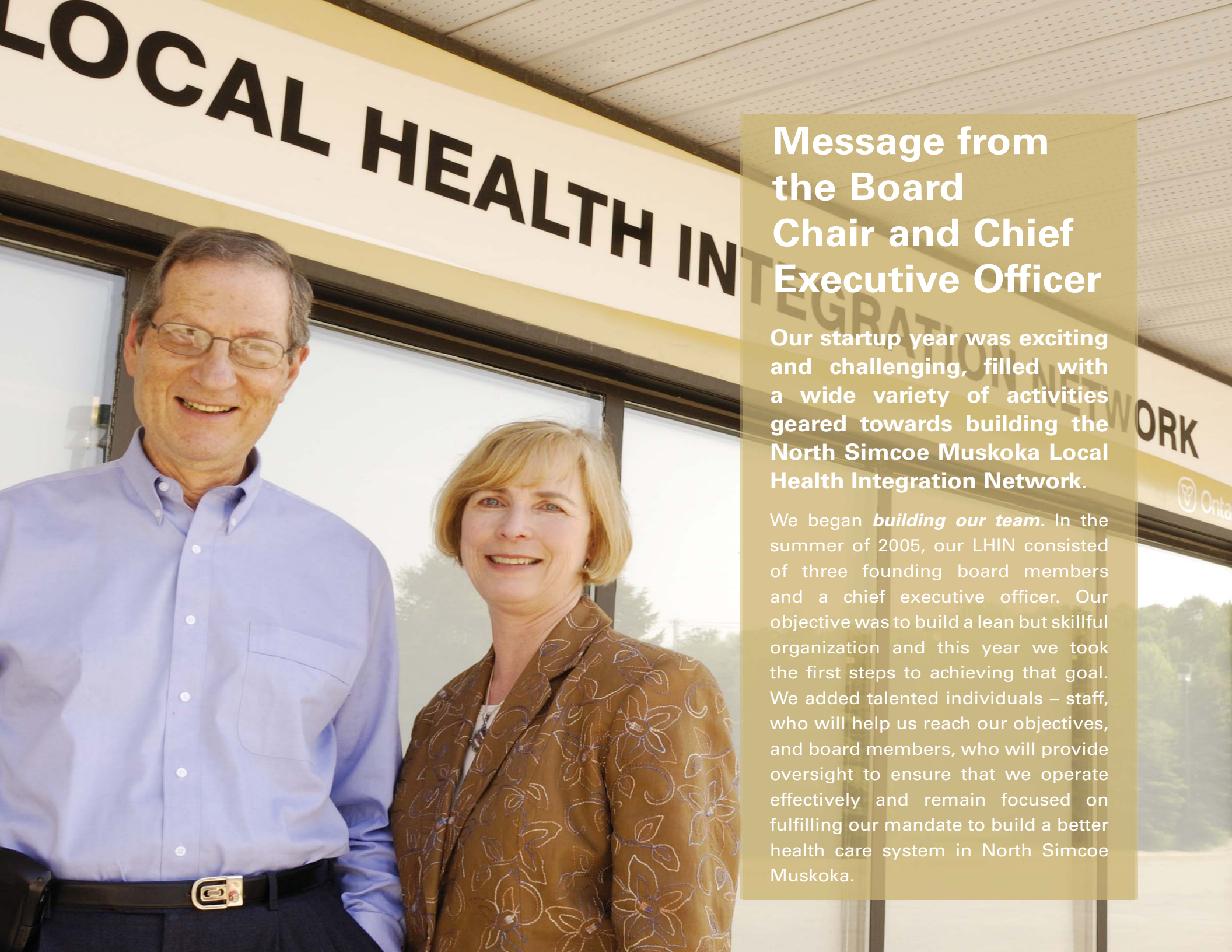
North Simcoe Muskoka
LOCAL HEALTH INTEGRATION NETWORK

Working Together for a Better Health Care System

North Simcoe Muskoka Local Health Integration Network

2005/06 Annual Report

Ontario



Message from the Board Chair and Chief Executive Officer

Our startup year was exciting and challenging, filled with a wide variety of activities geared towards building the North Simcoe Muskoka Local Health Integration Network.

We began ***building our team.*** In the summer of 2005, our LHIN consisted of three founding board members and a chief executive officer. Our objective was to build a lean but skillful organization and this year we took the first steps to achieving that goal. We added talented individuals – staff, who will help us reach our objectives, and board members, who will provide oversight to ensure that we operate effectively and remain focused on fulfilling our mandate to build a better health care system in North Simcoe Muskoka.

We began ***building a dialogue with our community***. A distinguishing feature of LHINs is the high level of involvement with their local community and other stakeholders. We began that process last summer with initial meetings with key individuals at many of the region's health care organizations. People expressed a real enthusiasm and willingness to embrace new approaches, build new partnerships and deliver new and improved health care services to the people of North Simcoe Muskoka.

The willingness to innovate and integrate can be witnessed at organizations across our LHIN, some of which are illustrated in success stories presented throughout this report. It is found in the spirited partnerships that are transforming and improving the quality of mental health and palliative care in North Simcoe Muskoka. It is what inspires a team of hospital pharmacists from our region to develop a new approach to hospital pharmacy services for all of Ontario. And it is what has enabled health care providers in North Simcoe Muskoka to significantly reduce the wait times for several major health services. These successes come from different areas of health care. They utilize different approaches to working cooperatively and take place in various parts of the North Simcoe Muskoka region. However, all share the same defining feature: they put service users first.

We began ***building a framework for creating North Simcoe Muskoka's first Integrated Health Service Plan***. This framework, which is now being implemented, will allow us to consider and prioritize a wide range of opportunities to strengthen our health care system. We have been meeting with and talking to a broad cross-section of the North Simcoe Muskoka community and our other stakeholders since last fall. We challenged them to, first think of ways to improve the health system and, then, to work together to build it. The response has been tremendous. People have willingly shared their experiences as patients, families of patients, and health service providers. They offered many well-considered suggestions for creating a better health care system and expressed a strong desire to help make that better health care system real.

Our first period of operation was short – just nine months from June 2005 to March 2006 – but it was highly productive. Many people contributed to our achievements, but none more than our staff, a small but talented, dedicated and enthusiastic team. As we move into our second year, and first full year of operation, our staff will again be key players in our success. This will be another year of building. We will move beyond talking about ways to make the system better to taking actions with our partners to truly ***build a better health care system***.

Ruben Rosen
Board Chair

Jean Trimnell
Chief Executive Officer

Introducing Local Health Integration Networks

Local Health Integration Networks (LHINs) are not-for-profit organizations established to plan, integrate and fund local health services within specific geographic areas. There are 14 LHINs across the province. They were created in recognition that a community's health needs and priorities are best understood by people familiar with the needs of that community and the people who live there, not from offices hundreds of kilometers away.

LHINs were established to fix the piecemeal way Ontario's health care system was organized. The goal is to create local links between health care services and health care providers, and to make it easier for patients and their loved ones to find their way through a very complex health system as they move from one health service provider to another.

