Central West **LHIN**

Bringing Your Ideas to Life

Working Together for a Better Health System

Central West LHIN – 2007/2008 Annual Report

Ontario
Local Health Integration Network

Leading health system planning in your community

The Central West LHIN is one of 14 local health integration networks (LHINs) in Ontario founded on the principle that local health care is best planned and funded in a coordinated way locally, because local people best know their own health service needs and priorities. We were designated by the Ministry of Health & Long-Term Care, under the Local Health System Integration Act, 2006, to plan, coordinate, integrate and fund local health services, and do so for health service providers including a community health centre, community care access centre, hospitals, mental health and addiction services, community support services and long-term care homes. The Central West LHIN presents a new and unique opportunity for communities to be a partner in defining issues, establishing priorities and developing action plans to improve local health services.

For more information about the Central West LHIN, visit www.centralwestlhin.on.ca

Heeding the voices of our community

Message from the Chair and CEO

Nothing paints a more compelling portrait of our local health system than the people who rely on its services in times of need, and those who dedicate their lives to delivering quality, compassionate health care.

Your stories are what inspire us to make the most of available resources to create the best possible local health system to meet your needs.

Whether you're a senior facing tough decisions because of failing health or a new immigrant seeking culturally sensitive health services, a nursing student wanting to make a difference in people's lives or a personal support worker exploring new career opportunities, your local health system is here for you.

We care about our communities and about the health of the close to 780,000 people who live within them. And never before has our passion for better health echoed more strongly than in a year that started with the Central West LHIN and 13 other LHINs across the province assuming full responsibility for planning, coordinating, integrating and funding local health services.

That passion is one that is clearly shared by the health service providers that we fund and by other key community support services in the community that receive their funding from other sources. Over the past year, we've witnessed a remarkable turning of the tides as these providers have seized the opportunity to start working together in new and unprecedented ways, all in an effort to make the most of existing resources while improving access to local health services.

Nowhere is their innovative thinking more evident than in the response we received from health service providers to our request for proposed integrated health services that would support seniors in our community to continue living in your own homes with dignity and a level of independence for as long as possible. When we took these 'aging at home' ideas to you to find out if they were on the right track, you responded with a resounding 'yes'!

Once again your voices resonated with us when we asked you to help us plan for the future of our local health system to 2019, including how to best redevelop the Peel Memorial site. You responded with both passion and conviction, providing us with a perspective that will be so important to our planning for future needs.

Our sincere thanks to the LHIN's Board and staff who continue to be persistent in their efforts to address local health priorities and to the many individuals within our communities and beyond whose insights and expertise have proven invaluable in supporting our efforts to shape a health system we can all be proud of.

Joe McReynolds,
Board Chair, Central West LHIN

Mimi Lowi-Young,
CEO, Central West LHIN

Members of the Board

Joe McReynolds, Chair
09-June-2005 to 08-June-2008

"It's rewarding to see senior health care leaders across the LHIN starting to think and plan as a system which will ultimately lead to improved health care."

Terry Miller, Vice Chair
09-June-2005 to 08-June-2008

"The development of the Health System Plan will lead to an integrated, well-planned and funded health structure for the people of Central West."

Kuldip Kandola, Secretary
09-June-2005 to 08-June-2008

"We need to continue letting our vision guide us as we persevere at transforming our health care system into one that will continue to serve future generations."

Paul Dhaliwal, Member
02-May-2007 to 01-May-2009

"Meeting with various service providers and community groups through community engagement sessions in the LHIN has brought about a better understanding of the needs of the citizens."

Anita Gittens, Member
17-May-2006 to 16-May-2008

"The Aging at Home Public Forums allowed us to hear firsthand from seniors, what they need to stay healthy and to live independently in their homes longer."

Sukhjinder Mintoo Mand, Member
05-January-2006 to 04-January-2008

"The Aging at Home Strategy promises to fulfill the desire of local seniors to age with respect and dignity in their own homes."

Zygmond Novak, Member
17-May-2006 to 16-June-2010

"The passion and interest shown by the community in dealing with local health issues bodes well for the health care system now and in the future."

Mavis Wilson, Member
05-January-2006 to 04-February-2010

"The support and involvement of our local organizations is really rewarding. Together we have the potential to change health care for the benefit of the people we serve."

Generating results through strong leadership

The Central West LHIN is fortunate to have the exceptional expertise of an eight-member Board of Directors whose experiences living and/or working in the communities we serve has added tremendous depth to boardroom discussions and decision-making.

Appointed by the Government of Ontario, Board members offer expertise in the areas of health care, public administration, management, accounting, finance, law, human resources, labour relations, communications or information management.

Throughout the past year, Board members have actively participated in and provided leadership support to community engagement activities with local residents, community leaders and health service providers, further reinforcing their appreciation for the community perspective when making planning decisions that support health system change within the LHIN.

Our Board respects that the LHIN's role is to lead the coordination and integration of local health services, and recognizes that to do that effectively, it's important to interact with the people on the receiving end of those services as much as possible. To that end, Board members have actively participated in the LHIN's Speakers Bureau, presenting to local groups and organizations, contributing to raising the profile of the LHIN while calling upon local residents to get involved.

Board members also continue to meet with the Boards of local health service providers in an effort to maintain an ongoing dialogue with those who develop the visions and strategic plans for their respective organizations.

Reflecting the Board's commitment to transparency and accountability, the Board welcomes members of the community to its monthly Board meetings. Meeting dates and times, and copies of the agenda, minutes and supplementary meeting materials are regularly posted on the Central West LHIN's website.

