Mississauga Halton **LHIN**

BUILDING CAPACITY THROUGH INNOVATION:

Shaping The Future and a Better Health Care System

Annual Report 2013-2014

Ontario
Local Health Integration Network

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Mission

To lead health system integration for our communities.

Vision

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

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

Message from the Board Chair and CEO

The need to find sustainable solutions to healthcare has only intensified. Bricks and mortar cannot continue to address our increasing service needs. Our strategy is to re-organize and integrate existing local resources and improve the way care is delivered. We have worked diligently to identify areas where there are unmet needs, and seek to address them through sustainable solutions. This is cost effective.

Success will continue to be driven by our ability to seek innovative strategies that provide better and value added results for our health care system, our community and our residents.

We have a balanced approach between incremental innovations and more far-reaching innovations. There are no shortcuts in this process. It takes vision, confidence, and discipline to set these tests of change to identify proven success.

We continue to actively evaluate opportunities to build our capacity in our communities centered on high-quality, high value, person-centred care and are pleased to share with you our activities this year.

This year, to assist in current and future planning the Mississauga Halton LHIN, in collaboration with the Central West LHIN, have completed a community capacity study throughout our region.

The high growth, high volume demand facing our communities became even more pronounced, as our population continues to age in place. This offers the context for the Mississauga Halton LHIN to develop new activities and grow solutions we have created over the years.

More than five years ago, we recognized to sustain health care we need an intense focus on seniors and to increase reliance on community-based providers. This year one of our innovative approaches to achieve this vision, Supports for Daily Living, was recognized and honoured with receiving the inaugural Minister's Medal for Quality in Ontario. This innovative program pioneered at the Mississauga Halton LHIN has now been spread across our LHIN, Ontario and beyond.

In April 2013, the Mississauga Halton LHIN adopted a new strategic plan. The Integrated Health Services Plan sets out our five key priorities over the next three years. along with our ambitious, yet achievable annual goals.

Working towards these goals, the Mississauga Halton LHIN made strides in Health System Funding Reform implementation and continues to make progress in both Primary Care and Health Link areas. We enhanced our focus on Palliative Hospice Care and Caregiver Respite Programs, and addressed issues around access through the execution of the Holiday Surge program and our focus on health equity, as well as built momentum for the launch of our mental health and addictions systems access model (SAM).

2013-2014 has been a year of action at the Mississauga Halton LHIN:

- Established an early-adopter Health Link, with six more to come, to better co-ordinate care for high-needs patients including seniors and others with complex conditions
- Focused on value and quality with the implementation of Quality-Based Procedures to fund hospitals for the number of patients treated for select procedures, based on efficiency and best practices
- In partnership with primary care physicians, the LHIN piloted a primary care services initiative in Halton Hills to increase access to over the holiday period
- Implemented year one of our 2013-2016 Integrated Health Service Plan: Partnering for a Healthier Tomorrow
- Established new falls and exercises classes throughout

the community and improved access to physiotherapy as well as unique to the Mississauga Halton LHIN we established a specialized Osteoporosis physiotherapy program.

We know a strong primary health care system helps patients better manage their health conditions in the community and prevent disease. We have been successful in driving the transition to a community based system, and consequently our community resource allocation has grown to $101 million over the past seven years and increased 62.67 per cent compared with fiscal 2007/08.

The Mississauga Halton LHIN invested $15.6 million to fund important local community programs for instance:

- $6.7 million to provide additional care at home services focused on complex, chronic, palliative and short stay programs addressing service demands and reducing wait times for access to personal support workers' services.
- Supports for another 120 new clients will be served through the Supports for Daily Living program enabling seniors to remain in their homes and community, improving their quality of life and providing support for their caregivers.
- $2 million to support the Caregiver Respite program which provides a menu of services that are customized for the caregiver to prevent caregiver stress and burnout.
- Adult Day Services expanded hours of operation include Saturday and one evening per week.
- Establishment of a fully integrated adult mental health and additions system access model and the creation of a mental health and addictions resolution table to address complex clients requiring unique or innovative solutions.
- Investments to create an environment of continued learning and provide a focus point for operationalizing evidence informed practice through the establishment of the Advancement of Community Practice.
- In addition, over thirty one-time investments ranging from $7,500 to $600,000 to enable health service providers in our community to try new ideas to build capacity.

We are particularly proud of the Board and the experience and talent that is represented and have introduced a new director Patrick Hop Hing.

The contributions of our staff are essential to the successes achieved by the Mississauga Halton LHIN. Their ongoing commitment and dedication to a quality healthcare system is to be commended.

We appreciate the positive working relationship that exists with the Ministry of Health. Our team looks forward to playing a role in the continued transformational change for the health system, and we are committed to improving access to quality health services and Building Capacity Through Innovation.

Graeme Goebelle
Chair, Mississauga Halton LHIN

Bill MacLeod
CEO, Mississauga Halton LHIN

Board of Directors

Graeme Goebelle
Chair
Appointed:
June 9, 2011
Reappointed:
January 5, 2014
End of Current Term:
January 4, 2017

Ronald Haines
Vice Chair
Appointed:
June 17, 2010
Reappointed:
June 17, 2013
End of Current Term:
June 16, 2016

Jackie Conant
Member
Appointed:
June 17, 2010
Reappointed:
June 17, 2013
End of Current Term:
June 16, 2017

Kim Piller
Member
Appointed:
June 9, 2011
Reappointed:
June 9, 2014
End of Current Term:
June 8, 2017

Shelagh Maloney
Member
Appointed:
February 9, 2011
Reappointed:
February 9, 2014
End of Current Term:
February 8, 2017

Jason Wadden
Member
Appointed:
February 5, 2010
Reappointed:
February 5, 2012
End of Current Term:
February 4, 2015

Patrick Hop Hing
Member
Appointed:
February 12, 2014
End of Current Term:
February 11, 2016

Members whose terms expired during 2013-14

Sonia Sanhueza – Appointed May 17 ,2011
Duncan J. MacIntyre – Appointed June 9, 2010

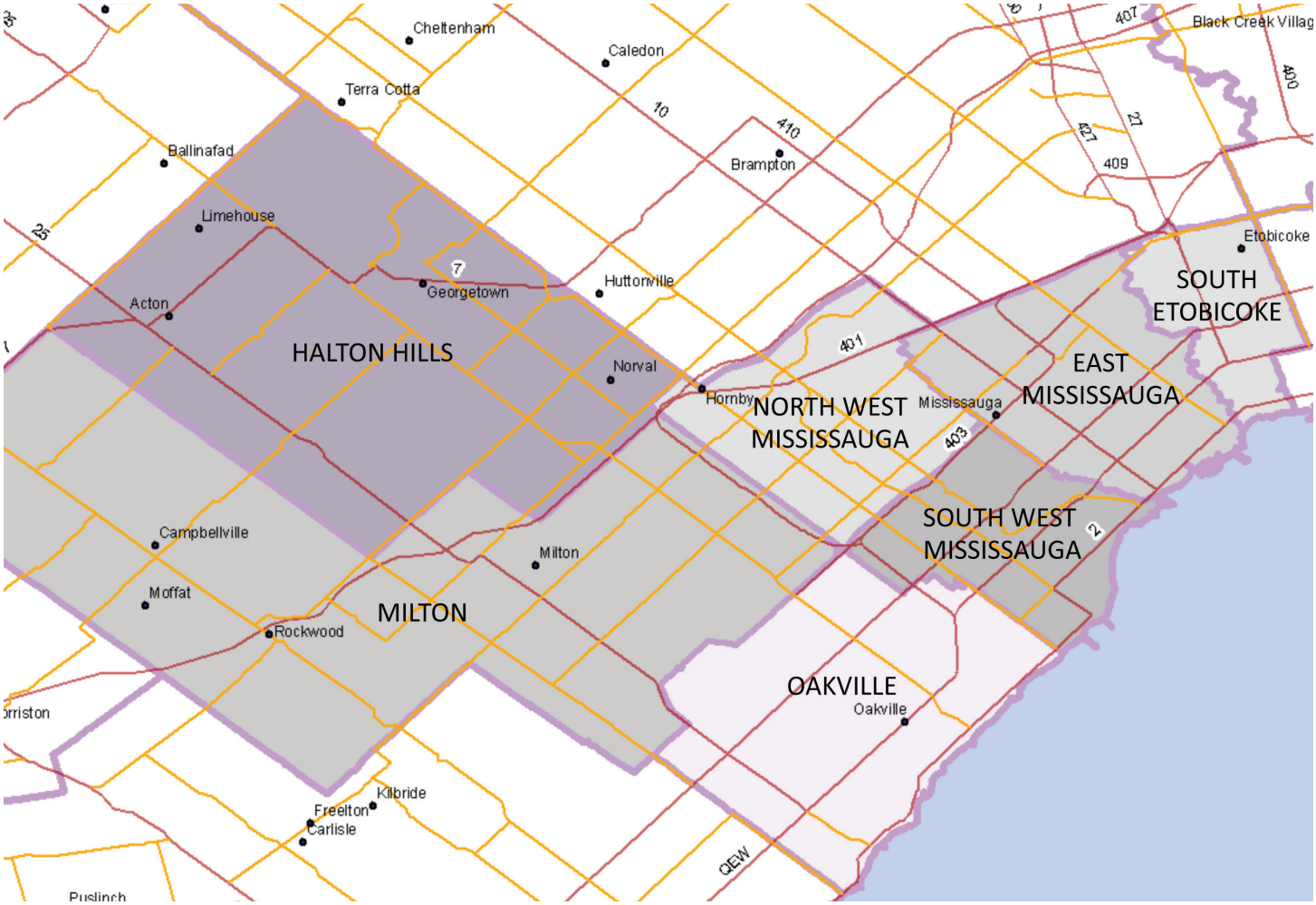
The Mississauga Halton LHIN gratefully acknowledges the significant contributions made by Sonia and Duncan during their years of service on the Board.

(Biographies available at www.mhlhin.on.ca)

Welcome to Mississauga Halton LHIN

The Mississauga Halton LHIN guides ongoing and future initiatives in the development and implementation of a seamless health system for our communities. One of Ontario's 14 LHINs, we were established to manage the planning and performance of the health care system and to bring greater accountability and leadership as it changes and evolves.

This year, through the combined effort of health care providers and agenices, we continued to innovate and find ways of achieving the same or better result with less expenditure of resources. Together, we are building capacity through innovation.



The Mississauga Halton LHIN is divided into sub-LHIN areas including Halton Hills, Milton, Oakville, North West Mississauga, South West Mississauga, East Mississauga and South Etobicoke. These areas also represent the Mississauga Halton LHIN Health Links.

Provincial Health Priorities

Provincial health priorities for system transformation focus on :

- Health Links - aimed at improving quality of care, patient experience and value for money for those with the most complex health care needs;
- Reducing Emergency Department Wait Times and Alternative Level of Care pressures;
- More home and community services investments that better support seniors and other Ontarians;

- Increasing access to mental health and addiction services; and,
- E-health – improving connections across the region.

Local Health Care Service

The Mississauga Halton LHIN develops innovative and collaborative solutions to improve and sustain the health care system for our patients and communities.

We work with:

- Two hospital corporations, spanning six sites;
- 34 community support service providers;
- 28 long-term care homes;
- 11 mental health and addictions service providers;
- 1 Community Care Access Centre (CCAC).

