needs and vision for local aboriginal health services.

Dialogue with both communities in relation to improved local access to community-specific health services is ongoing.

Value – Innovation

Working Together for a Healthier Future, Integrated Health Service Plan, 2010 - 2013

In partnership with health service providers and local residents, the WWLHIN has updated the community's first strategic plan, which is the Integrated Health Service Plan (IHSP), 2007 – 2010 for Waterloo Wellington's health system. Working Together for a Healthier Future, IHSP, 2010 - 2013 builds on the previous plan and provides further focus and direction for our local health system transformation.

The strategic plan presents a detailed description of the local priorities, an implementation plan and how success will be measured. To address the eight priorities, the IHSP, 2010 - 2013 outlines the system improvement initiatives that will be implemented over the three-year period of the plan. The initiatives were developed with the individuals, networks and organizations that will be responsible for putting the plans in action. Review and measurement will be rigorous and ongoing to support success and assist in making any necessary adjustments to the plan along the way.

Organizations and networks will be accountable for delivering the priority initiatives and their organizational performance will be measured by the success of the various initiatives they are leading. Through this approach, the WWLHIN and health service providers can focus their collective efforts on addressing the gaps identified by our communities, which are organizational efficiency, long-term sustainability, outcomes and results.

Working Together for a Healthier Future, Integrated Health Service Plan, 2010 - 2013 is our community's document. It calls for collaborative work that will see the WWLHIN, health service provider organizations, networks, and the users of the health system come together to create a system that enables everyone to "Live and Live Well in Waterloo Wellington."

Priorities

The Waterloo Wellington Working Together for a Healthier Future, IHSP, 2010 - 2013 focuses on the following eight priorities:

- improving patient safety and enhancing quality of care
- improving wait times for MRI exams
- improving access to emergency department (ED) care
- improving access to primary care
- improving access to and coordination of, addictions and mental health services
- improving chronic disease prevention and management (including diabetes)
- improving outcomes for stroke patients through integrated programs
- decreasing alternate level of care (ALC) days.

eHealth, health human resources, and strategic leadership are three vital enablers that will facilitate the achievement of system improvement and transformation.

Improving Patient Safety and Enhancing Quality of Care

Patient safety means that people should not be harmed by an accident or mistake when they receive care. Quality of care means that people get effective, efficient and patient centered care.

Almost 90 per cent of residents rated their hospital stay, specialist care, and care from their primary physicians very good or excellent.

Our strategy is to implement initiatives that will see 95 per cent of residents satisfied with the care they receive. We want to have the lowest adverse events and infection rates in the province, and we will work to eliminate duplication of administrative, support and clinical activities.

Improving Wait Times for MRI Exams

Wait times are measured from the time the MRI exam is booked until the time the exam is completed. Over the past three years, we have seen a significant improvement in wait times for MRI exams – moving from one of the longest wit times in the province to the third best. However, wait times are still too long. Our goal is to decrease wait times from the current wait of 82 days to meet the provincial target of 28 days.

Improving Access to Emergency Department (ED) Care

Residents of Waterloo Wellington say "people are waiting too long in the emergency department," and they are correct. Our wait time in ED is about 90 minutes longer than the recommended time frames. One of the factors leading to this – 45 per cent of people going to 'emerg' could be seen in another setting.

Our focus is on initiatives that will reduce non-urgent visits to the emergency department by 10 percentage points, and ensure that ED resources are being appropriately used.

Improving Access to Primary Care

Ninety-five per cent of residents have a primary care doctor or place where they go for regular medical care. However, some people (immigrants, homeless, Lesbian/Gay/Bisexual/Transsexual/Transgender/Queer community) have less access. As well, rural areas do not have enough primary care providers and after hours access to primary care is limited.

Our goals are for all residents to have access to primary care and to improve access to after hours care.

Improving Access to, and Coordination of, Addictions and Mental Health Services

Addictions and mental health issues have been increasing among residents in the WWLHIN, including substance use by both students and adults.

