Mississauga Halton **LHIN**

Fulfilling the vision
for community-inspired health care

Annual Report: Our Report to the Community 2007/2008

Ontario
Local Health Integration Network

Health care designed with you in mind

Three years ago, with a vision to improve the quality of care for people living in Ontario, the Ministry of Health & Long-Term Care established 14 Local Health Integration Networks (LHINs) across the province, recognizing that local health service needs and priorities could best be identified and planned for by the people living and working in their respective communities.

Embracing our role as a catalyst for change, the Mississauga Halton LHIN has been entrusted with planning, coordinating, integrating, funding and monitoring 77 local health care providers, including hospitals, community support services, long-term care homes, mental health and addictions services and a community care access centre.

Committed to improving the health of local residents, we have been working in collaboration with others both within and beyond the geographic borders of our LHIN to plan a local health system that provides those living in the communities of South Etobicoke, Halton Hills, Oakville, Milton and Mississauga with easy and timely access to the health services you need.

We are supported in our efforts by our Integrated Health Service Plan (IHSP) 2007-2010, a document that outlines the health care priorities for Mississauga, Oakville, Milton, Halton Hills and South Etobicoke over the next three years. Representing the voices of over 3,000 local residents and health service providers, the IHSP is an important guidepost for our efforts to improve health care in our LHIN.

As we continue to work together with our communities to create the best possible local health system to meet your needs, we are pleased to share with you the progress we've made in the LHIN over the past year.

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

Innovation	We explore and support imaginative initiatives and solutions
Integrity	Our actions and words reflect honesty, integrity and good judgment
Accountability	We will routinely evaluate our judgments 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

For more information about the Mississauga Halton LHIN, visit www.mississaugahaltonlhin.on.ca

Embracing the power of 'we'

Message from the Chair and CEO

Never underestimate the power of 'we'. It is the underlying factor behind everything we are doing to bring you a more responsive and seamless health system. Our lean but dedicated team at the Mississauga Halton LHIN has made tremendous strides over the past year towards realizing our vision for quality, coordinated health care for our communities. But we haven't done it alone.

The 'we' started with a provincial government that had the foresight and the courage on April 1, 2007 to entrust our LHIN with the full authority to plan, coordinate, integrate, fund and monitor local health services. For patients and families accessing health care services within our LHIN, this milestone transfer of power will ultimately lead to an improved experience with your local health system that includes enhanced health services, reduced wait times and better coordination between health service providers.

Our ability to move forward with change of this magnitude has only been made possible through the exceptional commitment of local senior health executives and their respective leadership teams, all of whom have dedicated significant personal time this past year to supporting change initiatives within the LHIN. We are also indebted to the many individuals throughout the community who, when called upon, have participated in consultation sessions focused on identifying the needs of those we serve.

In our first year monitoring the performance of health service providers, we allocated over $1 billion in provincial funding. We take this responsibility very seriously and as part of our mandate, continuously challenge all providers to improve the health services you receive in our LHIN. As you will see in the outcomes highlighted throughout this year's report, we have been highly successful in meeting the government's expectations regarding investing these funds where they will have the greatest impact on improving our local health system.

As one of the highest population growth areas in the country, we are working to ensure that the critical health infrastructure is in place to meet your needs and those of your family both now and in the future.

Among this year's significant highlights is the Ontario government's 'Aging at Home' Strategy, which will result in an investment of $33 million in base funding in our LHIN over the next three years. This funding will be used to boost the range and number of community-based services to enable seniors to live healthy and independent lives in their own homes. Health service providers throughout the LHIN have generated 56 proposals to support this initiative locally, marking a shift in thinking from hospital to community-based care and promising to positively impact the way we deliver health care across the system.

As we move forward in our efforts to create a responsive and sustainable health system, we will be a leader in adopting the quality improvement tools and approaches and demand management strategies necessary for improved health system efficiencies, appropriateness, access and safety.

Over the past year, the power of 'we' has been realized through our efforts to come together as a health system and start making the necessary changes that will lead to improved health for you and your family. Thanks to the committed efforts of Board members, staff, and the hundreds of individuals and organizations who have contributed their time and talents to LHIN initiatives this year, your local health system is working in new and unprecedented ways to maximize your taxpayer dollars and to make sure you have access to the right health care when and where you need it.

John Magill
Board Chair
Mississauga Halton LHIN

Bill MacLeod
CEO
Mississauga Halton LHIN

Exemplifying transparent leadership

With an unwavering commitment to the communities of Mississauga, Oakville, Milton, Halton Hills and South Etobicoke, the Mississauga Halton LHIN's nine-member Board of Directors consists of individuals appointed by the Lieutenant Governor Order-in-Council based on the specific skills and expertise they bring to the boardroom table. Board members bring added depth and insight to their roles as people who also live within the communities served by the LHIN. With a mandate to provide strategic leadership to the LHIN and local health system transformation, the Board conducts its work with transparency and accountability, welcoming members of the community to its monthly meetings and posting its meeting minutes on the Mississauga Halton LHIN's website. The Board's work is supported through three board-level committees that include a Governance Committee, Community Nominations Committee and Audit and Finance Committee.

Mississauga Halton LHIN Board of Directors

John Magill, *Chair*
June 5, 2005 to June 8, 2008

Norman Murray, *Vice Chair*
January 5, 2006 to January 5, 2011

Enola D. Stoyle, *Secretary*
June 1, 2005 to May 31, 2008

Brij Chadda, *Member*
May 17, 2006 to June 16, 2010

Caesar Cheng, *Member*
January 5, 2006 to January 5, 2011

Tim Costigan, *Member*
May 17, 2006 to June 16, 2010

Elliot Halparin, M.D., *Member*
June 1, 2005 to May 31, 2008

Edward R. Morris, *Member*
January 5, 2006 to February 4, 2010

Jane McCarthy, *Member*
May 17, 2006 to May 17, 2008

Physician Leadership

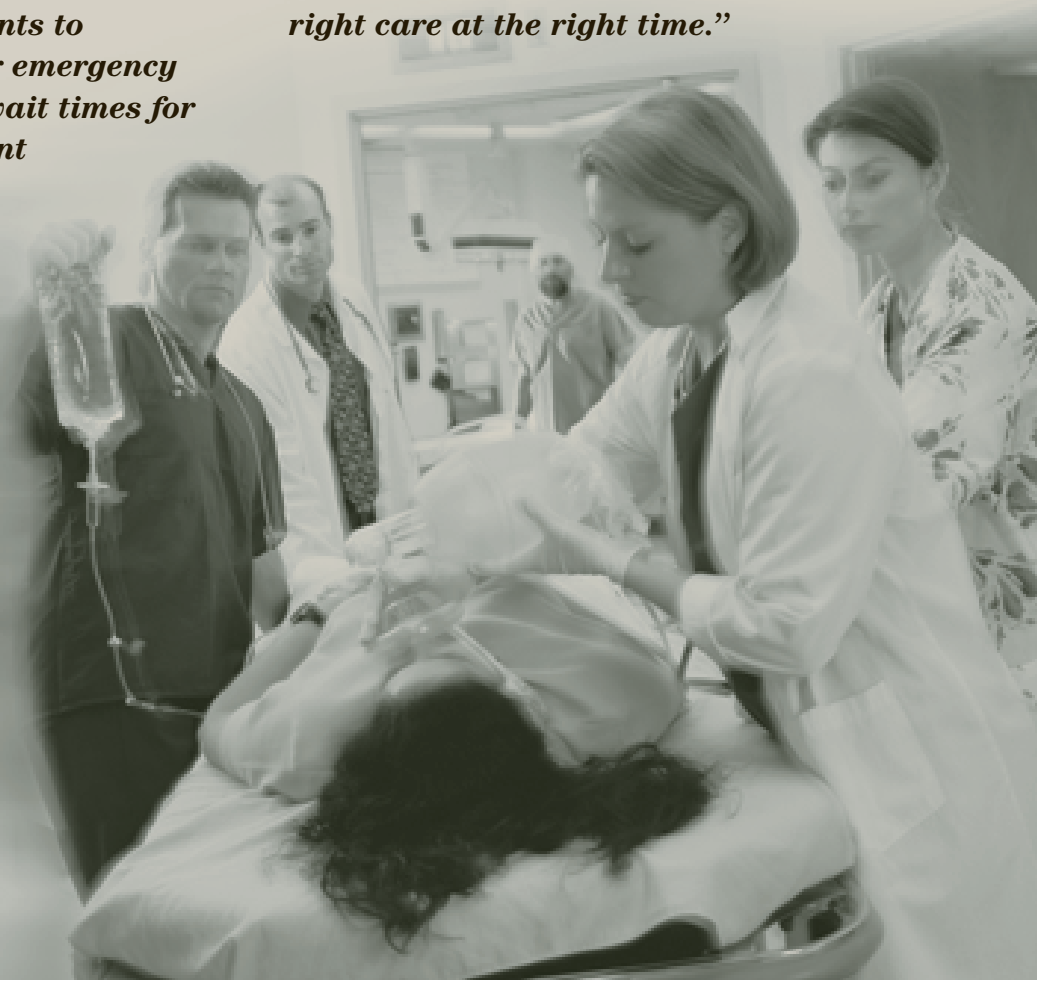
As we work to transform our local health system, two major areas of focus at both a provincial and local level are emergency and critical care services, both of which address the needs of local residents when you or a family member are often at a most vulnerable point in your lives. We are fortunate to have two local physicians providing leadership to these two important initiatives both locally and as members of the respective provincial leadership teams.

