Waterloo Wellington **LHIN**

ANNUAL REPORT 2016-17

Ontario
Local Health Integra i Network

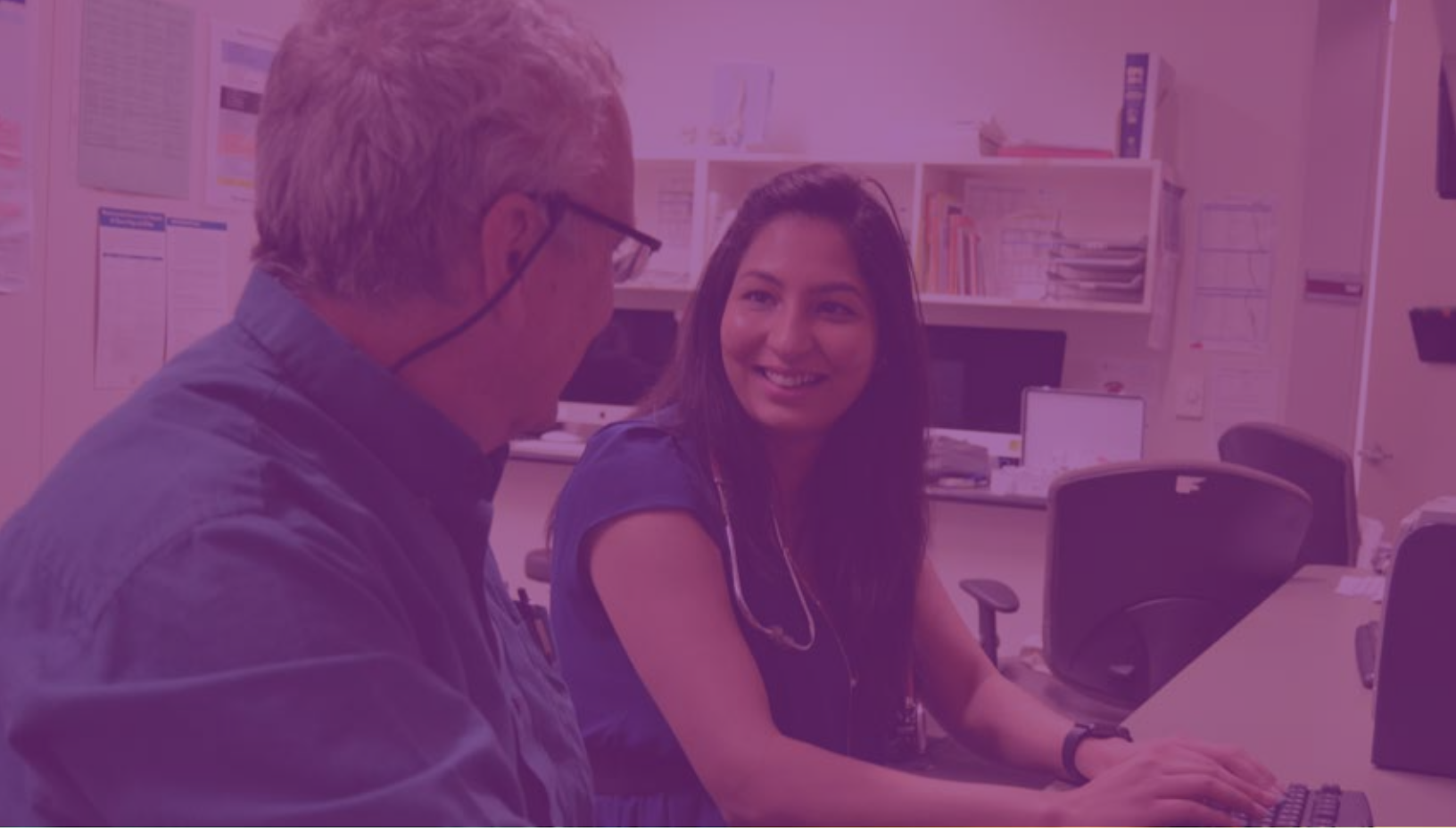


Table of Contents

Your Local Health Care: Better Care, Closer To Home

What matters most about health care to local residents is that they are able to get good care when they need it. Over the past number of years, access to local health care has improved significantly – as well as the quality of care residents receive.

There was a time in our community where many people didn't have a primary care provider. Fortunately, as a result of the efforts of our local Chambers, the Medical School and local primary care preceptors working with the Waterloo Wellington LHIN and local health providers – 97% of all local residents are now connected to primary care. Together, we have attracted 180 more family doctors and specialists to our community since 2010.

At one time, local residents were waiting up to 25 hours for care in our emergency departments and we barely had enough physicians to keep the departments running. Now, we have a full complement of local physicians and the lowest emergency department wait times in Ontario for patients with the most complex care needs. Since 2008, local residents have spent over 1 million hours less waiting in emergency departments for care.

If you've lived in our community more than a decade, you likely remember having to travel out of town most of the time for highly specialized care. Fortunately, that's not the case for many services now. St. Mary's General Hospital is one of the top ranked cardiac centres in Canada – and we recently announced an additional $4.1 million to expand procedures there, as well as $7 million for an expansion to deliver arrhythmia care. Residents also now receive cancer care, specialized mental health care, and many other services locally.

Years ago, outcomes for residents having a stroke were worse here than anywhere else in the province. As a result of the creation of an Integrated Stroke Program – we now have some of the best stroke outcomes in Ontario and more local residents are surviving and thriving following a stroke.

Patients at our local hospitals are among the least likely to die unexpectedly in hospital than anywhere else in Canada. If you live in one of our local long-term care homes, you're among the least likely in Ontario to need to be transferred to the emergency department as a result of a fall.

Need home care? You'll have your first care visit faster here than anywhere else in Ontario – almost 7 days sooner than in other communities.

In short – local health care has advanced at an exceptional rate – keeping pace with the incredible growth and development of our local communities.

As we move forward with a bold new mandate – with the inclusion of home and community care, primary care and stronger ties to public health – we will work to continue to improve the patient experience and create a community where all residents can thrive.

We would like to thank all of our local health professionals for their tremendous work to provide the best possible care for our residents. We look forward to sharing more stories and updates with you throughout the year as we continue to improve the health and wellbeing of each and every resident across Waterloo Wellington.

This is our annual report, a report back on how local health care has improved to better support you and your family.

Joan Fisk,
Chair, Board of Directors

Bruce Lauckner,
CEO

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. Th Waterloo Wellington LHIN Board has two standing committees, including Finance and Audit and Governance and Community Nominations.

Board of Directors 2016-17

Joan S. Fisk, Chair
Jun. 2, 2011 – Jun. 1, 2014
Reappointed: Jun. 2, 2014 – Jun. 1, 2017

Jeff Nesbitt, Vice-Chair
Nov. 19, 2013 – Nov. 18, 2016
Reappointed November 20, 2016

Bryan Larkin
Feb. 11, 2015 – Feb. 10, 2018

Michael Delisle
Apr. 15, 2015 to Apr.15, 2018

Jan Varner
May 18, 2016 – May 17, 2019

Karen Scian
March 24, 2017 – March 23, 2020

WHO WE ARE

The Waterloo Wellington Local Health Integration Network connects you with care, at home and in the community, and better connects your health system together to improve your care experience.

As a crown agency of the Government of Ontario, we invest $1.1 billion annually in local health services to improve the health and wellbeing of the almost 800,000 residents we serve across Waterloo Wellington (Waterloo Region, Wellington County, the City of Guelph, and the southern part of Grey County).

MISSION, VISION, CORE VALUE

OUR MISSION IS: TO MAKE IT EASY FOR YOU TO BE HEALTHY, AND TO GET THE CARE AND SUPPORT YOU NEED.

OUR VISION IS: HEALTHY PEOPLE, THRIVING COMMUNITIES

We are your Waterloo Wellington Local Health Integration Network.

HOW WE MAKE IT EASIER

We connect you with care, at home and in the community, and better connect your health system to improve your care experience.

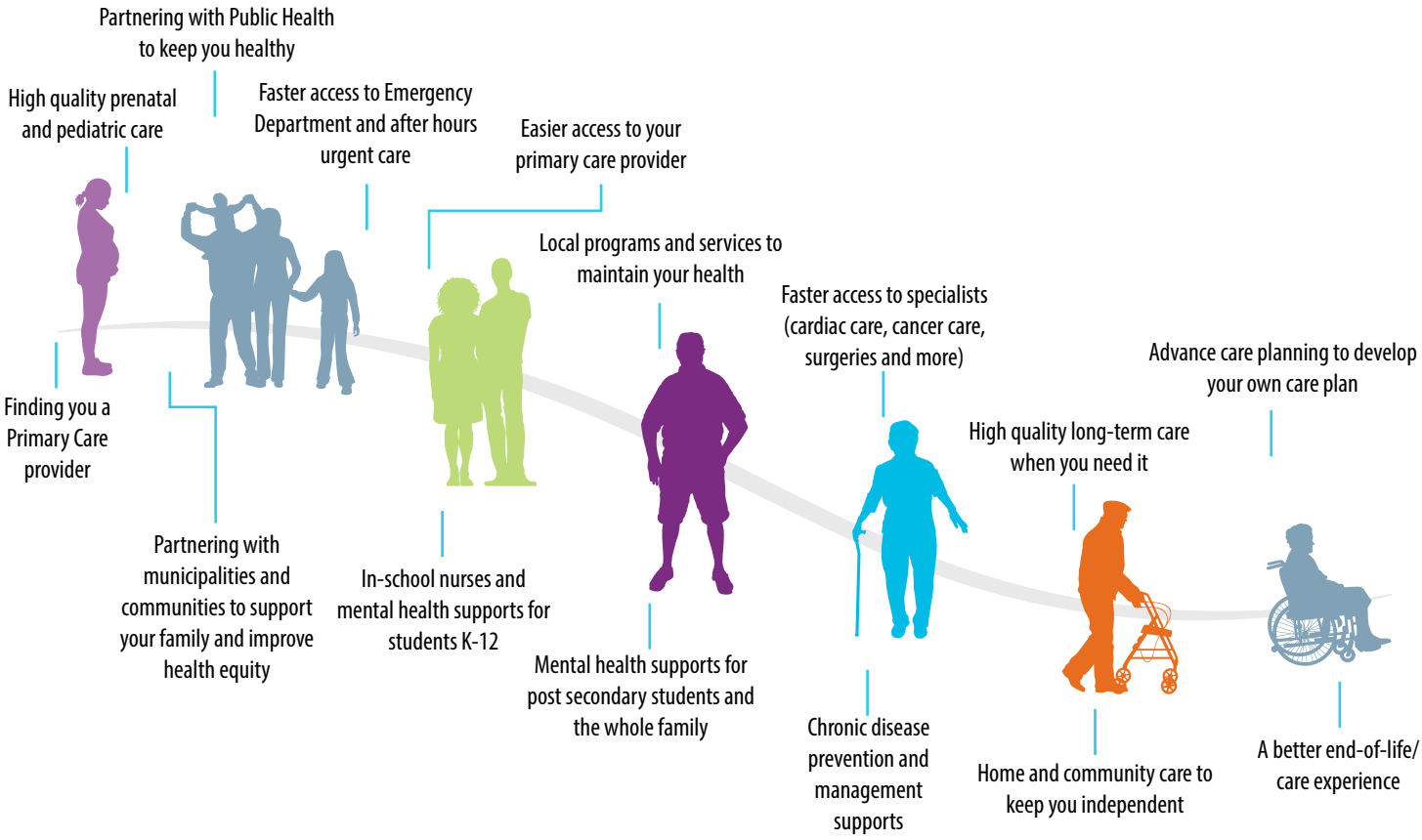
We listen to you and your care team and invest $1.1 billion annually in the local health services you need. This includes hospital care, long-term care, mental health & addictions, home & community care, community support services, and primary care (your family doctor or nurse practitioner). We then hold these providers accountable to ensure quality care and value for your money.

We are a community leader - working together with police services, municipalities, school boards, businesses, associations, and others to improve the overall health and wellbeing of residents across Waterloo Wellington.

We also work closely with public health to prevent illness and improve the health of all residents, helping more people to have equi table care experiences regardless of gender, location, socioeconomic status, and more. This especially includes our local Francophone, Indigenous, and newcomer residents.

We are a team of nurses, doctors, and other health and business professionals, passionate ly committed to delivering exceptional care and improving the patient experience.

