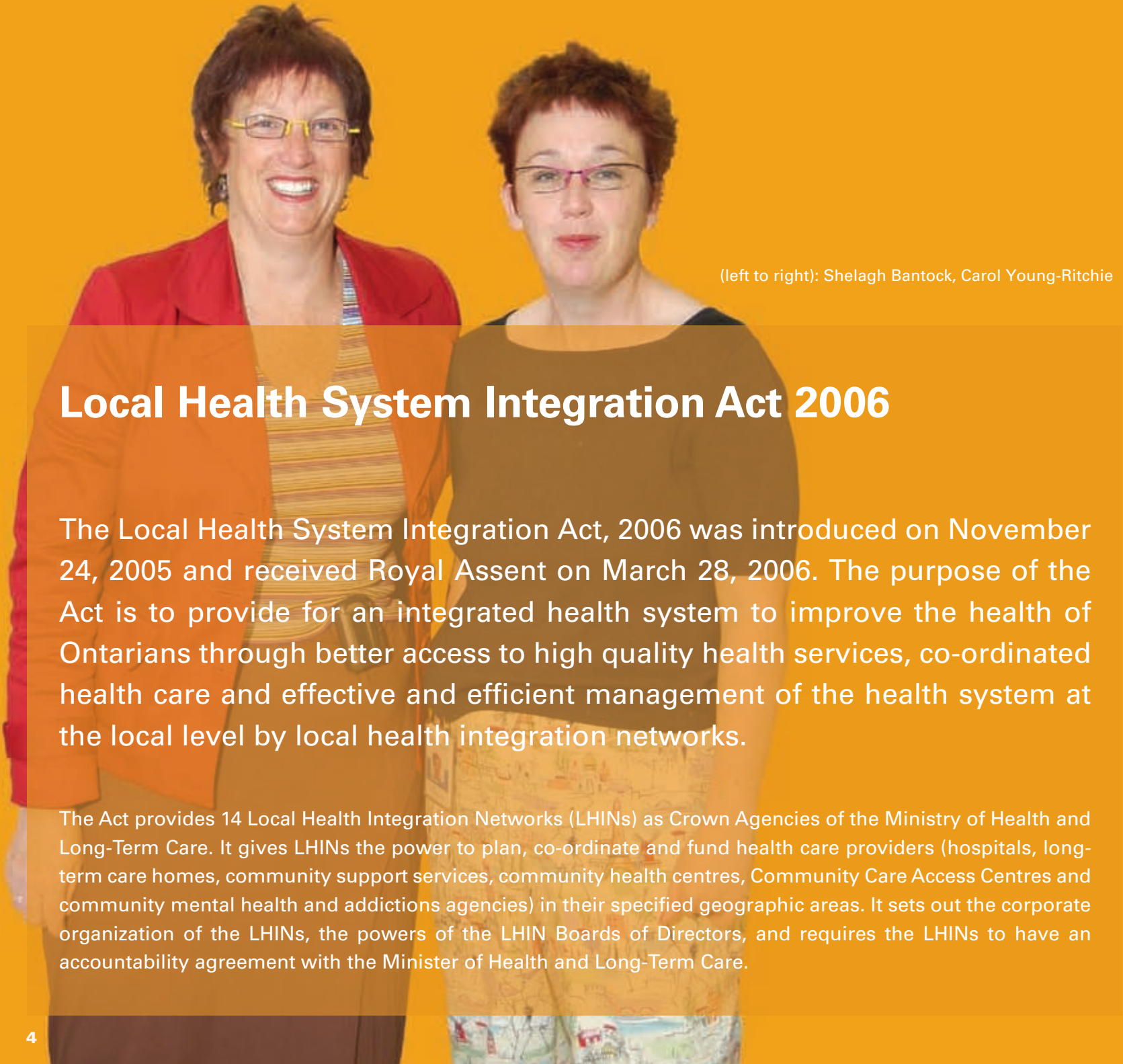


South West
LOCAL HEALTH INTEGRATION NETWORK

**Working Together
for Better Health**

South West **LHIN – 2005/06 Annual Report**



Local Health System Integration Act 2006

The Local Health System Integration Act, 2006 was introduced on November 24, 2005 and received Royal Assent on March 28, 2006. The purpose of the Act is to provide for an integrated health system to improve the health of Ontarians through better access to high quality health services, co-ordinated health care and effective and efficient management of the health system at the local level by local health integration networks.

The Act provides 14 Local Health Integration Networks (LHINs) as Crown Agencies of the Ministry of Health and Long-Term Care. It gives LHINs the power to plan, co-ordinate and fund health care providers (hospitals, long-term care homes, community support services, community health centres, Community Care Access Centres and community mental health and addictions agencies) in their specified geographic areas. It sets out the corporate organization of the LHINs, the powers of the LHIN Boards of Directors, and requires the LHINs to have an accountability agreement with the Minister of Health and Long-Term Care.

(left to right): Shelagh Bantock, Carol Young-Ritchie

The Act provides the legislative framework for creating a health system in Ontario that is:

- Community-based: engages the local community about needs and priorities
- Based on Partnerships: system partners are Minister, ministry, LHINs and service providers
- Forward Looking: emphasis on planning and priority setting
- Efficient: effective allocation of funding to achieve priorities
- Accountable: clearly defined expectations and measurement of achievement; monitoring and public reporting provide checks and balances in system
- Integrated: coordinated health care with focus on client needs

The Act sets out certain requirements and authorities for the ministry and the LHINs in the areas of: planning, community engagement, funding, accountability and integration.

Planning and Community Engagement:

The Minister must develop a provincial strategic plan for the health system and make the plan public. Each LHIN is required to engage their community and Aboriginal and French Language local planning entities to develop an Integrated Health Service Plan for their local health system. Community is broadly defined in the Act and includes patients and others, health service providers, and employees. The Act identifies some of the methods LHINs would use to engage their community, including community meetings, focus groups, and advisory committees.

Funding and Accountability:

The Minister determines each LHIN's funding and enters into an accountability agreement that sets out performance goals and standards, reporting requirements, a spending plan, and a performance management process.

The Act ensures that people can access care outside of the LHIN in which they live. The LHIN boundaries do not restrict people in any way.

When the LHINs have funding authority, they will enter into service accountability agreements with health care providers to deliver health services in their local communities, in accordance with the LHIN's accountability agreement with the Minister.

Integration:

To enable a co-ordinated health system, LHINs may facilitate integration discussions between health care providers. (e.g., transfer services to another location or provider, start or stop providing a service or change the amount of a service). LHINs will also have the power to require integration where they believe it is in the public interest. The Act also includes mechanisms to protect employees when services are integrated.

As of June 2006 not all parts of the Act have been proclaimed in force. A full copy of the legislation is available on e-laws at http://www.e-laws.gov.on.ca/home_E.asp?lang=en

(cover shot, left to right):
Ally M°Mann,
Carol Ann M°Mann,
Mikayla M°Mann,
Dr. Diotallevi

(left to right):
Ally M°Mann,
Carol Ann M°Mann,
Dr. Diotallevi



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(left to right): Theresa Rice, Nancy Schaff, Ann Kistner, Janine Hamilton, Leslie Groot



Welcome to the South West Local Health Integration Network

Imagine a region of limestone cliffs, sparkling waterfalls, expansive white sand beaches, friendly country towns, fertile fields, thriving industry, gleaming office buildings, charming Victorian neighbourhoods and shady parks. Add one of Canada's largest academic health sciences centres, and a top university and community college. Populate it with nearly one million women, men and children representing a wide diversity of culture, ethnicity, hopes and dreams. Fill it with energy and activity. This is the South West LHIN, stretching from Tobermory in the north to Long Point in the south and covering nearly 22,000 square kilometers.

Perhaps the most distinctive feature of the South West LHIN is its combination of rural and urban communities. Thirty per cent of the population resides in communities of less than 1,000 people, double the provincial average. From cities like London, St. Thomas, Stratford, Woodstock and Owen Sound to small towns like Ailsa Craig, Teaswater, Port Rowan, Cape Crocker and Pine River and remote rural areas, it is a region of diverse health care needs and challenges.

The South West LHIN has a higher proportion of seniors than Ontario as a whole, and fewer immigrants and visible minorities. The percentage of people in low income groups is lower than the provincial average. First Nations communities are an important part of our region and make up 1.2% of our population. And over 1% of the people of the South West LHIN is Francophone.

When it comes to health status, life expectancy and the percentage of people who say their health is "excellent" or "very good," we are similar to Ontario as a whole. Among the health challenges that face our region are a higher percentage of people who are obese, a higher rate of some chronic diseases, and higher hospitalization rates. People in the South West generally participate in preventive care, and the rate of flu vaccination is higher than the provincial average. These factors and many other socio-economic and environmental factors shape the priorities and initiatives of the South West LHIN.

