Waterloo Wellington **LHIN**

ANNUAL REPORT 2014-15

Ontario
Local Health Integration Network

OUR **MISSION** IS:

To lead a high-quality integrated health system for our **residents**.

OUR **VISION** IS:

Better Health – Better **Futures**.

OUR **CORE VALUE** IS:

Acting in the **best** interest of our **residents'** health and well-being.

LOCAL SOLUTIONS – FOR YOU AND YOUR FAMILY

Acting in the best interest of our residents' health and well-being is our core value and the principle that guides the work we do each and every day. Building a high quality, integrated local health system requires a deep understanding of the health needs of our community and partnership with local health service providers, governors and community leaders from across many sectors.

Our efforts are focused on improving your health and well-being, and it is working. We know this because you have told us that your care is better coordinated and you have more confidence in the local health system. In fact, in a recent survey, 85 per cent of Waterloo Wellington residents rated their personal health care experience as good, very good or excellent. Performance data tells us that you are waiting less time for care in the Emergency Department and for elective surgeries and that quality has improved in a range of different clinical areas. Physicians tell us they have more timely access to information about your care than ever before. And you tell us you have improved access to care at home for the ones you love.

In the pages ahead, we provide an overview of some of the key improvements that have been made in our local health system. We have included in our Annual Report stories from our residents. We share their experiences because they help us identify where the system is working well, and where it needs improving.

Together, with our partners in other sectors, we are helping to make Waterloo Wellington a healthier, more vibrant place to work and live. We will continue to ask what is most important to you, make advancements and report on results. We are here to listen and to act and we encourage you to contact us to provide feedback, share a story or offer suggestions for further improvement of your health system.

Joan Fisk
Chair, Board of Directors

Dale Small
Vice-Chair, Board of Directors

Bruce Lauckner
CEO

BOARD OF DIRECTORS 2014-15

WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK GOVERNANCE STRUCTURE

The Waterloo Wellington Local Health Integration Network is governed by a Board of Directors who are selected by the Lieutenant Governor in Council and appointed through Order in Council. Members hold office for a term of up to three years and may be re-appointed for one additional term. The Board is skills-based, drawing on local individuals with a variety of experiences and expertise. Waterloo Wellington LHIN Board meetings are open to the public. There are three standing committees of the Board: Finance and Audit, Governance and Nominations.

TRANSITIONS IN BOARD MEMBERSHIP

In February 2015, the Waterloo Wellington LHIN Board of Directors welcomed Bryan Larkin, Chief of the Waterloo Regional Police Service to the Board.

Joan S. Fisk, Chair

Jun. 2, 2011 – Jun. 1, 2014
Reappointed: Jun. 2, 2014 – Jun. 1, 2017

Dale Small, Vice-Chair

Nov. 18, 2009 – Nov. 17, 2012
Reappointed: Nov. 18, 2012 – Nov. 17, 2015

Manjit Basi

Oct. 6, 2010 – Oct. 5, 2013
Reappointed: Oct. 6, 2013 – Oct. 5, 2016

Murray O'Brien

Jun. 2, 2011 – Jun. 1, 2014
Reappointed: Jun. 2, 2014 – Jun. 1, 2017

William (Bill) Dinwoody

Dec. 2, 2009 – Dec. 1, 2012
Reappointed: Dec. 2, 2012 – Dec 1, 2015

Jeff Nesbitt

Nov. 19, 2013 – Nov. 18, 2016

Bryan Larkin

Feb. 11, 2015 – Feb. 10, 2018

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WHY LOCAL IS SO IMPORTANT

No one knows better what is needed for our community than those of us who live here, work here and receive health care here. That doesn't mean we can't learn from others. What it does mean is that solutions need to be tailored to fit our unique needs.

The Waterloo Wellington area is 90 per cent rural, yet almost 90 per cent of our residents live in urban areas. We have a growing high-tech hub, four internationally recognized post-secondary institutions, a nationally famous farmers' market and thriving agricultural industry, a vibrant arts and theatre community from Drayton to Guelph and beyond, and much, much more. Our diverse population includes French-speaking, Aboriginal, Mennonite, and immigrant residents. While we have increasing education rates, we also have concentrated areas of poverty.

The medical and business professionals who work at the Waterloo Wellington LHIN understand our community because they are local. Our children play sports and go to school together. We shop at the same grocery stores, we celebrate at the same festivals, and when we need medical care, we go to the same hospitals, doctors, and clinics. We meet at the same libraries and community centres, and we interact with many of the same service organizations as volunteers or clients. The doctors who work at the Waterloo Wellington LHIN literally work with us and their patients in the same day.

As local residents, we are here to support providers as they collaborate to make improvements each and every day. When necessary, we intervene to ensure the decisions that are made are in the best interest of residents. We also lead the creation of programs that increase quality and ensure consistent levels of care across the entire health system. These are improvements that benefit us all.

Most importantly, we interact regularly with the residents who contact our office, and we formally engage our community to get their input and feedback. The changes made to improve local health are based on the input of local residents and local health care workers. They are also grounded in best practice and aligned with provincial strategy and vision.

This is the benefit of being local: knowing the needs of our community, seeing the system view and where pieces need to be better connected, and leading local solutions that will improve the health of those around us.

WWLHIN's TOTAL POPULATION

778,676

SENIORS (65 YEARS & OLDER)

14.3%

ABORIGINAL POPULATION

1.4%

RURAL AREA POPULATION

11%

LIFE EXPECTANCY AT BIRTH

81.8 YEARS

IMMIGRANT POPULATION

20.6%

COMMUNITY PROFILE

The Waterloo Wellington LHIN is home to approximately 775,000 people, 5.7 per cent of the population of Ontario. Since 2007, the Waterloo Wellington LHIN's population has increased, on average, by 1.2 per cent each year. The population of Ontario increased by 1.1 per cent annually during this same period of time. The Waterloo Wellington LHIN has a relatively young population with 86 per cent of residents under the age of 65 years.

Although more than 20 per cent of the population of Waterloo Wellington are immigrants and 11.7 per cent are visible minorities, these percentages are lower than the provincial average. Approximately 1.4 per cent of Waterloo Wellington residents self-identify as Aboriginal. Two per cent of the population is French-speaking.

Both the unemployment and low income rates in Waterloo Wellington are lower than provincial rates. Fifty-eight per cent of adults (age 25+) have attained post-secondary education credentials.

HEALTH PROFILE

The health of residents in Waterloo Wellington is partly measured by a number of different health indicators. These indicators are compared to provincial averages to determine how healthy residents are compared to the rest of the province.

Life expectancy among males and females in Waterloo Wellington is similar to the average life expectancy for Ontario. The percentage of newborns classified as "small for gestational age" was less than the provincial average, while the percentage classified as "large for gestational age" was slightly higher. This is important because low birth weight is a determinant of infant health.

Self-reported health, an indicator of overall health status, can reflect aspects of health not captured in other measures. Waterloo Wellington residents are more likely than other Ontarians to rate their overall health as "Excellent" or "Good".

Poor health practices are related to increased risk of chronic conditions, mortality and disability. Examples of poor health practices are smoking (17 per cent of residents smoke), not eating well (58.8 per cent report consuming less than 5 servings of fruits and vegetables a day) and not exercising (only 46.3 per cent report being physically active). More than 50 per cent of residents report that they are overweight or obese.

The chronic conditions with the highest mortality rates in Waterloo Wellington are cancer, ischemic heart disease and stroke.

COLLABORATION: IMPROVING HEALTH, TOGETHER

There are many things, in addition to health care services, that contribute to our overall health and well-being. We call these the "social determinants of health." Education, employment, income, housing and many other factors play a role in determining how healthy we are now and what our health needs may be in the future.

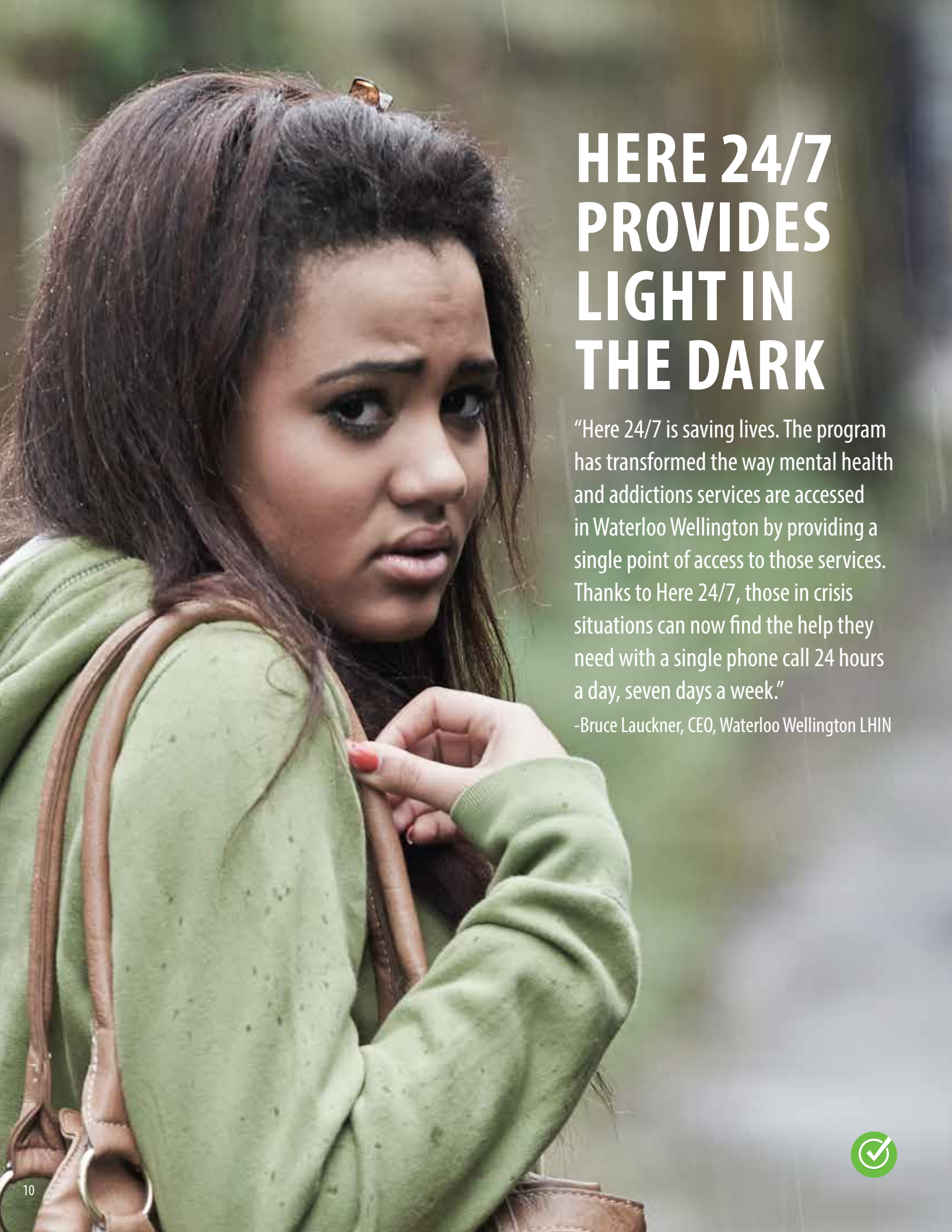
That is why we work with the entire community to set priorities and take action on initiatives that will create the important improvements in the health system that our residents deserve.