LHINs will change the way our health care system is managed. They are based on the principle that community-based care is best planned, coordinated and funded in an integrated manner within the local community because local people are best able to determine their own health service needs and priorities. Through stakeholder engagement, LHINs will determine the health service priorities and will work with local health providers and community members to develop an Integrated Health Service Plan for their area. LHINs will eventually be responsible for funding and monitoring the accountability of their health service providers.

While LHINs will not directly provide services, the government is giving them the mandate for planning, integrating and funding health care services. LHINs will oversee nearly two-thirds of the health care budget in Ontario – almost $21 billion. As LHIN roles evolve over the next few years, the immediate benefits will include unprecedented opportunities for community input into health care planning.

For more information about LHINs, including answers to frequently asked questions, visit the LHINs' web site at www.lhins.on.ca

Local Health System Integration Act 2006

The Local Health System Integration Act, 2006 was introduced on November 24, 2005 and received Royal Assent on March 28, 2006. The purpose of the Act is to provide for an integrated health system to improve the health of Ontarians through better access to high quality health services, coordinated health care and effective and efficient management of the health system at the local level by Local Health Integration Networks.

The Act gives LHINs the power to plan, coordinate and fund certain health care providers (hospitals, long-term care homes, community support services, community health centres, Community Care Access Centres and community mental health and addictions agencies) in their specified geographic areas. It sets out the corporate organization of the LHINs, the powers of the LHIN boards of directors and requires the LHINs to have an accountability agreement with the Minister of Health and Long-Term Care.

The Act provides the legislative framework for creating a health system in Ontario that is:

- Community-based: engages the local community about needs and priorities
- Based on Partnerships: involves the Minister of Health and Long-Term Care, ministry, LHINs and service providers
- Forward Looking: emphasizes planning and priority setting
- Efficient: promotes effective allocation of funding to achieve priorities
- Accountable: utilizes clearly defined expectations and measures of achievement, which will be monitored and reported publicly, to provide checks and balances in the system
- Integrated: emphasizes coordinated health care with focus on client needs

The Act sets out certain requirements and authorities for the Ministry and the LHINs in the areas of: planning, community engagement, funding, accountability and integration.

As of June 2006 not all parts of the Act were proclaimed in force. A full copy of the legislation is available on e-laws at http://www.e-laws.gov.on.ca/home_E.asp?lang=en

Welcome to the North Simcoe Muskoka Local Health Integration Network

Relative to the province, North Simcoe Muskoka has a higher

- annual average population growth rate
- proportion of older people
- proportion of daily smokers
- prevalance of activity limitations
- prevalence of arthritis/rheumatism
- age-standardized all-cause mortality and hospitalization rates

Relative to the province, North Simcoe Muskoka has a lower

- percentage of immigrants, visible minorities and francophones
- prevalance of phsyical inactivity
- percentage of the population who had contact with a medical doctor in the past year
- life expectancy at birth for both males and females

Over 416,000 people live in the North Simcoe Muskoka region. Part of Ontario's recreational heartland, ours is one of the faster growing areas of the province. Barrie, the largest city in the region, has grown by two-thirds during the last decade. Wasaga Beach has doubled in size. The Mnjikaning First Nation community has grown by nearly one-half. Other communities whose growth has outpaced the province as a whole include Ramara, Penetanguishene and Huntsville.

Overall, North Simcoe Muskoka spans an area of 9,200 square kilometres. Our boundaries encompass the northern portion of Simcoe County, the Muskoka area and the communities of Craigleith, Feversham, Maxwell and Badjeros in Grey County.

As part of "cottage country" our seasonal population levels fluctuate considerably. In Muskoka, for example, the population increases by as much as a half during the summer months. This seasonal increase places greater demand on emergency and other urgent health services and requires considerable flexibility to accommodate the expanded needs.

Our region is also a popular retirement destination. That is a key reason why our communities, except Barrie, are home to a much higher proportion of people aged 65 or older. North Simcoe Muskoka also has a relatively low percentage of young adults and the proportion of people under the age of 19 is declining. The average age of people living in North Simcoe Muskoka will continue to increase at a rate faster than the rest of the province, if current trends persist. As a result, the region's health care providers will likely be called upon to treat an increasing number of age-related conditions and illnesses.

Our population is currently less culturally diverse than other areas of Ontario, with relatively low percentages of recent immigrants and visible minorities, and a high proportion of anglophones.

There is a strong link between social factors – such as education, employment and income – and an individual's health status. Education levels among people living in North Simcoe Muskoka are slightly lower than Ontarians in general. Forty-six per cent of adults over 20 years of age have completed post-secondary education, compared to 49 per cent for the province. Our region has fewer low-income families than the provincial average and lower rates of overall youth unemployment.

Aboriginal/First Nations communities are an important part of our region. The Aboriginal population experiences higher rates of unemployment, coupled with lower rates of education and income. First Nations communities also face higher mortality rates and use health services to a greater extent than provincial and national averages.

Three per cent of the residents of North Simcoe Muskoka are francophones, slightly lower than that of Ontario as a whole (4.7 per cent). At present, very little information about the francophone community is available on a LHIN basis. On a provincial-wide basis, the francophone population is somewhat older, and includes more elderly women than the general Ontario population. Levels of activity and chronic diseases are equivalent to the general population, with one notable exception: the rate of heart disease is higher among francophones.

North Simcoe Muskoka Population Comparison 2005-2016

These varying characteristics of our region's population, including our age demographics and the challenges confronted by our First Nations communities, all require local and innovative approaches to health services delivery.

Health Status and Practices

In general, health practices and outcomes in North Simcoe Muskoka are similar to the province. However, there are some significant differences within the region itself. For example, the rates of emergency room usage, hospitalization and mortality in Barrie and its surrounding areas are lower than the provincial average. Yet, these rates are higher than the average elsewhere in the region.

Understanding these variances will be important for the effective delivery of health services in North Simcoe Muskoka.

Overall, our region has higher rates of chronic diseases, such as arthritis and rheumatism, relative to the province. Hospitalization rates are also higher in North Simcoe Muskoka. Life expectancy at birth for both males and females is lower in the region. So is the percentage of the population who have had contact with a medical doctor in the past year.

Chronic illness places a high burden on the health care system and reduces the quality of life for those suffering from the condition. The greater prevalence of chronic illnesses in North Simcoe Muskoka may reflect the region's higher proportion of seniors.

As a popular recreational destination, it is not surprising that, compared to Ontario as a whole, people in North Simcoe Muskoka are more likely to be physically active. On the other hand, given the higher proportion of seniors, a greater number of people in the region report being limited in their activity because of a long-term physical or mental condition.

