North Simcoe Muskoka **LHIN**
RLISS de Simcoe Nord Muskoka

Building Better Health Care Together

2009-2010 Annual Report

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

North Simcoe Muskoka
Local Health Integration Network
Annual Report 2009-2010
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Message from the Board Chair and Chief Executive Officer

On behalf of the Board and staff it is our pleasure to present highlights of activities that have occurred in North Simcoe Muskoka during fiscal year 2009-2010. A year of excitement, change, collaboration and innovation.

Beginning in May, and continuing throughout the year, a complete internal re-organization positioned us to better meet the needs of our stakeholders and deal with future challenges that will affect how healthcare is delivered in North Simcoe Muskoka.

October saw the first meeting of the North Simcoe Muskoka LHIN Leadership Council, a regional body comprised of health care leaders from hospitals, long-term care homes, community support services, family health teams, municipalities, Simcoe Muskoka District Health Unit, clinicians and consumers. Establishment of the Council has been an effective and successful initiative, exhibiting a level of support, cooperation and coordination that is unprecedented elsewhere in the province. Initial activities supported by the Council included:

- Inter-facility transfer agreement
- Decision-making framework
- Regional complex continuing care program
- Regional orthopedic program for hips and knees
- Regional critical care program

Complementing the regional Council, five local leadership councils were established to address matters relative to each of the LHIN's five geographic areas.

In December, the Board approved the LHIN's second Integrated Health Service Plan 2010-2013 entitled '*Working Together to Achieve Better Health, Better Care, Better Value'*. The three strategic priorities of the plan are:

- Improving access to appropriate care
- Improving chronic disease management
- Creating an integrated design for the future health system in North Simcoe Muskoka

On March 31, 2010, the LHIN officially launched the *Care Connections, Partnering for Health Communities* initiative with a LHIN-wide videoconference. *Care Connections* is comprised of two projects: the development of a future integrated health system design and the information and communication technology required to support the design and contribute towards its success.

Ensuring compliance with Emergency Room Wait Time targets has been an ongoing challenge across the province. The North Simcoe Muskoka LHIN has been achieving reductions in wait times and would like to recognize the significant work of our health service providers, in particular, Orillia Soldiers' Memorial Hospital (OSMH), one of seven hospitals recognized provincially for this achievement.

In closing, we wish to thank the LHIN Board and staff, our health service providers and all our communities for their diligence, ongoing commitment and support, as we continue to work together to improve health care in North Simcoe Muskoka.

Ruben Rosen, Board Chair **Bernie Blais, Chief Executive Officer**

Members of the Board of Directors

Ruben Rosen, Chair (2005-2011)

Committee Membership:

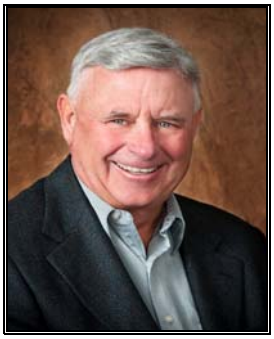
- CEO Performance & Compensation
- Finance & Audit
- Governance
- Health Services

Lynn Stevenson, Vice-Chair (2006-2010)

Committee Membership:

- Finance & Audit (C)
- Governance
- Health Services

Rick Antaya, Director (2010- 2012)



Committee Membership:

- TBD

Lynda Coad, Director (2006-2011)

Committee Membership:

- CEO Performance & Compensation
- Health Services (C)

Erica Curtis, Director (2008-2011)

Committee Membership:

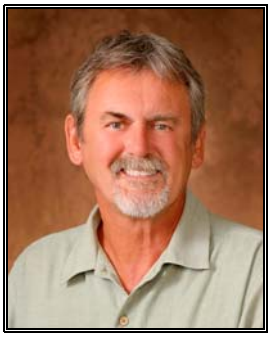
- Health Services

Anne Gagné, Director (2007-2013)

Committee Membership:

- CEO Performance & Compensation
- Finance & Audit
- Governance (C)

Mick Peters, Director (2006-2010)



Committee Membership:

- CEO Performance & Compensation (C)
- Finance & Audit
- Health Services

Bernie Blais, Chief Executive Officer

Welcome to the North Simcoe Muskoka LHIN

Introduction

The **North Simcoe Muskoka Local Health Integration Network** (LHIN) is one of 14 regional organizations created by the Province of Ontario to improve the way health services are planned and delivered at the local level.

The North Simcoe Muskoka LHIN is responsible for planning, coordinating and funding health services to meet the specific needs of our communities in order to keep us healthier, have better access to health care services and reduce wait times.

The LHIN does not provide direct services. Rather, the LHIN helps ensure that health care services are planned, organized and appropriately funded and meet the needs of residents.

Services coordinated by the North Simcoe Muskoka LHIN include hospitals, the community care access centre, community support service organizations, mental health and addiction agencies, community health centres and long-term care homes.

In 2006, the North Simcoe Muskoka LHIN asked health service providers and people living in our communities to share their vision for a better health care system. We heard from over 5,000 people about what works best in today's health care system and what needs to be fixed. This input became a key component in the development of our initial Integrated Health Service Plan 2007-2010.

North Simcoe Muskoka LHIN Population Profile

The North Simcoe Muskoka LHIN has a population of 434,619 which is about 3.4% of Ontario's population. It is also cottage and ski country, a favourite place for year-round recreation and retirement. As a result, this region attracts many seasonal residents, tourists and events. An example is the G8 Summit in Muskoka in June 2010. Such factors contribute to large seasonal swings in population and ultimately the demand for health services. This region is also growing and aging faster than the province as a whole.