The South West is served by a very strong health care system delivered by skilled and dedicated professionals in the primary, acute, community and long-term care sectors. The LHIN gives us an exciting opportunity to make our system even better, through collaboration, partnership and integration, with a focus on patients, clients and families as the people who the LHIN will serve.

Message from Norm Gamble, *Chair of the Board, South West LHIN*

Welcome to the first Annual Report of the South West Local Health Integration Network (LHIN). For the past year, we've had the privilege to participate in a fascinating process — the start-up of a new organization that will transform health care in our region. It's a heavy responsibility, but also an exciting opportunity to have a real impact in our communities.

We are not alone, of course. The South West LHIN is one of 14 in Ontario working through the initial phase of development. It has been a remarkable experience.

We're delighted with the progress we have made this year. I was one of three founding members appointed to the Board in June 2005. Three additional members were added in January, and three more this spring. It's a strong team of experienced and committed people, and we look forward to working together in the years ahead. We're also very pleased to be working with our LHIN management team, Tony Woolgar, Kelly Gillis and their staff — outstanding health professionals with a clear focus on the goal of transformation.

We've been busy. The board met 14 times during 2005-2006 to address key issues and spent two days in March at a strategic planning workshop. We have established processes and practices for the board and developed by-laws to ensure strong governance structure. We've also attended a wide variety of orientation and training sessions and met with stakeholders throughout the South West LHIN. We have been deeply impressed by the level of commitment expressed by everyone we have met, and the willingness to work collaboratively to improve our health system.

During 2006/07 we will finalize our Integrated Health Service Plan for the next three years and begin to implement our top priorities, building on the existing strengths in our region. There is enormous potential for the South West LHIN. I am confident that our work will touch the lives of every person living in the South West, and bring to life our vision, "A health care system that helps people stay healthy, delivers good care to them when they get sick, and will be there for their children and grandchildren."

This is your LHIN, and we need to hear your voice. Please don't hesitate to contact me or any other board member if you have questions, ideas or comments.



Norm Gamble, *Chair of the Board*



A handwritten signature in black ink, reading "A Woolgar".

Tony Woolgar, CEO, South West LHIN



Message from *Tony Woolgar, CEO South West LHIN*

How will the LHIN make a difference to the delivery of health care in the South West? That's a question I've been asked often over the last few months as we have been establishing the LHIN as a new organization. As I've met people throughout the South West LHIN, I've been asked why Local Health Integration Networks were created and what they will mean to the people of our region.

The answer lies in the name itself. "Local" refers to our commitment to plan and implement a health system that responds to the needs of our diverse communities. "Health" captures the sense that we are moving beyond treatment and disease management to focus more on health promotion, disease prevention and chronic disease management. "Integration" represents the idea that by working together, health care providers can ensure that patients move easily through a continuum of care, without falling through the cracks. "Network" refers to the key strength of our health care system in the South West — working toward common goals through partnership, collaboration and cooperation, which I have seen reflected in many of the people we have met during our start-up phase.

During 2005/06, we made significant progress on all four dimensions. My colleagues and I travelled across the region, meeting health care providers and consumers and listening to their ideas and concerns. We fostered new integration activities and networks as well as supported existing ones and are looking to develop new approaches to health promotion and disease prevention. We worked alongside the developing Family Health Teams and Community Health Centres as part of our commitment to building stronger primary care services. We took the first steps toward developing our Integrated Health Service Plan, based on the unique characteristics of our region, the health needs of our communities and the priorities for improvements shared with us by our health care providers.

We also put our governance structure in place, led by an excellent Board of Directors, hired talented and dedicated staff and established strong operational policies and procedures to enable us to become fully operational as an organization. A targeted communication strategy supported the first phase of our community engagement process.

The year 2006/07 will be a pivotal one in our development. The next phase of the community engagement process will feed into the completion of our first Integrated Health Service Plan (IHSP). Once approved, we will move forward with detailed integration plans, building on current strengths and future opportunities.

Through engaging with our local communities and working with our health care partners, we will seek to deliver stronger local services for local people in all parts of our LHIN. I want to thank our Board and staff for their tremendous dedication and commitment and the many organizations, agencies, groups and individuals who have taken time this year to share their thoughts and ideas with me. We have a unique opportunity to build a stronger and more sustainable health care system across the South West LHIN and it is a privilege to be part of this exciting journey.

Our Leadership Team

The South West LHIN Board of Directors and CEO

Back Row (left to right): Murray Bryant, Robert Habkirk, Kerry Blagrove, Tony Woolgar (CEO), John Van Bastelaar, Barrie Evans

Front Row (left to right): Norm Gamble (Chair), Janet McEwen, Ferne Woolcott, Anne Lake



Norm Gamble, Chair, Meaford

Norm Gamble was raised in South West Ontario where he recently retired from a 32-year career in Municipal Administration. Initially trained as a Recreation Professional, Norm held various administrative positions with the City of Cambridge and spent 15 years as the Chief Administrative Officer of the County of Grey. Norm held numerous provincial positions including President of the Society of Directors of Municipal Recreation of Ontario; President of the Ontario Municipal Administrators Association and Vice President of the Association of Municipalities of Ontario. Other appointments and recognition include the Association of Municipalities of Ontario Honour Roll and numerous Provincial Government appointments. An active member of the community, Norm is a former member of various boards and committees.

Janet McEwen, Vice-Chair, London

Janet McEwen has been a board member on the Women’s Christian Association of London since 1993 and served as board chair from 2002 to 2004. She is a board member of St. Leonard’s Society of London, and was board chair from 1997 to 2002. Since 1999, McEwen has been chair of the Dearness Services Redevelopment Committee. She has also held positions as a board member of St. Joseph’s Health Care in London and a member of the Salvation Army advisory committee.

Kerry Blagrove, Member, Listowel

Dr. Kerry Blagrove is a partner and co-owner of the Listowel Veterinary Clinic. He is a past chair of the Ontario Association of Bovine Practitioners, and founding Chair of the Huron Perth Hospitals Partnership. Kerry was a Board member and chair of the Listowel Memorial Hospital before being appointed to the board of the South West LHIN.

Murray Bryant, Member, London

Murray Bryant is a professor at The Ivey Business School at the University of Western Ontario, conducting research in the area of health care management. He has held academic leadership positions at The Ivey Business School and The

Rotman School of Management at the University of Toronto. He is a well recognized teacher and, in 1996, Murray won the Ontario Faculty Association’s Teacher Award. He is a coach of the Western Mustangs Men’s Rugby Team and a member of the Canadian Opera Company’s Marketing Advisory Board.

Barrie Evans, Member, London

Dr. Barrie Evans has been a clinical psychologist for over 30 years in child and family practice. He is currently co-investigator in a study of the experiences of families seeking mental health services and the impact of delayed treatment. He has been a board member and chair of the Advocacy Committee of Children’s Mental Health Ontario and is a director of a conservation association. He is also adjunct clinical professor of psychology and assistant professor of psychiatry at the University of Western Ontario. He is currently executive director of Madame Vanier Children’s Services in London.

Robert Habkirk, Member, Aylmer

Before his retirement, Bob Habkirk worked as a quality analyst and plant service maintenance coordinator for Ford Canada. From 1994 to 2003, he was mayor of the Town of Aylmer. In this capacity, he served on several boards and committees including Chair of the Elgin Health System Planning Committee, member of the Thames Valley District Health Council and its Hospital Operations Planning Process Review Committee. He previously chaired the Aylmer Community Foundation, the Old Town Hall Restoration Committee, and the Aylmer Performing Arts Council.

Anne Lake, Member, Fullarton

Until her retirement in 2000, Anne Lake worked in five hospitals in England and Canada in medical laboratory technology (immunopathology) and organ retrieval (technician, media relations and public education), and in the education sector (fundraising and community liaison). She has served on the Boards of Stratford General

Hospital/Huron Perth Healthcare Alliance, Huron Perth Hospitals Partnership and Perth District Health Unit, and was a member of the Perth Early Years Steering Committee. She was a member of the Board for Ritz Lutheran Villa seniors’ residential facility until her appointment to the South West LHIN.

John Van Bastelaar, Member, Port Elgin

John Van Bastelaar worked for Ontario Hydro for nearly 30 years as a Human Resources Officer, Training Supervisor, Safety Training Technician and Chemical Technician. He was also a maintenance and communications specialist at Bruce Power for two years. Now retired, he volunteers with the Grey Bruce Regional Health Board. He was mayor for the Town of Port Elgin for five years, deputy mayor of the amalgamated Town of Saugeen Shores for one year, and a council member for four years with the Town of Port Elgin.