LHIN Emergency Department Lead
Dr. Eric Letovsky
Chief, Department of Emergency Medicine
Credit Valley Hospital

"This government has clearly made emergency department wait times a high priority. I am optimistic that the necessary funding will be forthcoming to allow us to look at system-wide initiatives and improvements to relieve the pressure on our emergency departments and reduce wait times for patients requiring emergent urgent care."

LHIN Critical Care Lead
Dr. Laurence Chau
ICU Medical Director
Halton Healthcare Services

"The Ontario Critical Care Strategy strives to improve access and quality and system integration in the provision of critical care to ensure that the right patient is in the right bed receiving the right care at the right time."



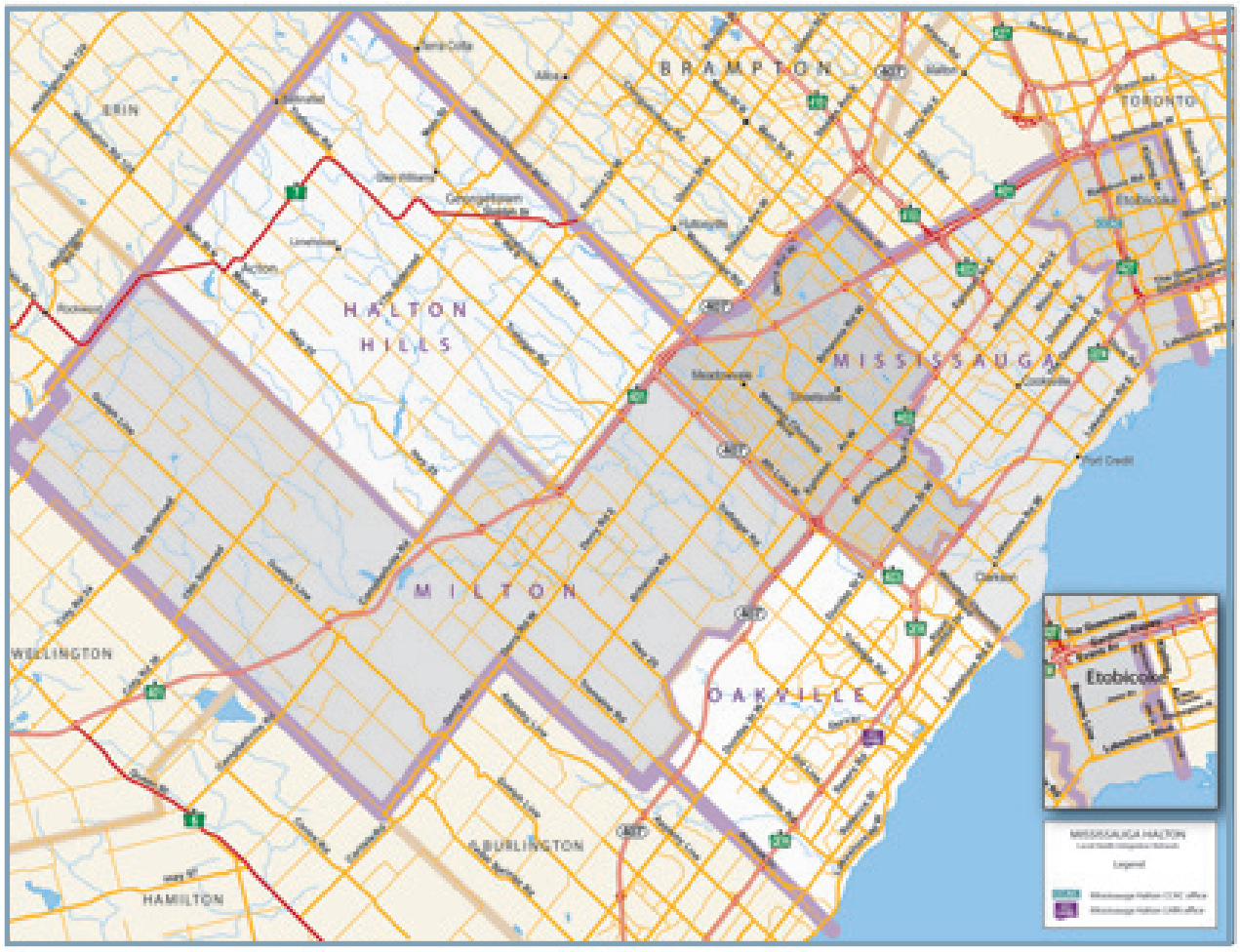
The growing communities of Mississauga Halton

Covering over 900 square kilometres of land, the Mississauga Halton LHIN extends across some of the most vibrant and fastest growing communities in Canada. Serving over one million people, we cross portions of three municipalities including Peel, Halton and Toronto and encompass the diverse communities of South Etobicoke, Mississauga, Oakville, Milton and Halton Hills.

The people who live and work here span all walks of life, from well-established families with historic roots in the community to new immigrants seeking to start a new life in a new country.

A growing and diverse population

The appeal of communities within the Mississauga Halton LHIN continues to attract a growing number of new families to the region, with anticipated growth expected to reach 1.53 million people by 2026[1]. Two thirds (66.3%) of Ontario's population growth between 2001 and 2006 was concentrated in just five geographic areas of the province, two of which are in our LHIN – Peel and Halton – both reflecting growth rates of 17%[2]. Factors influencing growth include new births as well as people transitioning from Toronto into the 905 region. The most significant growth factor, however, is considered to be new immigrants arriving from other countries. Currently, 40% of the population identifies itself as immigrants. Notably, 30% of the LHIN population self-identifies as a visible minority[3].



An aging population

While seniors represent a lower proportion of the population today compared to the province as a whole, the number of people aged 65 years and over is expected to more than double by 2026[4], representing one of the highest growth rates in the province for this age group, and those 55 years of age and over will comprise 28% of the population by that time, up from the current 20%[5].

As people age, they consume more health care resources to help maintain their health, so as our population ages over the next 20 years, this will place significant pressure on health services in the region as the demand for services increases.

The influence of chronic disease

While the prevalence of people living with chronic diseases such as diabetes, asthma, heart disease, arthritis, depression and high blood pressure is slightly lower in the Mississauga Halton LHIN than the provincial average, the chronic nature of these diseases increases with age and results in increased visits to family doctors and emergency departments. Untreated, many of these chronic conditions can lead to the development of others, further increasing the consumption of health care resources needed for treatment.