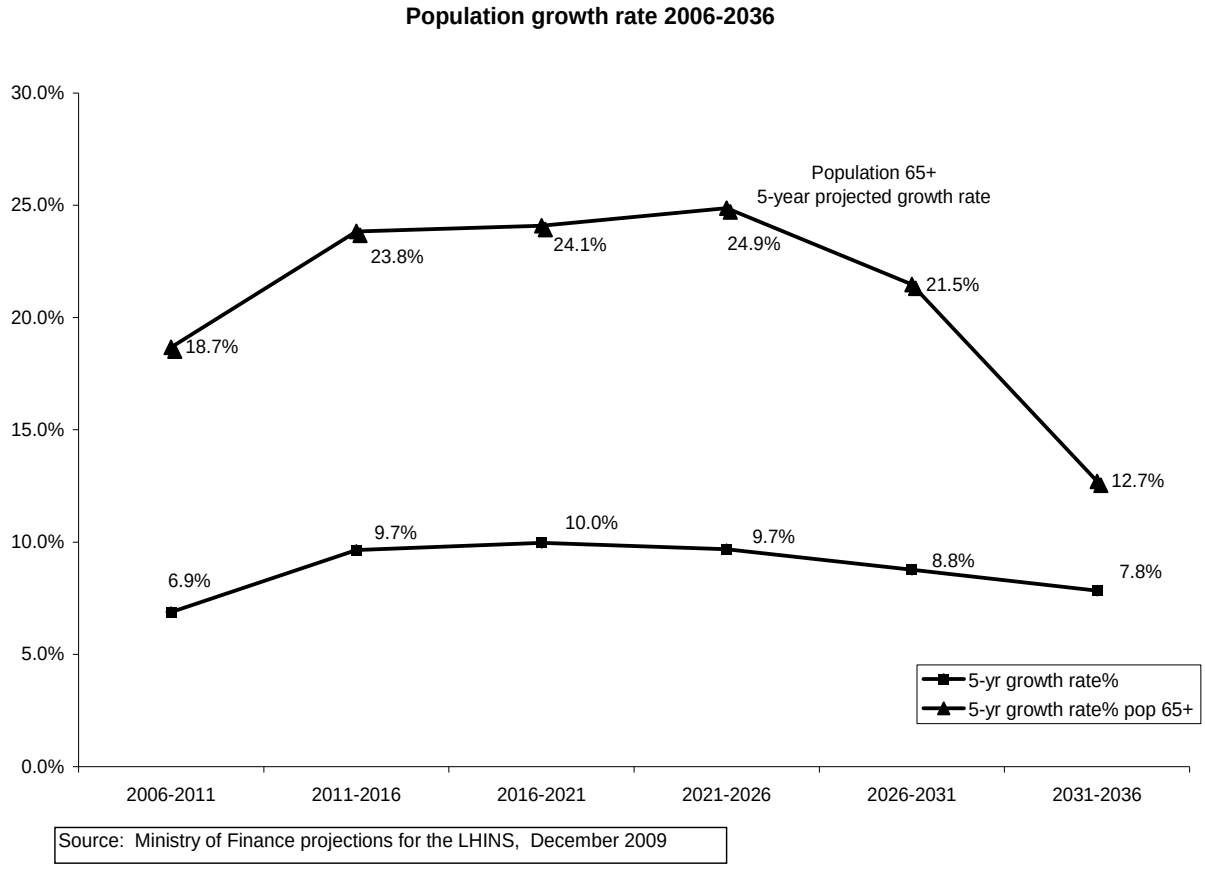
- From 2001 to 2008, the population rose 14.4%. Yet the province's population grew 8.7%. By 2036 the population is expected to almost double in North Simcoe Muskoka.
- In 2008, seniors aged 65+ account for 20.7% of the population. That compares to 13.5% province-wide. In the next 20 years, the 65+ portion of the population in North Simcoe Muskoka is expected to grow almost three times faster than the rest of the province. That will place more demands on health care services.
- The region's base population is less diverse than other parts of Ontario. It has relatively lower numbers of immigrants and visible minorities. But it has a higher share of Aboriginal Peoples – 3.3% versus 1.4% province-wide. French is the mother tongue for about 3% of this region versus 4.4% province-wide.

Figure 1: Map of NSM LHIN with 5 Geographic Areas

While healthcare needs are planned and provided on a regional LHIN-wide level, there is recognition that due to differing population structures across the five geographic planning areas, there is need for geographic-specific health care planning to effectively target the different segments of the population.

According to population projections (Figure 2) by the Ministry of Finance for the coming two decades, population '65+' will grow at more than twice the rate of the entire population. In ten years, one out of four North Simcoe Muskoka residents will be 65 years or older. The projected widening gap in growth rate in the next two decades as well as the narrowing of the gap forecasted from 2030, are factors to be taken into account by healthcare planners.

Figure 2: 5-year NSM LHIN population growth rates



Aboriginal Population in the NSM LHIN

There are seven First Nation Reserves in the NSM LHIN. The First Nations people, Aboriginals, Métis and Inuit, account for 1.4% of Ontario's population. According to the 2006 Census, self-identified Aboriginal people in the NSM LHIN were estimated at 13,978, representing 3.3% of the NSM LHIN population.

Francophone Population in the NSM LHIN

According to the 2006 Census, 3% of the population in the NSM LHIN reported French as their mother tongue. Across the five sub-planning areas, the North West area, which includes Midland and Penetanguishene, has a francophone population of 8.1%. Penetanguishene has the highest French speaking population in the NSM LHIN with 13.2%, followed by Midland with 4.6%.