We will work to improve access to addictions and mental health services for all residents (youth, adults, seniors). As well, we will specifically focus on our youth – through education, promotion and support services. Our goal is to reduce their substance use and assist them in addressing their mental health issues.

Improving Chronic Disease Prevention and Management

We are seeing an increase in the rates of chronic diseases including diabetes, high blood pressure, arthritis and asthma. As well as taking a high personal toll, these conditions put pressure on emergency departments, and may require hospitalizations and visits to doctors.

In a recent survey, few residents indicated that their health care professionals were involved in helping them manage their chronic condition. Our goals are to improve the provision of chronic disease management and self care, and to improve access to specialized services for individuals with chronic conditions.

Improving Outcomes for Stroke Patients through Integrated Programs

We need improvements in post-stroke care - Waterloo Wellington has a higher than average three-month readmission rate for stroke and a higher 30-day stroke in-hospital mortality rate.

Almost a dozen initiatives are being implemented that will lead to improved prevention of stroke, management of patients at risk of stroke, and reduced hospital readmission rates and mortality rates.

Decreasing Alternate Level of Care (ALC) Days

Approximately 17 per cent of our hospital beds are occupied by patients who could be discharged to another level of care; however, the resources are not available (long-term care beds or home care).

To solve this problem, we are working closely with long-term care homes and other community support services to add almost 332 beds in other settings while also putting in place a number of initiatives, including Aging at Home programs, to ensure people are 'in the right place.'

Integration Activities

The WWLHIN along with health service providers have the responsibility and obligation to identify integration opportunities. There are four integration options:

Voluntary Integration:	health service providers, at their own initiative, plan to integrate services funded by the WWLHIN
Facilitated Integration:	the WWLHIN and / or health service providers explore appropriate integration strategies and the WWLHIN facilitates or negotiates integration with the HSPs
Required Integration:	WWLHIN ordered integration of services
Funding:	WWLHIN uses its funding authority to promote integration of services.

In 2009 - 2010, the WWLHIN Board supported two voluntary integration opportunities.

Diagnostic Imaging Repository

A voluntary integration to create a central image and report repository between hospitals in the WWLHIN and the Hamilton Niagara Haldimand Brand (HNHB) LHIN was proposed by the hospitals.

The project connects the Picture Archiving and Communication Systems (PACS) used by hospital diagnostic imaging departments. The PACS system is a computer based program or network dedicated to the storage, retrieval, distribution and presentation of images from diagnostic equipment (x-rays, MRI, CT, etc.). Previously, the images were produced on film for doctors and radiologists to read and diagnose a patient's illness. These images, through the PACS system, are now stored on a computer program and can be downloaded onto discs. By connecting these systems, it enables doctors and clinicians in different physical locations to access the same information simultaneously, thus enhancing collaboration of health care providers and supporting improved patient care and access.

Through the joint WWLHIN and HNHB LHIN project, hospitals in these areas will also be connected to hospitals in the Erie-St. Clair and Southwest LHINs. This project also supports the provincial direction to connect all Ontario hospitals by the end of 2011.

Peritoneal Dialysis in Long-Term Care Homes

Grand River Hospital, Regional Renal Program, Royal Terrace Long Term and Residential Care, Palmerston, and Stirling Heights Long Term Care Centre, Cambridge entered into a voluntary integration to provide peritoneal dialysis in the long-term care homes. The partnership enables the long-term care facilities to deliver Peritoneal Dialysis (PD), with assistance from Grand River Hospital, for residents with end-stage renal disease. PD is used as an alternative to hemodialysis and enables the person to remain in the long-term care facility while receiving treatment. It also provides alternate treatment options for the increasing number of residents requiring dialysis. The provincial goal is to increase the use of PD in Ontario to 30 per cent by 2010. Through the Grand River Hospital Regional Renal Program, currently 27.5 per cent of the patients received PD.

Long-term care facilities can only provide PD if they have a partnership agreement with the regional program to support the delivery of care within approved standards and if the facilities meet specific criteria outlined by the MOHLTC. Once the programs are in place at Royal Terrace and Stirling Heights, the GRH Regional Renal Program will have discussions with other long-term care facilities to further expand the PD program.

