Central West **LHIN**

Locally Planned Care

Creating Value for You

2008-2009 Annual Report

Ontario
Local Health Integration Network

Providing Access to Quality Care

Ensuring Value for Funding

Developing a Sustainable Health System

"Together we are achieving our vision of a local health system that helps people stay healthy, delivers quality care when they need it, and will be there for their children and grandchildren."

Mimi Lowi- Young
CEO, Central West LHIN

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Leading Health System Planning In Your Communiy

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 community health centres, the 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 needs, establishing priorities and developing action plans to improve local health services.

Message from the Chair and CEO

Central West LHIN CEO Mimi Lowi- Young and Chair of the Board Joe McReynolds sign the Multi- Sectoral Accountability Agreements (M-SAA)

Dear Communities of the Central West LHIN,

We are very happy to report that this year has been one of progress and achievement in the Central West LHIN. The ongoing improvement of the local health care system is one that we feel truly highlights the value of locally planned, funded and managed care, and we could not have done it without you. The input we have received from local communities and from providers continues to be our driver, focusing our work on what you tell us is important to you. It's about you and your health. Together we are achieving our vision of a local health system that helps people stay healthy, delivers quality care when they need it, and will be there for their children and grandchildren.

A great achievement this year at the Central West LHIN was the completion of the Health System Plan. This work takes the directions outlined in the initial Integrated Health Services Plan, which we completed in 2006, and sets them in motion by detailing a vision and directions for a coordinated system of community and hospital based care. By talking to communities throughout the LHIN, we heard from you about what needs to be done. We all learned that no one organization or sector can individually meet our health needs but that we must work together to improve the health of the community. With this plan in hand we have a comprehensive strategy on which to ground our work of improving local health services that are focused on providing access to effective and efficient care.

Supporting community services in a meaningful way has been a focus for us this year. As part of the provincial direction to reduce emergency room wait times, we have been working with our hospitals and community agencies to establish programs that meet your needs quickly and that help you stay healthy and out of the hospital. The development of the Aging at Home Detailed Plan was a great success. The Aging at Home program focuses on helping seniors live independent and healthy lives in their own homes for as long as possible. The 24 programs we funded in the first year of this plan focused on developing community based services that support local seniors. The second year initiatives are underway and these new programs will build on our early successes. Thank you for all the positive feedback we received from you about what a significant impact these programs have had.

A milestone this year for community health service providers and the Central West LHIN was the signing of Multi-Sectoral Accountability Agreements (M-SAA). These agreements with local community providers outline the responsibilities of providers and the LHIN. They set activity and financial targets. They lay out expectations of how organizations will work together to improve the coordination of local health services. This way the providers and the LHIN can measure the performance of organizations receiving funding for taking care of your needs.

As always, it is our first priority to improve access to care locally and to ensure the quality services you need are there when you need them. From the LHIN's work in consulting with the community on the future role of the Peel Memorial site to investments that support community based services, we have been working with you to create a health care system you can believe in.

Our sincere thanks to the LHIN's Board and staff who remain persistent in their efforts to address local health care 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 of the Central West LHIN

Mimi Lowi- Young
Chief Executive Officer of the Central West LHIN

Members of the Board

Joe McReynolds, Chair
09 -June-2008 to 09- June - 2011

"It is very promising that this year the Boards of our healthcare providers across the Central West LHIN have begun to lead and govern together"

Terry Miller, Vice Chair
09 -June-2008 to 09- June - 2011

"The Central West LHIN board and staff have traveled across the region to meet with communities and individuals keenly interested in being a part of developing the local health system. The annual report and the integrated health services plan reflect the views of the public and health care professionals and present us with a plan for providing the best health care to all our neighborhoods."

Kuldip Kandola, Secretary
09 -June-2008 to 09- June - 2011

"We are seeing some excellent initiatives, a great spirit of collaboration amongst our health service providers which together with our local and provincial priorities will lead the way to a better health care system."

Paul Dhaliwal, Member
02 -May-2007 to 02- 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."

Zygmond Novak, Member
17-June-2007 to 17-June-2010

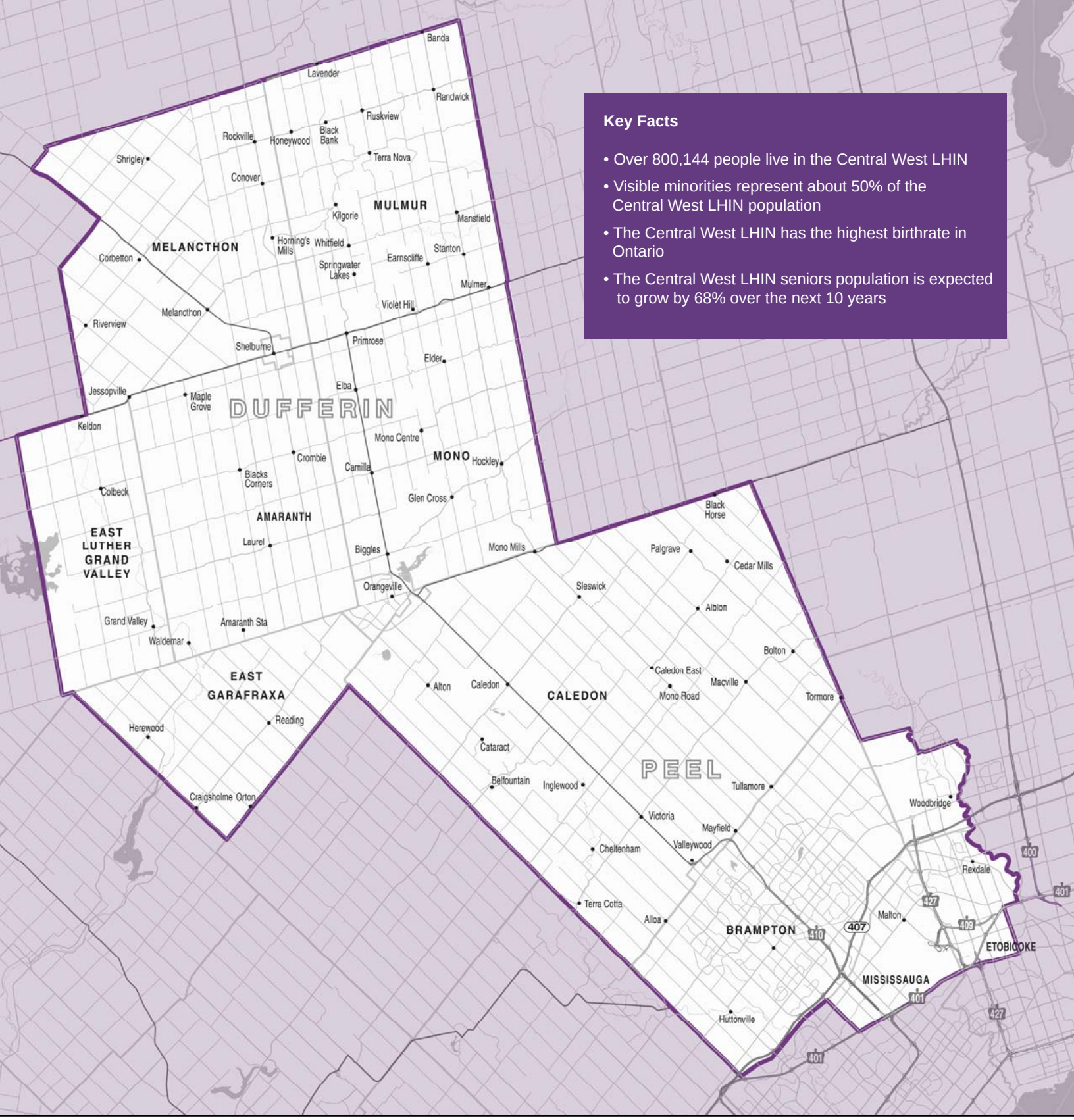
"The level of zeal and energy shown by both the Board and LHIN staff guarantees that the new concept for health care will succeed."