This year's Annual Report demonstrates how, through collaboration and partnership with our residents, health service providers, governors and community leaders, we have been able to make improvements within our three priority areas:

- Enhancing Access to Primary Care
- Creating a More Seamless and Coordinated Health Care Experience
- Leading a Quality Health Care System Using Evidence Based Practice

STORIES

Our Annual Report celebrates the successes of the health system through the experiences of our residents. In this section of the report, you will find real stories from people who live in Waterloo Wellington. These stories are representative of the ones we hear each and every day. They inspire and motivate the staff at the Waterloo Wellington LHIN to continue improving – challenging – and transforming the current system.



HERE 24/7 PROVIDES LIGHT IN THE DARK

"Here 24/7 is saving lives. The program has transformed the way mental health and addictions services are accessed in Waterloo Wellington by providing a single point of access to those services. Thanks to Here 24/7, those in crisis situations can now find the help they need with a single phone call 24 hours a day, seven days a week."

-Bruce Lauckner, CEO, Waterloo Wellington LHIN

REACHING OUT & FINDING HELP: KOURTNEY'S STORY

Kourtney was in crisis. She hid herself in the girl's washroom at her high school. Eight months of bullying was taking its toll. Now she was sitting in the stall thinking about taking her life.

She had already made a few attempts to commit suicide before. Her wrists showed the faint evidence of her previous attempts.

Sitting alone in the bathroom stall, she made a decision to seek help.

Not knowing where else to turn, Kourtney reached out to the guidance counsellor at her school.

One look at Kourtney and her counsellor, Randall, knew he needed to get her help right away. It was a matter of life or death.

Randall knew of the Here 24/7 service and with Kourtney in his office, he placed the call.

"When I talked with Kourtney I knew I had very little time to act to save this young girl's life. I called the number and it was answered right away. Kourtney and the service coordinator talked at length. Then the service coordinator followed up by coming to the school to help Kourtney get the supports she needed."

It became apparent in conversations with the service coordinator at Here 24/7 that depression from bullying was only one symptom of a larger mental health concern. Kourtney had turned to drugs and alcohol as a coping mechanism and became addicted to the prescription pain medication her mother used.

Through her service coordinator, Kourtney was connected to an addictions counsellor who helped her manage her addiction. She also has regular sessions with her guidance counsellor at school who is helping her cope with the bullying and to prepare for post-secondary studies.

Today, Kourtney is feeling healthier and more like herself. She has, with help and support, begun to rebuild her young life. She knows she can always call Here 24/7 anytime she feels like she needs extra support.

Kourtney: "The distress line was a true life saver. I will be forever grateful to everyone for helping me when I needed them."

ONE CALL: that's all it takes for someone who is in crisis to get the help and supports they need when and where they need it.

Working with any of the 12 partner agencies that provide services for addictions, mental health or crisis support in Waterloo Wellington, Here 24/7 is able to provide residents a coordinated and collaborative approach to mental health and addictions services 24 hours a day, 7 days a week – a first for Ontario.

When a resident contacts Here 24/7, staff, trained to provide assessments, will match them with the service options available or will link them to services and supports within the community.

For most services, staff have the ability to schedule appointments directly with each partner agency so the resident does not need to re-tell their story.

MORE THAN 11,500 PEOPLE WERE SERVED THROUGH "HERE 24/7" IN THE FIRST YEAR

YouTube
Check out Joseph's story online: TheWWLHIN

BEHAVIOURAL SUPPORTS ONTARIO (BSO): ENHANCED CARE FOR SENIORS

"The Alzheimer Society of Ontario applauds the progress BSO has made towards improved quality of life for this group of Ontarians, especially those living with dementia. We're encouraged by these early signs of success and look forward to working with the LHINs as the project continues to roll out across the province."

– Gale Carey, CEO, Alzheimer Society of Ontario

REGAINING INDEPENDENCE: NOREEN'S STORY

There was a time, not too long ago, when Noreen's life was upside down.

Just into her 60's, she began to experience memory loss and frequently felt agitated and confused. As a few years passed, Noreen's struggles increased. She began having a hard time in social situations and could no longer keep up with conversations. She became more and more isolated. Noreen was very social and the isolation caused her to become depressed. She also experienced increased difficultly caring for herself.

In her confusion, she would often visit the emergency department unnecessarily.

After one of her emergency department visits, Noreen was diagnosed with dementia and was referred to the Community Care Access Centre (CCAC) for assessment and support.

Along with her daughter, CCAC Care Coordinator and Geriatric Emergency Management (GEM) Nurse it was determined the most supportive setting for Noreen would be a long-term care home in Fergus.

Noreen's team worked hard to ensure the transition was as seamless as possible for Noreen, however, the stress of the change and perceived loss of independence caused Noreen to become even more agitated. She started resisting care from her caregivers.

Staff at the long-term care facility called on the support of the Behavioural Supports Ontario (BSO) team to assist them in helping Noreen manage the responsive behaviours caused by her dementia.

BSO is a provincial initiative, funded through the LHINs, that focuses on providing specialized care for those diagnosed with behavioural issues that are caused by conditions like Alzheimer's disease and other forms of dementia.

The team worked in collaboration with Noreen to identify areas of support. She had three goals: maintain her mood, improve her social life and regain some of her independence.

To help Noreen achieve her goals, the BSO team implemented Montessori techniques - the use of repetitive tasks and recreation therapy to help dementia patients keep their minds active.

The BSO team also coached staff on how to use validation techniques to calm Noreen when she was anxious and gave tips on how to provide a supportive rather than a "do for" approach to help her remain as independent as possible.

To improve her social life and manage her anxiety, the team encouraged Noreen to engage in activities she enjoyed. Noreen used to be a painter and was especially fond of doves so, as part of a group art class, she began to paint them. This activity brought joy and relief from her depression and anxiety.

Noreen's transition to long-term care went very well and thanks to the extra support from the BSO team, she has settled into the routine of her new home. Noreen paints every chance she gets and her family is especially grateful to see her be able to enjoy the things she used to do.

THE BSO PROGRAM IN WATERLOO WELLINGTON HAS BEEN **RECOGNIZED PROVINCIALLY AS A LEADING PROGRAM IN BEHAVIOR SUPPORT SERVICES** IN LONG-TERM CARE

HEALTH CARE AND POLICE SERVICES WORKING TOGETHER

IT BEGAN SEVERAL YEARS AGO WHEN THE WATERLOO WELLINGTON LHIN ASKED A LOCAL CHIEF OF POLICE:

"What's the one thing we could do to help the police?"

HIS ANSWER WAS SIMPLY:

"Put mental health nurses in my cars."

In response to that request, the Waterloo Wellington LHIN Board of Directors invested in an exciting new partnership with the Waterloo Regional Police Service and the local Canadian Mental Health Association (CMHA-WWD) to create a Specialized Mobile Crisis Team (SCT). The program works like this: addictions and mental health experts join police officers responding to emergency calls and provide support or referrals on the spot. As a result, unnecessary emergency department visits are prevented, police are spending less time on calls, residents struggling with addictions or mental health issues are getting better care faster and these residents are less likely to find themselves in conflict with the law.

In October 2014, the Waterloo Wellington LHIN Board of Directors decided to expand the program into both the City of Guelph and in Wellington County through the Ontario Provincial Police. With this investment, the new initiative, called Integrated Mobile Police and Crisis Teams or IMPaCT, was rolled out. Now residents across the Waterloo Wellington LHIN will have access to a joint partnership with police and mental health professionals to provide more clinically informed care, resulting in less trips to the Emergency Department, and better outcomes for people in crisis.

POLICE AND MENTAL HEALTH WORKING TOGETHER: LUKE'S STORY

Patty felt frightened and didn't know where to turn. It was a hot night in July and her husband, Luke, was angry and talking about wanting to kill himself. Patty felt concerned for his safety and that of her two teenage children: Mike and Lana. So she called 911. Within minutes, police officers arrived at the residence along with a mental health nurse, who is part of the Specialized Crisis Team (SCT).

The mental health nurse, Rosa, quickly assessed the situation. Her first priority was to make sure the children were okay and felt safe. Then she talked to Luke to calm him down. Once she and the officers were satisfied there was no immediate danger to the family, Rosa took charge of the situation so the police officers could be freed to take other emergency calls.

Rosa continued to talk with Patty and Luke. Together, they created a safety plan that would get the family through the rest of the night and into the next day.

Rosa learned that Luke was a truck driver and had developed a fear of crashing his truck. The fear had become so debilitating that it prevented him from working. Patty was seasonally employed so there was no steady income. This meant that the family's financial situation had become dire. They were behind in their bills and were facing eviction from their home. Food was scarce and the family was in poor health. The situation had become unbearable to Luke. He felt taking his own life was the only answer.

