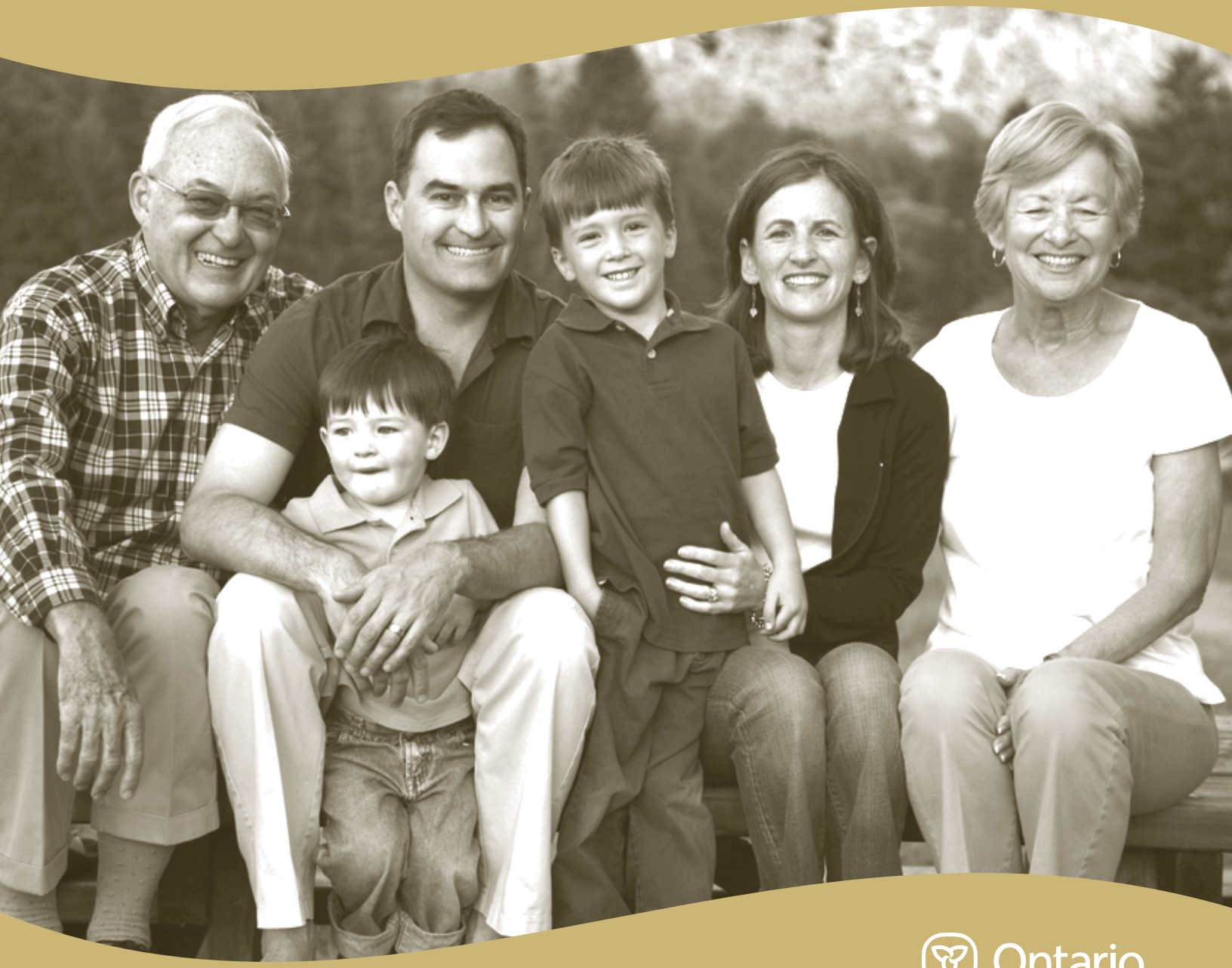
MISSISSAUGA HALTON
LOCAL HEALTH INTEGRATION NETWORK

RÉSEAU LOCAL D'INTÉGRATION DES SERVICES DE SANTE
de MISSISSAUGA HALTON

Creating and Leading a Community Inspired, Integrated Local Health System for Today and the Future

Our Report to the Community 2006-2007



Ontario

A Successful Year of Local Health Service Integration Planning

In its second year of operation the Mississauga Halton Local Health Integration Network (LHIN) has taken major strides towards laying the foundation for local health service integration for the communities of south Etobicoke, Halton Hills, Oakville, Milton and Mississauga.

Created in August 2005 and formally established in March 2006 through the enactment of the Local Health System Integration Act, the Mississauga Halton LHIN is one of 14 LHINs created by the provincial government to plan, coordinate, integrate, fund and monitor local health care services across the province.

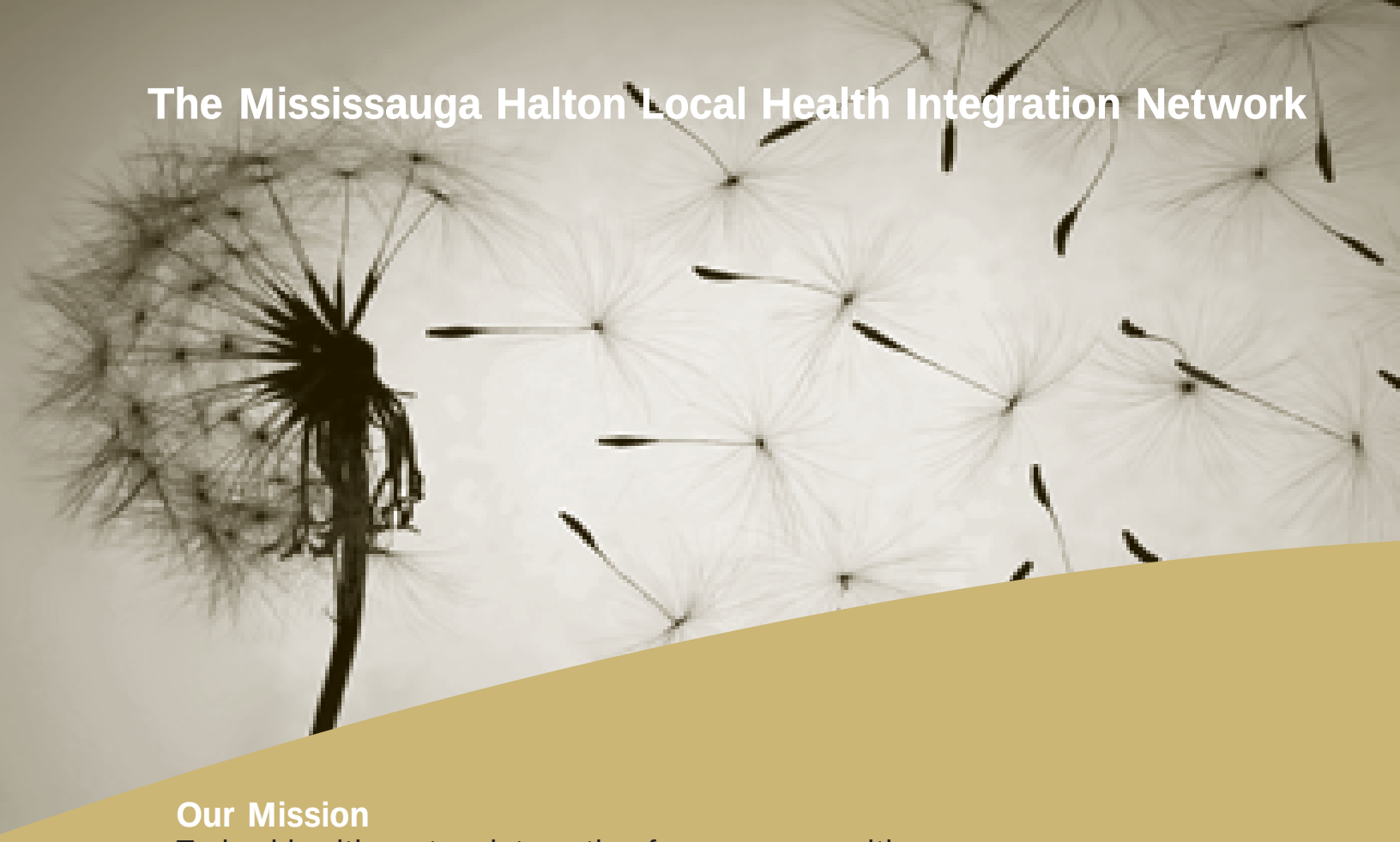
Guided by local health care challenges, specific community needs, public and health service provider input, best practices and Ministry of Health and Long-Term Care priorities, the Mississauga Halton LHIN created a plan to deliver better and more coordinated health services to local residents. The *Integrated Health Service Plan* (IHSP) is one of the most significant and far-reaching achievements of the past fiscal year and is the result of an in-depth community engagement process and a commitment to the province's transformation agenda.