Embracing key learnings from our community

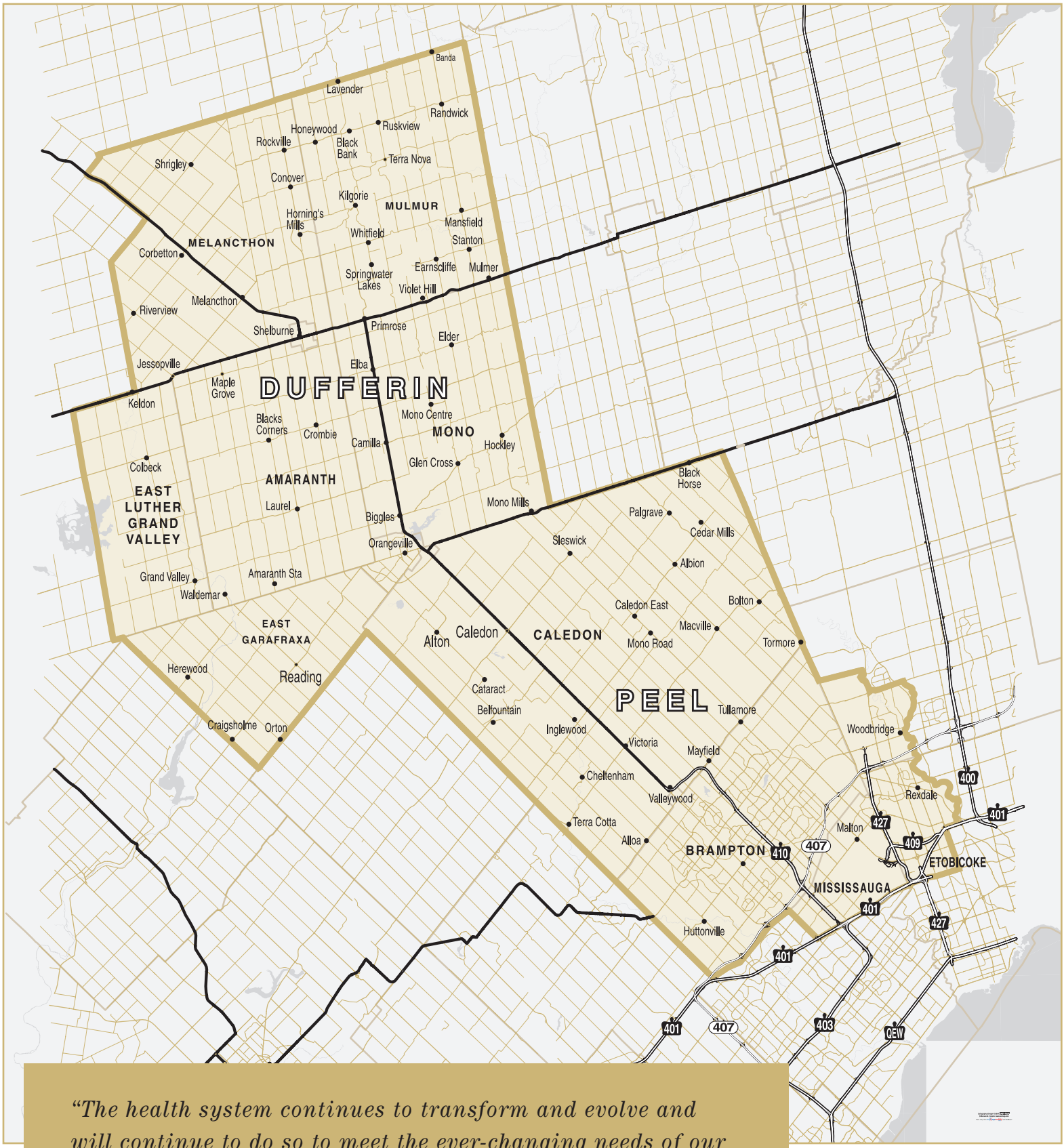
When community residents, health service providers, health care professionals, physicians and community leaders participated in community engagement sessions two years ago, your input proved instrumental in the development of our three-year Integrated Health Services Plan (IHSP), putting us on the road to improving our local health system.

But your role in helping to shape the future vision for local health care in the Central West LHIN was just beginning.

Over the past year, we have continued to turn to community residents, leaders and health service providers through a series of community engagement and planning activities that have run from hosting open forums, community consultation sessions, workshops and symposiums to launching a Speakers Bureau, hosting booths at local community events and in shopping malls, and meeting one-one-one with a variety of services to better understand their respective roles in addressing community needs. Thanks to your input, we've been able to make informed decisions about some key health care priorities including Mental Health and Addictions, Maternal/Child Services, Aging at Home, Diversity and Inclusivity and our long-term Health System Plan.

Further reinforcing our ability to connect and engage key stakeholders in a discussion of the needs and priorities within the LHIN, has been the establishment of a Health Professionals Advisory Committee. This group of multi-disciplinary health professionals makes sure that we have the advice of those providing care as we move forward.

To create a truly coordinated, integrated health system that responds quickly and easily to local health needs, we will continue to seek your support, insight and expertise as planning moves forward on our health system priorities.



"The health system continues to transform and evolve and will continue to do so to meet the ever-changing needs of our communities. The LHIN has demonstrated great leadership in engaging its stakeholders to help define the future of an integrated health system for consumers, health service providers and the public."

Marina Ellinson
Executive Director
Central West Community Care Access Centre

Who we serve

Our Communities' Profile

The communities within the Central West LHIN stretch from the rural beauty of Dufferin County to the more densely populated urban areas of Brampton, Malton and Rexdale.

More than 772,973 people live within our geographic borders in cities, towns and counties that include Rexdale (Toronto), Malton (Mississauga), Brampton, Orangeville, Woodbridge, Caledon and Dufferin County. These communities are home to 6.09% of Ontario's population.

While we serve a relatively young population with a median age of 34.78 years, the population of seniors in the region over 65 years of age is expected to grow by 56.72% (or over 53,256 people) between 2006 and 2019. This will eventually make the proportion of seniors living in our community the highest amongst the 14 LHINs.

Visible minorities represent about 50% of our local residents, making us home to one of the most culturally diverse populations in the province.

The growth rates in the LHIN's smaller communities of Caledon (12.7%), Shelburne (22.2%) and Woodbridge (31.2%) have been rapid in the past six years, while Brampton's growth rate (33.3%) was more than four times the national average for a city over 100,000 people according to Statistics Canada (2006 Census Data). More than half the entire population of the Central West LHIN lives in the City of Brampton which has 433,806 residents.

Our Communities' Health Profile

Based on studies, population health profiles and health service utilization data, residents living in the Central West LHIN appear to be doing their part to stay healthy by practicing behaviours that support a healthy lifestyle.

The self-reported levels of daily smoking, drinking, life stress, and consumption of fruits and vegetables are similar to the Ontario averages. Fifty-five percent of people living in the Central West LHIN rate their overall health as 'Excellent' or 'Very Good', which is close to the provincial average of 57.4%.