Our Community

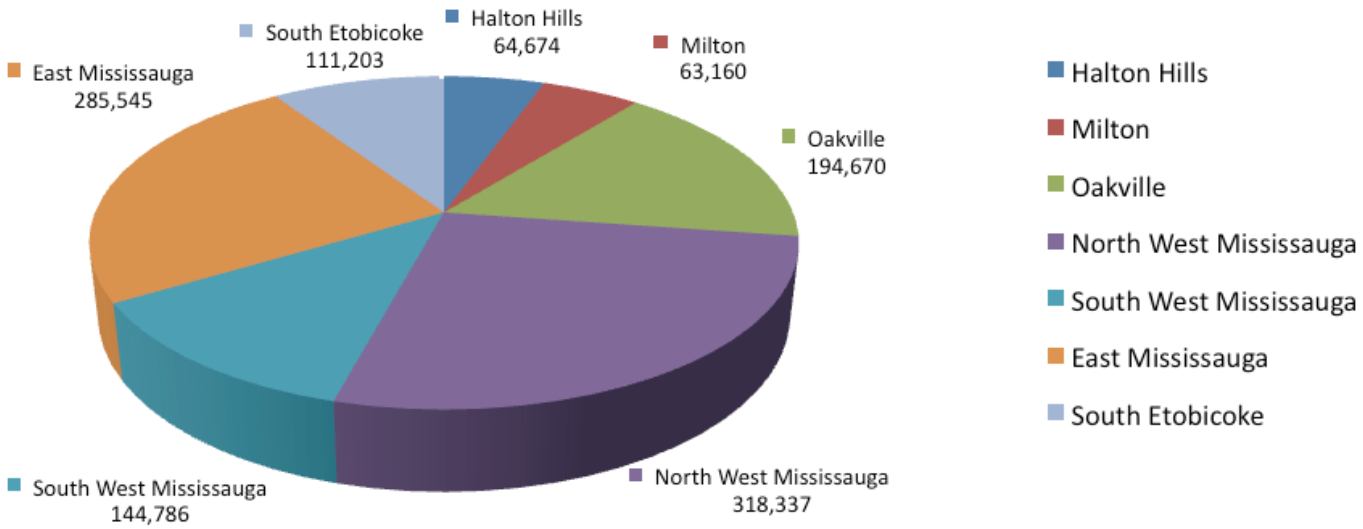
The municipalities of Halton Hills, Milton, Oakville, Mississauga (excluding Malton) and South Etobicoke (part of the City of Toronto) make up the Mississauga Halton LHIN geography. The Mississauga Halton LHIN is home to over 1.2 million residents, and continues to be one of the fastest growing LHINs in the province, with the population growing by approximately 20,000 people annually. Over 97 per cent of the population is either within a large urban or medium population centre.

The aging of the population will continue to be a major theme in the Mississauga Halton LHIN in the coming years, as the percentage of people aged 75 and older will grow by approximately 55 per cent over the next 10 years. By way of comparison, Ontario's population aged 75 and older is projected to grow by approximately 40 per cent during the same time period.

The Mississauga Halton LHIN has a much larger percentage of immigrants than Ontario overall, with 44.3% of the population identifying as an immigrant, compared to 28.5 per cent for Ontario. Visible minorities also make up a much larger percentage of the Mississauga Halton LHIN population compared to Ontario (40.7% vs. 25.9%).

The Mississauga Halton LHIN has a relatively small Aboriginal population, with just over 6,000 Aboriginal people, as reported in the 2011 National Household Survey (Statistics Canada).

Mississauga Halton LHIN Population (2011)



The proportion of residents in Mississauga Halton living in low income is better compared to the provincial average, as is the unemployment rate for both adults and youth. However, within the Mississauga Halton LHIN, there are areas that are more economically disadvantaged. For example, East Mississauga and South Etobicoke both have a larger portion of the population living below the low-income cut-off than Ontario overall.

Our Health

The residents of the Mississauga Halton LHIN are generally healthier and live longer than the provincial average, and a larger percentage of Mississauga Halton LHIN residents perceive their health to be very good or excellent. However, compared to Ontario, Mississauga Halton LHIN residents do report a higher level of perceived life stress.

In terms of health care utilization, residents of the Mississauga Halton LHIN have lower hospitalization rates for most chronic conditions compared to Ontario, including Arthritis, Cancer, Congestive Heart Failure, COPD, Diabetes, and Stroke. However, there is variation across the Mississauga Halton LHIN, with South Etobicoke having the highest hospitalization rates for most chronic conditions (with the exception of Asthma). South Etobicoke also has the largest proportion of seniors, with nearly 18 per cent of the population aged 65 or older. In contrast to this in Milton, where less than 8 per cent of the population is 65 or older.

Integrated Health Service Plan – Year One Update

Last April, the Mississauga Halton LHIN launched the 2013-2016 Integrated Health Service Plan (IHSP). The IHSP outlines the local health system priorities and identifies key goals and strategies focusing on five key priorities:

- Accessible and Sustainable Health Care
- Family Health Care When You Need It
- Enhanced Community Capacity
- Optimal Health – Mental and Physical
- High Quality Person- Centred Care

To carry out year one of our plan, annual goals and action items for each IHSP priority were selected. Though they do not represent all the activities at the Mississauga Halton LHIN, they are the most directional. Many of the milestones you will find in this report relate to the core of our strategy -promoting optimal health and delivering high quality care when and where needed.

Key Figures

- Mississauga Halton LHIN was established by the Ministry of Health and Long-Term Care in **2006.**
- Mississauga Halton LHIN had **35** employees in 2013-14.
- In 2013-14 Mississauga Halton LHIN allocated **$1.3 billion** to health service providers
- Mississauga Halton LHIN actively engaged in the funding and performance management of **73** Service Accountability Agreements for **58** unique Health Service Providers (HSPs).
- Mississauga Halton LHIN spent **99.7%** of its budget on projects, capacity development, knowledge exchange and evaluation. The remaining **0.3%** went to management and administration.
- Mississauga Halton LHIN supported programmes in our **5** communities: Oakville, Milton, Halton Hills, Mississauga, South Etobicoke
- In 2013-14, Mississauga Halton LHIN provided one-timing funding to over **30** projects in the community.

Engaging the Mississauga Halton LHIN Community

Community Engagement is an integral part of the LHIN model and central to what we do. Meaningful engagement enables health system development in the Mississauga Halton LHIN to be informed by the experiences and stories of those who provide and receive care in Mississauga Halton. Most engagement will involve health service providers to ensure the availability of and access to appropriate health care services that improve the overall health of the population Over the 2013-14 fiscal year, the Mississauga Halton LHIN held a large number of important engagements with its community of clients, providers and partners.

Aboriginal Engagement

The Mississauga Halton LHIN has engaged with the Metis Nation of Ontario on the development of a Mental Health and Addictions System Access Model.

The Metis Nation of Ontario has provided consultation to the LHIN on their provincial telepsychiatric mental health service supports model. As a member of the Telemedicine Advisory Committee the Metis Nation of Ontario was an active participant in the development of the Mississauga Halton LHIN's Telemedicine Work plan.

The Mississauga Halton LHIN provided cultural awareness/competency training to its staff and Board members to enhance Aboriginal cultural competency in the LHIN. Meeting our targets, over 90% of staff and over 85% of the Board has received the education.

Francophone Engagement

The needs of the Francophone community continue to be a priority for the Mississauga Halton LHIN and are taken into account in our annual planning. In an effort to better understand and meet the needs of our Francophone community, the Mississauga Halton LHIN continues its partnership with the Toronto Central LHIN, Central West LHIN and the French Language Health Planning Entity #3, Reflet Salvéo. Reflet Salvéo has been a key partner in engaging the Francophone community in all three LHINs. This year, Reflet Salvéo produced a number of reports highlighting their community engagement findings. These reports provide valuable information for the LHINs and help identify where the needs and gaps in health care service delivery for our Francophone population occur.

In 2012-13, the Mississauga Halton LHIN worked with its five identified French language service health service providers to expand the services to the Francophone community. The Mississauga Halton LHIN continues to work with heath service providers individually and collectively to develop stronger partnerships in the Francophone community. The Mississauga Halton LHIN is also committed to the relationship with the Credit Valley Family Health Team's Bilingual site. This family health team is a great source of information for the Francophone community and provides a multi-disciplinary team of professionals who offer comprehensive health care for Francophones in French.

Governance to Governance Engagement

As part of an integrated approach to health service provider engagement, regular governance-to-governance dialogue sessions are scheduled to support health service provider governors.

The Mississauga Halton LHIN held three engagement sessions with the Boards of Directors of our health service providers over the 2013-14 year focusing on:

- Ontario's Seniors Care Strategy
- Health Links
- Quality Health Care

(left to right) Dr. Sinha, Expert Lead for Ontario's Seniors Care Strategy, and Mississauga Halton LHIN staff Judy Bowyer, Liane Fernandes, and CEO Bill MacLeod

On June 6, 2013, Dr. Samir Sinha, the Expert Lead for Ontario's Seniors Care Strategy led this session which enabled a discussion where HSP Governors provided comments and suggestions informing the LHIN's Community Capacity Study – a study to determine the future needs of care in the community.

In October 2013 the Mississauga Halton LHIN welcomed Helen Angus, Associate Deputy Minister, Transformation Secretariat, MOHLTC who provided the provincial perspective on Health Links. Liane Fernandes, Senior Director, Health System Development and Community Engagement presented the context for local Health Links. LHIN staff facilitated discussion amongst our Governors and Executive Directors.

"I liked that Board members have an opportunity to hear about Health Links from the perspective of the organization that is implementing them, and given an opportunity to ask questions directly"

The Governance to Governance February 2014 meeting was focused on quality and welcomed Dr Joshua Tepper, President and CEO of Health Quality Ontario (HQO).

Focusing on the Excellent Care for All Act and HQO's role, the Common Quality Agenda, collaboration with the LHINs and the emerging focus on patient engagement our HSP Governors and Executives were well engaged.

"First (G2G) meeting as a newly appointed Director so this was excellent as part of my orientation"

"I liked the opportunity to hear from speakers that I normally wouldn't have the opportunity to hear"

Community Governance Consultation Group

The 2013-14 Community Governance Consultation Group (CGCG) was comprised of four Mississauga Halton LHIN Board Members and Board Chairs from 11 Community Health Service Providers.

Shared Purpose CGCG

Providing advice in the area of collaborative governance for the purpose of advancing the improvement of health system integration and health service coordination across the LHIN.

2013-14 CGCG Membership

- Acclaim Health
- BALANCE (Blind Adults Learning About Normal Community Environment)
- Canadian Mental Health Association – Halton Region Branch
- Mississauga Halton CCAC
- Heart House Hospice
- Links2Care
- Nucleus Independent Living
- Peel Addiction Assessment and Referral Centre (PAARC)
- Peel Senior Link
- Red Cross and,
- Seniors Life Enhancement Centres

CGCG Key Achievements

- Governance to Governance Sessions Planning
- Community Governance Guidelines development - a checklist for HSP Boards to guide good governance which includes self-assessment of governance and business practices in order to identify gaps and/or opportunities for improvement.
- A Governance survey - results, at a high level showed that governors would appreciate assistance from the GCGC around Board education and training, risk management, the facilitation for sharing of tools and templates, governance coaching, and the planning of the G2G events.
- As a direct result of the survey responses, the CGCG received one-time funding to provide education and training and to develop a resource library on governance for their use.

Accomplishments in 2013-14

Mississauga Halton LHIN activities have been grouped into five key priorities identified in our 2013-2016 Integrated Health Services Plan: Partnering for a Healthier Tommorow.

ACCESSIBLE & SUSTAINABLE HEALTH CARE

- Improve access to services to improve consumer flow, quality and safety
- Support consumers, families and health care professionals to navigate the health care system
- Improve sustainability of the health care system

Building a health care system that is sustainable for future generations is important to all of us. We work in partnership to continually look for innovative ways to improve access to safe, high quality care in our current fiscal environment. Integration and the development of regional programs are key elements of our work.

Emergency Department Wait Times

In working with hospital and community health service partners there is a collective and continuous goal to provide better and faster access to emergency departments for the rapidly growing population in our LHIN.

In its sixth year, the 2013-14 provincial Pay for Performance program invested $3.9 million to hospital

health service providers in the Mississauga Halton LHIN, to deliver the most efficient access possible to people in need of emergent or urgent healthcare services.

Emergency department performance has improved significantly for admitted patients, where the most recent two year trend illustrates a nearly 40% reduction in wait times. Further, for non-admitted patients, the Mississauga Halton LHIN continues to perform better than the provincial average at 6.1 hours for complex conditions and 3.7 hours for non-complex conditions respectively.