	Collingwood and Area	Barrie and Area	Orillia and Area	Midland/Penetanguishene and Area	Muskoka	NSM LHIN
% of the population with French as their mother tongue	1.4%	2.7%	1.7%	8.1%	1.5%	3%

Source: Census 2006 Statistics Canada

North Simcoe Muskoka Health Profile

The North Simcoe Muskoka LHIN continues to be challenged by the health status of our residents. Poorer health status drives health care utilization and costs. Relative to the province, NSM LHIN has a higher proportion of its population overweight and obese, although there has been some progress from 2005 to 2007 according to the Canadian Community Health Survey (CCHS) 2007. The proportion of adult population in the NSM LHIN who are obese or overweight decreased from 56% in 2005 to 51% in 2007; the proportion for Ontario was 49% in 2007. The smoking rate has also gone down from 24% in 2005 to 22% in 2007, still higher than the provincial average of 21% in 2007. An interesting fact is that in 2005 there were relatively more female smokers than male smokers in the NSM LHIN; in 2007 the pattern reversed itself with 25% male smokers and 19% female smokers.

Alcohol consumption has gone up slightly to 25.5% compared to 21% at the provincial level. While male alcohol drinkers are on the rise from 34% in 2005 to 38% in 2007, female alcohol drinkers have declined from 16% to 13%. Fruit and vegetable consumption has also declined from 43% in 2005 to 39% in 2007. More women eat fruits and vegetables compared to men. In 2007, fruit and vegetable consumption among NSM LHIN women was 48% compared to male consumption of 30%. The female consumption rate dropped from 53% in 2005 to 48% in 2007.

In North Simcoe Muskoka, many chronic conditions such as diabetes, arthritis and hypertension have increased and remained higher than the provincial level. In 2005, NSM LHIN had more women (6%) diagnosed with diabetes than men (5%). While the rate for women has stayed the same from 2005 to 2007, the male rate has gone up from 5% in 2005 to 8% in 2007.

Local Health System Integration Act, 2006

The Local Health System Integration Act, 2006 (LHSIA) outlines expectations for an end state, mature system of planning and health care integration in Ontario. The LHIN's Integrated Health Service Plan (IHSP) is the foundational three-year strategic plan that sets out the vision, priorities, strategies and outcomes for how the local health system will work to achieve these expectations.

LHSIA articulates essential principles to guide the LHINs' implementation of the community engagement, planning and integration functions, all of which support the execution of the Integrated Health Service Plan. These principles include:

- Community Engagement
- Cooperation, Coordination and Integration
- Equity and Diversity
- Accountability and Transparency

Integrated Health Service Plan (IHSP) 2007-2010

The following table outlines initiatives and results associated with the North Simcoe Muskoka LHIN's Integrated Health Service Plan 2007-2010, *Imagine…a better health care system*.

NSM LHIN Strategic Direction 1: "Improve the Health of Residents"

Ministry Commitment	**"Family Health Care for All"**
NSM LHIN IHSP Priorities	**1. Chronic Disease Prevention and Management** **2. Aboriginal Health**
Outputs / Outcomes	**1. Chronic Disease Prevention and Management (CDPM)** ▪ Aligned with the Provincial CDPM Framework and logic model ▪ Aligned with Provincial Diabetes Strategy (including performance measures defined by the expert panel), eHealth Strategy and Provincial Chronic Kidney Disease Program priorities ▪ Developed an integrated comprehensive NSM self-management model (encompassing Brief Clinical Intervention – behavioural change) starting with diabetes ▪ Developed a current state of diabetes practices and resources to inform planning in support of the roll-out of the provincial diabetes and eHealth strategies. ▪ Completed program and service inventory to analyze patient (diabetes) navigation and system access by geographic area. ▪ Identified provider tools / training / resources specific to diabetes and self-management
	2. Aboriginal Health ▪ Aging at Home funding enhanced access to services for seniors ▪ Staffing and service plan for the CHIGAMIK Community Health Centre addressed need for Aboriginal and francophone service ▪ Aboriginal Health Circle (AHC) completed: Aboriginal Health Service Plan, developed HHR strategies, cultural awareness training strategy and Health Conference to increase awareness and education of health needs. ▪ Successful in the application of Federal Aboriginal Health Transition Funding (Adaptation Envelope) to support AHC activities.

NSM LHIN Strategic Direction 2: "Provide the Right Care, in the Right Place, at the Right Time"

Ministry Commitment	**"Family Health Care for All" and "Access to Services: ER Wait Times"**
NSM LHIN IHSP Priorities	**3. Seniors' Health** **4. Addictions and Mental Health** **5. Alternate Level of Care and Emergency Room (ER) Access / Wait Times**
Outputs / Outcomes	**3. Seniors' Health** ▪ Developed an Integrated Regional Seniors Health Program Report to guide integration of services across the continuum of seniors care pathways. ▪ Developed Aging at Home: NSM LHIN Performance indicators for monitoring of year 1 and 2 initiatives ▪ Commenced LHIN and MOH Provincial Aging at Home Evaluation for Year 1 and 2 ▪ Implemented Integrated Regional Falls Program to provide regional screening, emergency room support with some intensive case management, Emergency Measures Services linkages, assistive device assessments, equipment matching, standardized regional programming, community-based exercise programming, and education. ▪ Developed Regional Transportation Plan to enhance access to services for seniors. ▪ Increased capacity in community to ensure seniors age in place or wait at home with services made available (eg. meals on wheels, rides, social dining, friendly visiting, counselling) ▪ Increased supportive housing development / units available for seniors ▪ Enhanced Integrated Intensive Case Management services
Outputs / Outcomes	**4. Addictions and Mental Health** ▪ Defined core components of an integrated system of care at the local and regional level ▪ Assumed responsibility for Mental Health Centre Penetanguishene following its divestment from the province ▪ Developed Local Behavioural Support Services (BSS) recommendation workplan and readiness underway for creation of BSS unit / model of care ▪ Created Behavioural Intervention Response Team to provide specialized behavioural service by traveling to LTC homes ▪ Implemented a Dual Diagnosis guidelines and education program with health service providers ▪ Co-Project Sponsor and LHIN Lead with ministry on Provincial Behavioural Support System Project

NSM LHIN Strategic Direction 2: "Provide the Right Care, in the Right Place, at the Right Time" (cont'd)