Your Local Health Integration Network: Making Health Easier






TOTAL POPULATION
773,375

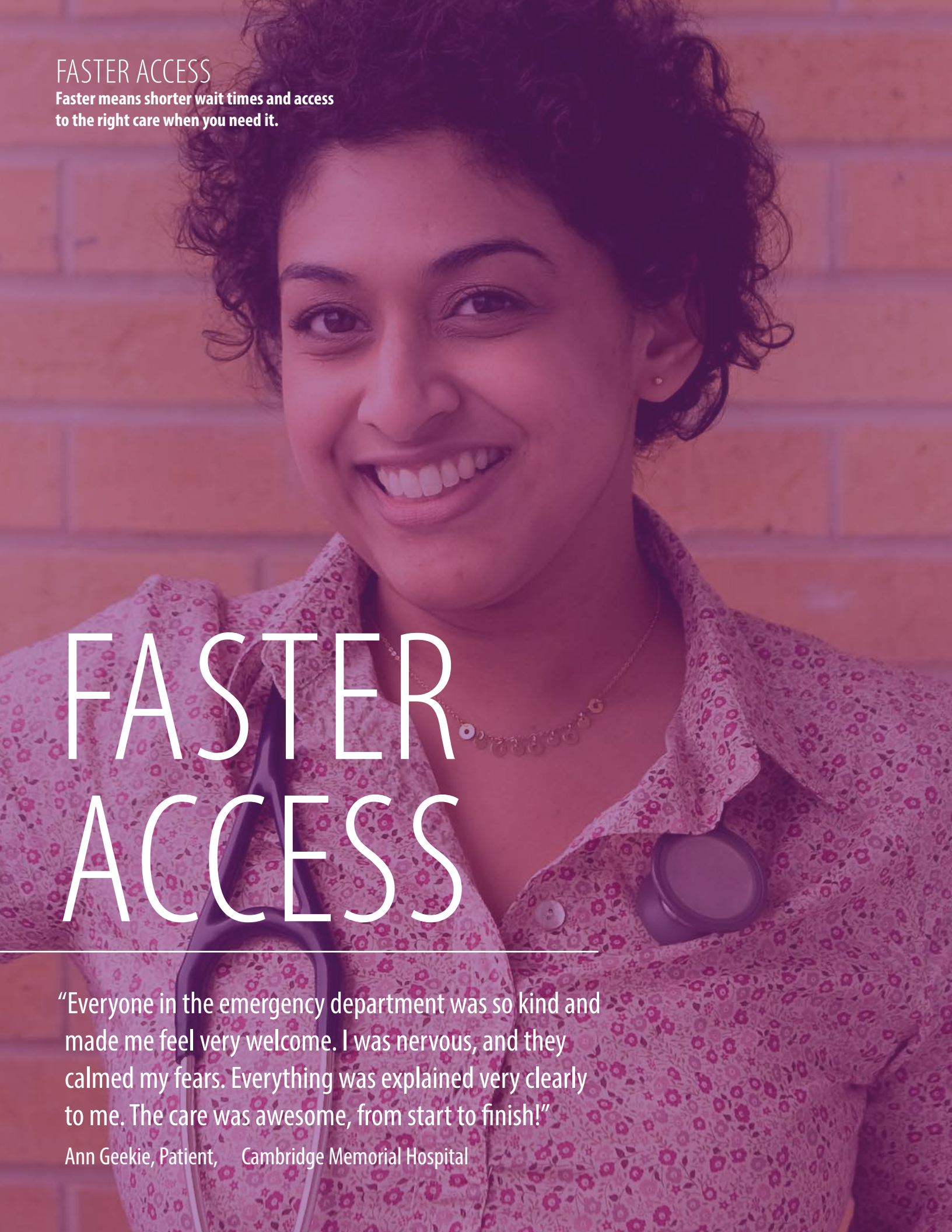
SENIORS AGE 65+
110,755

INDIGENOUS POPULATION
19,285

IMMIGRANT POPULATION
146,560

POPULATION WITH FRENCH AS MOTHER TONGUE
10,515

RURAL AREA POPULATION
79,329



FASTER ACCESS

"Everyone in the emergency department was so kind and made me feel very welcome. I was nervous, and they calmed my fears. Everything was explained very clearly to me. The care was awesome, from start to finish!"

Ann Geekie, Patient, Cambridge Memorial Hospital

1 MILLION

fewer hours were spent waiting in Emergency Departments

Thanks to all the dedicated local health care providers the following improvements were possible:

99%

of residents receive timely access to cardiac bypass surgery (within target)

51,921

Here 24/7 calls answered for residents seeking mental health & addictions care

20 HOUR

wait time reduction for emergency mental health patients at Groves Memorial Community Hospital

348

patients matched to end-of-life care through coordinated bed access

Residents have benefited from additional funding in 2016-17 to reduce wait times:

$3.25 MIL
more for hospitals

To reduce wait times for cataract surgery, hip and knee replacement surgery and MRI/ CT scans

$5.5 MIL
to reduce Emergency Department wait times

Waterloo Wellington residents experience some of the fastest care in Ontario:

#1

for the shortest wait time in Ontario for access to home and community care services from home

BEST

ever Alternate Level of Care (ALC) rate achieved (10.49%)

LOWEST

Emergency Department wait time in Ontario for patients with complex needs

Innovative Approach To Help Lung Cancer Patients Achieve Earlier Recovery

Thanks to an innovative approach at St. Mary's General Hospital, cancer patients having part of a lung removed are going home the same day or next day, rather than staying two-to-five days in hospital.

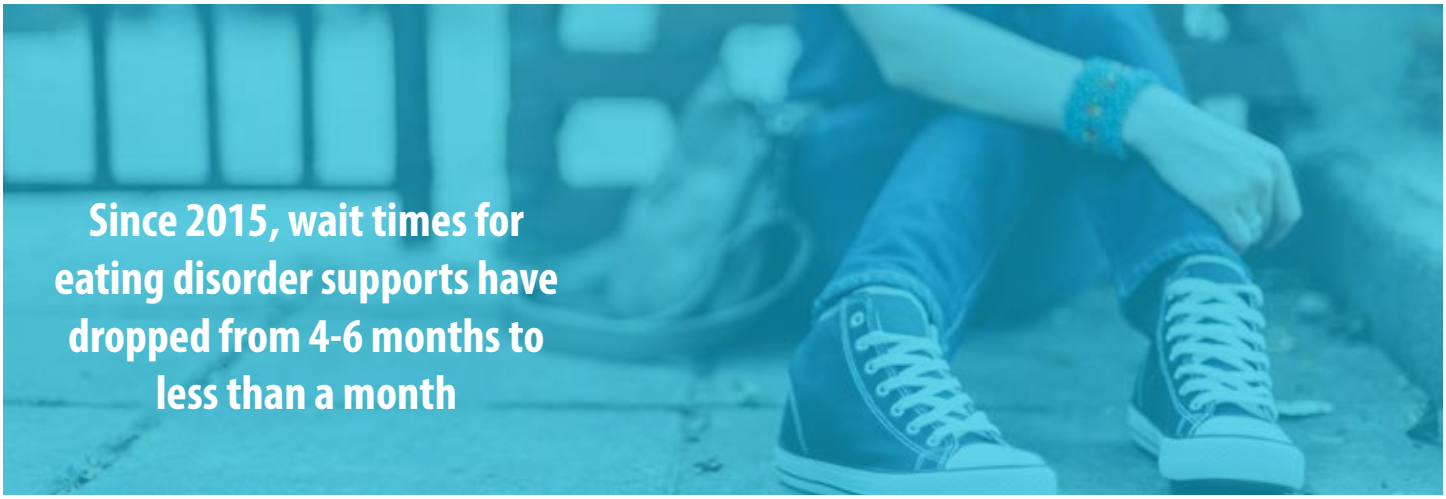
The model is called Enhanced Recovery After Surgery (ERAS) and St. Mary's is believed to be the first Canadian hospital to fully implement it for lung cancer patients. Since August 2016, more than 50 patients who have undergone minimally invasive thoracic (lung) surgery at the hospital have benefited from the early discharge approach.

ERAS maximizes the patient's chances of quick healing and recovery through a strict pre-operative regimen of exercise, healthy eating, pain medication and smoking cessation. During surgery, local anesthetic nerve blocks are used rather than an epidural, allowing patients to be mobile and comfortable soon after surgery. They are given fewer narcotics, resulting in less post-operative drowsiness, nausea and dizziness. Fewer intravenous fluids reduce the chance of a post-surgery injury to their lungs.

Within an hour after surgery, patients are up walking in the recovery room, with the help of a family member and are given food to boost their strength. When they arrive on the Chest Unit, nurses and a family member help them walk every hour until bedtime. Discharge for patients who have a small wedge of their lung removed is planned for the same day, rather than the previous two-to-three days. For those who have a lobe of their lung removed, discharge is planned for the next morning, rather than the previous four-to-five days post-surgery.

"This approach requires a paradigm shift in attitude for patients and staff," says Dr. Paul Chiasson, a thoracic surgeon at St. Mary's. "You have to see it to believe it."

Story credit: St. Mary's General Hospital



I Made it Through This

One young woman's story of overcoming her eating disorder

Sara sits in an office at the Canadian Mental Health Association (CMHA) Waterloo Wellington's Weber Street location, smiling and laughing. "I'm just way happier with myself," she says. "I know I don't have to look a certain way at all."

For Sara, the change is a dramatic one – just a few years ago, she confesses, "I hated my body – every bit of it."

"I always thought I was the fat one, or that there was something wrong with me, and that my worth was determined by how I thought I looked. It took over a big part of my life," she says.

"I had just moved to a new school that I wasn't originally zoned for, and so I didn't have friends to start off with. The eating disorder took over the part of my life for me to make friends, and build relationships, and start that new chapter – always thinking about what I ate, and if I was working out, and making sure that I was working out. It gradually got worse, so it was taking over even more of my life as I went on."

With encouragement from her family, Sara ended up accessing CMHA Waterloo Wellington's Eating Disorders services.

"I didn't realize that on my own, but my dad and the people around me noticed that I needed help, and [that] I was deteriorating physically and emotionally," she says.

"I didn't want to hear a single thing anybody said. I was shocked as to the fact that I was doing something wrong, because I thought, I'm smart; I know what I'm doing; who are they to tell me? They know nothing. I'm so grateful that my dad took me in, and even though it was hard and I didn't want to hear it, it still made me realize that maybe you could go about this a different way."

Working with CMHA Waterloo Wellington's team of nurse practitioners, psychiatrists, dietitians, and therapists, Sara began to make progress and changed the way she viewed herself.

"I had to keep reminding myself that it's okay to eat – you know, this is good for you. And it was good for everyone else around me, too, to be able to not worry so much about what I was eating, and [for me] to actually enjoy the other aspects of life that I was neglecting," she says.

"I used to workout because I hated my body, but now I workout and eat healthy because I love my body, and I want it to grow and develop."

"I'm just way happier with myself. I know I don't have to look a certain way at all."

Her confidence today has grown to the point that she's shared her experience with peers and classmates – even going as far as travelling to other schools to speak about overcoming her eating disorder.

As for the advice that she offers others?

"I would absolutely avoid all numbers. Anything that you used to define yourself with, ignore it. Go by how you feel, and how your clothes feel on you, and who you have around you. And definitely don't compare yourself," says Sara.

"I've learned that I can be a little bit hard on myself and those around me, and that I'm far more capable of things than I believe. I made it through this, and it was all by accepting that I was wrong. I do get those down days, but I always remind myself of those things that I learned in the beginning about my worth not being valued by numbers, and how I shouldn't compare myself."

To protect the individual's privacy, their last name has been withheld, story provided by CMHA.

MORE EQUITABLE

Equity means access to the best care regardless of who you are or where you live.

MORE EQUITABLE

"We are thrilled to be working with the Waterloo Wellington LHIN on a pilot health care interpretation service. The vast majority, more than 90%, of our patients require interpretation services. This is a really exciting opportunity to improve the quality of their care and their care experience."

Sarah Flanagan, NP, Sanctuary Refuge

Investing In Indigenous Health And Wellness

As we walk along in partnership with our Indigenous communities, we stand in solidarity and listen to their stories to facilitate the needed change that must occur if Indigenous communities are to fulfill their dream of self-determination through the process of de-colonization.