Poor health practices are related to increased risks of chronic diseases, mortality and disability. Our region has a higher percentage of people who smoke daily—21 per cent, compared to the provincial total of 17 per cent. Thirty-five per cent of the North Simcoe Muskoka adult population is considered to be overweight and 18 per cent are obese. However, the combined percentage of the region's overweight and obese residents (52 per cent) is only slightly higher than that of Ontario as a whole (49 per cent).

Building on a Local Success

Shorter Wait Times for Major Health Services

Hospitals across the North Simcoe Muskoka region have made significant progress in reducing wait times for most key health services, with the result that the region now has wait times that beat the Ontario targets for certain procedures.

In November 2004, the Government of Ontario announced its Wait Time Strategy, which refers to the time from when a patient or surgeon decides to proceed with a treatment until that treatment is completed. The strategy focuses on five major health services: cancer surgery, cardiac procedures, cataract surgery, hip and knee replacements, and MRIs and CT scans. Hospitals in North Simcoe Muskoka provide all of these services except cardiac procedures.

Wait time data in North Simcoe Muskoka has been collected since September 2005. The median wait times for cancer surgery, cataract surgery, hip and knee replacements and MRIs decreased significantly. Median wait times refer to the point when 50 per cent of patients had received treatment and the other 50 per cent were still awaiting treatment. The median wait time for cancer surgery was reduced by 38 per cent, cataract surgery dropped by 42 per cent, hip replacements by 53 per cent, knee replacements by 58 per cent and MRIs by 71 per cent.

In addition to measuring wait times, the government has also set access targets for each of the major health services. Access targets refer to the time when 90 per cent of patients should have received treatment. The wait times for cancer surgeries and cataract surgeries in North Simcoe Muskoka are both better than the government's access target times.

"We've demonstrated that we can improve wait times for the major health services," says Charlene Ley, director of health records, information and privacy services, Orillia Soldiers' Memorial Hospital. "By thinking systematically and working collaboratively – and sharing the successful initiatives already undertaken – we can further reduce wait times in North Simcoe Muskoka."

Some of the improvements in wait times resulted from: additional Ministry funding to perform more cases; minimizing operating room downtimes; creating additional surgery days for major health services during holiday periods; and maximizing the effectiveness of surgeons, nurses, anesthetists and occupational and physiotherapists to work as coordinated teams.

Operational Start-Up

In June 2005, the Government of Ontario hosted news conferences across the province to announce the formation of 14 Local Health Integration Networks and to introduce their board chairs, founding board members and the chief executive officers. The LHIN CEOs took office in August 2005 and, later that fall, we opened our office and were ready for business.

Initially, our LHIN consisted of three founding board members and our chief executive officer. In the fall of 2005, each LHIN received approval from the government to hire four additional staff members. We utilized the centralized recruitment and hiring process established for the LHINs to fill these positions as quickly as possible. Our office manager and the executive assistant to our CEO joined our LHIN in December 2005. The senior director for planning, integration and community engagement, and the senior director for contracts, allocations and performance monitoring joined us in early 2006. With this small team, together with several temporary and contract employees engaged from January to March 2006, we successfully completed the work we were required to perform under our Performance Agreement with the Ministry of Health and Long-Term Care. We will recruit additional permanent staff in 2006.

Beginning in the summer of 2005, and continuing throughout the fiscal year, extensive orientation sessions were held for the founding LHIN board members and staff. Our three initial board members and staff attended several "think tanks" hosted by the LHINs and the ministry on topics such as funding models, planning, corporate governance, ethics and a framework for ethical decision-making.

To ensure their cost-effective and efficient operation, Ontario's LHINs established a LHIN Shared Service Organization to provide common administration processes and they retained CGI to deliver payroll and financial services.

The LHINs have created a business operations manual that provides basic policies and procedures related to LHIN business operations. The manual includes a summary of legislative requirements that govern LHIN practices and standard policies and activities required by the Ministry for all LHINs. Working groups of LHIN office managers were formed to ensure a commonality of administration across all LHINs. We also developed a number of our own administrative and operational processes to support our local operations in North Simcoe Muskoka.

Building on a Local Success

Opening Doors to Better Mental Health Care

There are no "wrong doors" and no closed doors to people seeking to access the North Simcoe Community Mental Health System, which serves the area to the north of Coldwater and Elmvale in Simcoe County. Whether an individual requires in-patient psychiatric services for a lifelong illness, rehabilitative, shorter-term community support to cope with a temporary crisis, or something in between, the region's three participating organizations are all prepared to provide help.

The North Simcoe Community Mental Health System comprises the Wendat Community Psychiatric Support Programs, the North Simcoe Catholic Family Life Centre and the Mental Health Centre Penetanguishene – Outpatient Services Program and Rehabilitation Services. Each of the individual organizations concentrates on a specific segment of mental health care needs.

Yet, they share a common intake process, creating greater ease of access to those seeking services. Collectively these organizations provide a continuum of services including psychiatrist, case management, vocational services, recreation, active treatment, psychotherapy, occupational therapy and more. This offers our residents a single point of entry to a full range of mental health services.

"People seeking mental health help shouldn't have to shop around to find the right provider to match their needs," explains Lorna Tomlinson, executive director of Wendat and a member of the management team of the North Simcoe Community Mental Health System. "We share a common intake process and follow a single plan of care for mutual clients," Tomlinson says. "We can all accept new clients knowing they will receive the care they need, regardless of whether the admitting organization is positioned to be that provider."

The mental health system succeeds because it is more than just a working partnership of three organizations. It has a blended management team, pools resources among its member organizations, undertakes joint staff training and more to result in an integrated system. Collectively the system's capabilities and services far exceed the sum of those of the individual participating organizations.

Working in close partnership, for example, has helped eliminate duplication of services. It also allows for an increased number of services, particularly to specialty groups and high-end users of the formal mental health system. The region recently opened a seven-day a week crisis program, which operates primarily out of the emergency room at Huronia District Hospital.

"Each of our organizations is funded differently, with its own accountabilities and reporting," Tomlinson says. "What we share, though, is a belief that patients come first and that working together enables us to be far more effective in meeting their needs."

Governance

The North Simcoe Muskoka LHIN is governed by a nine-member Board of Directors. Each director may serve for a maximum of six years, with the terms of one-third of the board members due for renewal each year. The terms of the initial nine directors have been staggered in order to achieve this level of renewal.

In this start-up year, building the board – recruiting members, establishing structures and procedures, and providing orientation and education – was a major activity. Our objective was to create a skill-based board of directors, encompassing a broad range of experience, coupled with an understanding of the board's role in providing good governance. Also desirable, though not critical, was for the board to reflect a cross-section of the various regions in North Simcoe Muskoka. We are pleased to report that we were successful in building a board that meets all of these criteria.

Our three founding board members were appointed in June 2005, with three additional directors appointed by the government in January 2006. The final three members were selected by a Community Nominating Committee from the North Simcoe Muskoka community and appointed in the spring of 2006.

