

THE YEAR IN REVIEW

2007-2008 Annual Report



Ontario
Local Health Integration
Network



Waterloo Wellington
LOCAL HEALTH INTEGRATION NETWORK

THE YEAR IN REVIEW

2007-2008 Annual Report

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Waterloo Wellington LOCAL HEALTH INTEGRATION NETWORK (WWLHIN)

INTRODUCTION

On April 1, 2007, the Waterloo Wellington Local Health Integration Network (WWLHIN), and all LHINs across the province, assumed full responsibility for planning, coordinating, integrating and funding local health services.

The WWLHIN has the above accountability for eight hospitals, 35 long-term care homes, 30 community support services programs, the Waterloo Wellington Community Care Access Centre, four community health centres and 21 mental health and addictions services and programs. In fiscal 2007-2008 the WWLHIN's budget was just under \$800 million.

Bringing decision-making to a local level ensures that the distinct health care priorities of our community can be identified and addressed. The WWLHIN area includes Waterloo Region, Wellington County and South Grey, a population of over 700,000.

Since its inception (June 2005) the WWLHIN actively sought input from individuals, health service providers and organizations regarding health care priorities for the area. From this community engagement, plus in-depth research about health care and our community, the Integrated Health Service Plan (IHSP) was developed.

The IHSP, the foundation of the WWLHIN's activities, outlines the community's priorities for health care – improving access to services and reducing wait times, promoting healthy lifestyles and preventing illness, having a system that is effective and invests our dollars efficiently, and planning a system that meets our needs now and in the future.

This 2007-2008 Annual Report outlines the activities and achievements of the WWLHIN, in its first year of full authority, as it moves forward with the community's priorities, as identified in the IHSP, to transform our local health care system.



OUR VISION

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

OUR MISSION

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

OUR VALUES

Community – demonstrated by respect, engagement and focus on people.

Integrity – demonstrated by sound decision-making processes and honesty.

Innovation – demonstrated by creativity, future focus and change.

Accountability – demonstrated by follow-through, evidence-based outcomes and transparency.

BOARD CHAIR AND CEO REPORT

April 1, 2007 to March 31, 2008 was the first year the WWLHIN exercised its full authority for health system transformation under the Local Health System Integration Act, 2006. It was a progressive year of 'firsts' for the WWLHIN and our community.

Responsible for 78 health service providers (HSPs), the WWLHIN was quick to recognize that it was essential to have on-going communication between the WWLHIN and the HSPs. One of the first things the WWLHIN did was to create the role of HSP liaison – a staff person designated to be a key contact for each HSP. This has proven to be a vital link for sharing information and ensuring that everyone remains 'in the loop'.

For the first time Hospital Service Accountability Agreements (basically, what the hospital will do and what it will cost) were negotiated between the WWLHIN and each of its eight hospitals. All agreements will be completed early in fiscal 2008-09.

We all recognize that our health care system is complex, inter-connected and ever changing. Decisions that affect one part may have consequences for another part. For the first time ever, operational planning for local health care was looked at through a system-wide lens. We brought health service providers, from all sectors, together to share information about what they do, how they do it, what it costs, what their challenges are and to look at partnerships, gaps and opportunities for transformation.

With this information, the WWLHIN Board of Directors got a clear picture of the components of our system. That enabled WWLHIN-wide planning and making well-informed decisions about financial investments, looking at opportunities and risks, and seeing what needs to be changed or put in place to enhance our system.

The WWLHIN Board of Directors has been brilliant in their service to our community.



Sandra Hanmer, *CEO*

Kathy Durst, *Chair*

They are committed to supporting our community's health system priorities (reflected in the Integrated Health Service Plan). The board members bring a variety of skills and experience to the WWLHIN and are dedicated to making the right decisions. We are well served by these individuals and we thank them for their contribution.

Another of the WWLHINs initiatives was the creation of the Chairs' Forums, an opportunity for the governance leadership of health service provider boards to join to 'think system-wide' and look at transformation. Forums continue as we work together to identify innovative ways to create partnerships.

Other 'firsts' for the Waterloo Wellington LHIN area are the investment in Aging at Home, an initiative that supports seniors and their families and our investment in urgent priorities – needs that must be/could be addressed right away. You can read more about both these investments in this annual report.

An annual report provides us with an opportunity to acknowledge the contribution of the many people who have participated in transforming our health care system. The WWLHIN staff has been stellar in this first year of working our way through many new challenges. We have been privileged to have the support and input of the individuals who serve on our Community Council and Communities of Interest. We are inspired by the interest of our local elected officials, the representatives of our HSPs and the many individuals from our communities who attended our events – always leaving us with their input. We are grateful for your support.

Yes, this has been a year of 'firsts' and a year of identifying ways to transform our health care system – for today and for the future. We know it won't happen overnight. In the meantime, and first and foremost, we must all acknowledge that we are fortunate to have health service providers who deliver excellent, high quality services. We live in a unique community that is known for innovation, for its volunteer expertise and, perhaps most of all, a community that wants to look after its most vulnerable populations. We are fortunate to live in a community where we can all live and live well!

What's in our future - more 'firsts' of course! The Ministry of Health and Long-Term Care will continue its devolution of local responsibility as it moves into a stewardship role and the WWLHIN will assume more local responsibility and accountability.

We will negotiate service accountability agreements with health service providers and encourage new and innovative partnerships that may involve non-traditional providers of health care. We will move forward with e-Health initiatives, improving accessibility to services and chronic disease management. We will look at opportunities with the business and academic communities, research institutes, faith and multicultural organizations, and the retirement community. We will look at our primary care resources to establish the best links. We will continue to ensure that your voice is heard as we 'refresh' the Integrated Health Service Plan so that your priorities for health care continue to be addressed.