Ministry Commitment	"Family Health Care for All" and "Access to Services: ER Wait Times"
NSM LHIN IHSP Priorities	**3. Seniors' Health** **4. Addictions and Mental Health** **5. Alternate Level of Care and Emergency Room (ER) Access / Wait Times**
Outputs / Outcomes	**5. Alternate Level of Care and Emergency Room (ER) Access / Wait Times** ▪ Developed Residential Hospice Bed initiative (Hospice Simcoe 10 beds and Hospice Huntsville 5 bed rural initiative) ▪ Increased access to primary care available through the development and operation of two new Community Health Centres (Chigamik and South Georgian Bay) ▪ Implemented transitional care beds in hospitals and retirement homes ▪ Implemented Balance of Care, Nurse Practitioner-led outreach teams for long-term care homes, Wait at Home program ▪ Initiated Process Improvement Program (PIP) and Pay for Performance / Results at OSMH and RVH ▪ Enhanced service maximums for CCAC ▪ Developed Integrated Transitional Care Teams in community ▪ Completed 3 year ER/ALC Strategy with targets for each year for 11 indicators

NSM LHIN Strategic Direction 3: "Use Our Resources Wisely"

Ministry Commitment	"Access to Services: ER Wait Times"
NSM LHIN IHSP Priorities	**6. eHealth** **7. Health Human Resources** **8. Integrated Health System Design**
Outputs / Outcomes	**6. eHealth** ▪ Began implementation of Provincial eHealth Strategy ▪ Expanded telehealth sites in conjunction with Ontario Telemedicine Network (OTN) ▪ Facilitated patient monitoring by a nurse through wireless technology (Re-ACT) – telehealth homecare service ▪ Developed tele-triage monitoring in long-term care homes ▪ Implemented Resource Matching and Referral Project Phase 1 ▪ Developed standards-based data-sharing collaborative between Medi-Tech hospitals and Family Health Teams ▪ Completed and evaluated an Ontario Telemedicine Network (OTN) home monitoring pilot through Barrie and Community Family Health Team ▪ Engaged all Georgian Bay Family Health Team physicians in the ePrescribing Program ▪ $1.1M approved by MOHLTC for OntarioMD to implement an eHealth solution enabling data-sharing between hospitals and Family Health Teams - piloted in NSM LHIN ▪ Commenced planning for the 10 year North Simcoe Muskoka Information and Communications Technology/eHealth (ICT/eHealth) project, linking with Integrated Health System Design project as a critical success factor for enabling connectivity, information and patient information sharing, patient confidentiality ▪ Implemented ECLIPSE project management platform for health service providers.
Outputs / Outcomes	**7. Health Human Resources** ▪ Established a Health Force Ontario (HFO) Partnership Coordinator for North Simcoe Muskoka ▪ Completed a Health Human Resources review and strategy developed for recruitment and retention in the Community Support Service sector

NSM LHIN Strategic Direction 3: "Use Our Resources Wisely" (cont'd)

Ministry Commitment	"Access to Services: ER Wait Times"
NSM LHIN IHSP Priorities	**6. eHealth** **7. Health Human Resources** **8. Integrated Health System Design**
Outputs / Outcomes	**8. Integrated Health System Design** ▪ Integrated North Simcoe Muskoka Regional Complex Continuing Care Program to have three regional CCC sites, CCAC coordinate referrals and admission and standardized process and staffing models / delivery of care at regional sites ▪ Expanded the Athroplasty Intake Clinic, servicing patient needs in North Simcoe Muskoka ▪ Established a comprehensive NSM Integrated Cardiovascular Steering Committee and Plan (including needs assessment, current state, gap analysis and future state design) ▪ NSM Critical Care Network developed a moderate ICU Surge Capacity Plan for North Simcoe Muskoka with a regional patient referral system. Working to design Regional Critical Care System ▪ Assessed local hospitals' approach to identify core hospital services, defining community services and specialized regional services and the linkage with the integrated health system design. ▪ Commenced planning for 10 year Integrated Health System Design, inclusive of acute care and community care services across the continuum of care for local residents ▪ Standardized wound care protocols in development, implementation and monitoring stages based on research and best practice across the NSM LHIN ▪ Implementing recommendations for a sustainable, coordinated LHIN-wide Hip and Femur Fracture Service

Engaging the Community

Increasing Community Involvement

Community engagement continues to be a priority for the North Simcoe Muskoka LHIN, providing information to identify health system priorities, opportunities for new collaborations, and opportunities to explore new ideas to overcome challenges and make our region's health system as strong and effective as it can be. We are also committed to ensuring that our stakeholders are provided with the balanced and objective information they need to better understand the LHIN's role and mandate as well as the responsibilities and expectations of all stakeholders.

Community Engagement Principles

The LHIN employs a set of principles to guide the way in which we plan and carry out our community engagement activities, as well as our evaluation and reporting on the results of those activities.

The North Simcoe Muskoka LHIN decision-making process takes into account results of stakeholder engagement to better understand their concerns and needs. In addition, a formal community engagement process helps us to partner and build relationships with individuals and groups throughout the community so we can involve them in activities such as identifying and developing preferred approaches for delivering integrated health care services.

Aboriginal and Francophone Engagement

The LHIN has successfully engaged both of these target audiences over the past three years (2007-1010). Both the Francophone and Aboriginal communities have actively participated in many of the strategic priority areas, the roll-out of the Aging at Home Strategy, initiating eHealth initiatives and the development of population focused initiatives. Aboriginal and Francophone membership is represented on the North Simcoe Muskoka LHIN Leadership Council.

The LHIN continues to build on the foundational relationships that have been created over the past three years. The partnerships and collaborative working relations with the North Simcoe Muskoka Aboriginal Health Circle and our Regional French Language Services Consultant will be enhanced to meet the needs of these populations, specifically aligned to the three LHIN strategic priorities for 2010-2013.