Anita Gittens, Member
17-May-2008 to 17-May-2011

"The completion of our Health System Plan is a significant step towards achieving our goal of developing a co-ordinated system that addresses local health care priorities across the continuum of care"

Mavis Wilson, Member
05 -February-2007 to 05 -February- 2011

"Focusing on our responsibilities as governors of organizations, each of the talented and committed volunteer Board members of our health service provider groups – large and small – is essential to the successful development of an effective health services system."



Key Facts

- Over 800,144 people live in the Central West LHIN
- Visible minorities represent about 50% of the Central West LHIN population
- The Central West LHIN has the highest birthrate in Ontario
- The Central West LHIN seniors population is expected to grow by 68% over the next 10 years

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Welcome to our LHIN

Community Profile: Who Are We?
The Central West LHIN encompasses a wide range of communities, from the rural areas of Dufferin County to the urban neighbourhoods of Brampton, Malton and Rexdale.

More than 800,144 people make up the Central West LHIN in the communities of Rexdale (Toronto), Malton (Mississauga), Brampton, Orangeville, Woodbridge, Caledon and Dufferin County. These communities are home to 6.25% of Ontario's population.The median age in the Central West LHIN is 35 years. The region's seniors population is excepted to grow by 68.1% (over 49,857 people) between 2007 and 2019. If this trend continues it will eventually make the proportion of seniors living in the Central West LHIN the highest among all 14 LHINs.

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

Based on 2007 estimates 56.1% of the Central West LHIN population resides in Brampton; 17.4% in Rexdale; 9.2% in Caledon; 7.0% in Dufferin County; 5.9% in Malton and 4.3% in Woodbridge, and these communities are continuing to grow. This is especially true in the communities of Caledon (29.48% growth rate), Malton (23.61%) and Woodbridge (17.25%).

Health Profile: Are We Healthy?
Many chronic conditions share the same lifestyle risk factors. These include things like smoking and drinking habits, physical inactivity and poor diet.

In the Central West LHIN we are slightly below average for smoking and drinking habits, with 13.4% in the Central West LHIN residents considered smokers versus 18.7% across Ontario, and 16.6% of Central West LHIN residents considered heavy drinkers versus 21.7% province wide. The percentage of adults in our LHIN, however, who are not physically active, is significantly higher at 56% than the provincial average of 49%. Although we have made improvements over last year, according to body mass index, 34.6% of the Central West LHIN population is considered overweight with 12.9% considered obese. This is compared to 33.2% of Ontarians considered overweight and 16.4% considered obese.

Our LHIN has the highest birthrate in Ontario, with over 10,000 babies being born each year. This represents 8.15% of all births in Ontario for the 2008/09 fiscal year.

The Central West LHIN continues to be below the provincial averages for prevalence of Arthritis, Heart Disease and Hypertension.

Overall 53% of people living in the Central West LHIN self report their health as "Excellent" or "Very Good", which is slightly below the provincial average of 60%.

Interesting Statistics

Ministry-LHIN Accountability Agreement (MLAA)

The Ministry-LHIN Accountability Agreement (MLAA) clearly defines the relationship between the Ministry of Health and Long-Term Care (MOHLTC) and the Central West LHIN in the delivery of local health care programs and services. It establishes an agreement between the Ministry and the LHIN and outlines performance indicators across the health system for the previous year.

The table below lists the performance indicators in the MLAA and shows the results achieved in 2008/09. The results demonstrate substantial improvement in the Central West LHIN.

Wait time performance indicators for specific surgical and diagnostic procedures are included in the results below and these demonstrate the following considerable improvements in meeting their performance targets: a 53% reduction in wait time for MRI Scans; a 45% improvement in the wait time for Computed Tomography (CT) Scans, a 37% improvement in the wait time for Knee Replacement Surgery, and a 23% improvement in the wait time for Hip Replacement Surgery.

The wait time for Cataract Surgery lengthened over the year and as a result an investigation was carried out to determine the causes. This investigation identified a number of places where delays were occurring and a focused management plan was developed to resolve these issues.

Wait time indicators reflect the length of time required for 90 % of all individuals waiting for treatment to receive treatment.

Central West LHIN MLAA Performance Indicators 2008/09

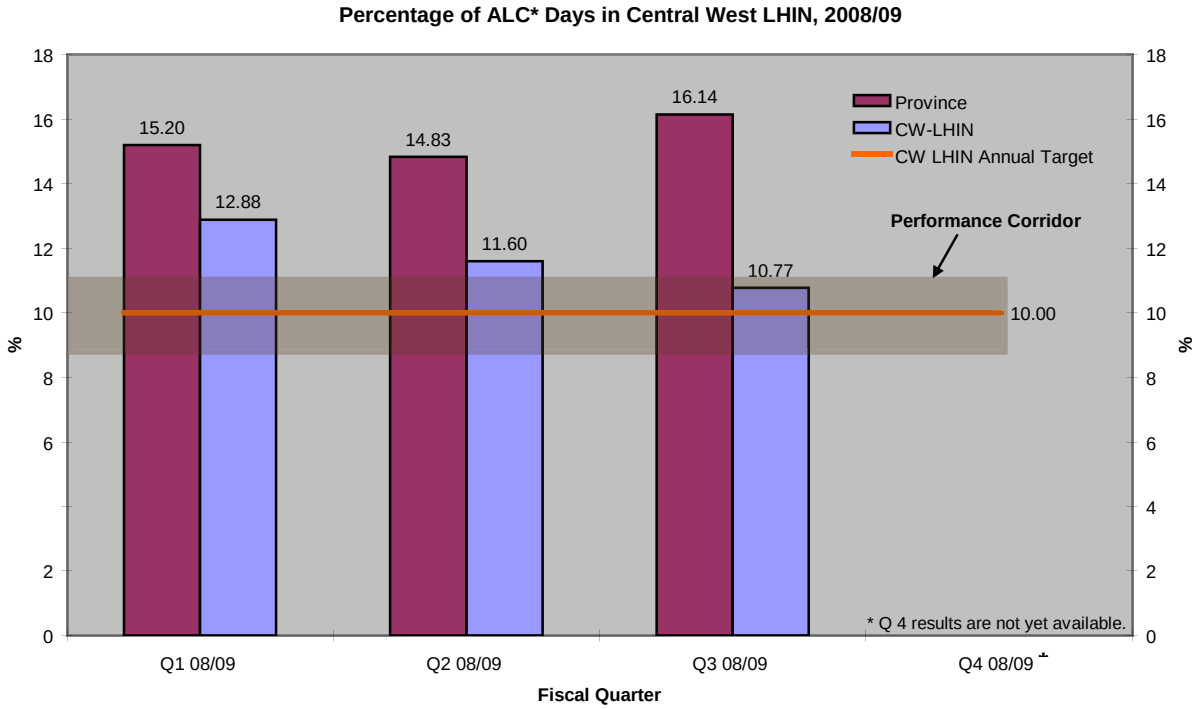
Performance Indicators	LHIN 08/09 Starting Point	LHIN 08/09 Target	Most Recent* Quarter 2008/09	Annual Results**	LHIN Met Target Yes/No
1. 90th Percentile Wait Times for Cancer Surgery	69	55	60	64	**NO**
2. 90th Percentile Wait Times for Cardiac By-Pass Procedures	-	-	-	-	**-**
3. 90th Percentile Wait Times for Cataract Surgery	129	129	181	208	**NO**
4. 90th Percentile Wait Times for Hip Replacement	291	206	224	222	**YES**
5. 90th Percentile Wait Times for Knee Replacement	301	238	188	247	**YES**
6. 90th Percentile Wait Times for Diagnostic MRI Scan	125	65	59	55	**YES**
7. 90th Percentile Wait Times for Diagnostic CT Scan	38	28	21	24	**YES**
8 Hospitalization Rate for Ambulatory Care Sensitive Conditions (ACSC)	276.2	270	290.25	285.34	**YES**
9. Median Wait Time to Long-Term Care Home Placement -All Placements	42	30	39	41	**NO**
10. Percentage of Alternative Level of Care (ALC) Days – By LHIN of Institution	10	10	10.77	11.83	**NO**
11. Rate of Emergency Department Visits that could be Managed Elsewhere	7	7	7.1	6.52	**YES**
12. Readmission Rates for Acute Myocardial Infarction (AMI)	4.27	4.1	4.36	4.33	**YES**