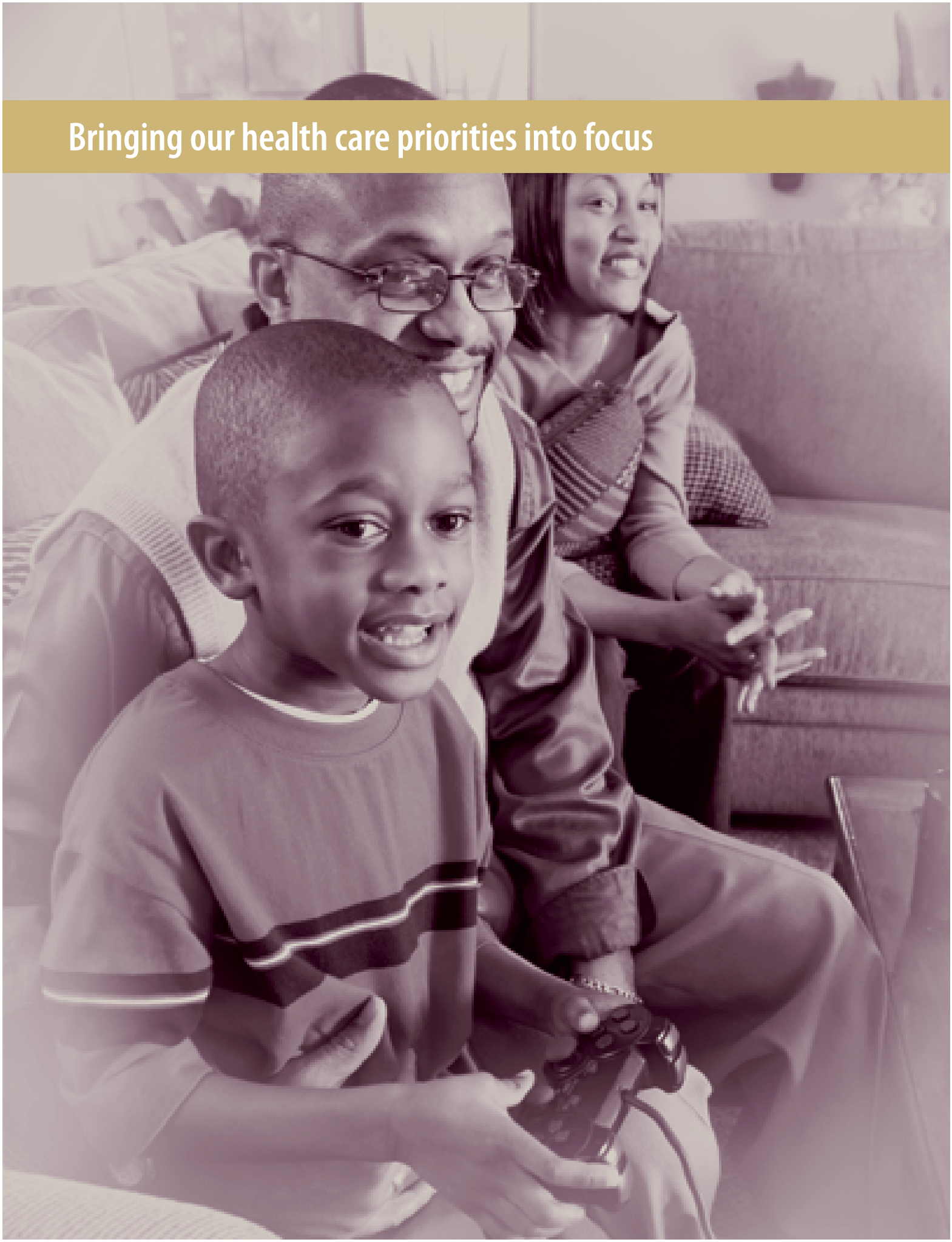
Our LHIN has the highest birth rate in Ontario, welcoming over 10,000 new lives into the region each year. This represents 7.8% of all births in Ontario.

Relative to the province, the Central West LHIN has a lower prevalence of arthritis, rheumatism and heart disease, lower hospitalization rates and the lowest mammography and flu shot rates.

However, provincial comparisons also indicate that a higher proportion of the population is physically inactive. Based on body mass index, 35% of the adult population is considered overweight and 16.8% are obese.

This health profile was instrumental in the development of our three-year Integrated Health Service Plan (IHSP).

Bringing our health care priorities into focus



The most important aspect of what we do involves working with community residents and health service providers to make sure that our health care plans for people living in the Central West LHIN make the best use of available resources and reflect the needs of our communities.

Our direction is clear thanks to a comprehensive Integrated Health Services Plan (IHSP), a document that communicates key local health service issues, highlights our strategic directions, and identifies action plans to improve access to health care through the coordination and integration of health services.

Developed in the fall of 2006 following extensive input from the community and health service providers, it maps out a three-year plan for health system change, laying the foundation for future planning and integration of health services across the LHIN.

Our strategies for change focus on enhanced integration (better coordinated and better linked services), increased capacity (an adequate level of the right kinds of services and supports), and improved access (timelier, easier access to high quality, client-centred services).

Over the past year, people throughout the LHIN have invested significant time and expertise in addressing the action plans associated with the following health care priorities outlined in the IHSP.

Maternal/Child Services

Based on earlier community feedback, we know that parents want better access to information, education and support, more prenatal and postnatal programs and access to practical items and supplies.

Before we can build a better coordinated system, however, it's important that we first understand what is working well in the current system, where the gaps exist and where the potential opportunities for improvement are.

That's where we focused our attention the past year, providing the community with a report, *Building a Plan for Maternal Child Health in the Central West LHIN*, based on interviews with key stakeholders including parents and health service providers and a comprehensive profile of existing maternal child services. We also reviewed provincial and national maternal and newborn trends, and examined the most recent recommendations for maternal child care in Ontario.

That work, together with a committed and hard-working group of health service providers who have experience working together and who understand the importance of delivering care in a coordinated way, is leading to the development of a shared vision for the delivery of maternal child services in the Central West LHIN. The Central West LHIN has announced the appointment of a Maternal Child Lead who is responsible for leading the Maternal Child Core Action Group in creating a coordinated system of maternal child services across the LHIN.

Mental Health & Addiction Services

The LHIN's Mental Health and Addictions Core Action Group has met regularly throughout the year to address the action steps outlined in the IHSP and to work on developing integration opportunities. This enthusiastic team includes representatives from mental health and addictions service providers that deliver services and that represent individuals with mental health and addictions.

An injection of urgent priority and aging at home funding into mental health and addictions services towards the latter part of the year will be used to train health care providers within the LHIN about mental illness and addictions and aging, to develop culturally competent mental health and addictions services that address the unique needs of the local South Asian community, and to provide additional supportive housing units for individuals in Dufferin County and Malton who are living with serious mental illness.

An in-depth mental health and addictions project is underway in Dufferin County to identify existing mental health and addictions services, surface gaps in services, and seek opportunities to coordinate services to better support individuals in their recovery. Several open forums have been held with individuals accessing mental health and addictions

services, families of those who use services, and with providers of services, to determine the priorities for services to meet the needs of the local community.