As a document, the IHSP provides a roadmap to meet the health service needs of patients/clients and their families. Moreover the IHSP is the heart of an improved and more coordinated health service delivery system that introduces innovative "home-grown" solutions, removes barriers to better health and focuses attention on five key priority areas.

Throughout the development of the IHSP, the Mississauga Halton LHIN created strategic relationships with local health agencies, government partners, other LHINs, community residents and physicians and professional groups to create a truly coordinated network of health service providers and to encourage and support effective working relationships.

In addition, the newly minted mission, vision and values of the Mississauga Halton LHIN will guide ongoing and future initiatives and support efforts in the development and implementation of a seamless local health service delivery system.

Many steps were required and many people were involved in achieving the numerous successes contained within the Mississauga Halton LHIN's 2006/07 Annual Report. These achievements are a testament to the province's vision of health system reform, the dedication of local health service providers and agencies, and the commitment of LHIN Board and staff to delivering better health care to patients/clients and families throughout our local communities.



The Mississauga Halton Local Health Integration Network

Our Mission
To lead health system integration for our communities.

Our Vision
A seamless health system for our communities - promoting optimal health and delivering high quality care when and where needed.

Our Values
As an organization we value...

Innovation
We explore and support imaginative initiatives and solutions.

Integrity
Our actions and words reflect honesty, integrity and good judgement.

Accountability
We will routinely evaluate our judgements and decisions.

Partnership
We will work in partnership with our community, health service providers and the provincial government.

Respect
We will actively listen and work together with dignity and consideration.

Holistic Approach
Our work will reflect and recognize the connection between the body, mind and spirit.

Message from the Chair and CEO

A Message from the Chair

To the Minister of Health and Long-Term Care:

For the Mississauga Halton Local Health Integration Network (LHIN), the 2006/07 fiscal year has been filled with accomplishment and promise. Our nine-member Board, drawn from across our diverse communities, has led two vigorous phases of community engagement involving thousands of stakeholders from provider organizations and residents from our communities.

We have stimulated this interest in better health care by offering people an opportunity to make modernizing changes in the way health care is organized and delivered to them and their communities. In doing so, we believe we have created the momentum necessary to realize better local health care priority-setting in the future; focusing increasingly on the patient, the long-term care resident, the community health service client, the front-line caregiver and of course, the taxpayer whose substantial investment reflects the priority our communities give to health and health care.

Our *Integrated Health Service Plan* was among the first produced in Ontario. It pioneered an innovative, community-based approach to planning for the future of health in Ontario. On behalf of our Board and staff, I wish to acknowledge the many thousands of hours that dedicated community volunteers and health care providers have donated to the cause of producing a solid plan for the integration of health care and community-based priority-setting. Without their efforts we would not have had the great successes we experienced over the past year. With their continuing collaboration, we are confident of our success in implementing the LHIN vision for better health care in our communities.

Respectfully submitted, on behalf of the Board and staff of the Mississauga Halton Local Health Integration Network.

John N. Magill
Chair

A Message from the CEO

To the Minister of Health and Long-Term Care:

An annual report is an opportunity to look back at a year of solid accomplishments. It is also a time to look forward, with confidence, to the challenges ahead. Our year of achievement includes developing an innovative, pioneering *Integrated Health Service Plan* for Mississauga Halton. It also includes laying a solid foundation for the significant health care system management responsibilities that the Local Health Integration Systems (LHINs) will assume in 2007/08.

Experience tells us that health care transformation is needed and that integration of health care delivery is the key. Our community consultations have shown us that, with leadership, a great many informed people in our communities welcome and support health care reform. The LHIN initiative, both here and across Ontario, is providing the necessary leadership and will continue to achieve important gains for those we all serve.

Our ability to transform health care will depend on our providers who are the face of health care in our communities and who are the key to its transformation. Integrated, sustainable health care in the future will depend on the willingness of health care providers, at all levels and in their many organizations and professional groups, to embrace better health care delivery and better client service.

The LHIN initiative is a unique and exciting approach to meeting the challenges of health care reform. With the level and quality of collaboration that we have enjoyed in the communities of Mississauga Halton and by helping health care patients/clients to become more active and more informed, I remain confident of the ultimate success of community-based health care reform.

W. Michael Fenn
Chief Executive Officer

Mississauga Halton LHIN Profile

The Challenges Ahead

While geographically small at approximately 900 square km, over one million people live in the Mississauga Halton LHIN, making it the fourth largest LHIN in Ontario based on population. Consisting of urban, suburban and rural settings, the Mississauga Halton LHIN includes the communities of south Etobicoke, Halton Hills, Oakville, Milton and Mississauga.

Growth, the aging population and cultural diversity are critical drivers for planning and system design in the next decade.

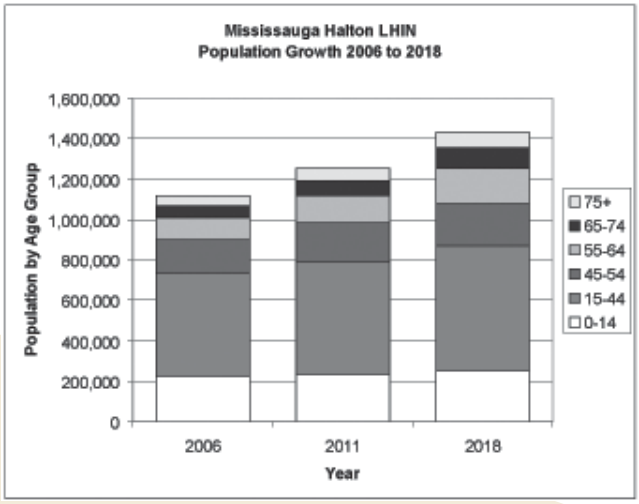
The Mississauga Halton LHIN population is currently younger, more educated and in better health when compared to current provincial averages. Mississauga Halton's population is also culturally diverse, with a population of visible minorities about 10% higher than the provincial average.

However, expected changes in population growth and an ever-increasingly aging population will impact the region significantly. Over the next 12 years, our geographic region will experience a major growth in residents 65 years-of-age and over; the second highest growth rate in the province. By 2018 the Mississauga Halton LHIN population will reach over 1.4 million and residents aged 55 and older will comprise 25% of the area's total population. The use of health services increases with age, which is expected to create significant health service challenges within Mississauga Halton.

Impact of a Growing and Aging Population

There are 85 health service providers funded by the Mississauga Halton LHIN and demand continues to out strip supply. System pressures will intensify as the current population continues to grow and age, despite increased funding across all sectors in recent years by the Ministry of Health and Long-Term Care.