The preventable factors that place Mississauga Halton LHIN residents at higher risk for chronic disease include physical inactivity, poor diet and being overweight[6].

The impact on health care resources

The Mississauga Halton LHIN is currently served by 77 health service providers including hospitals, community support services, long-term care homes, mental health and addictions services and a community care access centre. As population growth, age and the prevalence of chronic disease rise, so too does the demand on health resources, ultimately outstripping the available supply.

While all sectors within our local health system have received increased funding from the Ministry of Health and Long-Term Care in recent years, the coordination and integration of services, innovative approaches to care delivery, as well as a heightened focus on preventative and wellness initiatives will become increasingly important if we are to build the critical infrastructure that will be needed to support local community health needs over the next twenty years.

[1] Unpublished Projections (May 2007), Ontario Ministry of Finance
[2] Statistics Canada, Highlights of the 2006 Census
[3] 2001 Census of Canada
[4] Unpublished Projections (May 2007), Ontario Ministry of Finance
[5] Unpublished Projections (May 2007), Ontario Ministry of Finance
[6] 2005 Canadian Community Health Survey, Statistics Canada, Ontario Share File

Addressing our priorities for change

In 2006, over 3,000 individuals and health service providers within Mississauga, Halton and South Etobicoke lent their voices to the development of the Mississauga Halton LHIN's first three-year Integrated Health Service Plan (IHSP).

This document outlines the health priorities that you told us were most important to you, aligns with provincial health care priorities, identifies the action plans to address these priorities and lays the foundation for future LHIN planning initiatives.

We know that change in our health system won't happen overnight. As we implement our action plans, some improvements will take longer than others. But as we move forward, over the next few months and years, you will start to experience the difference these changes are making.

The IHSP priorities provide a means for helping us to realize our vision for a seamless health system, offering the opportunity to shift traditional thinking with regards to health care delivery, work together as a health system in new and collaborative ways, and ultimately generate the comprehensive groundwork needed to develop a well coordinated, sustainable local health system.

The following pages outline some of the positive outcomes we've been able to achieve over the past year in beginning to address the following local health system priorities: improving health system performance, strengthening primary health care, enhancing seniors' health, preventing and managing chronic diseases, and integrating mental health and addictions services.

These outcomes also represent a significant investment of time on the part of more than 250 individuals from across the entire breadth of the health system and community who have lent their considerable expertise, insights and innovative thinking to help move these priorities forward.

Building the foundation for change through community engagement

Among our many success factors for change has been our ability to bring different perspectives from across the LHIN to the planning table to ensure we are making health care decisions in the best interests of local residents, and in ways that make the most of existing resources. This involved

establishing distinct teams to help move LHIN priorities forward, while also tapping into the vast expertise of existing networks both within and beyond the geographic borders of the LHIN. Many of the following groups have also engaged local residents through consultation or focus group sessions as a means for deepening our understanding of your health care needs.

Detailed Planning and Action Teams (DPAs)

In 2007, we established Detailed Planning and Action Teams (DPAs) to address action plans associated with the key health priorities identified in the IHSP including children and youth, mothers and newborns, chronic disease prevention and management, primary health care, mental health and addictions, palliative care, and seniors' health and wellness. Made up of local residents, community members and health care providers, these teams have drawn on the insights, expertise and knowledge of more than 250 individuals over the past year, representing over 2,000 volunteer hours per month.

All DPA applicants came together in the fall for '*Taking the Next Step to Health System Integration*', a large forum that allowed us the opportunity to increase their knowledge about the Ministry's vision and the LHIN's mandate, as well as introduce them to our new CEO, Board and staff. Participants were able to discuss key learnings from keynote speaker presentations and apply them to the mandates for each of the DPA teams. An overwhelming majority of those who participated felt the event offered them the chance to contribute and share their thoughts and ideas.

Health Care Leaders Collaborative

Established in May 2006, the Health Care Leaders Collaborative is a voluntary network consisting of senior executive leaders from all health sectors across the LHIN who help guide collaborative approaches designed to support system integration, coordination and planning of local health services.

Health Care Professionals Advisory Committee (HPAC)

Representing a wide range of health professionals working in different sectors across the LHIN, the newly established Health Care Professionals Advisory Committee provides advice to the LHIN on matters related to patient-centred care, health human resources planning, implementation of the IHSP, and the implications of new models of care on practice.

Integration Advisory Group (IAG)

The Integration Advisory Group was formed in the summer of 2006, and brings together a group of respected health system thinkers to help guide and shape integration activities within the LHIN. IAG members make sure the integration priority action plans developed by the DPAs meet local health needs and align with the IHSP before making recommendations to the LHIN's Board of Directors.

Tapping into New & Existing Networks

A number of new and well-established health care networks dedicated to addressing specific health issues within and beyond the LHIN provide us with access to multi-disciplinary expertise on a variety of topics as we work to improve the health care experience for local residents.

Aboriginal People

Working in partnership with the Hamilton Niagara Haldimand Brant LHIN, we supported a three-day search conference at the Six Nations Reserve in Brantford this past year which will inform future planning activities between the two LHINs in our joint efforts to address the needs of the approximately 3,000 urban Aboriginals living in Mississauga Halton. The information coming out of the conference will help surface the issues that need to be addressed and inform future priority areas of focus.

Last fall, the Mississauga Halton LHIN hosted the first face-to-face meeting of the 14 LHIN Aboriginal Health Planning Leads, and we continue to actively participate in monthly teleconferences for the purposes of exchanging information on common and unique health issues facing Aboriginal peoples across the province.

> "The care that nurse practitioners provide to residents in long-term care homes not only lessens disruptions and increases peace of mind for residents and their families, but also increases quality of life by enabling them to remain in their familiar surroundings and be treated by familiar staff who they know and trust."
>
> ***Linda Dacres***
> ***Nurse Practitioner***
> ***Coordinator, Long-Term Care***
> ***Rapid Response Team Project***

Francophone Population

Recognizing that French-speaking residents across the GTA share specialized needs when it comes to accessing health care in their native tongue, the Mississauga Halton LHIN recently joined the Toronto Region French Language Health Services Planning and Support Committee. This Committee shares the common mandate of ensuring French-speaking people within the geographic boundaries of the GTA have access to health services in French.

Integration Activity

Integration calls for health service providers across the health system to plan services in a manner that maximizes health system resources while delivering an optimum level of care to patients. Through our community engagement activities, we are forging a rich environment for the development of truly innovative approaches to collaborative care delivery, building on the expertise and foresight of senior executives, clinicians and support staff.

While integration activity within the LHIN is still very much in its early stages, we are already witnessing fine examples of what the future holds through joint initiatives helping to advance the seniors' health, wellness and quality of life priority like the Mississauga Halton Falls Prevention Project, Community Referrals by Emergency Medical Services

(CREMS), and the introduction of Nurse Practitioners in Long-Term Care Homes. The pilot Wait at Home Program and Restore Program initiatives coming out of our Appropriate Level of Care Strategy are also reflective of initiatives that involve multiple health system partners working together to realize an integrated level of service delivery with a patient-centred approach to care.

The funding and performance of health service providers

One of the major responsibilities of the Mississauga Halton LHIN is to provide funds to 77 health service providers. In fiscal 2007/08, our LHIN provided over $1 billion in funds to these providers.

Along with provider funding, we hold the serious responsibility of monitoring their performance and engaging them to continuously improve while ensuring that most taxpayer dollars are spent providing direct patient care services to improve the health and health care of local residents.

This past year, we began to lay the foundation for improving efficiencies by engaging all hospitals to review all non-direct patient care functions with a view to improve quality of care and find further savings.