Innovative Partnerships

Integration of New Programs and Coordinating Access to Existing Programs

The Waterloo Wellington Community Support Services (CSS) Network implemented several improvement initiatives to streamline processes and improve access to existing and new services for frail seniors. In working with the health service providers, the WWLHIN wants to ensure the new services are integrated and do not create additional duplication. Through the work of the WWCSS Network, work was completed to develop design process changes for initiatives that support an integrated model and meet the needs of the patient or client.

The Transportation Working Group, comprised of representatives from six agencies who provide health related transportation services, has completed an inventory of available services and also looked at how transportation services are defined and how eligibility is determined. The Adult Day Program (ADP) Network, a group comprised of representatives of 13 Adult Day Programs, is looking at improving access to their programs for more vulnerable populations by working together as a group to handle referrals, creating easy to understand definitions of services, standardizing their eligibility criteria, and incorporating best practices. During 2009 - 2010, pilot projects were put in place and assessments completed to identify further opportunities.

HEALTHeCONNECTIONS Project

The WWLHIN implemented the national demonstration HEALTHeCONNECTIONS project. This two-year project focuses on a clinical transformation model for chronic disease management, specifically diabetes care, using a secure information technology network to provide a patient portal for enhanced diabetes self-management as well as information sharing between hospitals, doctors, specialists and the Waterloo Wellington Community Care Access Centre.

This information technology model enables access to approved health service providers to view patient information in a secure environment. By having the full picture of a patient's health record, care givers can gain a better understanding of the diagnosis and care treatment plan. The patient portal enables patients to access the information needed to self-manage their condition. It also gives them access to their personal health record. With 907 patients participating in this demonstration, and eight family health teams, a benefits evaluation will be completed in September 2010 to assess patient and health service provider benefits.

Rural Health Care Review

In January 2009, a Rural Health Working Group was formed to review the current health challenges faced by rural residents within the WWLHIN and identify strategies and opportunities to support the planning and delivery of sustainable health services and programs for those residents.

Dr. Chris Rowley, Chief of Staff at North Wellington Health Care Corporation (Palmerston District Hospital and Louise Marshall Hospital) Chaired the Rural Health Working Group. Membership included doctors and staff from local hospitals, long-term care homes, family health teams and other health service providers, along with community representatives. Jim Whaley, Rural Health Consultant, worked with the group to develop the report and recommendations. The Working Group completed data analysis to gain an understanding of the health care issues in the local rural areas and received extensive feedback from local residents and health care providers through public information sessions and meetings.

Nine recommendations were outlined, including:

- the WWLHIN endorse and use the proposed framework for rural health services developed by the Working Group, which includes the following four components: comprehensive primary health care, community supports and home-based care, hospital-based acute and emergency care, and integrated rural health care networks
- a community health care survey be conducted in the municipality of Southgate to determine unmet health needs and service gaps
- a detailed review of community support services be completed to ensure there is a needs-based distribution of these services for rural residents, with a specific focus on rural seniors
- the WWCCAC review its rural service delivery model to ensure there is needs-based access to CCAC professional services
- the WWLHIN, in consultation with urban hospitals and specialists, further define and designate regional programs based on existing best practice models and other criteria including their responsibility to serve rural areas within the WWLHIN

- develop protocols for specialty areas to support family doctors providing care in rural hospital emergency departments
- a component of the eHealth strategy for the WWLHIN focus on enhancing telemedicine and telehomecare services for rural residents
- the development of current and future building projects need to maximize opportunities for service integration / coordination between acute, primary, long-term care and community health services
- the WWLHIN facilitate the establishment of a rural health network.

The WWLHIN Board endorsed the report and directed staff to implement the nine recommendations in the Rural Health Care Review Report. In addition, the Board approved a recommendation by the WWLHIN staff that directs staff to work with Groves Memorial Hospital and North Wellington Health Care on the implementation of a comprehensive primary care model for services across the three sites.

Implementation of this report is now underway with regular progress reports provided to the Board and the community.