Note:

* Performance indicators 1-7 = Q4 2008/09; and 8-12 = Q3 2008/09

** Performance indicators 8-12 (in the Annual Results Column) only include the average of Q1-3

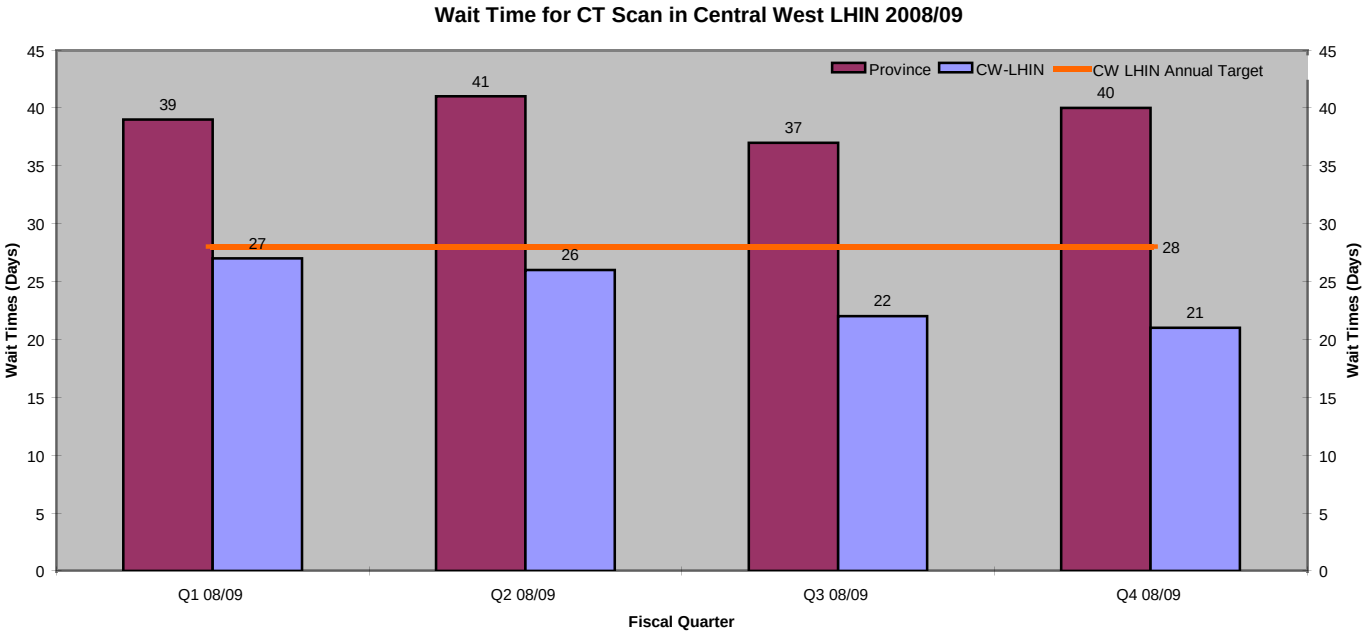
How We Measure Up



The percentage of Alternative Level of Care (ALC) days in the Central West LHIN improved in each of the first three quarters and met its annual target in the 3rd quarter (fourth quarter results are not yet available, see graph above). The LHIN's improving performance in this area is the result of ongoing efforts to reduce ALC days and is notable given the province-wide trend towards increasing amounts of unwanted ALC days.

The chart below shows the wait time for CT scans in the Central West LHIN as compared to the average performance achieved across the province of Ontario. Wait times for CT scans have been steadily improving in the Central West LHIN over the year and achieved a wait time of 21 days in the fourth quarter of 2008/09 - much better than the LHIN target set for this indicator.

* ALC: When a patient is occupying a bed in a hospital and does not require the intensity of resources/services provided in this care setting (Acute, Complex Continuing Care, Mental Health or Rehabilitation), the patient must be designated Alternate Level of Care (ALC) at that time by the physician or her/his delegate. The ALC wait period starts at the time of designation and ends at the time of discharge/transfer to a discharge destination (or when the patient's needs or condition changes and the designation of ALC no longer applies).



This graph represents the maximum number of days patients in the Central West LHIN are waiting for a CT Scan 90% of the time

Health System Plan

From Integrated Health Service Plan to Health System Plan

At its inception the Central West LHIN engaged with communities to identify the local health care priorities and needs to develop informed objectives for improving health care locally. The information we collected from you was very important in creating our initial Integrated Health Service Plan (IHSP), which outlines the local priorities that the community has identified.

Following the creation of the Integrated Health Service Plan, the Central West LHIN was asked by the government to develop a plan for service delivery across the network of local hospitals and community services. We took this mandate to heart and began work on a detailed Health System Plan, which draws from the objectives and priorities of the IHSP and provides a vision and roadmap on how to achieve them over the next 10 years.

After ongoing discussions with local community members and providers the Health System Plan was completed this year. With this plan in hand we have a comprehensive strategy for the development of local health services that is focused on achieving specific results.