Making progress in improving local health system performance

For a health system to respond effectively to the needs of local residents, all aspects of that system need to work together in a coordinated manner. Regardless of what services you are accessing in the health system, you should be able to move easily from one service to another, as your health needs require.

As a health system, we're exploring ways to improve the exchange of information between providers, and to better coordinate and integrate services so that you have timely access to the services and specialists you need.

Matching patients with the appropriate level of care

One of the most complex challenges facing the LHIN today is our ability to ensure that you receive care in the most appropriate care setting to meet your needs. Recent studies show that all too often local residents end up in care settings such as hospitals and long-term care homes, when other, more viable community-based options for care may be available to you.

Health Care Sector	Total Funding 2007/08	Percent of Total Mississauga Halton LHIN Allocation
Hospitals	$ 713,531,000	71%
Long-Term Care	$ 146,611,000	14%
Community Care Access Centre	$ 101,685,000	10%
Community Support Services and Assisted Living	$ 34,285,000	3%
Mental Health & Addictions Services	$ 25,262,000	2%
LHIN TOTAL	**$ 1,021,374,000**	**100%**

"The ALC Strategy speaks to the tremendous capacity of health service providers to work as a collective in improving the flow of patients throughout the health system and serves as a model for future collaborative approaches to health system planning."

Janet Davidson
President and CEO
Trillium Health Centre
Co-Chair, ALC Committee

Vida Vaitonis
Executive Director
Mississauga Halton Community Care Access Centre
Co-Chair, ALC Committee

Our newly established Appropriate Level of Care (ALC) Committee welcomed early success with two patient-focused initiatives that make sure you are receiving care from the most appropriate health care provider while allowing us to make the best use of both hospital and long-term care beds.

The Wait at Home pilot program allows eligible patients to remain in the comfort and security of their own home for 30 days with a specialized package of community support services while awaiting a long-term care bed. The Restore Program provides restorative care in a long-term care setting for patients discharged from hospital but not yet physically ready to return home.

To further reinforce their efforts, the Committee is exploring the use of evidence-based tools in hospitals, community-based care, complex continuing care, rehabilitation services and long-term care to help monitor whether or not patients are receiving care in the most appropriate settings.

Addressing medical and surgical critical care needs in our hospitals

Critical care response teams have now been introduced in all three hospitals throughout the LHIN, meaning the expertise of intensive care unit (ICU) physicians, nurses and respiratory therapists can now be maximized to support the care needs of high risk patients on other hospital units. This is expected to lead to increased patient safety, help avoid inappropriate admissions to the ICU, and through early intervention, generate shorter lengths of stay in the ICU.

Hospitals have also successfully implemented a critical care information system (CCIS) which allows intensive care units in hospitals across the province to share data related to admitted ICU patients and the interventions that have been performed to meet their care needs. This will support ICUs in determining whether or not admitted patients require the intensive level of resources offered in a critical care setting, or if their needs would best be served elsewhere within the system.

Improving access to emergency department services

While the ability of local hospital emergency departments to meet the growing demands on emergency services continues to be a challenge in the Mississauga Halton LHIN, innovative initiatives like the Flo Collaborative and those coming out of the ALC Committee have the potential to improve the timely flow of patients from inpatient hospital beds to other appropriate settings within the system, thereby improving your access to emergency services when you are very sick. The Flo Collaborative is a joint initiative between Trillium Health Centre and the Mississauga Halton CCAC designed to help improve the timeliness and effectiveness of patient transitions from hospital to other care settings.

Major building and redevelopment projects underway at both Credit Valley Hospital and Trillium Health Centre will eventually help to address capacity issues with the addition of new inpatient beds. In the meantime, you can expect to see continued diligence in this area, as local emergency departments review best practices in the delivery of emergency care across the LHIN.

Managing information flow across the system

To ensure consistency in your care regardless of where you are seen within the health system means health care providers need quick and easy access to information. To that end, we have been working together with the Central West LHIN to develop an e-health strategy that targets a seamless exchange of information between providers both within and outside our LHIN.

Credit Valley Hospital and Halton Healthcare Services, together with William Osler Health Centre, are now connected to the REACH Portal, a secure network that provides health care professionals with instant access to patient health information stored electronically at any of the hospitals' sites. Trillium Health Centre is expected to join the portal in the fall of 2008, contributing to timely physician access to information which will lead to improved care and enhanced patient safety and satisfaction at all hospitals in the Mississauga Halton LHIN.

This past year we also invested in linking a host of long-term care homes, community support agencies and mental health and addictions services through a secure provincial e-mail system that will allow them to exchange patient information related to your health needs between providers to improve patient care, and your experience in the health system.

Improving wait times and health system performance

The Mississauga Halton LHIN has set targets with the Ministry of Health and Long-Term Care for indicators that measure local health system performance. Our performance targets are near or exceed provincial benchmarks in most areas, with a further ongoing commitment to improve access to meet growing acute care hospital needs. We continue to strive for further efficiencies and improvement in quality and access to services by benchmarking to 'best of class'.

We continue to focus our efforts on improving wait times so that you have timely access to specialized procedures such as cancer surgery, cardiac bypass surgery, cataract surgery, hip and knee replacements, MRIs and CT Scans. Thanks to the leadership of the Mississauga Halton LHIN and the efforts of an active Wait Times Committee that consists of senior management, medical and nursing leadership from all three local hospitals, as well as the Mississauga Halton Community Care Access Centre (CCAC), we continue to be among the high performing LHINs in the province in our ability to meet or exceed target wait times on most procedures. We have been posting the best wait times in Ontario for cardiac bypass surgery, performed at Trillium Health Centre. As we work to address the demand for MRI and CT scans, we are actively pursuing initiatives to improve wait times for these diagnostic procedures.

All three hospitals in our LHIN, together with the Mississauga Halton CCAC, have developed a process map to improve the quality of care for all hip and knee surgery patients, including pre-hospital, in-hospital and post-hospital care.

Access

INDICATOR (90th Percentile Wait Time)*	BENCHMARK (Provincial Priority IV Target)**	LHIN TARGET 2007/08	RESULTS Full Year 2007-2008
Cancer Surgery	84 days	66 days	60 days
Cardiac Bypass Procedures	182 days	28 days	28 days
Cataract Surgery	182 days	175 days	96 days
Hip Replacement	182 days	218 days	174 days
Knee Replacement	182 days	294 days	225 days
MRI Scan	28 days	70 days	84 days
CT Scan	28 days	45 days	42 days

Quality

INDICATOR	LHIN BASELINE	RESULTS Q2 07/08
Readmission Rates for Acute Myocardial Infarction (AMI or heart attack)	3.11 %	3.09 %

Integration

INDICATOR	LHIN BASELINE	RESULTS Q3 07/08
Rate of Emergency Department Visits that could be Managed Elsewhere	8.55 per 1,000 population	6.96 %***
Hospitalization Rate for Ambulatory Care Sensitive Conditions (ACSC)	276.58 per 100,000	222.95 ***
Median Wait Time to Long-Term Care Home Placement	38 days	72 days

* Wait time is the time from the 'decision to treat, to time treatment received'. The 90th Percentile means the point at which nine out of 10 patients received their treatment.
** Priority IV is for the non urgent cases
*** Quarter 4 2006/07 to Quarter3 2007/08

Meet or exceed target | Did not meet target

"In an area where time delays can have tragic consequences, reduced wait times and improved access to cardiac bypass surgery have allowed fathers to play hockey with their children, mothers to cry at their daughter's marriage and grandparents to delight at the birth of their grandchildren. It is these human endeavors that go on anonymously everyday that are the real success story behind reduced wait times."

Dr. Gopal Bhatnagar
Chief of Staff
Trillium Health Centre

We continue to closely monitor our quality and integration indicators where we are meeting or exceeding our targets with the exception of the median wait time for long-term care home placement where our rates are among the best in the province, but above target. Faced with a loss of long-term care capacity within the LHIN, our multi-sectoral Appropriate Level of Care Committee is taking a systems approach to identifying innovative strategies that will help us to ensure we are making the most appropriate use of existing long-term care beds.