Governance Excellence

Over the past year, the Laurier Executive Development Centre developed and implemented a program that focuses on the unique needs of boards leading organizations that are operating in the health care system. The WWLHIN was instrumental in working with the Centre to develop and promote this learning opportunity for local health service provider boards, with the first workshop held in January. The Governance Excellence workshop is a two and a half day program that outlines good governance practices for today's complex health care system.

The program provides tips and tools to support boards in:

- providing leadership to sustain highly effective organizations in achieving their mission
- learning practical ways to apply good governance practices
- asking the right questions of their senior leaders to identify strategic opportunities and risks.

Value – Integrity

Analysis of WWLHIN Operational Performance

Total revenue for 2009 - 2010 includes funding for WWLHIN operations and special projects, and funding for health service providers in accordance with public sector reporting guidelines.

In 2009 - 2010, the WWLHIN operational budget was $4.2 million ($4.8 million including eHealth). The WWLHIN ended the fiscal year with an operational surplus of $48. well under the 1 per cent objective target. The WWLHIN continues to have a staff complement of 29.5 full time equivalent (FTE) positions to support planning and integration, contract and funding responsibility as well as administrative requirements.

Looking to the Future

The direction for the ongoing transformation of the local health system has been established through the development of the Integrated Health Service Plan, 2010 - 2013. Together, with our health service providers and other stakeholders, the WWLHIN will implement the community's strategic plan over the next three years.

As a health system, we have set a clear direction with ambitious objectives and goals. The collective efforts of all health system and community partners have enabled us to achieve a great deal over the past twelve months. This Annual Report recognizes the work that has been done, and it is important that we celebrate these achievements. It is also important that we learn from these activities as we continue to implement the system improvement initiatives for each of the eight priorities identified in the IHSP, 2010 - 2013.

With a single vision to develop a person-centred, integrated and sustainable system, the WWLHIN and its partners will achieve their mission so that all residents can Live and Live Well in Waterloo Wellington.

Financial statements of

Waterloo Wellington Local Health Integration Network

March 31, 2010

Waterloo Wellington Local Health Integration Network

March 31, 2010

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Auditors' Report

To the Members of the Board of Directors of the
Waterloo Wellington Local Health Integration Network

We have audited the statement of financial position of the Waterloo Wellington Local Health Integration Network as at March 31, 2010 and the statements of financial activities, changes in net debt and cash flows for the year then ended. These financial statements are the responsibility of the Waterloo Wellington Local Health Integration Network management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Waterloo Wellington Local Health Integration Network as at March 31, 2010 and the results of its operations, its changes in its net debt and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
April 30, 2010

Membre de / Member of Deloitte Touche Tohmatsu

Waterloo Wellington Local Health Integration Network

Statement of financial position
as at March 31, 2010

	2010	2009
	$	$
Financial assets		
Cash	**1,056,475**	1,039,237
Due from Ministry of Health and Long-Term Care	**43,500**	-
Due from the Local Health Integration Networks Shared Services Office (Note 4)	**1,233**	-
	1,101,208	1,039,237
Liabilities		
Accounts payable and accrued liabilities	**1,027,385**	1,038,872
Due to Ministry of Health and Long-Term Care (Note 3b)	**27,286**	89
Due to the Local Health Integration Networks Shared Services Office (Note 4)	**-**	17,511
Deferred capital contributions (Note 5)	**384,155**	206,500
Deferred revenue	**46,537**	-
	1,485,363	1,262,972
Commitments (Note 6)		
Net debt	**(384,155)**	(223,735)
Non-financial assets		
Prepaid expenses	**-**	17,235
Capital assets (Note 7)	**384,155**	206,500
Accumulated surplus	**-**	-