Integration

During the period of April 1, 2009 to March 31, 2010, North Simcoe Muskoka LHIN participated in a number of provincial and local activities that explored opportunities to improve integration processes.

NSM LHIN Integration Education Sessions

LHIN legal conducted workshops with NSM LHIN staff and Health Service Providers to better understand integration to support the development of an integrated health care system. The education sessions focused on:

1. What is "integration"?
2. Why is it important to recognize actions and activities that result in integrations?
3. How does a LHIN integrate its local health system?
4. The Four Powers of Integration
5. How will integration improve the consumer experience of the health care system?

NSM LHIN Internal Review of Integration

NSM LHIN has begun an internal review of integration. The review is focusing on:

- Streamlining internal processes
- Clarifying roles and responsibilities in the integration process
- Applying NSM LHIN Decision Making Framework to integrations for increased consistency and accountability
- Measuring the impact of integration

Integration Activities – Voluntary

There were ten voluntary integrations.

Voluntary Integration Initiative	Health Service Providers Involved
First Link Program First Link is an innovative referral and early intervention program that links the person with Alzheimer's disease or a related dementia (ADRD) and their family members/caregivers to coordinated learning, services and support.	Alzheimer Society of Muskoka Alzheimer Society of North East Simcoe Alzheimer Society of Simcoe County
Intensive Case Management The CCAC in collaboration with the Algonquin Family Health Team provides intensive case management for seniors living in independent settings, in the Huntsville area, who are at risk of hospitalization or admission to Long Term Care Homes (LTCH).	Algonquin Family Health Team NSM CCAC
Re-Act Re-Act is a telehealth home care delivery system for people living with chronic disease. Through wireless technology, clients have access to a nurse who is able to monitor their status and medication compliance with a customized service plan for each client.	NSM CCAC We Care Home Health
Supportive Housing The Supportive Housing program combines services and housing to maximize the functioning and autonomy of frail elderly persons and people with disabilities or chronic disease.	Red Cross Simcoe County Association for the Physically Disabled

Integration Activities – Voluntary **(cont'd)**

Voluntary Integration Initiative	Health Service Providers Involved
Home at Last The Home at Last (HAL) program enables a safe and smooth transition from hospital to home for frail at risk, elderly patients. HAL is a lead agency model and offers innovative collaboration between hospitals, CCAC, home and community support services.	Collingwood General and Marine Hospital Georgian Bay Hospital Helping Hands Mnjikaning First Nations Royal Victoria Hospital The Friends Victoria Order of Nurses
Home Support This initiative provides clinical and home support services to hard of hearing, deafened and deaf seniors, as well as their families and caregivers, in Muskoka. This represents a geographic expansion of services currently provided in Simcoe County by the Canadian Hearing Society (CHS).	Canadian Hearing Society Deaf Access
Mobility Seating Assessment Clinics The clinics provide Assistive Devices Program (ADP) Assessments using a clinic based service delivery model.	County of Simcoe Midland Physiotherapy
Supportive Housing Helping Hands, in partnership with Hillcrest Lodge, provides on-site 24/7 supportive housing services for 30 frail seniors in a not-for-profit subsidized rent building in Orillia.	Helping Hands Hillcrest Lodge
Aboriginal Home Care In collaboration with community providers the program provides a culturally sensitive basket of home care services to those currently available through the Georgian Bay Métis Council (GBMC) Long Term Care.	Barrie and Area Native Advisory Circle (BANAC) Métis Council
Nurse Practitioner (NP) The NP provides primary care and support to the aging population in Beausoleil First Nation on Christian Island and the mainland community	Beausoliel Georgian Bay Native Friendship Centre

Integration Activities-Facilitated

There were two facilitated integration completed and one still in progress.

Facilitated Integration Initiative	Health Service Providers Involved
Integrated Regional Falls Program The Falls Prevention Strategy is a collaborative initiative comprised of several key initiatives: 1.Falls Prevention Strategy: ▪ Annual education day for health care professionals ▪ Falls Resource Inventory ▪ SMART Exercise Program. 2.Specialized Services: ▪ Interprofessional Falls Clinic ▪ Geriatric Emergency Management (GEM).	Georgian Bay Hospital Collingwood General and Marine Hospital Royal Victoria Hospital Orillia Soldiers Memorial Hospital Muskoka Algonquin Health Care Couchiching Family Health Team Victoria Order of Nurses NSM CCAC County of Simcoe Midland Physiotherapy
Regional Transportation Program This project integrates and coordinates the four funded Health Service Providers currently providing transportation services across all geographic boundaries in NSM. The LHIN funded providers developed an implementation plan to provide comprehensive transportation program across North Simcoe Muskoka.	Red Cross BANAC Helping Hands Muskoka Seniors

Integration Activities - Funding

One integration by funding is still in progress.

Funding Integration Initiative	Health Service Providers Involved
Back Office Integration Sixteen Community Support Services providers are utilizing the NSM CCAC provision of back office support for human resources, financials or information technology services. Presently, the NSM LHIN is working with the Community Health Centres to provide a robust regional solution for their back office services.	Barrie Community Health Centre Chigamik Community Health Centre South Georgian Bay Community Health Centre

Performance

Table 1: Ministry-LHIN Accountability Agreement – Performance Indicators for 2009-10