Making progress on the health care priorities you identified in the Integrated Health Service Plan, and then supported with the Health System Plan, is the primary focus of the Central West LHIN. Finding the most efficient and sustainable ways of achieving the goals we first set out together was the driver for the development of the Health System Plan, and will continue to be our measurement for success. How have we been doing on your priorities? Just take a look.

Mental Health and Addictions

While the Ministry is in the process of developing a ten year strategy for the improvement of mental health and addictions services, The Central West LHIN has been actively working with our health service provider partners to ensure the availability of quality mental health and addictions services. Locally, these initiatives are headed up by the Mental Health and Addictions Core Action Group,

> *"There is a growing awareness that a strong mental health and addiction system is as important as having strong hospitals, public health units and family health care providers." Caplan said, "Strengthening it will strengthen our health care services as a whole."*
>
> **David Caplan**
> Minister of Health and Long Term Care

which is comprised of mental health service providers and LHIN representatives.

The Mental Health and Addictions Core Action Group began the fiscal year by completing an in depth study in Dufferin County, which identified how existing services in the LHIN can meet local gaps. This work was built on extensive engagement with the local community and resulted in the creation of the Dufferin Crisis Community Support Network. This is work between over 20 organizations for the improved delivery of mental health and addiction services in Dufferin. By working together the participating organizations will increase access to services, create a range of crisis community supports and ensure services are more easily accessible. A similar project is now underway in Malton.

The Central West LHIN also launched a "concurrent disorders" project this year to increase the availability of services for these individuals. The project focuses on developing the capacity of services for those with both mental health and addictions issues. A network of organizations across the LHIN have come together to develop concrete initiatives which they will work on in the coming fiscal year. These include the implementation of a standard screening tool for concurrent disorders, the development of concurrent disorder-capable policies and procedures, the implementation of new concurrent disorder specific programs and the establishment of a Central West concurrent disorders-focused website. These initiatives will improve the care available for individuals with the complex needs associated with concurrent disorders.

In mental health and addictions services it is especially important for service providers to coordinate so that there is a system of care in place that keeps

individuals in need engaged in their continued well being. An agreement was signed this year between William Osler Health Centre and Headwaters Health Centre to share their resources for supporting individuals with more severe mental health issues that present at emergency rooms. This is a perfect example of the collaboration necessary for ensuring a LHIN-wide health system that is meeting the needs of its communities.

Services for Seniors

With a seniors population that is growing expoentially, health services for seniors continue to be a priority in the Central West LHIN. Shared by the Ministry of Health and Long-Term Care through the provincial Aging at Home strategy this focus aims to support seniors so they can continue to live independently in their communities for as long as possible.

This year, when we spoke to local seniors about how the first year Aging at Home programs have impacted them, the response was extremely positive. This was especially true for the investments made in support of community programs such as congregate dining, social day programs, and TeleCheck. Creating more opportunities for local seniors to connect with one another and to feel secure in their own homes has been very successful in helping them find the community support they need to stay healthy and independent.

The second year of Aging at Home programs focuses on developing community support so local seniors can find the appropriate care in the right setting and avoid unnecessary hospital visits. Providers of services for seniors are working to ensure the health care system is functioning as a coordinated whole, and to promote best practice so that there is access to timely and appropriate care in the most suitable setting.

The ongoing development of services for seniors has been one of the most significant ways the Central West LHIN has been able to enhance the value of services and make a difference in the community. The achievements in this service truly reflect the value of funding quality care locally.

Aging at Home Testimonials:

"I feel less lonely because now I can meet with my friends on a regular basis at the Sahara Adult Day Program activities. I really look forward to these gatherings."

"TeleCheck and the adult day program are my salvation because I live alone but I love talking to and being with people."

"My biggest fear is that if I die, nobody would know, that's why I appreciate getting daily phone calls… God bless you"

Rehabilitation Services
With the newly opened 32 bed unit at Brampton Civic Hospital, an active rehabilitation program is underway for patients recovering from orthopaedic surgery or injury, and neurological problems or stroke. This marks significant progress in providing for a historically under-serviced patient group in the Central West LHIN. Work is underway in developing a regional rehabilitation strategy bringing health service providers together to focus on improving access to needed rehabilitation services for residents throughout the LHIN.

Through the identification of opportunities and better planning for the appropriate mix of local rehabilitation services, we have been able to make improvements. For example, this work has lead to plans to develop Health and Care Centres, which will be situated across the LHIN. These centres will be designed as gateways to the local health system. They will provide rehabilitation services as part of their core service offering.

In order to move this priority forward, the Central West LHIN has been involved with the West GTA Stroke, and GTA Rehab Networks to keep abreast of best practices, and has been working with the Total Joint Network, our hospitals and the Central West Community Care Access Centre to improve rehabilitation services.

Primary Care Linkages
The Central West LHIN engages physicians, and works with them to ensure a healthier population.

This past November the Central West LHIN, along with the Ontario Medical Association, held three consultations with local physicians to ask them how we can be better at reaching out and including them in the planning and development of local health services. From these consultations the Central West LHIN has updated its strategy for connecting with local physicians to ensure we have incorporated their input into how we can work together to improve local health services.

In collaboration with HealthForceOntario Marketing and Recruitment Agency, the Central West LHIN has also been working with hospitals, community based physicians and other recruiters to encourage recruitment and retention of health care professionals in an effort to ensure that the local health human resources are meeting the needs of the community.

The Health Care Connect program was also launched this year at an event held at the Central West LHIN. This important initiative is intended to help Ontarians without a family doctor get connected with one.

One example of how we connect with health professionals on a regular basis is through our Health Professionals Advisory Committee (HPAC). This group, made up of a range of multi-disciplinary health professionals and LHIN representatives, meets regularly to make sure that we have the advice of those providing care as we work towards improving local health outcomes.

Palliative/End-of-Life Services
It is an ongoing focus of the Central West LHIN to ensure that people faced with terminal illness and needing end-of-life services can access the appropriate care with dignity and in settings that reflect where they wish to be during this period in their lives.

The Central West Community Care Access Centre (CCAC) has continued to work with other providers in the palliative/end-of-life care network ensuring appropriate services are available across the Central West LHIN. One of the things they have been working on this year is the development of a residential hospice in Caledon which will offer nursing and personal support to those in need. The Hospice is currently under construction.

Providing for community services that are there for you in every stage of life is one way the Central West LHIN is making a difference in the local health care system.

Chronic Disease Prevention and Management
Community engagement sessions held to inform the Health System Plan identified a lack of chronic disease prevention and management services. This has become a focus of the Central West LHIN as, with an aging population, prevalence of chronic conditions will continue to increase.

This year we have been working to implement a regional program that will help providers of chronic kidney disease services meet the needs of Central West LHIN residents. We have also been working with Family Health Teams to develop local diabetes educational programs that will promote prevention of this chronic condition. There are currently nine and a half of these teams operating to promote prevention strategies across the LHIN.

We continue to collaborate with service providers and community members to find ways to effectively implement the provincial Chronic Disease Prevention and Management strategy at the local level.