Ferne Woolcott, Member, Bright

Ferne Woolcott is a retired elementary school principal who worked for The Thames Valley District School Board and The Oxford County Board of Education. She served on the Board of Directors for the Community Care Access Centre (CCAC) — Oxford as vice-chair and as a member of the governance committee. Ferne was also actively involved with the United Way of Oxford as secretary for the Board of Directors and chair of the development and human resources committees.

Tony Woolgar, CEO

Tony Woolgar spent over 30 years in health care management in the UK, including ten years as a CEO in both academic health sciences centres and community hospitals. Tony has considerable experience introducing new integrated health care networks across local communities and for many years was involved in policy development at the national level in the UK. Tony participated in a number of consulting projects associated with the Ontario government’s health reform agenda prior to taking up his position as CEO of the South West LHIN.

Inside our LHIN

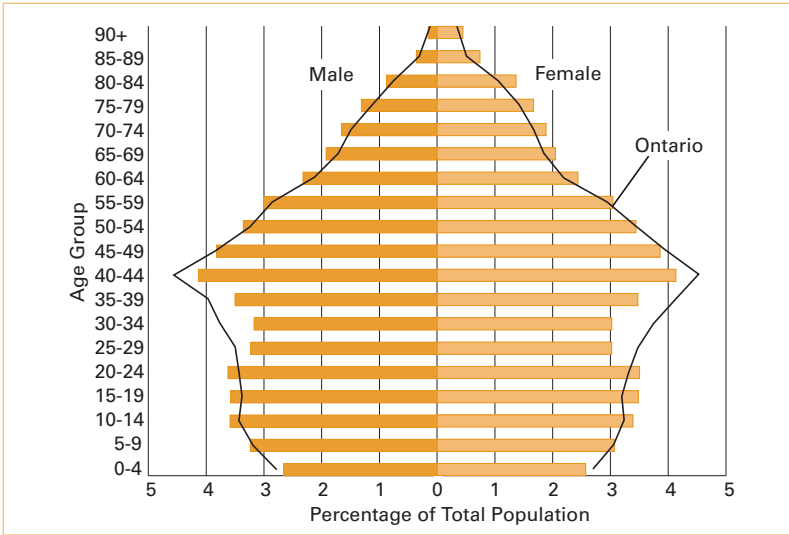
Our Population

The South West LHIN is home to 924,200 people, representing 7.4 per cent of the population of Ontario.

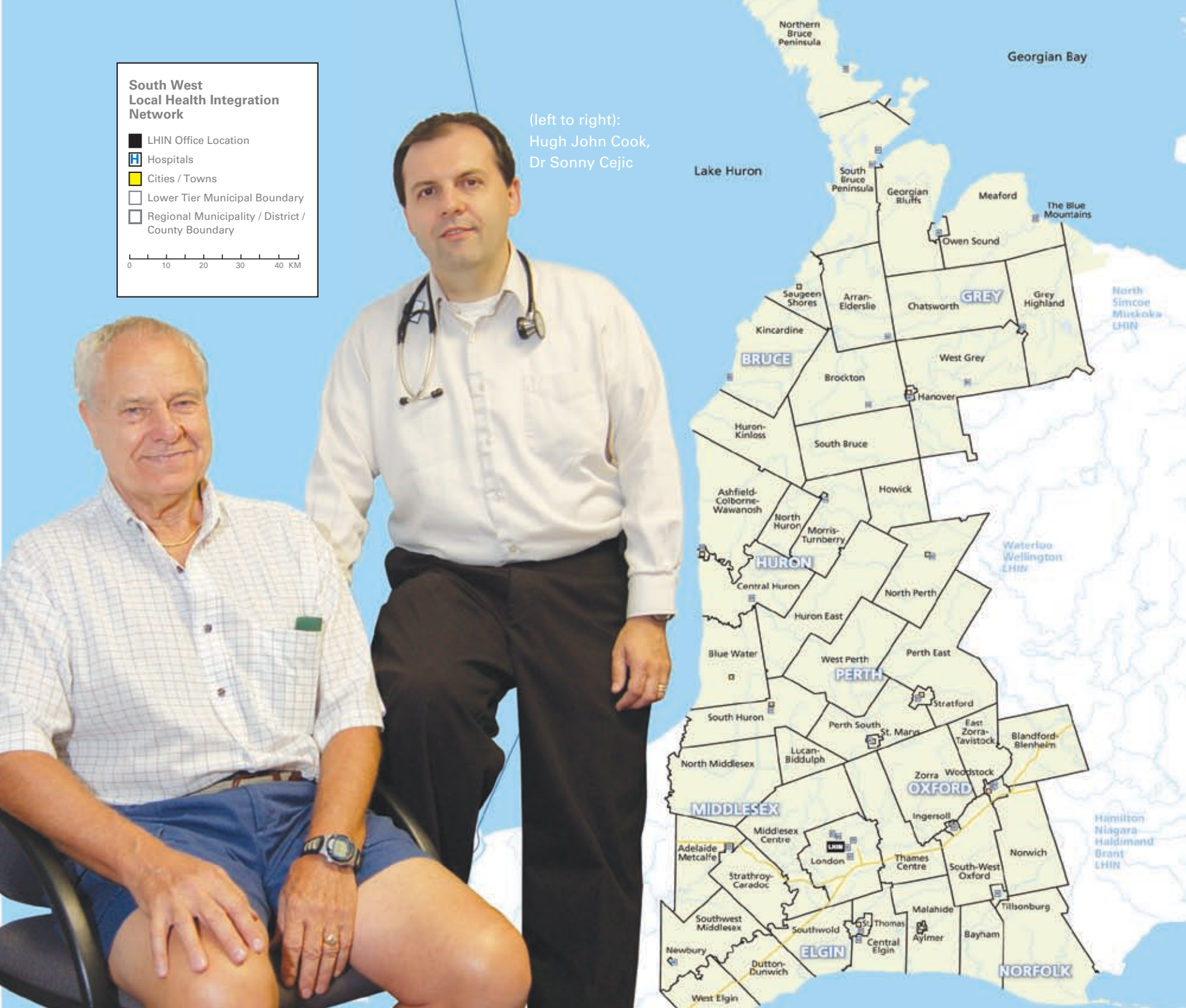
Compared to provincial averages:

- Between 1994 and 2004, the population increased by an average of .6 per cent each year, a somewhat slower rate than the provincial average
- The South West has a greater proportion of seniors. Indeed the north part of the region ranks as one of the highest proportions of seniors in South Western Ontario. The seniors population is expected to grow significantly over the next ten years, as the “Baby Boom” generation ages
- The South West LHIN has a much smaller proportion of immigrants and visible minorities
- The “dependency ratio” — the ratio of combined child and elderly population to the working population — is higher
- The percentage of people living in rural areas is much higher, at more than 30 per cent. In the northern part of the South West LHIN, more than half the population is rural
- The percentage of people who did not complete high school is higher
- A higher percentage of people own their own homes
- The percentage of people living on low income is lower
- Employment rates are low in the north and central parts of the region, but about the same in the south
- The percentage of Aboriginal peoples is slightly lower

Age-sex population distribution: South West LHIN versus Ontario



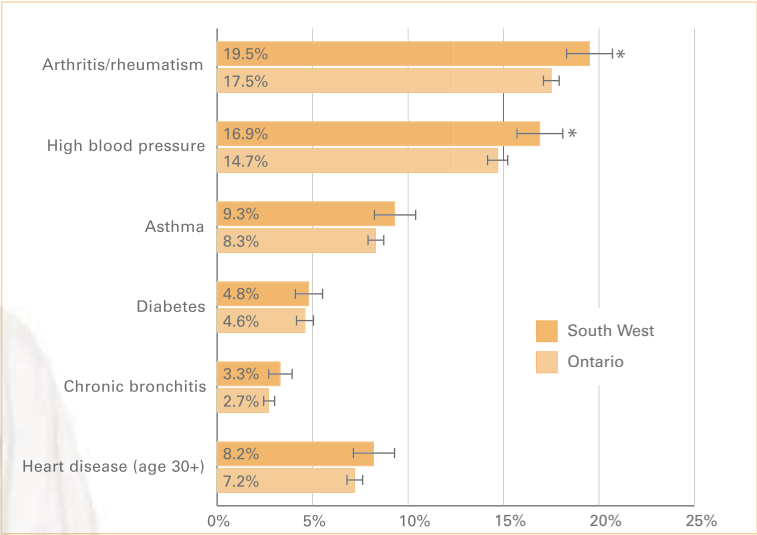
Data Source: 2004 Population estimates, Statistics Canada