THE WATERLOO WELLINGTON LHIN BOARD OF DIRECTORS



Kathy Durst, *Chair*
June 2, 2005 - June 1, 2008



Bill Blackie
January 5, 2006 – February 4, 2010



Glenna Heggie
May 17, 2006 – May 16, 2008



Paul Truex, *Vice-Chair*
June 2, 2005 – June 1, 2008



Bruce Schieck
January 5, 2006 – January 4, 2011



Ken Whyte
May 17, 2006 – June 16, 2010



Paul Holyoke, *Secretary*
June 2, 2005 – June 1, 2008



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



Don Ross
June 1, 2006 – May 31, 2011

YOUR FUTURE, YOUR LOCAL HEALTH SYSTEM

Moving Forward with the Integrated Health Service Plan

The WWLHIN's Integrated Health Service Plan (IHSP) is a three-year strategic plan (2007-2010) for health care service that identifies the needs and subsequent goals and actions for creating an integrated, accessible, coordinated and locally focused health system. The IHSP was guided by the provincial vision and strategic directions and was developed after extensive consultation with the Waterloo Wellington community and its health service providers.

On April 1, 2007, the WWLHIN acquired the operational authority from the Ministry of Health and Long-Term Care (MOHLTC) to implement its 2007-2010 Integrated Health Service Plan. The ministry assigned contracts to the WWLHIN for services and programs provided by 78 health service providers (HSPs), the total value of which was approximately \$800 million in 2007-08.

The WWLHIN was now in a position to take a leading role in addressing the priorities of the IHSP:

- Improving access to services and reducing wait times.
- Promoting healthy lifestyles and preventing illness.
- Having a system that is effective and invests our dollars efficiently.
- Planning a system that meets our needs now and in the future.

In addition to these four priorities, e-Health and health human resources were identified as health system integration 'enablers'.

The WWLHIN approached the implementation of the IHSP in two ways. First, there was a focus on gaining an awareness of the details of



services and programs offered by the area's health service providers. Central to this was the development of the WWLHIN staff role of the health service provider liaison – each of whom supports a diverse group of providers.

The contact between the liaison and HSPs has proven vital in terms of facilitating conversation and greatly boosting the sharing of ideas and opportunities. The close contact between the liaisons and health service providers, supplemented with broader community engagement inputs gained from the Communities of Interest and Health Councils, won for the WWLHIN and its partners a real understanding of system challenges and solutions in 2007-08.

The WWLHIN's second focus in implementing the IHSP was to work with health service providers to solidify investments, reinvestments, new services, and strategic initiatives.

Among the first matters decided in 2007-08 was the allocation of funding to providers so they could operate for the year. The WWLHIN worked to ensure providers received a clear picture of their planned allocation as early in the fiscal year as possible. By taking this action, the WWLHIN could more quickly get to the point of reviewing and approving each health service provider's 2007-08 operating plan.

During this time, the WWLHIN worked with its providers to assess opportunities for in-year reinvestments (due to surpluses accumulating with some of its providers), as well as new investments.

Whenever possible, the WWLHIN implemented priorities of the IHSP using existing resources (i.e., in-year surpluses) before using new resources. By taking this approach, the WWLHIN and its providers were able to buy solutions, ahead of schedule, to requests for funding that would normally be found in the health service provider's 2008-09 operating plans. The reinvestment decisions approved by the WWLHIN in 2007-08 supported the goals of the IHSP as follows:

- Four improved accessibility to health services (e.g., nursing staff model changes to boost the provision of palliative care).
- Three improved the health of the population (e.g., Acute Myocardial Infarction Program).
- Nineteen built community capacity to achieve a sustainable health system (e.g., Inter-RAI Community Mental Health pilot).
- Four enhanced system effectiveness (e.g., safety training around managing high needs patients).

In the case of new resources, the WWLHIN found new supports and partners to address the largest service or program gaps identified in its IHSP, and approved new investments to strengthen the enablers of the health system. The WWLHIN used urgent priority funding to support a youth addictions program, an advanced wound prevention and management program and e-Health initiatives (described more fully in Investment In Urgent Priorities, page 16).

During 2007-08, the WWLHIN received funding of over \$37 million, over three years, to support its Aging at Home strategy. (Details of the investment are described more fully on page 14). The Aging at Home strategy supports all four priorities of the IHSP; implementation will begin in fiscal 2008-09.

Working closely with the members of the Mental Health and Addictions Community of Interest, the WWLHIN HSPs gained a valuable understanding of the Recovery Philosophy and the challenges of addiction it is meant to address. Similarly, the work of the Health Human Resources Council advanced the prospects for changes in scopes of practice of nurse practitioners and physician assistants, and a shared care model of practice in geriatric psychiatry.

The complete funding initiatives that the WWLHIN made to advance the IHSP priorities are outlined on the WWLHIN Investments 2007-08 Chart.