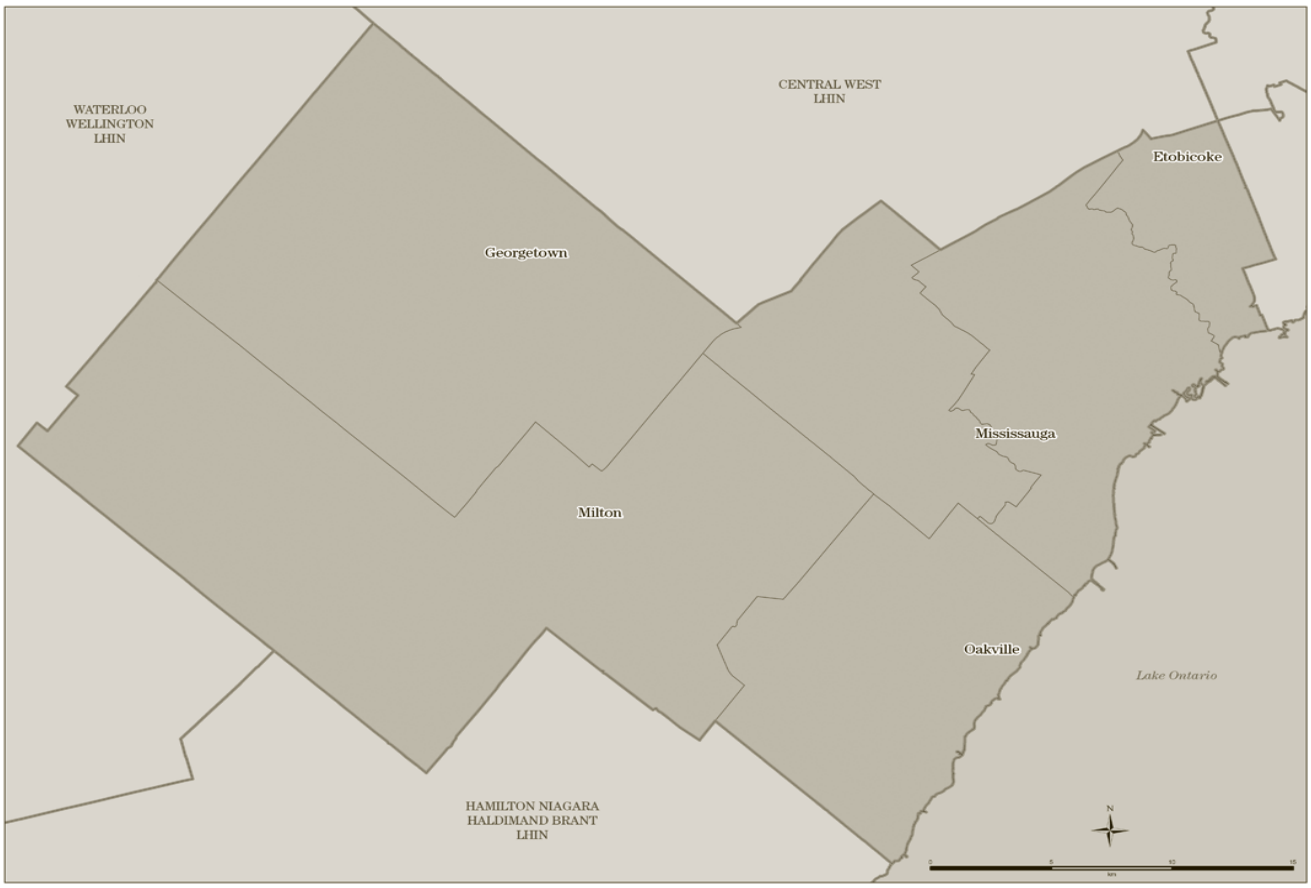
Mississauga Halton LHIN Projected Population Growth



Source: Draft Unpublished Projections (2004 Base), Ontario Ministry of Finance

By 2018 the Mississauga Halton LHIN population will reach 1.4 million people. This is an increase of more than 300,000 residents and equal to the entire current populations of south Etobicoke, Halton Hills, Oakville and Milton combined.

Mississauga Haton Local Health Integration Network



A Population That Keeps On Growing and Aging

The Mississauga Halton LHIN has a population that…

- represents 8.4% of the total population in Ontario.
- experienced a 12.9% population increase between 2001 and 2005.
- is expected to grow by 36% from 2006 to 2018.
- will reach a population size of over 1.4 million by 2018, the highest among LHINs.
- by 2018 will see 25% of its total population aged 55 years and older.
- will see a 67% increase of seniors aged 65 years-of-age and over, the second highest rate in the province.

Demographics Tell the Mississauga Halton LHIN Story…

At a glance the Mississauga Halton LHIN's population…

- has an average age of 33.6 years, compared to 35.6 years for Ontario.
- has 62% of residents reporting excellent or very good health.
- is below the provincial average for arthritis/rheumatism, high blood pressure, asthma, diabetes, heart disease and chronic bronchitis.
- has about 300,000 residents living with one or more chronic diseases.
- is made up of 29.3% of visible minorities.
- is home to 15,600 Francophone and 3,230 Aboriginal residents.

Major Initiatives, Milestones and Achievements

A Plan for an Integrated Health System Driven by Patient Needs

All great achievements begin with a great plan. The Mississauga Halton LHIN's three-year *Integrated Health Service Plan* (IHSP) is no exception. Consistent with provincial strategic directions and a vision to create a system driven by the needs of patients/clients, the IHSP brings local health care priorities sharply into focus.

Working in concert with the community, local health service providers and key health partners, the IHSP establishes a strong foundation for local health integration efforts. The IHSP is a significant and major first initiative that will help the Mississauga Halton LHIN to "flip the switch on health care services," in order to create an accessible, coordinated and integrated local health system. This "system of health" will enable consumers to move easily from one service to the next without interruptions or difficulties to get the right service, from the right provider, in the right place in a timely way.

The Mississauga Halton LHIN's IHSP was submitted to the Minister of Health and Long-Term Care on October 31, 2006, distributed locally to stakeholders the week of November 20, 2006 and widely distributed to the public during the week of January 22, 2007.

Making Local Health Service Integration a Priority

The IHSP identifies five key local health priorities that will guide the work of the Mississauga Halton LHIN over the next three years. These priorities, along with six enabling strategies identified in the report, are fundamental to successfully integrating health care services locally. Local residents will see new initiatives in these areas, as we work towards our goal of a more coordinated and integrated system of health.

A summary version of the IHSP is available both in print and on the Mississauga Halton LHIN website. A consumer pamphlet, outlining the Mississauga Halton LHIN's five priority areas and a general overview of what our LHIN is about, was widely distributed in our communities. Residents were invited to respond or provide feedback to the information provided. Following the distribution of pamphlet, there was a marked increase in website activity as well as requests for the full IHSP. All publications are easily accessible for viewing at www.mississaugahaltonlhin.on.ca.

Our Five Priorities

Improving Health System Performance

Our goal is to create a local health system that is easily accessible to patients/clients and provides the right set of services at the most appropriate level of health care. Health service providers will work together, share information and improve coordination of services so patients/clients can see the right service provider faster and will experience shorter wait times for specialized services.

Strengthening Primary Health Care

Having access to a doctor is an important part of maintaining good health and a key gateway to the health care system. Our goal is to ensure that all patients/clients get the level of primary health care service they need. Residents will see improved communication and linkages between physicians, specialists and other health care professionals.

Enhancing Seniors' Health, Wellness and Quality of Life

Our goal is to bring providers together in new ways to break down barriers that prevent access to services and supports patient/client choice. Services aimed at adults 55 years-of-age and older will help them maintain their health and independence longer. Seniors will access the system through one entry point and continue seamlessly through each health care service to reach the appropriate setting for their needs.

Preventing and Managing Long-Lasting (Chronic) Conditions

We want to achieve a system-wide approach that focuses on preventing disease and keeping people healthy and independent. Residents will learn to make improved lifestyle choices to prevent the onset of disease. For those living with chronic illness, better coordination of services will lead to improved health outcomes, better use of health resources and fewer complications.

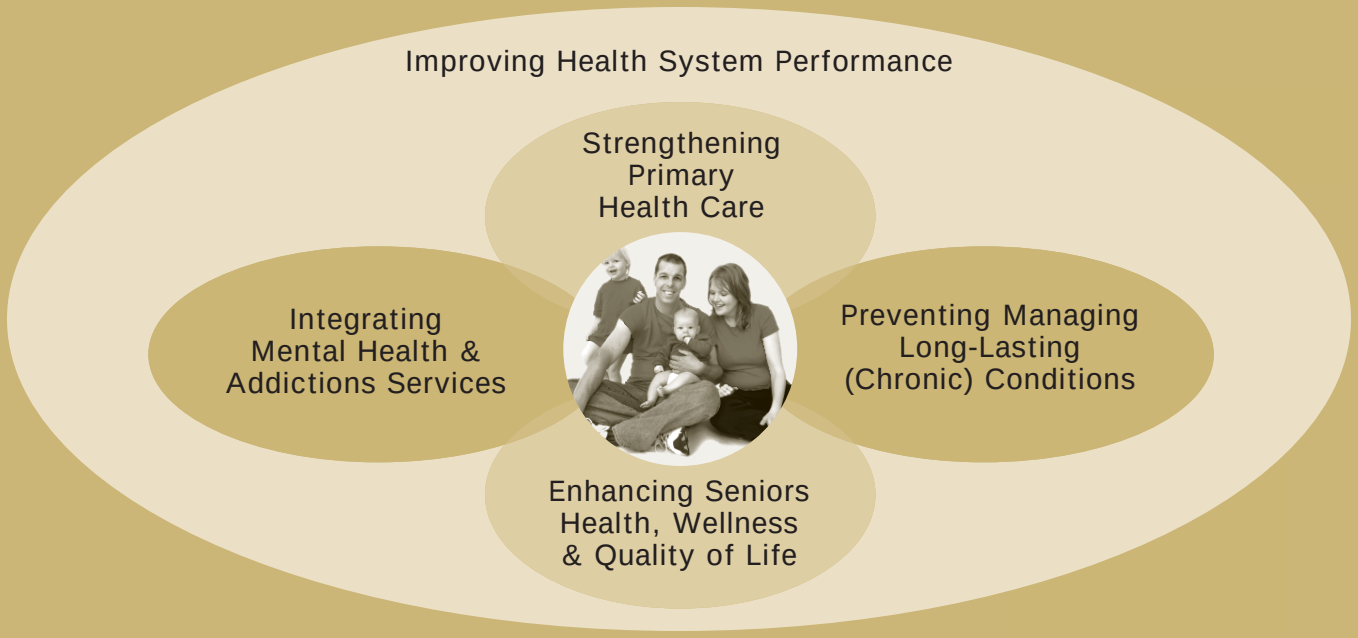
Integrating Mental Health and Addictions Services

Our goal for mental health and addictions services is to place individuals with mental illness and addictions and their families at the centre of the system. Our goal is to provide a range of services that support consumer needs, improve consumer choice and access and enhance their quality of life.