Strengthening primary health care

Primary health care providers are often your first point of contact with the local health system and act as your gateway to many other health system services including access to hospital services, specialist care, mental health and addictions services, end-of-life care, maternal and child health services and rehabilitation services.

Engaging physicians

While not funded by the LHIN, family physicians are a key health care provider, and engaging them early in health system coordination and integration planning is crucial to realizing the long-term sustainability of our local health system. Collaboration with local Family Health Teams and The Central West-Mississauga Halton Community Family Medicine/Public Health Network allowed us the opportunity to share best practices and exchange knowledge between the LHIN and family physicians over the past year. We have also partnered with the Ontario Medical Association (OMA) to host an ongoing series of workshops with the goal of increasing physician input and enhancing education and awareness of the LHIN.

Thanks to the efforts of the Primary Health Care team, they are laying the foundation for improved access to care and timely information. Regional credentialing of all physicians within the Mississauga Halton LHIN will be introduced, enabling local physicians to practice across the LHIN and to access secured information about their patients from any of the three hospitals and the community.

This means that regardless of where you access care in the health system, your physician(s) will have timely access to your health information to support diagnosis and treatment.

Another initiative underway includes the placement of Community Care Access Centre Case Managers in Family Health Teams as a means for helping identify high risk patients who might benefit from access to community-based resources to help maintain their health. Both these initiatives, coupled with the team's continuing work, are major steps forward in enhancing the timely flow of patient information and providing access between patients, providers and specialists, thereby leading to improved patient care.

Reinforcing supports for moms and newborns

With support from the Maternal Newborn team, the level of collaboration amongst providers of maternal and child services was further amplified this year with the opening of Credit Valley Hospital's new Women's Reproductive Mental Health Clinic. Thanks to an amendment to their referral criteria, the hospital made the clinic's services available to women across the LHIN, providing access to postpartum mood disorder services close to home and addressing an identified gap in women's health services.

Enhancing interdisciplinary services for children and youth

To appropriately address child and youth health needs means moving beyond health system boundaries to build strategic relationships with community leaders, social and community service agencies and networks, and multiple ministries within the provincial government.

While services for children and youth have typically been fragmented throughout the health system, the Children and Youth team is committed to breaking down the traditional silos that have so often impeded access to these services.

Existing and emerging partnerships continue to work toward a responsive health system, addressing overarching issues including population growth, increasingly diverse communities and access to and coordination of services.

Enhancing seniors' health, wellness and quality of life

As our population ages, the ability of seniors to continue living healthy and active lives in the comfort and security of their own homes continues to be a priority focus for the Mississauga Halton LHIN. The Seniors' Health and Wellness team brings together an enthusiastic group of health providers committed to creating an accessible, comprehensive and coordinated continuum of care for seniors. The province's Aging at Home Strategy provides a means for leveraging additional support for enhancing the seniors' health, wellness and quality of life priority.

The following are just some of the initiatives that have been undertaken the past year to advance this IHSP priority.

Preventing falls amongst the elderly

While falls are relatively common, they can cause life-changing injuries when they occur in our elderly population. In an effort to reduce falls and falls-related injuries in older adults, a multi-sectoral Mississauga Halton Falls Prevention Project Steering Committee completed a falls prevention

framework and strategy for the LHIN aimed at reducing the rate of emergency department visits, hospitalizations and long-term care admissions among seniors in Mississauga Halton.

Enhancing referrals to community-based services

Community Referrals by Emergency Medical Services (CREMS) was introduced as a means for helping to decrease unnecessary emergency department visits and hospital admissions while supporting individuals to maintain a level of independence in their own homes. The joint initiative of Peel Regional Paramedic Services, Halton Region Emergency Medical Services, Dufferin County Ambulance Services, and the Community Care Access Centres of Mississauga Halton, Central West, and Hamilton Niagara Haldimand Brant allows paramedics to identify patients in the community whose condition might benefit from in-home care and community services coordinated through the appropriate CCAC.

Improving care in long-term care homes

Nurse Practitioner Rapid Response Teams are now in place to support a handful of long-term care homes in the Mississauga Halton LHIN. A non-traditional member of the long-term care health team, Nurse Practitioners are available to support continuity of care for long-term care residents and their families by providing residents with more timely access to physical assessments, diagnoses, and treatment plans. The innovative model is expected to reduce and prevent the unnecessary transfer of residents to hospital emergency departments thereby enhancing residents' quality of care and satisfaction. The initiative is a joint venture of the Halton Peel Emergency Services Network in collaboration with local hospitals, community care access centres, long-term care homes, community health providers and suppliers and the LHINs.

Supporting individuals at end-of-life

While end-of-life care is a provincial priority, there is recognition locally of the importance of providing individuals with choice and dignity not only at this time in your lives but also as you possibly face a life threatening illness. Our goal is to relieve suffering and improve the quality of living and dying. The Mississauga Halton LHIN has been coordinating its efforts in this regard through the leadership of the well-established Mississauga Halton Palliative Care Network. Successes this past year include strides being made towards implementation of a common patient assessment tool across palliative care providers in the LHIN, extended outreach of local palliative care teams into the community, and an enhanced online resource directory of palliative care services on the Network's website, all of which should lead to an improved care experience for patients.

"I am impressed with the passion and level of personal commitment shown by health care providers across the health system to work together in a collaborative way to achieve truly integrated, accessible, and responsive local health services for seniors to meet the needs of our communities."

Raymond Applebaum
Co-Lead, Seniors' Health & Wellness Detailed Planning & Action Team and Executive Director, Peel Senior Link

Preventing and managing long-lasting chronic conditions

Research has shown that many chronic diseases such as asthma, arthritis, heart disease and diabetes can be better managed, and in some cases, even prevented, with appropriate education supports and personal lifestyle changes.

Recognizing that those of you who live with diabetes share risk factors for other chronic diseases including kidney and heart disease, the Chronic Disease Prevention and Management team is focusing its efforts on establishing a LHIN-wide approach to diabetes prevention and management that can be applied to other chronic diseases that are prevalent within the LHIN. Early work has included the development of topic-specific task groups, a review of how diabetes is currently managed within the LHIN, and a study of chronic disease research and best practice models. A key task of the group is to explore how to initiate a shift in thinking towards self-management in the prevention and management of chronic diseases.

"As co-lead of the Mental Health and Addictions team I was especially gratified to see how well the team came together with energy and enthusiasm for a reformed health system. This enhanced collaborative way of doing business assisted in building strong relationships. As a result we have a strong base from which to implement our plans."

Sandy Milakovic
CEO,
Canadian Mental Health Association – Peel Branch

Integrating mental health and addictions services

The vision for mental health and addictions services in the LHIN is to deliver a coordinated and accessible breadth of services that provide the flexibility of choice and independence for those of you living with mental illness or addictions.

The results of community engagement sessions held in Milton and Mississauga earlier this year and hosted by members of the Mental Health and Addictions team, together with the work of task groups dedicated to various issues associated with mental health and addictions services, will be used in the coming year to develop an integrated service delivery model for mental health and addictions services in Mississauga Halton. This model is expected to improve your access to services and lead to a better health care experience for patients and families within the LHIN.

Aging at home

A model for innovative approaches to health care delivery

The province's Aging at Home Strategy, announced in the summer of 2007, lends credibility to the need for more innovative approaches to support the integrated delivery of community-based services for seniors. Health service providers across the Mississauga Halton LHIN didn't disappoint when the LHIN issued a request for proposals to support a three-year $33 million investment in Aging at Home initiatives.

The following initiatives are representative of the foresight and ingenuity reflected in many of the 56 proposals received by the LHIN, and demonstrate the capacity of providers to plan from a systems perspective while maintaining a focus on the needs of local residents.