The Community Nominating Committee was comprised of the board chair, vice-chair and three members of the North Simcoe Muskoka community. In September and October 2005, the committee held public information sessions in Huntsville, Midland and Barrie and received applications from 45 prospective board members. After reviewing the applications, the committee interviewed selected candidates and in November put forward four names to the LHIN Board for consideration. It, in turn, forwarded the names of three candidates to the Minister of Health and Long-Term Care. The three final members joined the board in May and June 2006. A similar community-based nomination process will be used to select future board members.

The board has met monthly since August 2005.

In the coming year, the board will establish committees to oversee key areas of its responsibilities. The board deferred establishing committees this year until all nine directors were appointed and the Local Health System Integration Act was passed. The Act will provide guidance on the required board committees for LHINs.

The aggregate remuneration for members of the board of directors for fiscal 2005/06 was $62,300.

Board Orientation and Development

A variety of orientation tools and activities have been utilized to help our board members gain an understanding of their roles and responsibilities, as well as those of the LHIN itself. At the provincial level, our board chair participated in all sessions conducted by the Ministry of Health and Long-Term Care for LHIN board chairs, as well as a number of additional "think tank" sessions. Other directors have participated in various ministry orientation sessions for board members.

Locally, a number of director sessions were held to help the board develop the initial structures and processes

Overview of the 2005-2006 North Simcoe Muskoka LHIN Community-Based Board Nomination Process

1. The Board establishes a Community-based Nominating Committee

2. The Nominating Committee recruits and recommends up to six candidates to the Board

3. The Board reviews and recommends up to three candidates to Minister's Office

LHIN-led Processes

Minister's Office reviews Nominees

Cabinet reviews Nominees

Standing Committee on Government Agencies reviews and/or interviews Nominees

Lieutenant Governor

Board members selected through the community-based nomination process: Lynda Coad, Mick Peters and Lynn Stevenson.

it will use in carrying out its stewardship responsibilities. Our board has prepared a comprehensive orientation binder, which was supported by an orientation session for board members in January 2006. We are continuing to update the orientation binder as further relevant materials become available.

The North Simcoe Muskoka LHIN also held education sessions for board members on issues related to our community engagement activities and the development of the North Simcoe Muskoka Integrated Health Service Plan.

The board will continue to review its role and responsibilities, as well as the related education and training needs required by board members. Further orientation programs are being developed, as required, to satisfy any training needs identified for the board.

Responsibilities of the Board

The board of directors is responsible for ensuring that the North Simcoe Muskoka LHIN fulfils its mandate and responsibilities as set out in its Letters Patent, bylaws, approved business and strategic plans, relevant government and ministry directives, guidelines, policies and procedures and the LHIN's Memorandum of Understanding with the Ministry of Health and Long-Term Care. The board, through the chair, is also accountable to the Minister for the LHIN's use of public funds and for results in terms of goals, objectives and performance of the local health system.

In August 2005, the North Simcoe Muskoka LHIN entered into an Interim Performance Agreement with the Ministry of Health and Long-Term Care, under which it committed to achieve a number of objectives by March 31, 2006. The board has reviewed the LHIN's performance against those objectives and is satisfied that the LHIN effectively fulfilled its responsibilities. These include establishing the board and board practices, implementing the LHIN's functions, developing a community engagement strategy, establishing an approach to creating the Integrated Health Service Plan and setting up the LHIN's business operations. Many of these activities are discussed in greater detail in this report.

During the period of the LHIN's Interim Performance Agreement (August 2005 to March 2006), the board agreed that our chief executive officer's performance objectives would be tied to the objectives set out in the Performance Agreement. A LHIN-wide working group has since developed a process by which all LHIN CEOs' future performance reviews will be conducted.

The Ministry developed a conflict of interest policy for all LHINs and our board will have ongoing responsibility for monitoring and ensuring our LHIN's compliance with it. The policy's purpose is to maintain and enhance public confidence and trust in the LHIN and to promote a standard of conduct that will establish the integrity, objectivity and impartiality of the affairs and decision-making processes of the LHIN. The policy also enables the Minister, the LHIN and its directors to recognize and to avoid, mitigate or manage conflict of interest situations and to ensure that all real, perceived or potential conflicts of interest are resolved in the public interest.

Building on a Local Success

Patient-Focused Palliative Care

Palliative care – active, compassionate care for those facing life-threatening illness and bereavement – will now be one of the most patient-focused, following the formation of the new Simcoe Muskoka East Parry Sound (SMEPS) Palliative Care Network.

With its focus on treating the whole person – including families – palliative care is typically delivered through a wide array of health service providers. Hospitals, hospices, long-term care homes and a variety of community support agencies, all have a part to play in helping relieve terminally ill patients' suffering and improving their quality of life.

"As a palliative patient's condition changes, different health care providers are best able to meet the patient's complex needs, for example a move from community care to a hospital to a long-term care facility," says Brenda Smith, director of the SMEPS Palliative Care Network. "In the past, these transitions created traumatic challenges for patients and their families. Patients often had to make their own arrangements with a new provider. They sometimes had to wait for space to become available and, at every step, the patient experienced the frustrating and time-consuming process of being re-assessed by each new health care provider. This is such a difficult time for individuals; support needs to be in place at diagnosis of a life-threatening illness with a coordinated, consistent plan," Smith says.

In March 2006, 42 enthusiastic palliative care providers in North Simcoe Muskoka met to develop a vision and framework to better meet the needs of palliative care patients and their families, based on the Ontario End-of-Life Care Strategy, announced in 2004. This new strategic plan builds on the North Simcoe Muskoka region's Priority Integration Report developed earlier.

Through the SMEPS Palliative Care Network, palliative care providers in North Simcoe Muskoka have a strategy and mechanism to work co-operatively to improve the scope and quality of palliative care. Now, all palliative care providers will follow the same approach – based on the National Palliative Care Standards – allowing patients a nearly seamless and easy transition between different providers.

"A big advantage of this approach to palliative care is that it allows individual providers to become 'centres of excellence' in their areas of palliative care," Smith says. "We are so fortunate to have highly dedicated provider agencies, facilities and individuals in the network that are interested in developing an innovative, integrated system that will be there to provide a patient and family with excellent and timely palliative care, wherever their 'home' is."

Our Leadership Team

From left to right: Mick Peters, Lynda Coad, George Todd, Shelly van den Heuvel, Ruben Rosen, Carolyn Bray, Jean Trimnell, Ted Williams, Lynn Stevenson and Don Bell

Ruben Rosen – Chair
(Collingwood) June 2005 – June 2008

Ruben Rosen is a chartered accountant and management consultant whose career as a senior partner with Deloitte & Touche spanned from 1957 to his retirement in 2003. Rosen has held numerous financial and consulting positions related to government and health care – including special consultant to the Minister of Health and the Minister of Social Services for the Province of New Brunswick, consultant to the Government of Nova Scotia on the development of the Medicare System and consultant to the Auditor General of Canada. His community involvement includes serving as a member of the Board of Directors of the Foundation of Sunnybrook Health Sciences Centre. Most recently, Rosen was treasurer of the Board of Trustees of the Collingwood General and Marine Hospital.