(left to right) :
Khadija Sheikh, Kaaren Barker

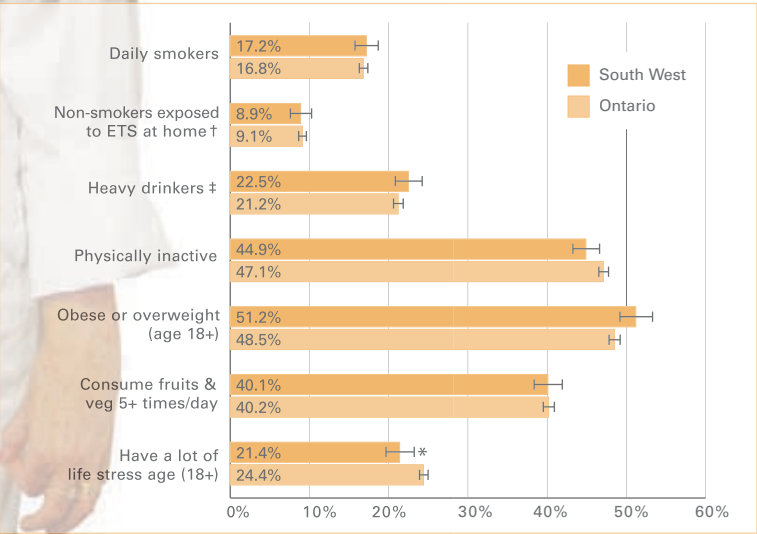


Prevalence of selected chronic conditions, population age 12+



* Significantly different from provincial average based on assessment of 95% confidence interval.
Data Source: Canadian Community Health Survey, 2003

Health and wellness issues/challenges, population age 12+



† ETS - environmental tobacco smoke (second-hand smoke)

‡ as a proportion of current drinkers

* Significantly different from provincial average based on assessment of 95% confidence interval.
Data Source: Canadian Community Health Survey, 2003

Health Status, Practices and Preventive Care

Relative to provincial averages:

- Life expectancy is slightly lower
- Self-rated health is about the same
- People with activity limitation is slightly higher
- At 17.7 per cent, the rate of obesity is significantly higher
- The percentage of daily smokers is slightly higher
- Pre-term births are slightly higher
- The age-standardized mortality rate is higher
- The prevalence of arthritis, high blood pressure,

asthma, chronic bronchitis and heart disease is higher

- Causes of death are similar
- Hospitalization rates are higher. The largest differences are in mental and behavioural disorders, digestive system diseases, musculoskeletal disease, injury and poisoning and consequences of external causes
- The rates of preventive care are similar, with the rate of flu vaccination somewhat higher

Socio-demographic characteristics

	SOUTH WEST	ONTARIO	LHIN Range
Total population (2004)†	924,100	12,392,700	242,500 - 1,542,900
Senior population, age 65+ (2004)†	14.4%	12.8%	9.4 - 15.7%
Population with English mother tongue	86.2%	71.9%	55.7 - 92.2%
Population with French mother tongue	1.2%	4.7%	1.2 - 25.1%
Population who are immigrants	14.5%	26.8%	6.4 - 45.7%
Population who are recent immigrants (arrived between 1996-2001)	1.6%	4.8%	0.3 - 9.7%
Population who are visible minorities	5.2%	19.1%	1.3 - 38.8%
Population of Aboriginal identity	1.2%	1.7%	0.3 - 13.9%
Labour force participation rate (age 15+)	67.5%	67.3%	60.0 - 72.0%
Unemployment rate (age 15+)	5.8%	6.1%	5.0 - 9.8%
Population in low income	12.0%	14.4%	10.0 - 22.3%
Families (with children) headed by a lone parent	22.3%	23.4%	19.4 - 30.0%
Population (age 20+) with less than grade 9 education	8.8%	8.7%	6.3 - 12.0%
Population (age 20+) without high school graduation certificate	28.5%	25.7%	19.2 - 33.4%
Population (age 20+) with completed post-secondary education	45.3%	48.7%	42.4 - 55.8%

Data Source: † 2004 Population estimates. Remaining indicators based on 2001 Census of Canada.

Use of preventive care

	SOUTH WEST	ONTARIO	LHIN Range
Had mammogram in past 2 years (females age 50-69)	67.4% (±5.0)	70.6% (±1.9)	65.8 - 77.2%
Had Pap smear test in past 3 years (females age 18+)	68.1% (±2.2)	69.2% (±1.0)	65.4 - 75.5%
Had flu shot in past year (age 12+)	38.4%* (±1.9)	34.2% (±0.7)	30.3 - 39.0%
Contact with medical doctor in past year (age 12+)	79.5% (±1.5)	81.4% (±0.6)	76.4 - 83.7%

* Significantly different from provincial average based on assessment of 95% confidence intervals.
Data source: Canadian Community Health Survey, 2003

Health status

	SOUTH WEST	ONTARIO	LHIN Range
Female life expectancy at birth (years), 2001†	81.7 (±0.4)	82.1 (±0.1)	79.5 - 82.2
Male life expectancy at birth (years), 2001†	76.7* (±0.4)	77.5 (±0.1)	74.7 - 80.6
Low birth weight babies (1999-2001)‡	5.5%	5.6%	3.7 - 6.2%
Infant mortality rate per 1000 livebirths (1999-2001)†‡	5.9 (±1.0)	5.4 (±0.2)	3.9 - 6.1
Population who say their health is Excellent or Very Good, 2003 (age 12+)#	57.6% (±1.9)	57.4% (±0.7)	51.0 - 61.5%
Population with an activity limitation, 2003 (age 12+)#	25.7% (±1.6)	24.6% (±0.6)	19.3 - 30.0%

* Significantly different from provincial average based on assessment of 95% confidence intervals.
Data sources: † Ontario Vital Statistics, Mortality Database, ‡ Ontario Vital Statistics, Livebirths Database
Canadian Community Health Survey, 2003

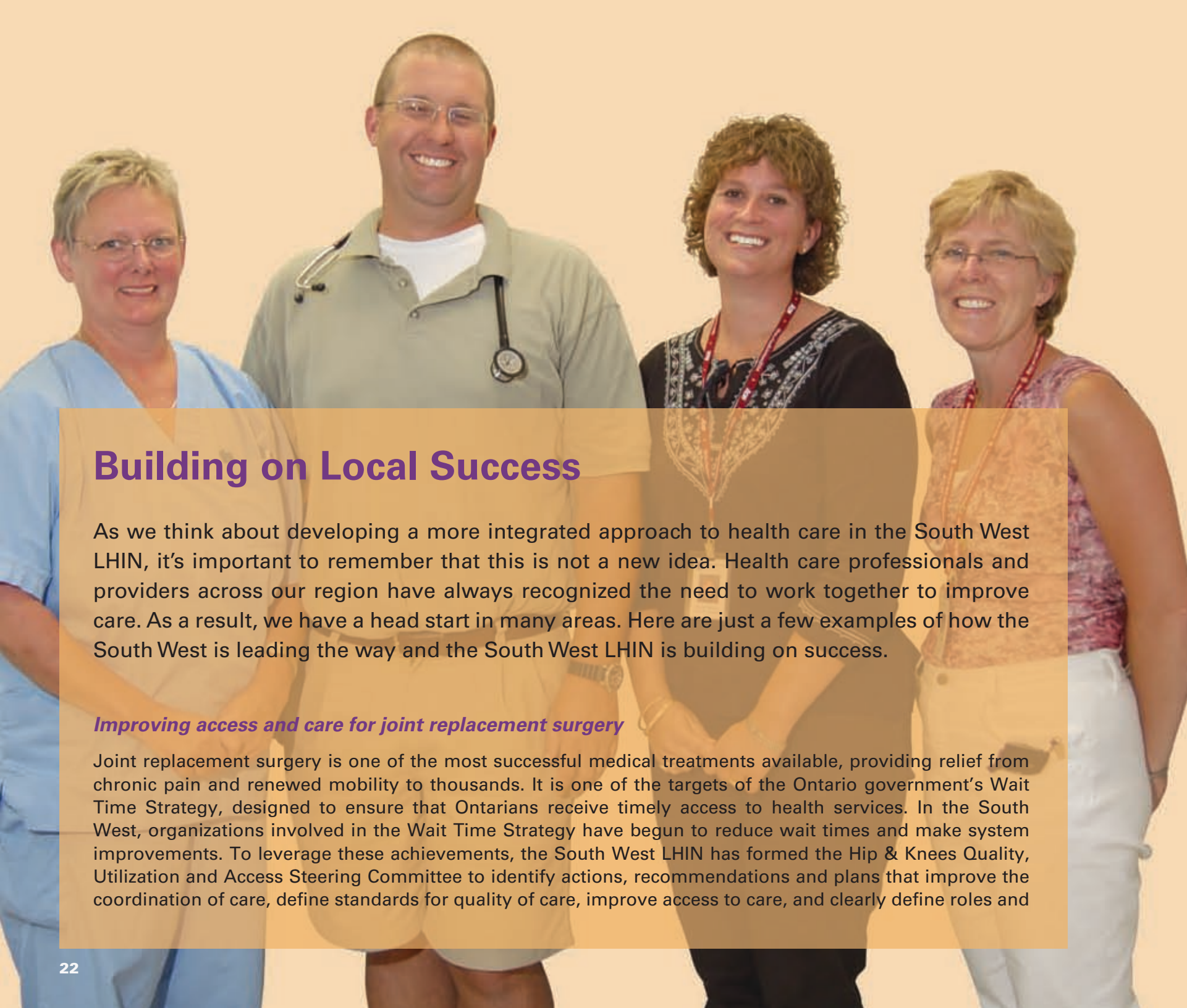
Mortality, potential years of life lost and hospitalization rates by ICD-10 chapter