Approved by the Board

_____ Director

_____ Director

Waterloo Wellington Local Health Integration Network

Statement of financial activities
year ended March 31, 2010

		2010	2009
	Budget (unaudited) (Note 8)	**Actual**	Actual
	$	**$**	$
Revenue			
Ministry of Health and Long-Term Care funding			
Health Service Providers transfer payments (Note 9)	**858,018,770**	**870,764,285**	831,056,024
Local Health Integration Network operations - general and administrative	**4,269,038**	**4,030,745**	4,214,754
E-Health (Note 10a)	**-**	**600,000**	425,000
Emergency Department Lead (Note 10b)	**-**	**75,000**	75,000
Emergency Department/Alternative Levels of Care Lead (Note 10c)	**-**	**100,000**	33,300
Aboriginal Planning (Note 10d)	**-**	**5,000**	5,000
Ontario Diabetes Strategy (Note 10e)	**-**	**25,000**	-
French Language Services (Note 10f)	**-**	**15,163**	-
Diabetes Self-Management (Note 10g)	**-**	**35,000**	-
Health Equity Impact Assessment (Note 10h)	**-**	**8,500**	-
Amortization of deferred capital contributions (Note 5)	**-**	**146,019**	158,375
	862,287,808	**875,804,712**	835,967,453
Expenses			
Transfer payments to Health Service Providers (Note 9)	**858,018,770**	**870,764,285**	831,056,024
Local Health Integration Network operations - general and administrative (Note 11)	**4,269,038**	**4,176,716**	4,373,040
E-Health (Note 10a)	**-**	**600,000**	425,000
Emergency Department Lead (Note 10b)	**-**	**75,000**	75,000
Emergency Department/Alternative Levels of Care Lead (Note 10c)	**-**	**100,000**	33,300
Aboriginal Planning (Note 10d)	**-**	**5,000**	5,000
Ontario Diabetes Strategy (Note 10e)	**-**	**25,000**	-
French Language Services (Note 10f)	**-**	**15,163**	-
Diabetes Self-Management (Note 10g)	**-**	**16,351**	-
Health Equity impact Assessment (Note 10h)	**-**	**-**	-
	862,287,808	**875,777,515**	835,967,364
Annual surplus before funding repayable to Ministry of Health and Long-Term Care	-	**27,197**	89
Funding repayable to Ministry of Health and Long-Term Care (Note 3b)	**-**	**(27,197)**	(89)
Annual surplus	**-**	**-**	-
Opening accumulated surplus	**-**	**-**	-
Closing accumulated surplus	-	-	-

Waterloo Wellington Local Health Integration Network

Statement of changes in net debt
year ended March 31, 2010

	Budget (unaudited) (Note 8)	2010	2009
		$	$
Annual surplus	-	**-**	-
Change in prepaid expenses	-	**17,235**	(17,235)
Acquisition of capital assets	-	**(323,674)**	(54,250)
Amortization of capital assets	-	**146,019**	158,375
Decrease in net debt	-	**(160,420)**	86,890
Opening net debt	-	**(223,735)**	(310,625)
Closing net debt	**-**	**(384,155)**	(223,735)

Waterloo Wellington Local Health Integration Network

Statement of cash flows
year ended March 31, 2010

	2010	2009
	$	$
Operating transactions		
Annual surplus	**-**	-
Less items not affecting cash		
Amortization of capital assets	**146,019**	158,375
Amortization of deferred capital contributions (Note 5)	**(146,019)**	(158,375)
	-	-
Changes in non-cash operating items		
Decrease in due from Health Service Providers	**-**	3,572,372
Increase in due from Ministry of Health and Long-Term Care	**(43,500)**	-
Increase in due from Local Health Integration Networks Shared Services Office	**(1,233)**	-
(Decrease) increase in accounts payable and accrued liabilities	**(11,487)**	336,131
Increase (decrease) in due to Ministry of Health and Long-Term Care	**27,197**	(61,776)
Decrease in due to Ministry of Health and Long-Term Care from Health Service Providers	**-**	(3,572,372)
(Decrease) increase in due to Local Health Integration Networks Shared Services Office	**(17,511)**	12,913
Increase in deferred revenue	**46,537**	-
Decrease (increase) in prepaid expenses	**17,235**	(17,235)
	17,238	270,033
Investing transactions		
Capital investment	**(323,674)**	(54,250)
Financing transactions		
Capital contributions received (Note 5)	**323,674**	54,250
Net increase in cash	**17,238**	270,033
Cash, beginning of year	**1,039,237**	769,204
Cash, end of year	**1,056,475**	1,039,237

Waterloo Wellington Local Health Integration Network

Notes to the financial statements
March 31, 2010

1. Description of business

The Waterloo Wellington Local Health Integration Network ("WW LHIN") was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the *Local Health System Integration Act, 2006* (the "Act") as the WW LHIN and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to taxation.