Maternal/Child Services
With the highest birthrate in the province, maternal and child services are a priority in the Central West LHIN. Over the past year the Maternal and Child Services Core Action Group has continued to collaborate with Public Health and family physicians to address local service needs. Their early work has been focused on developing an inventory of services available in the LHIN so that we can identify opportunities for service enhancement and coordination. By collecting detailed information on available services the group has been able to look at ways of increasing the capacity of available services so as to better serve the community and enhance value.

The Central West LHIN is also involved in various provincial planning tables for maternal and child services to make sure we understand our local needs and services in order to make better decisions.

Francophone Community
Consistent with the Ministry- LHIN Accountability Agreement, the Central West LHIN is committed to ensuring that local health services are able to meet the needs of the local Francophone population.

This year the Central West LHIN engaged in a GTA wide French language service initiative to evaluate the status and accessibility of these services across the GTA. The results of this survey will help in the planning and development of these services by outlining where there are gaps, and where there are opportunities for integration and further support. This was an important step in identifying how our LHIN, and the GTA as a whole, can move forward on the continued development of improved french language health services.

Aboriginal Community
The Aboriginal community has its own set of specific health care traditions, concerns and priorities. The Central West LHIN has been working with the local Aboriginal community of 4,095 individuals, as well as the broader Aboriginal community, to ensure local health care services take into consideration these unique needs.

As part of a GTA-wide planning group the Central West LHIN participated in an Aboriginal community forum held on March 3rd. The session gave the Aboriginal community an opportunity to come together and share with us what they would like to see from their health system, and how best we can continue to involve them.

Based on what we heard at the session, the Central West LHIN will be hiring an Aboriginal Health Project Coordinator who will take the lead on engaging the Aboriginal community and partners to develop an approach that will improve health outcomes for Aboriginal peoples.

Initatives for Diverse Populations
The Central West LHIN has one of the most diverse populations of all the LHINs across the province. Ensuring that cultural and linguistic differences do not become barriers to health services and make it a challenge for individuals to access appropriate care, the Central West LHIN has taken a very active role in ensuring that local health services are equipped to deal with our diverse population.

One of the major steps this year in responding to the cultural diversity of our LHIN was the formulation of the Diversity Core Action Group. The group, made up of LHIN representatives and health service providers who work regularly with the diverse communities across the LHIN, is working to evaluate, support and develop culturally appropriate health care. One of the first projects this group has undertaken is the implementation of a training project for the development of culturally effective services, which is organized and delivered by the Community University Research Alliance (CURA).

Another way the Central West LHIN has worked to support culturally appropriate health services has been through our Aging at Home programs. These programs are designed to help local seniors live healthy and independent lives in their own homes for as long as possible. One of the most successful programs under this initiative is the Sahara Seniors program. It provides a basket of services, such as health education, transportation and social programs, and is tailored specifically for the South Asian community.

In part because of the success of the Sahara Seniors program, on May 2nd the Central West LHIN received an award for outstanding contributions to the community at the Fourth Annual South Asian Heritage Day and Awards Ceremony. The award was an honour that illustrates the importance the Central West LHIN places on supporting quality health services that meet the needs of local communities.

Mimi Lowi- Young, CEO of Central West LHIN, accepts an award at the Fourth Annual South Asian Heritage Day and Awards Ceremony, May 2nd, 2009

Community Engagement

Reaching out, Coming Together

One of the greatest advantages to locally funded health care is that it can focus resources on the needs of the community. This means taking into consideration the goals and ideas of individuals who are actually using local health services. It is because of this that the Central West LHIN places great importance on connecting with you to collect your input and feedback on what you would like to see done and what we are doing.

This year we reached out to hear from you about everything from what services need to be included in the Health System Plan, to the development of mental health and addiction services in Dufferin County and in Malton, and, as always, your participation and cooperation were exceptional. Thank you for helping us as we strive to achieve a local health system that meets your needs and is there when you need it.

Sources of Community Engagement Activities

- 8 public sessions, and 5 sessions with health service providers and health professionals, to collect input and feedback on the Health System Plan
- Public consultations to develop opportunities for improving mental health and addictions services in Dufferin
- Monthly meetings held with local MPPs to ensure the health concerns and considerations of their communities are being heard
- Joint session held by the LHIN and the Ontario Medical Association to consult with local physicians about how to actively engage them in health system planning going forward
- Meeting with the Brampton Board of Trade to collect their input on the redevelopment of the Peel Memorial Hospital site
- Presentation at the Ontario Community Services Sector Coalition to discuss healthcare issues that cross individual LHIN borders
- Presentation on the importance of community engagement at the Institute for Clinical Evaluative Sciences Symposium
- Meeting with the town of Caledon to discuss the primary care needs in the Bolton area
- 3 public sessions, held in Brampton, Shelburne and Etobicoke, to collect feedback and input on the success of the Aging at Home strategy in its first year, and the proposed initiatives for year two
- Completion of a LHIN wide public survey on local health priorities to inform the update of the Integrated Health Service Plan
- Discussion held with local health service providers and community organizations to develop strategies to improve the continuum of care for adults with a dual diagnosis
- Ongoing relationships with local media to ensure the pulbic is informed of Central West LHIN events and activities

Integration

Creating a Seamless Patient Journey

Integration is one of the key components of a successful health care system. It simply means that the health services in the region are coordinated and that providers are working together for you to improve the quality of care that you receive. Integration also means that you get better value for your health care dollar because it ensures local resources are being used efficiently.

Ensuring a better patient journey is one of the Central West LHIN's three main strategies for change. This year we have made significant progress in supporting local health services so that they can provide a more coordinated system of care.

Examples of Integration Activities

- Implemented the Right Healthcare Setting Core Action Group, which includes members from the Central West LHIN, the Central West CCAC, William Osler Health Centre, Headwaters Health Centre, community service organizations and long-term care homes. This group works together to ensure the best possible performance across the health care system and share and promote best practices within their organizations.
- Canes Community Support and Punjabi Community Health Services teamed up to offer the Sahara Senior's Program as part of the Aging at Home strategy, which offers a range of culturally competent health services to the South Asian community.
- Community Torchlight, Telecare Distress Centre and the Alzheimer's Society of Dufferin teamed up to offer the TeleCheck program which makes daily calls to local seniors for support and companionship
- The Home at Last program was launched, which is a collaboration among local hospitals and a wide range of community service providers to help hospital patients transition into more appropriate community care settings.
- Ongoing meetings with the Health Professionals Advisory Committee, which brings together health care professionals from across the spectrum of local health care services and provides counsel and support for better coordination of the patient journey
- Launched the Back Office Integration Project, which looks for ways health service providers can coordinate to share their back office functions, such as human resources, IT and finance. This will improve efficiency and ensure a better use of funding dollars.
- Hosted a session for health service providers and community organizations to discuss strategies for improving the continuum of care for adults with a dual diagnosis by better coordinating the local service offerings

Our Vision for the Future

Where We Go From Here
As well as the local health care priorities outlined in the Integrated Health Service Plan and Health System Plan, the Central West LHIN has taken the initiative in making local improvements on provincial priorities. This broader vision of a coordinated and connected provincial health system is the future of care in Ontario. From the development of eHealth, to the province wide approach for reducing emergency room wait times, we are working together to shape a better health care system from the inside out.