The next day, Rosa connected the family to a mental health coordinator. She worked with Luke to arrange an appointment with a psychiatrist to help him cope with his mental health concerns and anxiety around crashing his truck.

The support coordinator recognized that Luke and his family needed more health and social supports to manage Luke's health needs. The family did not have a primary care physician so the support coordinator connected the family with a Nurse Practitioner-Led Clinic to manage their care going forward.

The support coordinator also worked with Patty and the children to have them referred to a children's mental health program to address some of their own mental health concerns. Patty and Luke also received the help they needed to apply for funding from the Ontario Disability Support Program to help their family cope financially while Luke received the care and treatment he needed to get better.

"I think what makes the SCT program so successful is its approach to supporting people with mental health challenges," says Carmen Abel, Co-Chair at the steering committee for SCT. "Instead of people like Luke ending up in an emergency department, jail or worse, he is able to receive immediate support and is connected to the resources he needs. It's a much better outcome for Luke and for the health system."

Today, Patty, Luke, Mike and Lana are doing much better. The wrap around care from the Specialized Mobile Crisis Team initiative gave them the health care and social assistance they needed.

SCT NURSES MANAGED
699 INCIDENTS
IN 2014

CONNECTIVITY TABLES, COLLABORATION FOR CHANGE

"It used to take us a week or two to navigate the system to figure out who the point person was within the agency to make some decisions about how to help kids, families, and adults."

– Erin Scott, Waterloo Region District School Board Representative

MORE THAN HEALTH CARE: JOHN'S STORY

At the age of 11, grade 7 student, John, refused to go to school and was violent with his mother.

Local police were called to investigate and found much more than a troubled child. They found the home cluttered and unkempt, with no food in the fridge.

Upon speaking with John's mother, Mary, they learned she had accessed health and social services in the community yet she was not following through with her primary care plan and was not properly taking her medication.

Mary was also drinking heavily and she was sleeping for days at a time. Family members would often call 911 for assistance.

Because of his mother's state, John was not being cared for or fed regularly. John had also been missing school often and when he did attend, he required a teddy bear or another comfort item. John was clearly struggling with his own mental health concerns and, in addition to being aggressive, he expressed hatred for his mother and had suicidal thoughts.

Officers knew that this family needed a collaborative response that incorporated the services of multiple agencies.

Years ago, getting support from all these agencies would have been time consuming and difficult for Mary and John. However, in 2014, the Waterloo Wellington LHIN partnered with the Waterloo Regional Police Service, the Ministry of Community Safety and Correctional Services and Langs Community Health Centre to establish a Connectivity Table in Cambridge.

Based on successful programs in Prince Albert, Saskatchewan, Connectivity Tables bring together representatives from across all public service agencies to build on and enhance collaborative relationships in the community and develop early intervention strategies for at-risk residents.

Mary and John's story was brought forward to the Connectivity Table. After a seven minute conversation, the Connectivity Table members put a plan in place to address risk factors of mental health, school attendance, parenting, physical health and addiction and within 48 hours that plan was acted upon.

- A mental health worker met with Mary, coordinated her admission to a hospital and linked her with alcohol treatment and counseling. A care plan was developed and was shared across agencies.
- Family and Children's Services addressed John's immediate needs for care. With Mary's consent, they placed John in a foster home temporarily while his mom worked on her mental health and on parenting issues. The school ensured that John had adequate supports while going through this transition.
- When John does return to Mary's care, issues of housing, employment and other long-term supports will be determined.

Without Connectivity Tables , Mary's condition would likely have deteriorated – increasing the complexity of her care and John's immediate needs for support may have been missed.

SINCE ITS INCEPTION
159 CASES
HAVE BEEN RESOLVED THROUGH
CONNECTIVITY TABLES

YouTube Check out our Connectivity Table story online: TheWWLHIN

INCREASED ACCESS TO PRIMARY CARE

"We are pleased about this next call for Nurse Practitioner-Led Clinics. It means that Ontarians will benefit from increased access to family health care as well as the comprehensive, team-based approach these clinics provide."

– Paula Carere, President, Nurse Practitioners' Association of Ontario

PRIMARY CARE INNOVATION: ANJI'S STORY

Anji is a 50-year old single mother of three who recently immigrated from Pakistan. She was having difficulty finding the right family doctor to help her manage her diabetes, anxiety and depression. Her anxiety and panic attacks became so debilitating she frequented the emergency department of a local hospital. As a new immigrant to Canada, language barriers increased her anxiety and depression.

She came to the Waterloo Region Nurse Practitioner -Led Clinic (WRNPLC) anxious and frustrated. With help from an interpreter, the clinic learned of Anji's chronic history of diabetes, anxiety and depression. She confided that she had not been taking her medication or having lab work done on a regular basis. A complete assessment was done by the nurse practitioner (NP) who then involved a registered practical nurse (RPN), pharmacist, social worker and dietician in Anji's care. The team created a coordinated care plan that clearly outlined what steps should be taken to manage her care. The NP arranged for her blood work to be done and the social worker provided emotional support and arranged for the plan to be communicated to Anji in her own language.

Anji started taking her medication and following her care plan and was able to see a mental health professional through the Ontario Telemedicine Network (OTN).

Today, Anji is doing well. She is managing her diabetes through diet, medication and regular check-ups. She is better able to deal with her anxiety and knows where to go for help when she needs it.

Her 14-year old daughter, Amina, is happy with the care and support her mom has received and says, "my mom no longer goes to the ER since becoming your patient."

Primary care providers are an anchor for people within the broader health and social services system. They help people maintain healthy lifestyles, recover from acute health conditions and manage chronic disease through monitoring, system navigation, assistance, education and screening.

While the majority of Waterloo Wellington residents have a primary care provider, there are some people who do not. To address this gap in primary care, the Province introduced Nurse Practitioner-Led Clinics to provide primary care services to those without a family doctor.

Nurse Practitioners provide the full scope of primary care services. In Waterloo Region there are three Nurse Practitioner-Led Clinics (WRNPLC) partnered with Health Links.

These clinics reduce the burden on emergency departments and urgent care clinics.

IN WATERLOO WELLINGTON THERE ARE
7 NURSE PRACTITIONERS
OPERATING OUT OF 3 NP CLINICS
SINCE 2012, THEY HAVE SEEN **2,865** NEW PATIENTS

QUALITY-BASED HEALTH IMPROVEMENTS

"From a patient perspective, I would like to see a seamless transition from one care setting to another where their information is available at any point of care so that they can get appropriate care, at the right time and in the right place. That is why it's important to have a sustainable health system supported by technology."

– Dr. Mohamed Alarakhia, Enabling Technologies (eHealth) Lead, WWLHIN

IMPROVING HEALTH COMMUNICATION: KARL'S STORY

77-year old Karl lives in Kitchener. He is a widower and has two grown children and four grandchildren. He enjoys visits with his family when he's well enough to leave his apartment or have visitors drop by. He has congestive heart failure, kidney disease and diabetes. He has good days and bad.

When Karl visits his family doctor, she, and the team that works with her, not only address his health concerns but also discuss preventative care with Karl.

By using the best practice templates in the electronic medical record provided by Project QBIC (Quality Based Improvements in Care), Karl's family doctor is able to determine appropriate preventative treatments, such as vaccinations for things like pneumonia, which can prevent unnecessary illness and visits to the emergency department and hospitalization.

Project QBIC also provides tools that allow Karl's care team to identify lab tests that should be done within the best practice time. For Karl, that means a reminder comes up in his electronic medical record that prompts his doctor to send him for blood tests to check his kidney function even though that was not the purpose of his visit on that day. Because Karl has difficulty remembering things like medical appointments, his doctor's office schedules a reminder phone call to Karl several days before his appointment so he doesn't miss it.

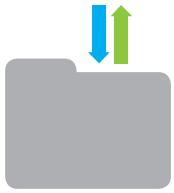
The technology also guides physicians to consider a patient's complex needs when making decisions about appropriate medications. For example, a few months after his last visit, Karl returned to his doctor complaining of joint pain. The doctor diagnosed his condition as gout. Through the information in his EMR, she was able to determine that Karl could not take the medication that is regularly prescribed for gout because it could affect his kidney function. Good primary care and electronic medical records prevented Karl from getting a medication that could have made his kidneys worse.

REVOLUTIONIZING MEDICINE THROUGH TECHNOLOGY

You can go back to 1895, when German Physicist Wilhelm Röntgen was credited with discovering X-rays, to see how much technology has changed the way doctors diagnose and treat their patients. Today, technology is still revolutionizing medicine to ensure patients are getting the right care, at the right time, in the right place.

Recently, the eHealth Centre of Excellence (eCE) was recognized through a 2015 National Leading Practice Initiative that explores how EMRs can be used in clinical environments to help health professionals improve their quality of care and deliver more efficient and targeted care to their patients.

Locally, this initiative is helping residents like Karl.



4,000 WATERLOO WELLINGTON
CLINICIANS AND STAFF
CURRENTLY USING
ELECTRONIC MEDICAL RECORDS

PALLIATIVE CARE: KAREN'S STORY

Karen was a 40-year old recently widowed woman who was diagnosed with kidney cancer in the spring of 2012. There were limited treatments available for her cancer and prognosis for her advanced disease was not good. The Hospice of Waterloo Region received a call from the school social worker at the end of September 2012, when Karen's six-year old son was found to be missing school on a regular basis. Karen was living alone in a small apartment and her disease had advanced to such a point that walking more than a block would render her out of breath and dizzy. She could drive her son to school, but in order to drive she had to refrain from taking her pain medication.

Karen was a private person and fiercely independent. She knew that she was dying but was continually hopeful that she would live until the end of the school year. After a worker from The Hospice of Waterloo Region reached out to her, Karen agreed to have a volunteer visit weekly and to accept assistance with tasks like shopping.