This past year, we have supported their goal in the following ways:

- Implemented Cultural Safety Training, both within the WWLHIN and throughout the local health care system, to ensure that health care professionals understand how the on-going trauma suffered throughout the process of colonization make Indigenous peoples reluctant to access services.
- Established land acknowledgement protocol, where at all WWLHIN led meetings land acknowledgement is made. In addition, the WWLHIN is actively encouraging Health Service Providers to implement the same respectful process.
- Supported two health and wellness programs led by the Indigenous communities and hosted at the Guelph Community Health Centre (GCHC) in Wellington and Kitchener Downtown Community Health Centre (KDCHC) in Waterloo Region.
- Facilitated partnerships between Indigenous community agencies and health service providers to support their Indigenous clients through new programming, like Adult Day program that is hosted by The Healing of Seven Generations in Kitchener.

TRIPLED

the amount of funding for Indigenous health and wellness programs to $300,000

$50,000

invested in culturally appropriate programming through both Kitchener Downtown Community Health Centre and Guelph Community Health Centre

300+

health professionals and system partners participated in indigenous cultural safety training

"I felt a rush of joy yesterday as I walked up the hallway and smelled that somewhere someone was doing a smudging ceremony. A medicine man was in the counselling room providing care to an indigenous woman who was unwell. The elder is providing support all day to clients on and off site. Sometimes we feel like change happens so slowly and then. . . the step forward happens. This struck me as an important step forward. And I know it is a step that happened after much, much effort."

Anne Phillips, Clinical Services Manager, Guelph Community Health Centre

"As a single parent without employee benefits, it was a challenge for me for many years to ensure my children had adequate dental care at an enormous financial and personal cost. The Working Centre is addressing a part of this damaging gap in service by providing a comprehensive, safe, cost-free service to street involved and refugee residents in the community. The powerful impact of care and dental services for the users of this service cannot be measured in words. There are many marginalized members of our community who can feel a sense of inclusion and equity through the availability of this service, this sense of belonging ensures better health outcomes, physically, emotionally and spiritually. When a community is inclusive and strives to be equitable, we can achieve healthy outcomes for all."

Irene O'Toole, Working Centre Board Member

Ginny Found Freedom From Addiction Through House Of Friendship's Alcontrol Program

It took a phone call to set Ginny on the road to freedom.

Ginny, shown here with pictures of her young daughters, is celebrating three years of sobriety.

Ginny, 31, was living in a hotel room, actively using drugs and pregnant with her second child when she got the call that a bed had opened up at Alcontrol, a residential addiction treatment program offered by Kitchener-based House of Friendship.

"I bawled my face off, I was so happy," said Ginny. "I thought, this is my chance. Everybody is going to give up on me if I don't do something now. I need to do something."

Ginny's journey to addiction began young. She grew up in an unstable home, with both parents battling their own addictions. In her childhood, she attended 36 different schools, moving across Canada between Cape Breton and Alberta multiple times before settling in Waterloo Region.

That instability, coupled with sexual abuse at the hands of a relative, led Ginny to experiment with drugs as a means to numb her feelings.

"I had a lot of emotions I was trying not to feel," said Ginny.

Ginny smoked her first cigarette at seven; shortly after, she tried marijuana. Then came pills, with Ginny eventually moving on to harder drugs.

When she entered Alcontrol, Ginny was ready to start over. With the help of staff in the 10-week residential program, Ginny learned how to get to the heart of the reasons that led to her drug abuse.

"It helped me a lot," said Ginny. "I always had someone to talk to."

Alcontrol is one of five addiction treatment programs offered through House of Friendship. In addition to Alcontrol, programs include a men's residential addiction treatment program (174 King Street North); Moving Forward, a program for pregnant women; Addiction Supportive Housing (ASH); and Bridges To Health, a day treatment program for men and women.

Now celebrating three years of sobriety, Ginny is enjoying life as a mother of two young girls while studying full-time at Conestoga College and working part-time as a personal support worker.

"I don't know where I would be without Alcontrol," said Ginny. "Now I have a future."

Credit: Story provided by House of Friendship

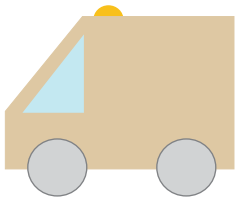
+$64K

to provide dental care to residents experiencing homelessness

Dr. Kerr Banduk: "Providing access to dental care to a vulnerable population of our society such as the people experiencing homelessness that are being seen at the dental clinic is an important part of who we all are as a people, community and a country."

PARTNERSHIP

Waterloo Region Crime Prevention Council has made naloxone rescue kits available to GRH emergency department patients who present with, or are at risk of, an opioid overdose



+$32K

to provide primary health care for 500 vulnerable residents at St. John's Kitchen

Indigenous Service Plan

Our local Indigenous population is unique and diverse, living primarily within our urban communities. Indigenous residents can experience inequitable health outcomes due, in part, to historic disparities in access to health services. We work in partnership with our local Indigenous communities to identify and address gaps.

In 2016-17, we conducted an environmental scan of our Indigenous communities' needs to help identify specific actionable solutions for Indigenous residents in the Waterloo Wellington LHIN. We also approved funding for a second Indigenous health and wellness promoter/navigator through the Guelph Community Health Centre. In addition, more than 300 health professionals and system partners participated in or received Indigenous cultural safety training organized or led by the Waterloo Wellington LHIN. As a result health professionals will be able to better improve the patient experience for Indigenous residents.

Looking forward, in 2017-18 we will begin implementing the recommendations from the environmental scan. This will include improving access to information on local Indigenous services through the Waterloo Wellington LHIN website and other communication means identified by the Indigenous community. As well, we will continue to work to support improvements in access to health services in areas such as chronic disease; mental health & addictions; home and community care; and hospice palliative care.

French Language Service Plan

Another group who may be more likely to experience health disparities is our diverse local Francophone population.

In 2016-17, the French Language Health Planning Entity (Entity2) prepared a report highlighting the diversity of the Francophone population in Waterloo Wellington. This report confirmed that many Francophone residents in our community are newcomers, including Francophone immigrants and refugees. In 2017-18, we will expand on this work in partnership with the Entity2 by engaging with Francophone immigrants and refugees in Waterloo Wellington to identify gaps in our existing health services and programs.

The French Language Service Plan for 2017-18 created jointly with the Entity2 focuses on enhancing equitable access to health services for Francophone residents at the Waterloo Wellington LHIN sub-region level, and improving access to mental health & addictions services, primary care and home and community care services for seniors and newcomers in French.

For more details on our plans for supporting Indigenous and Francophone residents, and improving health equity, visit our website http://www.wwlhin.on.ca/.

More care means more doctors, more dollars invested, more programs and services to support you and your family.

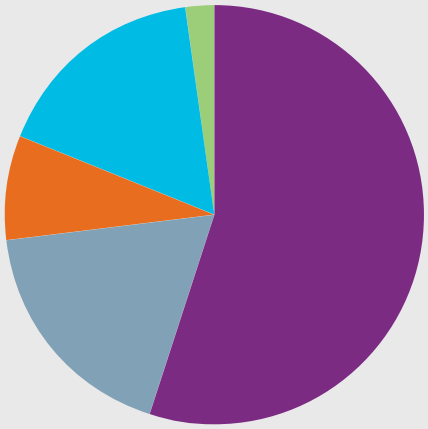
MORE CARE

"I was apprehensive to attend 'Out N About' at first. I didn't know what to expect. Now, I don't know what I would do without this place. From the moment we walk in the door, the staff make each and every one of us feel special, safe, and comfortable. I am so much happier. This program is a blessing."

Grace, Patient, St. Joseph's Health Centre Guelph

MORE FUNDING FOR THE CARE YOU NEED

$1.1 BILLION INVESTED ANNUALLY IN LOCAL HEALTH CARE



$22.7 Million
Community Health Centres
$598.2 Million
Hospitals
$195.9 Million
Long-term Care
$84.6 Million
Mental Health & Addictions
$181.5 Million
Home and Community Care

82%
increase in Home and Community Care Funding

66%
increase in Long-term Care Funding

$293 Million more than in 2008

In 2016-17:

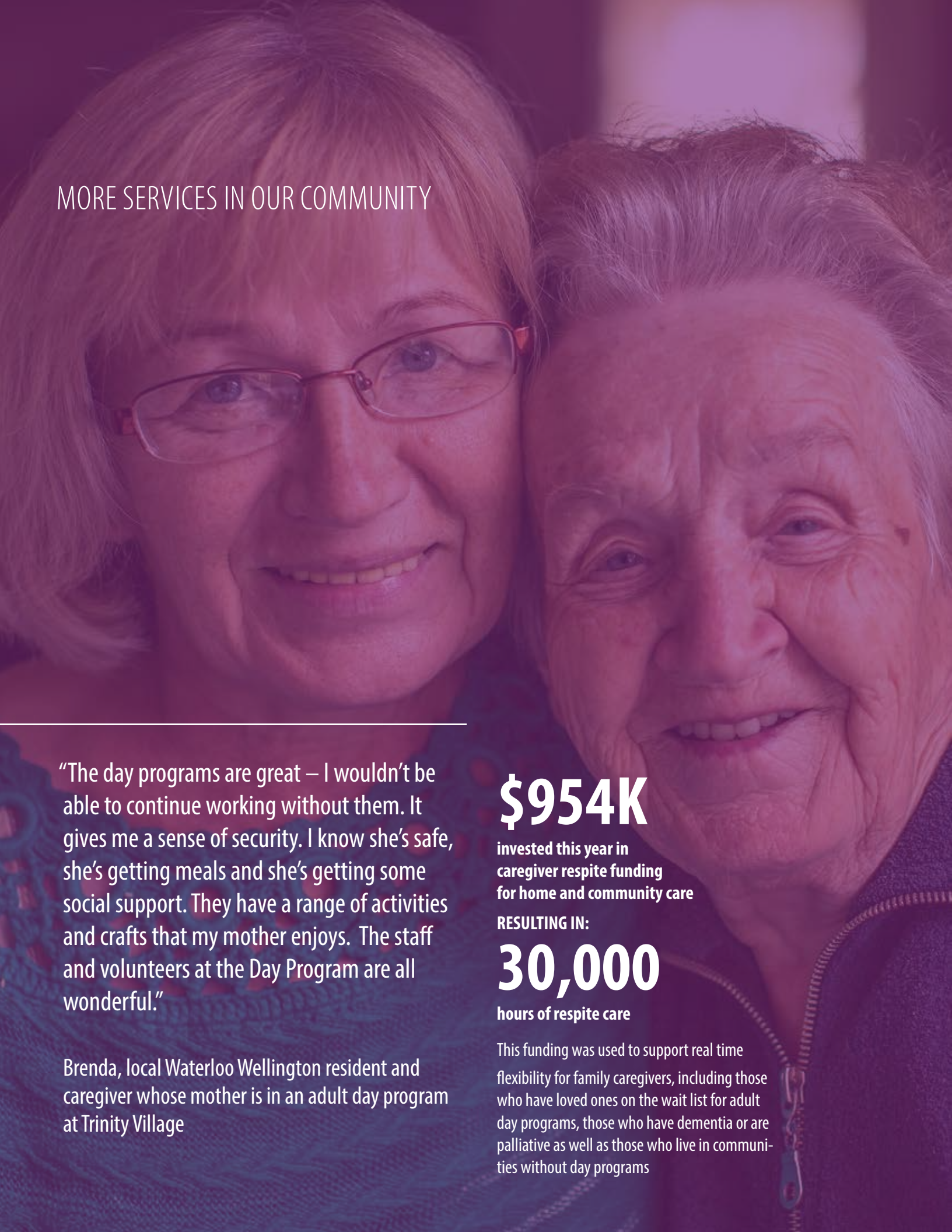
+$625K
invested in supports for seniors with dementia and other neurological conditions

+$3.25 MIL
for expanded home and community care

This allowed residents with complex needs to go home from hospital faster with comprehensive supports

+$4.1 MIL
for more cardiac and critical care at St. Mary's General Hospital

+$3 MIL
to expand emergency mental health care in Guelph and Wellington



MORE SERVICES IN OUR COMMUNITY

"The day programs are great – I wouldn't be able to continue working without them. It gives me a sense of security. I know she's safe, she's getting meals and she's getting some social support. They have a range of activities and crafts that my mother enjoys. The staff and volunteers at the Day Program are all wonderful."