Bringing supportive housing into the 21st century

Supportive housing is a resource within the LHIN that has often remained on the fringe of the health system, yet the services offered through this sector offer tremendous opportunities to enable our frail elderly and disabled to stay at home with the required supports, hence reducing the need for placement in hospitals and long-term care homes. Through their innovative and open-minded approach to rethinking how supportive housing can best serve the needs of LHIN residents, health service providers have rebranded their services as 'supports for daily living', better reflecting a service-oriented approach to care.

Their ingenuity in enabling seniors to age in place was clearly reflected in the proposals submitted from this sector for consideration in support of the LHIN's Aging at Home Strategy, as demonstrated in the following two examples:

Building neighbourhood service 'hubs' – This approach involves focusing on high density areas where seniors in our communities live. Agencies providing personal support services (personal hygiene, activities of daily living) and homemaking services would be centrally located within these 'neighborhoods' versus the existing model that for the most part limits services to meeting the needs of seniors in designated low income buildings. The new model reflects an understanding on the part of service providers of what it means to 'age in place'. It focuses on the service being delivered, and not on the bricks and mortar, extending 24/7 services that enable frail seniors at all income levels to age in their own homes, remain in their own neighborhoods and ultimately delay the need for more intensive long-term care services.

Recovering at 'home' following hospitalization – This model involves allocating two rooms in an existing senior citizen's residence as 'recovery' areas, where frail seniors living in an apartment complex and not quite yet ready to return to independent living in their own homes, can recover following hospitalization. The recovery setting offers seniors the opportunity to return to the familiar surroundings of their home environment immediately upon

"We received the second highest Aging at Home funding allocation in the province, acknowledging the pressures our health system will face as our community grows and ages. It is imperative that we assist seniors to age in place and provide them with the supports to manage at home, and thanks to the leadership of the Mississauga Halton LHIN, I think we're well positioned to meet this need."

Dr. Barbara Clive
Medical Director
Regional Geriatric Services
Credit Valley Hospital

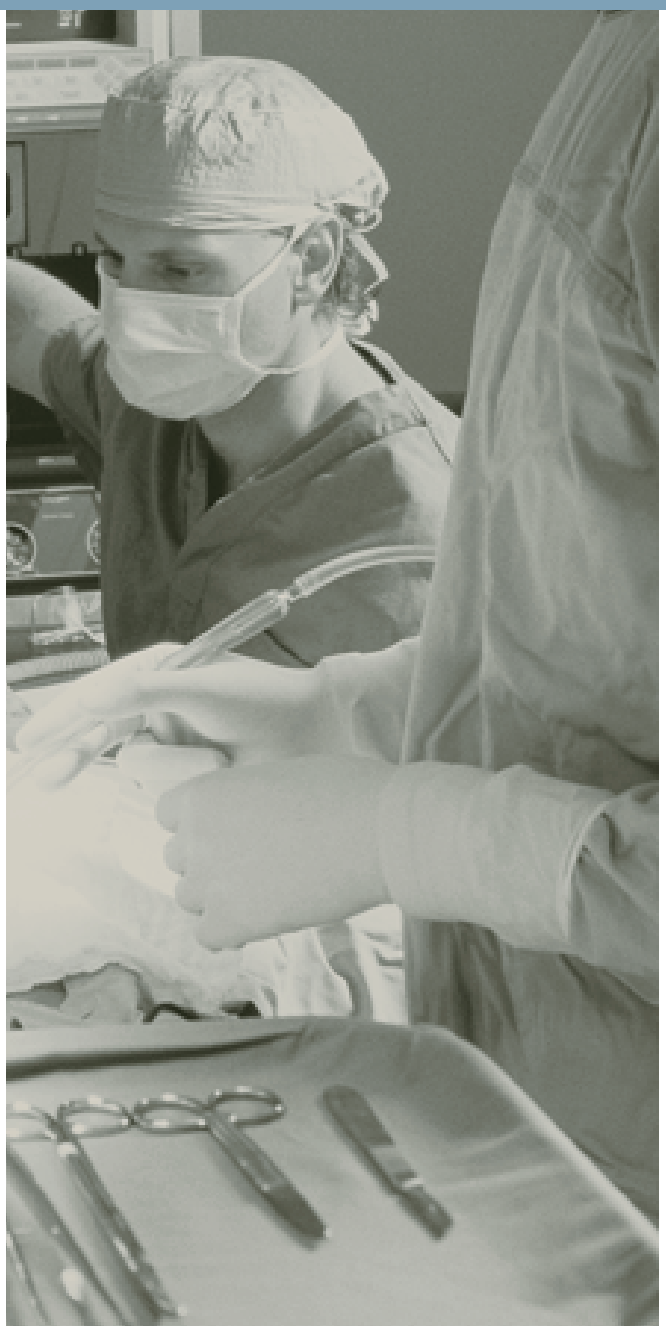
completion of their medical care, yet recuperate at a modified pace and with extra supports. Following this recovery period, seniors can return to their own apartments with a bit more follow-up and support (up to two weeks) before they transition to the regular supports for daily living available in the residence.

Urgent priorities funding

In the fall of 2007, the Mississauga Halton LHIN received $1.6 million from the Ministry of Health and Long-Term Care to address urgent local priorities.

In our efforts to use the money where it would have the greatest impact on patients, we invested the funding in research and process initiatives that will lay the foundation for anticipated growth, support an integrated and coordinated approach to care delivery, and improve care delivery across all sectors within the health system.

Among the initiatives being supported is a research project identifying how well we are doing as a health system in matching patients to their most appropriate care settings, an Acute Care Capacity Study to project hospital capacity versus demand for service over the next 20 years, and a review of back-office functions in hospitals that will lead to best practice to ensure our hospitals are as efficient as they can be as our community continues to grow. We also invested in the evidence-based tool, MedWorxx, to ensure that ALC data collected from all three LHIN hospitals is consistent and comparable to help inform future planning decisions.



Managing LHIN operations

The Mississauga Halton LHIN is actively engaged in the accountability and performance management of 77 health service providers within our geographic boundaries.

Thanks to an enthusiastic and committed health system, our staff has worked throughout the year in a spirit of cooperative teamwork working closely with health service providers and other LHINs to address the key priority areas outlined in our Integrated Health Service Plan (IHSP) and ultimately improve the overall performance of health care delivery within the LHIN. A fine example of this in action can be seen through the work of the Appropriate Level of Care Committee, which has combined the expertise of an external consultant and LHIN staff with the insights and knowledge of a cross-sectoral team of senior health service executives working collaboratively to address recurring bottleneck and improve the flow of patients throughout the system.

The work of the LHIN is conducted by three small teams dedicated to Performance Management and Integration, Health System Development and Finance and Risk Management.

We are fortunate to have a talented team of individuals on staff whose collective expertise has been instrumental in helping to move LHIN initiatives forward.

Recognizing the pivotal role our staff plays in leading health system change initiatives, we are committed to nurturing an environment that promotes continuous learning and professional development.

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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 the Mississauga Halton Local Health Integration Network (the "LHIN") as at March 31, 2008 and the statements of financial activities, changes in net debt and cash flows for the year then ended. These financial statements are the responsibility of the LHIN's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Mississauga Halton Local Health Integration Network as at March 31, 2008 and the results of its operations, its changes in its net debt and its cash flows for the year then ended, in accordance with Canadian generally accepted accounting principles.