Performance Indicator	Provincial Target	2009-10 Annual Provincial Performance	NSM 09-10 Starting Point	NSM 09-10 Performance Target	Used Performance Value – FY2009-10	Performance Corridor – Higher Value	Performance Corridor – Lower Value	NSM Met Target / Within Corridor – Yes / No
1. 90th Percentile Wait Times for Cancer Surgery	84	60	58	58	55	63.80	52.20	**YES**
2. 90th Percentile Wait Times for Cardiac By-Pass Procedures	**Not Applicable for NSM LHIN**							
3. 90th Percentile Wait Times for Cataract Surgery	182	108	133	133	117	146.30	119.70	**YES**
4. 90th Percentile Wait Times for Hip Replacement	182	161	161	155	208	170.50	139.50	**NO**
5. 90th Percentile Wait Times for Knee Replacement	182	181	190	175	237	192.50	157.50	**NO**
6. 90th Percentile Wait Times for Diagnostic MRI Scan	28	110	109	98	97	122.50	73.50	**YES**
7. 90th Percentile Wait Times for Diagnostic CT Scan	28	42	28	28	41	35.00	21.00	**NO**
8. Median Wait Time to Long-Term Care Home Placement -All Placements	50	113	174	140	143	175.00	105.00	**YES**
9. Percentage of Alternate Level of Care (ALC) days - By LHIN or Institution	9.46%	15.40% (est)	18.88%	9.50%	19.35% (est)	10.45%	8.55%	**NO**
10. Proportion of admitted patients treated within length of stay (LOS) target of ≤ 8hrs	90.00%	40.87%	40.00%	46.00%	50.52%	46.00%	43.00%	**YES**
11. Proportion of non-admitted high acuity (CTAS I-III) patients treated within their respective targets of ≤ 8hrs for CTAS I-II and ≤ 6 hrs for CTAS III	90.00%	83.51%	87.00%	93.00%	88.19%	93.00%	90.00%	**NO**
12. Proportion of non-admitted low acuity (CTAS IV & V) patients treated within the LOS target of ≤ 4 hrs	90.00%	85.27%	88.00%	93.00%	88.70%	93.00%	91.00%	**NO**

Source: Ministry of Health and Long-Term Care

Ministry-LHIN Accountability Agreement

The Ministry-LHIN Accountability Agreement (M-LAA) is an agreement between the Ministry of Health and Long-Term Care and the fourteen LHINs describing each party's responsibility for developing and fulfilling clear and achievable performance obligations. Both parties are expected to work collaboratively and cooperatively by establishing clear lines of communication and responsibility, and by working diligently to resolve issues in a proactive and timely manner. LHINs are required to report quarterly on achievement relative to their performance targets and any identified risks.

Performance Indicators for 2009-10 - Notes:

1. **90th Percentile Wait Times for Cancer Surgery**
   The NSM LHIN met its target of 58 days for 2009-10. The actual performance for 2009-10 was 55 days. Out of 807 cases performed in 2009-10, more than half were performed at Royal Victoria Hospital (RVH) in Barrie. RVH had a wait time of 58 days. All other NSM sites had low volumes with wait times in the range of 31 to 55 days. At RVH, a few cases were identified as having inordinately high wait times. The Cancer and Surgical Programs have since been working together to identify outliers and have maintained an ongoing dialogue with surgeons on wait list management. Additionally, Cancer Care Ontario ranked the Simcoe Muskoka Regional Cancer Program located at RVH between first and third best performers among all LHINs for the last eight quarters based on some 30 indicators, including wait times for cancer surgery.

3. **90th Percentile Wait Times for Cataract Surgery**
   The NSM LHIN had a target of 133 days with an actual performance of 117 days for 2009-10, demonstrating better than expected performance. Most of the cataract surgeries were performed at Royal Victoria Hospital and Orillia Soldiers' Memorial Hospital, well within the target at approximately 111 days. For the past few years these two sites have been performing within prescribed target days and have not accessed incremental wait times funding for this procedure.

4. **90th Percentile Wait Times for Hip Replacement**
5. **90th Percentile Wait Times for Knee Replacement**
   For both hip and knee replacement the NSM LHIN did not meet the 2009-10 targets of 155 days and 175 days respectively. Out of a total of 883 hip and knee replacement surgeries performed during 2009-10, 78% were performed at Royal Victoria Hospital (RVH).

   The other two sites, Orillia Soldiers' Memorial Hospital (OSMH) and Collingwood General and Marine Hospital (CGMH), performing these surgeries have modest volumes and have significantly lower wait times compared to RVH. The exception to this would be knee replacement surgery at CGMH with a wait time of 241 days. The NSM LHIN is working closely with the partner sites to find ways of improving access to surgery in the LHIN. Among all the LHINs and compared to the Canadian average, this LHIN has one of the highest rates of hospitalization for hip fractures (e.g. falls). Initiatives being implemented include:

   - The establishment of an Integrated Regional Falls Program to help reduce incidents leading to Emergency visits and hospital admissions.

- As part of its strategy to create an integrated health system design, the NSM LHIN is currently investigating alternative models for orthopaedic care.
- The NSM LHIN is currently reviewing the effectiveness of an Arthroplasty Intake Clinic (AIC). Although, the AIC has assisted in decreasing wait times since its implementation, further evaluation and review is required to evaluate the scope of the clinic and its future impact on wait times.
- The NSM LHIN is working with its hospital providers to develop a more active wait times' list management. There is ongoing education for the surgeons' offices. However, current wait times are more reflective of a capacity issue at RVH. RVH, which manages the bulk of surgeries in the NSM LHIN, has limited operating room access, which impacts all surgical wait times.

6. 90th Percentile Wait Times for Diagnostic MRI Scan

The NSM LHIN met the 2009-10 target of 98 days for MRI Scan. The LHIN has been struggling with capacity limitations. The impact of five maternity leaves, occurring at the same time, was reflected in previous quarterly reports with wait times as high as 162 days (Q1). During the second half of the fiscal year, staff returned from maternity leaves and Royal Victoria Hospital (RVH) launched an efficiency review of diagnostic imaging services which saw processes streamlined. The combination of these factors helped improve overall wait times for MRI in the NSM LHIN.