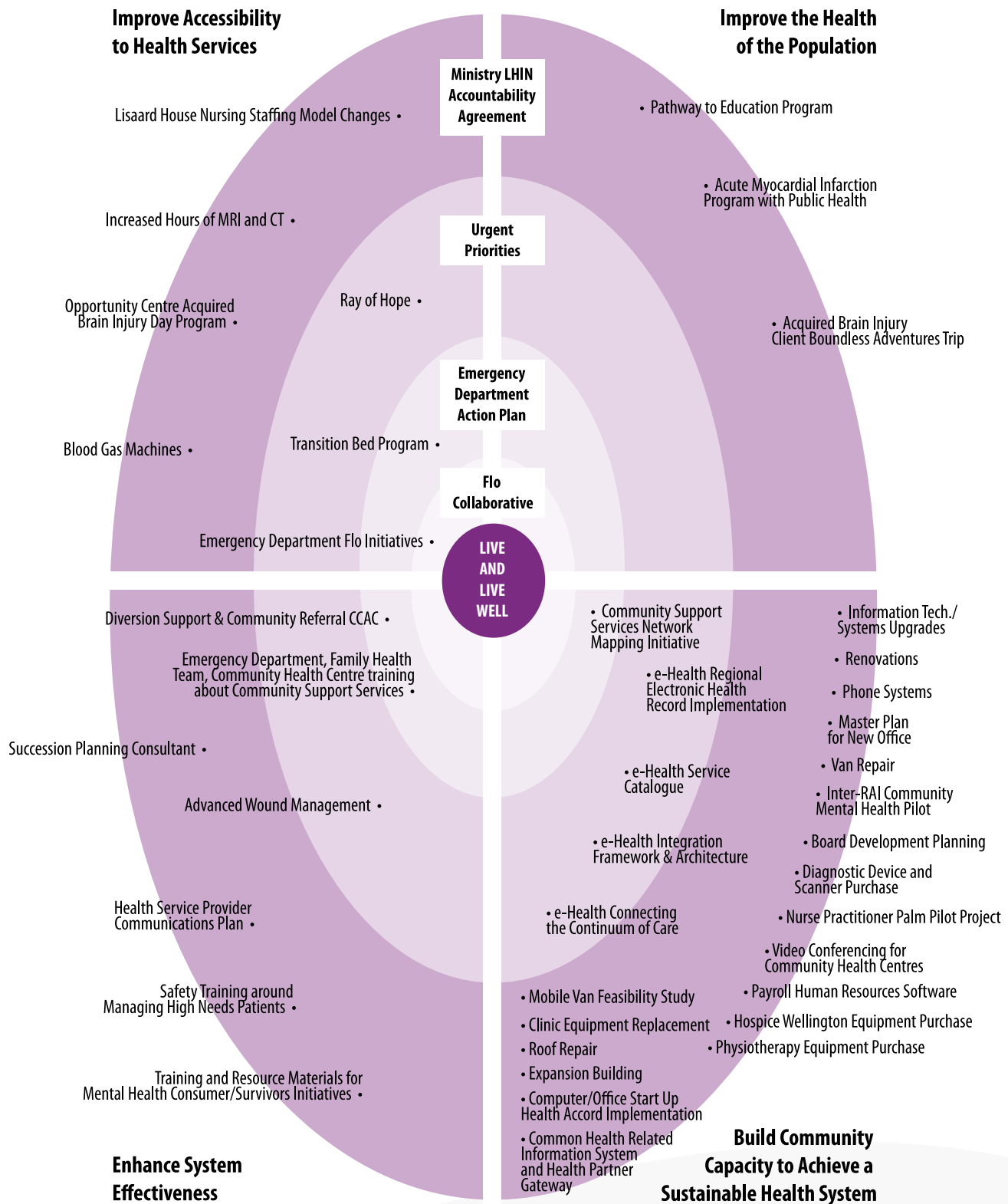
From the information gained from reviewing health service providers' 2007-08 operating plans, the WWLHIN recognized that planning meetings involving all providers would be an effective way to nurture system-oriented operating plans for 2008-09. For this reason, from September to December 2007, the WWLHIN hosted 10 meetings with providers that were designed to identify integration opportunities and to help explain individual provider's requests for financial resources for their 2008-09 operating plans.

This then gave the WWLHIN Board of Directors the information they needed to make decisions from a system-wide perspective. The Board was able to look back and identify those IHSP priority areas that had been addressed through in-year decisions, then to look forward to see what more remained to be accomplished, and where to target resources in the interest of attaining an overall balance in the four IHSP areas.

By fiscal year end, the WWLHIN, working closely with its existing and new providers, had a clear direction of the next steps it needed to take in the new fiscal year, 2008-09.

WWLHIN INVESTMENTS 2007/08

In 2007-08, the WWLHIN took every opportunity to use financial resources to maximum effect. It used both in-year surpluses, as well as new investment funds, to achieve this purpose. As a result, 41 discrete decisions were made to advance all four of the IHSP priority areas.



CONNECTING WITH OUR COMMUNITY

COMMUNITY ENGAGEMENT ACTIVITIES

Your Voice Is Heard

The WWLHIN values community input about local health care issues. Community engagement is part of the WWLHIN's systematic approach to ensuring that everyone's voice is heard, and continues to be heard, throughout all of our activities.

This year's efforts, anchored in the WWLHIN's Community Engagement Framework, furthered the foundational work of the previous year. Community engagement activities conducted by the WWLHIN in 2007-08 were wide-reaching and included health service providers, community organizations, elected officials and the public. These activities assisted the WWLHIN in moving its transformation agenda forward and continued to enhance partnerships in our communities.

Communities of Interest and Health Councils

The WWLHIN supported the development and growth of Communities of Interest and Health Councils – working groups with the responsibility to address the priorities and action items articulated in the Integrated Health Service Plan (IHSP) (noted on page 4) and identify key health issues faced by specific population groups within the WWLHIN.

System-wide Planning

During the fall of 2007, community engagement efforts were focused on the WWLHIN's health service providers in the format of ten planning sessions held across the WWLHIN. The purpose of these sessions was to align current and future plans with IHSP priorities and WWLHIN directions.

Health service providers including the Waterloo Wellington Community Care Access Centre, the hospitals, long-term care facilities, community health centres, mental health and addictions agencies, and community support services sectors presented their key accomplishments and challenges to their peers and started new discussions of how they could 'work together differently' to enhance local health system capacity.



Meeting Elected Officials

Local policy makers also figured prominently on the community engagement agenda. In addition to continuing the dialogue with local MPPs and MPs, the WWLHIN Board Chair, Kathy Durst, and Chief Executive Officer, Sandra Hanmer, made presentations to local county, regional and municipal councils. Information about WWLHIN activities, the draft 2008/09 Annual Service Plan, and collaborative governance were the main topics of discussion. These presentations also provided an opportunity to discuss potential partnerships between municipalities and WWLHIN health service providers, and facilitated alignment of municipal and health services plans.

Champions of Change

The WWLHIN continued to celebrate local excellence and innovation at its Champions of Change events. 'Building Community Capacity' held in Kitchener in April 2007 focused on building community capacity through collaboration. Paul Born of The Tamarac Institute delivered the keynote address and facilitated a session on collaboration with local health system providers who serve as sponsors of the WWLHIN's Communities of Interest.

The WWLHIN's next Champions of Change event was held in September 2007. The theme was 'Excellence through Collaboration and Innovation' and the event showcased local

examples of excellence achieved through inter-organization collaboration and/or innovation. This event included 20 Health Expo displays and presentations on six local initiatives. Participants learned about innovative approaches and best practices that are currently underway in the WWLHIN.

Chairs' Forums

As stewards of the health care system, the WWLHIN Board of Directors has focused on creating a culture of collaborative governance among the health service providers and other key stakeholders in our area. A series of Chairs' Forums began in December 2006 and will continue to be a board focus.

Chairs' Forums are opportunities for information sharing and for governance leaders to work towards positively transforming the health care system through education and dialogue. The first forum, held in December 2006, introduced the concept of collaborative governance - that health service provider boards have the responsibility to look outside of their organization for opportunities to achieve common goals.