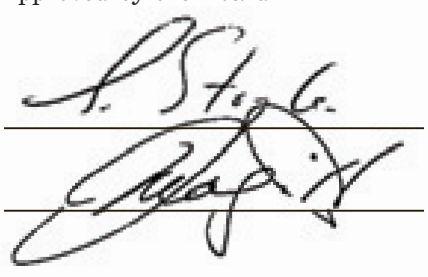
Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
May 1, 2008

Statement of financial position as at March 31, 2008

	2008	2007
	$	$
Financial assets		
Cash	**965,931**	664,961
Accounts receivable	**7,240**	22,440
Accounts receivable Ministry of Health and Long-Term Care ("MOHLTC") transfer payments to Health Service Providers ("HSPs") (Note 3)	**1,470,510**	-
	2,443,681	687,401
Liabilities		
Accounts payable and accrued liabilities	**615,753**	316,174
Accounts payable HSPs transfer payments (Note 3)	**1,470,510**	-
Due to the MOHLTC (Note 4b)	**356,942**	286,837
Due to the LHIN Shared Services Office (Note 5)	**1,844**	84,665
Deferred capital contributions (Note 6)	**377,803**	529,295
	2,822,852	1,216,971
Commitments (Note 7)		
Net debt	**(379,171)**	(529,570)
Non-financial assets		
Prepaid expenses	**1,368**	275
Capital assets (Note 8)	**377,803**	529,295
	379,171	529,570
Accumulated surplus	**-**	-

Approved by the Board



Director

Director

Statement of financial activities
year ended March 31, 2008

	Budget (unaudited) (Note 9)	2008 Actual	2007 Actual
	$	**$**	$
Revenue			
MOHLTC funding			
HSP transfer payments (Note 3)	**1,015,571,887**	**1,021,374,251**	-
Operations of LHIN	**3,432,150**	**3,403,678**	3,188,515
Other funding initiatives	**-**	**577,300**	232,000
Amortization of deferred capital contributions (Note 6)	**-**	**185,747**	177,596
	1,019,004,037	**1,025,540,976**	3,598,111
Expenses			
Transfer payments to HSPs (Note 3)	**1,015,571,887**	**1,021,374,251**	-
General and administrative (Notes 10 and 11)	**3,432,150**	**3,582,718**	3,169,248
Other funding initiatives (Note 12)	**-**	**513,902**	142,026
	1,019,004,037	**1,025,470,871**	3,311,274
Annual surplus before funding repayable to the MOHLTC	**-**	**70,105**	286,837
Funding repayable to the MOHLTC (Note 4a)	**-**	**(70,105)**	(286,837)
Annual surplus	**-**	**-**	-
Opening accumulated surplus	**-**	**-**	-
Closing accumulated surplus	**-**	**-**	-

Statement of changes in net debt
year ended March 31, 2008

	2008	2007
	$	$
Annual surplus	**-**	-
Acquisition of capital assets	**(34,255)**	(42,314)
Amortization of capital assets	**185,747**	177,596
Change in other non-financial assets	**(1,093)**	(275)
Decrease in net debt	**150,399**	135,007
Opening net debt	**(529,570)**	(664,577)
Closing net debt	**(379,171)**	(529,570)

Statement of cash flows
year ended March 31, 2008

	2008	2007
	$	$
Operating		
Annual surplus	**-**	-
Add item not affecting cash		
Amortization of capital assets	**185,747**	177,596
Less item not affecting cash		
Amortization of deferred capital contributions (Note 6)	**(185,747)**	(177,596)
	-	-
Changes in non-cash operating items		
Decrease (increase) in accounts receivable and prepaids	**14,107**	(22,715)
Increase in accounts receivable MOHLTC transfer payments to HSPs	**(1,470,510)**	-
Increase in accounts payable and accrued liabilities	**299,579**	316,174
Increase in accounts payable HSPs transfer payments	**1,470,510**	-
Increase in due to MOHLTC	**70,105**	255,858
(Decrease) increase in due to the LHIN Shared Services Office	**(82,821)**	84,665
	300,970	633,982
Capital transactions		
Acquisition of capital assets	**(34,255)**	(42,314)
Financing		
Increase in deferred capital contributions (Note 6)	**34,255**	42,314
Net increase in cash	**300,970**	633,982
Cash, beginning of year	**664,961**	30,979
Cash, end of year	**965,931**	664,961

Notes to the financial statements
March 31, 2008

1. Description of business

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 the Act.

The LHIN has also entered into an Accountability Agreement with the Ministry of Health and Long-Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

Commencing April 1, 2007, all funding payments to LHIN managed health service providers in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized Health Service Providers ("HSP") are expensed in the LHIN's financial statements for the year ended March 31, 2008.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers a south-west portion of the City of Toronto, the south part of Peel Region and all of Halton Region except for Burlington. The LHIN enters into service accountability agreements with service providers.

2. Significant accounting policies

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

Basis of accounting

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

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

Cash

Cash includes cash on hand and balances with banks.

2. Significant accounting policies (continued)

Ministry of Health and Long-Term Care Funding

The LHIN is funded solely by the Province of Ontario in accordance with the Ministry LHIN Accountability Agreement ("MLAA"), which describes budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account. For fiscal 2008, the Financial Management Branch of the MOHLTC conducted a rebalancing of Long Term Care Funding to reflect actual usage and occupancy.

The LHIN statements do not include any Ministry managed programs.

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end. Due to the inability to quantify by year end, the dollar value of surplus funding provided to certain HSPs, these recoverable amounts are not reflected in these statements but will be recovered in the subsequent year.

Deferred capital contributions

Any amounts received that are used to fund expenditures that are recorded as capital assets, are recorded as deferred capital contributions and are recognized over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of Financial Activities, is in accordance with the amortization policy applied to the related capital asset recorded.

Capital assets

Capital assets are recorded at historical cost. Historical cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of capital assets contributed is recorded at the estimated fair value on the date of contribution.

2. Significant accounting policies (continued)

Capital assets *(continued)*

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

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

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

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

The LHIN has authorization to allocate funding of $1,021,374,251 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in fiscal 2008 as follows:

	$
Operation of hospitals	**713,531,254**
Long term care homes	**146,611,154**
Community care access centres	**101,685,286**
Community support services	**20,785,560**
Assisted living services in supportive housing	**13,499,138**
Community mental health	**21,436,214**
Addictions program	**3,825,645**
	1,021,374,251

The LHIN receives money from the MOHLTC which it in turn allocates to the HSPs. As at March 31, 2008, an amount of $1,470,510 was receivable from the MOHLTC and $1,470,510 was payable to the HSPs. These amounts have been reflected as revenue and expenses with the LHIN's financial activities and are included above.

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

4. Funding repayable to the MOHLTC

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

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

	Revenue	Expenses	Surplus
	$	$	$
Transfer payments to HSPs	**1,021,374,251**	**1,021,374,251**	**-**
LHIN operations	**3,589,425**	**3,582,718**	**6,707**
E-Health	**275,000**	**275,000**	**-**
Aging at Home	**196,000**	**132,602**	**63,398**
ED Lead	**31,300**	**31,300**	**-**
Wait Time Management Funding	**70,000**	**70,000**	**-**
Aboriginal engagement	**5,000**	**5,000**	**-**
	1,025,540,976	**1,025,470,871**	**70,105**

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

	2008	2007
	$	$
Due to MOHLTC, beginning of year	**286,837**	-
Funding repayable related to current year activities to the MOHLTC (Note 4a)	**70,105**	286,837
Due to MOHLTC, end of year	**356,942**	286,837

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

	2008	2007
	$	$
Balance, beginning of year	**529,295**	664,577
Capital contributions received during the year	**34,255**	42,314
Amortization for the year	**(185,747)**	(177,596)
Balance, end of year	**377,803**	529,295

Notes to the financial statements
March 31, 2008

7. Commitments

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

	$
2009	175,861
2010	171,481
2011	125,883
2012 and thereafter	3,742

The LHIN also has funding commitments to some HSPs associated with accountability agreements for fiscal 2009.