7. 90th Percentile Wait Times for Diagnostic CT Scan

The NSM LHIN, with a target of 28 days, had actual wait times of 41 days in 2009-10 compared to 42 days at the provincial level. The primary driver behind the increasing quarterly wait times in 2009-10 was related to the reductions in the incremental funding for CT scans, resulting in reduced number of hours of CT operations. In January 2010, the NSM LHIN applied discretionary funds to assist Royal Victoria Hospital (RVH) in performing more than 1100 hours of CT scanning. Mitigation efforts have included extensive work to improve the efficiency of CT throughput, and ensuring guidelines for utilization are being followed.

8. Median Wait Time to Long-Term Care Home Placement (MedianTTP)-All Placements

The Median TTP in the NSM LHIN was 143 days within the performance corridor for the target of 140 days. The current NSM long-term care home occupancy rate remains at approximately 99%. During 2009-10, a number of interim and transitional beds were operated at different sites in the LHIN. With occupancy ranging from 85% to 100%, these beds have contributed, in the short-term, to a slight easing of the pressure of placement in the community.

The improvements gained in terms of reduction of Median TTP for all placements are mainly attributable to the placement from the acute sector. There is a delay in providing placement for clients in the community with a Median TTP of 223 days. NSM LHIN has one of the highest wait times for community placement as compared to the provincial level of 113 days. This is exacerbated by the fact that individuals in North Simcoe Muskoka wait the longest for their first choice facility with less likelihood of this happening. This high placement wait time has, and will continue to, exert pressure on the percentage of Alternate Level of Care (ALC) days.

9. **Percentage of Alternate Level of Care (ALC) Days - By LHIN or Institution**
   The ALC challenge in the NSM LHIN has proven to be complex and intricate system-wide challenge. For the past quarters, reducing ALC days has been a priority and will remain so. At the time this target was determined, ALC was not captured consistently at all sites and the magnitude of the issue was understated. NSM's target rate of 9.5% has proven to be unrealistic. During 2009-10, modest gains have been made from a high of 20.51% in Q1 to 19.35% in Q4. In-depth data at the site-level is being captured to gain deeper insight of the issue. Lean Six Sigma methodology is being applied to ALC by both the NSM LHIN and NSM Community Care Access Centre (CCAC). The ALC challenge is being brought to local communities for input and action. A Task Force has been set up.

   The NSM LHIN is cognizant that other factors are contributing to the ALC pressure. These include aging population, choice retirement destination, supply of long-term care beds, and access to first choice facility. The NSM LHIN has embarked on an integrated health system design project which will have positive ramifications in several areas including ALC.

10. **Proportion of Admitted Patients Treated Within Length of Stay (LOS) Target of Less Than or Equal To 8hrs**
    NSM Emergency Departments showed a 10.2% improvement in the proportion of admitted patients seen within 8 hours in 2009-10 compared to the previous fiscal year, posting a 13.2% improvement in the fourth quarter. In 2009-10, Royal Victoria Hospital and Orillia Soldiers' Memorial Hospital participated in the Pay for Results program. Current performance for these sites for admitted patients treated within 8 hours is 53% of patients treated, a 71% increase over the previous year. A combination of initiatives and identification of new opportunities at these two sites, such as a waiting room nurses, enhanced discharge planning support, a Discharge Lounge and an ad hoc Rapid Assessment Zone, contributed to significant improvement in admissions from the Emergency Department.

11. **Proportion of non-admitted high acuity (CTAS I-III) patients treated within their respective targets of $\leq$ 8hrs for CTAS I-II and $\leq$ 6 hrs for CTAS III**
12. **Proportion of non-admitted low acuity (CTAS IV & V) patients treated within the LOS target of $\leq$ 4 hrs**
    The NSM LHIN, although not meeting the target of 93% for the non-admitted patients, has shown some improvements despite the fact that hospitals in the LHIN continued to experience increased Emergency Department (ED) volumes. Non-admitted patients showed some improvements with 87% of high acuity and 89% of low acuity patients seen within target times in the last quarter. Nine out of ten high acuity patients were treated and discharged within 6.9 hours; this is less than the target of 8 hours and significantly below the comparative values for the province. The hospitals in the NSM LHIN have been reviewing their current processes and have embarked on an improvement path incorporating new processes for improved workplace satisfaction, modifications to enhanced electronic communication in the Emergency Department, Patient Flow Projects, as well as the establishment of new outpatient clinics to support ED patients.

North Simcoe Muskoka LHIN Operations

The North Simcoe Muskoka LHIN met its operational financial targets in 2009-10 with operational base funding of $4,305,555 and special initiative funding of $1,250,000.

In early 2009 the LHIN office underwent an organizational review to better align its internal resources with the LHIN's goals and objectives.

Over 75% of the LHIN's operating budget is allocated to human resources through internal staffing, outsourced specialized services, and in-sourced LHIN shared services for IT, HR/payroll, and legal services.

In January 2010, the LHIN began working on the Care Connections project which will see the LHIN and its communities develop a design for an integrated health system.

A technology refresh initiative enabled the LHIN's new teleworking strategy. Due to space constraints and a lack of resources to move to a larger location that can accommodate all staff, a unified communication strategy was developed and new technology was deployed to enable a remote and mobile computing capability as well as a teleworking philosophy including robust video-conferencing capabilities. This strategy has led to significant cost-avoidance as well as enhanced staff effectiveness and contributes to the LHIN's commitment of being an Employer of Choice.

Special initiative funding in 2009-10 of $1,250,000 included e-Health PMO funding of $600,000 to support the LHIN's e-Health Project Management Office. Other special initiative funding included the LHIN's Emergency Department (ED) Lead and Emergency Room (ER) / Alternate Level of Care (ALC) Lead, Aboriginal planning, Ontario Diabetes Strategy, Self-Management Capacity Building, Behavioural Support Systems, Francophone Community Engagement, and three e-Health projects.