Brenda, local Waterloo Wellington resident and caregiver whose mother is in an adult day program at Trinity Village

$954K

invested this year in caregiver respite funding for home and community care

RESULTING IN:

30,000

hours of respite care

This funding was used to support real time flexibility for family caregivers, including those who have loved ones on the wait list for adult day programs, those who have dementia or are palliative as well as those who live in communities without day programs

"We are fortunate in our area to have physician recruiters who work hard to bring new physicians to our area. I work collaboratively with recruiters and health care organizations to support recruitment for all specialties. Investment in recruitment resources from our communities and recruitment best practices have resulted in more physicians choosing to establish their practice in many of our communities throughout Waterloo Wellington."

Kate Borthwick, Regional Advisor for HealthForceOntario

TWO

nurse practitioner positions were added to provide primary care for residents at Saugeen Valley Nursing Centre and Harriston Caressant Care

This means residents in these facilities now have greater access to comprehensive care provided by an interdisciplinary team.

Photo: Nurse Practitioner Lindsay Metzger and Erma

NEW

Home and Community Care nursing clinic in Waterloo and expanded hours in Guelph

NEW

Community withdrawal support service at Stonehenge Therapeutic Community in Guelph

NEW

breast assessment clinic at Guelph General Hospital

3,532

coordinated care plans created

181

more family doctors and specialists have settled in our community since 2010

97%

of all WW residents have a primary care provider

CLOSE TO HOME

"Before moving to the senior's apartment building (with the Connector) I was not aware of all of the services available in the community. I am now signed up for the shopping bus, I do the exercise class, I get Meals on Wheels and I go to community dining. These services have lowered my stress levels, they get me out of the house and I'm meeting lots of new people. I didn't think that I would ever be this involved at my age!

The Connectors provide unbelievable support. Now I know who to contact if I need anything. I now have lots of other supports and services available to me, which makes me able to stay in my apartment."

Credit: Story provided by Community Support Connections Meals On Wheels and More client

NEW

neighbourhood model of home care introduced to improve care continuity

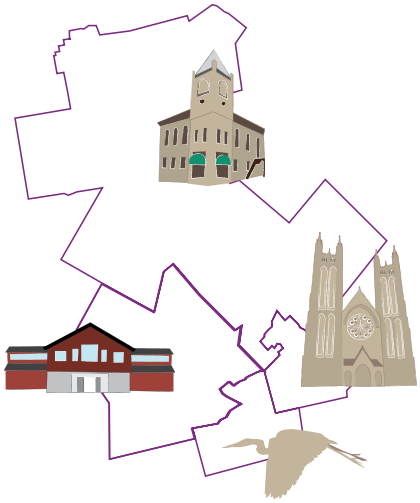
60,000

Advance Care Planning resources distributed locally

4

primary care champion tables developed

One in each of the sub-regions, allowing primary care providers to work with patients and local stakeholders to improve the patient experience and access to care



BRINGING LOCAL CLOSER TO HOME WITH SUB-REGIONS

Sub-regions are local geographies within Waterloo Wellington that allow us to better identify and capture diverse population needs–be they linguistic, cultural or others–and help our health care system better respond to these needs. This helps us to better plan, integrate, and improve the performance of local health services.

Our local sub-regions include: Wellington (including Centre and North Wellington, Guelph-Eramosa, and a small part of Grey County), Guelph-Puslinch, Cambridge & North Dumfries, and KW4 (Kitchener, Waterloo, Wilmot, Woolwich, and Wellesley).

The sub-regions were developed based on community engagement, consultation with local health service providers and stakeholders, and data on health service utilization and population health.

A partnership with the WWLHIN and Health Quality Ontario helped to launch Sub-Region Governor (Board Members) Quality Symposiums. More than 100 governors of health service providers attended six sessions. As a result, governors in all four sub-regions committed to addressing the top issues that impact the health of residents through working together on common quality improvement activities. **Resulting in the 1st Collaborative Quality Improvement Plans in Ontario.**

OPP and CMHA Mark One Year of I.M.P.A.C.T in Wellington County

More than 289 local residents were helped this year, thanks to an innovative collaborative response model that was one of the first of its kind in Ontario.

In 2015, the County of Wellington Ontario Provincial Police (OPP) and the Canadian Mental Health Association Waterloo Wellington (CMHA WW) came together to sign a landmark agreement kicking off their new Integrated Mobile Police and Crisis Team dubbed IMPACT.

The program, funded by the Waterloo Wellington Local Health Integration Network, enables specially trained Mental Health Clinicians to attend mental health-related calls alongside Wellington County OPP officers. The goal of the program is to ensure that residents in Wellington County have better health outcomes by receiving the most appropriate community-based crisis response at the time of need.

The enhanced service improves the experience of residents and their families by providing an immediate and comprehensive crisis response in their home and/or community. Residents benefit from less intrusive service interventions by reducing the need for emergency room and hospital involvement.

The IMPACT Team has provided support to over 289 individuals. This includes live calls for service and "after the fact" referrals. IMPACT workers received more than one referral a day from the Wellington County OPP officers, amounting to 462 total referrals. They have also provided over 70 hours of community-based education and training to stakeholders and care providers in the community. The team has also assisted in providing timely compassion fatigue support services to frontline emergency responders.

"The results of this partnership have far exceeded our expectations in the first year of operation" said OPP Detachment Commander Inspector Scott Lawson. "The results truly speak to the benefits that our community have realized through this strategic partnership including our own local police officers, who by working alongside these specially trained clinicians, have a better sense of the complexities and supports necessary to assist those in-need" he said. "We are very, very proud of what has been accomplished. IMPACT has become an integral and vital part of our daily work", remarked Lawson.

"Our first year of service with the IMPACT Team has achieved the goals that we had hoped for. By having our mental health team work hand in hand with our OPP police team, people who are experiencing significant mental health and addiction challenges are able to get immediate assessment and support where and when they need it. This has led to very positive health outcomes for the people involved, and it has also contributed to a significant decrease in the number of presentations to hospital by police. We are thrilled that our partnership has worked so well for the people who need it most, as well as created more efficiencies in our health care system. Our sincere thanks to all members of our team who work so hard each and every day to meet the needs in our rural community," says Helen Fishburn, CMHA.

Credit: Wellington County OPP and CMHA

"We recently supported a patient receiving end-of-life care. He was doing really well with the right supports in place. When the care coordinator visited the patient to assess his needs, however, they talked about how one of his children was struggling. While he was connected to the mental health system, the patient was concerned that the mental health team was not aware of the current issues. The care coordinator was able to connect the son with the Mental Health ACT Team for care while maintaining a therapeutic relationship with the patient. This is really an example of the value we add in the system. When we assess a patient, we are really looking at the whole family and their overall health needs. What affects the family, affects the patient."

Dana Khan, Director Patient Services, Waterloo Wellington LHIN

New means expanded state of the art health care facilities to meet the needs of our growing communities.

NEW FACILITIES

"Saugeen Valley is an important part of our community. It's a part of the community where local people from the rural community and Mount Forest can get services they need in their later years. I think it is extremely important for our area, and I am very grateful that our provincial government recognizes the investment so residents who live in more rural parts of our province can get the care and services they need close to home."

Wellington North Mayor Andy Lennox
Credit: Mount Forest Confederate

NEW

Cambridge Memorial Hospital
Construction Underway

Investing in our Future

$7 MIL

invested in St. Mary's General Hospital to improve cardiac service. This investment will complete the current arrhythmia program by adding an electrophysiology suite and recovery areas, as well as expanding cardiac services that will provide high quality care for patients with complex cardiac conditions.

400

additional patients will be able to receive radiation therapy here in Waterloo Wellington thanks to an expansion of the Grand River Regional Cancer Centre

NEW

Groves Memorial Community Hospital moving ahead

"This is a significant and exciting step forward in our New Groves Hospital Planning. We remain on track with our scheduled timeline and are excited to prepare for ground breaking that is only a few months away. "
Howard Dobson, Board Chair,
Groves Memorial Community Hospital

Long-term care redevelopment

TWO

long-term care homes with 190 (95+95) beds will be improved to ensure the homes meet all up-to-date quality standards. Saugeen Valley Nursing Centre and Cambridge Country Manor have been approved for redevelopment with construction to begin in 2017-18

New equipment

NEW

digital mammography equipment at Groves Memorial Community Hospital

HIGHER QUALITY

Higher quality means safe care with better outcomes for all patients.

HIGHER QUALITY

"By bringing health system leaders together, the Waterloo Wellington LHIN is supporting clinicians, enabling us to learn from each other to problem solve and better understand the challenges our colleagues face."

Dr. Sabrina Lim Reinders, Primary Care Physician Lead, WWLHIN




Safe + Effective

#1

in Ontario for lowest anti-psychotic drug use in Long-term Care

%

The WWLHIN has the lowest percentage of deaths in acute care in Ontario (39% versus the provincial average of 47%), for palliative / end-of-life care patients

#1

for hospital standardized mortality ratio (HSMR) in Ontario. The HSMR measures patient survival rates in qualifying Canadian hospitals against an expected average

Care in the right place

#1

lowest readmission rate in Ontario for heart attacks

#1

for avoiding preventable ED visits for Long-term Care patients in Ontario

1,300

hospital bed days saved by the Rapid Recovery Therapy Program by allowing patients to leave the hospital earlier to receive intensive rehab support at home.

"The team functioned very cohesively and often exceeded my care expectations. They took the time to communicate regularly with [my children] and often wrote special instructions for the other caregivers. I appreciated how caring and patient they were with me. They have definitely helped me function much better."

Rapid Recovery Therapy Program Patient

Waterloo Wellington LHIN Recognized as a Provincial Leader in Stroke Care by Ontario Stroke Network

Residents in Waterloo Wellington are receiving exceptional stroke care and rehabilitation accord ing to annual report cards released by the Ontario Stroke Network (OSN) and the Institute for Clinical Evaluative Services (ICES).

The Waterloo Wellington Local Health Integration Network (LHIN) was highlighted as the top provincial performer in seven areas, helping more residents return home sooner and healthier after a stroke while reducing transfers to long-term care. The report compared the effectiveness of prevention programs, access to, and the effectiveness of acute care and rehabilitation services for Ontarians who suffered a stroke in 2015-16.

In addition to the areas where Waterloo Wellington was a top performer, the report acknowledg es significant improvements in eight other areas of stroke care and improvements in an addition al five.

#1

for high quality stroke care in Ontario

- 81% of stroke patients treated on a specialized stroke unit
- Highest number of minutes of daily rehab therapy
- 84% of stroke rehab patients go home within target

40%

reduction in COPD readmission rates in just one year

Partnership improves care of patients with Chronic Obstructive Pulmonary Disease

Two years ago people with Chronic Obstructive Pulmonary Disease (COPD) were returning to the hospital after being discharged again and again, at a rate much higher than they should.

To Melissa Kwiatkowski, Guelph General Hospital's Director of Strategy and Risk Management, the numbers didn't just mean extra pressure on the hospital, they were a clear indication these patients weren't getting the quality of care they needed. The hospital reached out to the Guelph Family Health Team to partner and co-lead a community-wide process of understanding why this was happening and deciding what to do about it.

COPD is a chronic lung disease that causes clogged airflow from the lungs. Symptoms include breathing difficulty, cough, mucus production and wheezing. People with COPD are at increased risk of developing heart disease, lung cancer and other conditions.

The good news is COPD is treatable. With proper management, most people with COPD can achieve good symptom control and quality of life, as well as reduced risk of other associated conditions. So, it was possible to do better but it was going to take more than just the Hospital's effort.

To just get a handle on the current state of the care being provided across the community, and to start brainstorming possible improvements, three half-day sessions were hosted at GGH. Among those at the table were representatives from the hospital, the Guelph Family Health Team, the Guelph Community Health Centre, St. Joseph's Health Centre Guelph, the Waterloo Wellington Local Health Integration Network and Guelph-Wellington Emergency Medical Service (EMS -ambulance). From those meetings, gaps in care were identified and plans made to help close them.

Thanks to this amazing partnership, readmission rates have gone down 40% in just one year – far exceeding even the most optimistic of predictions. "It's been a fantastic coming together of all those involved, including patients and families," says Kwiatkowski. "There's still more to do but the progress that's been made is quite remarkable."