Emergency department performance depends on inpatient capacity. Innovations in service delivery in the near term are expected to alleviate some of the demand for acute beds.

Further, the Mississauga Halton LHIN anticipates with the opening of the New Oakville Hospital in 2015 will help alleviate some of the regional pressure for acute care beds in the mid- term. Lastly, Trillium Health Partners is in the planning phases of a redevelopment project which will also introduce an additional supply of acute beds in the Mississauga Halton LHIN in the longer term.

Alternate Level of Care

Reducing Alternate Level of Care[1] days is a key priority for the Mississauga Halton LHIN and for local health service providers.

As of February 2014, the Mississauga Halton LHIN's performance ranked in the top 5 provincial LHINs for ALC rate for acute care, with a rate of 11.3%, and in the top spot for performance in post-acute care at 3.7%. As the lowest long-term care home bedded LHIN in the province, the Mississauga Halton LHIN continues to work with a multitude of health and other service providers to enhance services, streamline processes and improve communication to enable effective and sustainable transitions to more appropriate destinations.

Some local programs supporting transitions between health service providers include homes with services provided by the Mississauga Halton Community Care Access Centre (MH CCAC), Convalescent and Assess and Restore programs, Supports for Daily Living Program, Supportive Housing and Assisted Living programs and other community support services.

[1]Alternate Level of Care (ALC) days refer to the number of days that a patient spends in hospital, when he or she has completed an acute care episode and could receive more appropriate care in the community.

Health System Funding Reform

The government of Ontario's Excellent Care for All (ECFA) Act (2010) and supporting strategy represent a significant culture shift in Ontario's health care system. Part of this shift is the need for Ontario to implement funding models that are fairer, more evidence-based, and more responsive to the emerging health care needs of the province's changing population. Health System Funding Reform (HSFR) is a fundamental response to these vital concerns with the development and implementation of funding policy and models which are driven by evidence and efficiency.

HSFR has several work streams underway including: Policy development, quality based pricing procedures (QBP) development, health-based allocation methodology and change management including quality improvement at a systems level.

HEALTH SYSTEM FUNDING REFORM

Key Principles

QUALITY
SUSTAINABILITY
ACCESS
INTEGRATION

In 2013-14, year 2 of its 3 year expected deployment, a regional group of health service providers across the Mississauga Halton LHIN convene at the HSFR Local Partnership Committee to discuss local impacts, implications and risks associated with the implementation, and related mitigation strategies.

HSFR Key Milestones -Year 2:

The HSFR Local Partnership Committee:

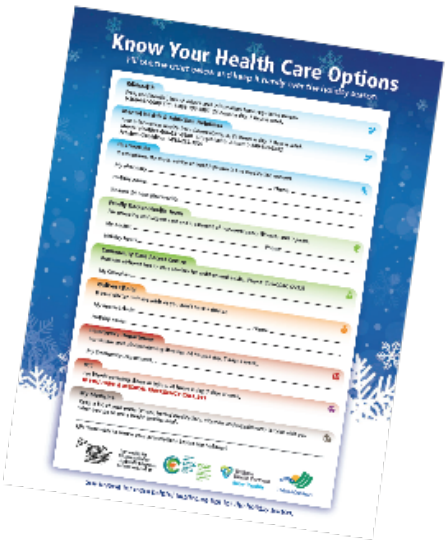
- agreed to use a decision-making framework to help decide whether there is a need to form regional work groups related to a QBP. All QBPs will be evaluated

using the Decision-Making Framework
- adopted a performance dashboard to evaluate the Ministry-managed QBPs
- received analyses for Congestive Heart Failure and Chronic Obstructive Pulmonary Disease
- committed to focus on the regional improvement of QBP for congestive heart failure

The first regional engagement session was held with related clinical and physician leads to determine a regional approach focused on quality and performance improvement.

Mississauga Halton LHIN Holiday Surge Strategy

After a successful 2012 pilot of a holiday surge strategy to help alleviate some pressures at local emergency departments, the Mississauga Halton LHIN worked with health service providers and partners from various sectors including primary care, public health, hospitals, labs, diagnostic imaging services, pharmacies, mental health and addictions as well as community support agencies to develop a multi-faceted approach to the holiday surge for the 2013 holiday season.



In partnership with primary care physicians, the LHIN also piloted an initiative in Halton Hills to increase access to primary care services over the holidays. Primary care coverage was provided After a successful 2012 pilot of a holiday surge strategy to help alleviate some pressures at local emergency departments, all but one day during the holiday period including statutory holidays - a significant change from the prior year.

A "Feel Better Faster" public campaign was refreshed and focused on raising the awareness of non-emergency health care options - providing tips to stay healthier over the holidays including simple and useful resource cards.

With support from Public Health, the Feel Better Faster website was promoted to targeted audiences such as schools and daycare centres. Working with our Community Support Services, the LHIN used existing programs to distribute holiday health tips tailored to seniors. The LHIN also worked with mental health and addictions agencies to develop health promotion messages around coping with depression and where to find support.

Hospital to Home

This project funded by Mississauga Halton LHIN aims to consider a best practice client/patient centred, effective transition from hospital to home. Key partners included MH CCAC, hospitals and Mississauga Halton LHIN. The project engaged a variety of stakeholders through focus groups to define transition management success. Stakeholders identified opportunities where changes could be made or processes refined. The Mississauga Halton CCAC started a pilot project at Trillium Health Partners-Mississauga site and is progressing with a further project at THP-Credit Valley site. The pilot projects will be integrate into further concepts that the MH CCAC is testing.

Expansions And Improvements In Hospitals

To help build the capacity and services to meet the rapidly growing health care needs of our community, significant hospital capital expansions are being planned or have been endorsed by the Mississauga Halton LHIN.

Trillium Health Partners –

Trillium Health Partners is one of the largest community-based, academically affiliated acute care facilities in Canada, serving the growing and diverse populations of Mississauga, West Toronto and surrounding communities.

Credit Valley Hospital Site:

- In June 2013 Infrastructure Ontario / Trillium Health Partners issued a Request for Qualifications for the Credit Valley Hospital Priority Areas Redevelopment

Project which includes the renovation of approximately 154,000 square feet of existing space to include:

- Renovation and expansion to the Emergency Department
- A new six bay ambulance garage
- Renovation and expansion of the surgical and peri-operative department
- Expanded critical care unit
- Renovations to the diagnostic imaging department.
- The Project received endorsement from the Mississauga Halton LHIN and approval to proceed by the Ministry of Health and Long-Term Care.

Trillium Health Partners – Master Plan

Trillium Health Partners submitted a pre-capital form to the Mississauga Halton LHIN outlining a proposed capital redevelopment plan that would involve all three hospital sites. The pre-capital plan was endorsed by the Mississauga Halton LHIN board in November 2013, inviting the hospital to submit the Master Plan to the Ministry of Health and Long-term Care, and upon their approval, move to Master Programming.

Halton Healthcare Services' (HHS) Halton

Healthcare Services is a multi-site healthcare organization that operates three community hospitals in the Towns of Oakville, Milton and Halton Hills.

Georgetown Hospital:

- In October 2013 the new Georgetown emergency department officially opened
- Increased from 10 existing treatment spaces to 21 spaces.
- In 2012/13 the hospital supported 31,761 Emergency Department visits.
- With this new expansion, the hospital had the capacity to support up to 34,250 visits in 2013/14 and up to 37,961 by 2018/19.
- Included in the redevelopment is a new diagnostic imaging department which opened in February 2014.
- A new CT scanner has been installed and since opening in December has completed 920 exams!

Oakville Hospital:

- Construction for the new Oakville Hospital - is at 68% completion.
- Hospital will grow to approximately 1.6 million sq. ft. which is more three times the size of the current hospital with a capacity for 457 beds with space to grow to 602 beds in the future.
- The curtain (glass exterior walls) framing has been complete.
- The project remains on track for a July 2015 Substantial Completion.

New Oakville Hospital Redevelopment Site

Milton Hospital:

- The Mississauga Halton LHIN endorsed approval of the functional program in October 2013
- Ministry of Health and Long-Term Care to move to the next stage of the capital planning process.
- It is anticipated that the redeveloped Milton District Hospital will be completed in 2018.

Regional Hospice Palliative Care

The Mississauga Halton LHIN has adopted the recommendations of the Advancing High Quality, High Value Hospice Palliative Care: A Declaration of Partnership and Commitment to Actions as it continues towards improving and enhancing palliative care services to all of its residents.

This year, through engagement and close collaboration with providers, the Mississauga Halton LHIN Regional Hospice Palliative Care Steering Committee (Mississauga Halton RHPCSC) has developed an array of tools to provide the right care at the right time:

- Palliative Care Model - for patients and families' needs across the palliative continuum of care through the primary, secondary and tertiary level of care.
- Early Identification and Prognostic Indicator Guide - a tool to identify patients who are nearing end of life and would benefit from a palliative care approach.
- Personal Support Workers Competencies for Home and Community Care recommended in addition to basic competencies for providing palliative care services.
- A list of recommended performance indicators and quality measures identified and being monitored at a system level.
- A Central Registry for patients with palliative care needs has been developed by the Mississauga Halton CCAC

The main focus of the work undertaken was to increase access and accessibility of palliative care services in different settings and across the continuum of care and pilot projects were undertaken, namely:

- Quality Palliative Care in Long Term Care (LTCH) Setting: 19 LTC Homes participated in a pilot project implementing palliative care in daily operations to meet resident's needs. The projects ranged from developing a palliative program to setting up an interdisciplinary team for palliative care.
- An educational module was developed for the Supports for Daily Living Program (SDL) staff to help them support clients who would benefit from a palliative care approach
- The LHIN piloted a Spiritual and Bereavement Service Delivery Model across the 3 hospices: Acclaim Health and Community Services, Dorothy Ley Hospice and Heart House Hospice.

The Mississauga Halton LHIN invested over $12 million in community palliative care programs, which has helped to reduce hospitalizations, unnecessary ER visits and the average length of stay in hospitals for patients needing palliative care services.

"The work completed by the Mississauga Halton LHIN Regional Hospice Palliative Care Steering Committee, subcommittees, staff and partners not only builds on well thought through strategies and best practices in hospice palliative care developed locally, provincially and globally, the work also lays a foundation for important, relevant system-wide improvements in Hospice Palliative Care for the individuals and families that we serve."
Todd Fraleigh, Vice chair, Mississauga Halton RHPCSC

Seniors' Strategy

The Mississauga Halton LHIN is building on the successes and innovations from Aging At Home investments to continue to implement community-based programs and initiatives that support seniors to live at home safely. Key areas identified include health promotion and disease prevention of our healthy older adults, senior friendly hospital and community initiatives, the development of an integrated model of dementia care and quality long term care for our older adults with complex care needs. The LHIN will be launching its Seniors Strategy in Spring 2014.