Hospitals and community-based mental health and addictions services have been working to adopt a systems perspective on mental health and addictions planning to ensure that vital services continue to be provided.

Palliative/End-of-Life Services

People faced with terminal illness and requiring end-of-life services deserve to live their final days with dignity and in care settings that most appropriately reflect where it is they wish to be during this period in their lives.

In an effort to forge better coordinated palliative care services across the LHIN, the Central West Community Care Access Centre (CCAC) took the lead in supporting the creation of a local Palliative/End-of-Life Network, bringing together health service providers from across the LHIN who specialize in delivering end-of-life care.

Reflecting their commitment to moving this initiative forward, health service providers seized the opportunity to work together and have since developed a plan for funding, planning, coordinating and providing administrative support to the Network.

The development of the Network is a fine example of the power of collaboration in addressing health system gaps and improving local health services through a coordinated, integrated approach to planning. The LHIN provides scope to the work of the Network in planning the alignment and expansion of services.

Rehabilitation Services

Much of our focus on rehabilitation services over the past year has centred on improving wait times related to orthopaedic procedures including hip and knee replacements and the integration of hospital and community-based rehabilitation services.

We recognize that there needs to be a well-coordinated base of both in-hospital and community-based rehabilitation services to support the post-surgery needs of patients who have recently experienced a hip or knee replacement. By having the appropriate rehabilitation services in place, we can improve access to these procedures, as patients move more quickly from the inpatient hospital setting following surgery to the most appropriate rehabilitation service to meet their needs.

We have added to our insight in this area through discussions with the Total Joint Network and the GTA 905 Rehabilitation Network.

Services for Seniors

Actions to support the health needs of seniors in the Central West LHIN have been led by the LHIN's Services for Seniors Core Action Group, a dedicated team of health service providers that includes representatives from the community care access centre, community support services, long-term care homes, and hospitals.

The bulk of the Core Action Group's work the past year has focused on developing a comprehensive inventory of seniors' services across the LHIN, assessing the availability of these services and pinpointing where gaps exist, and identifying opportunities for better linkages between services.

The work of this group dovetails beautifully with the provincial Aging at Home Strategy announced earlier this year. Having already adopted an 'aging at home' philosophy of care in its planning, the group is working with the LHIN to localize the strategy to best meet the needs of seniors within the Central West LHIN.

Significant community engagement activities have taken place over the past several months inviting seniors from across the LHIN to validate whether or not our proposed directions for seniors' health and aging at home initiatives are on the right track.

Twenty-four new initiatives were identified to improve services for seniors and we expect them to start rolling out shortly.

Diversity

As home to the highest proportion of visible minorities in the province, our ability as a local health system to respond to the health needs of an increasingly diverse population speaks to the importance of access.

All too often people are unable to access quality care within the community owing to challenges with completing forms, language and interpretation, and the cultural appropriateness of referrals and services. The end result is poor health outcomes and quality of life.

In the spirit of collaboration and knowledge sharing, the Central West LHIN hosted a Diversity and Inclusivity Workshop in November 2007, bringing together more than 125 health service providers from within and outside the Central West LHIN to network, learn from one another, and identify new opportunities for improving access to responsive health services.

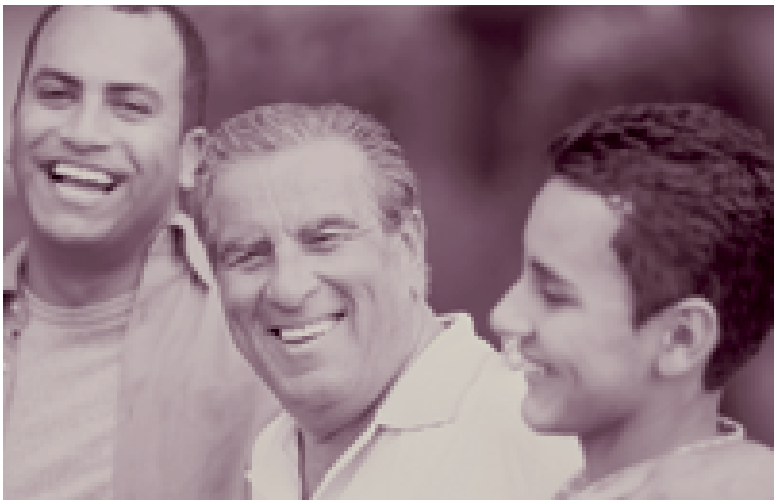
Several health service providers profiled local initiatives which served as a platform for discussing how the LHIN and service providers can work together to build 'best practice', culturally competent health services that meet the many needs of a growing and diverse population.

Our current focus on cultural diversity represents a starting point for the development of a broader action plan that will address all aspects of diversity and resolve the barriers they pose to health system access.

More than 30 participants from local health service providers and community organizations who were at the session expressed an interest in working together with the LHIN, and the Central West LHIN Diversity and Equity Core Action Group is being established to move the diversity initiative forward.

Chronic Disease Prevention & Management

A report summarizing the outcomes of a Leadership Forum on Chronic Disease Prevention and Management (CDPM) was tabled in the summer of 2007, providing direction within the LHIN for approaching this important health priority over the next three years.



Recognizing that chronic disease places a heavy burden on the quality of life of individuals and on the health care system, the LHIN has been working closely with primary care providers throughout the LHIN via meetings with the region's four Family Health Teams (FHT), and through development of the Bramalea Community Health Centre and associated satellite locations. Both are models for multi-disciplinary approaches to patient care which is considered an optimal way to support local residents in the prevention and management of chronic diseases.

Key areas of focus include both diabetes and asthma. The LHIN is in the process of supporting the establishment of five regional diabetes teams. Four of these teams will be associated with the Bramalea Community Health Centre and one will be linked with the Mel Lloyd Family Health Team. A Primary Care Asthma Action Plan that supports the provincial approach to asthma prevention and management is set to be implemented in all Family Health Teams and in the Community Health Centre, and is part of a demonstration project involving two Family Health Groups and William Osler Health Centre's Asthma Education Clinic.

Primary Care Linkages

For many, family physicians represent the first point of contact with the local health system, and provide ongoing support to help local residents maintain or improve their health following illness or injury.

While we don't fund family physicians, we do recognize that they are a significant provider within the local health system, and we can't effectively plan a coordinated and integrated health system without their involvement.

To that end, we consistently make every effort to meet with the developing Family Health Teams in Central West, with Family Health Groups and with physician leads from the two hospitals. We also liaise regularly with the Central West Mississauga Halton Community Family Medicine/Public Health Network, connecting us with physicians from five hospitals and with family doctors in the community whose purpose is to coordinate patient care in the hospitals and in the community.