Enabling Strategies

- Information and technology solutions
- Health promotion and disease prevention
- Transportation
- Health human resources planning
- Education and knowledge sharing
- Easy movement through the system

Overview of the Five Integration Priorities and Enabling Strategies



Taking the Next Step

The Mississauga Halton LHIN is launching Detailed Planning and Action (DPA) Teams to develop options and recommendations to help us work towards our five integration priorities over the next three years. DPA teams may include community residents, health service providers, medical experts and other interested parties.

Health System Integration Methodology

The Mississauga Halton LHIN is collaborating with five other LHINs to develop a Health System Integration Methodology (HSIM) to ensure a consistent approach to executing health service action plans. The HSIM is a guide that outlines processes and provides tools and templates that can be used by LHINs and health service providers as we work together to transform health care services in the province.

"Our vision is of a system where all providers speak to one another in the same language, where there are no longer impenetrable and artificial walls between stakeholders and services; a system driven by the needs of patients..."

- Ministry of Health and Long-Term Care

Additional Performance Achievements for 2006/2007

An e-Health Strategy

Information plays a crucial role in health service delivery. Health service providers and community residents both identified the need for better access to the right information to improve decision making, streamline health service processes and improve the coordination of service and care for the patient/client.

Working in concert with the Central West LHIN, the Mississauga Halton LHIN commissioned the development of an e-health Strategic Plan that maximizes the benefits of information and communication technology. Our e-health vision states:

"By having the right information, at the right time and in the right place, the people served by Mississauga Halton and Central West LHINs will consider their health system the safest, highest quality and most sustainable in Canada."

Our e-health strategy identifies eight strategic initiatives that support the priority areas outlined in the Mississauga Halton's IHSP and will assist in the development of an accountable, equitable, effective and efficient local health system.

Strategic initiatives include:

1. Infrastructure to support strategic initiatives and Chronic Disease Prevention and Management
2. Joint e-Health Project Coordination Office
3. Infrastructure and Integration Blueprint
4. Shared Provider Portal
5. Automated Referral Management
6. Online Inventory of Health Services
7. Expansion of the Ontario Drug Benefit Viewer
8. Chronic Disease Prevention and Management Enabling Program

The Mississauga Halton LHIN supports integration as a catalyst for change within its communities.

Critical Care Capacity

Quarterly meetings of the Mississauga Halton LHIN Critical Care Committee, chaired by Dr. Chau, include medical and clinical leadership from Trillium Health Centre, Credit Valley Hospital and Halton Healthcare Services. The group is working together as part of the Ministry of Health and Long-Term Care's Critical Care Strategy, to improve access and quality of care, and maximize system capacity for critical services within the Mississauga Halton LHIN.

Memorandum of Understanding

In October 2006 the Board approved a new Memorandum of Understanding (MOU) that was jointly developed by the Ministry and LHINs. The MOU outlines the operational, accountability, financial, administrative, auditing and reporting relationships between the Minister of Health and Long-Term Care and the Mississauga Halton LHIN. The new MOU was subsequently approved by Cabinet and became effective as of April of 2007.

Integrating Back Office Functions for Cost Saving Benefits

The integration of support service areas such as Purchasing, Materials Management, Information Technology, Accounting, Human Resources and Benefits Administration within the Mississauga Halton LHIN is an example of strong and effective strategic relationship building. These "back office function" areas can be shared by organizations to achieve efficiencies and cost savings.

In response to feedback from health service providers, the Mississauga Halton LHIN initiated discussions with Shared Services West (SSW), an organization owned and operated by our local hospitals, to look for new opportunities to share efficiencies in "back office" operations. As a result, existing contracts negotiated by SSW will be expanded to include other organizations that would benefit from the purchasing expertise and power of SSW. Local health service providers that participate can achieve cost savings that could be redirected to front line patient/client service delivery.

Wait Time Strategy

The Wait Times Group established by the Mississauga Halton LHIN in 2006/07 has witnessed an enviable track record in meeting wait time expectations established by the Province of Ontario. Targeted funding has been provided to reduce wait times across Ontario in the areas of cancer surgery, hip and knee replacements, cardiac procedures, cataract surgery and diagnostic scans. In Mississauga Halton wait times in all five-priority areas are either among the lowest in the province or decreasing significantly. The Wait Times Group, comprised of surgical, medical and senior management of all local hospitals as well as the Mississauga Halton Community Care Access Centre (CCAC) meet quarterly to review results and focus on developing a system-wide perspective to continue to improve wait time access and quality of care within Mississauga Halton.

A Snapshot of Wait Time Success within the Mississauga Halton LHIN:

- Wait times for cardiac surgery are among the lowest in Ontario and well below the provincial rate and access target.
- Cancer surgery wait times have been decreasing and are now well below the provincial rate and below the provincial access target.
- Cataract wait times are below the provincial average and access targets, ranking third in the province.
- Wait times for joint replacements are below the provincial rate but still above the provincial access target; however, the Mississauga Halton LHIN currently ranks fifth of all 14 LHINs in Ontario.
- Wait times for MRI and CT scans are significantly lower than the provincial average, ranking third in the province.

Community Inspired Health Service Planning

In the spring of 2006, a Board approved Community Engagement Framework launched a community engagement initiative that provided much of the raw material for a local health service plan, based on the unique needs of south Etobicoke, Halton Hills, Oakville, Milton and Mississauga.

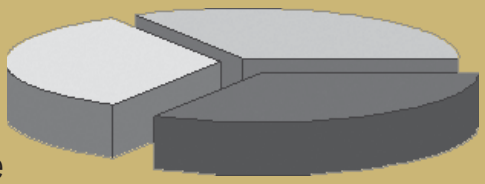
The Community Engagement Framework provided both the structure and process for engaging the public and health service providers during the consultation process. Additionally, the Framework outlined the goals, objectives, principles and target audiences, incorporating both qualitative and quantitative approaches to engage participants.

Various methods were utilized throughout the community engagement process in order to support the development of the *Integrated Health Service Plan* (IHSP). Strategies employed in the Community Engagement Framework will continue to be used as the LHIN moves from the planning phase to more detailed planning and action phases that deal with specific IHSP priorities.

Our Community Engagement Strategy Combined Qualitative and Quantitative Approaches

- Provider / Stakeholder Organizations / Networks
- Physicians
- Community Organizations & Service Clubs
- Cultural Groups
- Engaging Experts
- Consumer Panels
- Integration Advisory Group

– Strategic Advisory Committee



- Survey Tools
- Primary Research –Polling
- Web Survey
- Provider & Public Forums
- Interviews
- Written Submissions
- Delegation

"I have been involved with many community engagement events, but I actually feel as though our input is being heard and will have an impact on the plan." – Anne Ptolemy, Community Engagement Participant – Milton

3,000 Voices Combine to Help Shape ***Integrated Health Service Plan***

The Mississauga Halton LHIN carried out an extensive community engagement process in two distinct phases. Phase one took place in spring 2006 and was designed to educate people about the LHIN. This phase also gathered input on health care needs, identified issues that informed the draft IHSP and continued to build on the initial work based on the 2005 Steering Committee, best practices and research.

During phase one, local residents and health service providers gave voice to their observations, concerns and needs in hundreds of meetings and other community engagement activities. This community input and direction helped shape and identify priorities and action plans as part of the draft IHSP.

Phase two of the community engagement process took place in the summer and fall of 2006 and was designed to "test the waters" of the draft IHSP. By returning to the community to validate the plan and targeting discussions with specific audiences for their feedback, the Mississauga Halton LHIN was able to engage in a meaningful dialogue with residents and providers. The end result is a well-defined plan that has been well-received and is widely supported.