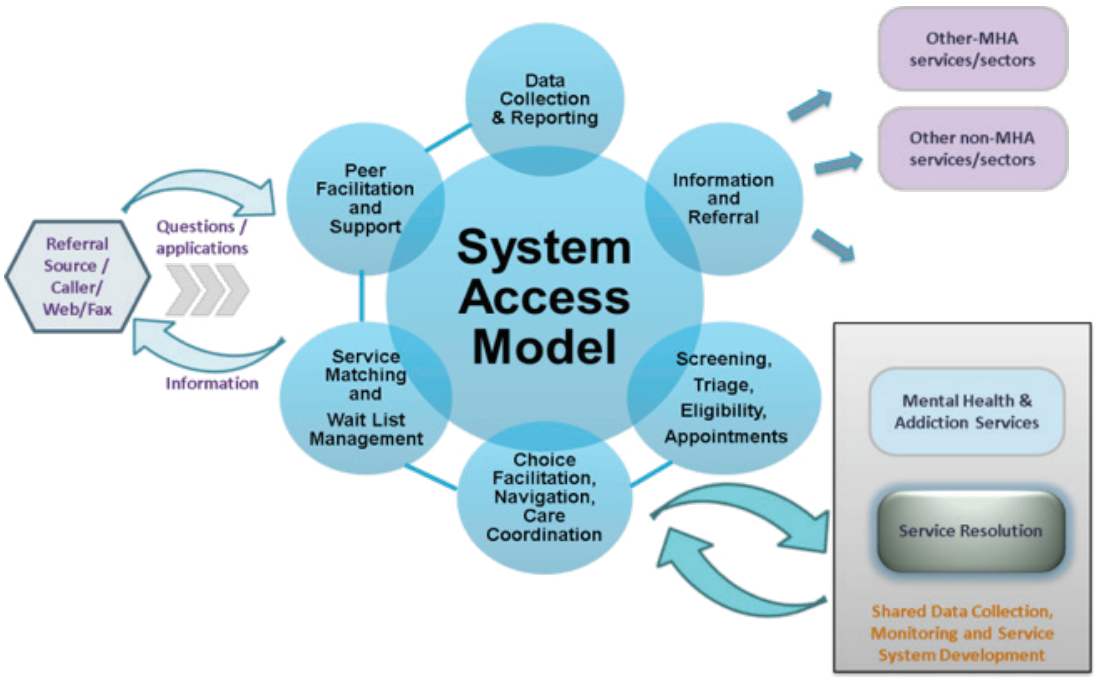
Regional Program for Rehabilitation and Complex Continuing Care Services

The Mississauga Halton LHIN continues its work to develop a regional program strategy for Rehabilitative Care. The work includes an analysis of the current model of delivery of publically-funded rehabilitative programs and services in the Mississauga Halton LHIN including inpatient, hospital-based outpatient and publicly funded community-based rehabilitation services.

A Regional Rehabilitative Care Steering Committee was created to develop the integrated regional strategy. A conceptual framework for rehabilitative care was developed. The initial focus of work has been targeted towards analysis and recommendations for Stroke and the Integrated Orthopedic Capacity Planning streams and work is continuing towards formulating the strategic regional plan and recommendations based on the current state analysis and best practices recommendations.

Enhancing Access to Mental Health and Addictions Services

In 2013, the Mississauga Halton LHIN Mental Health and Addictions Advisory Committee, following extensive engagement and consultation with mental health and addiction providers, primary care and other key stakeholders, identified a model for an improved future state for mental health and addictions clients in Mississauga Halton. To move this model forward, co-lead organizations were identified - Halton Healthcare Services and Trillium Health Partners. They, along with key stakeholders, started plans for implementing a System Access Model (SAM) and Service Resolution Table for people 16 years and older accessing mental health and addictions services. The Mississauga Halton LHIN's System Access Model supports equitable access and coordinated care to make it possible for people and families to receive the right mental health and addiction care, at the right time and in the right place. The model will be implemented in stages over the next several years.



Mississauga Halton LHIN Telemedicine Strategy

The Mississauga Halton LHIN Telemedicine Advisory Committee has a defined a shared purpose: . The Committee's work plan identified a series of priorities including facilitating warm transfers from hospital to community as well as between agencies; increasing buy-in from specialists through opportunities for mentorship and capacity building; increasing use of telemedicine as a modality for clinical use; increasing or expanding known evidence of the benefits of telemedicine; increasing telemedicine in areas where access has been particularly challenging.

"Every Door is the Right Door" Service System

The Mississauga Halton LHIN System Integration Group for Mental Health and Addictions (SIGMHA) revised and updated the Every Door is the Right Door or No Wrong Door (NWD) Protocol document. Based on a mental health and addiction service provider survey related to the implementation of the NWD Protocol's principles, SIGMHA has identified an implementation strategy for 2014/15 that will include development of a NWD Champions team, establishment of a Charter of NWD Member Agencies and a NWD Launch celebrating early adopters, sharing best practices and build collaborations.

Connecting GTA

ConnectingGTA will improve the patient and clinical experience by providing point-of-care access to electronic patient information from across the care continuum. As the first of three regional integration hubs being created in Ontario, ConnectingGTA supports eHealth Ontario's clinical priorities and accelerates the delivery of electronic health records by integrating electronic patient data from across six Local Health Integration Networks.

In November 2013, the ConnectingGTA issued a congratulatory memo to early adopter Trillium Health Partners for successfully completing the population of their organization's data into the ConnectingGTA Clinical Data Repository. The ConnectingGTA team is working on their Limited Production Release (LPR) which is targeting to go live, Q2 2014-15.

Resource Matching and Referrals Business Transformation Initiative (RM&R BTI) Cluster

Through the development and implementation of Provincial Referral Standards, RM&R BTI has supported the streamlining of the referral environment for the following four care pathways: Acute to CCAC; Acute to LTC; Acute to Rehab, and Acute to CCC.

Mississauga Halton LHIN successfully participated in the evaluation of the Acute to CCAC Provincial Referral Standard through Halton Healthcare Services (HHS). HHS has fully implemented this pathway while Trillium Health Partners will be completing the implementation of Acute to CCAC in June 2014. All remaining pathways will be implemented by end of 2014-'15.

Following the evaluation phase, the final release of the Provincial Referral Standards were distributed. These will be used in the implementation of Acute to Rehab/CCC and the pathways of Acute to CCAC and Acute to LTC will be refreshed where appropriate.

Provincial Life and Limb

Based on recommendations from the Office of the Chief Coroner and the request of the Ministry of Health and Long Term Care, the Provincial Life or Limb Policy was developed by Critical Care Services Ontario in order to ensure that critically care patients are able to access definitive care in a timely manner and activated in January 2014.

The provincial life or limb policy is a "no refusal" policy for patients with life or limb threatening conditions. The Life or Limb Policy embraces a philosophy of care for the sickest, most vulnerable and critically ill patients, and promotes the patient's clinical condition as priority. The Policy aims to expedite access to acute care services within 4 hours in order to improve outcomes for patients who are life or limb threatened. In addition, patients will be repatriated within 48 hours. LHIN geographic boundaries will not limit a patient's access to appropriate

care in another LHIN.

In January 2014 the Mississauga Halton LHIN hosted a Provincial Life or Limb and Repatriation Policy Regional Engagement Workshop followed by a presentation to the Mississauga Halton LHIN Quality Committee of the Board on February 13, 2014.

The following provides an update on status of implementation:

- Engagements were held in October and November 2013 between the Mississauga Halton LHIN and hospitals
- Each hospital is committed to a collaborative implementation approach between them, the MH CCAC and CritiCall
- A Regional Workshop was held on January 30, 2014
- LHIN-facilitated weekly webinars are being conducted to enable the Repatriation

FAMILY HEALTH CAR WHEN YOU NEED IT

Family Health Care When You Need It

- Improve access to family health care
- Increase linkages between family health care and other health care providers to improve communication, coordination and integration across the continuum of care

Health Links

Health Links is aimed at improving the quality of care, patient experience and value for money for those patients with the most complex health care needs. These patients typically have multiple chronic conditions and their numerous providers may not be well connected. These patients tend to access the system frequently and from multiple points. The ultimate goal is to bring local health care providers together and develop local solutions to enhance the coordination of care across the health care system and beyond.

The Summerville Family Health Team, in partnership with Trillium Health Partners, was approved as an early adopter in 2012 for the Mississauga Halton LHIN to form the East Mississauga Health Link. This Health Link is now operational having seen approximately 56 patients to date.

Six additional Health Links were formed in Halton Hills, Milton, Oakville, North West Mississauga, South West Mississauga and South Etobicoke. Each have developed collaborative working relationships with a large number of health service providers as well as social service and community partners who also serve the target population.

HEALTH LINK	LEAD
Halton Hills	Halton Hills Family Health Team and Links2Care
Milton	Prime Care Family Health Team and Summit Housing & Outreach Programs
Oakville	OakMed Family Health Team and Acclaim Health
East Mississauga	Summerville Family Health Team and Trillium Health Partners
North West Missisauga	Nucleus Independent Living and Credit Valley Family Health Team
South West Mississauga	Mississauga Halton CCAC
South Etobicoke	LAMP Community Health Centre

To ensure these patients receive optimal care, engagement sessions have been held with providers, physician groups and individuals with lived experience to identifying what works and where there is room for improvement.

Readiness Assessments have been completed for all Health Links in the LHIN and many of the Health Links are developing business plans for submission to the Ministry of Health and Long-Term Care.

Rapid Response Nurses - Improving transitional care from the hospital to the community for those with complex needs

The Mississauga Halton LHIN launched the Rapid Response Nurse Initiative in collaboration with the MH CCAC, Halton Healthcare Services, and Trillium Health Partners in 2012. This program provides nursing and care coordination support to at risk adults and seniors discharged from hospitals. The Rapid Response Nurses provide extensive service within 24-48 hours after the patient is discharged from the hospital and assists the patient for up to 30 days to reduce the risk of readmission to hospital and emergency visits. In 2013-14, the program has helped 595 patients; out of which 91% were seniors aged 65 and older.

Investing in Diabetes Education

The Mississauga Halton LHIN supported Trillium Health Partners to develop and implement a community pharmacists education program to increase support for diabetics that need urgent insulin initiation from inpatient units, emergency department, and endocrinologists offices. Support is provided both after hours, on weekends and/or as a first contact prior to attending a Diabetes Education Program (DEPs). Pharmacists will actively partner with the Diabetes Education Programs and refer patients back to the DEPs as part of the circle of care.

Did you know?

Over 79,781 Mississauga Halton LHIN residents are living with diabetes or prediabetes. Chances are, diabetes affects you or someone you know.

Primary Care 60 Second Foot Screen Process

The Canadian Diabetes Association Clinical Practice Guideline recommends that people with diabetes receive a foot exam at least annually to decrease the number of foot lesions and amputations (Canadian Diabetes Association Clinical Practice Guidelines Expert Committee, 2013). As part of the Mississauga Halton LHIN Foot Care Strategy for people with Diabetes, Trillium Health Partners and Halton Healthcare Services Diabetes Education Programs were funded to deliver educational opportunities for Primary Care focusing on diabetes foot care best practices and the implementation of the 60 second foot screening to identify risk in the diabetic foot and help prevent complications.

Halton Healthcare Services delivered Diabetes Foot Care packages to 650 primary care physicians within Halton region in 2013.

Approximately 250 health care professionals attended the two events which featured presentations by Dr. Gary Sibbald, a world renowned expert in the 60 second foot screen and a local dermatologist. In addition, Diabetes Foot Care packages were delivered by Halton Healthcare Services to 650 primary care physicians within Halton region with information regarding the 60 second foot screen and the necessary tools to implement.

Transforming Health Care through Electronic Medical Record (EMR)

An EMR is a systematic collection of electronic health information about an individual patient or population. Broad adoption of electronic medical record (EMR) systems will lead to health care savings, reduce medical errors, and improve health. As of March 31, 2014, the Mississauga Halton LHIN EMR implementations reflect a 77% adoption rate by family practices. This is 3% above the provincial average, and an increase of 2% from the previous quarter. In November 2013, OntarioMD hosted an information session on Hospital Report Manager at Oakville Trafalgar Memorial encouraging the physicians within our LHIN to register with OntarioMD so their EMR will be able to automatically receive hospital discharge Reports for their patients.

LHIN EMR Family Practice Adoption Rate

Family Practice	MH LHIN	Provincial
Trending:	Adoption	Average (excluding CHCs)
Q1 (June 2013)	68%	67%
Q2 (September 2013)	71%	70%
Q3 (December 2013)	75%	71%
Q4 (March 2014)	77%	74%

Hospital Report Manager (HRM): Electronic reporting speeds up access to information for physicians

Timely access to hospital reports on their patients helps physicians offer better care. HRM is an eHealth solution that enables clinicians to securely receive patient reports electronically from hospitals. HRM electronically delivers text-based Medical Record and transcribed Diagnostic Imaging reports directly into patients' chart, within the clinician's EMR.