The second Chairs' Forum, held in May 2007, expanded on the collaborative governance concept by challenging participants to generate ideas about how individual agencies can adapt their governance processes and structures to a more system-wide approach.

The spirit of collaborative governance was supported at a Chairs' Forum lunch held at the Champions of Change Symposium in September 2007. Participants supported the value of Chairs' Forums and invited the executive leaders of health service providers to the Chairs' Forum planned for December 2007.



The focus of the December Chairs' Forum was to tap into the collective intelligence of the leadership group and in turn build a sense of trust amongst the leaders in the system. The forum explored the realization that the health care system is poised for transformation and tremendous positive change is possible. The readiness for change and its dimensions were discussed.

Aging at Home

The launch of the Aging at Home (AAH) strategy was the focus for the community engagement activities in the latter part of 2007-08. A series of community-based focus groups, held in the fall of 2007, identified that service providers would require support in understanding and fulfilling the requirements of a successful Aging at Home funding proposal. Staff met with over 400 potential participants using a variety of methods including teleconferences, community events, video conference and WWLHIN board meetings.

Community engagement efforts resulted in the submission of 88 Aging at Home proposals. The WWLHIN received submissions from many non-traditional partners who submitted innovative proposals for delivering community-based programs and services for seniors.

More information about the Aging at Home strategy can be found on page 14.

Francophone and Aboriginal Communities

The WWLHIN intends to expand its community engagement efforts to communities not traditionally part of the health delivery system as a way to build on local capacity, and meet health system needs in innovative ways.

Francophone Communities

A French Language Health Services Council was created by the WWLHIN in 2007-08. In collaboration with individuals and organizations interested in the health of French speaking residents, work began to determine the needs, service gaps, and priorities of French speaking residents.

The Francophone population and French language health providers were identified based on geographic location. Additionally, challenges and opportunities related to access to, and accessibility of, French language health services in the WWLHIN were documented. This work will contribute to developing strategies and identifying opportunities that build on existing community resources within the French speaking community to meet the identified needs.

Engagement with Aboriginal Communities

LHINs across the province are establishing a dialogue with Aboriginal people and are supportive of forums that will be effective and meaningful and will help them better understand Aboriginal health care needs. The WWLHIN Aboriginal Health Council was formed in the fall of 2007, with the group meeting several times throughout the winter months. Council members discussed the unique health issues and health care needs of local Aboriginal people including the challenges of accessing culturally appropriate care.

Because of the relatively small numbers of Aboriginal people living in the WWLHIN, monies designated for Aboriginal community engagement were forwarded to the Hamilton Niagara Haldimand Brant LHIN (HNHB LHIN) to cover expenses associated with their Search Conference that was open to Aboriginal residents from the WWLHIN.

On February 29, and March 1 and 2, HNHB LHIN and the Health Opportunities for Aboriginal People (HOAP) Committee hosted a two-and-a-half day conference on Aboriginal health care experiences. The conference was held at the Six Nations Community Centre in Oshweken.

This consultation forum was initiated by the HOAP Committee as a means to assist the LHINs in better understanding the Aboriginal health care needs within



its jurisdiction. This type of consultation forum is recognized as being supportive of and amenable to traditional Aboriginal dialogue.

The conference provided an opportunity for a diversity of Aboriginal people to come together to share their experiences and to identify the types of actions that need to be taken by them and others to improve their health care experience.

The conference highlighted the importance of providing opportunities for Aboriginal people to articulate their health care needs and to do so in an environment that acknowledges and values their opinions. Given that the LHINs are trying to establish what the health care experience could be for Aboriginal people and are not focused on any particular aspect of health care at this early point in their dialogue with Aboriginal people, the HOAP Committee established the following general question for the conference: "What should the health care experience be for Aboriginal people?" This question allowed participants to explore health care in general, or to be as specific as they wanted to be.

A community report is being produced by HOAP and is being shared with the conference participants and with traditional and non-traditional partners at a launch planned for June 2008. This launch will be an opportunity to reconvene conference participants and present the plans to a wider audience, and to identify next steps.

INTEGRATION ACTIVITIES

The Waterloo Wellington LHIN has the responsibility and the opportunity to pursue integration activities. Under the Local Health System Integration Act, 2006, integration activities are defined as:

- The coordination of services and interactions.
- Partnering with others in providing services or in operating.
- Transferring, merging, or amalgamating services, operations, or entities.
- Starting or ceasing to provide services.
- Ceasing to operate.

Both the WWLHIN and its health service providers (HSPs) have an obligation to identify integration opportunities. To achieve its local health system priorities the following integration options may be presented to the WWLHIN:

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

Four integration activities were supported by the WWLHIN in 2007-08.



Community Support Connections; Meals on Wheels and More!

Four community support services agencies in the WWLHIN expressed their intent on March 31, 2007 to merge into one agency to deliver community based services to seniors in the Kitchener, Waterloo and Cambridge communities. KW Friendship Group, R.A.I.S.E. Home Support for the Elderly, Meals on Wheels Kitchener Waterloo, and Cambridge Community Support (Meals on Wheels) launched an effort to merge their operations with a new name and logo "Community Support Connections; Meals on Wheels and More!"

Throughout the 2007-08 fiscal year, staff and board members worked through the approvals phase of merger but final approval of the merger from the Ministry of Government and Consumer Services remains outstanding. In the meantime, the agency continues to report four sets of financial and performance measures to the WWLHIN. The WWLHIN will continue to work with the ministry and the agency to facilitate a complete merger in 2008-09.

Interim Transition Beds

Throughout 2007/08, the WWLHIN continued to work with area hospitals, long-term care homes and the Waterloo Wellington Community Care Access Centre (WWCCAC) to operate interim transition beds to help relieve alternative levels of care pressures. A unit was implemented with beds located at The Elliott in Guelph and Grand River Hospital's Freeport site in Kitchener. The WWCCAC administered the intake and flow of the patients, and these beds were available to all hospitals in the WWLHIN.

Focus on Healthcare Supply Chain Integration

The Focus on Healthcare Supply Chain Integration (FOHSCI) initiative is a voluntary integration led by a group of hospitals located mainly in the Hamilton Niagara Haldimand Brant and Waterloo Wellington LHINs. In 2007-08, Cambridge Memorial Hospital, Groves Memorial Hospital, Guelph General Hospital, North Wellington Health Care, St. Mary's General Hospital, and St. Joseph's Health Centre agreed to support the FOHSCI initiative.