Community Engagement Highlights

- Three hundred individuals attended the first annual Health Service Provider Conference held on September 28, 2006 at The Mississauga Living Arts Centre. The conference was open to all health service providers and featured, The Honourable George Smitherman, Deputy Premier and Minister of Health and Long-Term Care, and Dr. Sheela Basrur, Chief Medical Officer of Health. A panel facilitated by David Crombie and consisting of health service leaders from across the health system including Dr. Terry Sullivan, Dr. Andrew Pipe, Dr. Nick Kates, Ms. Karen McGrath, Ms. Donna Cripps and Mr. Michael Fenn, provided insight into the final IHSP as did the feedback and input of health service provider participants.
- A series of expert panels held in August 2006 representing a cross section (geographically and across all health sectors) of people with special expertise provided valuable input into the development of the final IHSP.
- Many physicians attended a breakfast meeting held in August 2006 to provide feedback to the Mississauga Halton LHIN's draft IHSP priorities. Attending physicians provided excellent feedback and ideas that were incorporated into the final IHSP draft. Physicians also provided their perspective and insights on how to continue to engage physicians in the ongoing development and implementation of the IHSP, with specific reference to the priority area dealing with Strengthening Primary Health Care.
- The Mississauga Halton LHIN and the Hamilton Niagara Haldimand Brant LHIN participated in a half-day session sponsored by the Six Nations for the Aboriginal community. This initial dialogue provided important information about the specific needs of the Aboriginal community. The Mississauga Halton LHIN will continue to participate in these forums.
- As part of the community engagement process, the Mississauga Halton IHSP Steering Committee received a delegation and written submission from Le Centre Francophone de Santé Communautaire de Mississauga Inc. This provided an opportunity to hear about the local needs of francophone residents. Additionally, the LHIN actively participated in a large Greater Toronto Area (GTA) wide Francophone Community Engagement Forum and continues to participate in the GTA French Language Health Services Planning Committee.
- Wide spread endorsement for the Mississauga Halton LHIN's IHSP and five key priorities was confirmed through a telephone poll conducted by Leger Marketing. In addition to other findings, the telephone poll assessed awareness of LHINs and the transformation agenda, priorities identified within the IHSP, and public opinion about their role in the health care system. Respondents concurred and expressed support with the priorities established in the IHSP.

Assessing the Effectiveness of Community Engagement Strategies – The MC MacNiven Report

Ontario LHINs collectively retained MC MacNiven Consulting in the fall of 2006 to conduct an independent comparison and assessment of each organization's community engagement strategies as well as their IHSPs.

The report, *"Integrated Health Service Plans and Community Engagement Strategies – An Initial Review,"* was submitted to the Ministry on January 31, 2007. Overall, the review reveals the LHINs went to great lengths to engage and understand the needs of their communities. With limited resources and in a short time frame, the LHINs developed plans that present a thorough picture of the geography, population, services, needs and local flavour within each LHIN.

The MC MacNiven report outlines helpful recommendations for ongoing community engagement and provides a comparative analysis of what worked across the 14 LHINs. The report also identifies opportunities to improve processes across the system.

Our Promise to Continue Listening

The Mississauga Halton LHIN will continue to listen to our residents, local health service providers and strategic partners. Throughout our community engagement efforts the Mississauga Halton LHIN employed a variety of approaches to solicit input and feedback. These approaches were evaluated and changes were made where needed.

We intend to continue meaningful discussions with our community and health service providers. Our ongoing community engagement efforts support:

- Community participation in decision-making about the local health system
- A commitment to equity and respect for diversity in communities
- Evidence-based, decision-making by the LHIN
- Transparency in its decision-making

The Mississauga Halton LHIN is also committed to continuous learning. The LHIN will continue to experiment with new ways to engage our various communities and will incorporate changes to community engagement processes to increase their effectiveness.

Evaluating and Improving the Community Engagement Framework

The Directors of Planning, Integration, and Community Engagement from each of Ontario's 14 LHINs, have established a working group to develop a consistent framework for evaluating the effectiveness of the community engagement process. This working group is expected to complete its work by the fall of 2007.

Key Networks Responding to Local Community Needs and Improving Integration Efforts

Coordinating services and changing the way providers work together to deliver care are vital to creating an integrated health system. Networks are an essential source of expertise for planning and coordinating services and they are instrumental to improving health system integration.

The Mississauga Halton-Central West Community Family Medicine/Public Health Network

This local physician network meets on a monthly basis and is currently working on information sharing and obtaining access to patient records for all affiliated family physicians in both the Mississauga Halton and Central West Local Health Integration Networks (LHINs). The Mississauga Halton LHIN provides support to this important group of physicians and will continue to engage them for their input and ideas related to our Strengthening Primary Health Care integration priority and its implementation.

Family Health Teams Help to Strengthen Primary Health Care Locally

The Mississauga Halton LHIN is committed to working closely with Family Health Teams (FHTs) to strengthen primary health care locally. An initial meeting between the Mississauga Halton LHIN and FHTs in March 2007 launched the beginning of an ongoing networking opportunity to share information and ideas. Meetings with FHTs are being held quarterly to support their development and implementation locally.

Integration Advisory Group (IAG)

The Integration Advisory Group (IAG) consisting of local health sector leaders was formed in the summer of 2006. IAG initially provided advice and made final recommendations on the IHSP to the LHIN Board. On an ongoing basis, IAG provides strategic leadership and will ensure that all Detailed Planning and Action (DPA) Teams within each priority area bring forward integration opportunities aligned with local needs. IAG will also oversee and review all recommendations and options put forward by all DPA Teams before making recommendations to the LHIN Board.

Communicators' Group

Local communications experts from a cross section of health service providers within the Mississauga Halton LHIN meet bi-monthly to discuss opportunities for community engagement efforts, mutually beneficial community projects and provide communication expertise to the Mississauga Halton LHIN.

Health Care Leaders Collaborative

The Mississauga Halton LHIN established the Health Care Leaders Collaborative in May 2006. The collaborative includes executive leaders from:

- The three Local Hospital Corporations,
- Community Care Access Centre,
- The Regional Municipal Health Departments in Peel and Halton,
- The Community Support Service Sector,
- The Mental Health and Addictions Sector,
- The Long-Term Care Home Sector, and
- The Mississauga Halton LHIN.

Members of the collaborative are committed to working together to improve the health care system in our communities and enable solutions that further system integration, coordination and planning of health services in Mississauga Halton.

Other Networks

In addition to these networks there are many well-established networks that are effectively responding to local communities needs and finding innovative ways to act on integration opportunities to achieve their goals.