ER/ALC Initiatives
Reducing the time individuals wait in the emergency room has been a focus of the Ministry of Health and Long-Term Care and the Central West LHIN over the past year. Local investments were made this fiscal year to help tackle the issue of Alternate Level of Care (ALC) patients and reduce pressures in emergency rooms (ER). ALC patients are those patients occupying acute care hospital beds who are unable to be discharged because the appropriate care they require outside the hospital is not available. Helping these individuals access the community care they need is a large part of the strategy to reduce emergency room wait times.

The Central West LHIN is working with local hospitals and community organizations to create solutions that improve the efficient flow of patients through the emergency departments and to reduce unnecessary use of emergency services.

Several initiatives introduced over the past year are having a direct impact on reducing emergency room wait times. These include:

- Assigning case managers to the ER so that they can identify patients who are at risk of being admitted and becoming ALC, and refer them to the more appropriate level of care.
- Nurse practitioner outreach teams that visit long-term care homes to offer care support, and help defer unnecessary hospital visits by providing additional care within the facility.
- Performance fund targeting, where hospitals receive funding incentives when they meet and exceed their targets for reducing emergency room wait times
- Home at Last, a coordinated initiative with local hospitals and community services, where seniors who require support in order to return home after a hospital stay receive the specific care and support they need to help them safely transition home.

In addition to these initiatives, Aging at Home Year Two programs are focused on helping local seniors access support in the community so they depend less on acute care services and receive the appropriate care in the right setting. All of these initiatives are making a difference in the way the health care system functions, so that emergency departments are free to handle acute care needs.

Our Vision for the Future

Wait Times
Reducing wait times is a provincial focus, not only in emergency rooms, but also in the case of hip and knee replacements, diagnostic scans like MRI and CT, cataracts and cancer surgeries, general surgery and paediatric surgery. Performance indicators for the local health system help identify how organizations are measuring up to targets, where there is opportunity for improvement, and where additional resources might need to go.

In the Central West LHIN we have made progress in reducing wait times over the past year. This has been an achievement as the Central West LHIN population shows some of the highest growth rates across the province, which means increasing demands on local health care services. The areas which saw the most improvement were in the wait times for MRI scans and knee replacement surgery. In both cases we reduced the number of days patients were waiting by over 50 from the start of the fiscal year. More modest improvements were also seen in wait times for cancer surgeries, hip replacements and CT scans. We are continuing to invest in strategies to reduce wait times to ensure people can have the fastest possible access to the services they need.

Critical Care
The Central West LHIN Critical Care lead, Dr. Michael Miletin, continues to work closely with the LHIN to improve local access to critical care services by ensuring their most efficient use. Additionally, in order to bring local concerns to the provincial level, Dr. Miletin and his counterparts across Ontario, provide advice to the Ministry of Health and Long-Term Care on means to improve the province's critical care capacity.

This year, new critical care beds were opened, however, the use of critical care services continues to be higher than expected. In order to meet the needs of a growing community the Central West LHIN must target enhancements in the coordination and efficiency of its current critical care capacity. Improving access to services is one of the key goals of the LHIN. With Dr. Miletin's expertise, we are continuing to develop strategies to ensure that individuals across the LHIN can access critical care services when and where they need them.

Aging at Home
As part of the province's Aging at Home strategy, the Central West LHIN is investing $21 million over the next 3 years to develop services that support seniors so they can continue living independently in their own homes. When the Central West LHIN launched the first set of initiatives under this strategy last spring, we could not have anticipated what a significant impact these programs would have on the lives of local seniors.

After consulting extensively with the community and health service providers we launched the first 24 programs focused on improving access to the services local seniors said they needed to help support them in their own homes. This included several congregate dining and social programs, vans for community organizations to help with transportation, increased homemaking and home maintenance services and a TeleCheck program where seniors receive daily calls for support and companionship. This year, before the start of the second year initiatives, we went out to ask seniors how these first year programs had impacted their lives, and the response was overwhelmingly positive.

The second year of Aging at Home initiatives promises to build on the successes of year one, with a focus on reducing the number of unneeded visits to hospital emergency rooms by seniors, and decreasing the time seniors spend in the hospital when they could be well cared for in the community. We are excited to continue making a real difference in the lives of local seniors by supporting the right service in the right places at the right time.

"In the Central West LHIN we have heard first hand from local seniors about the positive impact that the Aging at Home strategy has had on their lives. We are confident the funding in year two of this strategy will build on the successes we have already seen."

Mimi Lowi- Young
CEO, Central West LHIN

Our Vision for the Future

Diabetes Initiatives
With one of the highest prevalence rates of diabetes across the province, there has been lots of hard work over the past year to meet this issue head on and find real solutions. Type 2 diabetes can be caused by a wide range of factors, including life style choices. One of the most effective ways to impact the prevalence of diabetes is through community outreach and educational programs that promote healthy living.

Along with the local implementation of the provincial diabetes strategy, which was announced this past July, the Central West LHIN has a total of 9 Ministry funded Diabetes Education Programs provided through 5 health service providers. These programs communicate the risk factors for diabetes, encourage preventative strategies and help those with diabetes effectively manage their conditions.

Achieving results in the prevention and management of diabetes is truly a community effort. By working together we can hope to reduce the prevalence of this disease and have a positive impact on the lives of those who suffer from it.

eHealth
Harnessing technology is a crucial step to better health care management, improved quality and enhanced accountability. With the release of the eHealth strategy this year, real steps have been taken to harness technology and innovation that will enable a more coordinated, efficient and effective health care system where patient information can be used to ensure better care.

The Central West LHIN has begun work with the five other LHINs across the GTA to implement a GTA Health Information Access Layer (HIAL) which will function as a common services and communications info-structure. This is the first step in developing a coordinated language and application for electronic sharing of health information across the province.

In the Central West LHIN we have been working with health service providers to involve them in moving the eHealth strategy forward. We have taken a lead role in developing a strategy to engage with physicians in order to encourage their adoption of electronic medical records. By working together with regional providers throughout the health care system, we can create the smoothest possible transition to the use of new technologies that will improve the coordination, efficiency and quality of patient care.

Operational Performance

Operational Performance

The overarching goal of the Central West LHIN is to be a fiscally responsible organization and a model of efficiency and effectiveness our health service providers can emulate. As such we are committed to ensuring our Board members and staff have the skills and resources available to them so that the LHIN can successfully achieve its vision and goals.

At the beginning of the year all staff participated in a project management training session, and we also held a communications workshop this year to encourage effective communications throughout all levels of the organization. The Central West LHIN also invests in training and development opportunities through staff participation in conferences, seminars and workshops.

Board members participated in several retreats this year designed to further develop best practices in governance. Through the monthly open Board meetings, and Board to Board meetings with health service provider organizations, the Central West LHIN board is working to coordinate and promote these best practices in governance throughout the LHIN.

Our Board of Directors has spent considerable time over the past year developing approaches to raise its own governance bar and address some unique LHIN-board challenges. We have developed our own Board principles and practices while working with health service providers on governance to governance relationship management strategies. We are in the process of launching a 'Governing Together' portal to share board best practices between the LHIN and among the health service providers we work with.