Shelly van den Heuvel – Vice-Chair
(Huntsville) June 2005 – June 2008

Shelly van den Heuvel is a consultant and trainer working with Canadian companies in various industries including automotive, financial services and manufacturing. She previously worked as vice-president of CIBC, vice-president of Celestica Inc., senior consultant with Impletech International Inc., general manager of Allied Signal Aerospace Toronto and director of TRW Automotive Electronics. Van den Heuvel is an active member in the community, a past director of Algonquin Health Services and a past member of the South Muskoka Memorial Hospital's Joint Governance Steering Committee.

Donald J. Bell
(Elmvale) January 2006 – January 2008

Donald Bell is a beef and cash crop farmer near Elmvale in Simcoe County. He served for 24 years in local municipal politics in both Flos and Springwater Townships. Bell was elected warden of Simcoe County in 1990. He has also served as chair of the board of the Simcoe County Community Care Access Centre.

Carolyn Bray
(Bracebridge) January 2006 – February 2007

Carolyn Bray has been the executive director of the YWCA of Muskoka since 2002. A graduate of Dalhousie University, she relocated from Halifax to Muskoka in 1987. Bray began her career as a broadcast journalist and has subsequently enjoyed a career dedicated to public health promotion, national women's health projects, community development and economic development in rural Ontario. Her past community volunteer work includes serving as chair of Health Promotion Specialists of Ontario, vice-chair of Addiction Outreach of Muskoka and committee member of the Muskoka Parry Sound District Health Council.

Lynda Coad
(Bracebridge) May 2006 – May 2008

Lynda Coad, recently retired, was co-chief nursing officer and director of the medical, continuing care, and long-term care programs at the Timmins and District Hospital. Prior to this, she was the hospital's director of education. Coad began her career as an ICU/critical care nurse and was manager of the critical care unit at St. Mary's Hospital in Timmins. She provided leadership in health care at the community and regional levels, particularly in cancer care, dialysis services and care for seniors. Presently, Coad is a member and tutor with the Literacy Society of South Muskoka.

Mick Peters
(Craigleith) May 2006 – June 2007

Mick Peters is a retired health care executive who has served in a variety of professional and voluntary capacities. Most recently he served as chair of the Grey Bruce Community Care Access Centre, chair of the Grey-Bruce Health Network and member of the Hanover and District Hospital Board. He has also served on the board of the Heart and Stroke Foundation of Ontario, Central Toronto Youth Services, Durham Save a Heart and Grey Bruce Health Services. His career has spanned 25 years in health care, including positions as executive director of a district health council and as a senior manager with the Province of Ontario. Peters holds a Master's Degree in Health Economics, specializing in health planning and financing.

Marilynn Stevenson
(Barrie) June 2006 – June 2007

Marilynn (Lynn) Stevenson had a long career with the Canadian Red Cross, Simcoe/ Muskoka branch, including positions managing the branch, community health services, homemaking services and home support services. Prior to this, Stevenson worked as a program supervisor for Georgian College and as the coordinator of Senior and Community Services for the City of Barrie. Stevenson was a member of the board of Victoria Village, a project of Life Lease Units, Long-Term Care Facility, City of Barrie and Commercial Spaces. She has served on the boards of a number of other community organizations, including the YM-YWCA, Older Adults Centres of Ontario, United Way -Simcoe County and Simcoe York District Health Council.

George Todd
(Midhurst) June 2005 – June 2008

George Todd is president and CEO of Barrie Hydro Distribution Inc. and chair of the Board of Directors of SCBN Telecommunications Inc. He has served as general manager of the Barrie Public Utilities Commission, commissioner of works for the City of Vaughan and assistant general manager of operations with Vaughan Hydro. From 2000 to 2003, Todd was councillor for the Township of Springwater.

Ted Williams
(Rama/Orillia) January 2006 – January 2008

Ted Williams is a consultant, entrepreneur and professional speaker. He is currently the chair of the Mnjikaning Police Services Board. He served on the Chippewas of Rama Council for four years (two years as chief) and was economic development advisor for Ogemawahj Tribal Council for one year. From 1996 to 2001, he served as vice-president of corporate affairs and human resources of Casino Rama and chair of development of Casino Rama in 1995-96. Williams has worked as the addiction counsellor for several years in Rama and spent considerable time working with youth. He has served on the boards of many community organizations including Simcoe County Board of Education, Huronia Tourism, Orillia Chamber of Commerce and the Working Partnerships Advisory Committee, ONAS Province of Ontario.

Jean Trimnell
Chief Executive Officer

From 2000 to 2005, Jean Trimnell was the inaugural president and chief executive officer of the Northeast Mental Health Centre, based in Sudbury and North Bay. She has also held vice-president positions at Toronto's Centre for Addiction and Mental Health and Wellesley Central Hospital. Trimnell has extensive experience in change management, stakeholder consultation and program restructuring. Earlier in her career, she held a number of clinical and teaching positions in organizations across Ontario. In addition, she has regularly served on regional and provincial working groups and committees, most recently including the Ontario Hospital Association's Mental Health and Addiction Leadership Council and the NE Regional Cancer Advisory Committee. Trimnell holds a Master's of Science in Nursing from the University of Toronto and she is a certified health executive.

Building on a Local Success

North Simcoe Muskoka Team Helping Transform Hospital Pharmacies in Ontario

Six health care providers in North Simcoe Muskoka are undertaking a study to enable hospital pharmacies across Ontario to become safer, more efficient, and have greater patient focus.

"Around the globe, hospital pharmacies are all focusing on developing and implementing new processes and practices to improve safety, increase workplace satisfaction and reduce errors, length of stay and costs," says Judy Chong, project lead for the North Simcoe Muskoka Hospital Consortium that is conducting the pharmacy transformation project. "Perhaps the biggest benefit of these new pharmaceutical approaches is that they free up pharmacists' time for increased clinical consultations and providing assistance to other health professionals and patients."

The North Simcoe Muskoka project is one of two pharmacy transformation studies being conducted for the Ontario Hospital Association and funded by the Ontario Ministry of Finance. Each project is building a business case for implementing centralized or regionalized pharmacy production, distribution and purchasing centres to serve a network of hospitals and other health care providers. Currently, each hospital has its own pharmacy to prepare intravenous admixtures, parenteral nutrition solutions, unit dose packaging and other medications. A central or regional pharmacy production centre, using automated packaging systems including robotics, could reduce error rates and time required to fill and dispense drugs.

The North Simcoe Muskoka Hospital Consortium project includes the Collingwood General and Marine Hospital, Mental Health Centre Penetanguishene, Muskoka Algonquin Health Services, North Simcoe Hospital Alliance, Orillia Soldiers' Memorial Hospital, and Royal Victoria Hospital. If the business case produced by the study proves feasible, it is expected to receive funding for implementation as a pilot project.