The purpose of FOHSCI is to maximize the benefits of the integration of hospital supply chain activities in the region. Through the further consolidation and alignment of sourcing and logistics, FOHSCI's premise is to free up financial resources in hospitals so they are redirected to patient care activities. The WWLHIN supports the hospitals' efforts to bring about the benefits associated with their voluntary integration.

Regional Vascular Program

Throughout 2007-08, the WWLHIN supported planning initiatives involving the establishment and implementation of a regional vascular program for the residents of Waterloo Wellington. The program will provide for an effective response for both scheduled and emergency vascular surgery services.

A Vascular Surgery Service Location Request For Proposal (RFP) Evaluation Panel was created.



The RFP was issued, the objective being to create an evidence-based, creative and innovative vascular program and to select a vascular site for the WWLHIN. In May 2007, the panel recommended awarding the RFP to Guelph General Hospital to lead this region - wide program and the WWLHIN endorsed this recommendation.

In follow up, a Vascular Program Advisory Committee was created. Its main purposes included facilitating the development of the regional vascular program concept under the auspices of Guelph General Hospital, ensuring clinical data currency and comparability, and ensuring WWLHIN wide community input was solicited regarding the program.

By January 2008, Guelph General Hospital had completed the refinement of the program concept, and by late March had nearly completed its community engagement. These accomplishments brought the WWLHIN closer to the point of issuing its first facilitated integration decision.

LOCAL HEALTH SYSTEM PERFORMANCE

As identified in the Integrated Health Service Plan, improving access to services and reducing wait times is a priority for the WWLHIN area.

The indicators that are used to measure local health system performance include wait times for cancer surgery, cardiac by-pass procedures, cataract surgery, hip and knee replacement, magnetic resonance imaging (MRI) and computed tomography (CT) scans.

Surgical wait time is the time between when a surgery is ordered and when it is performed.

MRI and CT wait times are the times between when a diagnostic scan is ordered and when it is completed.

Also measured are:

- Readmission rates for acute myocardial infarction.
- Alternative level of care (ALC) days (patients remaining in acute care when a different level of care would be more appropriate).
- Rates of emergency department visits that could be managed elsewhere.
- Hospitalization rates for ambulatory care sensitive conditions (individuals being hospitalized when they would not need to be if they had access to primary care, chronic disease management and/or preventative care).
- The median wait time to long-term care home placements.

Working with its health service providers and their clinical and support staff, committees, and working groups, the WWLHIN has met and exceeded performance targets for 2007-08 in all areas.



Wait Times for Cancer Surgeries and Cardiac Bypass Surgery

Wait times for cancer surgeries and cardiac bypass procedures in the WWLHIN are well below the established provincial benchmarks and represent some of the best results in these areas for the province, as does the WWLHIN's readmission rate for Acute Myocardial Infarction.

Wait Times for Cataract Surgeries, Hip and Knee Replacements

The length of time people are waiting for cataract surgeries, hip replacements and knee replacements has been reduced by 50% or more compared to last year.

For hips and knees in particular, the WWLHIN achieved in one year what was planned to be accomplished over two years.

Wait Times for MRI and CT

There was also a 50% reduction in wait times for MRI. Although a significant achievement, it is still in excess of the provincial benchmark of 28 days.

While there has been a 20% reduction in wait times for CT scans (within our performance corridor) real improvement has not been seen in the past year and current performance at 57 days remains over the benchmark of 28 days.

Performance improvement plans for these two areas are in place for 2008-09.

ALC and Wait Times for Long-Term Care

Patients in a hospital setting who require an alternative level of care, and waits for long-term care remain challenges and will be addressed in fiscal 2008-09 with a performance improvement plan. The plan will include additional funding to support the expansion of transition beds, supportive housing initiatives, aging at home projects and support for emergency departments and community care.

Emergency Department Visits/Ambulatory Care

The rates for emergency department visits that could be managed elsewhere and hospitalization for ambulatory care sensitive conditions continue to move in the right direction. Sustained and continued improvement will be focus areas in 2008-09.



Performance Indicator	Provincial Benchmark In Days	LHIN Performance Target - In Days 2007/08	Performance In Days Mar 31 / 06	Current Performance In Days Mar 31/07	% Change During Year
90th% Wait Time for Cancer Surgery	84	60	50	62	24%
90th% Wait Time for Cardiac By-Pass Procedures	182	40	36	29	-19%
90th% Wait Time for Cataract Surgery	182	182	175	78	-55%
90th% Wait Time for Hip Replacement	182	385	314	140	-55%
90th% Wait Time for Knee Replacement	182	386	336	157	-53%
90th% Wait Time for MRI Scan	28	150	217	93	-57%
90th% Wait Time for CT Scan	28	39	71	57	-20%
Readmission Rates for Acute Myocardial Infarction	N/A	Maintain or improve	3.19	3.14	-2%
% of ALC Days – by LHIN of Patient Residence	—	—	9.96	12.73	28%
% of ALC Days – by LHIN of Institution	—	—	10.75	14.16	32%
Rate of Emergency Department Visits that could be managed elsewhere	N/A	Maintain or improve	3.55	3.79	7%
Hospitalization Rate for Ambulatory Care Sensitive Conditions	N/A	Maintain or improve	67.51	59.41	-12%
Median Wait Time to Long Term Care Home Placements ALL	N/A	Maintain or improve	66	81	23%

NOTE: 90% indicator is designed to capture the wait the 90th person out of 100 experiences.

INVESTMENT IN THE AGING AT HOME STRATEGY

The Aging at Home strategy is a \$702 million (over three years) provincial initiative launched in August 2007 by the Ministry of Health and Long-Term Care (MOHLTC).

The WWLHIN received approximately \$37 million (over three years) to support its Aging at Home strategy that aims to provide seniors with a suite of services to enable them to live as independently as possible, for as long as possible, in a safe home of their choice. There is an emphasis on community-based innovation with ministry direction that a minimum of 20% of all funds are spent on innovative proposals.