One of the significant changes made was simply making sure that COPD patients had an appointment booked with their primary care provider (such as their family physician) before leaving the hospital. In addition to the follow-up appointment, the WWLHIN and EMS have partnered to pilot a program that provides patients with vital signs monitoring devices to use in their homes. Those devices will automatically send messages to the paramedics when there is a problem. The paramedics will work with specialized nurses from the WWLHIN to support the patient staying at home instead of a trip to the hospital.

"Supporting an individual's transition from hospital to primary care involves multiple providers and we could not have achieved these improvements by working in isolation," says Ross Kirkconnell, Executive Director, Guelph Family Health Team.

Raechelle Devereaux, the Executive Director of the Guelph Community Health Centre echoed the partnership sentiment. "The work initiated by Guelph General Hospital has been an excellent example of how collective efforts result in collective impact," she says.

Credit: Story provided by Guelph General Hospital

BETTER CONNECTED

Connected means a seamless care experience that leverages technology to connect your care team.

BETTER CONNECTED

"Since the launch of central intake for orthopedics, referring my patients for surgery has become much easier. I don't have to think about which providers or surgeons are in individual communities or which patients need physio first. I find it extremely useful – I just have to fill out a referral form and someone will do the best thing for my patient."

Dr. Abha Patel-Christopher, Family Doctor

19,659

referrals were processed through a System Coordinated Access program/ partner in 2016-17

This includes: The Waterloo Wellington Regional Coordination Centre's Diabetes Central Intake & Orthopedic Central Intake, Outpatient rehab, Community Support Services, and Chronic Disease Prevention and Management.

The right information

128

clinicians signed up to access services in Telehealthcare, including eConsult, eVisits and eLearning. This means patients will be better supported by their clinicians as clinicians will have faster access to specialists and resources

A Click away

of residents have said their doctor had information about their hospital stay

Coordinated Access

of primary care physicians have made a referral through the Waterloo Wellington Regional Coordination Centre's Orthopedic Central Intake

300+

Primary Care Providers using enhanced electronic tools to support patients with chronic conditions

NEW ELECTRONIC REFERRAL SYSTEM WILL IMPROVE ACCESS FOR PATIENTS AND CARE PROVIDERS

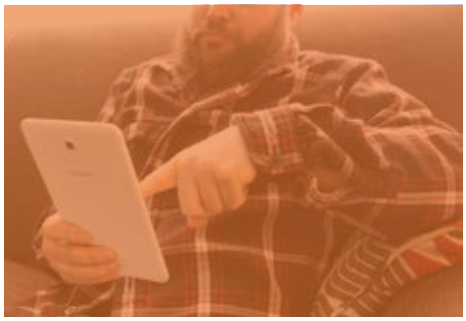
The Waterloo Wellington LHIN is leading the province with the design and deployment of a ground-breaking technological ecosystem that will support a system-wide electronic referral (eReferral) process for our community.

The eHealth Centre of Excellence's System Coordinated Access (SCA) program, Think Research Consortium, the Waterloo Wellington Regional Coordination Centre and other partners are working with family physicians, specialists, community service providers, patients and family caregivers across the region in the development of an eReferral solution called the Ocean eReferral Network.

This solution will enable faster links between patients and healthcare providers and create a more seamless experience when moving from one part of the healthcare system to another.

New

online portal to be deployed to support patients with mental health & addictions issues while they wait for services



The CMHA will be the

First

in Ontario to connect community mental health data electronically

"The idea for the investment came directly from our local primary care providers," said Dr. Sabrina Lim Reinders, Primary Care Physician Lead for the WWLHIN. "There was a gap in information that was making it challenging to best care for their patients - especially when patients expect their provider to have the information at their fingertips. Now they'll have it in one click."

"Collaborative team-based care for patients with mental health is essential, and only effective if team members are in communication with one another. By connecting mental health info directly to primary care, I am hopeful this new initiative will improve collaboration between these two essential aspects of mental health care,"

Dr. Joan Chan, Primary Care Physician

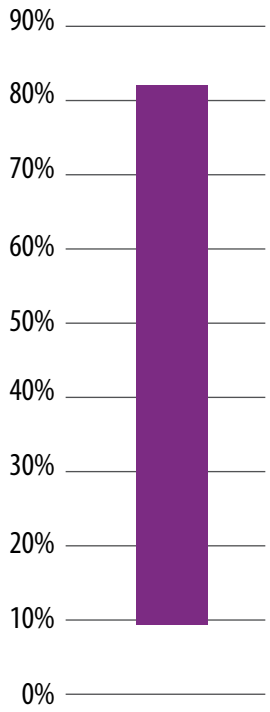
What improvements are next?

Over the past year, residents in Waterloo Wellington benefited from increased access to higher quality, and better integrated local health services. We also know there are a number of areas we need to do better in – these are our areas for improvement and the entire health system is working together to address them.

To provide better insight into health system performance relative to targets, a "percent of target achieved" concept is used. For example, if the target is 90 per cent and current performance is 45 per cent, then 50 per cent of the target has been met.

An average across all indicators (in the thermometer) provides one number that quickly summarizes how far the system is from achieving all of its targets.

The average per cent of target achievement across all indicators for 2016-17 was 82 per cent.



#1 

for the shortest wait time in Ontario for access to home and community care services from home

94% 

of patients receive 1st nursing visit within 5 days

25%

reduction in wait time for long-term care from home

Home Care

Home, Community, & Long-term Care

With the introduction of the innovative new neighbourhood model, residents are benefiting from higher-quality, more consistent home care across Waterloo Wellington. Residents are also receiving their care faster, a whole week faster than in other areas of the province. Efforts to increase capacity, including recruitment of key health professionals, to better support residents with complex care needs will continue to reduce wait times for home and community care. Particular progress has been made in reducing the wait time for long-term care with residents being placed 25% faster.

Areas for Improvement

Indicator	Provincial target	Provincial				LHIN			
		2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	Most Recent Quarter	2016/17 Result (year-to-date)	2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	Most Recent Quarter	2016/17 Result (year-to-date)
1. Performance Indicators									
Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services*	95.00%	85.39%	85.36%	82.10%	85.58%	84.50%	85.66%	83.72%	84.99%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services*	95.00%	93.71%	94.00%	93.83%	94.53%	94.77%	93.97%	94.02%	94.06%
90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	21 days	29.00	29.00	29.00	31.00	12.00	13.00	13.00	14.00
2. Monitoring Indicators									
CCAC wait times from application to eligibility determination for long-term care home placements: from community setting**	NA	14.00	14.00	14.00	14.00	12.00	11.00	10.00	9.00
CCAC wait times from application to eligibility determination for long-term care home placements: from acute-care setting**	NA	8.00	7.00	8.00	8.00	6.00	4.00	5.00	5.00

*FY 2016/17 is based on the available data from the fiscal year (Q1-Q3, 2016/17)

**FY 2016/17 is based on the available data from the fiscal year (Q1-Q2, 2016/17)

Hospital Care

LOWEST

Emergency Department wait time in Ontario for patients with complex needs

BEST

ever Alternate Level of Care (ALC) rate achieved (10.49%)

23%

reduction in patients hospitalized for preventable conditions

Hospital Care

While local residents benefit from some of the highest quality hospital care in Ontario, and the lowest ED wait times for patients with complex care needs, wait times for key procedures are still too long. Fortunately, the introduction of new processes and care models will help to bring these wait times down. A good example are MRI wait times. Currently, a significant portion of patients waiting for MRIs because of joint pain, such as knee pain, don't actually need an MRI. By promoting best practice referral guidelines, we can make sure that only those who really need an MRI have one – reducing the wait time for everyone. We are also working with local hospitals and surgeons to introduce a new process for hip and knee replacement surgeries that has the potential to drastically reduce wait times for these important procedures. In addition, the WWLHIN is working closely with local providers to ensure they are maximizing their resources through Health System Funding Reform (HSFR) to provide the best possible care for local residents.

Areas for Improvement

Indicator	Provincial target	Provincial				LHIN			
		2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	Most Recent Quarter	2016/17 Result (year-to-date)	2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	Most Recent Quarter	2016/17 Result (year-to-date)
1. Performance Indicators									
90th percentile emergency department (ED) length of stay for complex patients	8 hours	10.13	9.97	11.03	10.38	7.62	7.73	8.35	7.48
90th percentile emergency department (ED) length of stay for minor/uncomplicated patients	4 hours	4.03	4.07	4.23	4.15	4.23	4.42	4.67	4.32
Percent of priority 2, 3 and 4 cases completed within access target for MRI scans	90.00%	41.75%	38.43%	40.76%	40.17%	42.02%	35.29%	30.46%	33.82%
Percent of priority 2, 3 and 4 cases completed within access target for CT scans	90.00%	77.77%	74.66%	78.31%	75.89%	78.81%	82.76%	83.15%	79.51%
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	90.00%	81.51%	79.97%	77.89%	78.47%	84.88%	63.44%	39.00%	43.62%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	90.00%	79.76%	79.14%	74.50%	75.02%	81.80%	61.75%	38.93%	41.72%
Percentage of Alternate Level of Care (ALC) Days*	9.46%	14.35%	14.50%	15.85%	15.16%	13.20%	11.94%	12.36%	11.80%
ALC rate	12.70%	13.70%	13.98%	15.27%	15.19%	9.96%	9.33%	9.85%	9.44%
2. Monitoring Indicators									
Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery	90.00%	87.02%	88.03%	86.82%	87.23%	93.46%	91.50%	91.58%	90.06%
Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery	90.00%	96.01%	95.00%	93.00%	93.00%	99.66%	99.00%	98.00%	99.00%

Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery	90.00%	91.93%	88.09%	85.32%	85.01%	95.13%	73.77%	66.65%	70.05%
Rate of emergency visits for conditions best managed elsewhere per 1,000 population*	NA	19.56	18.47	4.58	12.28	13.24	12.44	2.93	8.11
Hospitalization rate for ambulatory care sensitive conditions per 100,000 population*	NA	320.78	320.13	81.88	241.40	299.64	293.40	79.50	224.83
Percentage of acute care patients who had a follow-up with a physician within 7 days of discharge**	NA	46.09%	46.61%	47.46%	47.81%	44.14%	44.51%	44.77%	45.39%

*FY 2016/17 is based on the available data from the fiscal year (Q1-Q3, 2016/17)
**FY 2016/17 is based on the available data from the fiscal year (Q1-Q2, 2016/17)

Mental Health & Addictions

New

online portal to be deployed to support patients with mental health &addictions issues while they wait for services.

The CMHA will be the

First

in Ontario to connect community mental health data electronically

Mental Health & Addictions

Through the implementation of Here 24/7, the Waterloo Wellington LHIN has a clear picture of the mental health needs of the community and is working with mental health providers, primary care, community health service providers and hospitals to increase access to supports outside of the ED to improve the quality and timeliness of mental health services. Strategic investments in this area also mean the WWLHIN is leading the way in developing new supports for primary care to support their patients with mental health needs. While our community still has too high of a rate of hospitalizations for self-harm, the rate continues to decrease year over year. Work continues to ensure residents have access to services in the community to best support them, and to reduce the need for hospitalization.

Areas for Improvement

No.	Indicator	Provincial target	Provincial				LHIN			
			2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	Most Recent Quarter	2016/17 Result (year-to-date)	2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	Most Recent Quarter	2016/17 Result (year-to-date)
1. Performance Indicators										
12	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	16.30%	19.62%	20.19%	20.39%	19.81%	15.20%	17.08%	18.58%	17.17%
13	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	22.40%	31.34%	33.01%	31.15%	31.40%	24.36%	24.01%	22.60%	25.99%
14	Readmission within 30 days for selected HIG conditions**	15.50%	16.60%	16.65%	16.66%	16.51%	15.84%	14.95%	15.76%	16.13%

*FY 2016/17 is based on the available data from the fiscal year (Q1-Q3, 2016/17)
**FY 2016/17 is based on the available data from the fiscal year (Q1-Q2, 2016/17)

ENGAGING OUR COMMUNITY

Community Engagement

Community engagement is critical to understanding the unique needs of our local residents. Throughout the past year, staff at the Waterloo Wellington LHIN formally and informally engaged thousands of residents, health care workers, community groups, patients and families.

Through these engagements we have learned what is being done well in our local health care system, where barriers exist and what we can do to address these barriers to improve care for residents. The importance of community input cannot be overstated. Community engagement is central to our work to make it easier for residents and patients to be healthy and to get the care and support they need.