A Local Health Integration Network ("LHIN") is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

Each LHIN has also entered into an Accountability Agreement with the Ministry of Health and Long-Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

Commencing April 1, 2007, all funding payments to LHIN managed Health Service Providers ("HSPs") in a LHIN geographic area, have flowed through each LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in each LHIN's financial statements for the year ended March 31, 2010.

The mandates of the WW LHIN are to plan, fund and integrate the local health system within its geographic area. The WW LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The WW LHIN covers all of the County of Wellington, the Region of Waterloo, and the City of Guelph. The WW LHIN also contains part of Grey County, which is split with the South West and the North Simcoe Muskoka LHINs. The WW LHIN enters into service accountability agreements with health service providers.

2. Significant accounting policies

The financial statements of the WW LHIN are the representations of management, prepared in accordance with Canadian generally accepted accounting principles for governments as established by the Public Sector Accounting Board ("PSAB") of the Canadian Institute of Chartered Accountants ("CICA") and, where applicable, the recommendations of the Accounting Standards Board ("AcSB") of the CICA as interpreted by the Province of Ontario. Significant accounting policies adopted by the WW LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items such as the amortization of capital assets and impairments in the value of assets.

2. Significant accounting policies (continued)

Ministry of Health and Long-Term Care Funding

The WW LHIN is funded solely by the Province of Ontario in accordance with the Ministry LHIN Accountability Agreement ("MLAA"), which describes budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The WW LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The WW LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the WW LHIN. Throughout the fiscal year, the WW LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the WW LHIN bank account.

The WW LHIN statements do not include any Ministry managed programs.

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the statement of financial activities, is in accordance with the amortization policy applied to the related capital asset recorded.

Capital assets

Capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of capital assets contributed is recorded at the estimated fair value on date of contribution. Fair value of contributed capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a capital asset are capitalized. Computer software is recognized as an expense when incurred.

Capital assets are stated at cost less accumulated amortization. Capital assets are amortized over their estimated useful lives as follows:

Computer equipment, furniture and fixtures	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Office equipment	5 years straight-line method
Web development	3 years straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

2. Significant accounting policies (continued)

Segment disclosures

The WW LHIN was required to adopt Section PS 2700 - Segment Disclosures, for the fiscal year beginning April 1, 2007. A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the statement of financial activities and within the related notes for both the prior and current year sufficiently discloses information of all appropriate segments and, therefore, no additional disclosure is required.

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. Funding repayable to the MOHLTC

In accordance with the MLAA, the WW LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

	Revenue	**Expenses**	**2010 Surplus**	2009 Surplus
	$	**$**	**$**	$
Transfer of payments to HSPs	**870,764,285**	**870,764,285**	**-**	-
LHIN operations	**4,176,764**	**4,176,716**	**48**	89
E-Health	**600,000**	**600,000**	**-**	-
Emergency Department Lead	**75,000**	**75,000**	**-**	-
Emergency Department/ Alternative Levels of Care Lead	**100,000**	**100,000**	**-**	-
Aboriginal Planning	**5,000**	**5,000**	**-**	-
Ontario Diabetes Strategy	**25,000**	**25,000**	**-**	-
French Language Services	**15,163**	**15,163**	**-**	-
Diabetes Self-Management	**35,000**	**16,351**	**18,649**	-
Health Equity Impact Assessment	**8,500**	**-**	**8,500**	-
	875,804,712	**875,777,515**	**27,197**	89

b) The amount due to the MOHLTC at March 31 is made up as follows:

	2010	2009
	$	$
Due to MOHLTC, beginning of year	**89**	61,865
Paid to MOHLTC during the year	**-**	(61,865)
Funding repayable to the MOHLTC related to current year activities (Note 3a)	**27,197**	- 89
	27,286	89

4. Related party transactions

The LHIN Shared Services Office (the "LSSO") and the Local Health Integration Collaborative (the "LHINC") are divisions of the Toronto Central LHIN and are subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs is responsible for providing services to all the LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHINs at the year end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all the LHINs.