The opening of the Bramalea Community Health Centre and satellite community health centres in Rexdale and Malton in the coming year promise to provide local residents with greater access to primary care services offering access to a wide range of health care professionals and services in one convenient location.

Critical Care Strategy

Dr. Michael Miletin, Medical Director, Intensive Care and Respirology at William Osler Health Centre, continues to provide strong leadership as the LHIN's Critical Care Physician Lead, supporting local critical care initiatives, while representing the LHIN at a provincial level.

With the opening of the new Brampton Civic Hospital in the fall of 2007, we were able to increase critical care bed capacity in the region, to better meet the needs of local residents. We continue to review critical care needs within the Central West LHIN against the projected population growth in our region, and work with local hospitals to address access to critical care services.

Reflecting medical leadership collaboration within the LHIN, Dr. Miletin is working with the Telemedicine Network to develop a virtual intensive care unit that would enable William Osler Health Centre intensivists to provide consultation support to ICU physicians at Headwaters Health Care Centre.

e-Health Strategy

The Central West LHIN and Mississauga Halton LHIN completed work on a joint e-Health Strategy that will serve both regions in supporting the electronic exchange of information between service providers and the LHINs.

Thanks to a joint partnership between William Osler Health Centre, Credit Valley Hospital and Halton Healthcare Services, authorized clinicians at all three hospitals now have instant access to patient information stored electronically through a secure network called REACH (Rapid Electronic Access to Health Information). The integration of patient information across hospital sites is expected to reduce unnecessary duplication of tests and lead to greater patient safety and satisfaction.

The e-Health Advisory Group is also busy working to improve online communication between health service providers and the LHIN by connecting all organizations through a single, secure LHIN-wide e-mail system and network.

Emergency Department Strategy

We were pleased to announce the appointment of Dr. Asim Masood, Deputy Chief of Staff and Staff Physician in the Emergency Department at William Osler Health Centre as Emergency Department Lead with the Central West LHIN.

Dr. Masood is representing our LHIN at the provincial level to implement a comprehensive Emergency Department Strategy designed to improve local access to emergency services. He liaises regularly with the Ministry of Health and Long-Term Care's Wait Time Team, Health Force Ontario, Halton Peel Emergency Network and key staff within the Central West LHIN.

Aboriginal Community

As home to almost 2,900 Aboriginals, the Central West LHIN continues to pursue opportunities that will help us to better plan for their specialized care needs.

This past year, a number of surrounding LHINs have joined forces to develop a cross-LHIN coordinated approach for engaging the Aboriginal community. Working together and taking a best practices approach, we are tapping into the insights of Aboriginal leaders to help identify what their priority health needs are and where gaps in local health services currently exist.

Learning from others to assist us with our work engaging our local Aboriginal community, we continue to participate in discussions at a provincial level with the Aboriginal Health leads in LHINs to identify common issues and find out about what other LHINs are doing to meet the specialized health needs of the Aboriginal community.

Francophone Community

With a clear mandate to ensure that the French-speaking residents living within the Central West LHIN have access to health services provided in French, we have become an active member of the Toronto Region French Language Health Services Planning and Support Committee.

The Committee provides a forum for health service planners and providers to develop a more comprehensive approach to addressing the needs of the Francophone community across the Greater Toronto Area.

Locally, we hosted an Aging at Home consultation session for our Francophone community to better understand what approaches we will need to consider as we further develop this strategy.

We continue to develop key marketing communication materials in both English and French, including timely e-newsletters and bulletins, print brochures about the LHIN and the IHSP, and our website.

Realizing healthy outcomes through specialized initiatives

Forecasting a healthy future for our communities

While we continue to invest significant time and resources in addressing the priorities outlined in our IHSP, projected population growth within our LHIN tells us that we need to start planning now to make sure that our local health system will be there for your children and grandchildren.

The Central West LHIN's Health System Plan focuses on making sure that the right mix of both community and hospital-based services will be available to meet our communities' future needs. The goal is to deliver these services in an integrated way that not only improves access to services but that also allows you to easily transition from one service to the next.

As we worked to start shaping this future vision over the past year, we recognized that among the primary considerations would be plans for how to best use the Peel Memorial site of William Osler Health Centre. To that end, the Central West LHIN created a community-focused Task Force to study and provide recommendations on the health needs of our communities with a particular focus on the future use of this hospital site.

"The process for developing the health system plan was excellent, promoting collaboration between health service providers and positioning the Central West LHIN well to plan health services to 2019."

Gord Gunning, Executive Director
CANES Home Support Services

While hosting extensive public and health service provider consultation sessions throughout the LHIN that engaged more than 700 people, we also reviewed existing health care services and best practices in integrated health care delivery.

Preliminary findings suggest that the LHIN needs to move to a stronger community-based model of care with improved access to all health care services and better care coordination across the entire health system. These findings were further validated by local health service providers

The Central West LHIN is now poised to develop a phased plan for health care services offered in the LHIN that forecasts our future needs and actions to be taken in 2009, 2014 and 2019.

The Health System Plan will define a long-term vision and plan for the local health system to 2019 with a focus on:

- Linking to or developing promotion and prevention management services;
- Building strong linkages with primary health care (family physicians);
- Increasing access to services;
- Increasing community-based services;
- Improving the patient experience across the entire health system;
- Incorporating the best available evidence-based health practices;
- Ensuring ongoing sustainability; and
- Developing a fully integrated primary health care, community and hospital-based system

Supporting seniors to age at home

Throughout our interactions with seniors within the LHIN, we've come to appreciate the desire of many to continue living independent lives within the comforts of their own homes and neighborhoods for as long as possible.

It was with tremendous enthusiasm then that we embraced the province's Aging at Home Strategy which resulted in a three-year $21 million investment in the Central West LHIN allowing us the opportunity

to build a comprehensive mix of community-based services to help seniors to stay healthy and continue living with dignity in their homes.

Following nine focus groups, seven public forums and an Aging at Home Symposium, we worked closely with local seniors' services providers to help shape a direction for the provision of services that would support an 'aging at home' philosophy of care. What you told us is that you wanted improved access to home care, homemaking services, transportation, respite for seniors and their caregivers, and better coordinated services.

Following an invitation to health service providers and community organizations to propose services that would support seniors in their homes, we received an enthusiastic response from the provider community with 64 submissions.

We then summarized these proposals and engaged more than 1,000 people through three public validation forums to help confirm whether the proposed services were on the right track, and you confirmed that they were.

Approved services will be announced in the spring of 2008, launching a good start to support seniors aging at home.