The development of a more efficient and effective hospital pharmacy system is important for the North Simcoe Muskoka region, which will face increasing demand for health care services as a result of the region's fast-growing population.

"The benefits of an effective, centralized pharmacy are wide-ranging," Chong notes. "They include a positive effect on health care, human resources and the creation of economies of scale that can lead to more effective, efficient and standardized management of drug inventories and logistics," Chong says. "Patients, though, are the big winners. Pharmacists will have more time to consult with them directly and the use of leading-edge technologies to prepare medications will improve patient safety levels."

Integrated Health Service Plan

In the fall of 2006, the North Simcoe Muskoka LHIN will publish an Integrated Health Service Plan (IHSP) that will outline the planning, integration and funding of health services in the region over the next three years. This multifaceted plan will be based on input from our various stakeholders who will help us consider and prioritize a wide range of issues and challenges, and focus our plan on those activities that present the greatest opportunity for improving the delivery of health care services.

In April 2006, our board approved a strategy that will coordinate the many individuals and activities required to create North Simcoe Muskoka's first Integrated Health Service Plan. The strategy sets out the process we will use to identify and prioritize issues, defines the Board's role in that process and outlines how we will communicate our planning activities to our stakeholders.

Identifying the Issues

North Simcoe Muskoka's health care system is complex and multifaceted. To ensure that our Integrated Health Service Plan considers all of the issues affecting the system, its key sectors and the many participating organizations, we will base the IHSP on information gathered from a wide range of sources and stakeholders. For example, our Community Engagement Strategy uses a combination of surveys, focus groups and public events to provide community members with the opportunity to put forward their views, concerns and suggestions. We will also examine the issues already identified in the Integration Priority Report.

Local Health System Scorecards have been developed provincially and for each LHIN, and we will use them to help identify issues to be considered for the IHSP. The scorecards' 21 indicators examine directions for improving performance in utilizing and disseminating knowledge, integrated care, health status and outcomes and health system sustainability and equity.

We will review scientific and other reports produced since 2001, such as the Simcoe York and Northern Shores District Health Council (DHC) planning documents. We will also examine descriptions of the population health status, programs and services and health human resources, including health status summaries of the population in each of the five planning areas of the North Simcoe Muskoka region. We will take into account sector reports on acute care, Community Care Access Centres, long-term care, rehabilitation, mental health, addictions, community support services, French language services and Aboriginal and First Nations. All of these activities will enable us to consider the current health care integration activities and to assess the system's readiness for change.

Developing a Priority-Setting Framework

The wide range of information sources to be considered in developing the IHSP will likely identify hundreds of issues to consider for improving the health care system in North Simcoe Muskoka. To help us focus on the most important of these issues, we have developed a priority-setting framework based on similar community-involved priority-setting activities conducted in other jurisdictions.

There are four key steps in this process. First, the LHIN Board will issue a list of criteria for public consultation and ranking in early June; a final list of priority-setting criteria will be based on input gained through this consultation. Second, at a facilitated workshop, representative LHIN stakeholders will review the issues that have been identified, group them by theme and assess the implications and impact of each key theme. Third, through a second facilitated workshop, representative LHIN stakeholders will prioritize the key themes by using a set of ranking criteria developed with input from members of the community. Finally, the board will approve the strategic goals to be included in the Integrated Health Service Plan.

Communicating the Plan

North Simcoe Muskoka's Integrated Health Service Plan will be developed with extensive input from our stakeholders and it is important for them to receive timely information about the decisions and progress made in developing the plan. We will communicate to our stakeholders through a variety of media, including newsletters, press releases, press conferences, the LHIN website, fact sheets and presentations to service clubs, annual general meetings and other public events.

Engaging Our Community

A distinguishing feature of Ontario's LHINs is a mandate to work with their communities to improve the delivery of health care services.

We are committed to engaging our stakeholders in our activities to ensure that we consistently understand and consider their concerns in our decision-making. Similarly, we want to ensure that our stakeholders – the public at large, patients, clients, consumers, service providers, and others – are provided with the balanced and objective information they need to understand our role and mandate, as well as the responsibilities and expectations of all stakeholders.

This year, we undertook a number of initiatives to meet, engage and begin an ongoing dialogue with members of our community.

Between August 2005 and March 2006, our board chair and CEO met with most of the health care agencies that operate in the North Simcoe Muskoka region. (We will meet with the remaining agencies in the 2006-07 fiscal year.) At our meetings, we discussed the health care needs of the region and the agency's role in helping to meet those needs. We also discussed the nine health care integration priorities identified for North Simcoe Muskoka.

We have reached out to community leaders to help them

Francophones in North Simcoe Muskoka

The health status of North Simcoe Muskoka's francophone population is similar to the general population in the region. Generally, Ontario francophones tend to rate their health lower and indicate a greater need for assistance with daily activities. Rates of heart disease are higher among francophones, and more francophones are daily smokers than the overall provincial average.

We will establish a French Language Service Engagement Advisory Table to help us assess and address the health care needs of francophones in North Simcoe Muskoka.

understand the LHIN's role in helping to build a better health care system in the North Simcoe Muskoka region. These leaders include local MPPs, members of regional and city councils, senior regional municipal staff, regional directors for the Ministry of Community and Social Services and the Ministry of Children and Youth Services, and others.

Provincial health care organizations are important contributors to the quality of health care in North Simcoe Muskoka. Our chair and CEO have participated in activities with the Ontario Hospital Association, Ontario College of Family Physicians, Ontario Medical Association, Cancer Care Ontario and the Ontario Health Providers Alliance. On behalf of the CEOs of Ontario LHINs, our CEO also maintains strong links with the mental health and addictions sector and works with the Council of Academic Hospitals of Ontario.

All told, by March 2006, we had met with an estimated 1,500 stakeholders from across North Simcoe Muskoka. This number will grow significantly as the broader public engagement process unfolds.

Surveying Our Community

We developed a survey questionnaire to determine issues of importance to members of the public, including both current users of the health care system and those who do not usually access it. Our survey also targeted health care agencies and other health-related service providers, including their board members, executives and frontline staff.

We asked respondents to provide information about their recent experiences with the health care system, to identify areas that work well and those that need improvement. Individuals were also asked to suggest one priority area for change. In the spring of 2006, the survey was widely distributed by mail, e-mail, telephone and newspapers, as well as to people attending public events and meetings and through members of our Public Engagement Advisory Tables.

Building on the Integration Priority Report

In November and December 2004, the Ministry of Health and Long-Term Care hosted community workshops in each of the proposed LHIN locations as a first step in engaging communities to prepare for the transition to LHINs. Over 100 organizations attended the North Simcoe Muskoka Community Workshop, out of which was developed the North Simcoe Muskoka Integration Priority Report. The report was submitted to the Ministry of Health and Long-Term Care in February 2005.

When the North Simcoe Muskoka LHIN received the Integration Priority Report in June 2005, we immediately began several initiatives to ensure that the report's nine integration priorities would be considered when we developed our Integrated Health Service Plan.