As she grew to trust the staff at the hospice, she asked for information on funeral arrangements for someone with no income and for counsel on what documents would be necessary for her to have her 22-year old daughter become her son's guardian upon her death.

Even though Karen did not want to talk about her pending death, staff at the Hospice were able to offer counseling to Karen's daughter who was overwhelmed by the prospect of her mother's death and becoming a parent to her little brother.

Counseling in this situation was intense over a short period of time to stabilize a situation that was changing on a weekly basis. Referrals to other community services for her daughter were made to assist her with managing her new situation.

To support people like Karen, the Waterloo Wellington LHIN has invested $1.2 million over three years to Hospice of Waterloo Region to develop an Advance Care Planning Program in Waterloo Wellington. As a result, more residents will have support in preparing for their end-of-life care.

MORE RESIDENTS WILL HAVE ACCESS TO
ADVANCE CARE PLANNING
RESOURCES THAT WILL IMPROVE THEIR
END-OF-LIFE CARE

OUR WORK

Under our three priorities, we have established key initiatives to improve the local health system. We have also identified performance indicators that demonstrate the progress towards our goals. The targets outlined here are guided by the goal of providing the highest quality health system for our residents and are based on provincial targets or on what clinical evidence suggests results in the best outcomes for residents, whichever is better.

STRATEGIC PRIORITIES FOR OUR LOCAL HEALTH CARE SYSTEM:

ENHANCING ACCESS TO PRIMARY CARE

CREATING A MORE SEAMLESS AND COORDINATED HEALTH CARE EXPERIENCE

LEADING A QUALITY HEALTH CARE SYSTEM USING EVIDENCE-BASED BEST PRACTICE

ENHANCING ACCESS TO PRIMARY CARE

25% MORE RESIDENTS WERE ABLE TO SEE THEIR **PRIMARY CARE PROVIDER** THE SAME OR NEXT DAY.

Your primary care provider is probably the first health care professional you will turn to for care. Primary care professionals are often family doctors but they may also be nurse practitioners or other health care professionals responsible for coordinating the specialized services required from other providers.

For primary care providers across the Waterloo Wellington LHIN to deliver the best care possible, it is important that they are well informed and connected with other health service providers and have access to technology that will assist them in providing the best care.

INITIATIVES

To meet our targets, we have broken down each priority into a set of system goals – specific action items that will help us and our health service providers achieve our objectives.

GOAL

Through Health Links, establish individualized, coordinated care plans for high needs residents across Waterloo Wellington.

ACHIEVEMENT

Health Links are a provincial, transformative innovation that provide coordinated local care for high needs residents. Waterloo Wellington now has four established Health Links that cover the full geography of our LHIN.

Now, people with multiple health care concerns receive coordinated care plans that ensure their complex needs are met efficiently and that they receive the best possible care.

GOAL

Build partnerships between health, social services, education, justice and other community partners to improve population health.

ACHIEVEMENT

The Waterloo Wellington LHIN is leading the way in an all-of-community approach to supporting well-being. Partnering with the local police services, Connectivity Tables have been established across the LHIN. These groups bring together representatives from public service agencies like police, Family and Children's Services, crisis intervention, and health care to provide wrap around services to our residents who are at high risk – making more efficient use of health and social service resources.

See page 12 for John's Story.

Further partnerships between police services and the Canadian Mental Health Association have added mental health nurses to policing teams and helped to reduce the number of unnecessary hospital admissions for residents with mental health concerns.

See page 9 for Luke's Story.

GOAL

Improve health equity through improved access to care close to home.

ACHIEVEMENT

Health equity means all of our residents have access

to the same quality of care – no matter who they are or where they live. Through our Telemedicine program, residents have access to doctors and other medical professionals via tele-conference. Last year, telemedicine connected almost 30,000 of our residents with the care they needed.

GOAL

Improve access and implement best practice guidelines for diabetes care and chronic disease prevention and management in Waterloo Wellington.

ACHIEVEMENT

In 2010, the wait times for care in the diabetes program were up to 16 weeks and the process was often confusing for residents. In 2014, we improved the way that we monitor wait times and, as a result, they have significantly improved. Now most patients will have an appointment within 28 days.

GOAL

Implement enabling technologies including:

- Ontario Laboratory Information System (OLIS)
- Hospital Report Manager (HRM)
- Technology supporting Health Links

ACHIEVEMENT

Implementing new technology is extremely important in health care. The Hospital Report Manager (HRM) and electronic medical records (EMR) allow physicians to pass information between providers seamlessly and ensure residents are getting the right care at the right time.

This year, great progress has been made in developing these enabling technologies in the Waterloo Wellington LHIN including the development of electronic coordinated care plans and the roll out of HRM in our largest hospital. Over the next year, HRM will be implemented in the LHIN's other hospitals.

98% OF RESIDENTS HAVE A PRIMARY CARE PROVIDER

HOW WE'VE MADE THINGS BETTER: *HEALTH LINKS*

THEN:

Mario was a 71-year-old single male living with diabetes and dementia. He didn't have a primary care provider and he frequently had to visit the emergency department (ED) because of diabetes complications as he didn't remember to take his medication.

NOW:

Through the ED and the Health Links initiative, Mario was identified as a high-needs resident who required wrap around care to manage his complex conditions. Health Links and the Health Care Connect Program then connected him with a physician in his area. The ED staff also referred Mario to a local diabetes education program where he is learning how to better manage his diabetes. Health Links partners also ensured he had the appropriate wrap-around care from various providers, including a personal support worker who supports Mario on a daily basis, to make sure he is appropriately managing his conditions. Mario has not had any diabetes complications for the last year and hasn't been to the ED since he was referred to the education program.

CREATING A MORE SEAMLESS AND COORDINATED HEALTH CARE EXPERIENCE

WAIT TIMES FOR GERIATRICIANS REDUCED BY UP TO 75%

A key aspect of a quality health system is ensuring residents get the right care, at the right time, in the right place. Easily navigating the health system is particularly important for those with the most complex health care needs.

Seamless care occurs when residents can transition from one area of care to another easily. A well coordinated system means you don't have to repeat your story and you will know where to go to find the help you need.

INITIATIVES

To meet our targets, we have broken down each priority into a set of system goals – specific action items that will help us and our health service providers achieve our objectives.

GOAL

Expand and improve upon streamlined, coordinated access to services across the continuum of care.

ACHIEVEMENT

Alongside our mental health service partners, we have transformed the way residents access mental health services in Waterloo Wellington. With a single call to the Here 24/7 crisis line, residents are now connected to referrals, counseling and support services throughout the system.

Great work has also been done with our Community Health Centres to centralize diabetes education to make resources more consistent and easier for residents to find.

Over the next year, we are going to grow and connect these and even more services to improve, coordinate and further streamline the system.

GOAL

Strengthen and maximize the current quality & capacity of community services.

ACHIEVEMENT

With a focus on efficiency and providing as much support as possible, several community support agencies have made strides towards integrating and collaborating to expand services. For example, in 2014 the Alzheimer's Societies of Cambridge, Guelph-Wellington and Kitchener-Waterloo amalgamated to form the Alzheimer's Society of Waterloo – Wellington. The integration allowed the society to expand their existing programs to serve more residents.

Numerous one-time investments have also been made in other community supports. These investments include financing hearing technology and investing in the quality and service delivery efficiency of meals on wheels and transportation services across the LHIN.

GOAL

Remove barriers for people waiting for an alternate level of care.

ACHIEVEMENT

We are continually assessing and measuring how well the health system is managing alternate level of care (ALC) patients. These are patients who no longer need to be in the hospital but are waiting to move to another facility or back home with support. Over the past year,

we have expanded programs that keep people from being admitted to the hospital through initiatives such as rapid response nursing teams. Through investments into enhanced supports for palliative care, mental health and addictions services and complex continuing care and long-term ventilation, we have increased the capacity in the system to manage patients in the most appropriate place.

GOAL

Improve care for seniors through implementing key recommendations of the Provincial Seniors Strategy.

ACHIEVEMENT

Community-based nurse practitioners, including mental health nurses specializing in providing care to seniors, are now available to increase services for geriatric patients and reduce the number of referrals to geriatricians so that these specialists see the most complex cases.

Waterloo Wellington was chosen to pilot the Assessment Urgency Algorithm tool. The screening tool helps providers identify the seniors who may need additional assessments or who may be at increased risk of declining health.

We've also supported the development of two new electronic learning modules on geriatric addictions and heart failure aimed at supporting providers in their ability to recognize, assess and treat these conditions in seniors and increase their ability to take on more patients.

GOAL

Improve the quality and safety of care in long-term care homes.

ACHIEVEMENT

The Waterloo Wellington LHIN invested $621,000 into behavior supports in long-term care. As a result, more seniors are able to access long-term care services and fewer seniors are ending up in the emergency department due to injuries caused by behavioural issues.

See page 8 to read Noreen's Story.

HOW WE'VE MADE THINGS BETTER: *COORDINATED CARE*

THEN:

Abdul, a 55 year old male, was living with his mother who was no longer able to take care of herself as she had developed dementia. Abdul had to quit his full-time job and find part-time work so that he had time to take care of his mother. Abdul's mother became ill with pneumonia and was admitted to the hospital where she had to stay because Abdul was unable to provide the level of care she needed in their home.

NOW:

Through a hospital referral to the Community Care Access Centre, Abdul's mother was assigned a care coordinator and she was assessed and approved for in-home personal support worker services. Abdul's mother was able to leave the hospital and have a support worker help her right away in her home.

The care coordinator was able to use an online tool to book services to ensure that Abdul's mother could have meals delivered to her home, friendly visits and home help, transportation to medical appointments and registration for community Alzheimer and dementia programming. The care coordinator was also able to refer Abdul to a respite bed when he needed a break. With his mother receiving care in the home, Abdul was able to increase the hours he worked and take some time for himself.

LEADING A QUALITY HEALTH CARE SYSTEM USING EVIDENCE BASED PRACTICE

865,701 FEWER HOURS
WAITED IN THE EMERGENCY DEPARTMENT
FOR CARE SINCE 2008

Having access to quality care means that your care is safe, effective, accessible, equitable, efficient, integrated and focused on prevention as much as treating illness.