Halton Healthcare Services has set a target date of May 2014 to complete their direct connect implementation of HRM, while Trillium Health Partners is expected to implement HRM in June 2014 through ConnectingGTA.

OntarioMD is working hard at increasing the physician registration to be ready to receive patients' reports once HRM is live at both HHS and THP.

Promoting Best Practice and Safety Through Long-Term Care Preprinted Physician Orders

A preprinted order (PPO) is a tool to assist the practitioner in choosing the most appropriate care for the medical management of a patient.

Endorsed by the Ontario Long-Term Care Association (OLTCA) this project began in August 2011 and was completed in March 2014. In January 2013, over 50 order sets have been developed, customized and implemented to long-term care. The PPO has been adopted at four long-term care homes including: McCall, Eatonville, Complex Continuing care at Trillium Health Partners, and Extendicare- Mississauga and Brampton. To date approximately 10,000 order sets have been submitted for both acute and chronic conditions.

This new standardized system has improved inter-professional knowledge and professional development and transformed evidence-based knowledge into practice. These well designed PPOs reduce variation, promote accurate communication, and collaboration of the particpants thus improving healthcare and keeping patients at the centre of care through earlier intervention and prevention of adverse events in long-term care.

The Preprinted Physician Order Project is a partnership including:

Dr. Amir Ginzburg - Principal investigator
Canada Health Infoway – Funder
Trillium Health Partners – Sponsor
Nurse Practitioners Supporting Teams Averting Transfers (npSTAT) – Project Lead.

St. Michael's hospital, Li Ki Shing Institute is conducting an evaluation with the final report to be provided to Canada Health Info and Trillium Health Partners and shared with the Mississauga Halton LHIN.

ENHANCED COMMUNITY CAPACITY

- Enable people to stay in their homes longer
- Provide integrated services that bring care closer to home

Enhanced Community Capacity

Standardized Diabetes MedsCheck System

Trillium Health Partners Diabetes Education Program developed a pilot project in partnership with Paladin Labs to standardize their approach to recommending and accessing the Provincial MedsCheck system.

This approach ensures that the Diabetes Education Program as well as the pharmacy and primary care receive the results of the MedsCheck evaluation and recommendations.

Enhanced Nursing Support to Long-Term Care Home Residents

The Nurse Practitioners Supporting Teams Averting Transfers (npSTAT) program continues to provide the needed support to Long-Term Care Homes (LTCHs) and reports the following statistics for the year:

- A total funding of $1.23 million from various envelopes
- 9.5 nurse practitioners plus admininstrative staff and a lead coordinator
- 27 out of 28 homes served for a total of 4168 beds
- 8,500 - 9,500 onsite visits, resulting in a 95 per cent of averted transfers or 8,075 - 9,025 averted emergency room transfers
- A portion of the funding was used to resource a nurse practitioner to engage in the Acute Change in Condition (ACOC) project which enhance front-line clinical competency including assessment and management of resident acute changes of condition
- Repatriation assessments within 24-72 hours upon discharge from hospital to prevent destabilization and unnecessary readmissions
- Utilization of Equipment ie Bladder Scanners
- Community of Practice model- LTC Administrators, DOCs, Physicians and community partners
- Capacity building at bed side to support learning and new skills
- Development of an E-form for reporting

The ACOC project implied the potential for larger system impacts.

Community Capacity Study

Enhancing community capacity focuses on transformation of programs and services to deliver the right care in a community setting. Supporting the provincial Seniors Strategy, a community capacity study, in collaboration with the Central West LHIN was initiated this year to project the future community needs over the next five, ten and fifteen years. Over 50 consultations with various stakeholder groups, including seniors and their caregivers, have taken place in the Mississauga Halton and Central West LHIN regions.

The study will identify appropriate models of care delivery, including service types, staff resources (specialties) and innovative approaches to increase programs to support residents to live in the community longer. The goal is to identify the appropriate amount and mix of community services required within the sub-LHIN level planning areas to support seniors to age at home, and ensure caregivers are well equipped to support their loved ones. The results of the study, which will be completed in June 2014, will help guide our planning for the upcoming year.

Caregiver Re-Charge Program

The Caregiver ReCharge Program is targeted specifically for high acuity/high needs individuals and the caregivers who care for them. The program is flexible as the caregiver determines when they use their hours and for what

purpose. The Caregiver ReCharge program focuses on a person-centered experience and includes:

- Temporary relief by trained personal support workers for the primary caregiver who is experiencing high levels of stress
- One-time annual allocation of hours customized to meet the needs of the caregiver
- Pre-scheduled in-home support services available over a 24-hour perio

The program continues to grow with over 398 caregivers currently receiving services from the Mississauga Halton LHIN's three service providers. Program Respite Advisors support caregivers by ensuring the caregivers are accessing all services in the program (Adult Day Services, Education and Counseling, Emergency Respite, Short Stay, In-Home Respite). They also guide the caregivers in the use of their hours in the In-Home Respite services area.

"My husband said she (staff) is the best of the whole team. My husband was so happy, and said the staff was well educated and a very nice lady. I felt good for myself because I could do my errands in 3 hours and didn't feel guilty about leaving my husband" (Caregiver ReCharge Program client).

Advancement of Community Practice and Building a Regional Learning Centre

Developed by the Mississauga Halton LHIN in response to feedback obtained during the IHSP engagement sessions the Advancement of Community Practice initiative is comprised of six collaboratives that will enhance the capacity of the Community Support Services providers and ensure standardized operating procedures. The six collaboratives are as follows:

- Caregiver Respite Program
- Education and Development
- Medication Management
- Incontinence
- Falls Prevention and Exercise
- Behaviours

Engagement sessions have been held for all six collaboratives under the Advancement of Community Practice initiative. The Regional Learning Center is a regional resource to build capacity amongst the six collaboratives. Four Community Educators will deliver educational opportunities for staff and caregivers within the Mississauga Halton LHIN.

Physiotherapy Expansion

The Mississauga Halton LHIN worked closely with the Ministry's team to put into action a comprehensive program for community and primary care that would expand classes to publicly funded physiotherapy and exercise and falls prevention classes in five areas of focus.

- Exercise and falls prevention classes for seniors in community settings;
- One-on-one physiotherapy for all long-term care residents with assessed need, in addition to group exercise classes;
- In-home physiotherapy for seniors and people with mobility issues to clear current waitlists; and,
- Clinic-based physiotherapy services across Ontario for seniors and eligible patients.
- Primary Care

Community Exercise and Falls Prevention:

- As of March 31, 2014 the Mississauga Halton LHIN has a total of 44 Community Exercise and Falls prevention sites offering a total of 6 hours of classes.

- A specialized Osteoporosis program was established and is unique to the Mississauga Halton LHIN.

- Current capacity is approximately 3360 individuals in the exercise classes and 645 unique individuals every 12 weeks in our Falls Prevention classes.

Long Term Care Home Physiotherapy:

- Mississauga Halton LHIN Long-Term Care Homes received $3.6M in additional funding to support physiotherapy and exercise activities:

  Enhanced tracking and reporting measures (clinical and financial) have been put in place to reflect the

physiotherapy each resident receives, as prescribed by a registered health professional, in their plan of care. The first report was submitted on January 31, 2014.

Community Clinics:

- Over 90 applications were received by the Mississauga Halton LHIN from private clinics and health service providers
- 8 clinics were recommended for approval bring current capacity to 12 clinics.

On April 25, 2014 MPP Bob Delaney Mississauga-Streetsville announced Ontario is expanding access to OHIP-funded, clinic-based physiotherapy for seniors and eligible patients in Mississauga including:

- LifeMark Physiotherapy
- Closing the Gap Healthcare Group Physiotherapy and Massage Therapy Clinic
- Physiotherapy 2000
- Physiotherapy One
- Goreway Physiotherapy and Rehabilitation Centre Inc.

Left to Right): MPP Bob Delaney, Mississauga-Streetsville; MPP Amrit Mangat, Mississauga-Brampton South; Vince Agostino, Owner, Physiotherapy One; MPP Harinder Takhar, Mississauga-Erindale; Michelle Collins, Senior Lead Performance, Mississauga Halton LHIN

In-Home Physiotherapy:

The Mississauga Halton LHIN allocated $2.6 million to MH CCAC to increase the capacity to provide in home physiotherapy one to one residents who require physiotherapy services in their home

Primary Care

The integration of physiotherapy into Primary Health Care is intended to support the objectives of Ontario's Action Plan for Health Care by strengthening capacity in Ontario's primary health care sector to deliver sustainable, integrated programs focused on keeping Ontarians healthy and providing the right care, at the right time, in the right place.

Three of seven family health teams within the Mississauga Halton LHIN applied for funding along with the LAMP CHC of which the Mississauga Halton LHIN is home to their satellite site. The applications are currently under review by the Ministry.

OPTIMAL HEALTH - MENTAL AND PHYSICAL

Optimal Health – Mental & Physical

- Increase healthy habits and prevention of disease
- Build partnerships for healthy communities

Mental health and addictions services are better coordinated and accessible in the Mississauga Halton LHIN as a result of partnerships and collaborative efforts. Mental illness and addictions is one of the most costly health care issues and a large contributor to emergency room visits and readmissions to hospital.

Regional Integrated Chronic Disease Prevention and Management Strategy

The Mississauga Halton LHIN Chronic Disease Prevention and Management Regional Advisory Committee is a multi-sectoral committee comprised of leaders of regional chronic disease programs, local health and community service providers and community members. The committee is working together to develop an integrated, person-centred approach to the prevention and management of chronic disease that promotes coordinated, quality care to those at risk for or living with chronic disease. The committee has completed a review of models around the world, and has developed recommendations for an integrated approach within the Mississauga Halton LHIN. Work is ongoing to ensure the model will improve quality and coordination for people with chronic conditions.

Centralized Intake for Patients with Chronic Diseases

Central Intake for Diabetes Education Programs in the Mississauga Halton LHIN was officially launched in 2013-14. A common referral form for all Diabetes Education Programs was established and all first year performance metrics were met or exceeded. The Central Intake processed 1,935 referrals from 286 different referral sources and has seen growth quarter over quarter in each of these parameters. The Central Intake is well on its way to achieving its vision of having a system-wide role in increasing access, informing stakeholders, and enabling efficiency related to diabetes service delivery in the Mississauga Halton Region.

"The Central Intake Program has made referral to diabetes programs an easy process. I used to have to fill out so many different forms. Now it is only one form and I get appointment notices about when and where my patient will be seen." Mississauga Endocrinologist

"I don't need to memorize information about all the different diabetes programs. I just send referrals to one number and they do the rest" Endocrinologist, Mississauga

HIGH QUALITY, PERSON-CENTRED CARE

High Quality, Person-Centred Care

- Support and foster a quality culture across the continuum of care
- Value people's experiences to support system improvement
- Apply a health equity lens for the delivery of health care services

Health Equity

Focusing on quality has become a clear priority of the province, the Mississauga Halton LHIN and our health service providers. This includes applying a health equity lens to our work to ensure that people who are in the greatest need of health care receive it and barriers to receiving care are eliminated. The Mississauga Halton LHIN System Planning Advisory Committee on Health Equity act as an advisory to the Mississauga Halton LHIN regarding its health equity priorities, build on work currently being done, and influence future work related to health equity. In 2013 a work plan was developed identifying a series of health equity priorities for the next three years including raising awareness and establishing a common understanding of health equity as an influencer on health outcomes; building internal capacity to adopt health equity framework and culture; identifying local data needs and gaps; and making system policy recommendations on health equity. The Mississauga Halton LHIN System Planning Advisory on Heath Equity, in partnership with health service providers, also embarked on a project to increase system health equity capacity in 2103/14.

This project included health equity organizational assessment for health service providers, the development of training modules, and a Health Equity Symposium in March 2014 as an opportunity to share assessment findings and collaboratively identify initiatives for increasing health equity capacity in Mississauga Halton.

Members of Halton Region Public Health

All of these special services have been successful in keeping clients at home and providing clients the right services. Each of these programs has a unique client population, length of time, amount and care to be delivered.