Our board chair and CEO discussed the report's integration priorities at meetings with the region's health care agencies. We also hosted a meeting in January 2006 to assess the provincial and local status of each of the report's priorities. These discussions and meetings confirmed the appropriateness of many of the report's priorities and led us to incorporating a number of them in the LHIN's activities.

We are committed to ***developing a health information management network*** and ***developing an e-client record*** as part of an overall e-health initiative. We will develop a human resources plan in partnership with the Rural Ontario Medical Program.

Improving access to primary health care is also a key priority for us, and we are addressing it through the establishment of family health teams and the work being undertaken by the Central Simcoe Primary Care Forum. Another goal – to ***optimize the role of community support services*** – will be led by the North Simcoe Muskoka Coalition of Community Support Agencies. Finally, our commitment to ***creating a supportive palliative care team for North Simcoe Muskoka*** is being led by the Simcoe Muskoka East Parry Sound Palliative Care Network, and is described in greater detail in this report.

We deferred action on three other recommended priorities until they are analyzed further as part of the issues identification and priority setting process associated with the Integrated Health Service Plan. These priorities are ***ensuring efficient and sensitive client transition between service sectors, establishing a system navigator*** and ***improving access to rehabilitation services.***

Community Engagement

Our stakeholders include anyone who may be affected by or has the ability to affect, the activities of the North Simcoe Muskoka LHIN. The largest stakeholder group is the 416,000 people who live in the North Simcoe Muskoka region.

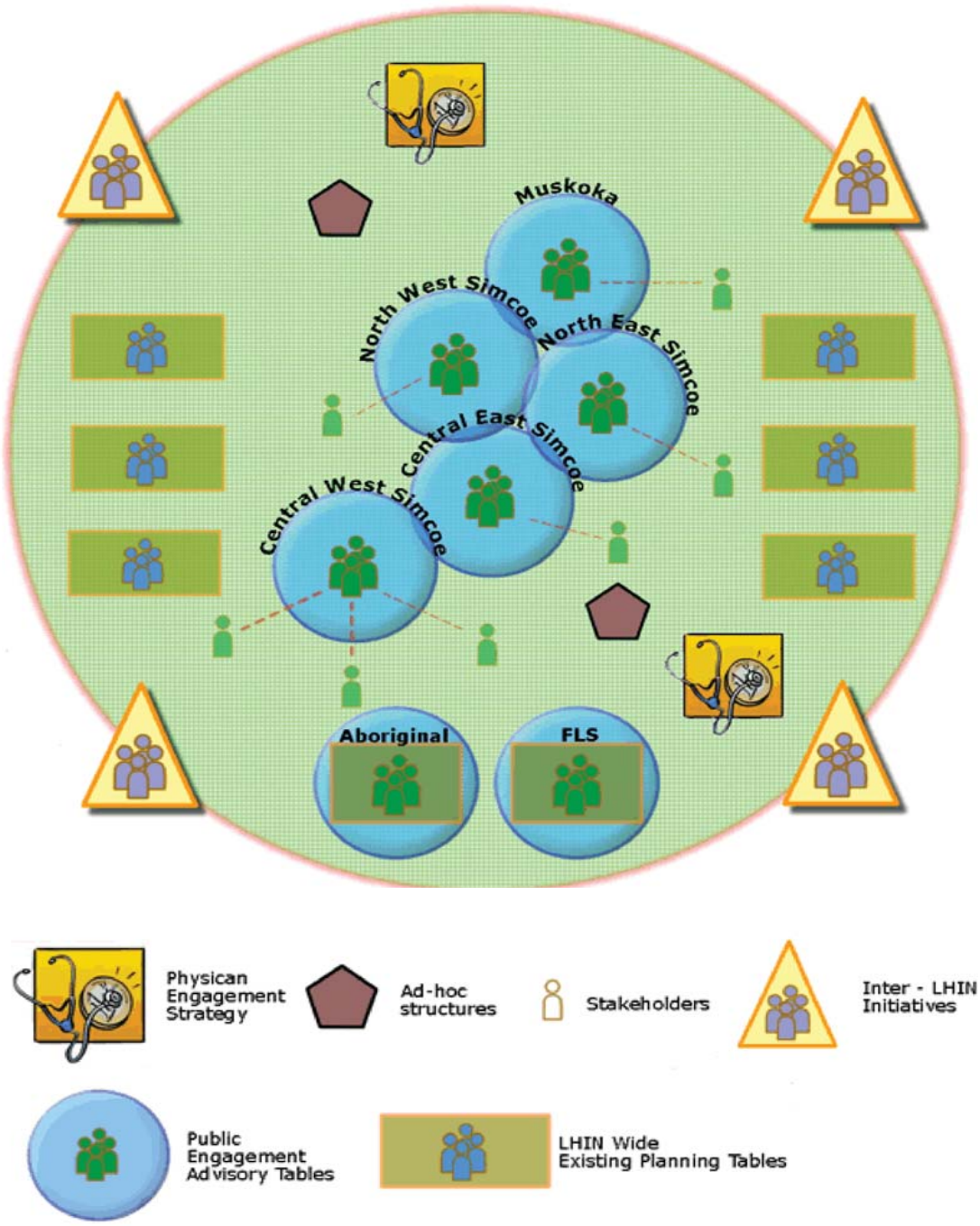
We have developed a formal community engagement process to help us partner and build relationships with individuals and groups throughout our community, so we can involve them in activities such as identifying and developing preferred approaches for delivering integrated health care services.

Our strategy proposes different approaches to reach various stakeholder groups. For example, health service providers to be funded by the LHIN and other health-related providers will be engaged through established communications channels and participation in various events. Similarly, existing health care networks, health planning tables and other Ontario LHINs, will be engaged through provincial associations and other mechanisms. We are designing a special process to involve physicians in our activities.

It is important to have the people of the North Simcoe Muskoka region participating in our planning activities. To enable their involvement, we delineated the region into five public engagement areas based on travel distances, commonly understood patterns of health and other service use, municipal boundaries and hospital catchment areas. We will establish a Public Engagement Advisory Table (PEAT) in each area, in the spring of 2006. Each PEAT will consist of six to eight volunteer members, who are connected to and intrinsically know and understand their communities.

Public Engagement Advisory Tables will play several roles. They will advise us on the best ways to engage the

PUBLIC ENGAGEMENT	MUNICIPALITIES WITHIN PUBLIC ENGAGEMENT AREA
Central East Simcoe	Barrie, Innisfil, Essa, Springwater, Oro-Medonte
Central West Simcoe	Collingwood, Wasaga Beach, Clearview and part of Grey County including Craigleith, Feversham and Maxwell
North East Simcoe	Orillia, Severn, Ramara, Chippewas of Mnjikaning First Nation
North West Simcoe	Midland, Penetanguishene, Tay, Tiny, Christian Island, Beausoleil First Nation
Muskoka	Bracebridge, Gravenhurst, Muskoka Lakes, Georgian Bay, Wahta Mohawk First Nation, Moose Deer Point First Nation, Huntsville, Lake of Bays



Understanding Aboriginal Health Issues

Aboriginal/First Nations people face some distinct health care needs, and we are working with local Aboriginal groups to develop a clear picture of Aboriginal health issues in North Simcoe Muskoka.