The best way to ensure our services meet those standards is to base our care on proven methods and ensure those methods are used consistently across the system.

Integrating care around patients and their families is at the core of what we do. Patients should be able to receive the same high quality of care regardless of where they are treated in Waterloo Wellington."

Bruce Lauckner, CEO, Waterloo Wellington LHIN

INITIATIVES

To meet our targets, we have broken down each priority into a set of system goals – specific action items that will help us and our health service providers achieve our objectives.

GOAL

Improve patient outcomes through the delivery of best practice care, at the best practice price, in alignment with province-wide Quality Based Procedures.

ACHIEVEMENT

Identifying evidence-based best practices is an important step in delivering a standardized quality of care. The Waterloo Wellington LHIN is working hard to implement clinical order sets across the system. Clinical order sets are conveniently grouped medical orders that work to standardize diagnosis and treatment following pre-established clinical guidelines. The order sets will increase the quality and efficiency of care provided to our residents.

GOAL

Implement new integrated programs which will include the establishment of a program sponsor and clinical councils for each program, identification of standards and care pathways and a move towards more equitable access and consistency of quality across Waterloo Wellington.

ACHIEVEMENT

The Integrated Diagnostic Imaging Program for Waterloo Wellington was implemented ahead of schedule. They are focused on reducing wait times for diagnostic imaging procedures.

Through the Integrated Wound Care Program, residents of Waterloo Wellington receive care from a wound care specialist using industry best practices that ensure quality and consistency across service providers.

Expand and enhance integrated programs that ensure quality and deliver best practice care across the continuum of care. Key improvements will include:

GOAL

Cardiac

- Identify and implement improvements including remote pace-maker monitoring trial.

ACHIEVEMENT

The Remote Pacemaker Monitoring Program in Guelph has allowed more than 200 patients to have their routine pacemaker monitoring done closer to home, saving them up to two hours per visit.

GOAL

Critical Care

- Implement the provincial Life or Limb Policy across Waterloo Wellington
- Implement critical care High Performing Checklist

ACHIEVEMENT

The Life or Limb Policy is now fully implemented in the Waterloo Wellington LHIN. This allows critically ill residents to access the specialized care they require quickly. A repatriation policy has also been implemented that allows residents that were transferred to other facilities for specialized care to return to a hospital close to their home for recovery.

Supported by investments in patient order sets, the Critical Care Council has identified specific quality improvement initiatives for the coming year. The local framework will mean that all institutions work from a single standard for care.

GOAL

Emergency Department

- Implement best practices across the continuum of care to meet emergency department wait times
- Implement standardized care pathways (beginning with asthma & influenza)
- Implement best practices for patient triage

ACHIEVEMENT

For the past two years, Waterloo Wellington has had the lowest average length of stay times in the province for admitted patients. Through engagement with those who frequently use their local emergency departments, we have identified ways to provide better care in the community and reduce the number of unnecessary visits to the ED. We are also working hard with our hospitals to improve the triage process and provide better care for residents from the moment they walk into an emergency department.

GOAL

Hospice and Palliative Care

- Improve admission process
- Improve service delivery model to support clients at home

ACHIEVEMENT

Through the new e-shift program, Waterloo Wellington residents have more choice in their end-of-life care. The program, which allows up to four personal support workers to be supported by one RN has increased the CCAC's capacity to support residents who wish to die at home.

Read Karen's Story on page 17.

GOAL

Mental Health and Addictions

- Develop and implement service improvements based on the experience of high needs residents
- Improve youth addictions services
- Improve access to more effective mental health services for youth and young adults

ACHIEVEMENT

The Waterloo Wellington LHIN has made substantial investments to improve mental health and addictions services. In addition to Here 24/7, investments were made in local high priority services such as supportive housing, addictions-specific case management, community based eating disorder counseling and expanded mobile crisis teams. These investments are helping provide coordinated care to residents with mental health and addictions concerns.

We are also partnered with Lutherwood and other agencies as a part of the Children and Youth Lead Agency Advisory Committee and are working on a plan for system change that will improve access to services for youth and young adults in the coming year.

Read Kourtney's Story on page 6.

GOAL

Rehabilitative Care

- Implement standardized patient pathways across sites

ACHIEVEMENT

Alongside the Acquired Brain Injury Steering Committee, we have worked to identify the current services

available to those with acquired brain injuries and to develop a set of best practices for admission, provision of care and transition of care. This work will result in a fully coordinated system for those who need rehabilitative care as a result of acquired brain injuries.

GOAL

Surgery

- Design and implement an integrated access system for Orthopedic Surgery
- Develop and implement the Waterloo Wellington Vision Plan including possible community-based specialty clinics

ACHIEVEMENT

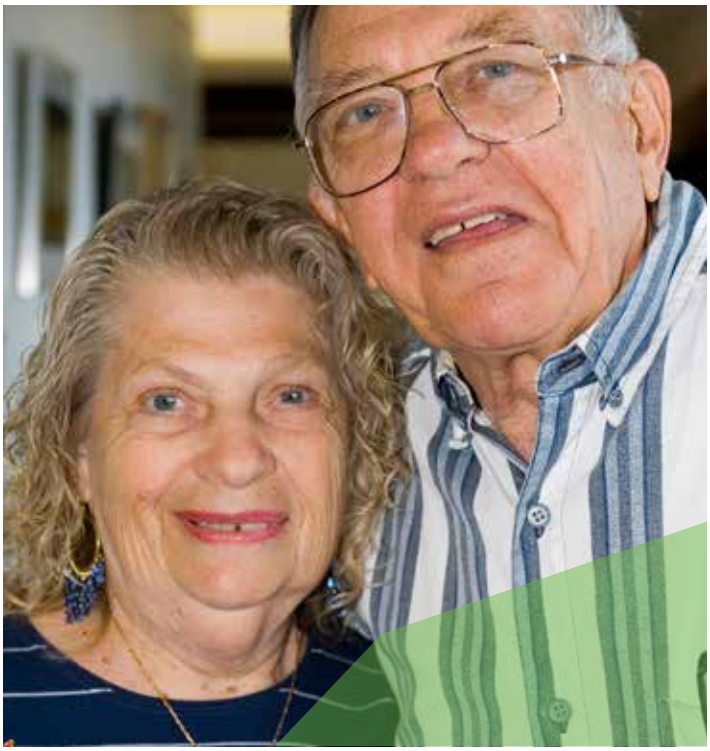
The Waterloo Wellington LHIN has allocated funding for hospitals to share wait times for orthopedic surgery, listed by surgeon, with primary care providers and patients. This means residents can make more informed choices about their care options.

The Waterloo Wellington LHIN has also developed a Vision Plan. The plan describes where the services are today and what changes we need to make to meet future needs.

In supporting Ontario's Wait Time Strategy, the Waterloo Wellington LHIN has reduced ED lengths of stay for patients requiring admission to hospital by 45 per cent and has reduced wait times for priority surgery and diagnostic imaging procedures by 64 to 81 per cent.

SHORTER WAIT TIMES	(IMPROVED BY*)
Emergency department stay for admitted patients: Down 45.2%	13.1 HRS
Non-urgent MRIs: Down: 74.6%	167 DAYS
Non-urgent CT scans: Down: 75.8%	100 DAYS
Hip replacements: Down: 64.1%	268 DAYS
Knee replacements: Down: 67.7%	334 DAYS
Cardiac by-pass surgery: Down 81.5%	119 DAYS

**This reflects improvements from the system starting point, i.e. when measurement started.*



HOW WE'VE MADE THINGS BETTER: *STROKE CARE*

NOW:

Hanette is a 64-year old woman who has recently suffered a stoke. We know that getting patients to rehabilitation after a stroke will mean a better, faster recovery. A new professional stroke navigator is able to bring Hanette the right care, at the right time. The stroke navigator knows where each patient is within the stroke care system at any time. She has her eye on at least 50 patients on any given day, making sure each patient is getting the care they need quickly. She also works with each patient and their families to build plans that support them when they leave the hospital.

THEN:

If Hanette had suffered a stroke a year or two ago, things would have been different. She would have received care, along with powerful clot-busting medication right away, but after she was admitted to hospital for care, she may have waited more than two weeks for a bed in a rehabilitation program.

WATERLOO WELLINGTON LHIN PERFORMANCE INDICATORS

May 12, 2015 Release

PI No.	Performance Indicator	LHIN 2014/15 Starting Point (same as 2013/14)	LHIN 2014/15 Performance Target	Most Recent Quarter 2014/15	FY 2014/15 LHIN Result	LHIN Rank Out of 14 LHINs
1: Access to Health Care Services						
1	90th percentile ER length of stay for admitted patients	23.25	8.00	22.95	17.45	1
2	90th percentile ER length of stay for non-admitted complex (CTAS I-III) patients	7.63	7.00	6.27	6.33	6
3	90th percentile ER length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients	4.42	4.00	4.28	4.23	10
4	Percent of priority IV cases completed within access target (84 days) for cancer surgery	99.00%	90.00%	99.00%	98.41%	2
5	Percent of priority IV cases completed within access target (90 days) for cardiac by-pass surgery	99.60%	90.00%	100%	100%	1
6	Percent of priority IV cases completed within access target (182 days) for cataract surgery	99.00%	90.00%	92.68%	95.11%	5
7	Percent of priority IV cases completed within access target (182 days) for hip replacement	82.00%	90.00%	96.05%	89.34%	5
8	Percent of priority IV cases completed within access target (182 days) for knee replacement	67.00%	90.00%	95.71%	86.46%	6
9	Percent of priority IV cases completed within access target (28 days) for MRI scans	55.00%	90.00%	46.45%	37.75%	8
10	Percent of priority IV cases completed within access target (28 days) for CT scans	83.00%	90.00%	73.60%	70.41%	11
2: Integration and Coordination of Care						
11	Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution*	14.07%	9.46%	11.96%	12.47%	6
12	90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	31.00	18.00	12.00	12.00	1
3: Quality and Improved Health Outcomes						
13	Readmission within 30 Days for Selected CMGs**	14.94%	14.00%	17.11%	16.05%	5
14	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	16.00%	13.20%	17.19%	15.05%	1
15	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	21.10%	18.10%	22.77%	23.20%	2

*FY 2014/15 is based on most recent four quarters of data (Q4 2013/14 - Q3 2014/15) due to availability.