The WWLHIN's Aging at Home strategy, aligned with all four priorities of the Integrated Health Service Plan (noted on page 4), has three objectives:

- Provide seniors with a continuum of supports that will enable them to stay healthy and live with independence and dignity in their homes.
- Provide a comprehensive plan for an integrated continuum of care that includes community support services, home care, supportive housing, long-term care beds, and end-of-life care.
- Offer preventive supports to sustain the healthiest population of seniors possible.

In addition, the Aging at Home strategy enables the WWLHIN to consider the needs of the most vulnerable seniors in our community including those who support themselves on a low income, seniors who experience social or geographical isolation, or those from a multicultural background who may experience difficulties accessing health services due to language or cultural barriers.

From a health system-wide planning perspective, the strategy enables the WWLHIN to identify gaps in services for seniors and to identify and consider models of care that meet the needs of frail seniors and those with complex medical conditions.



As one of two LHINs in the province without supportive housing for older adults, the strategy presents an opportunity to identify supportive housing models suitable for the area, and to review existing supportive housing proposals against best practice.

Additionally, the WWLHIN's Aging at Home strategy enables an assessment of the capacity of our area's long-term care facilities to provide appropriate and necessary services in a timely way.

The WWLHIN's Aging at Home strategy was shaped by community engagement activities in late 2007/early 2008 with input from more than 600 individuals including seniors, health service providers, members of the WWLHIN's Communities of Interest and councils and the Aging at Home Steering Committee, focus groups, and community groups. A highlight of community engagement activities was the participation in a province-wide Innovation Exchange video-conference held in February 2008.

The information gathered focused the WWLHIN's efforts in the three key areas:

- Services for medically complex and frail seniors.
- Supportive housing for seniors.
- Seniors' health and wellness.

The WWLHIN announced a Request for Ideas process in November 2007 and 88 responses were submitted.

An internal WWLHIN Review Team reviewed each of the proposals and rated them against set criteria developed by the Aging at Home Planning Team as well as the ability for the initiative to start immediately, the urgency in the community for the service, and the opportunity loss if the initiative was delayed until a later time. Finally, the review team reviewed the portfolio for the distribution across the three themes of services for frail and complex seniors, supportive housing and seniors' health and wellness.

Final proposals were recommended to the WWLHIN Board of Directors and were approved in March 2008 to move forward in fiscal 2008-09.

The recommendations included:

Complex and Frail Services

- Telehome Monitoring for Rural Seniors.
- Integrated Seniors' Services (GEM nurses).
- End of Life Medications in Long-term Care.
- In-home Primary Care Prevention and Monitoring for Seniors at Risk.
- First Link.
- Adult Day Service Network.
- Linking Survivors with Survivors.
- Behavioural Health Program for Highly Disruptive Behaviours.

Supportive Housing Services

- Senior Supportive Housing Collaborative.
- Assisted Living for At-Risk Frail Elderly in Guelph.
- Sunnyside Supportive Housing.
- Access to Care and Housing for Homeless and Those at Risk of Homelessness.



Senior Health and Wellness Services

- Make Yourself at Home.
- Parish Nursing.
- Connections for Healthy Aging.
- Close to Home.

Infrastructure, Geriatric Lead and Ongoing Planning

- Information Infrastructure.
- Geriatric Lead.
- Ongoing Planning.

While approximately \$20 million dollars was allocated over three years, over \$17 million remains for funding additional programs and services that will allow seniors to remain, safely and independently, in their home of choice.

INVESTMENT IN URGENT PRIORITIES

Urgent Priorities

The LHINs' Urgent Priorities Fund is a new funding investment in Ontario that allows each LHIN to address key local priorities. The priorities must improve the provision of services (new or existing) and support activities that focus on improving access, equity, healthy outcomes, quality of care and efficiency.

In approving \$1.375 million, the WWLHIN Board of Directors focused on the programs and services that 'kick started' health system transformation and integration opportunities and were aligned with the priorities of the WWLHINs Integrated Health Service Plan (noted on page 4).

PROJECT/INITIATIVE	
WWLHIN Advanced Wound Prevention and Management Program	\$235,000
WWLHIN Youth Addictions Program	\$300,000
e-Health Architecture and Framework	\$360,000
e-Health Delivery Model	\$250,000
e-Health Secure e-mail and network	\$180,000
e-Health – Creation of Service Catalogue	\$ 50,000
TOTAL INVESTMENT	\$1,375,000

Wound Prevention and Management Program

This is a quality improvement initiative that will quantify the incidence of various types of



wounds and develop protocols and programs to prevent or more effectively deal with wounds. The idea, initiated by the Waterloo Wellington Community Care Access Centre (WWCCAC) requires the WWCCAC, area hospitals and WWCCAC contract providers to work together to identify the incidence of various types of wounds and implement prevention measures and advanced wound management programs to hasten the healing of such wounds.

The program will improve care to patients and prevent readmission of patients to hospitals by establishing consistent practices related to wound care.

Youth Addictions Program

Operating funding was designated to Ray of Hope, a local organization helping youth in conflict with the law and people in poverty in Waterloo Region. The project involves the creation of a residential addiction treatment program, including establishing six beds, for Waterloo Wellington youth ages 13-18.

The project will give WWLHIN youth a treatment option close to home as opposed to the only other publicly-funded option currently available – treatment in Thunder Bay.

This project creates new partnerships with other government agencies such as the Ministry of Family and Children Services, the Ministry of Community Safety and Correctional Services and the Department of Justice.

e-Health Initiatives

e-Health has been identified as a strategic priority for the WWLHIN and its health service providers. It is an 'enabler' to health system transformation and is one of the key strategic directions. In 2006, a comprehensive e-Health Strategic Plan for the WWLHIN was developed through broad consultation. A measured but urgent approach to moving forward with the e-Health Strategy is needed to:

- Support the WWLHIN Integrated Health Service Plan (IHSP) strategic goals and initiatives.
- Appropriately align and leverage ongoing and new local, regional and provincial e-Health investments.
- Favorably position the WWLHIN when the provincial e-Health strategy moves forward.
- Maximize the benefit of provincial funding available through the WWLHIN for the balance of 2007-08.

A set of initiatives, which balance local, regional and provincial priorities, were developed to advance e-Health in WWLHIN. These initiatives include:

e-Health Architecture and Framework – to develop a blueprint for integrating and sharing electronic health information across the Waterloo Wellington LHIN's health service providers.