The first step in the process includes a literature review, development of a demographic profile and review of current health care best practices, which will be completed in June 2006.

During the summer of 2006, we will gather further input through focus groups of members of Aboriginal communities and organizations. These focus groups will be conducted in connection with the Ontario Urban Aboriginal Task Force Community Advisory Committee – a research project focusing on Aboriginal people in Orillia, Barrie and Midland, and the Barrie Area Native Advisory Circle – and will include a health planning forum with representation from many Aboriginal and First Nations communities

community in each area. They will act as conduits and ambassadors between the LHIN and their community. PEATs will also serve as a bridge between planning and community engagement that moves beyond the talking and thinking phase to taking action together. They will foster the involvement of patients, clients, residents and other community members in providing input to the LHIN.

We also began a process to establish planning relationships with both the region's francophone and Aboriginal/First Nations populations. Regulations under the Local Health System Integration Act 2006 will further define the requirements for this aspect of our on-going community engagement.

Financial Statements

Auditor's Report

To the Members of the Board of Directors of the North Simcoe Muskoka Local Health Intergration Network

We have audited the statement of financial position of the North Simcoe Muskoka Local Health Integration Network (the "LHIN") as at March 31, 2006 and the statements of operations and changes in net assets for the period from the date of incorporation July 9, 2005 to March 31, 2006. These financial statements are the responsibility of the LHIN's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, these financial statements present fairly, in all material respects, the financial position of the North Simcoe Muskoka Local Health Integration Network as at March 31, 2006 and the results of its operations and its cash flows for the period from the date of incorporation July 9, 2005 to March 31, 2006 in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Deloitte & Touche LLP
Chartered Accountants

Toronto, Ontario
June 2, 2006

Statement of Financial Position

March 31, 2006

Assets	
Cash	$ 31,317
Capital assets (Note 3)	1
	$ 31,318
Liabilities and Net Assets	
Accounts payable and accrued liabilities (Note 4)	$ –
Net Assets	31,318
	$ 31,318

Approved by the Board

RJ Rosen
Director

S. vandenHeuvel
Director

Statement of Operations and Changes in Net Assets

Period from the date of incorporation, July 9, 2005 to March 31, 2006

Revenue	
Ministry of Health and Long-Term Care ("MOHLTC") Funding	$ 5,000
MOHLTC payroll reimbursement	230,293
	$ 235,393
Expenses (Note 5)	
Salaries and benefits	$ 201,636
Office supplies	1,663
Postage and courier	92
Catering	470
Other	114
	$ 203,975
Excess of Revenue Over Expenses	$ 31,318
Net Assets, Beginning of Period	-
Net Assets, End of Period	$ 31,318

Notes to Financial Statements

1. Description of Business

Formation and status

The North Simcoe Muskoka Local Health Integration Network was incorporated by Letters Patent on July 9, 2005 as a corporation without share capital. Following Royal Asset to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the North Simcoe Muskoka Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in both the Act and the Memorandum of Understanding between the LHIN and the Ministry of Health and Long-Term Care ("MOHLTC"). Funding of the LHIN by the MOHLTC in the fiscal year ended March 31, 2006 was made pursuant to the terms of a Performance Agreement.

LHIN operations

The objects of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The North Simcoe Muskoka LHIN includes the municipalities of Muskoka, most of Simcoe County and part of Grey County.

Fiscal period

These financial statements represent the activities of the LHIN from July 9, 2005, the date of incorporation, to March 31, 2006.

2. Significant Accounting Policies

Financial statement presentation

The financial statements have been prepared in accordance with the accounting standards for not-for-profit organizations published by the Canadian Institute of Chartered Accountants using the deferral method of reporting restricted contributions.

Revenue recognition

Ministry of Health and Long-Term Care funding is recognized as revenue in the year in which the related expenses are incurred. Any designated funds for which the expenses have not been incurred are recorded as deferred revenue.

Use of estimates

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

3. Capital Assets

The LHIN office maintains a record of assets purchased on its behalf by the MOHLTC. The nature of these assets includes:

· Leaseholds (arranged by the Ontario Realty Corporation)
· Furniture and equipment
· Computer software and equipment

These assets have been reflected at a nominal dollar value of $1, as the payments for these assets have been included in the expenditures of the MOHLTC.

4. Accounts Payable and Accrued Liabilities

The MOHLTC has included accounts payable and accrued liabilities totaling $164,808 in its records on behalf of the LHIN as at March 31, 2006. These expenses are included in amounts disclosed in Note 5.

5. Expenses

All other operating expenses, other than those disclosed on the statement of operations, were approved and paid for on behalf of the LHIN by the MOHLTC. These expenses for the period ended March 31, 2006 are as follows:

Salaries and benefits	$ 79,656
Accommodation/occupancy	1,404,249
Common services	42,126
Information technology	101,317
Other expenditures	298,648
	$ 1,925,905

6. Guarantees

(i) 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

(ii) An indemnity for the Chief Executive Officer was provided directly by the LHIN. Between March 28, 2006 and March 31, 2006, the directors, officers and employees of the LHIN received the benefit of Section 35 of the Act.

7. Statement of Cash Flows

A statement of cash flows has not been provided, as the information it would contain is readily determinable from the accompanying statements.

Staff Members

Jean Trimnell
Chief Executive Officer

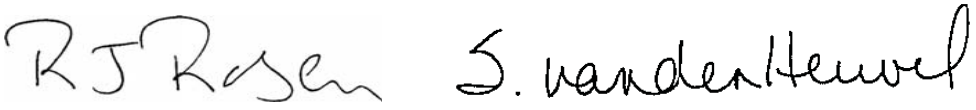
Vic Sahai
Senior Director, Performance, Contract & Allocation

Jill Tettmann
Senior Director, Planning, Integration & Community Engagement

Tammy McLennan
Office Manager

Marilyn Clark
Executive Assistant to the CEO

On behalf of the Board of Directors of the North Simcoe Muskoka Local Health Integration Network, we are pleased to submit this Annual Report for the period ended March 31, 2006.



Chair

Vice Chair

Acknowledgements

Hugh Miller
Writer

Maureen Murray
Editor

Stephan Potopnyk
Photographer

North Simcoe Muskoka
LOCAL HEALTH INTEGRATION NETWORK

Contact Us

Telephone:
705-326-7750
1-866-903-5446

Address:
210 Memorial Avenue, Suite 127-130
Orillia, ON L3V 7V1

Website:
www.lhins.on.ca/english/NorthSimcoeMuskoka/NorthSimcoeMuskoka.asp
www.health.gov.on.ca/lhins/lhins.html

ISSN 1911-2874 500 July/06

Ontario