**FY 2014/15 is based on most recent four quarters of data (Q3 2013/14 - Q2 2014/15) due to availability.

ENGAGING OUR COMMUNITIES

Community engagement is more than a legislative responsibility – it is key to the way we work.

ENGAGING OUR COMMUNITY

As local residents, the staff of the Waterloo Wellington LHIN are deeply rooted within the communities we serve. This local perspective, coupled with formal and informal community engagement, provides the Waterloo Wellington LHIN with a strong understanding of the unique needs of residents across Waterloo Wellington.

This is important because improvements to the health system must directly reflect the needs of local residents. To fully understand what those needs are, the Waterloo Wellington LHIN engages residents to inform, educate, consult, involve and empower them to participate in the planning and decision-making processes that will improve the local health system.

What does all of that really mean? It means that the Waterloo Wellington LHIN talks to residents and stakeholders before making decisions. It also means that if residents or stakeholders have concerns or ideas about improving the health system in Waterloo Wellington, we are here to listen.

ENGAGEMENT OPPORTUNITIES

Throughout the past year, the Waterloo Wellington LHIN formally and informally engaged thousands of residents and health service providers.

Through the roll-out of our Community Report, Annual Business Plan, community events, network and council meetings, news conferences, Board of Directors meetings, community outreach, and more, the Waterloo Wellington LHIN Board of Directors and staff were regularly meeting and talking with stakeholders and community members.

Specifically, the Waterloo Wellington LHIN focused its engagement efforts on the following key stakeholders:

LOCAL RESIDENTS

Our residents and families are at the heart of our strategy to improve access, service and quality within our local health system. Residents were engaged through our Community Council, community events, one-on-one meetings, through health service providers, surveys and more. The perspectives of local residents are central to every decision made by the Waterloo Wellington LHIN Board of Directors and staff.

OUR LOCAL HEALTH SERVICE PROVIDERS

Health services providers are the heart of our health system. Together, they provide essential services dedicated to improving the health and well-being of our residents. While engagement with health system leaders and front-line staff continued with the development of the 2015-16 Annual Business Plan and 2016-19 IHSP, a specific emphasis was placed this year on engaging health system governors. Many board-to-board meetings took place, as well as governor engagement sessions to advance integration by encouraging governance collaboration.

LOCAL ORGANIZATIONS

Social determinants of health are the socio-economic, cultural and environmental conditions of our lives that impact overall health. No one sector or organization can fully improve the health of the population alone. This is why it is so important for the Waterloo Wellington LHIN to engage individuals and organizations outside of the health care sector. This year, focus was placed on engaging the broader public sector and community organizations to better support residents through Health Links and Connectivity Tables. As a result of these efforts, organizations are now wrapping health and social services around the residents most in need – looking beyond the scope of their own service to ensure residents receive the right supports in the community. Waterloo Wellington has become a provincial leader in this area.

WATERLOO WELLINGTON LHIN ADVISORY GROUPS AND LOCAL PROVIDER NETWORKS/COUNCILS

Advisory groups and provider networks are one of the unique ways the Waterloo Wellington LHIN has brought health service providers together, working towards a common goal – improving the health and well-being of residents. This past year, the Waterloo Wellington LHIN worked with its advisory groups and networks on the integration of various programs and services, including: rehabilitation and stroke, diabetes care, addictions and mental health, and more. These groups included: Health Professionals Advisory Council, Primary Care Advisory Council, and various networks/councils (Addictions and Mental Health, Community Support Services, Geriatric Services, Emergency Services, etc).

FRENCH LANGUAGE SERVICE PLAN

The French-speaking community of Waterloo Wellington includes an increasingly culturally diverse population as new immigrants make up the majority of new French-speaking people in our region. The latest data based on the 2011 Census of Canada and recalculated by the Office of Francophone Affairs using the inclusive definition of francophone (IDF) estimates 12,005 or 1.7 per cent of the population of Waterloo Wellington are French-speaking.

The Waterloo Wellington LHIN, in line with its core value of acting in the best interest of our residents' health and well-being, has implemented a number of French services within the system over the last year. We established partnerships with some health service providers in the region and implemented provincial programs such as COPA (a unique non-profit organization providing educational programs and resources for schools and communities in Ontario), Montfort Hospital in Ottawa and Centre de Santé francophone in Hamilton. Through these partnerships, French-speaking residents can access programs such as Living Well with Diabetes, mental health and addictions programs for seniors and more comprehensive mental health supports, such as psychologists and suicide prevention education, in French. A monthly French Mental Health Café program is now in place and addresses various mental health issues identified as a priority by the French-speaking community and the Immigration Partnerships in Waterloo Wellington. The Waterloo Wellington LHIN continues to work in partnership with the Community Care Access Centre to improve access to French services and, in partnership with the French Language Planning Entity and local service providers, is planning the development of programs to address the needs of the older adult population.

While all of the initiatives outlined in this Annual Report apply to all residents, including French-speaking residents, we will continue to implement and initiate new activities that will improve services specifically for French-speaking residents.

ABORIGINAL SERVICE PLAN

The Aboriginal residents of Waterloo Wellington include a culturally diverse community of approximately 10,000 who identify as Aboriginal and 19,285 who report Aboriginal ancestry, according to the 2011 National Household Survey. The majority of these individuals reside in urban centres across the region. Local experts within the community tell us that this number is actually much higher as many with the community do not identify themselves as Aboriginal.

Ontario's Aboriginal population is relatively young, culturally diverse and growing rapidly. It includes persons who identify as First Nations, Métis and Inuit. According to available data, the Aboriginal population as a whole has poorer health than other demographic groups. As a population, Aboriginal people experience shorter life expectancy and higher infant mortality; greater prevalence of mental health issues, addictions, Fetal Alcohol Spectrum Disorder; and higher rates of chronic and infectious diseases.

As the Waterloo Wellington LHIN continues to implement its strategic direction of acting in the best interest of our residents, we will build upon efforts initiated over the past year to develop collaborative opportunities with the Aboriginal community to improve their health. Given the strong relationship between the social determinants of health and the health status of the Aboriginal community, we must ensure the participation of service providers in other sectors to maximize the results.

The previous needs assessments completed with our Aboriginal residents identified a need to prioritize their

health care needs and develop a plan for action. The Waterloo Wellington LHIN has funded a new role (through the Kitchener Downtown Community Health Centre) to liaise with the Aboriginal community and establish a Waterloo Wellington Health and Wellness Program Circle. This Circle is comprised of local Aboriginal leaders and stakeholders who provide advice and guide the local plan for Aboriginal services. The plan will build on previously identified priorities including: access to primary care to address the rate of chronic diseases; mental health and addictions services in partnership with existing service providers and palliative care improvements through building on existing services for this community.

Based on data published by the Region of Waterloo, which identified that approximately 15 per cent of homeless residents in the region are from the Aboriginal community, the Waterloo Wellington LHIN has taken a leadership role in working in partnership with the Aboriginal community to establish a multi-sectorial solution table to address this issue. Sectors involved in the project include: social services, mental health, education, housing, youth services and health care.

As we progress in the development and implementation of health services that are appropriate for our Aboriginal community, our priorities for the coming year will include end-of-life support, mental health and addictions and diabetes support programs.

WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK OPERATIONS

Total revenue for 2014-2015 includes funding for Waterloo Wellington LHIN operations and initiatives, and funding for health service providers in accordance with public sector reporting guidelines.

In 2014-2015, the Waterloo Wellington LHIN operational and initiatives budget was $6.2 million with health service provider funding totaling $1.04 billion. In total, approximately half of one per cent, (0.60 per cent), of our total funding is used for Waterloo Wellington LHIN operations to support the important roles of health system oversight, performance management, funding, planning, coordinating, integrating and improving our local health system.

The Waterloo Wellington LHIN ended the fiscal year with an operational surplus of $248,355. The Waterloo Wellington LHIN had a staff complement of 33 full time equivalent (FTE) positions focused on improving quality outcomes, access to care and value for taxpayer dollars. Our full-time and contracted staff have diverse skill sets and backgrounds and include nurses, allied health professionals, former executives from large health service providers, government and private sector organizations, our Primary Care Physician Lead, Emergency Department Physician Lead, Critical Care Physician Lead, Diabetes/Chronic Disease Prevention & Management Physician Lead and Enabling Technologies Physician Lead.

LOOKING AHEAD

As we reflect on the past year, we also look to the year ahead.

Our Integrated Health Service Plan (IHSP) is our three year plan for health system transformation. The upcoming year is the final year of our current plan and there is much work still to be done to achieve the objectives laid out in the IHSP.

THE RAMOS FAMILY

The Ramos family lives in Cambridge. Anna (22) has two children, Miguel who is five and Mya who is three. Anna has stayed home since having Miguel and they live with her boyfriend Tyler (24) in an apartment. Tyler works in the manufacturing sector and money has been really tight supporting the four of them. However, his biggest stress is his mom, Maria.

Maria often sleeps on the couch in their tiny two-bedroom apartment. She lives with her boyfriend, an alcoholic who abuses her. When Maria stays with Tyler, her boyfriend will sometimes show up under the influence and threaten the family. When this happens, Anna packs up the kids and heads to her mom's house and Miguel misses school for a few days. Maria has turned to prescription painkillers for coping. She is unemployed and has Chronic Obstructive Pulmonary Disease (COPD) a chronic lung condition that makes it difficult to breathe.

HOW WE WILL BETTER CARE FOR THE RAMOS'?

The Ramos family's health needs are representative of many other families across Waterloo Wellington. Their needs, however, are not solely within the health care system. They require support from the education system, social support system, community safety services such as the police, employment services and more. How well they are supported by all of these sectors will impact their health far greater than health care services alone.