	Age-standardized mortality rate per 100,000 (avg. 2000-01)†		Potential Years of Life Lost rate per 100,000 (avg. 2000-01)†		Age-standardized hospitalization rate per 100,000 (2003-04)‡	
Cause (ICD-10 chapter)	SOUTH WEST	ONTARIO	SOUTH WEST	ONTARIO	SOUTH WEST	
ALL CAUSES	634.4	602.6	5,341	4,864	8,536.3	7,746.7
I. Infectious diseases	9.1	9.3	113.3	122.3	122.4	119.9
II. Neoplasms	185.0	181.4	1,694.7	1,590.3	566.8	549.6
III. Diseases of blood	2.3	2.1	10.1	18.4	76.7	76.2
IV. Endocrine/nutritional disorders	28.6	26.1	213.6	171.0	194.9	173.7
V. Mental & behavioural disorders	14.5	15.0	36.2	59.2	666.3	502.7
VI. Nervous system diseases	26.9	24.8	138.6	142.9	130.6	111.6
VII. Eye diseases	0	-	0	-	26.7	20.1
VIII. Ear diseases	0	-	0	1.1	25.5	20.7
IX. Circulatory system diseases	221.9	209.1	961.7	852.9	957.8	1,007.5
X. Respiratory system diseases	49.7	45.4	153.0	150.5	671.2	624.6
XI. Digestive system diseases	25.9	22.6	236.6	191.1	877.0	761.2
XII. Skin diseases	1.2	1.0	2.0	3.9	74.4	65.9
XIII. Musculoskeletal diseases	4.0	3.8	19.6	24.8	420.7	356.0
XIV. Genitourinary diseases	11.5	11.1	40.6	38.2	468.0	421.0
XV. Maternal conditions	-	0.1	5.6	4.6	1,383.4	1,367.8
XVI. Perinatal conditions	4.3	4.2	257.4	266.5	51.2	71.7
XVII. Congenital abnormalities	5.6	3.1	294.0	158.0	49.2	47.9
XVIII. Symptoms not elsewhere classified	7.2	10.8	167.2	234.0	481.4	457.9
XIX. Injury & poisoning	n/a	n/a	n/a	n/a	745.7	578.6
XX. External causes of mortality	38.7	32.6	997.1	834.3	n/a	n/a
XXI. Factors influencing use of services	n/a	n/a	n/a	n/a	546.2	408.6

- Data suppressed due to small numbers
Data sources: † Ontario Vital Statistics, Mortality Database ‡ Ontario Hospital Inpatient Database



(left to right): Steve Worsfold, Sandy D’Ayirro, Lisa Worsfold



Building on Local Success

As we think about developing a more integrated approach to health care in the South West LHIN, it's important to remember that this is not a new idea. Health care professionals and providers across our region have always recognized the need to work together to improve care. As a result, we have a head start in many areas. Here are just a few examples of how the South West is leading the way and the South West LHIN is building on success.

Improving access and care for joint replacement surgery

Joint replacement surgery is one of the most successful medical treatments available, providing relief from chronic pain and renewed mobility to thousands. It is one of the targets of the Ontario government's Wait Time Strategy, designed to ensure that Ontarians receive timely access to health services. In the South West, organizations involved in the Wait Time Strategy have begun to reduce wait times and make system improvements. To leverage these achievements, the South West LHIN has formed the Hip & Knees Quality, Utilization and Access Steering Committee to identify actions, recommendations and plans that improve the coordination of care, define standards for quality of care, improve access to care, and clearly define roles and

(left to right): Linda Draper, Dr. Ken Pritchard, Melissa Thomson, Shirley Evans

responsibilities among organizations. "We've got a great group and we're making real progress," says Chair Kathy Scanlon. "It's exciting to see what we can accomplish when we work together."

Integrating critical care services

Critical Care Units are essential components in the care continuum, providing a safety net for patients undergoing surgery or experiencing life-threatening illness or injury. In the South West, critical care units have been collaborating for many years. Now, Dr. Michael Sharpe, an intensivist at London Health Sciences Centre and professor of anesthesia and preoperative medicine at UWO, has been appointed as the South West LHIN Critical Care Lead and will be working with regional and provincial colleagues to develop plans for the best use of critical care resources in the area.

Using e-Health to improve care

The South West LHIN is already a leader in e-Health, with video care, shared digital imaging, shared electronic patient records and other projects under way. Tony Woolgar, CEO South West LHIN and Diane Beattie, Vice-President, Integrated Health Information for London Health Sciences Centre and St. Joseph's Health Care London are leading a Steering Committee that is working toward the vision, "To enable measurably better information, better care, better health and less travel for all." The Committee is currently finalizing a five-year strategic plan and two-year tactical plan.

Supporting the growth of FHTs and CHCs

There are 15 Family Health Teams and two Community Health Centres in the South West, including the new Family Health Teams in London-Middlesex, the Bluewater Area, Brockton and area, the Bruce Peninsula, and Wingham. Three new Community Health Centres were announced for Woodstock, St. Thomas and Markdale which are currently under development. South West LHIN Consultant Dawn Maziak is working with the developing FHTs and CHCs, helping them through the planning and implementation process and providing a link to the ministry. "This is an awesome opportunity," says Maziak of the potential for primary care renewal in the South West LHIN. "It's amazing what can happen when everyone works together to improve services in their community."

Putting health services information at your fingertips

How do the people of the South West LHIN find out about health and community services in their communities and across the region? By visiting www.thehealthline.ca, an innovative web site that provides information on more than 2,000 organizations and hosts nearly one million visits each year. Launched in London and Middlesex five years ago, the site has expanded to cover the entire South West LHIN, partnering with CCACs and other local health organizations to gather information.

Bringing hospital and community care together

In the past three years, the London teaching hospitals and the CCAC of London-Middlesex have worked together more closely than ever before. The result has been a number of exciting initiatives, including increased provision of acute care at home, support for at-home peritoneal dialysis, and enhanced at-home therapy for joint replacement patients. Now the three partners have moved to formalize their relationship through a “Shared Accountability Agreement” (SAA), to be implemented in April 2006. The agreement commits the partners to ongoing collaboration and cooperation, with the goal of providing “coordinated, appropriate and timely care” for patients and clients.

Celebrating Innovation

In April 2006, the Ministry of Health and Long-term Care will host the first Celebrating Innovations in Health Care Expo. It is expected that more than 2,000 people will attend the event, which will include workshops, displays and award presentations. We are proud to acknowledge the 44 submissions that were accepted from the South West LHIN by the Expo evaluation committee that will showcase the tremendous creativity, collaboration and commitment to continuous improvement from across our region.

South West LHIN submissions by theme:

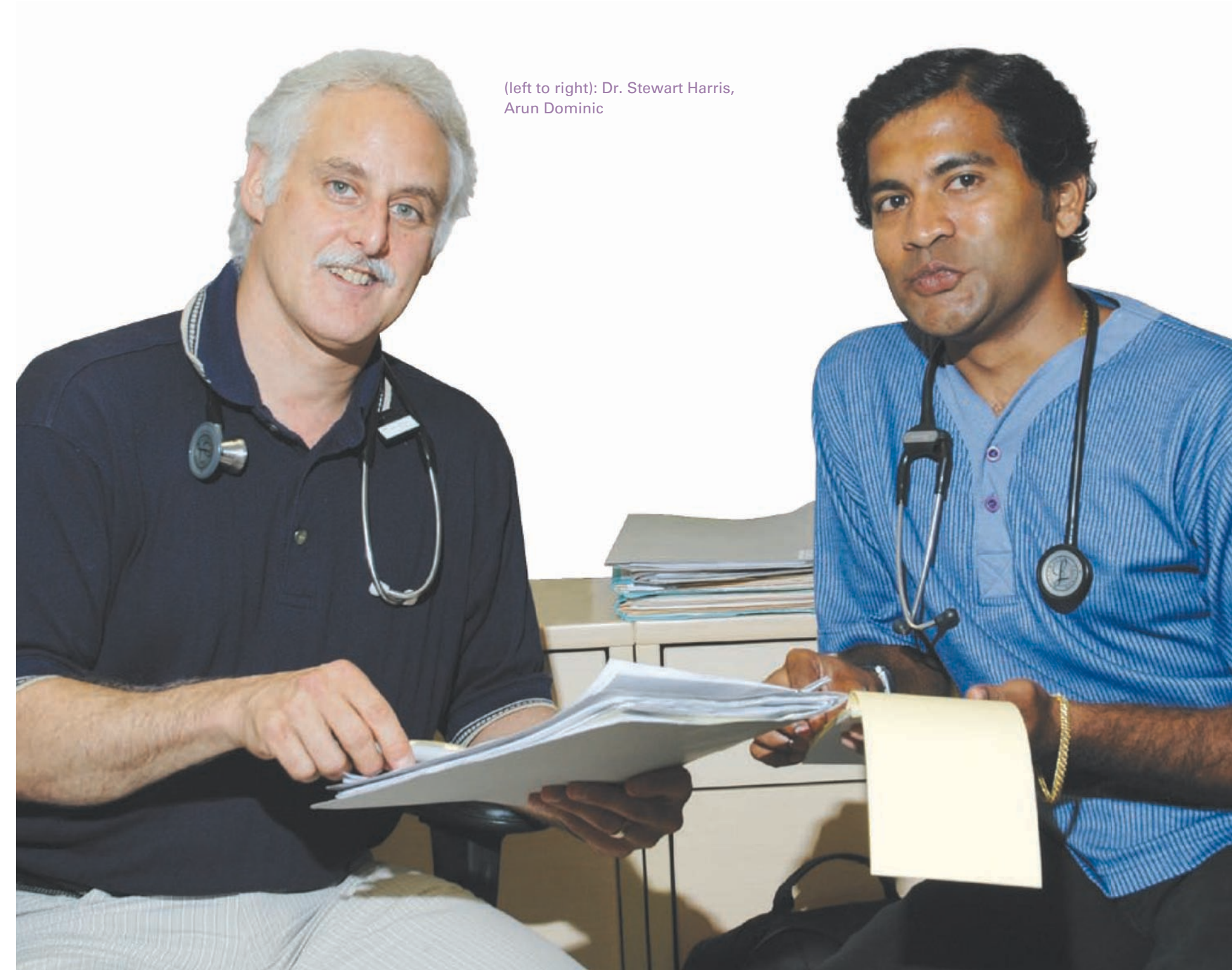
- Meeting community needs through integrated care: 15
- Improving quality and patient safety: 6
- Improving efficiency through process redesign: 9
- Innovations in health information management: 7
- Innovations in health human resources: 7

Improving cancer care

The London Regional Cancer Program and its partners throughout the region have long recognized the importance of a collaborative approach to cancer care. Building on this foundation, a group of hospitals, physicians, CCACs, public health units and other health care organizations throughout the region, have come together to form the South West Regional Cancer Services Alliance (RCSA). The group signed an accountability agreement in February 2006, laying out roles and responsibilities for system-wide improvements. The South West LHIN continues to support the development of the RCSA.

Crossing Organizational Boundaries

The Grey Bruce Integrated Health Coalition brings together hospitals, the CCAC, public health, community services and mental health services across a large rural area in the north part of the South West LHIN. The Coalition has already begun working on projects together and in the upcoming year, plans to introduce several new cross-organizational initiatives, including screening and early intervention for dementia, improved management of congestive heart failure and diabetes, an end-of-life strategy, development of an information network, and joint staff planning, recruitment and training.



(left to right): Dr. Stewart Harris,
Arun Dominic

The Faces of Health Care in the South West LHIN

Our most valued strength, and the foundation on which our future success will be built, is the people who provide health care in our region. They are skilled and committed professionals and health care workers who share a single goal: supporting patients and clients to achieve the best possible health outcomes. Here are just a few of the thousands of exceptional women and men who serve in the South West LHIN, excerpted from the archives of www.thehealthline.ca. They reflect the quality, dedication and openness to change that characterize health professionals across our region.

Sandy Stockman, Jim Catton and **Caroline Tykoliz** serve as the inter-agency management group for an innovative partnership for integrated delivery of mental health services, Mental Health Grey Bruce. The partnership brings together a hospital and two community organizations to create five multi-agency mental health teams and implement a consistent service model across a large rural area. “It’s an innovative service delivery



(left to right): Sandy Stockman, Jim Catton, Caroline Tykoliz

model that is consistent with the ministry’s transformation agenda,” says Sandy.

As Day Programs Coordinator for the County of Elgin, **Dawn Burridge** runs programs in Aylmer, Dutton and St. Thomas for Alzheimer patients, frail elderly and young adults with disabilities. The focus of the Alzheimer day program, which includes social activities, a bathing program and an on-site nurse, is caregiver relief. Says Burridge: “Our main function is to give the caregiver a chance to get some groceries or some sleep, and to re-group and regenerate.” The program also helps ease the transition to long-term care for both patients and families.

Mary Anne Simpson, Manager of Vaccine Preventable Diseases at the Middlesex-London Health Unit, believes that an ounce of cure is worth a pound of prevention. In addition to organizing the universal flu vaccine program for London, she works with young families to ensure that they seek standard vaccinations for their children. “We have to help them understand that they’re not seeing disease because of what vaccines have done to prevent disease,” says Simpson.

Dr. Joaquin Madrenas is a renowned researcher with a special talent for making his research accessible to all. Madrenas believes it’s important for scientists to share new knowledge with the public. “It is our responsibility to bring the most recent advances to the public so that they can factor that information into decisions they make about their health, and ultimately, make better decisions and live better lives.”

Catherine Hardman is Director of Choices for Change, Stratford, a non-profit agency that focuses on assessment and community counseling for people living with addictions. Hardman and her staff also work with local communities to prevent the use of illicit drugs, especially methamphetamine. “The system works, and we do excellent work,” says Hardman, “but we simply can’t do enough.” Choices for Change has been named the lead agency for the development of innovative withdrawal management services for the South West LHIN.

If cancer is a journey, then **Jan MacKinnon** and **Nancy Thornton** accompany many patients along their way. They are Oncology Care Coordinators with the CCAC — Oxford, helping pilot cancer patients through the system and point them in the direction of community services. They meet with each client on a one-on-one basis, complete an assessment, offer information and are available to answer questions and concerns. “The diagnosis of cancer is so devastating,” says MacKinnon. “It’s wonderful to be a resource and support to these people.”

Rosemary Kohr is Nurse Practitioner/Clinical Nurse Specialist in the Medical Care program at London Health Sciences. Kohr is an expert in wound care, and she and a colleague have created an educational wound care website for nurses. Kohr is excited about the potential of technology to make health care knowledge available not only across the region but around the world. “This stuff is fabulous,” she says, “because it gives people in Africa or Asia the opportunity to access information and to communicate with us.”

The South West Local Health Integration Network: The Year in Review

2005-2006 Objectives and Achievements Summary

1. Establish LHIN governance policies, practices and relationships

- Completed community-based process for nominating board members
- Appointed the first six board members and held 14 meetings between September 2005 and March 2006
- Signed Memorandum of Understanding with Minister
- Developed by-laws
- Put in place meeting processes and practices
- Held Board strategic planning session and developed work plan
- Board members attended provincial training and education sessions
- Provided Board Orientation and Board Resource manuals to all Board Members

2. Implement LHIN functions

- LHIN launched with public “Meet and Greet” events in Owen Sound, Seaforth and London in August 2005
- Board members and CEO attended and/or presented at a wide range of network and association meetings and events
- Board members met with local MPPs and county councils
- Board Chair and CEO have met with

representatives of the First Nations and the South West French Language Services Network

- CEO active in Council of Academic Hospitals of Ontario, Clinical Care Advisory Committee, Provincial Scorecard Expert Panel, Joint Policy and Planning Committee, Ontario Hospital Association
- South West LHIN Communications Plan developed
- Initiated planning for our E-Health strategy
- Community Engagement Framework developed
- Initiated planning for our first IHSP resulting in a draft document to enable extensive community dialogue
- Performance management framework being developed

3. Establish LHIN business operations

- Hired Senior Director for Planning, Integration and Community Engagement, Office Manager and Executive Assistant to the CEO
- Established a common administration process to deliver payroll, financial and human resource services
- Developed business processes and policies
 - Implemented privacy practices and procedures
 - Completed year-end financial report
 - Developed a regular reporting process for the Board

Jan Barylski



Operational Start-Up

Once the policy framework was established by the Ontario government and Local Health Integration Networks were chosen as the model for integration in this province, it was time to launch LHINs as 14 corporations. In June 2005, 14 news conferences were held across the province to publicly announce the LHIN Chairs, founding board members, and CEOs. Tony Woolgar was announced as the CEO for the South West LHIN, with Norm Gamble as Chair, and Janet McEwen and Kerry Blagrove as founding members.