Community Care Information Management (CCIM)

The strategic vision of Community Care Information Management (CCIM) is to provide seamlessly-integrated, community-based client care where all service providers can securely share and access consistent and accurate information electronically. CCIM consists of two streams (Assessment Projects and Business Systems) and a number of projects to support the Community Care sector.

Integrated Assessment Record (IAR) Provincial Implementation

The Integrated Assessment Record (IAR) is an application that allows authorized users to view a consenting client's assessment information to effectively plan and deliver services to that client. The IAR allows assessment information to move with a client from one health service provider (HSP) to another. HSPs can use the IAR to collaborate with other care providers and to view timely assessment information electronically, securely and accurately.

Provincially, in fiscal 2013-14, 350 Health Service Providers (HSPs) were targeted for implementation, 213 completed their implementation within this timeframe. 138 HSPs have completed two-thirds of the implementation activities and are targeted for completion in Q1 of 2014-15.

Sectors	Target number of HSPs Impletmentation Complete by FY 2014/15	Actual number of HSPs Implemenation Complete
CCAC	14	100%
CSS	392	91%
CMH	205	97%
LTCH	619	43%
In-Patient MH	28	96%
Total	1,258	69%

IAR Implementation status for Mississauga Halton LHIN as of February 2014

IAR Status	All Sectors	CMH CAP	CSS (RAI-CHA)	CSS CSS (Screener)	LICH	In Patient	CCAC
In Progress	25	0	0	10	15	0	0
Completed	42	7	19	2	12	1	1

In the new fiscal, efforts will focus on:

- Completing the remaining IAR implementations
- Review HSP adoption and usage of IAR
- Develop strategy for IAR operations and adoption

Quality

Quality Committee of the Mississauga Halton LHIN Board

Amongst its on-going work, the Quality Committee of the Mississauga Halton LHIN Board approved a Quality Scorecard to track quality measures across the system. One of the measures that was most difficult to capture at a system level was client satisfaction. The LHIN worked with its HSPs to develop a consistent, standardized measure for client satisfaction that all HSPs are required by their M-SAA to implement. The Quality Committee has utilized the Governance to Governance engagements with our HSP Boards to update them on its work, dialogue with them on the role of governance in quality and identify additional system level quality indicators.

With the planning and support of the Community Governance Consultation Group and the Quality Committee, the Mississauga Halton LHIN has held two Governance to Governance (G2G) events focusing on quality.

An accredited health service provider increases LHIN confidence in the governance and management of the organization and the level of quality. We are pleased to announce that all Mississauga Halton LHIN Community Support Services and Mental Health and Addictions agencies received accreditation in 2013.

Evidence-Based Practice Implementation

To support and foster a quality culture across the continuum of care Mississauga Halton LHIN uses scientific evidence to support effective utilization of health care dollars. One such example is the Health Failure Clinic recommendations from the Ontario Health Technology Advisory Committee (OHTAC). In November 2013, the Mississauga Halton LHIN participated as part of a panel at Health Quality Ontario's - Health Quality Transformation 2013. The panel's presentation "Making Evidence Relevant: Collaborating and Engaging with Health System Leaders to Drive Evidence-Based Care" focused on OHTAC's recommendations around Heart Failure. The LHINs perspective in the implementation of OHTAC's Heart Failure Clinics recommendations was discussed. In addition OHTAC has released evidence based analysis and ideal care pathways for CHF, Stroke and COPD for quality based procedures and the Health System Funding Reform. Mississauga Halton LHIN, as part of its HSFR Local Partnership has evaluated these recommendations and where needed, created workgroups to implement.

Notable Mention

Mississauga Halton Team Honoured for Helping Seniors Access Care At Home

The Mississauga Halton LHINs Supports for Daily Living program was awarded the inaugural Minister's Medal Honouring Excellence in Health Quality and Safety in November 2013.

The Minister's Medal program is a competitive, annual recognition program that recognizes the collaborative efforts of Ontario's health care providers in improving care for Ontarians. The medal is awarded to one individual champion and one team-based initiative that demonstrates commitment to collaboration, improvements in the health system and value for quality care. There were 140 applications this year for the medal.

The Supports for Daily Living program offers personal support, homemaking and attendant services in designated neighbourhoods and buildings is one of the major programs that pioneered the concept of Home First. These services are available around the clock every day of the year. The program has increased local collaboration between the hospital and community service sectors, influenced revisions to the provincial assisted living policy, spawned like initiatives across the province and won the 2011 National 3M Team Award for Quality. The program has been so successful that it is being replicated in many communities across the province.

"The Supports for Daily Living program has proven to be a pioneering force for our health system, changing the way we care for our seniors to help them live better at home. Providing seniors with more timely access to health care in their homes and communities ensures our health care system works better for everyone, improving access for all who need care, where they need it." — Deb Matthews, Minister of Health and Long-Term Care

"I am proud that the Supports for Daily Living program was innovated in Oakville. I would like to congratulate Beverley John, CEO, the board members and all the staff at Nucleus Independent Living and thank them for their hard work. It's their vision and determination that has positively impacted the lives of many seniors and their families. They couldn't be more deserving of the inaugural Minister's Medal." — Kevin Flynn, MPP Oakville.

"We are deeply honoured to be the recipients of this auspicious inaugural Award. The evidence illustrates the value of the Supports for Daily Living Program to high risk seniors in Mississauga Halton LHIN and overall to the healthcare system" — Beverley John, Chief Executive Officer/ED, Nucleus Independent Living

Creating an Intergrated Health Care System

Over the last fiscal year, we have begun, continued or completed a total of 19 voluntary 14 funded integration initiatives in the Mississauga Halton LHIN.

VOLUNTARY INTEGRATIONS	
CCAC Enhanced Role	The Enhanced Home Care Program is a key program of the Home First concept which focuses on keeping patients – especially high needs seniors – in their homes with community supports. The program consists of three key services: Wait at Home; Enhanced, Wait at Home – LTC; Stay at Home. The LHIN has the lowest number of Long-Term care beds per capita in the province and these programs have been instrumental in reducing demand for Long-Term Care homes.
MH&A Agency Integration	Boards of Directors from Support and Housing Halton and Grace House agreed to voluntarily integrate their operations and governance. The integration was completed and one accountability agreement (M-SAA) put in place starting April 1, 2014.
Financial services agreement (Integration)	Nucleus Independent Living is now providing bookkeeping services, preparation of monthly financial statements, bank reconciliations, budget to actual and year-end financials and schedules for a partner agency thus creating a lower cost structure, and delivering greater economic value to the health system.

FUNDED INTEGRATIONS	
Provincial and Regional Integration of Assessment Instruments (Common Health Assessment-CHA, Screener and OCAN) and Integrated Assessment Record (IAR)	Leading the coordination initiative both provincially and regionally across the Community Support Services sector (CSS). Full implementation of the inter-RAI CHA and Screener & the MH&A OCAN instrument was completed in 2013. The MH LHIN worked very closely with all CSS and Mental Health & Addiction agencies to implement the instruments and has been able to bring all agencies in the LHIN on board.
Integrated Transitioning Management: Hospitals & CCAC – Phase 1	The Integrated Discharge Plan initiative was launched in spring 2011 with a focus on developing an integrated discharge planning model to enhance the integration of discharge planning activities between regional acute care centres and the CCAC. The planning initiative was completed in the fall of 2012 following a decision by the hospitals CEOs and the LHIN CEO to choose a particular model. Beginning 2013, the CCAC undertook discussions with THP to plan a pilot to test out the model.

MINISTRY LHIN PERFORMANCE AGREEMENT - MLPA

The MLPA establishes a mutual understanding between the Ministry and the LHIN and outlines respective targets focusing on System Performance and Financial Accountabilities within a pre-defined period of time. The following table outlinesMississauga Halton LHIN performance against targets for 2013-14.

Performance Indicator	LHIN 2013-14 Starting Point	LHIN 2013-14 Performance Target	Most Recent 2013-14 Performance	FY 2013-14 LHIN Annual Result
1: Access to healthcare services				
90th percentile ER length of stay for admitted patients	37.73	28.00	35.58	30.75
90th percentile ER length of stay for non-admitted complex (CTAS I-III) patients	6.23	7.00	6.05	5.95
90th percentile ER length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients	3.60	4.00	3.67	3.60
Percent of priority IV cases completed within access target (84 days) for cancer surgery	94.00%	90.00%	93.69%	95.25%
Percent of priority IV cases completed within access target (90 days) for cardiac by-pass surgery	99.20%	90.00%	98.00%	98.00%
Percent of priority IV cases completed within access target (182 days) for cataract surgery	92.00%	90.00%	98.22%	95.35%
Percent of priority IV cases completed within access target (182 days) for hip replacement	95.00%	90.00%	99.27%	96.56%
Percent of priority IV cases completed within access target (182 days) for knee replacement	89.00%	90.00%	95.67%	90.64%
Percent of priority IV cases completed within access target (28 days) for MRI scans	27.00%	45.00%	26.36%	30.10%
Percent of priority IV cases completed within access target (28 days) for CT scans	78.00%	80.00%	72.18%	83.02%
2: Integration and coordination of care				
Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution*	10.83%	10.50%	12.19%	11.34%
90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	22.00	21.00	30.00	36.00
3: Quality and improved health outcomes				
Readmission within 30 Days for Selected CMGs**	14.06%	13.50%	15.11%	13.84%
Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	16.50%	16.00%	16.75%	16.23%
Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	21.60%	21.00%	24.66%	27.02%

*FY 2013/14 is based on most recent four quarters of data (Q4 2012/13 - Q3 2013/14) due to availability
**FY 2013/14 is based on most recent four quarters of data (Q3 2012/13 - Q2 2013/14) due to availability

HEALTH SYSTEM PERFORMANCE AND ACCOUNTABILITY

The Mississauga Halton LHIN reports quarterly, to the Ministry of Health and Long-Term Care through the stocktake reporting process. There are 15 performance indicators in the areas of access, efficiency and quality. As of Q3 2013/14, the Mississauga Halton LHIN continued to make good progress against stated targets, meeting or performing better in 12 of its 15 indicators identified in the MLPA.

In the three indicators whereby performance was out side the range, the following action plans have been put in place:

Percent of priority IV cases completed within access target (28 days) for MRI scans

There was a 25 per cent improvement in access to MRI priority 4 cases completed within target, which was directly attributed to the infusion of additional MRI hours in the second quarter. Due to the nature of the Mississauga Halton LHIN's population growth and demand for MRI, there are plans for future increases in both infrastructure and capacity to help support the projected demand.

90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case-management)*

The Mississauga Halton Community Care Access Centre improved its financial position and implemented initatives which led to 5% improvement. This trend is expected to continue in 2014/15.

Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*

This indicator remained within target for most of 2013/14, with an average of 21 per cent. In response to the changing demographics and preferences of this population, a number of improvement initiatives have been identified, including planning for residential withdrawal management in the Mississauga Halton LHIN geography.

OPERATIONAL PERFORMANCE

The Mississauga Halton LHIN allocated $1.37 billion to health service providers over this past year, making significant investments in Supports for Daily Living, Caregiver Recharge, Hospital emergency wait times, Alternate Level of Care initiatives as well as Community Capacity planning. We continue to be actively engaged in the funding and performance management of 73 Service Accountability Agreements for 58 unique Health Service Providers (HSPs).

The Mississauga Halton LHIN successfully operated within their total budget of $6.51 million. The total budget is made up of $4.11 million for LHIN operations and $2.4 million for projects including eHealth.