Connecting the Continuum of Care – to complete the job of connecting the WWLHIN's health service providers with secure networks and secure email. This will enable health care professionals to communicate and exchange information in a secure and timely manner.



Regional Electronic Health Record (EHR) - to connect the WWLHIN's acute care hospitals as suppliers of information to the province-wide electronic Child Health Network (eCHN) and to provide other WWLHIN area health service providers with access to health records.

Creation of Service Catalogue – to support the WWCCAC's implementation of the web-based Information and Referral application that will assist both the public and health services providers to locate and access Waterloo Wellington's health services.

WWLHIN OPERATIONS' ANALYSIS

For 2007-2008 the WWLHIN is reporting health service provider funding in accordance with new public sector reporting guidelines. The WWLHIN managed the Ministry of Health and Long-Term Care (MOHLTC) health funding within service commitments for our local health care system.

The WWLHIN exercised prudent fiscal management to balance our internal operations budget and met the objectives of one-time funding received for various initiatives e.g. e-Health and Aging at Home.

The WWLHIN has satisfied the MOHLTC accountability reporting that includes the preliminary three year Annual Service Plan 2008-2011 and required financial and annual reports.



THE WWLHIN STAFF – at year end, March 31, 2008

The WWLHIN staff is committed to working with our community toward achieving our goal to Live and Live Well in Waterloo Wellington – now and for the future.

The Executive Office Team

Sandra Hanmer, Chief Executive Officer
Staci Bartlett, Business Support Manager
Kate Borthwick, Executive Assistant
Owen D'Souza, Controller
Claire Grant, Administrative Assistant
Glenn Holder, e-Health Lead
Annette Holman, Receptionist
Cynthia Just, Administrative Assistant

The Performance, Contracts and Allocations Team

Bruce Lauckner, Senior Director
Vanessa Davison, Program Assistant
Joanne Hader, Senior Consultant
Kristy Kerr, Administrative Assistant
Toni Lemon, Senior Consultant
Tim Lewis, Consultant
Rebecca Webb, Consultant

The Planning, Integration and Community Engagement Team

Stewart Sutley, Senior Director
Stephanie Cerutti, Planner
Sonal Garach, Program Assistant
Kim Hodgson, Senior Consultant
Linda Lopinski, Senior Consultant
Sue McCloskey, Administrative Assistant
Blair Philippi, Consultant
Asma Razzaq, Epidemiologist

Waterloo Wellington LOCAL HEALTH INTEGRATION NETWORK Annual Report 2007-2008

Approved by

Kathy Durst, Chair

Paul Holyoke, Secretary

FINANCIAL STATEMENTS



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Auditors' Report

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

We have audited the statement of financial position of the Waterloo Wellington Local Health Integration Network (the "LHIN") as at March 31, 2008 and the statements of financial position, 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 Waterloo Wellington 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.

A handwritten signature in black ink that reads "Deloitte & Touche LLP". The signature is written in a cursive, flowing style.

Chartered Accountants
Licensed Public Accountants
May 2, 2008

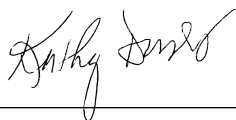
WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK

Statement of financial position

as at March 31, 2008

	2008	2007
	\$	\$
Financial assets		
Cash	769,204	596,543
Due from Health Service Providers ("HSPs")	3,572,372	—
	4,341,576	596,543
Liabilities		
Accounts payable and accrued liabilities	702,741	502,198
Due to the Ministry of Health and Long—Term Care ("MOHLTC") (Note 3b)	61,865	21,460
Due to the MOHLTC from HSPs	3,572,372	—
Due to the LHIN Shared Services Office (Note 4)	4,598	72,885
Deferred capital contributions (Note 5)	310,625	418,535
	4,652,201	1,015,078
Commitments (Note 6)		
Net debt	(310,625)	(418,535)
Non—financial assets		
Capital assets (Note 7)	310,625	418,535
Accumulated surplus	—	—

Approved by the Board



Kathy Durst, Chair



Paul Holyoke, Secretary

WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK

Statement of financial activities

year ended March 31, 2008

	2008	2007	
	Budget (unaudited) (Note 8)	Actual	Actual
	\$	\$	\$
Revenue			
MOHLTC funding			
HSP transfer payments (Note 9)	788,976,900	790,125,284	—
General and administrative	3,483,412	3,450,043	2,949,722
E—Health (Note 10a)	—	275,000	181,000
Aging at Home (Note 10b)	—	181,000	—
Wait Times (Note 10c)	—	70,000	—
Emergency Department Lead (Note 10d)	—	37,500	—
Amortization of deferred capital contributions (Note 5)	—	146,279	132,725
	792,460,312	794,285,106	3,263,447
Expenses			
Transfer payments to HSPs (Note 9)	788,976,900	790,125,284	—
LHIN operations —			
general and administrative (Note 11)	3,483,412	3,577,150	3,075,867
E—Health (Note 10a)	—	256,094	166,120
Aging at Home (Note 10b)	—	179,431	—
Wait Times (Note 10c)	—	70,000	—
Emergency Department Lead (Note 10d)	—	36,742	—
	792,460,312	794,244,701	3,241,987
Annual surplus before funding repayable to the MOHLTC	—	40,405	21,460
Funding repayable to the MOHLTC (Note 3a)	—	(40,405)	(21,460)
Annual surplus	—	—	—
Opening accumulated surplus	—	—	—
Closing accumulated surplus	—	—	—

WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK

Statement of changes in net debt

year ended March 31, 2008

	2008	2007
	\$	\$
Annual surplus	—	—
Acquisition of capital assets	(38,369)	(70,405)
Amortization of capital assets	146,279	132,725
Decrease in net debt	107,910	62,320
Opening net debt	(418,535)	(480,855)
Closing net debt	(310,625)	(418,535)

Statement of cash flows

year ended March 31, 2008

	2008	2007
	\$	\$
Operating		
Annual surplus	—	—
Less items not affecting cash		
Amortization of capital assets	146,279	132,725
Amortization of deferred capital contributions (Note 5)	(146,279)	(132,725)
Changes in non—cash operating items		
Decrease in due to MOHLTC	—	(4,718)
Decrease in due to LSSO	(68,287)	—
Increase in accounts payable and accrued liabilities	200,543	502,198
Increase in due to MOHLTC	40,405	—
Increase in due to LHIN Shared Services Office	—	72,885
	172,661	570,365
Investing		
Acquisition of capital assets	(38,369)	(70,405)
Financing		
Decrease in deferred capital contributions (Note 5)	38,369	70,405
Net increase in cash	172,661	570,365
Cash, beginning of year	596,543	26,178
Cash, end of year	769,204	596,543

WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK

Notes to the financial statements

March 31, 2008

1. Description of business

The Waterloo Wellington Local Health Integration Network was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the *Local Health System Integration Act, 2006* (the “Act”) as the Waterloo Wellington Local Health Integration Network (the “LHIN”) and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to 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 all of the County of Wellington, the Region of Waterloo, and the City of Guelph. This LHIN also contains part of Grey County, which is split with the South West and the North Simcoe Muskoka LHINs. 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 and losses in the value of assets.