The Waterloo Wellington LHIN's strategy includes improving access to health care services for the Ramos' but it also reaches beyond, collaborating with other sectors to address the social determinants of health to improve their health and well-being. One example is Connectivity Tables – where all of our public service agencies come together to collectively identify individuals at elevated risk (like Maria) and work together to wrap supports around the entire family.

For a complete look at how the Waterloo Wellington LHIN is committed to improving your health in the next year, visit our website and read our Annual Plan. Here you will learn more about the Ramos Family and what steps we are planning to take to improve their health and the health of all of our residents.

ENGAGING OUR COMMUNITY

We take great care in listening to our residents to determine the necessary changes and improvements for our local health care system, and we'd love to hear your story of health in Waterloo Wellington.

Follow us on Twitter and Facebook or sign up for our newsletter through our website to get up-to-date information on what is happening in the local health system.

FINANCIAL STATEMENTS

MANAGEMENT RESPONSIBILITY REPORT

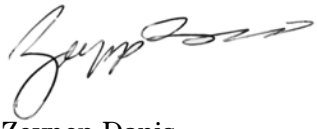
The management of the Waterloo Wellington Local Health Integration Network (LHIN) is responsible for preparing the accompanying financial statements in conformity with generally accepted accounting principles. In preparing these financial statements, management selects appropriate accounting policies and uses its judgment and best estimates to report events and transactions as they occur. Management has determined such amounts on a reasonable basis in order to ensure that the financial statements are presented fairly, in all material respects. Financial data included throughout this Annual Report is prepared on a basis consistent with that of the financial statements.

The Waterloo Wellington LHIN maintains a system of internal accounting controls designed to provide reasonable assurance, at a reasonable cost, that assets are safeguarded and that transactions are executed and recorded in accordance with the Waterloo Wellington LHIN's policies for doing business.

The Board of Directors is responsible for ensuring that management fulfills its responsibility for financial reporting and internal control, and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Audit Committee. The Committee meets approximately four times annually to review audited and unaudited financial information. Deloitte LLP has full and free access to the Audit Committee.

Management acknowledges its responsibility to provide financial information that is representative of the Waterloo Wellington LHIN's operations, is consistent and reliable, and is relevant for the informed evaluation of the Waterloo Wellington LHIN's activities.

Bruce Lauckner,
Chief Executive Officer



Zeynep Danis,
Senior Director Finance and Corporate Support

Dale Small
Finance and Audit Committee Chair

June 4, 2015

Financial statements of

Waterloo Wellington Local Health Integration Network

March 31, 2015

Waterloo Wellington Local Health Integration Network

March 31, 2015

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Independent Auditor's Report

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

We have audited the accompanying financial statements of Waterloo Wellington Local Health Integration Network, which comprise the statement of financial position as at March 31, 2015, and the statements of operations, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Waterloo Wellington Local Health Integration Network as at March 31, 2015 and the results of its operations, change in its net debt, and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
May 28, 2015

Waterloo Wellington Local Health Integration Network

Statement of financial position as at March 31, 2015

	2015	2014
	$	$
Financial assets		
Cash	**421,932**	844,942
Due from Ministry of Health and Long-Term Care (Note 9)	**5,546,146**	2,378,472
Other receivables	**306,375**	124,090
	6,274,453	3,347,504
Liabilities		
Accounts payable and accrued liabilities	**542,072**	667,663
Due to Ministry of Health and Long-Term Care (Note 3b)	**248,355**	334,506
Due to Health Service Providers ("HSPs") (Note 9)	**5,546,146**	2,378,472
Due to the Local Health Integration Networks Shared Services Office (Note 4)	**4,308**	89
Deferred capital contributions (Note 5)	**249,620**	252,488
	6,590,501	3,633,218
Net debt	**(316,048)**	(285,714)
Commitments (Note 6)		
Non-financial assets		
Prepaid expenses	**66,428**	33,226
Tangible capital assets (Note 7)	**249,620**	252,488
	316,048	285,714
Accumulated surplus	**-**	-

Approved by the Board

_____ Board Chair

_____ Finance and Audit Committee Chair

The accompanying notes to the financial statements are an integral part of this financial statement.

Waterloo Wellington Local Health Integration Network

Statement of operations
year ended March 31, 2015

	Budget (Note 8)	2015 Actual	2014 Actual
	$	$	$
Revenue			
Ministry of Health and Long-Term Care funding			
Health Service Providers transfer payments (Note 9)	**1,007,340,276**	**1,035,139,980**	1,021,950,105
Local Health Integration Network operations - general and administrative	**4,107,342**	**4,107,343**	4,173,795
Project Initiatives (Note 10)			
Diabetes Regional Coordination	**1,057,284**	**1,057,284**	1,341,284
Enabling Technologies ETI PMO	**510,000**	**510,000**	280,000
Emergency Department Lead	**75,000**	**75,000**	75,000
Emergency Department/Alternative Levels of Care Lead	**100,000**	**100,000**	100,000
Aboriginal Planning	**5,000**	**5,000**	5,000
French Language Services	**106,000**	**106,000**	106,000
Critical Care Lead	**75,000**	**75,000**	75,000
Primary Care Lead	**75,000**	**75,000**	75,000
Amortization of deferred capital contributions (Note 5)	**94,245**	**94,245**	81,134
	1,013,545,147	**1,041,344,852**	1,028,262,318
Funding repayable to Ministry of Health and Long-Term Care (Note 3b)	**-**	**(248,355)**	(478,506)
	1,013,545,147	**1,041,096,497**	1,027,783,812
Expenses			
Transfer payments to Health Service Providers (Note 9)	**1,007,340,276**	**1,035,139,980**	1,021,950,105
Local Health Integration Network operations - general and administrative (Note 11)	**4,201,587**	**4,085,542**	4,243,669
Project Initiatives (Note 10)			
Diabetes Regional Coordination	**1,057,284**	**985,524**	998,133
Enabling Technologies ETI PMO	**510,000**	**454,095**	171,752
Emergency Department Lead	**75,000**	**75,000**	66,661
Emergency Department/Alternative Levels	**100,000**	**100,000**	100,000
Aboriginal Planning	**5,000**	**924**	360
French Language Services	**106,000**	**105,432**	106,000
Critical Care Lead	**75,000**	**75,000**	72,132
Primary Care Lead	**75,000**	**75,000**	75,000
	1,013,545,147	**1,041,096,497**	1,027,783,812
Annual surplus and accumulated surplus, end of year	**-**	**-**	-

The accompanying notes to the financial statements are an integral part of this financial statement.

Waterloo Wellington Local Health Integration Network

Statement of change in net debt
year ended March 31, 2015

	Budget (Note 8)	2015	2014
	$	$	$
Annual surplus	**-**	**-**	-
Change in prepaid expenses, net	**-**	**(33,202)**	26,417
Acquisition of tangible capital assets	**(91,377)**	**(91,377)**	(52,268)
Amortization of tangible capital assets	**94,245**	**94,245**	81,134
Decrease (increase) in net debt	**2,868**	**(30,334)**	55,283
Net debt, beginning of year	**(285,714)**	**(285,714)**	(340,997)
Net debt, end of year	**(282,846)**	**(316,048)**	(285,714)

The accompanying notes to the financial statements are an integral part of this financial statement.

Waterloo Wellington Local Health Integration Network

Statement of cash flows
year ended March 31, 2015

	2015	2014
	$	$
Operating activities		
Annual surplus	-	-
Less: items not affecting cash		
Amortization of tangible capital assets	94,245	81,134
Amortization of deferred capital contributions (Note 5)	(94,245)	(81,134)
	-	-
Changes in non-cash operating items		
Due from Ministry of Health and Long-Term Care	(3,167,674)	(2,378,472)
Increase in other receivables	(182,285)	(67,959)
Accounts payable and accrued liabilities	(125,591)	(5,412)
Due to Ministry of Health and Long-Term Care	(86,151)	(35,341)
Due to Health Service Providers ("HSPs")	3,167,674	2,378,472
Due to Local Health Integration Networks		
Shared Services Office	4,219	(35,361)
Prepaid expenses	(33,202)	26,417
	(423,010)	2,260,816
Acquisition of tangible capital assets	(91,377)	(52,268)
Financing activity		
Capital contributions received (Note 5)	91,377	52,268
Net decrease in cash	(423,010)	(117,656)
Cash, beginning of year	844,942	962,598
Cash, end of year	421,932	844,942

The accompanying notes to the financial statements are an integral part of this financial statement.

Waterloo Wellington Local Health Integration Network

Notes to the financial statements
March 31, 2015

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 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 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. The 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 health service providers.

The LHIN is funded by the Province of Ontario in accordance with the Ministry LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. 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 Health Service Providers ("HSPs"), effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSPs' 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.

Commencing April 1, 2007, all funding payments to LHIN managed HSPs in a LHIN geographic area, have flowed through each LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in each LHIN's financial statements for the year ended March 31, 2015.

The LHIN statements do not include any Ministry managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. 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 tangible capital assets.

2. Significant accounting policies (continued)

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 capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the statement of operations, is in accordance with the amortization policy applied to the related tangible capital asset recorded.

Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on date of contribution. Fair value of contributed tangible 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 tangible 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 tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible 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

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

Segment disclosures

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 operations and within the related notes for both the prior and current year sufficiently disclose information of all appropriate segments and, therefore, no additional disclosure is required.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards 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. Significant items subject to such estimates and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

3. Funding repayable to the MOHLTC

In accordance with the MLPA, 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:

	Funding received	**Eligible expenses**	**2015 Funding excess**	2014 Funding excess
	$	**$**	**$**	$
Transfer payments to HSPs	**1,035,139,980**	**1,035,139,980**	**-**	-
LHIN operations	**4,201,588**	**4,085,542**	**116,046**	11,260
Diabetes Regional Coordination Centre	**1,057,284**	**985,524**	**71,760**	343,151
Enabling Technologies	**510,000**	**454,095**	**55,905**	108,248
Critical Care Lead	**75,000**	**75,000**	**-**	2,868
Emergency Department Lead	**75,000**	**75,000**	**-**	8,339
Emergency Department/Alternative Levels of Care Lead	**100,000**	**100,000**	**-**	-
Aboriginal Planning	**5,000**	**924**	**4,076**	4,640
French Language Services	**106,000**	**105,432**	**568**	-
Primary Care Lead	**75,000**	**75,000**	**-**	-
	1,041,344,852	**1,041,096,497**	**248,355**	478,506

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

	2015	2014
	$	$
Due to MOHLTC, beginning of year	**334,506**	369,847
Paid to MOHLTC during year	**(334,506)**	(513,847)
Funding repayable to the MOHLTC related to current year activities (Note 3a)	**248,355**	478,506
Due to MOHLTC, end of year	**248,355**	334,506

4. Related party transactions

LHIN Shared Services Office, Local Health Integration Network Collaborative

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

4. Related party transactions (continued)

The LHINC was formed in fiscal 2011 to strengthen relationships between and among health service providers, associations and the LHINs, and to support system alignment. The purpose of LHINC is to support the LHINs in:

- Fostering engagement of the health service provider community in support of collaborative and successful integration of the health care system;
- Their role as system manager;
- Where appropriate, the consistent implementation of provincial strategy and initiatives;
- The identification and dissemination of best practices.

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

Enabling Technologies for Integrated Project Management Office

Effective January 31, 2014, the LHIN entered into an agreement with Erie St. Clair, Hamilton Niagara Haldimand Brant and South West (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Under the agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The MOHLTC provided the South West LHIN with $2,040,000 (2014 - $2,320,000) related to Enabling Technologies initiatives. The South West LHIN flowed $510,000 (2014 - $280,000) of the funding to the Waterloo Wellington LHIN.

5. Deferred capital contributions

	2015	2014
	$	$
Balance, beginning of year	**252,488**	281,354
Capital contributions received during the year	**91,377**	52,268
Amortization for the year	**(94,245)**	(81,134)
	249,620	252,488

6. Commitments

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

	$
2016	334,982
2017	311,380
2018	311,380
2019	311,380
2020	77,845
Thereafter	-

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

7. Tangible capital assets

	Cost	Accumulated amortization	2015 Net book value	2014 Net book value
	$	$	$	$
Office equipment, furniture and fixtures	**362,261**	**347,296**	**14,965**	56,478
Computer equipment	**85,467**	**83,233**	**2,234**	3,439
Leasehold improvements	**358,650**	**126,229**	**232,421**	192,571
	806,378	**556,758**	**249,620**	252,488

8. Budget figures

The budget figures reported in the statement of operations reflect the initial budget at April 1, 2014 as approved by the LHIN Board. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The final HSP funding budget of $1,035,139,980 is derived as follows:

	$
Initial budget	**1,007,340,276**
Additional funding received during the year	**27,799,704**
Final budget	**1,035,139,980**

The final LHIN general and administrative and specific initiatives budget of $6,204,871 is derived as follows:

	$
Initial budget	**6,296,248**
Additional funding received during the year	**-**
Amount treated as capital contributions made during the year	**(91,377)**
Final budget	**6,204,871**

9. Transfer payments to HSPs

During the year, the LHIN was authorized to allocate funding of $1,035,139,980 (2014 - $1,021,950,105) to the various HSPs in its geographic area. Actual transfer payments to the various sectors in fiscal 2015 as follows:

	2015	2014
	$	$
Operations of hospitals	**591,089,080**	592,553,624
Grants to compensate for municipal taxation - public hospitals	**159,225**	159,225
Long-term care homes	**178,940,392**	176,901,625
Community care access centre	**130,112,449**	122,436,308
Community support services	**27,176,605**	25,334,972
Assisted living services in supportive housing	**6,013,278**	5,923,778
Community health centres	**21,393,493**	20,799,606
Community mental health programs	**38,641,303**	36,660,812
Specialty psychiatric hospitals	**30,642,050**	30,642,050
Addictions programs	**10,972,105**	10,538,105
	1,035,139,980	1,021,950,105

The LHIN receives funding from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2015, an amount of $5,546,146 (2014 - $2,378,472) was receivable from the MOHLTC and payable to HSPs. These amounts have been reflected as revenue and expenses in the statement of operations and are included in the table above.

10. Project Initiatives

Separate funding amounts were received by the LHIN from MOHLTC for specific project initiatives. These revenues and the associated expenses are classified by initiative in the Statement of operations. The following table classifies the initiative expenses by object:

	2015	2014
	$	$
Salaries, benefits, and consulting services	**1,664,776**	1,363,517
Occupancy	**74,338**	82,957
Shared services	**120,008**	103,467
Public relations	**1,410**	25,518
Mail, courier, and telecommunications	**5,042**	3,717
Other	**5,401**	10,862
	1,870,975	1,590,038

Diabetes strategy operational expenses included in the project initiative expenses above are as follows:

	2015	2014
	$	$
Salaries and benefits	**857,288**	799,082
Other expenses	**128,236**	199,052
One-time expense	**-**	32,533
	985,524	1,030,667

11. LHIN operations - general and administrative expenses

The statement of operations presents expenses by function. The following classifies general and administrative expenses by object:

	2015	2014
	$	$
Salaries and benefits	**2,579,361**	2,843,504
Occupancy	**215,822**	230,213
Amortization	**94,245**	81,134
Shared Services	**283,655**	308,951
LHIN Collaborative	**47,500**	36,743
Public relations	**129,647**	38,686
Consulting services	**271,347**	142,928
Supplies	**67,888**	45,784
Board Chair per diems	**65,975**	66,500
All other board members' per diems	**26,550**	34,925
Other governance costs	**53,023**	45,343
Mail, courier and telecommunications	**44,148**	39,512
Other	**206,381**	329,446
	4,085,542	4,243,669

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 35 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 2015 was $299,130 (2014 - $276,881) for current service costs and is included as an expense in the statement of operations. The last actuarial valuation was completed for the plan on December 31, 2014. At that time, the plan was fully funded.

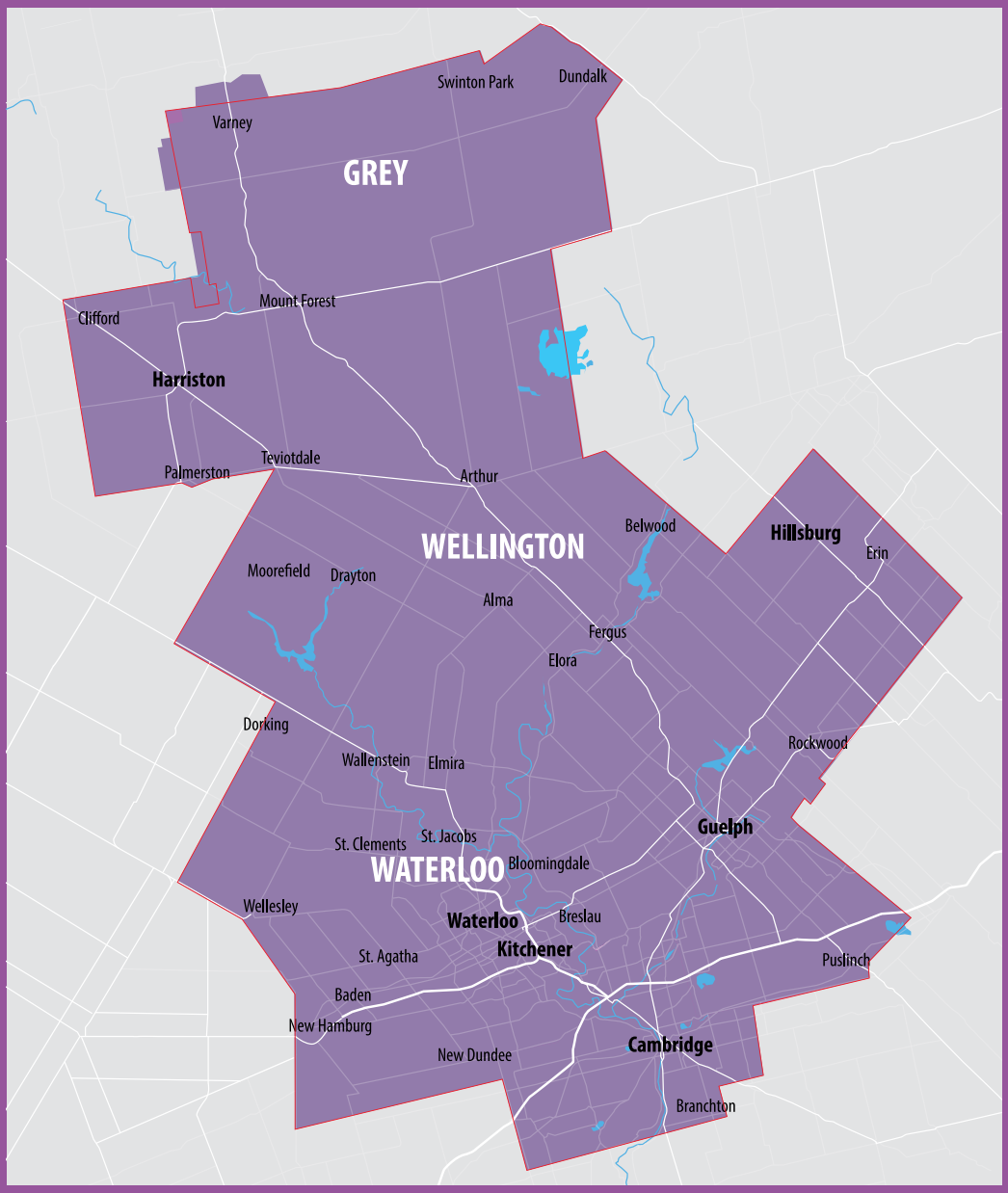
13. Guarantees

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. Comparative figures

Certain comparative figures have been reclassified to conform with the financial statement presentation adopted for the current year.



Waterloo Wellington Local Health Integration Network

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Local Health Integration Network