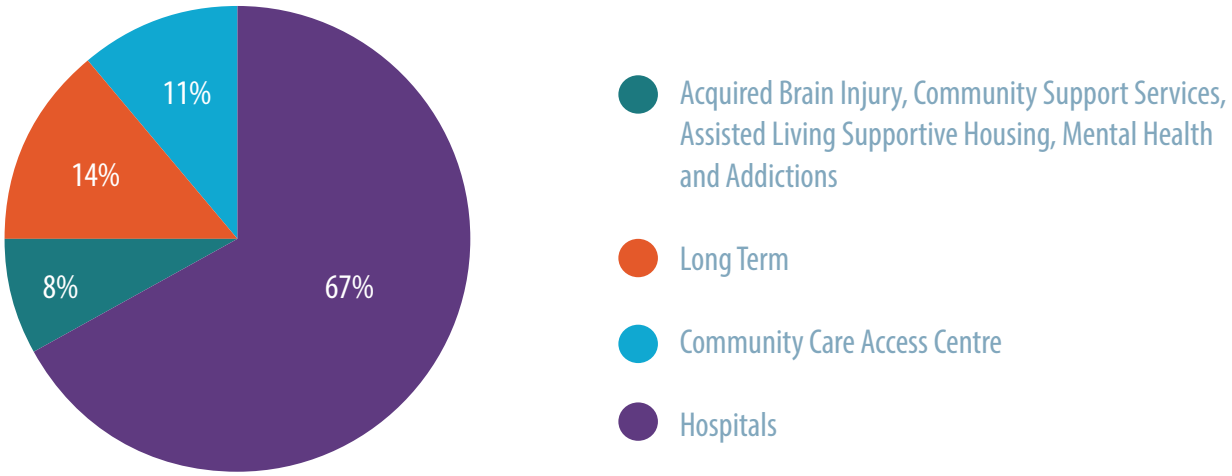
The LHIN's core mandate under the Local Health System Integration Act (LHSIA) is to plan, fund and integrate the local health system. The LHIN is organized into functional departments as follows: Health System Development and Community Engagement, Health System Performance and Integration, Finance and Risk Management, Decision Support and Information Management. Supporting these functions are staff dedicated to Communication, Governance and Quality Improvement.

The staffing of the LHIN consists of a lean but robust team of approximately 36 employees who are actively engaged in moving forward the five key priority areas identified under the Mississauga Halton LHIN Integrated Health Service Plan including Accessible and Sustainable Health Care; Family Health Care When you need it; Enhance Community Capacity; Optimal Health – Mental and Physical and High Quality Person Centered Care.

LHINs spend a very small amount on administration and far less than average organizations in the public and private sector. Our LHIN manages over $1.37 billion in funding. Only 0.3 per cent of our budget goes toward LHIN administration.

Drawing on our local health care resources, including our funded HSPs, the Mississauga Halton LHIN has been instrumental in bringing forward health system improvements through best practices, integration projects and other innovative solutions while at the same time being mindful of funding constraints and tax dollars.

Funding Distribution 2013/2014



FUNDED HEALTH SERVICE PROVIDER IN MH LHIN

Health service providers play an integral role in ensuring seamless, timely and effective service provision in a manner that is consistent with Mississauga Halton LHIN goals. The Mississauga Halton LHIN plans, coordinates, integrates, funds and monitors local health service providers, including hospitals, community support services, long-term care homes, mental health and addictions services and a community care access centre.

Community Care Access Centre

- Mississauga Halton Community Care Access Centre

Community Support Services

- Acclaim Health and Community Care Services
- Alzheimer Society of Peel
- The Arthritis Society
- 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 - Peel Branch
- City of Mississauga - Next Step to Active Living Program
- The Corporation of the Town of Halton Hills
- Dixie Bloor Neighborhood Drop-In Centre
- Dorothy Ley Hospice Inc.
- Forum Italia Community Services - MICBA
- Halton Healthcare Services Corporation - Supportive Housing
- Heart House Hospice Inc.
- India Rainbow Community Services of Peel
- Ivan Franko Home
- Joyce Scott Non-Profit Homes Inc.
- Links2Care
- Milton Meals on Wheels
- Nucleus Independent Living
- Oakville Kiwanis Meals on Wheels
- Oakville Senior Citizens Residence
- March of Dimes Canada – Peel
- Peel Cheshire Homes Inc.
- Peel Halton Dufferin Acquired Brain Injury Services (PHDABIS)
- Peel Senior Link
- Regional Municipality of Halton - Supportive Housing
- S.E.N.A.C.A. Seniors Day Program
- Seniors Life Enhancement Centres
- Trillium Health Partners - CSS
- Victorian Order of Nurses - Peel Branch
- Wawel Villa Incorporated
- Yee Hong Centre for Geriatric Care
- Wesburn – City of Toronto

Hospitals

- Trillium Health Partners
- Halton Healthcare Services Corporation

Long - Term Care Homes

- Allendale - The Regional Municipality of Halton
- Bennett Health Care Centre
- Cawthra Gardens Long Term Care Community
- Cooksville Care Centre
- Dom Lipa Nursing Home (Slovenian Linden Foundation)
- Eatonville Care Centre
- Erin Mills Lodge Nursing Home - (Devonshire Erin Mills Inc.)
- Extendicare - Halton Hills
- Extendicare - Mississauga
- Labdara Lithuanian Nursing Home
- Leisureworld Caregiving Centre - Mississauga
- Leisureworld Caregiving Centre - Streetsville
- McCall Centre Long Term Care Interim Unit - Trillium Health Centre
- Mississauga Long Term Care Facility
- Northridge Long Term Care Facility

- Post Inn Village - The Regional Municipality of Halton
- Sheridan Villa - Regional Municipality of Peel
- Specialty Care Mississauga Road
- Tyndall Seniors Village Inc.
- Villa Forum Nursing Home - MICBA
- Village of Erin Meadows - Oakwood Retirement
- The Waterford Regency Care
- The Wenleigh
- Wesburn Manor – The City of Toronto Home for the Aged
- West Oak Village Long Term Care Facility
- The Westbury
- Wyndham Manor - Halton Healthcare Services Corporation LTC Inc.
- Yee Hong Centre for Geriatric Care

Mental Health & Addictions

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

Financial statements of

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**

as of March 31, 2014

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**

March 31, 2013

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Independent Auditor's Report

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

We have audited the accompanying financial statements of Mississauga Halton Local Health Integration Network, which comprise the statement of financial position as at March 31, 2014, and the statements of operations, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Mississauga Halton Local Health Integration Network as at March 31, 2014 and the results of its operations, change in its net debt, and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
June 5, 2014

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**

Statement of financial position
as at March 31, 2014

	2014	2013
	$	$
Financial assets		
Cash	**735,688**	594,426
Accounts receivable	**43,234**	85,860
Accounts receivable Ministry of Health and Long-Term Care ("MOHLTC") transfer payments to Health Service Providers ("HSPs") (Note 3)	**5,375,200**	2,500,800
Due from the LHIN Shared Services Office	**-**	59,362
	6,154,122	3,240,448
Liabilities		
Accounts payable and accrued liabilities	**540,344**	356,490
Accounts payable HSPs transfer payments (Note 3)	**5,375,200**	2,500,800
Due to MOHLTC (Note 4b)	**211,400**	413,339
Due to the LHIN Shared Services Office (Note 5)	**5,884**	-
Due to other LHIN (Note 5)	**56,294**	-
Deferred capital contributions (Notes 6)	**99,920**	97,420
	6,289,042	3,368,049
Net debt	**(134,920)**	(127,601)
Commitments (Note 7)		
Non-financial assets		
Prepaid expenses	**35,000**	30,181
Tangible capital assets (Note 8)	**99,920**	97,420
	134,920	127,601
Accumulated surplus	**-**	-

Approved by the Board

Graeme Goebelle, FCPA, FCA
Chair

Ron Haines, FCPA, FCA
Vice Chair

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

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**

Statement of operations
year ended March 31, 2014

	Budget (Note 9)	2014 Actual	2013 Actual
	$	$	$
Revenue			
MOHLTC Funding			
HSP transfer payments (Note 3)	**1,317,462,641**	**1,373,184,623**	1,353,622,725
LHIN Operation	**4,115,693**	**4,140,530**	4,086,874
Diabetes Regional Coordination Centre Program (Note 11a)	**1,347,626**	**1,311,310**	150,718
Emergency Department (ED) Lead (Note 1	**75,000**	**75,000**	75,000
ER/ALC Performance Lead (Note 11c)	**100,000**	**100,000**	100,000
French Language Health Services (Note 11	**106,000**	**106,000**	106,000
Critical Care Lead (Note 11e)	**75,000**	**75,000**	75,000
Aboriginal Engagement (Note 11f)	**5,000**	**5,000**	5,000
Primary Care Lead (Note 11g)	**-**	**75,000**	75,000
LHIN Enabling Technologies for Integration Project Management Office (ETI PMO) (Note 11	**-**	**620,159**	580,000
Amortization of deferred capital contributions (Note 6)	**-**	**36,314**	40,268
	1,323,286,960	**1,379,728,936**	1,358,916,585
Funding repayable to the MOHLTC (Note 4a)	**-**	**(211,400)**	(416,840)
	1,323,286,960	**1,379,517,536**	1,358,499,745
Expenses (Note 10)			
Transfer payments to HSPs (Note 3)	**1,317,462,641**	**1,373,184,623**	1,353,622,725
General and administrative expense LHIN operation (Note 10)	**4,115,693**	**4,103,818**	4,087,518
Diabetes Regional Coordination Centre Program (Note11a)	**1,347,626**	**1,185,648**	136,500
Emergency Department (ED) Lead (Note 11b)	**75,000**	**72,403**	72,845
ER/ALC Performance Lead (Note 11c)	**100,000**	**99,817**	99,817
French Language Health Services (Note 11d)	**106,000**	**104,764**	104,358
Critical Care Lead (Note 11e)	**75,000**	**72,126**	72,217
Aboriginal Engagement (Note 11f)	**5,000**	**1,706**	4,991
Primary Care Lead (Note 11g)	**-**	**72,472**	73,094
LHIN ETI PMO (Note 11h)	**-**	**620,159**	225,680
	1,323,286,960	**1,379,517,536**	1,358,499,745
Annual surplus and accumulated surplus, end of year	**-**	**-**	-

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

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**

Statement of change in net debt
year ended March 31, 2014

	Budget (Note 9)	**2014 Actual**	2013 Actual
	$	**$**	$
Annual surplus	**-**	**-**	-
Change in prepaid expenses	**-**	**(4,819)**	(27,529)
Acquisition of tangible capital assets	**-**	**(38,814)**	(116,302)
Amortization of tangible capital assets	**-**	**36,314**	40,268
Increase in net debt	**-**	**(7,319)**	(103,563)
Net debt, beginning of year	**-**	**(127,601)**	(24,038)
Net debt, end of year	**-**	**(134,920)**	(127,601)

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

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**

Statement of cash flows
year ended March 31, 2014

	2014	2013
	$	$
Operating transactions		
Annual surplus	**-**	-
Add item not affecting cash		
Amortization of tangible capital assets	**36,314**	40,268
Less items not affecting cash		
Amortization of deferred capital contributions	**(36,314)**	(40,268)
Changes in non-cash operating items		
Decrease (increase) in accounts receivable	**42,626**	(23,770)
Change in due to/from other LHIN	**56,294**	60,000
Decrease (increase) in due from the LHIN Shared Services Office	**59,362**	(59,362)
Increase in accounts receivable MOHLTC transfer payments to HSPs	**(2,874,400)**	(1,371,371)
Increase (decrease) in accounts payable and accrued liabilities	**183,854**	(68,572)
Increase in accounts payable HSPs transfer payments	**2,874,400**	1,371,371
Decrease in due to MOHLTC	**(201,939)**	(24,123)
Increase (decrease) in due to the LHIN Shared Services Office	**5,884**	(2,537)
Increase in prepaid expenses	**(4,819)**	(27,529)
	141,262	(145,893)
Capital transaction		
Acquisition of tangible capital assets	**(38,814)**	(116,302)
Financing transaction		
Capital contributions received (Note 6)	**38,814**	116,302
Net increase (decrease) in cash	**141,262**	(145,893)
Cash, beginning of year	**594,426**	740,319
Cash, end of year	**735,688**	594,426

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

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**

Notes to the financial statements

March 31, 2014

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 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.