The Central West LHIN championed an integrated approach to health service provider governance by scheduling regular governance to governance 'dialogue' sessions throughout 2009 with a focus on defining good governance practice, roles and functions of a Board, and common principles and frameworks. The goal is to take a health systems view to ensure that we are working more closely together, not only to improve our efficiencies, but to enhance the quality and accessibility of the services we bring to our community.

The Central West LHIN has a staffing complement of 21 individuals, and is currently looking to fill two positions.

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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, 2009 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, 2009 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, 2009

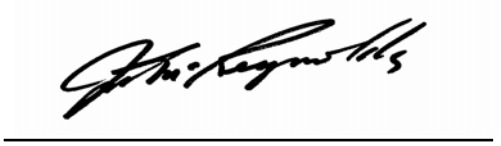
Member of
Deloitte Touche Tohmatsu

Central West Local Health Integration Network

Statement of financial position
as at March 31, 2009

	2009	2008
	$	$
Financial assets		
Cash	**1,061,658**	868,300
Accounts receivable		
Ministry of Health and Long-Term Care ("MOHLTC")	**585,200**	7,220,993
Other	**-**	464
	1,646,858	8,089,757
Liabilities		
Accounts payable and accrued liabilities	**983,904**	889,903
Due to MOHLTC (Note 3b)	**63,482**	385,672
Due to Health Service Providers ("HSP's")	**585,200**	6,811,710
Due to the LHIN Shared Services Office (Note 4)	**16,100**	3,916
Deferred capital contributions (Note 5)	**184,683**	318,381
	1,833,369	8,409,582
Commitments (Note 6)		
Net debt	**(186,511)**	(319,825)
Non-financial assets		
Prepaid expenses	**1,828**	1,444
Capital assets (Note 7)	**184,683**	318,381
	186,511	319,825
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, 2009

	2009		2008
	Budget (unaudited) (Note 8)	Actual	Actual
	$	$	$
Revenue			
MOHLTC funding			
Health Service Provider ("HSP") transfer payments (Note 9)	**651,126,309**	**680,355,501**	596,025,370
Operations of LHIN	**4,251,800**	**4,203,807**	3,465,018
E-Health (Note 10a)	**120,000**	**425,000**	275,000
Health System Plan (Note 10b)	**-**	**49,738**	409,283
Emergency Department Lead (Note 10c)	**-**	**75,000**	37,500
Aboriginal Health (Note 10d)	**7,500**	**7,500**	7,500
Aboriginal Health Transition Fund (Note 10e)	**-**	**12,250**	-
Emergency Room/Alternative Level of Care ("ER/ALC") Performance Lead (Note 10f)	**-**	**33,300**	-
Health Force Ontario (Note 10g)	**-**	**50,000**	-
Aging at Home	**-**	**-**	162,000
Wait List Management	**-**	**-**	70,000
Amortization of deferred capital contributions (Note 5)	**-**	**181,683**	145,350
	655,505,609	**685,393,779**	600,597,021
Expenses			
Transfer payments to HSPs (Note 9)	**651,126,309**	**680,355,501**	596,025,370
General and administrative (Note 11)	**4,251,800**	**4,364,890**	3,355,528
E-Health (Note 10a)	**120,000**	**424,925**	274,138
Health System Plan (Note 10b)	**-**	**43,984**	409,283
Emergency Department Lead (Note 10c)	**-**	**60,535**	30,056
Aboriginal Health (Note 10d)	**7,500**	**7,340**	7,500
Aboriginal Health Transition Fund (Note 10e)	**-**	**-**	-
ER/ALC Performance Lead (Note 10f)	**-**	**23,122**	-
Health Force Ontario (Note 10g)	**-**	**50,000**	-
Aging at Home	**-**	**-**	78,804
Wait List Management	**-**	**-**	70,000
	655,505,609	**685,330,297**	600,250,679
Annual surplus before funding repayable to the MOHLTC	**-**	**63,482**	346,342
Funding repayable to the MOHLTC (Note 3a)		**(63,482)**	(346,342)
Annual surplus	**-**	**-**	-
Opening accumulated surplus	**-**	**-**	-
Closing accumulated surplus	**-**	**-**	-

Central West Local Health Integration Network

Statement of changes in net debt
year ended March 31, 2009

	2009	2008
	$	$
Annual surplus	-	-
Acquisition of capital assets	(47,985)	(22,284)
Amortization of capital assets	181,683	145,350
Change in other non-financial assets	(384)	32,468
Decrease in net debt	133,314	155,534
Opening net debt	(319,825)	(475,359)
Closing net debt	(186,511)	(319,825)

Central West Local Health Integration Network

Statement of cash flows

year ended March 31, 2009

	2009	2008
	$	$
Operating		
Annual surplus	-	-
Less items not affecting cash		
Amortization of capital assets	(181,683)	(145,350)
Amortization of deferred capital contributions (Note 5)	181,683	145,350
Changes in non-cash operating items		
Decrease (increase) in accounts receivable - MOHLTC	6,635,793	(7,220,993)
(Decrease) increase in due to the MOHLTC	(322,190)	346,342
(Decrease) increase in due to HSP's	(6,226,510)	6,811,710
Decrease (increase) in accounts receivable - Other	464	(464)
(Increase) Decrease in prepaid expenses	(384)	32,468
Increase in accounts payable	94,001	587,567
Increase (decrease) in due to the LHIN Shared Services Office	12,184	(49,420)
	193,358	507,210
Capital transactions		
Acquisition of capital assets	(47,985)	(22,284)
Financing transactions		
Increase in deferred capital contributions (Note 5)	47,985	22,284
Net increase in cash	193,358	507,210
Cash, beginning of year	868,300	361,090
Cash, end of year	1,061,658	868,300

Central West Local Health Integration Network

Notes to the financial statements
March 31, 2009

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, 2009.

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 MOHLTC 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.

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 provided for a full year.

2. Significant accounting policies (continued)

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**	**2009 Surplus**	2008
	$	**$**	**$**	$
Transfer payments to HSPs	**680,355,501**	**680,355,501**	**-**	-
LHIN operations	**4,203,807**	**4,183,207**	**20,600**	254,840
Capital Contribution	**181,683**	**181,683**	**-**	-
E-Health	**425,000**	**424,925**	**75**	862
Health System Plan	**49,738**	**43,984**	**5,754**	-
Emergency Department Lead	**75,000**	**60,535**	**14,465**	7,444
Aboriginal Health	**7,500**	**7,340**	**160**	-
Aboriginal Health Federal	**12,250**	**-**	**12,250**	-
ER/ALC	**33,300**	**23,122**	**10,178**	-
Health Force Ontario	**50,000**	**50,000**	**-**	-
Aging at Home	**-**	**-**	**-**	83,196
	685,393,779	**685,330,297**	**63,482**	346,342

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

	2009	2008
	$	$
Due to MOHLTC, beginning of year	**385,672**	39,330
Funding repaid to MOHLTC prior year	**(385,672)**	-
Funding repayable to the MOHLTC related to current year activities (Note 3a)	**63,482**	346,342
Due to MOHLTC, end of year	**63,482**	385,672

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. Any portion of the LSSO operating costs overpaid/or not paid by the LHIN at the year end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the Shared Services Agreement the LSSO has with all the LHINs.