Operations

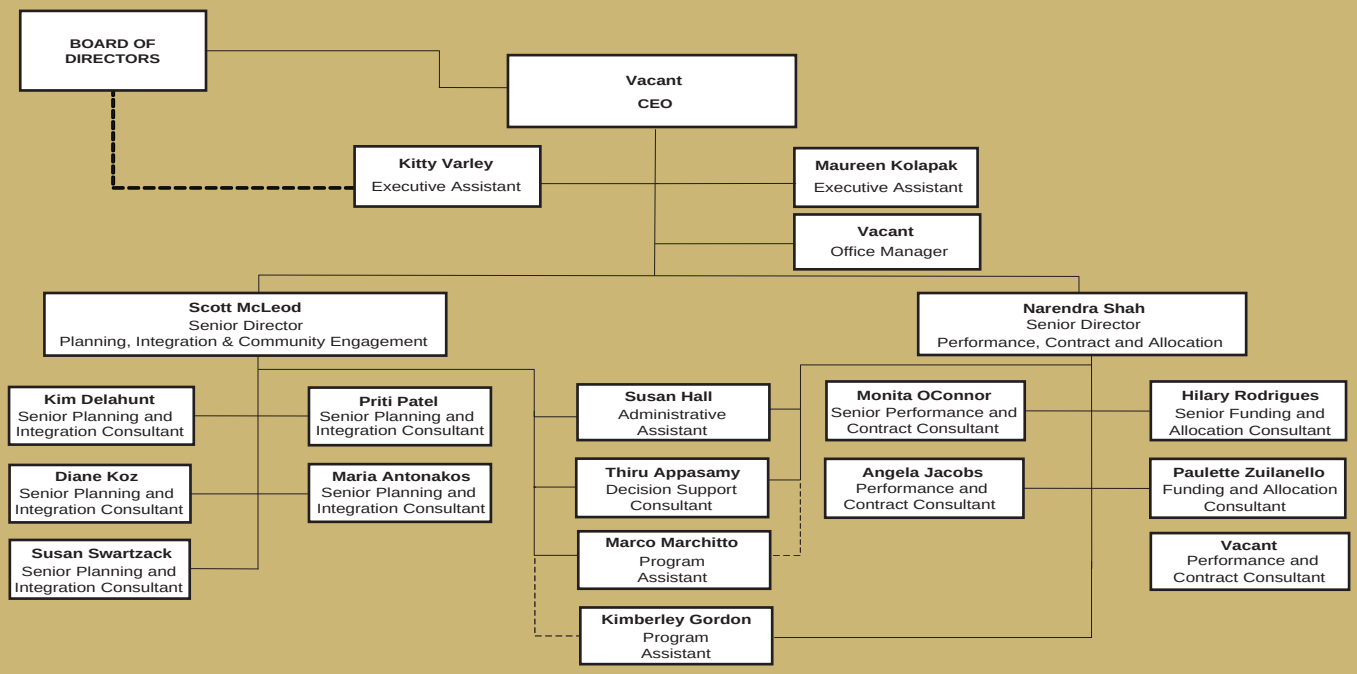
A Spirit of Teamwork Gets the Job Done

One of the unique opportunities that exist when a new organization is created is the recruitment and development of a new staff team. Bringing together a group of individuals with diverse backgrounds, experience, skills and expertise to create a high performing team has been a key focus throughout 2006/07.

As an organization we employ a team approach to conduct our work. Our staff team builds on each other's skills, strengths and expertise. Together, our team promotes consistent communication and credibility with partner organizations, ensures continuity and remains flexible in order to respond to issues in a timely way, as the organization continues to evolve with new ways of thinking and doing business.

The Mississauga Halton LHIN has a mandate to plan, coordinate, integrate, fund and monitor the local health system. Internally, these responsibilities are shared through two functional areas: Planning, Integration, and Community Engagement, and Performance, Contract, and Allocation. These two functional areas have a shared and joint responsibility for accomplishing the organizational mandate.

As of March 31, 2007, we have successfully recruited for the majority of our positions (see organization chart below).



Creating an Environment of Continuous Learning

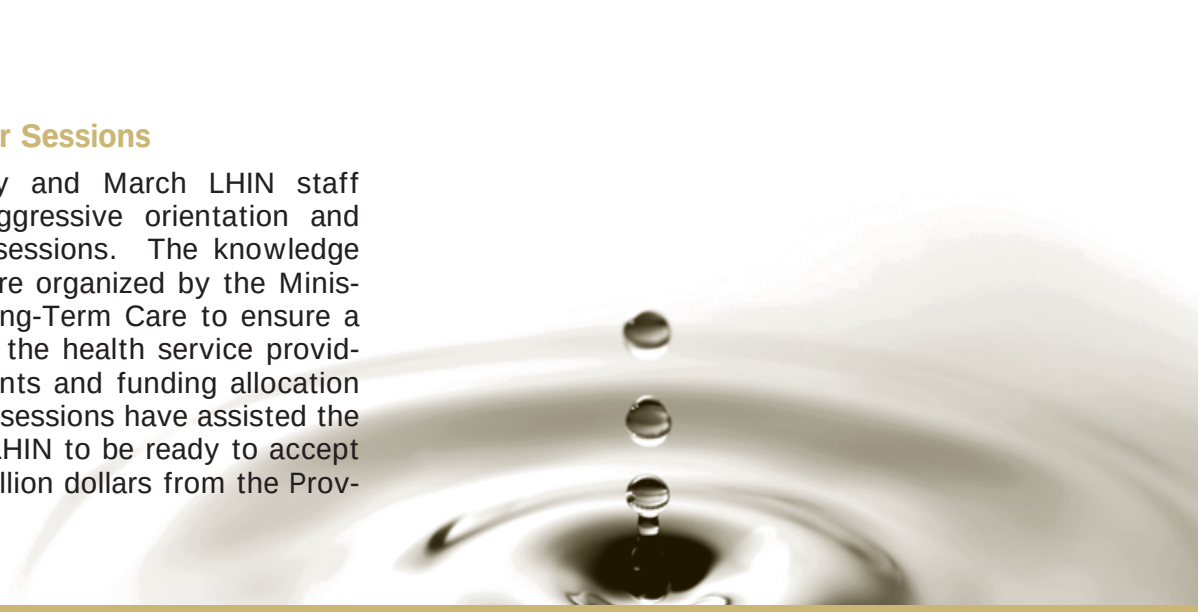
The Mississauga Halton LHIN believes that staff play a vital role in its success and they are the organization's most important and valuable resource. Our LHIN is committed to establishing an environment that leads, develops and motivates all staff through continuous personal and professional development.

The LHIN's first staff retreat held in February defined ongoing team development processes. Staff identified ways of working together in a spirit of teamwork, cooperation and are living by the organization's values on a daily basis.

A strong internal team, focused on a single mission and vision, can generate great achievements on behalf of the Mississauga Halton LHIN.

Knowledge Transfer Sessions

Throughout February and March LHIN staff were involved in aggressive orientation and knowledge transfer sessions. The knowledge transfer sessions were organized by the Ministry of Health and Long-Term Care to ensure a smooth transition of the health service providers' service agreements and funding allocation to the LHINs. These sessions have assisted the Mississauga Halton LHIN to be ready to accept the funding of one billion dollars from the Province to the LHIN.



Governance

Our LHIN Board of Directors

A nine-member Board of Directors governs the Mississauga Halton LHIN. Board members are appointed by a Lieutenant-Governor Order-in-Council based on their skills and experience and live in the communities they serve.

The Board is responsible for providing strategic leadership, fiduciary stewardship and asset and risk management monitoring for the Mississauga Halton LHIN. The LHIN Board is also responsible for identifying local issues, improving local health care service and setting priorities implemented by a small team of professional staff.

John Magill, Chair

Appointed:
June 1, 2005

Term Expires:
May 31, 2008

Norman Murray, Vice Chair

Appointed:
January 5, 2006

Term Expires:
January 5, 2008

Edward R. Morris

Appointed:
January 5, 2006

Term Expires:
February 4, 2010

Tim Costigan

Appointed:
May 17, 2006

Term Expires:
June 16, 2010

Enola D. Stoyle

Appointed:
June 1, 2005

Term Expires:
May 31, 2008

Dr. Elliot Halparin

Appointed:
June 1, 2005

Term Expires:
May 31, 2008

Caesar Cheng

Appointed:
January 5, 2006

Term Expires:
January 5, 2008

Jane McCarthy

Appointed:
May 17, 2006

Term Expires:
May 17, 2008

Brij Chadda

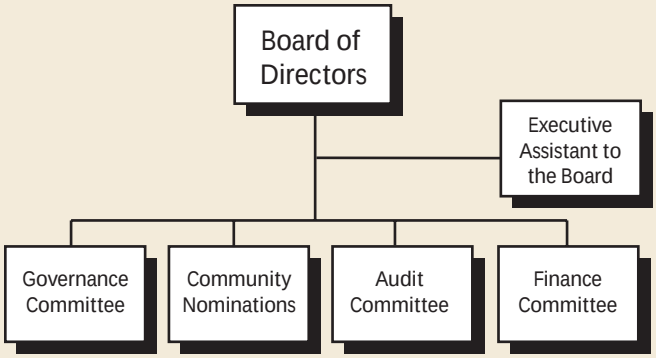
Appointed:
May 17, 2006

Term Expires:
June 16, 2010

Board member biographies can be viewed at www.mississaugahaltonlhin.on.ca

Developing and Enhancing Governance Structure and Process

Throughout 2006/07, the Mississauga Halton LHIN Board has continued to make significant enhancements to its governance processes, structures and activities. Board committees were established in June 2006 and their reporting structure is outlined below. Recently the Governance Committee has added a CEO Performance and Compensation Review Sub-Committee, which is responsible for working with the CEO in setting goals and evaluating CEO and senior management performance.



Board committees have charters and work plans that support the Mississauga Halton LHIN's overall goals. Committee members meet monthly to track work plan progress.

Board Committee Overview and Highlights

Governance Committee

- **Board Member Reference Kit and CD**
  A comprehensive reference handbook along with a CD, electronic versions and additional reference material was developed for Board members.

- **Board Assessment**
  The Board routinely evaluates its performance at meetings, utilizing a robust assessment tool. These assessments have helped to form part of the Board development program.