The LHIN is funded by the Province of Ontario in accordance with the Ministry - LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to Health Service Providers ("HSPs"), effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective 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 HSPs. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed HSPs in 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 HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2014.

The LHIN has also entered into an Accountability Agreement with the MOHLTC, which provides the framework for LHIN accountabilities and activities.

The LHIN statements do not include any MOHLTC managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

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

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

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and the 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. As directed by the ministry, there are circumstances when funding received by the HSP is used to pay expenses for which the related services have not yet to be performed. These amounts are recorded by the HSP as payable to the MOHLTC/LHIN at period end.

Deferred capital contributions

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

Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of 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 the 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 its nominal value.

Maintenance and repair costs are recognized as expenses 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
Web development	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Office equipment, furniture and fixtures	5 years straight-line method

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

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimates and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**

Notes to the financial statements

March 31, 2014

3. Transfer payments to HSPs

In fiscal 2014, the LHIN had authorization to allocate funding of $1,373,184,623 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in fiscal 2014 as follows:

	2014	2013
	$	$
Operation of hospitals	**918,430,770**	924,813,636
Long term care homes	**192,474,886**	186,403,556
Community care access centres	**147,342,163**	138,197,671
Community support services	**40,798,191**	32,077,723
Assisted living services in supportive housing	**32,360,360**	30,812,120
Community mental health	**29,778,571**	29,603,697
Acquired brain injury	**6,018,966**	6,134,923
Addictions program	**5,980,716**	5,579,399
	1,373,184,623	1,353,622,725

The LHIN receives money from the MOHLTC which it in turn allocates to the HSPs. As at March 31, 2014, an amount of $5,375,200 (2013 - $2,500,800) was receivable from the MOHLTC and $5,375,200 (2013 - $2,500,800) was payable to the HSPs. These amounts have been reflected as revenue and expenses with the LHIN's operations and are included above.

New investment decisions targeting various Ministry priorities such as investments in home care; community services to support seniors, to support reduction in emergency room wait times and alternate level of care and avoidable hospital readmissions are included in the above transfer payments to HSPs.

4. Funding repayable to the MOHLTC

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

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

			2014	2013
	Funding received	**Eligible expenses**	**Excess funding**	Excess funding
	$	**$**	**$**	$
Transfer payments to HSPs	**1,373,184,623**	**1,373,184,623**	**-**	-
LHIN operations	**4,176,844**	**4,103,818**	**73,026**	39,624
LHIN special funded initiatives				
Diabetes Regional Coordination Centre Program	**1,311,310**	**1,185,648**	**125,662**	14,218
ED Lead	**75,000**	**72,403**	**2,597**	2,155
ER/ALC Performance Lead	**100,000**	**99,817**	**183**	183
French Language Health Services	**106,000**	**104,764**	**1,236**	1,642
Critical Care Lead	**75,000**	**72,126**	**2,874**	2,783
Aboriginal Engagement	**5,000**	**1,706**	**3,294**	9
Primary Care Lead	**75,000**	**72,472**	**2,528**	1,906
LHIN ETI PMO	**620,159**	**620,159**	**-**	354,320
	2,367,469	**2,229,095**	**138,374**	377,216
	1,379,728,936	**1,379,517,536**	**211,400**	416,840

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**

Notes to the financial statements

March 31, 2014

4. Funding repayable to the MOHLTC (continued)

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

	2014	2013
	$	$
Due to MOHLTC, beginning of year	**413,339**	437,462
Amount recovered by the MOHLTC during the year	**(413,339)**	(437,462)
Funding repayable to the MOHLTC related to current year activities (Note 4a)	**211,400**	416,840
In year surplus recovered by MOHLTC	**-**	(3,501)
Due to MOHLTC, end of year	**211,400**	413,339

5. Shared services agreement

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 of the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year-end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the Shared Service Agreement the LSSO has with all the LHINs.

The Local Health Integration Network Collaborative ("LHINC") became a division of the Toronto Central LHIN in fiscal 2010. LHINC was formed to foster engagement of the LHINS' HSP community and encourage collaborative integration of the health care system to all LHINs. LHINC is subject to the same policies, guidelines and directives as the LSSO and Toronto Central LHIN.

Effective February 1, 2012, the Central, Central West, Central East, Toronto Central, Mississauga Halton and North Simcoe Muskoka (the "Cluster") LHINS entered into an agreement in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographical area of the Cluster. Under this agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

6. Deferred capital contributions

	2014	2013
	$	$
Balance, beginning of year	**97,420**	21,386
Capital contributions received during the year	**38,814**	116,302
Amortization for the year	**(36,314)**	(40,268)
Balance, end of year	**99,920**	97,420

7. Commitments

The LHIN has commitments under various operating leases related to building and equipment. The LHIN's existing building lease was renegotiated and extended to December 31, 2020. Other lease renewals are likely. Minimum lease payments due in each of the next five years and thereafter are as follows:

	$
2015	**347,086**
2016	**312,388**
2017	**252,894**
2018	**342,097**
2019	**333,684**
Thereafter	**578,254**
	2,166,403

The LHIN also has funding commitments to all HSPs associated with accountability agreements allocating planning targets for future fiscal years. The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

8. Tangible capital assets

	Cost	Accumulated amortization	2014 Net book value	2013 Net book value
	$	$	$	$
Office equipment, furniture and fixtures	**289,644**	**198,808**	**90,836**	97,420
Leasehold improvements	**887,343**	**881,598**	**5,745**	-
Computer equipment	**41,683**	**38,344**	**3,339**	-
Web development	**68,160**	**68,160**	**-**	-
	1,286,830	**1,186,910**	**99,920**	97,420

9. Budget figures

Health Service Providers

The initial funding budget figures reported in the statement of operations reflect the opening base as at April 1, 2013 as approved by the LHIN Board. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year.

The final HSP funding budget of $1,373,184,623 as at March 31, 2014 is made up of the following:

	$
Initial HSP funding budget as at April 1, 2013	**1,317,462,641**
Adjustments due to announcements made during the year	**55,721,982**
Final HSP funding budget	**1,373,184,623**

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**

Notes to the financial statements
March 31, 2014

9. Budget figures (continued)

LHIN operations

The final operating budget from MOHLTC of $6,546,822 as at March 31, 2014 is made up of the following:

	$
Initial budget as at April 1, 2013	
LHIN Operation	**4,115,693**
DRCC Program	**1,347,626**
French Language Services	**106,000**
Aboriginal Engagement	**5,000**
ED Lead	**75,000**
ER/ALC Performance Lead	**100,000**
Critical Care Lead	**75,000**
Additional funding received during the year for:	
LHIN ETI PMO	**620,159**
LHIN Operation	**27,344**
Primary Care Lead	**75,000**
Final budget	**6,546,822**

10. Expenses classified by object

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

	2014	2013
	$	$
Salaries and benefits	**3,070,876**	3,044,240
Shared services	**336,951**	336,951
LHIN Collaborative	**47,500**	47,500
Staff travel	**23,317**	18,964
Communication	**30,233**	28,139
Accommodation	**218,946**	174,628
Advertising	**2,717**	30,788
Professional fees and medical professional services	**22,756**	34,430
Consulting fees	**5,332**	27,633
Equipment rentals	**20,882**	20,932
Insurance	**7,209**	6,288
Other meeting expenses	**25,277**	22,058
Board Chair's per diem expenses	**39,025**	40,950
Other Board members' per diem expenses	**28,796**	25,950
Other governance costs and travel	**40,513**	33,819
Printing and translation	**8,706**	38,040
Staff development	**56,697**	33,409
IT equipment	**8,183**	2,976
Office supplies and purchased equipment	**40,181**	59,736
Amortization	**36,314**	40,268
Other services	**33,407**	19,819
	4,103,818	4,087,518

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**

Notes to the financial statements
March 31, 2014

10. Expenses classified by object (continued)

The statement of operations presents the expenses by function; the following classifies LHIN special funded initiatives, by object:

	2014	2013
	$	$
Salaries and benefits	**1,182,728**	443,767
Shared services	**14,711**	6,259
Staff travel	**5,363**	4,385
Communication	**4,531**	1,342
Accommodation	**58,569**	5,895
Advertising	**2,646**	800
Professional fees/ Medical Professional Services	**469,000**	216,000
Consulting fees	**107,433**	-
Equipment rentals	**2,911**	2,911
Other meeting expenses	**14,247**	10,105
Printing and translation	**-**	250
Staff development	**1,005**	1,780
IT equipment	**44,789**	23,034
Office supplies and purchased equipment	**40,935**	26,893
Other services	**280,227**	46,081
	2,229,095	789,502

11. Other funding initiatives

a) *Diabetes Regional Coordination Centre Program*

The LHIN received funding for the Diabetes Regional Coordination Centre Program of $1,347,626 (2013 - $238,202) of which $1,311,310 (2013 - $150,718) was recognized as revenue and $36,316 (2013 - $87,484) was treated as capital contributions for the year. The LHIN is responsible for the regional management related to diabetes care, planning and coordination of diabetes services effective February 1, 2013. During the year, $1,185,648 (2013 - $136,500) of expenses were incurred. Funds were used to support the following expenses: salaries and benefits of $756,583 (2013 - $68,843) and other operational expenses of $429,065 (2013 - $67,657).

b) *Emergency Department (ED) Lead*

The MOHLTC provided $75,000 (2013 - $75,000) of one-time funding to support the compensation of the Emergency Department LHIN Lead and other miscellaneous professional expenses to the LHIN. During the year, $72,403 (2013 - $72,845) of expenses were incurred.

c) *ER/ALC Performance Lead*

The MOHLTC provided one-time funding of $100,000 (2013 - $100,000) relating to the LHIN ER/ALC Performance Lead initiative. The one-time funding to assist the LHIN in achieving its ER/ALC outcomes and advance the implementation of a standard performance management approach for the ER/ALC strategy such that the LHIN and MOHLTC can monitor progress regularly. During the year, $99,817 (2013 - $99,817) of expenses were incurred.

d) *French Language Health Services*

The MOHLTC provided base funding of $106,000 (2013 - $106,000) to support the francophone community needs within the LHIN. During the year, $104,764 (2013 - $104,358) of expenses were incurred.

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**

Notes to the financial statements
March 31, 2014

11. Other funding initiatives (continued)

e) Critical Care Lead

The MOHLTC provided one-time funding of $75,000 (2013 - $75,000) to support the compensation of the Critical Care Lead and other miscellaneous professional expenses. The funding will advance the implementation of a comprehensive Critical Care Strategy, which is designed to improve access, quality and system integration. During the year, $72,126 (2013 - $72,217) of expenses were incurred.

f) Aboriginal Engagement

The MOHLTC provided base operational funding of $5,000 (2013 - $5,000) to the LHIN for the purposes of engaging the Aboriginal population and organizations in the Mississauga Halton LHIN. During the year, $1,706 (2013 - $4,991) of expenses were incurred.

g) Primary Care Lead

The MOHLTC provided funding to support the Primary Care Lead Pilot Project in the LHIN. The Primary Care Lead's role is to advance primary care services to support timely, accessible and effective primary care and prevent unnecessary emergency department visits. The funding allocation for fiscal year 2014 was $75,000 (2013 - $75,000). During the year, $72,472 (2013 - $73,094) of expenses were incurred.

h) LHIN Enabling Technologies for Integration Project Management Office (ETI PMO)

The LHIN's financial statements reflect its share of the MOHLTC funding for Enabling Technologies for Integration Project Management Offices for its Cluster and related expenses (Note 5). The total funding provided by the MOHLTC to the LHINs was $3,480,000.

The LHIN received one-time funding of $620,159 (2013 - $580,000) to cover the operational and project costs associated with LHIN ETI activities. During the year, $620,159 (2013 - $225,680) of expenses were incurred.

12. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 36 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 2014 was $338,423 (2013 - $279,883) for current service costs and is included as an expense in the statement of operations. The last actuarial valuation was completed for the plan as at December 31, 2013. At that time, the plan was fully funded.

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. Comparative figures

Certain comparative figures have been reclassified to conform to the current year's basis of presentation.