Addressing LHIN priorities

Local health care priorities including mental health and addictions services, maternal child services and health services for youth all received a healthy kickstart this past year with a $2.3 million injection of funding from the Central West LHIN.

A portion of the funds were also targeted to improve access to health services for individuals who live in rural areas and for members of the South Asian community.

Within maternal child services, the monies are being used to support the appointment of a clinical leader for maternal child services and to bring together key stakeholders to address service gaps affecting youth in the community.

Mental health and addictions services are benefiting by applying the funds to help train health care providers about individuals who are aging and who have mental health and addictions issues, as well as leveraging Aging at Home funding to increase supportive housing units to assist individuals in Dufferin County and Malton living with serious mental illness.

The funding is also being used to improve community support services for culturally and geographically diverse populations.

Being accountable to our communities

This was a milestone year for the Central West LHIN as we assumed full responsibility from the Ontario government on April 1, 2007 for planning, coordinating, integrating and funding local health service providers.

This launched a three-year, phased-in approach to negotiating service agreements with each of the service providers and developing collaborative relationships through ongoing one-on-one meetings.

Service agreements include performance goals and objectives, performance standards, targets and measures, and a plan for spending the money the LHINs provide. Our goal is to ensure we are making the most efficient and effective use of the taxpayers' dollars entrusted to us.

Hospitals are the first to enter into this process with the LHIN, and service agreements will be signed with both William Osler Health Centre and Headwaters Health Care Centre, with a total allocation of $410.8 million in hospital funding for the 2008/09 fiscal year. This past year, we also assumed authority for overseeing the development of the Bramalea Community Health Centre.

Another key highlight was the development of our first Annual Service Plan, a document that outlines the key directions we will pursue between 2008 and 2011 in addressing the health priorities outlined in our IHSP.

Funding announcements the past year included urgent priority funding to address local health system priorities in maternal and child services, service for youth, and mental health and addictions, growth funding to help hospitals address pressures related to population growth, and a three-year investment in an Aging at Home Strategy.

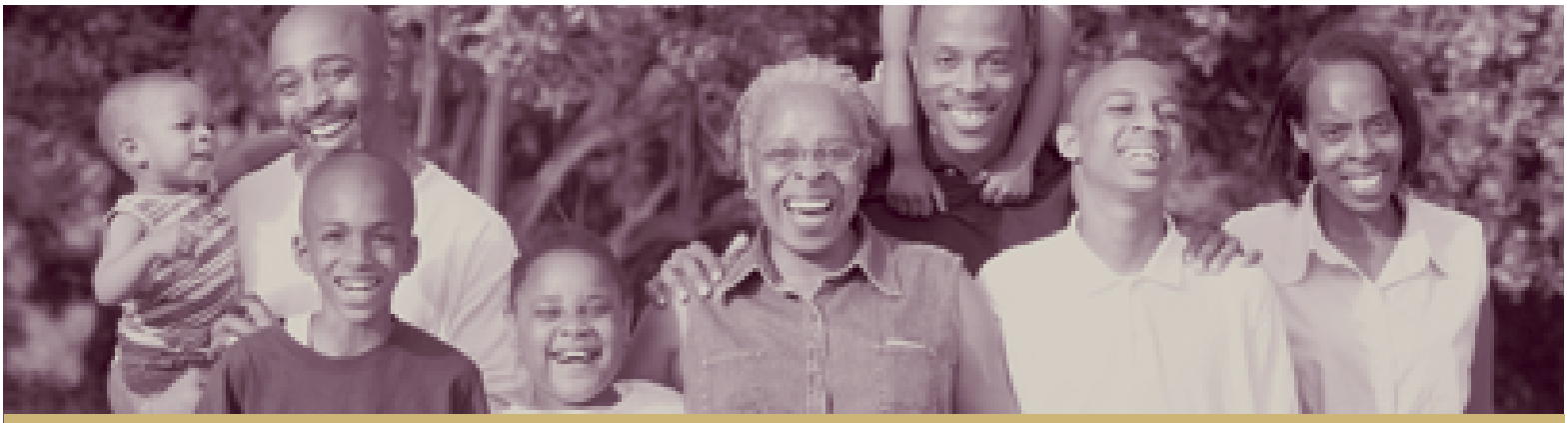
With the opening of the new Brampton Civic Hospital, extensive planning took place with community residents, health service providers and hospitals in planning for future redevelopment of the Peel Memorial Hospital site. Expansion plans are also underway for Headwaters Health Care Centre.

Integration Activities

Among the successful integration activities undertaken over the past year are the following:

- An agreement between our two local hospitals to share guidelines and protocols related to the support of patients needing mental health services
- The initiation of a working group to better coordinate the integration of orthopaedic services between the two hospitals
- An agreement between William Osler Health Centre and St. Michael's Hospital to integrate coronary care services between the two hospitals to improve resources available to residents within the LHIN
- The collaboration of seniors' health services in developing integration initiatives to address aging at home services
- The coming together of palliative care providers to establish a local palliative/end-of-life network
- The development of a common template for service agreements and protocols for use among providers of mental health and addiction services
- Ongoing integration efforts between the LHIN and health service providers to implement a single secure e-mail system.

In our second year of operations, the Central West LHIN team continues to model the remarkable success than can be achieved by a lean team supported by an enthusiastic and dedicated group of health service providers and a deeply committed community.



Meeting our performance targets

We continue to perform well in addressing the wait times for cataract surgery, knee replacement surgery, and CT Scans at our hospitals maintaining or exceeding the provincial average. We also witnessed significant improvement in our wait times for hip replacement surgery and MRI Scans over the past year.

While we continue to face pressures in addressing the wait times for cancer surgery, we are working together with hospitals to develop solutions that will lead to improvements during the next fiscal year.

On quality and integration performance indicators we maintained excellent performance over the past year. 'Readmission rates for Acute Myocardial Infarction (heart attacks)', were steady over the year and performance was consistent with the previous year. The 'Rate of Emergency Department Visits that could be Managed Elsewhere' demonstrated a slight improving trend over the previous year's performance and remained well below the provincial average. 'Hospitalization Rate for Ambulatory Care Sensitive Conditions' was consistent with the previous year's performance and also better than the Ontario average. 'Median Wait Time to Long-Term Care Home Placement' increased somewhat during the year, but still remains the high performer in the province.