Tony and his fellow CEOs began work in August 2005, working alongside the board chairs to get to know the communities they serve. That summer LHIN leaders hosted 37 “Meet and Greet” sessions across the province, including three in the South West LHIN, meeting with 1,500 leaders of health care organizations.

Fourteen offices were set up across the province. The South West LHIN office opened at 201 Queens Avenue in London in December 2005. To ensure cost-effective and efficient operations, LHINs established a common administration process to deliver payroll, financial and human resource service for the LHINs.

By winter 2005, all LHIN offices were open and ready for business. The recruitment for key positions commenced and by January 2006, Kelly Gillis had joined the South West LHIN as Senior Director of Planning, Integration and Community Engagement. Dianne Marshall stepped into the role of Executive Assistant to the CEO, and Jodi Martin became Office Manager.

A business operations manual was created at the provincial level to provide basic policies and procedures related to LHIN business operations, including government directives that LHINs must comply with, a summary of legislative requirements that govern LHIN practices and standard practices required of all LHINs by the ministry. At the South West LHIN, procedures and systems are in place for all basic office functions.

Starting in the summer of 2005 and continuing throughout the year, extensive orientation sessions were held for the founding LHIN board members and staff. As part of professional development, LHINs and the ministry hosted several “Think Tanks” on topics such as funding models, planning, corporate governance, ethics and a framework for ethical decision making. Discussion forums were held to consider such issues as the importance of engaging with physicians and managing cross-boundary issues in the community sector.

Accountability agreements between each LHIN and the ministry were developed for the years 2005/06 and 2006/07 setting out key activities for which the LHINs are responsible. LHINs received templates and guidelines for filing quarterly reports to the ministry. In the South West LHIN, the year end financial report for 2005/06 was completed. Monthly financial statements were shared with the Board, along with the annual budget details.

Governance

LHINs were established to ensure that the local health system reflected the local needs of local communities. One important way to ensure the South West LHIN is interacting with and responsive to our communities is through the Board of Directors. These experienced, knowledgeable and well-connected community leaders serve as a two-way conduit for information flowing throughout the LHIN, across LHIN boundaries, and between the LHIN and the Province. The board, through the chair, is accountable to the Minister of Health and Long-Term Care for the LHIN’s use of public funds and for results in terms of goals, objectives and performance of the local health system.

Building the Board

Our three founding board members were appointed in June 2005, with three additional directors appointed in January 2006.

Through the work of an independent nominating committee comprised of the Board Chair, Vice-Chair and three community members, the South West LHIN was successful in identifying candidates who fulfilled the eligibility requirements laid down by the Ministry of Health and Long-Term Care. Three public meetings were held, in London, Wingham and Owen Sound, to elicit interest from the community. More than 50 applications were received for the three available positions and interviews were conducted with six candidates. Four names were submitted to the Minister. The final three members were appointed in the spring of 2006.

We are delighted to have such outstanding and committed individuals providing leadership at this critical time

in the development of the South West LHIN and the transformation of Ontario’s health care system.

Committees of the Board

In the coming year, the board will establish committees to oversee key areas of responsibility.

Establishing a Governance Model

The Board has worked hard to establish and define a governance model that facilitates strategic visioning for the LHIN and allows the Board to deliver on its accountabilities as defined in the Memorandum of Understanding. The Board met 14 times during the start-up phase. The Memorandum of Understanding was signed in January 2006. By-laws have been developed and meeting processes and practices have been put in place.

Performance Agreement

The Ministry of Health and Long-Term Care outlines the principles, goals and objectives for all LHINs to ensure Ontarians are receiving equitable access to consistent, high quality health care services.

The relationship between the ministry and the South West LHIN is established through the Memorandum of Understanding and an annual Performance Agreement. In August 2005, the South West LHIN entered into an Interim Performance Agreement with the Ministry of Health and Long-Term Care, under which it committed to achieve a number of objectives by March 31, 2006. These included establishing the board and board practices, implementing the LHIN’s functions, developing

a community engagement strategy, establishing an approach to creating the Integrated Health Service Plan and setting up the LHIN’s business operations.

At the end of the fiscal period March 31, 2006, the South West LHIN met all its obligations under this agreement.

Conflict of Interest Guidelines

The Ministry of Health and Long-Term Care has provided the LHINs with conflict of interest guidelines.

CEO Performance Objectives

The South West LHIN has established a process by which to measure and evaluate the CEO performance based in part, on the Memorandum of Understanding and the objectives set out in the Performance Agreement.

Board Orientation and Development

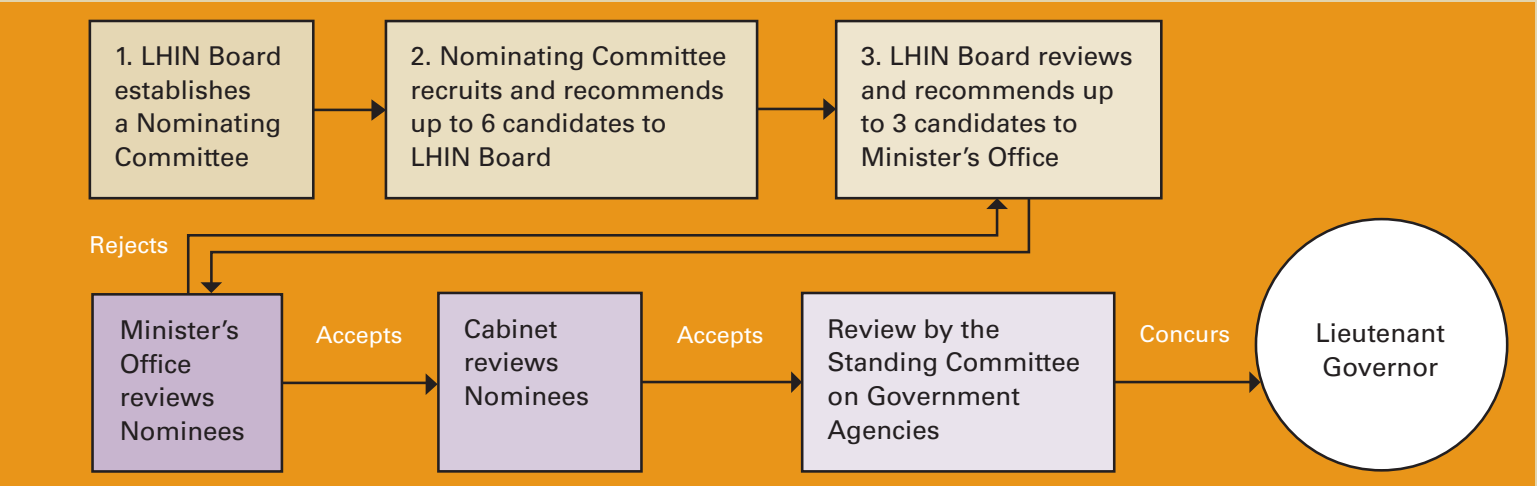
A comprehensive board orientation and education program is fundamental to the board’s effectiveness in

carrying out the mandate of the Local Health Integration Network. In collaboration with the Ministry of Health and Long-Term Care Health Results Team, a provincial approach was taken to develop an orientation program for new Board Members. Training and education sessions were attended by the initial three members. In addition, comprehensive Board Orientation and Local Resource manuals were provided to all members in February, 2006.

A Board strategic planning workshop was held in March 2006 to focus on roles and responsibilities, principles of operation, the relationship of the Board with key stakeholders, and strategic objectives for the next 18 months. As a result of the workshop, a work plan was developed that will guide the Board through its community engagement activities and the development of the Integrated Health Service Plan.

The South West LHIN will continue ongoing board development and education. There is a component of board education and development at every board meeting and a province-wide orientation session will be held in the Fall.

Overview of the community-based board nomination process



LHIN-led Processes

Integrated Health Service Plan

It has often been said that if you don't know where you're going, you might never get there.

The South West LHIN is engaged in a process that will determine where it's going over the next three years and what it will take to get there. The first Integrated Health Service Plan (IHSP) will become the roadmap, a foundational strategy outlining priorities and action plans for the period April 2007 to March 2010. It will align with provincial directions such as reducing wait times, improving access to health professionals, emphasizing health promotion and disease prevention, using technology to strengthen health care, and enhancing accountability. It will also address local issues and priorities and include creative made-in-the-South-West solutions. Ultimately our IHSP, together with those from the 13 other LHINs, will inform the development of Ontario's 10-year strategic plan for health, due to be published in spring 2007.