This year, we focused our 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 and in building a local system of care that is integrated and sustainable. Residents were engaged through focus groups, surveys, community events, one-on-one meetings, through health service providers and more to guide planning, decision-making and provide feedback. The perspectives of local residents are central to every decision made by the Waterloo Wellington LHIN Board of Directors and staff.

Local Health Service Providers

Health service providers are the foundation of our health system. They provide essential services and are dedicated to improving the health and well- being of our residents. Together their work helps to shape health system improvements through priorities identified in our Integrated Health Services Plan (IHSP) a strategic plan, or roadmap to improve the local health system. Engagement with health system leaders and front-line staff continued with the development of the 2017-18 Annual Business Plan, and quality events. Many board-to-board meetings and governor engagement sessions took place to advance health system integration by encouraging governance collaboration.

Local Organizations

There isn't one sector or organization that can improve the health and quality of life for our communities alone. So many of our health and social problems have shared core issues. This is why engaging different organizations across health, community, municipal and other sectors is so vital. Working together we can address big problems that we can't solve alone.

Social determinants of health are the socio-economic, cultural, and environmental conditions of our lives that impact overall health. This year, we focused on engaging the broader public sector and community organizations to better support vulnerable residents through Health Links and by working with our health service partners to address inequities that create gaps in care within the local health system.

Advisory Groups, Networks, Committees, and Integrated Program Councils

Advisory Groups, Networks, Committees, and Integrated Clinical Program Councils are some of the unique ways the Waterloo Wellington LHIN brings health service providers together to work towards a common goal – improving the health and wellbeing 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, chronic disease prevention and management, diagnostic services, addictions and mental health, and more.

Local Community Involvement: Wellbeing Waterloo Region

In 2016-17, we co-sponsored a local community-led initiative called Wellbeing Waterloo Region. The Wellbeing Waterloo Region initiative represents a shift in local participatory frameworks; local organizations come together to collaborate, irrespective of organizational boundaries, to address socio-economic, cultural, equity and health related issues for the betterment of residents' health and wellbeing. Waterloo Wellington is quickly becoming a provincial leader in addressing health and wellbeing as a whole-of- community concept, collaborating with community partners to solve complex and interrelated issues.

As a main supporter of the Wellbeing Waterloo Region initiative, WWLHIN staff have attended over 25 events, symposiums, collaborative discussions and working group sessions. Through these interactions, we have gained valuable insight into the barriers to health and wellbeing for our residents with a commitment to work together to address them.

Sub-Region Engagement

Sub-regions were developed based on consultation with local health service providers and primary care/hospital data when developing Health Links to better serve residents with complex care needs. While a sub-region approach to health service planning and evaluation has been in place for several years, we have refreshed and formalized the geographies of the sub-regions to allow for more integrated planning at the local level.

To do this, the Waterloo Wellington LHIN analyzed qualitative and quantitative data assessing access and utilization of health care services, current service locations, population health, and vulnerable populations, including French-speaking and Indigenous populations.

Based on the data analysis and anecdotal evidence, the Waterloo Wellington LHIN recommended the sub-region geographies remain the same as the current Health Links areas. Draft recommendation were shared broadly with stakeholders, along with an opportunity to provide additional input and feedback through an online survey.

We considered the additional input, with almost 70 per cent of respondents supporting the draft recommendation. As a result, a recommendation was submitted to the Ministry of Health and Long-Term Care that the sub-region geographies remain the same as the current Health Links areas. As part of the recommendation we included the need for specific focus on process design within the sub-regions to ensure planning reflects the needs of both urban and rural residents.

Critical Conversations

On February 1, 2017, the Waterloo Wellington LHIN hosted its second annual Critical Conversations event. This year's event focused on three main themes: newcomer health, advanced care planning and orthopedics and diagnostic imaging with a focus on shoulders. The purpose of the event was to provide an opportunity for primary care providers to connect with specialists to discuss common barriers to health services and learn about evidence informed practices to establish best practices for ensuring the most efficient, high-quality care for patients.

30 local primary care providers and specialists attended the event and were appreciative of the opportunity to learn from each other.

Governors Quality Symposia

Throughout September 2016, the Waterloo Wellington LHIN hosted a series of engagement sessions with local health system governors focused on leading improvement together at the leadership level to better the patient experience. In each of the Waterloo Wellington LHIN sub-regions, we heard from governors and executives on how best to improve the coordination of care across the system to better coordinate the care patients receive from multiple providers.

The event was attended by almost 200 of our stakeholders and received overwhelmingly positive feedback.

Health Collision Day

On November 21, 2016, the Waterloo Wellington LHIN hosted an interactive event, in partnership with Communitech, called Health Collision Day. The event brought health care providers and researchers together from hospitals, primary care, home care, long-term care and community health to explore innovative solutions and new technologies presented by local health tech companies with the goal of improving and creating positive health outcomes for patients.

The event was attended by 40 local health service providers and 20 local health technology companies and was well received as great starting point for Health Innovation in Waterloo Wellington.

General Engagement Activities

The Waterloo Wellington LHIN's Community Engagement Database captures strategic interactions with local stakeholders as the Waterloo Wellington LHIN: builds relationships, engages residents and providers in decision-making about their health system, and captures the patient experience to improve the care local residents receive.

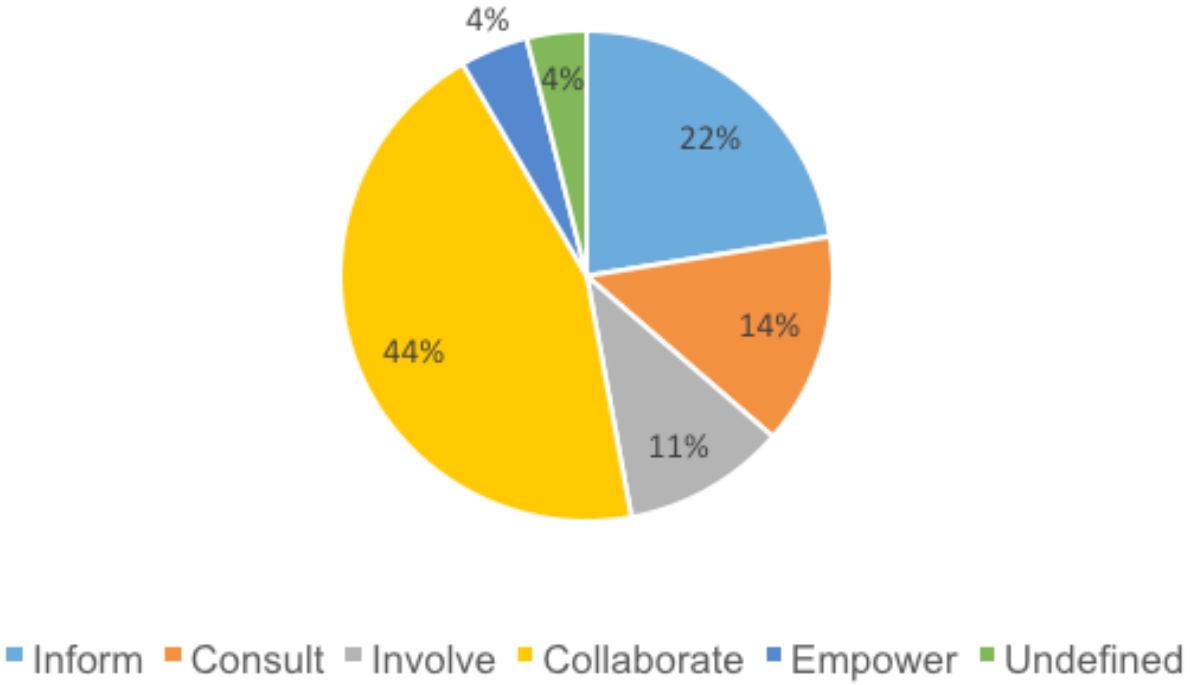
Summary*

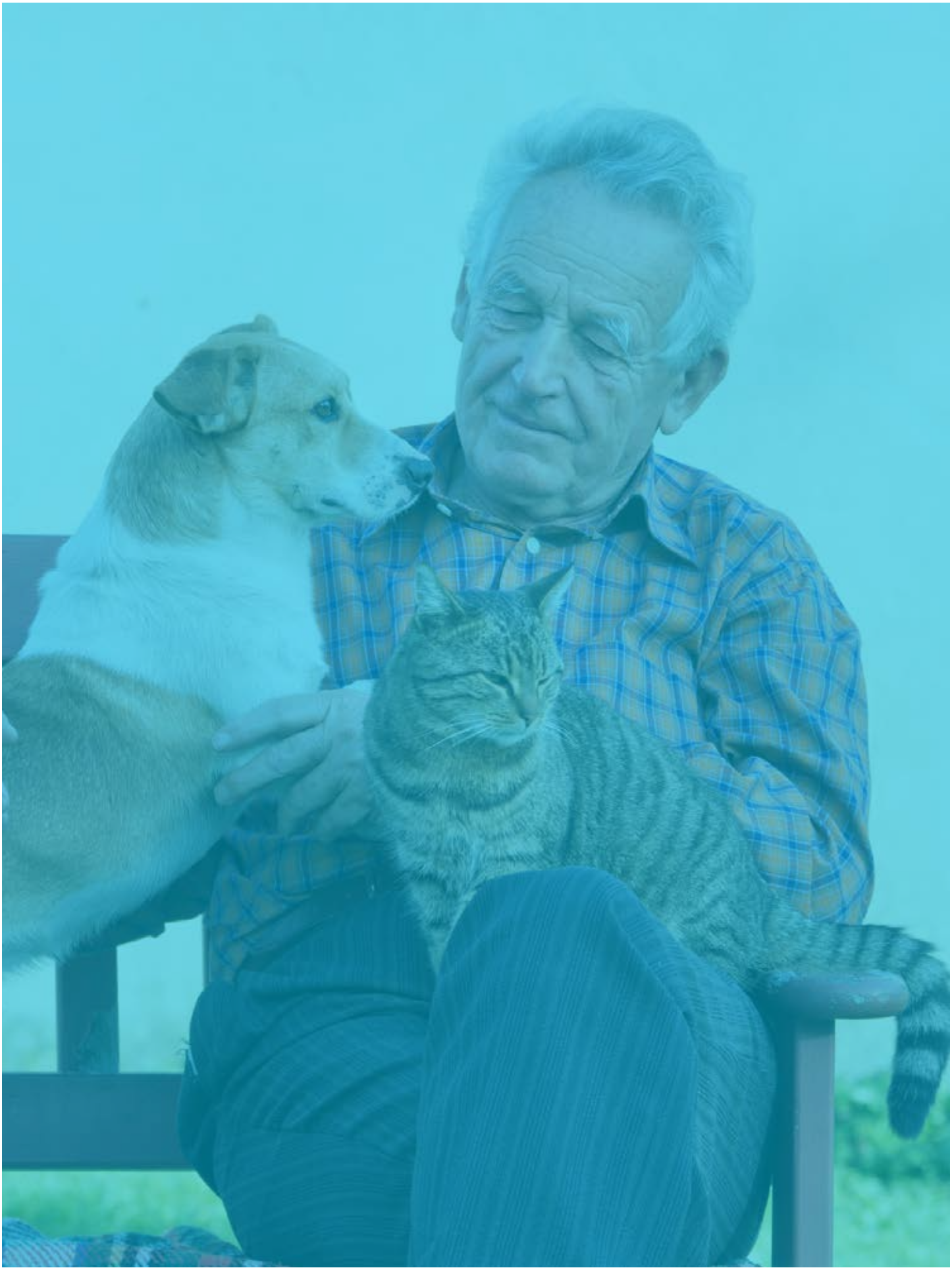
Overall, the WWLHIN's approximately 30 staff attended 736 unique engagement events and engaged 9,507 stakeholders

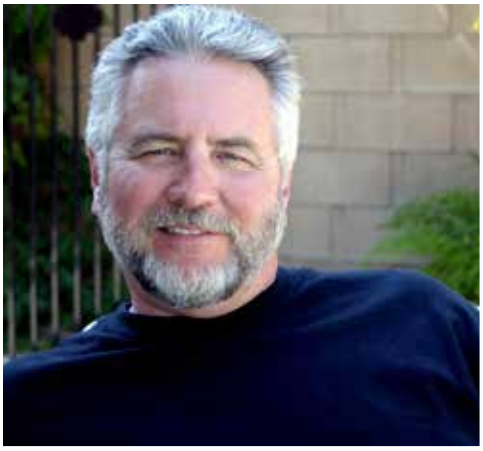
*As this can include a large number of interactions, the purpose of the interaction determines whether or not it is tracked (i.e. day-to-day ex. requesting a document/ report/etc. vs. strategic input/relationship building). Staff can have hundreds of day-to-day interactions each month that will not be depicted in the report. Activities that are tracked via other methods, such as surveys, social media campaigns and focus groups are also not included in this report.