WAIT TIME INDICATORS

INDICATOR (90th Percentile)	BASELINE (Provincial Priority IV - 06/07)	RESULT				TARGET
		Apr-June	July-Sept	Oct-Dec	Jan-Mar	
Cancer Surgery	68 days	58	74	71	69	84 days
Cataract Surgery	327 days	138	113	129	127	182 days
Hip Replacement	279 days	316	313	264	218	182 days
Knee Replacement	335 days	301	322	292	286	182 days
MRI Scans	113 days	118	128	132	103	28 days
CT Scans	69 days	41	39	37	32	28 days

QUALITY AND INTEGRATION INDICATORS

INDICATOR	BASELINE	RESULT	
		Apr-June	July-Sept
Percentage of Readmission Rates for Myocardial Infarction (heart attack)	4.3 %	4.52 %	4.50 %
Rate per 1,000 Emergency Department Visits that could be Managed Elsewhere	7.71	1.82	1.60
Hospitalization Rate per 100,000 population under the age of 75 for ambulatory care sensitive conditions	320.76	72.09	64.03
Median Wait Time (in days) to Long-Term Care Home Placement	28 days	28 days	42 days

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Auditors' Report

To the Members of the Board of Directors of the
Central West Local Health Integration Network

We have audited the statement of financial position of the Central West Local Health Integration Network (the "LHIN") as at March 31, 2008 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 LHIN's 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 Central West Local Health Integration Network as at March 31, 2008 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
May 8, 2008

Central West **Local Health Integration Network**

Statement of financial position

as at March 31, 2008

	2008	2007
	$	$
Financial assets		
Cash	**868,300**	361,090
Accounts receivable		
Ministry of Health and Long-Term Care ("MOHLTC")	**409,283**	-
Other	**464**	-
	1,278,047	361,090
Liabilities		
Accounts payable and accrued liabilities	**889,903**	302,335
Due to MOHLTC (Note 3b)	**385,672**	39,330
Due to the LHIN Shared Services Office (Note 4)	**3,916**	53,337
Deferred capital contributions (Note 5)	**318,381**	441,447
	1,597,872	836,449
Commitments (Note 6)		
Net debt	**(319,825)**	(475,359)
Non-financial assets		
Prepaid expenses	**1,444**	33,912
Capital assets (Note 7)	**318,381**	441,447
	319,825	475,359
Accumulated surplus	**-**	-

Approved by the Board

Joe McReynolds, ***Board Chair***

Kuldip Kandola, ***Board Secretary***

Central West **Local Health Integration Network**

Statement of financial activities

year ended March 31, 2008

	Budget (unaudited) (Note 8)	2008 Actual	2007 Actual
	$	**$**	$
Revenue			
MOHLTC funding			
Health Service Provider ("HSP") transfer payments (Note 9)	**548,546,500**	**596,025,370**	-
Operations of LHIN	**3,487,294**	**3,465,018**	2,951,336
E-Health (Note 10a)	**-**	**275,000**	181,000
Health System Plan (Note 10b)	**-**	**409,283**	-
Emergency Department Lead (Note 10c)	**-**	**37,500**	-
Aboriginal Health (Note 10d)	**-**	**7,500**	-
Aging at Home (Note 10e)	**-**	**162,000**	-
Wait List Management (Note 10f)	**-**	**70,000**	-
Amortization of deferred capital contributions (Note 5)	**-**	**145,350**	141,796
	552,033,794	**600,597,021**	3,274,132
Expenses			
Transfer payments to HSPs (Note 9)	**548,546,500**	**596,025,370**	-
General and administrative (Note 11)	**3,487,294**	**3,355,528**	3,124,131
E-Health (Note 10a)	**-**	**274,138**	110,671
Health System Plan (Note 10b)	**-**	**409,283**	-
Emergency Department Lead (Note 10c)	**-**	**30,056**	-
Aboriginal Health (Note 10d)	**-**	**7,500**	-
Aging at Home (Note 10e)	**-**	**78,804**	-
Wait List Management (Note 10f)	**-**	**70,000**	-
	552,033,794	**600,250,679**	3,234,802
Annual surplus before funding repayable to the MOHLTC	**-**	**346,342**	39,330
Funding repayable to the MOHLTC (Note 3a)		**(346,342)**	(39,330)
Annual surplus	**-**	**-**	-
Opening accumulated surplus	**-**	**-**	-
Closing accumulated surplus	**-**	**-**	-

Central West **Local Health Integration Network**

Statement of changes in net debt

year ended March 31, 2008

	2008	2007
	$	$
Annual surplus	**-**	-
Acquisition of capital assets	**(22,284)**	(35,651)
Amortization of capital assets	**145,350**	141,796
Change in other non-financial assets	**32,468**	(33,912)
Decrease in net debt	**155,534**	72,233
Opening net debt	**(475,359)**	(547,592)
Closing net debt	**(319,825)**	(475,359)

Central West **Local Health Integration Network**

Statement of cash flows

year ended March 31, 2008

	2008	2007
	$	$
Operating		
Annual surplus	**-**	-
Less items not affecting cash		
Amortization of capital assets	**(145,350)**	(141,796)
Amortization of deferred capital contributions (Note 5)	**145,350**	141,796
Changes in non-cash operating items		
Increase in accounts receivable - MOHLTC	**(409,283)**	-
Increase in due to the MOHLTC	**346,342**	12,503
Increase in accounts receivable - Other	**(464)**	-
Decrease (increase) in prepaid expenses	**32,468**	(33,912)
Increase in accounts payable	**587,567**	302,335
(Decrease) increase in due to the LHIN Shared Services Office	**(49,420)**	53,337
	507,210	334,263
Capital transactions		
Acquisition of capital assets	**(22,284)**	(35,651)
Financing transactions		
Increase in deferred capital contributions (Note 5)	**22,284**	35,651
Net increase in cash	**507,210**	334,263
Cash, beginning of year	**361,090**	26,827
Cash, end of year	**868,300**	361,090

1. Description of business

The Central West Local Health Integration Network was incorporated by Letters Patent on June 9, 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 Central West Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The 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.

The 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 in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized Health Service Providers ("HSP") are expensed in the LHIN's financial statements for the year ended March 31, 2008.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The 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 LHIN covers Dufferin County, the northern portion of Peel Region, part of York Region, and a small part of the City of Toronto. The LHIN enters into service accountability agreements with service providers.

2. Significant accounting policies

The financial statements of the 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 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.

2. Significant accounting policies (continued)

Ministry of Health and Long-Term Care Funding

The 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 LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The 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 LHIN. Throughout the fiscal year, the 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 LHIN bank account.

The 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 revenue and are recognized 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 historical cost. Historical 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 the 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.