5. Deferred capital contributions

	2009	2008
	$	$
Balance, beginning of year	**318,381**	441,447
Capital contributions received during the year	**47,985**	22,284
Amortization for the year	**(181,683)**	(145,350)
Balance, end of year	**184,683**	318,381

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 five years are as follows:

	$
2010	97,557
2011	7,849
2012	6,780
2013	4,944
2014	412

The LHIN also has funding commitments to some HSPs associated with accountability agreements for fiscal 2010. Minimum funding for HSPs related to the next two years, based on the fiscal 2009 accountability agreements and are as follows:

	$
2010	683,167,804
2011	693,083,441

The actual amounts which will ultimately be paid are contingent upon LHIN funding received from the MOHLTC.

7. Capital assets

	Cost	Accumulated amortization	2009 Net book value	2008 Net book value
	$	$	$	$
Office furniture and fixtures	**237,141**	**174,427**	**62,714**	102,193
Computer equipment	**15,767**	**6,195**	**9,572**	1,493
Leasehold improvements	**518,843**	**406,446**	**112,397**	196,035
Web development	**18,660**	**18,660**	**-**	18,660
	790,411	**605,728**	**184,683**	318,381

8. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported on the Statement of Financial Activities reflect the final budget at June 30, 2008. The figures have been reported for the purposes of these statements to comply with PSAB reporting principles. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The total HSP funding budget of $680,355,501 is made up of the following:

	$
Initial budget	**651,126,309**
Adjustment due to announcements made during the year	**29,229,192**
Total budget	**680,355,501**

The total operating budget of $4,904,588 is made up of the following:

	$
Initial budget	**4,379,300**
Additional funding received during the year for:	
E-Health	**305,000**
Health System Plan	**49,738**
Emergency Department Lead	**75,000**
Aboriginal Health Federal	**12,250**
Health Force Ontario	**50,000**
ER/ALC	**33,300**
Total budget	**4,904,588**

9. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $680,355,602 (2008 - $596,025,370) to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in 2009 as follows:

	2009	2008
	$	
Operation of Hospitals	**433,771,883**	374,327,055
Grants to compensate for Municipal Taxation - Public Hospitals	**99,450**	97,725
Long Term Care Homes	**131,498,900**	114,294,594
Community Care Access Centres	**72,039,992**	69,838,866
Community Support Services	**5,143,348**	3,451,000
Assisted Living Services in Supportive Housing	**4,182,997**	3,880,400
Community Health Centres	**3,865,265**	2,341,030
Community Mental Health Addictions Program	**29,753,666**	27,794,700
	680,355,501	596,025,370

10. a) E-Health

The LHIN received funding of $425,000 (2008 - $275,000) related to the E-Health project. E-Health expenses incurred during the year are as follows:

	2009	2008
	$	$
Recruitment fees	**10,350**	-
General repairs and maintenance	**3,300**	-
Consulting	**411,030**	162,187
Computer software	**-**	110,000
Office Supplies	**185**	-
Board member expenses	**-**	82
Meeting expenses	**60**	1,869
	424,925	274,138

10. (continued)

b) Health System Plan

The LHIN received funding of $49,738 (2008 - $409,283) related to the Health System Plan. Health System Plan expenses incurred during the year are as follows:

	2009	2008
	$	$
Consulting	**37,193**	339,120
Salaries	**-**	15,068
Board member expenses	**-**	18,800
Printing and translation	**-**	7,017
Advertising	**1,882**	-
Other expenses	**200**	-
Meeting expenses	**4,709**	29,278
	43,984	409,283

c) Emergency Department Lead

The LHIN received funding of $75,000 (2008 - $37,500) related to the Emergency Department Lead project. Emergency Department Lead expenses incurred during the year consist of $60,535 (2008 - $30,056) for consulting fees.

d) Aboriginal Health

The LHIN received funding of $7,500 (2008 - $7,500) related to the Aboriginal Health project. Aboriginal Health project expenses incurred during the year consist of $7,340 (2008 - $7,500) for consulting fees and meeting expenses.

e) Aboriginal Health Transition Fund

The LHIN received funding of $12,250 (2008 - $Nil) related to the Aboriginal Health Transition Fund Ontario Adaptation Plan. There were no expenses incurred, related to this project.

f) ER/ALC Performance Lead

The LHIN received funding of $33,300 (2008 - $Nil) related to the ER/ALC Performance Lead initiative. ER/ALC expenses incurred during the year are as follows:

	2009	2008
	$	$
Salaries and benefits	**21,253**	-
Travel	**1,869**	-
	23,122	-

10. (continued)

g) Health Force Ontario

The LHIN received funding of $50,000 (2008 - $Nil) related to the Health Force Ontario Initiative. Health Force Ontario expenses incurred during the year are as follows:

	2009	2008
	$	$
Salaries and benefits	**36,500**	-
Travel	**1,000**	-
Supplies	**5,000**	-
Meeting expenses	**7,500**	-
	50,000	-

11. General and administrative expenses

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

	2009	2008
	$	$
Salaries and benefits	**2,293,987**	1,906,185
Occupancy	**215,914**	212,932
Amortization	**181,683**	145,350
Shared services	**501,408**	301,608
Public relations	**5,505**	10,086
Consulting services	**591,365**	261,727
Supplies	**50,859**	77,486
Board member remuneration	**147,850**	125,350
Board member expenses	**43,971**	49,897
Mail, courier and telecommunications	**39,485**	39,716
Other	**292,863**	225,191
	4,364,890	3,355,528

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 17 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 2009 was $181,717 (2008 - $148,533) 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.

15. Comparative amounts

Certain of the comparative data have been reclassified to conform with the financial statement presentation followed in the current year.

Staff Listing

Mimi-Lowi Young
Chief Executive Officer

David Colgan
Senior Director, Planning, Integration and Community Development

Pat Stoddart
Senior Director, Performance Contract and Allocation

Gisele Boileau
Corporate Services Assistant

Michael Buchert
Funding and Allocation Consultant

Chuck Ferguson
Director of Communications and Community Engagement

Jane Colona
Senior Consultant, Performance, Planning and Funding

Lana Dunlop
ER/ALC Performance Lead

Mark Edmonds
Senior Consultant, Planning, Integration and Community Engagement

Tellis George
Senior Consultant, Funding and Allocation

Bonnie Graham
Administrative Assistant

Nazira Jaffer
Senior Consultant, Planning, Integration and Community Engagement

Neil McIntosh
Senior Consultant, Performance and Contract Management

Joanne Pearson
Corporate Services Manager

Jas Rai
Administrative Assistant to the CEO

Jasdeep Sahota
Performance and Contract Management Consultant

Wei Shao
Planning Decision Support Consultant

Andrea Shiwcharan
Program Assistant

Samina Talat
Planning, Integration and Community Engagement Consultant

Anika van Wyck
Communications and Community Engagement Consultant

Michele Williams
Executive Assistant to the CEO and Board Chair

Central West **LHIN**

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It's about you and your health!

ISSN 1913-5718 (Print)
(Print) Annual Report - Central West LHIN 2008/2009
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Local Health Integration Network