Level of Engagement

Based on the International Association for Public Participation Spectrum of Engagement









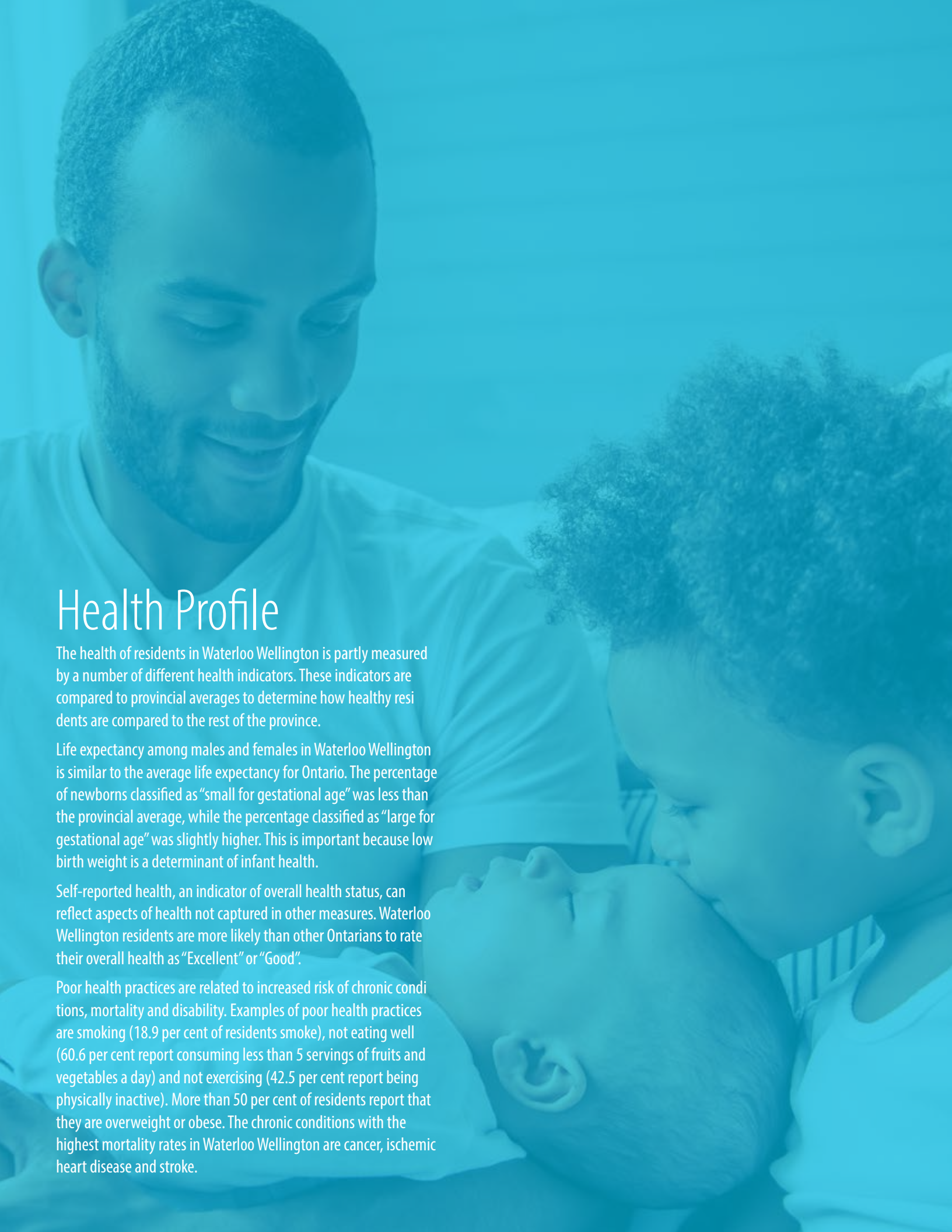

Population Profile

With a population of almost 800,000, the Waterloo Wellington LHIN is a growing community of diverse residents. Our population is projected to grow to more than 870,000 residents by 2026. Seniors 65 and over make up more than 14% of the Waterloo Wellington LHIN population, with those 75 and over accounting for more than 6%.

No one knows better what is needed for our community than the residents who live, work and receive health care in the WWLHIN. We interact regularly with our residents through various engagements to seek input and feedback on what is working well in the health system and where we can improve. That is the benefit of being local: knowing the needs, understanding the health system and where pieces need to be better connected and leading locally driven solutions to improve the health of the entire population.

Our geography includes four sub-regions for community health planning: Wellington, Guelph-Puslinch, Cambridge-North Dumfries and KW4 (Kitchener, Waterloo, Wellesley, Woolwich and Wilmot). Understanding the health care experience of residents in these four areas helps us to plan care for our residents close to home.

In our LHIN, 20.5% of the population is made up of immigrants. The Waterloo Wellington LHIN is one of the key landing sites for refugees in Ontario. Nearly 14% of our residents are visible minorities. 19,285 of our residents self-identify as Indigenous. Just over 10,000 residents are part of the Francophone community and more than 20% of residents report a mother tongue other than English or French.



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 resi dents 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 condi tions, mortality and disability. Examples of poor health practices are smoking (18.9 per cent of residents smoke), not eating well (60.6 per cent report consuming less than 5 servings of fruits and vegetables a day) and not exercising (42.5 per cent report being physically inactive). 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.

Operations Summary

Total revenue for 2016-17 includes funding for Waterloo Wellington LHIN operations and initiatives, and funding for health service providers in accordance with public sector reporting guidelines.

In 2016-17, the Waterloo Wellington LHIN operational and initiatives budget was $6.3M, with health service provider funding totaling $1.082B. In total, approximately 0.6 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 $151,932. The Waterloo Wellington LHIN had a staff complement of 30 full-time equivalent (FTE) positions fo cused 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, planners, our Primary Care Physician Lead, Emergency Department Physician Lead, Critical Care Physician Lead, Diabetes/Chronic Disease Prevention and Management Physician Lead and Enabling Technologies Physician Lead.

LOOKING FORWARD

Making Health Care Easier: Quality care with a better patient experience.

Over the last number of years, access to local health care has significantly grown. In partnership with health service providers, and our broader community, your Waterloo Wellington Local Health Integration Network has lead the creation of a higher-quality, more integrated health system.

You can now receive highly specialized care, close to home. We have recruited almost 200 more family physicians and specialists. Our hospitals used to be full of patients waiting for care in a more appropriate place, now with expanded home and community care, better access to rehabilitative care, new and expanded long-term care homes, and more – patients are able to receive the right care, in the right place, at the right time.

Despite this, residents and health care professionals tell us that navigating and accessing the local health care system can be hard. We need to make it easier.

Residents and many health care professionals also tell us we need to take a leadership role to shift the system towards more of a focus on health prevention and helping people get healthier. We particularly have to focus on making health more equitable to better support those who are disadvantaged because of their background, income, education, and so on.

Achieving the needed transformation in the local health system can't be achieved by doing more of the same and expecting a different result. It's time for a shift.

Taking the learnings from a decade of working with health care providers to advance care for local residents, the Waterloo Wellington Local Health Integration Network is launching five new strategic directions to make easy possible.

Learn more about our plan to make health easier, visit www.wwlhin.on.ca

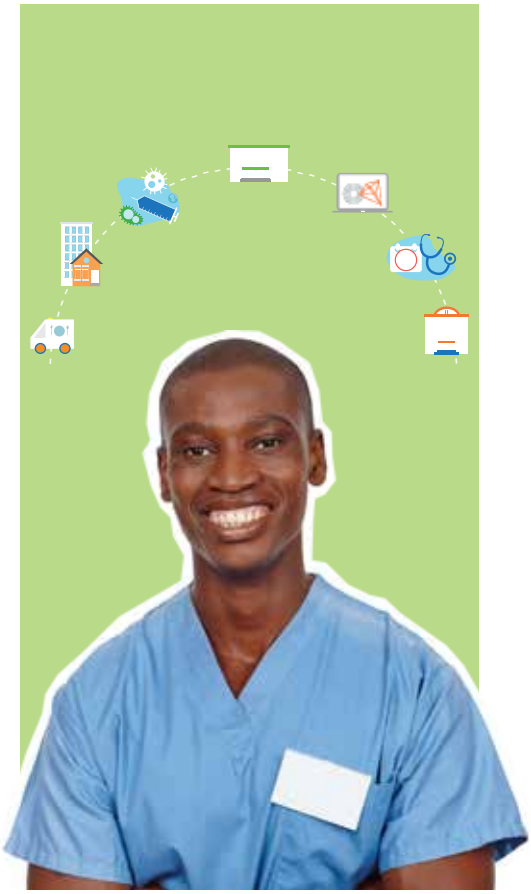
STARTING WITH THE PATIENT EXPERIENCE

DRIVING THROUGH COMMUNITY LEADERSHIP

IGNITING INNOVATION AND CREATIVITY

EMPOWERING CLINICAL LEADERSHIP

CREATING A GREAT PLACE TO WORK



Putting Patients First

Home & Community Care is now delivered through the Waterloo Wellington LHIN. The Waterloo Wellington Community Care Access Centre (WWCCAC), including its employees, programs, and services, has transferred to the Waterloo Wellington Local Health Integration Network (LHIN). Together, we are better connecting the health system to improve the patient experience.

All home and community care services formerly delivered through the WWCCAC are continuing to be provided through the Waterloo Wellington LHIN. All phone and contact information remain the same. Patients who are currently receiving care and have questions or concerns should contact their care coordinator (toll free) 888-883-3313.

Financial Statements

Financial statements of

Waterloo Wellington Local Health Integration Network

March 31, 2017

Waterloo Wellington Local Health Integration Network

March 31, 2017

Table of contents

Deloitte LLP
400 Applewood Crescent
Suite 500
Vaughan ON L4K 0C3
Canada

Tel: 416-601-6150
Fax: 416-601-6151
www.deloitte.ca

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, 2017, 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, 2017 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.

Chartered Professional Accountants
Licensed Public Accountants
May 24, 2017

Waterloo Wellington Local Health Integration Network

Statement of financial position
as at March 31, 2017

	2017	2016
	$	$
Financial assets		
Cash	**713,807**	539,555
Due from Ministry of Health and Long-Term Care (Note 9)	**2,449,272**	11,436,200
Other receivables	**84,865**	32,924
	3,247,944	12,008,679
Liabilities		
Accounts payable and accrued liabilities	**700,940**	391,921
Due to Ministry of Health and Long-Term Care (Note 3b)	**154,472**	194,990
Due to Health Service Providers (Note 9)	**2,449,272**	11,436,200
Due to the Local Health Integration Networks Shared Services Office (Note 4)	**-**	16,535
Deferred capital contributions (Note 5)	**149,390**	199,505
	3,454,074	12,239,151
Net debt	**(206,130)**	(230,472)
Commitments (Note 6)		
Non-financial assets		
Prepaid expenses	**56,740**	30,967
Tangible capital assets (Note 7)	**149,390**	199,505
	206,130	230,472
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, 2017

	Budget (Note 8)	2017 Actual	2016 Actual
	$	$	$
Revenue			
Ministry of Health and Long-Term Care funding			
Health Service Providers transfer payments (Note 9)	**1,024,202,400**	**1,082,899,573**	1,054,673,430
Local Health Integration Network operations - general and administrative	**4,198,719**	**4,166,913**	4,238,720
Project Initiatives			
Diabetes Regional Coordination	**1,036,138**	**1,036,138**	1,036,138
Enabling Technologies ETI PMO	**510,000**	**510,000**	510,000
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
Patient First Transition Planning and Implementation	**-**	**180,000**	-
Amortization of deferred capital contributions (Note 5)	**-**	**50,115**	50,115
	1,030,383,257	**1,089,278,739**	1,060,944,403
Funding repayable to Ministry of Health and Long-Term Care (Note 3b)	**-**	**(151,932)**	(2,540)
	1,030,383,257	**1,089,126,807**	1,060,941,863
Expenses			
Transfer payments to Health Service Providers (Note 9)	**1,024,202,400**	**1,082,899,573**	1,054,673,430
Local Health Integration Network operations - general and administrative (Note 11)	**4,198,719**	**4,065,096**	4,286,295
Project Initiatives (Note 10)			
Diabetes Regional Coordination	**1,036,138**	**1,036,138**	1,036,138
Enabling Technologies ETI PMO	**510,000**	**510,000**	510,000
Emergency Department Lead	**75,000**	**75,000**	75,000
Emergency Department/Alternative Levels	**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
Patient First Transition Planning and Implementation	**-**	**180,000**	**-**
	1,030,383,257	**1,089,126,807**	1,060,941,863
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, 2017