The South West IHSP will include a demographic and health status profile of our population and will identify our local health organizations that support the health care needs within our area. The identified priorities and action plans will reflect ideas and issues raised by a variety of local individuals, organizations, groups and networks from across our area.

The South West LHIN does not intend to "reinvent the wheel" through the development of the IHSP. Instead, we are building on the compelling history and solid foundation of past planning and partnership activity. For example, the South West LHIN Community Workshop, held in November 2004, brought together more than 300 health care providers and community representatives. They discussed 47 integration opportunities, and identified ten areas of improvement which everyone agreed were most

important and achievable. In addition, the South West LHIN board and staff members have continued to learn more about the opportunities and challenges facing our health care system through our community engagement activities during 2005/06.

The South West LHIN will be establishing a Strategic Advisory Group composed of experienced local health care providers and consumers from a wide range of sectors and locations, to assist with the development of a draft IHSP by the end of June 2006. The draft IHSP will be used as a basis for extensive community dialogue as we work to shape our final IHSP which is to be submitted to the Minister of Health at the end of October 2007.

The staff and Board of the South West LHIN are grateful to all those who have contributed to the development of the IHSP thus far during 2005/06. Your wisdom and insights will ensure that we have a clear picture of where we're going and that we can successfully reach our destination.

Top Ten Integration Opportunities in the South West LHIN (based on the November 2004 Forum)

1. E-health—one patient/one record
2. Needs-based funding
3. E-health in long-term care and community services
4. Rural networks
5. Human resources
6. Primary care
7. Mental health and addictions
8. Community support services
9. Rural services equal to urban services
10. Improved rural transportation

(left to right):
Hugh John Cook,
Joan Mitchell



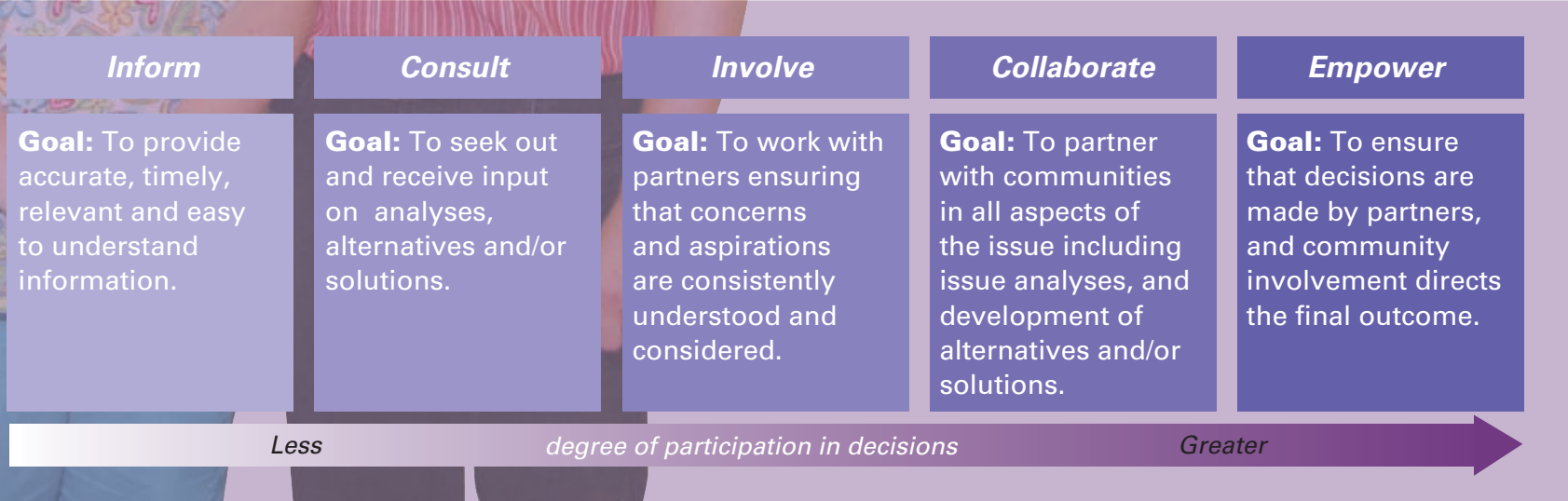
(left to right):
Lisa Vanderkuylen,
Dr. Sean Blaine



Community Engagement

“A perspective shaped in downtown Toronto can’t be appropriately applied in all parts of Ontario,” said George Smitherman, Ontario’s Minister of Health and Long-Term Care. “The basic foundation of LHINs is the idea that to make the best use of the resources available to improve health care services, we have to unlock the best decision making possible, and that means local people picking their priorities.”

The word “local” is central to the LHIN concept. The South West LHIN is committed to engaging with and being responsive to the communities it serves. That’s why our Community Engagement Process is so important. By getting it right at the beginning, we will ensure that local voices continue to shape the future of health care in our area.



Adapted from the IAP2 2000 Public Participation Spectrum; Amstein, S. (1969).
A ladder of citizen participation. Journal of the American Institute of Planners, 35, 216-224;
Vancouver Coastal Health Authority Community Engagement Framework

During 2005-2006, the South West LHIN developed an approach to Community Engagement that included:

- Building on existing networks and partnerships
- Dividing the region into three geographical planning areas — north, central and south
- Integrating a full spectrum of engagement techniques, from broad-based open forums to focused issue-specific round tables

In the past year, we have engaged with our communities through formal and informal meetings with provider and community organizations, including:

- Meetings with health service providers throughout the South West LHIN Region
- Six public forums
- Meetings with LHIN-wide networks (such as the Southwestern Ontario Geriatric Assessment Network), who were invited to provide us with an overview of current integration initiatives and best practices
- A meeting with the Chiefs of the First Nations to determine how best to engage with our aboriginal communities. This resulted in plans for ongoing dialogue and future meetings with aboriginal health care providers and community members
- Meeting with representatives of the South West French Language Services Network and discussion regarding the opportunities to engage with our local Francophone community

A wide range of exciting ideas and fresh perspectives emerged from this initial phase of the Community Engagement Process. Among them:

- The need for an integrated primary care strategy
- The need for better links between family physicians and community care
- The need for better links between rural communities and urban centres
- The need for improved transportation for patients in rural areas
- The potential of patient-centred health care pathways to improve quality
- The value of better primary and secondary prevention of chronic illness
- An ongoing commitment to supporting individuals to live safely at home
- The importance of more rehabilitation services across the continuum
- The need for assistance in navigating an increasingly complex health system
- The need for more coordinated services for those living with mental health and addiction issues, and for seniors and adults with complex needs
- The need for a LHIN-wide health human resources plan

The LHIN is currently planning to bring providers from across the South West together at an event to be held in May, to share our work to date and to engage them in the development of our first Integrated Health Service Plan. Numerous meetings with consumers and providers are envisioned for the summer and fall months, in communities across the area. The input gathered through our extensive engagement process will be incorporated into the final draft of the IHSP. The future of our LHIN is truly in the hands of the people we serve.

Statement of Financial Position

As at March 31, 2006	2005 / 2006
Assests	
Cash	\$ 28,880
Prepaid Expenses	393
Capital Assets	<u>1</u>
	\$ 29,274
Liabilities and Net Assets	
Accounts Payable and Accrued Liabilities	\$ –
Net Assets	<u>29,274</u>
	\$ 29,274
Annual Remuneration of South West LHIN Board Members	
Total Annual Remuneration	\$ 51,076

Approved by the Board of Directors


Norm Gamble, *Chairman of the Board*


Tony Woolgar, *CEO, South West LHIN*

Statement of Operations and Fund Balance

At end of March 31, 2006	2005 / 2006
Revenue	
Ministry of Health and Long Term Care (“MOHLTC”) Funding	\$ 5,650
MOHLTC Payroll Reimbursement	<u>242,789</u>
	\$ 248,439
Expenses	
Salaries and Benefits	\$ 214,431
Office Supplies	1,627
Postage and Courier	364
Catering	484
Computer Supplies	943
Parking	596
Other	<u>720</u>
	\$ 219,165
Excess of Revenue over Expenses	
Net Assets, Beginning of Period	<u>\$ –</u>
Net Assets, End of Period	\$ 29,274

Staff Members

- Tony Woolgar
CEO, South West LHIN
- Kelly Gillis
Senior Director of Planning, Integration and Community Engagement
- Dianne Marshall
Executive Assistant to the CEO
- Jodi Martin
Office Manager
- Dawn Maziak
Primary Care Consultant
- Debbie Deichert
Administrative Support
- Louisa Oates
Administrative Support

(left to right):
Mikayla McMann,
Dr. Diotallevi

Acknowledgements

Thank you to those people who gave permission for their photographs to be used in this Annual Report.



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