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.

WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK

Notes to the financial statements

March 31, 2008

2. Significant accounting policies (continued)

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 contributions 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 date of contribution. Fair value of contributed capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the capital asset would be recognized at nominal value.

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

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

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

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

WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK

Notes to the financial statements

March 31, 2008

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	Surplus
	\$	\$	\$
Transfer payments to HSPs	790,125,284	790,125,284	-
LHIN operations	3,596,322	3,577,150	19,172
E-Health	275,000	256,094	18,906
Aging at Home	181,000	179,431	1,569
Wait times	70,000	70,000	-
Emergency Department Lead	37,500	36,742	758
	794,285,106	794,244,701	40,405

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

	2008	2007
	\$	\$
Due to MOHLTC, beginning of year	21,460	-
Funding repayable to the MOHLTC related to current year activities (Note 3a)	40,405	21,460
Due to MOHLTC, end of year	61,865	21,460

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 the 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 LHINs at the year end are recorded as a receivable (payable) to the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all the LHINs.

WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK

Notes to the financial statements

March 31, 2008

5. Deferred capital contributions

	2008	2007
	\$	\$
Balance, beginning of year	418,535	480,855
Capital contributions received during the year	38,369	70,405
Amortization for the year	(146,279)	(132,725)
	310,625	418,535

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 four years and thereafter are as follows:

	\$
2009	212,061
2010	212,061
2011	203,841
2012	203,007
2013 and thereafter	203,007

The LHIN also has funding commitments to HSPs associated with accountability agreements.

7. Capital assets

	2008		2007	
	Cost	Accumulated amortization	Net book value	Net book value
	\$	\$	\$	\$
Office equipment, furniture and fixtures	101,011	51,991	49,020	57,687
Computer equipment	18,732	10,884	7,848	9,433
Web development	23,043	6,427	16,616	17,000
Leasehold improvements	567,057	329,916	237,141	334,415
	709,843	399,218	310,625	418,535

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 requirements. 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 \$790,125,284 is made up of the following:

	\$
Initial budget	788,976,900
Adjustment due to announcements made during the year	1,148,384
Total budget	790,125,284

WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK

Notes to the financial statements

March 31, 2008

8. Budget figures (continued)

The total operating budget of \$3,488,412 is made up of the following:

	\$
Initial budget	3,483,412
Additional funding received during the year	5,000
Total budget	3,488,412

9. Transfer payments to HSPs

The LHIN has authorization to allocate the funding of \$790,125,284 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in 2008 as follows:

	\$
Operation of hospitals	495,524,666
Grants to compensate for municipal taxation - public hospitals	159,225
Long term care homes	124,127,504
Community care access centres	82,525,235
Community support services	11,693,400
Assisted living services in supportive housing	5,219,100
Community health centres	13,071,551
Community mental health addictions program	24,253,991
Specialty psychiatric hospitals	27,820,502
Addictions	5,730,110
	790,125,284

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

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

a) E-Health

The LHIN received funding of \$275,000 (2007 - \$181,000) from the MOHLTC. These funds were used toward initiatives in support of its strategic E-Health Plan as defined in its Integrated Health Services Plan. E-Health expenses incurred during the year are as follows:

	2008	2007
	\$	\$
Salaries and benefits	110,338	10,749
Consulting services	141,516	152,556
Other	4,240	2,815
	256,094	166,120

WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK

Notes to the financial statements

March 31, 2008

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

b) Aging at Home

The LHIN received funding of \$181,000 (2007 - \$Nil) related to the Aging at Home strategy. Aging at Home expenses incurred during the year are as follows:

	2008	2007
	\$	\$
Consulting services	177,352	—
Other	2,079	—
	179,431	—

c) Wait Times

The LHIN received funding of \$70,000 (2007 - \$Nil) related to Wait List Management activities. Wait List Management expenses incurred during the year are as follows:

	2008	2007
	\$	\$
Consulting services	70,000	—
	70,000	—

d) Emergency Department Lead

The LHIN received funding of \$37,500 (2007 - \$Nil) related to the Emergency Department Lead. Emergency Department Lead expenses incurred during the year are as follows:

	2008	2007
	\$	\$
Consulting services	34,357	—
Other	2,385	—
	36,742	—

11. LHIN operations - general and administrative expenses

The statement of financial activities presents the expenses by function, the following classifies these same expenses by object:

	2008	2007
	\$	\$
Salaries and benefits	2,072,121	1,359,281
Occupancy	251,193	235,554
Amortization	146,279	132,725
Shared services	300,000	290,190
Public relations	65,070	110,506
Consulting services	281,870	377,540
Supplies	73,491	156,294
Board member expenses	169,662	166,299
Mail, courier and telecommunications	74,551	54,529
Other	142,913	192,949
	3,577,150	3,075,867

WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK

Notes to the financial statements

March 31, 2008

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 21 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 2008 was \$172,286 (2007 - \$91,807) for current service costs and is included as an expense in the statement of financial activities.

13. Guarantees

The LHIN is subject to the provision 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 figures

Certain prior year comparative amounts have been reclassified to conform with the presentation adopted for the current year.

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Pour obtenir un exemplaire du Rapport Annuel en français, veuillez communiquer avec le bureau or visiter le site Internet.

LIVE AND LIVE WELL IN WATERLOO WELLINGTON

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Ontario

Local Health Integration
Network