	Budget (Note 8)	2017	2016
	$	$	$
Annual surplus	**-**	**-**	-
Change in prepaid expenses, net	**-**	**(25,773)**	35,461
Amortization of tangible capital assets	**50,116**	**50,115**	50,115
Decrease in net debt	**50,116**	**24,342**	85,576
Net debt, beginning of year	**(230,472)**	**(230,472)**	(316,048)
Net debt, end of year	**(180,356)**	**(206,130)**	(230,472)

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, 2017

	2017	2016
	$	$
Operating activities		
Annual surplus	-	-
Less: items not affecting cash		
Amortization of tangible capital assets	50,115	50,115
Amortization of deferred capital contributions (Note 5)	(50,115)	(50,115)
	-	-
Changes in non-cash operating items		
Due from Ministry of Health and Long-Term Care	8,986,928	(5,890,054)
Other receivables	(51,941)	273,451
Accounts payable and accrued liabilities	309,019	(150,151)
Due to Ministry of Health and Long-Term Care	(40,518)	(53,365)
Due to Health Service Providers	(8,986,928)	5,890,054
Due to Local Health Integration Networks		
Shared Services Office	(16,535)	3,458
Champlain LHIN	-	8,769
Prepaid expenses	(25,773)	35,461
	174,252	117,623
Acquisition of tangible capital assets	-	-
Financing activity		
Capital contributions received (Note 5)	-	-
Net increase in cash	174,252	117,623
Cash, beginning of year	539,555	421,932
Cash, end of year	713,807	539,555

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, 2017

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 Accountability Agreement ("MLAA"), 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, 2017.

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 MLAA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

	Funding received	**Eligible expenses**	**Funding excess**	Funding excess
	$	**$**	**$**	$
Transfer payments to HSPs	**1,082,899,573**	**1,082,899,573**	**-**	-
LHIN operations	**4,166,913**	**4,014,981**	**151,932**	2,540
Diabetes Regional Coordination Centre	**1,036,138**	**1,036,138**	**-**	-
Enabling Technologies	**510,000**	**510,000**	**-**	-
Critical Care Lead	**75,000**	**75,000**	**-**	-
Emergency Department Lead	**75,000**	**75,000**	**-**	-
Emergency Department/Alternative Levels of Care Lead	**100,000**	**100,000**	**-**	-
Aboriginal Planning	**5,000**	**5,000**	**-**	-
French Language Services	**106,000**	**106,000**	**-**	-
Primary Care Lead	**75,000**	**75,000**	**-**	-
Patient First Transition Planning and Implementation	**180,000**	**180,000**	**-**	-
	1,089,228,624	**1,088,896,692**	**151,932**	2,540

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

	2017	2016
	$	$
Due to MOHLTC, beginning of year	**194,990**	248,355
Paid to MOHLTC during year	**(192,450)**	-
Paid to South West LHIN for eHealth Surplus (Prior Year)	**-**	(55,905)
Funding repayable to the MOHLTC related to current year activities (Note 3a)	**151,932**	2,540
Due to MOHLTC, end of year	**154,472**	194,990

4. Related party transactions

LHIN Shared Service Office, LHINC Collaborative and Health Shared Services Ontario

The LHIN Shared Services Office (the "LSSO") was a division of the Toronto Central LHIN and was subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs was responsible for providing services to all LHINs. The full costs of providing these services was billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN as at February 28, 2017 were recorded as a receivable (payable) from (to) the LSSO. This was done pursuant to the shared service agreement the LSSO has with all the LHINs.

4. Related party transactions (continued)

The LHIN Collaborative (the "LHINC") was formed in fiscal 2010 to strengthen relationships between and among health service providers, associations and the LHINs, and to support system alignment. The purpose of LHINC was 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; and the identification and dissemination of best practices. LHINC was a LHIN-led organization and accountable to the LHINs. LHINC was funded by the LHINs with support from the MOHLTC.

Effective February 28, 2017 pursuant to a transfer agreement between Toronto Central LHIN and Health Service Shared Services Ontario (HSSO) responsibility for the shared services previously provided by the LSSO and the LHINC was transferred to HSSO. HSSO is a provincial agency established January 1, 2017 by O. Reg. 456/16 made under LHSIA with objects to provide shared services to LHINs in areas that include human resources management, logistics, finance and administration and procurement. HSSO as a provincial agency is subject to legislation, policies and directives of the Government of Ontario and the Memorandum of Understanding between HSSO and the Minister of Health and Long Term Care.

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 (2016 - $2,040,000) related to Enabling Technologies initiatives. The South West LHIN flowed $510,000 (2016 - $510,000) of the funding to the Waterloo Wellington LHIN.

5. Deferred capital contributions

	2017	2016
	$	$
Balance, beginning of year	**199,505**	249,620
Amortization for the year	**(50,115)**	(50,115)
	149,390	199,505

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:

	$
2018	356,438
2019	356,438
2020	356,438
2021	356,438
2022	356,438
	2,093,570

6. Commitments (continued)

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	2017 Net book value	2016 Net book value
	$	**$**	**$**	$
Office equipment, furniture and fixtures	**362,261**	**356,751**	**5,510**	10,237
Computer equipment	**85,467**	**85,467**	**-**	1,117
Leasehold improvements	**358,651**	**214,771**	**143,880**	188,151
	806,379	**656,989**	**149,390**	199,505

8. Budget figures

The budget figures reported in the statement of operations reflect the initial budget at April 1, 2016 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 $1,082,899,573 is derived as follows:

	$
Initial budget	**1,024,202,400**
Additional funding received during the year	**58,697,173**
Final budget	**1,082,899,573**

The final LHIN general and administrative and specific initiatives budget of $6,329,051 is derived as follows:

	$
Initial budget	**6,180,857**
In year recovery by MOHLTC	**(31,806)**
Additional funding received during the year	**180,000**
Final budget	**6,329,051**

9. Transfer payments to HSPs

During the year, the LHIN was authorized to allocate funding of $1,082,899,573 (2016 - $1,054,673,430) to the various HSPs in its geographic area. Actual transfer payments to the various sectors in fiscal 2017 as follows:

	2017	2016
	$	$
Operations of hospitals	**598,060,559**	582,067,918
Grants to compensate for municipal taxation - public hospitals	**159,225**	159,225
Long-term care homes	**195,888,555**	188,499,088
Community care access centre	**146,637,176**	143,693,475
Community support services	**28,349,482**	28,302,607
Assisted living services in supportive housing	**6,471,004**	6,471,004
Community health centres	**22,693,581**	21,353,059
Community mental health programs	**42,581,089**	42,203,639
Specialty psychiatric hospitals	**30,642,050**	30,642,050
Addictions programs	**11,416,852**	11,281,365
	1,082,899,573	1,054,673,430

The LHIN receives funding from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2017, an amount of $2,449,272 (2016 - $11,436,200) 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:

	2017	2016
	$	$
Salaries, benefits, and consulting services	**1,945,027**	1,703,878
Occupancy	**94,207**	90,503
Shared services	**109,506**	126,049
Public relations	**4,119**	19,793
Mail, courier, and telecommunications	**6,432**	11,465
Other	**2,847**	30,450
	2,162,138	1,982,138

10. Project Initiatives (continued)

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

	2017	2016
	$	$
Salaries and benefits	**855,773**	855,773
Other expenses	**180,365**	180,365
	1,036,138	1,036,138

11. LHIN operations - general and administrative expenses

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

	2017	2016
	$	$
Salaries and benefits	**2,790,046**	3,150,000
Occupancy	**223,832**	201,790
Amortization	**50,115**	50,115
Shared Services	**241,067**	255,615
LHIN Collaborative	**47,500**	47,500
Public relations	**62,008**	47,660
Consulting services	**188,392**	129,368
Supplies	**34,036**	34,366
Board Chair per diems	**75,950**	68,950
All other board members' per diems	**45,000**	34,033
Other governance costs	**36,423**	63,072
Mail, courier and telecommunications	**53,097**	33,057
Other	**217,630**	170,769
	4,065,096	4,286,295

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 2017 was $347,875 (2016 - $352,614) 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, 2016. 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.

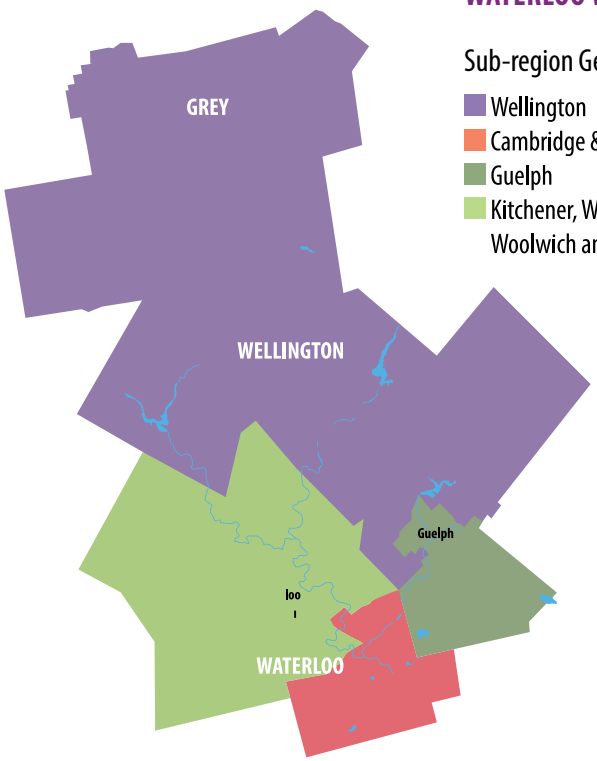
An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act, 2006* and in accordance with s. 28 of the *Financial Administration Act.*

14. Subsequent event

On May 17, 2017 the Minister of Health and Long-Term Care made an order under the provisions of the Local Health System Integration Act, 2006, as amended by the Patients First Act, 2016 to require the transfer of all assets, liabilities, rights and obligations of the Waterloo Wellington Community Care Access Centre the (CCAC), to the LHIN, including the transfer of all employess of the CCAC.

Effective May 17, 2017 the LHIN assumed the responsibility to provide health and related social services and supplies and equipment for the care of persons in home, community and other settings and to provide goods and services to assist caregivers in the provision of care for such persons, to manage the placement of persons into long-term care homes, supportive housing programs, chronic care and rehabilitation beds in hospitals, and other programs and places where community services are provided under the Home Care and Community Services Act, 1994 and to provide information to the public about, and make referrals to, health and social services.

The actual financial impact of the transition is not currently known, however it is expected that assets assumed will equal liabilities assumed. Additionally there are no significant commitments being assumed as a result of the transition.



WATERLOO WELLINGTON LHIN

Sub-region Geographies

- Wellington
- Cambridge & North Dumfries
- Guelph
- Kitchener, Waterloo, Wellesley, Woolwich and Wilmot (KW4)

Waterloo Wellington Local Health Integration Network
Toll-Free: 1-888-883-3313
Website: www.wwlhin.on.ca • Email: waterloowellington@lhins.on.ca

ISSN 2367-993X

Cambridge Office
73 Water Street North, Suite 501
Cambridge ON N1R 7L6
519 748 2222

Waterloo Office
141 Weber Street South
Waterloo, ON N2J 2A9
519 748 2222

Guelph Office
450 Speedvale Avenue West, Suite 201
Guelph ON N1H 7G7
519 823 2550

Kitchener Office
50 Sportsworld Crossing Road, East
Building, Suite 220, Kitchener, Ontario
N2P 0A4

Waterloo Wellington Local Health Integration Network
Waterloo Wellington LHIN
@WW_LHIN

Ontario
Local Health Integra i
Network