8. Capital assets

			2008	2007
	Cost	**Accumulated amortization**	**Net book value**	Net book value
	$	**$**	**$**	$
Office equipment, furniture and fixtures	**77,008**	**36,635**	**40,373**	31,851
Computer equipment	**7,877**	**5,252**	**2,625**	5,252
Web development	**24,289**	**12,942**	**11,347**	9,692
Leasehold improvements	**798,116**	**474,658**	**323,458**	482,500
	907,290	**529,487**	**377,803**	529,295

9. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported on the Statement of Financial Activities reflect the initial budget at April 1, 2007. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approves budget adjustments. The following reflects the adjustments for the LHIN during the year:

The total HSP funding budget of $1,021,374,251 as at March 31, 2008 is made up of the following:

	$
Initial budget	**1,015,571,887**
Adjustment due to announcements made during the year	**5,802,364**
Total budget	**1,021,374,251**

9. Budget figures (continued)

The total operating budget of $4,009,450 as at March 31, 2008 is made up of the following:

	$
Initial budget	**3,432,150**
Additional funding received during the year for:	
E-Health	**275,000**
Aging at Home	**196,000**
ED Lead	**31,300**
Wait Time Management Funding	**70,000**
Aboriginal engagement	**5,000**
Total budget	**4,009,450**

10. General and administrative expenses

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

	2008	2007
	$	$
Salaries and benefits	**2,211,362**	1,282,694
Occupancy	**189,716**	211,201
Amortization	**185,747**	177,596
Shared services	**300,000**	290,201
Integrated Health Service Plan	**-**	357,007
Community engagement	**139,397**	281,131
Professional fees	**129,122**	16,298
Supplies	**25,316**	50,470
Board member expenses	**162,087**	187,097
Board development	**32,925**	103,173
Mail, courier and telecommunications	**49,886**	51,600
Staff travel	**23,253**	28,578
Recruitment	**58,034**	41,699
Other	**75,873**	90,503
	3,582,718	3,169,248

Board Member expenses include $151,560 per diems and $10,527 travel costs.

11. Consulting fees

Within the Salaries and benefits, Integrated Health Service Plan, Community engagement, Recruitment, Professional fees and Board development costs itemized in Note 10, approximately $339,657 (2007-$822,394) were procured through consultants.

Notes to the financial statements
March 31, 2008

12. Other funding initiatives

During fiscal 2008, the Mississauga Halton LHIN received $577,300 in funding from the MOHLTC and spent $513,902. These funds were used toward initiatives in support of its strategic E-Health Plan, Aging at Home, ED Lead, Wait Time Management Funding and Aboriginal engagement as defined in its Integrated Health Services Plan.

The net amount of $63,398 (Note 4a) is payable to the MOHLTC.

13. Pension agreements

The LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 16 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2008 was $164,872 (2007 - $61,143) for current service costs and is included as an expense in the Statement of Financial Activities.

14. 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*.

15. Segment disclosures

The LHIN was required to adopt Section PS 2700 - Segment Disclosures, for the fiscal year beginning April 1, 2007. A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the Statement of Financial Activities and within the related notes for both the prior and current year sufficiently discloses information of all appropriate segments and, therefore, no additional disclosure is required.

Mississauga Halton LHIN Directory

Our Staff

Maria Antonakos	Senior Lead, Health System Development
Thiru Appasamy	Senior Lead, Information
Judy Bowyer	Senior Lead, Performance & Integration
Kim Delahunt	Senior Lead, Health System Development
Dwain Dolland	Special Projects Coordinator
Maria Fernandes	Program Assistant
Margaret Finnigan	Program Assistant
Susan Hall	Administrative Assistant to the Chief Operating Officer
Angela Jacobs	Senior Lead, Performance & Integration
Diane Koz	Acting Director, Health System Development
Mary Lehto	Administration
Bill MacLeod	Chief Executive Officer
Marco Marchitto	Planner
Shelley Martin	Reception
Monita O'Connor	Director, Performance Improvement & Integration
Priti Patel	Senior Lead, Health System Development
Malcolm Ross	Senior Lead, Health System Development
Mirella Semple	Financial Analyst
Narendra Shah	Chief Operating Officer
Dominic Sloan	Manager, Corporate Services
Susan Swartzack	Senior Lead, Health System Development
Sue Turcotte	Director, Finance & Risk Management
Kitty Varley	Executive Assistant to the CEO, Chair & Board of Directors
Paulette Zulianello	Senior Lead, Funding & Allocation

Health Service Providers Funded by the Mississauga Halton LHIN

Community Support Services

Acclaim Health and Community Care Services
Alzheimer Society of Peel
BALANCE - Blind Adults Learning About Normal Community Environment
The Canadian Hearing Society
Canadian National Institute for the Blind - CNIB - Ontario Division (Halton/Peel)
Canadian Red Cross - CHS Mississauga/Halton
Canadian Red Cross - Peel Branch
Peel Cheshire Homes Inc. (Streetsville)
City of Mississauga - Next Step to Active Living Program
The Corporation of the Town of Halton Hills
Dixie Bloor Neighbourhood Drop-In Centre
Dorothy Ley Hospice Inc.
Forum Italia Community Services - MICBA
Hospice of Peel Inc.
India Rainbow Community Services of Peel
Islington Centre - Etobicoke Senior Citizens
Ivan Franko Home
Joyce Scott Non-Profit Homes Inc.
Milton Meals on Wheels
Nucleus Independent Housing
Oakville Kiwanis Meals on Wheels
Oakville Senior Citizens Residence
Oakville Wheels to Meals
Ontario March of Dimes - Peel
Peel Halton Acquired Brain Injury Services
Peel Senior Link
Regional Municipality of Halton - Supportive Housing
S.E.N.A.C.A. Seniors Day Program
Seniors Life Enhancement Centres
Trillium Health Centre - CSS
Victorian Order of Nurses - Peel Branch
Wawel Villa Incorporated
Halton Healthcare Corporation - Supportive Housing
Links2Care

Hospitals

Credit Valley Hospital
Halton Healthcare Services Corporation
Trillium Health Centre

Community Care Access Centre

Mississauga Halton Community Care Access Centre

Long-Term Care Homes

Allendale - The Regional Municipality of Halton
Bennett Health Care Centre
Cawthra Gardens Long Term Care Community
Leisureworld Caregiving Centre - Mississisauga
Leisureworld Caregiving Centre - Streetsville
Dom Lipa Nursing Home (Slovenian Linden Foundation)
Erin Mills Lodge Nursing Home - (Devonshire Erin Mills Inc.)
Extendicare - Halton Hills
Extendicare - Mississauga
Highbourne Lifecare Centre - The Royal Crest Lifecare Group Inc.
Labdara Lithuanian Nursing Home
Mississauga Lifecare Centre - The Royal Crest Lifecare Group Inc.
Mississauga Long Term Care Facility
Northridge Long Term Care Facility
Post Inn Village - The Regional Municipality of Halton
Specialty Care Mississauga Road
Sheridan Villa (Regional Municipality of Peel)
Tyndall Nursing Home
Villa Forum Nursing Home - MICBA
Village of Erin Meadows - Oakwood Retirement
The Waterford Regency Care
The Wenleigh
Wesburn Manor (City of Toronto Home for the aged)
West Oak Village Long Term Care Facility
The Westbury
Wyndham Manor - Halton Health Care LTC Inc
Yee Hong Centre for Geriatric Care

Mental Health & Addictions

Halton Alcohol, Drug & Gambling Assessment Prevention and Treatment, ADAPT
Halton Recovery House & Hope Place Women's Treatment Centre
The Peel Addiction Assessment and Referral Centre
Canadian Mental Health Association - Halton Branch
Credit Valley - Community Mental Health
Halton Healthcare Services Corporation - Community Mental Health
Trillium Health Centre - Community Mental Health
Grace House Group Home
North Halton Mental Health Clinic
Supported Training and Rehabilitation in Diverse Environments (STRIDE)
Summit House
Support & Housing - Halton

Mississauga Halton LHIN Leadership

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John Magill, Board Chair
Norman Murray, Vice Chair
Enola D. Stoyle, Secretary

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Caesar Cheng
Tim Costigan
Elliot Halparin, M.D.
Edward Morris
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Mississauga Halton **LHIN**

Leading local health system integration

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Local Health Integration Network