2. Significant accounting policies (continued)

Capital assets (continued)

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:

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

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

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 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	Surplus
	$	$	$
Transfer payments to HSPs	**596,025,370**	**596,025,370**	**-**
LHIN operations	**3,465,018**	**3,210,178**	**254,840**
Capital Contribution	**145,350**	**145,350**	**-**
E-Health	**275,000**	**274,138**	**862**
Health System Plan	**409,283**	**409,283**	**-**
Emergency Department Lead	**37,500**	**30,056**	**7,444**
Aboriginal Health	**7,500**	**7,500**	**-**
Aging at Home	**162,000**	**78,804**	**83,196**
Wait List Management	**70,000**	**70,000**	**-**
	600,597,021	**600,250,679**	**346,342**

3. Funding repayable to the MOHLTC (continued)

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

	2008	2007
	$	$
Due to MOHLTC, beginning of year	**39,330**	-
Funding repayable to the MOHLTC related to current year activities (Note 3a)	**346,342**	39,330
Due to MOHLTC, end of year	**385,672**	39,330

4. Related party transactions

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is 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 LHINs. The full costs of providing these services are billed to all the LHINs on an equal basis. Any portion of the LSSO operating costs overpaid/or not paid by the LHIN at the year end are recorded as a receivable (payable) to the LSSO. This is all done pursuant to the Shared Services Agreement the LSSO has with all the LHINs.

5. Deferred capital contributions

	2008	2007
	$	$
Balance, beginning of year	**441,447**	547,592
Capital contributions received during the year	**22,284**	35,651
Amortization for the year	**(145,350)**	(141,796)
Balance, end of year	**318,381**	441,447

6. Commitments

The 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 three years and thereafter are as follows:

	$
2009	212,932
2010	142,308
2011 and thereafter	2,673

The LHIN also has funding commitments to some HSPs associated with accountability agreements for fiscal 2009. Minimum funding for HSPs related to the next two years, based on the fiscal 2008 accountability agreements and are as follows:

	$
2009	581,922,000
2010	598,186,200

7. Capital assets

	Cost	Accumulated amortization	2008 Net book value	2007 Net book value
	$	$	$	$
Office furniture and fixtures	**229,188**	**126,995**	**102,193**	130,237
Computer equipment	**4,493**	**3,000**	**1,493**	3,000
Leasehold improvements	**490,085**	**294,050**	**196,035**	294,051
Web development	**18,660**	**-**	**18,660**	14,159
	742,426	**424,045**	**318,381**	441,447

8. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported on the Statement of Financial Activities reflect the initial budget at April 1, 2007. The figures have been reported for the purposes of these statements to comply with PSAB reporting principles. During the year the government approves budget adjustments. The following reflects the adjustments for the LHIN during the year:

The total HSP funding budget of $596,025,370 is made up of the following:

	$
Initial budget	**548,546,500**
Adjustment due to announcements made during the year	**47,478,870**
Total budget	**596,025,370**

The total operating budget of $4,448,577 is made up of the following:

	$
Initial budget	**3,487,294**
Additional funding received during the year for:	
E-Health	**275,000**
Health System Plan	**409,283**
Emergency Dept. Lead	**37,500**
Aboriginal Health	**7,500**
Aging at Home	**162,000**
Wait List Management	**70,000**
Total budget	**4,448,577**

9. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $596,025,370 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in 2008 as follows:

	$
Operation of Hospitals	**374,327,055**
Grants to compensate for Municipal Taxation - Public Hospitals	**97,725**
Long Term Care Homes	**114,294,594**
Community Care Access Centres	**69,838,866**
Community Support Services	**3,451,000**
Assisted Living Services in Supportive Housing	**3,880,400**
Community Health Centres	**2,341,030**
Community Mental Health Addictions Program	**27,794,700**
	596,025,370

The LHIN did not authorize any funding to HSPs in fiscal 2007.

10. a) E-Health

The LHIN received funding of $275,000 (2007 - $181,000) related to the E-Health project. E-Health expenses incurred during the year are as follows:

	2008	2007
	$	$
Consulting	**162,187**	93,881
Salaries	**-**	15,575
Computer maintenance	**110,000**	-
Board member expenses	**82**	1,011
Meeting expenses	**1,869**	204
	274,138	110,671

b) Health System Plan

The LHIN received funding of $409,283 (2007 - $Nil) related to the Health System Plan. Health System Plan expenses incurred during the year are as follows:

	2008	2007
	$	$
Consulting	**339,120**	-
Salaries	**15,068**	-
Board member expenses	**18,800**	-
Printing and translation	**7,017**	-
Meeting expenses	**29,278**	-
	409,283	-

c) Emergency Department Lead

The LHIN received funding of $37,500 (2007 - $Nil) related to the Emergency Department Lead project. Emergency Department Lead expenses incurred during the year consist of $30,056 (2007 - $Nil) for consulting fees.

d) Aboriginal Health

The LHIN received funding of $7,500 (2007 - $Nil) related to the Aboriginal Health project. Aboriginal Health project expenses incurred during the year consist of $7,500 (2007 - $Nil) for consulting fees.

e) Aging At Home

The LHIN received funding of $162,000 (2007 - $Nil) related to the Aging At Home project. Aging At Home expenses incurred during the year are as follows:

	2008	2007
	$	$
Consulting	**53,270**	-
Printing and translation	**2,146**	-
Board member expenses	**4,532**	-
Meeting expenses	**18,856**	-
	78,804	-

f) Wait List Management

The LHIN received funding of $70,000 (2007 - $Nil) related to the Wait List Management project. Wait List Management expenses incurred during the year consist of $70,000 (2007 - $Nil) for consulting fees.

11. General and administrative expenses

The Statement of Financial Activities presents the expenses by function, the following classifies the same expenses by object:

	2008	2007
	$	$
Salaries and benefits	**1,906,185**	1,181,850
Occupancy	**212,932**	158,596
Amortization	**145,350**	141,796
Shared services	**301,608**	290,201
Public relations	**10,086**	134,329
Consulting services	**261,727**	745,690
Supplies	**77,486**	45,957
Board member remuneration	**125,350**	157,563
Board member expenses	**49,897**	63,297
Mail, courier and telecommunications	**39,716**	38,090
Other	**225,191**	166,762
	3,355,528	3,124,131

12. Pension agreements

The LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 15 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 2007 was $148,533 (2007 - $79,064) for current service costs and is included as an expense in the Statement of Financial Activities.

13. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the 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 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. Segment disclosures

The 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.

Our Vision

The Central West LHIN will work to create "a local health system that helps people stay healthy, delivers good care when they need it, and will be there for their children and grandchildren."

Our Leadership

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Terry Miller, Vice Chair
Kuldip Kandola, Secretary

Members
Paul Dhaliwal
Anita Gittens
Sukhjinder Mintoo Mand
Zygmond Novak
Mavis Wilson

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Local Health Integration Network