The LHINC was formed in fiscal 2010 to strengthen relationships between and among health service providers, associations and the LHINs, and to support system alignment. The purpose of LHINC is to support the LHINs in:

• fostering engagement of the health service provider community in support of collaborative and successful integration of the health care system;

• their role as system manager;

• where appropriate, the consistent implementation of provincial strategy and initiatives;

• the identification and dissemination of best practices.

LHINC is a LHIN-led organization and accountable to the LHINs. LHINC is funded by the LHINs with support from the MOHLTC.

5. Deferred capital contributions

	2010	2009
	$	$
Balance, beginning of year	**206,500**	310,625
Capital contributions received during the year	**323,674**	54,250
Amortization for the year	**(146,019)**	(158,375)
	384,155	206,500

6. Commitments

The WW LHIN has commitments under various operating leases related to building and equipment. Lease renewals are likely. Minimum lease payments due in each of the next five years are as follows:

	$
2011	241,328
2012	279,847
2013	285,892
2014	287,020
2015	288,182
Thereafter	1,521,471

The WW LHIN also has funding commitments to HSPs associated with accountability agreements. The actual amounts which will ultimately be paid are contingent upon actual WW LHIN funding received from the MOHLTC.

7. Capital assets

			2010	2009
	Cost	Accumulated amortization	Net book value	Net book value
	$	$	$	$
Office equipment, furniture and fixtures	**338,622**	**106,444**	**232,178**	50,907
Computer equipment	**48,756**	**22,577**	**26,179**	1,610
Web development	**23,043**	**23,043**	**-**	8,942
Leasehold improvements	**677,347**	**551,549**	**125,798**	145,041
	1,087,768	**703,613**	**384,155**	206,500

8. Budget figures

The budget figures reported in the Statement of financial activities reflect the initial budget at April 1, 2009 as approved by the LHIN Board. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the WW LHIN during the year:

The final HSP funding budget of $870,764,285 is derived as follows:

	$
Initial HSP funding budget	858,018,770
Additional funding received during the year	12,745,515
Final HSP funding budget	870,764,285

The final LHIN general and administrative budget of $4,030,745 is derived as follows:

	$
Initial budget	4,269,038
Additional funding received during the year	85,381
Amount treated as capital contributions received during the year	(323,674)
Final budget	4,030,745

No budget was set for items appearing on the Statement of changes in net debt.

9. Transfer payments to HSPs

The WW LHIN has authorization to allocate the funding of $870,764,285 to the various HSPs in its geographic area. The WW LHIN approved transfer payments to the various sectors in fiscal 2010 as follows:

	2010	2009
	$	$
Operations of hospitals	**532,644,311**	513,191,841
Grants to compensate for municipal taxation - public hospitals	**159,225**	159,225
Long term care homes	**138,689,922**	133,531,737
Community care access centre	**94,389,560**	87,491,554
Community support services	**15,474,635**	13,467,645
Assisted living services in supportive housing	**6,206,398**	5,875,770
Community health centres	**15,044,242**	14,434,473
Community mental health programs	**27,492,660**	25,868,455
Specialty psychiatric hospitals	**29,908,500**	29,553,211
Addictions programs	**8,479,238**	7,482,113
Health infrastructure renewal fund	**2,275,594**	-
	870,764,285	831,056,024

10. Separate funding amounts were received by the WW LHIN from the MOHLTC for specific initiatives

a) *E-Health*

The WW LHIN received funding of $600,000 (2009 - $425,000) from the MOHLTC. These funds were used toward initiatives in support of its strategic E-Health Plan as defined in its Integrated Health Services Plan. E-Health expenses incurred during the year are as follows:

	2010	2009
	$	$
Salaries, benefits and consulting services	**560,278**	377,408
Other	**39,722**	47,592
	600,000	425,000

b) *Emergency Department Lead*

The WW LHIN received funding of $75,000 (2009 - $75,000) related to the Emergency Department Lead. Emergency Department Lead expenses incurred during the year are as follows:

	2010	2009
	$	$
Salaries, benefits and consulting services	**72,909**	70,000
Other	**2,091**	5,000
	75,000	75,000

10. Separate funding amounts were received by the WW LHIN from the MOHLTC for specific initiatives (continued)

c) Emergency Department/Alternative Levels of Care Lead

The WW LHIN received funding of $100,000 (2009 - $33,300) related to the Emergency Department/Alternative Levels of Care Lead. Emergency Department/Alternative Levels of Care Lead expenses incurred during the year are as follows:

	2010	2009
	$	$
Salaries, benefits and consulting services	**100,000**	33,300
	100,000	33,300

d) Aboriginal Planning

The WW LHIN received funding of $5,000 (2009 - $5,000) related to Aboriginal Planning. Aboriginal Planning expenses incurred during the year are as follows:

	2010	2009
	$	$
Consulting services	**-**	5,000
Community engagement	**5,000**	-
	5,000	5,000

e) Ontario Diabetes Strategy

The WW LHIN received funding of $25,000 (2009 - nil) related to the Ontario Diabetes Strategy. Ontario Diabetes Strategy expenses incurred during the year are as follows:

	2010	2009
	$	$
Salaries and benefits	**25,000**	-
	25,000	-

f) French Language Services

The WW LHIN received funding of $15,163 (2009 - nil) related to French Language Services. French Language Services expenses incurred during the year are as follows:

	2010	2009
	$	$
Salaries and benefits	**8,278**	-
Other	**6,885**	-
	15,163	-

10. Separate funding amounts were received by the WW LHIN from the MOHLTC for specific initiatives (continued)

g) Diabetes Self-Management

The WW LHIN received funding of $35,000 (2009 - nil) related to Diabetes Self Management. Diabetes Self-Management expenses incurred during the year are as follows:

	2010	2009
	$	$
Consulting services	**1,001**	-
Other	**15,350**	-
	16,351	-

h) Health Equity Impact Assessment

The WW LHIN received funding of $8,500 (2009 – nil) related to Health Equity Impact Assessment. No Health Equity Impact Assessment expenses were incurred during the year.

11. LHIN operations - general and administrative expenses

The Statement of financial activities presents expenses by function. The following classifies general and administrative expenses by object:

	2010	2009
	$	$
Salaries and benefits	**2,702,925**	2,785,968
Occupancy	**210,273**	226,971
Amortization	**146,019**	158,375
Shared Services	**362,714**	300,000
LHIN Collaborative	**12,286**	-
Public relations	**93,775**	66,755
Consulting services	**158,181**	305,216
Supplies	**64,488**	55,795
Board Chair per diems	**82,250**	81,900
All other Board members' per diems	**34,100**	39,200
Other governance costs	**69,886**	68,728
Mail, courier and telecommunications	**69,097**	116,108
Other	**170,722**	168,024
	4,176,716	4,373,040

12. Pension agreements

The WW LHIN makes contributions to the Hospitals of Ontario Pension Plan (“HOOPP”), which is a multi-employer plan, on behalf of approximately 29 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2010 was $237,232 (2009 - $249,026) for current service costs and is included as an expense in the Statement of Financial Activities. The last actuarial valuation was completed for the plan on December 31, 2009. At that time, the plan was fully funded.

13. Guarantees

The WW LHIN is subject to the provision of the *Financial Administration Act.* As a result, in the normal course of business, the WW LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the WW LHIN pursuant to the terms of the *Local Health System Integration Act, 2006* and in accordance with s. 28 of the *Financial Administration Act.*

14. Comparative figures

Certain of the prior year's comparative amounts have been reclassified to conform with the presentation adopted by the current year.

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