- **Board Development Program**
  Throughout the year the Board has held numerous education and discussion sessions related to a variety of topics. An additional list of educational topics and discussions has been created based on a Board member survey.

- **Board Member Assessment**
  An internal skills assessment of Board members has been completed and each member has met with the Board Chair to explore opportunities for continuous improvement.

Community Nominations Committee

- **Prospective Member Assessment**
  Using a skills assessment tool, the Board has introduced a process to identify, qualify and sustain Board member prospects based on an assessment of competencies and capability. The tool is also used to identify individuals for future roles within the LHIN Board.

- **Leading and Governing Together – A Spirit of Possibility**
  New innovative and creative approaches to working with partners are being developed and Board members will determine new opportunities through a shared commitment to action.

Audit Committee

- **Preparation for Audit**
  The audit committee has been working to ensure that the necessary documentation and structures are in place in preparation for the Audit.

Finance Committee

- **Member Development**
  Finance committee members have attended education sessions dealing with funding in the health system and the structure of accountability agreements.

- **Ongoing Financial Oversight**
  The finance committee reviews the monthly financial reports on a routine basis.

The Board of the Mississauga LHIN is committed to the principals of transparency and accountability. Members of the public are welcome to attend our meetings. For meetings information, please visit our website,

www.mississaugahaltonlhin.on.ca

Committee Work Plans

Board committee work plans are developed to support LHIN initiatives and goals and the Board, as a whole, approves them. Work plans outline activities and timelines as developed and approved by Board committee members. Progress is monitored on a monthly basis with a review of activities. Work plans provide Board members with a fluid overview of current, ongoing and future activities and are an effective monitoring tool. The work plans are updated and added to as needed to reflect progress and new initiatives for each Board committee.

Conflict of Interest

The Board has formally adopted and implemented the full Conflict of Interest Policy for Board members. Additionally, all Board members of the Mississauga Halton LHIN have met with and completed their declarations with the Conflict of Interest Commissioners, the Honourable Sydney L. Robbins and the Honourable Lloyd Holden. All members have received advice with respect to avoidance of potential or perceived conflict of interest.

Board Commitment to Community Engagement

Throughout the development of the *Integrated Health Service Plan*, Mississauga Halton LHIN Board members participated actively in meetings with the public, health service providers and other key stakeholders.

This “hand-on” approach has provided a foundation for Board members to interact directly with the community and develop a personal and professional perspective of the existing and future health service challenges that exist in Mississauga Halton. The full participation of Board members in community consultation efforts has created a strong connection with the community and enhanced the image of the Mississauga Halton LHIN overall.

Board members continue their commitment to ongoing community engagement efforts, recognizing there is no substitute for “hands on” experience and the understanding it brings about our local health system and its unique needs.

Deloitte.

Deloitte & Touche LLP
5140 Yonge Street
Suite 1700
Toronto ON M2N 6L7
Canada

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

Auditors' Report

To the Members of the Board of Directors of the
Mississauga Halton Local Health Integration Network

We have audited the statement of financial position of Mississauga Halton Local Health Integration Network (the "LHIN") as at March 31, 2007 and the statements of financial activities, changes in net debt and cash flows for the year then ended. These financial statements are the responsibility of the LHIN's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Mississauga Halton Local Health Integration Network as at March 31, 2007 and the results of its operations, its changes in its net debt and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants

Toronto, Ontario
May 2, 2007

Financial Statements of Mississauga Halton LHIN

Statement of Financial Position

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of Financial Position
March 31, 2007

	2007	2006 (Notes 3, 15)
FINANCIAL ASSETS		
Cash	**$ 664,961**	$ 30,979
Accounts receivable	**22,440**	-
	687,401	30,979
LIABILITIES		
Accounts payable and accrued liabilities (Note 4)	**316,174**	-
Due to The Ministry of Health and Long-Term Care ("MOHLTC")	**286,837**	30,979
Due to the LHIN Shared Services Office (Note 5)	**84,665**	-
Deferred capital contributions (Note 6)	**529,295**	664,577
	1,216,971	695,556
NET DEBT	**(529,570)**	(664,577)
NON-FINANCIAL ASSETS		
Prepaid expenses	**275**	-
Capital assets (Note 7)	**529,295**	664,577
	529,570	664,577
ACCUMULATED SURPLUS	**$ -**	$ -

APPROVED BY THE BOARD

John N. Magill, Chair

Enola D. Stoyle, Director

Statement of Financial Activities

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of Financial Activities
Year ended March 31, 2007

	2007		2006
	Budget	**Actual**	Actual
	(unaudited) (Note 8)		(Notes 3, 15)
REVENUE			
MOHLTC funding	**$ 3,249,789**	**$ 3,188,515**	$ 241,625
E-Health funding (Note 11)	**232,000**	**232,000**	-
Amortization of deferred capital contributions (Note 6)	**-**	**177,596**	166,144
	3,481,789	**3,598,111**	407,769
EXPENSES			
General and administrative (Notes 9 & 10)	**3,249,789**	**3,169,248**	376,790
E-Health (Note 11)	**232,000**	**142,026**	-
	3,481,789	**3,311,274**	376,790
ANNUAL SURPLUS BEFORE FUNDING REPAYABLE TO THE MOHLTC	**-**	**286,837**	30,979
FUNDING REPAYABLE TO THE MOHLTC	**-**	**(286,837)**	(30,979)
ANNUAL SURPLUS	**-**	**-**	-
OPENING ACCUMULATED SURPLUS	**-**	**-**	-
CLOSING ACCUMULATED SURPLUS	**$ -**	**$ -**	$ -

Statement of Changes in Net Debt

MISSISSAUGA HALTON LOCAL HEALTH

INTEGRATION NETWORK

Statement of Changes in Net Debt
Year ended March 31, 2007

	2007	2006 (Notes 3, 15)
ANNUAL SURPLUS	**$ -**	$ -
ACQUISITION OF TANGIBLE CAPITAL ASSETS	**(42,314)**	(830,721)
AMORTIZATION OF TANGIBLE CAPITAL ASSETS	**177,596**	166,144
CHANGE IN OTHER NON-FINANCIAL ASSETS	**(275)**	-
DECREASE (INCREASE) IN NET DEBT	**135,007**	(664,577)
OPENING NET DEBT	**(664,577)**	-
CLOSING NET DEBT	**$ (529,570)**	$ (664,577)

Statement of Cash Flows

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of Cash Flows
Year ended March 31, 2007

	2007	2006 (Notes 3, 15)
NET INFLOW (OUTFLOW) OF CASH RELATED TO THE FOLLOWING ACTIVITIES		
OPERATING		
Annual surplus	**$ -**	$ -
Add item not affecting cash		
Amortization of capital assets	**177,596**	166,144
Less item not affecting cash		
Amortization of deferred capital contributions (Note 6)	**(177,596)**	(166,144)
	-	**-**
USES		
Increase in accounts receivable and prepaids	**(22,715)**	-
	(22,715)	**-**
SOURCES		
Increase in accounts payable and accrued liabilities	**316,174**	-
Increase in due to MOHLTC	**255,858**	30,979
Increase in due to the LHIN Shared Services Office	**84,665**	-
	656,697	30,979
	633,982	30,979
CAPITAL TRANSACTIONS		
Acquisition of capital assets	**(42,314)**	(830,721)
FINANCING TRANSACTIONS		
Increase in deferred capital contributions (Note 6)	**42,314**	830,721
NET INCREASE IN CASH	**633,982**	30,979
CASH, BEGINNING OF YEAR	**30,979**	-
CASH, END OF YEAR	**$ 664,961**	$ 30,979

Notes to Financial Statements

1. DESCRIPTION OF BUSINESS

Formation and Status

The Mississauga Halton Local Health Integration Network was incorporated by Letters Patent on June 9, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the Mississauga Halton 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 both the Act and the Memorandum of Understanding between the LHIN and the Ministry of Health and Long-Term Care (the "MOHLTC").

The LHIN has also entered into an annual Accountability Agreement for the fiscal year 2007 with the Ministry of Health and Long-Term Care which describes the responsibilities of the LHIN and the performance standards that are required to be maintained and achieved in order to obtain funding from the Province.

As of April 1, 2007, funding payments to providers will flow through the LHIN's financial statements. These transfer payments will be reflected as revenue and expenses in the LHIN's financial statements for the year ended March 31, 2008 and thereafter.

LHIN Operations

The objects 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 Mississauga Halton LHIN covers a south-west portion of the City of Toronto, the south part of Peel Region and all of Halton Region except for Burlington.

2. SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian generally accepted accounting principles for governments as established by the Public Sector Accounting Board ("PSAB") of the Canadian Institute of Chartered Accountants ("CICA") and, where applicable, the recommendations of the Accounting Standards Board ("AcSB") of the CICA as interpreted by the Province of Ontario. Significant accounting policies adopted by the LHIN are as follows:

Basis of Accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets and losses in the value of assets.

Cash

Cash includes cash on hand and balances with banks.

Ministry of Health and Long-Term Care-Funding

The LHIN is funded solely by the Province of Ontario in accordance with budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC.

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.

Deferred Contributions

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.

Any amounts received that are used to fund expenditures that are recorded as tangible capital assets, are recorded as deferred capital revenue and are recognized over the useful life of the asset reflective of the provision of its services. This amortization revenue is in accordance with the amortization policy applied to the related capital asset recorded.

Tangible Capital Assets

Tangible capital assets are recorded at historical cost. Historical cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on the 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:
3 Years Straight-Line Method

Leasehold Improvements:
Life of Lease Straight-Line Method

Office Equipment, Furniture, and Fixtures:
5 Years Straight-Line Method

Web Development:
3 Years Straight-Line Method

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

Use of Estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. ADOPTION OF PUBLIC SECTOR ACCOUNTING RECOMMENDATIONS

At the direction of the MOHLTC, commencing in 2007, the LHIN has adopted generally accepted accounting principles, applying government accounting standards issued by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants. The comparative figures included in these financial statements have been restated to conform with accounting standards adopted for the current year.

As a result of this change, during the year the LHIN obtained the fair market value for the donated tangible capital assets received in the prior fiscal period and chose to reflect this more meaningful valuation in the financial statements. This change has been applied retroactively and the prior period has been restated resulting in an increase in deferred capital contributions, net debt and capital assets of $664,577 on the statement of financial position. On the statement of financial activities amortization of deferred capital contributions increased by $166,144 as did general and administrative expenses. On the statement of changes in net debt acquisition of tangible capital assets increased by $830,720, amortization of tangible capital assets increased by $166,144 and closing net debt increased by $664,577.

4. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

The MOHLTC has included accounts payable and accrued liabilities totaling $118,889 in its records on behalf of the LHIN as at March 31, 2006. These expenses are included in amounts disclosed in Note 9 related to the prior period.

Accounts payable and accrued liabilities for 2007 in the amount of $316,174 are detailed as follows:

Board development	$ 25,000
Board member expenses	15,196
Community engagement	21,811
Leasehold improvements	19,897
Mail, courier and telecommunications	19,561
Occupancy	16,812
Other	16,900
Professional fees	10,899
Recruitment	15,000
Salaries and benefits	145,052
Supplies	10,046
	$ 316,174

5. RELATED PARTY TRANSACTIONS

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

6. DEFERRED CAPITAL CONTRIBUTIONS

	2007	2006
Balance, beginning of year	$ 664,577	$ -
Capital contributions received during the year	42,314	830,721
Amortization for the year	(177,596)	(166,144)
Balance, end of year	$ 529,295	$ 664,577

7. CAPITAL ASSETS

	2007			2006
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Office equipment, furniture and fixtures	$ 53,084	$ 21,233	$ 431,851	$ 2,467
Computer equipment	7,878	2,626	5,252	-
Web development	14,538	4,846	9,692	-
Leasehold improvements	797,535	315,035	482,500	622,110
	$ 873,035	$ 343,740	$ 529,295	$ 664,577

8. BUDGET FIGURES

The total operating budget of $3,481,789 has been approved by the MOHLTC. The figures have been reported for the purposes of these statements to comply with PSAB reporting principles.

9. GENERAL AND ADMINISTRATIVE EXPENSES

For the period ended March 31, 2006, certain operating expenses, other than those disclosed on the Statement of Financial Activities, were approved and paid for on behalf of the LHIN by the MOHLTC. These amounts were not included with the LHIN's financial activities.

For the first three months of fiscal 2007, all financial information was processed by the MOHLTC on behalf of the LHIN. Unlike 2006, these amounts are considered expenses of the LHIN directly and are included as part of the financial activities of the LHIN and included in the Statement of Financial Activities.

Subsequent to the prior year's fiscal close, additional amounts totaling $32,853 of prior period expenses were noted as not having been accrued and are included in the current year expenses, due to differences in cut-off reporting by the MOHLTC. For the year ended March 31, 2007, these amounts were included in the Statement of Financial Activities of the LHIN.

Board member expenses include $166,788 per diems and $20,309 travel costs.

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

	2007	2006	
	LHIN	LHIN	MOHLTC (unaudited)
Salaries and benefits	$ 1,282,694	$ 209,646	$ 54,762
Occupancy	211,201	-	-
Amortization	177,596	166,144	-
Shared services	290,201	-4	2,126
Integrated Health Service Plan	357,007	-	-
Community engagement	281,131	-	-
Professional fees	16,298	-	-
Supplies	50,470	723	-
Board member expenses	187,097	-	-
Board development	103,173	-	-
Mail, courier and telecommunications	51,600	965	6,043
Staff travel	28,578	-	-
Recruitment	41,699	-	-
Other (including start-up costs)	90,503	1212	,465,272
	$ 3,169,248	$ 376,790	$ 1,658,203

10. CONSULTING FEES

Within the Salaries and Benefits, Integrated Health Service Plan, Community Engagement, Recruitment and Board development costs itemized in Note 9, approximately $822,394 were procured through consultants since the LHIN was in the start-up phase of operations.

11. E-HEALTH

During fiscal 2007, the Mississauga Halton LHIN received $232,000 in funding from the MOHLTC and spent $142,026. These funds were used toward initiatives in support of its strategic E-Health Plan as defined in its Integrated Health Services Plan.

The net amount of $89,974 is repayable to the MOHLTC.

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 14 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2007 was $61,143 (2006 - $5,888) for current service costs and is included as an expense in the Statement of Financial Activities.

13. GUARANTEES

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

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

14. COMMITMENTS

The LHIN has commitments under various operating leases (primarily accommodation rental). Minimum lease payments due in each of the next four years are as follows:

2008	$ 153,340
2009	153,340
2010	150,035
2011	112,526
	$ 569,241

15. COMPARATIVE FIGURES

The prior period figures are from the date of incorporation, June 9, 2005 to March 31, 2006. The comparative figures have been reclassified to conform to the current year's presentation. During the 2007 fiscal year, the LHIN received direction from the MOHLTC in its Memorandum of Understanding to follow PSAB accounting. Presentation changes are a result of the change in presentation format to comply with PSAB.

Mississauga Halton LHIN Staff (as of July 1st, 2007)

Name	Title	Extension
Bill MacLeod	Chief Executive Officer	212
Narendra Shah	Senior Director, Performance, Contract and Allocation	214
Scott McLeod	Senior Director, Planning, Integration, Community Engagement	217
Maria Antonakos	Senior Planning and Integration Consultant	225
Thiru Appasamy	Decision Support Consultant	218
Judy Bowyer	Performance and Contract Consultant	209
Kim Delahunt	Senior Planning and Integration Consultant	204
Susan Hall	Administrative Assistant to the Senior Directors	202
Angela Jacobs	Performance and Contract Consultant	210
Diane Koz	Senior Planning and Integration Consultant	229
Marco Marchitto	Program Assistant	231
Monita O'Connor	Senior Performance Consultant	235
Priti Patel	Senior Planning and Integration Consultant	222
Hilary Rodrigues	Senior Funding and Allocation Consultant	220
Dominic Sloan	Corporate Services Manager	203
Susan Swartzack	Senior Planning and Integration Consultant	227
Kitty Varley	Executive Assistant to the CEO and Board Chair	207
Paulette Zulianello	Funding and Allocation Consultant	

To contact us by email: firstname.lastname@lhins.on.ca

How Health Wise Are You?
Take Our Health Quiz Online.
www.mississaugahaltonlhin.on.ca

Get Involved.

The Mississauga Halton LHIN wants to work with you to improve health services locally. If any of these health care initiatives...

- Affect you,
- If you would like to become involved, or
- If you just want to find out more...

Then please contact us or visit us online at **www.mississaugahaltonlhin.on.ca.**

You may contact us at:

Telephone:

905-337-7131
1-866-371-5446

Email:

mississaugahalton@lhins.on.ca

Address:

Mississauga Halton LHIN
700 Dorval Drive, Suite 500
Oakville, ON L6K 3V3

Website:

www.mississaugahaltonlhin.on.ca

ISSN 1911-298X

Ontario