Financial statements of

North Simcoe Muskoka Local Health Integration Network

March 31, 2010

North Simcoe Muskoka Local Health Integration Network

March 31, 2010

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Auditors' Report

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

We have audited the statement of financial position of the North Simcoe Muskoka Local Health Integration Network (the "LHIN") as at March 31, 2010 and the statements of financial activities, changes in net debt and cash flows for the year then ended. These financial statements are the responsibility of the LHIN's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, these financial statements present fairly, in all material respects, the financial position of the North Simcoe Muskoka Local Health Integration Network as at March 31, 2010 and the results of its operations, its changes in its net debt and its cash flows for the year then ended, in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
April 23, 2010

North Simcoe Muskoka Local Health Integration Network

Statement of financial position
as at March 31, 2010

	2010	2009
	$	$
Financial assets		
Cash	**912,595**	952,128
Due from Ministry of Health and Long-Term Care ("MOHLTC")	**187,000**	-
Due from MOHLTC ("HSPs")	**564,034**	774,600
Due from LHIN Shared Services Office (Note 4)	**11,964**	-
	1,675,593	1,726,728
Liabilities		
Accounts payable and accrued liabilities	**998,401**	951,451
Due to MOHLTC (Note 3b)	**49,163**	793
Due to Health Service Providers ("HSPs")	**564,034**	774,600
Due to the LHIN Shared Services Office (Note 4)	**138**	14,108
Deferred Revenue	**63,857**	-
Deferred capital contributions (Note 5)	**210,465**	304,205
	1,886,058	2,045,157
Commitments (Note 6)		
Net debt	**(210,465)**	(318,429)
Non-financial assets		
Prepaid expenses	-	14,224
Capital assets (Note 7)	**210,465**	304,205
Accumulated surplus	**-**	**-**

Approved by the Board

RJ Rosen. Director

Lynn Stewart Director

North Simcoe Muskoka Local Health Integration Network

Statement of financial activities
year ended March 31, 2010

	Budget (unaudited) (Note 8)	2010 Actual	2009 Actual
	$	$	$
Revenue			
MOHLTC funding			
HSP transfer payments (Note 9)	**691,677,650**	**694,467,511**	604,031,421
HSP capital payments (Note 10)	**1,829,672**	**1,829,672**	-
Operations of LHIN	**4,221,132**	**4,056,690**	4,095,584
LHIN Operations Special Funding (Note 11)	**805,000**	**1,186,143**	563,300
Amortization of deferred capital contributions (Note 5)	-	**342,604**	265,818
	698,533,454	**701,882,620**	608,956,123
Expenses			
Transfer payments to HSPs (Note 9)	**691,677,650**	**694,467,511**	604,031,421
Capital payments to HSPs (Note 10)	**1,829,672**	**1,829,672**	-
General operating expenses (Note 12)	**4,221,132**	**4,398,066**	4,360,760
LHIN Operations Special Funded Initiatives (Note 11)	**805,000**	**1,134,001**	563,149
	698,533,454	**701,829,250**	608,955,330
Annual surplus before funding repayable to the MOHLTC	-	**53,370**	793
Funding repayable to the MOHLTC (Note 3a)	-	**(53,370)**	(793)
Annual surplus	-	-	-
Opening accumulated surplus	-	-	-
Closing accumulated surplus	-	-	-

North Simcoe Muskoka Local Health Integration Network

Statement of changes in net debt
year ended March 31, 2010

	Budget (unaudited) (Note 8)	2010 Actual	2009 Actual
	$	$	$
Annual surplus	-	-	-
Acquisition of capital assets	-	**(248,864)**	(125,548)
Amortization of capital assets	-	**342,604**	265,818
Change in other non-financial assets	-	**14,224**	(174)
Decrease in net debt	-	**107,964**	140,096
Opening net debt	-	**(318,429)**	(458,525)
Closing net debt	-	**(210,465)**	(318,429)

North Simcoe Muskoka Local Health Integration Network

Statement of cash flows
year ended March 31, 2010

	2010	2009
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of capital assets	**342,604**	265,818
Amortization of deferred capital contributions (Note 5)	**(342,604)**	(265,818)
	-	-
Changes in non-cash operating items		
Decrease (increase) in prepaid expenses	**14,224**	(174)
Decrease in due from MOHLTC	**23,566**	902,020
(Increase) decrease in due from LHIN Shared Services Office	**(11,964)**	249
Increase in accounts payable and accrued liabilities	**46,950**	118,077
Increase (decrease) in due to the MOHLTC	**48,370**	(111,805)
Decrease in due to HSPs	**(210,566)**	(902,020)
Increase in deferred revenue	**63,857**	-
(Decrease) increase in due to the LHIN shared Services Office	**(13,970)**	10,352
	(39,533)	16,699
Capital Investment		
Acquisition of capital assets	**(248,864)**	(125,548)
Financing transactions		
Capital contributions received (Note 5)	**248,864**	125,548
Net (decrease) increase in cash	**(39,533)**	16,699
Cash, beginning of year	**952,128**	935,429
Cash, end of year	**912,595**	952,128

1. Description of business

The North Simcoe Muskoka Local Health Integration Network was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the 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 income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

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

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP ("Health Service Provider"). The cash associated with the transfer payment does not flow through the LHIN bank account.

The LHIN statements do not include any MOHLTC managed programs.

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 the municipalities of Muskoka, most of Simcoe County and part of Grey County. The LHIN enters into service accountability agreements with service providers.

2. Significant accounting policies

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

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, and they are measurable. Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of capital assets, and losses in the value of assets.

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. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Funding payments to Health Service Providers in the LHIN geographic area flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized Health Service Providers ("HSPs") are expensed in the LHIN's financial statements for the year ended March 31, 2010.

Deferred capital contributions

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

Capital assets

Capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the capital asset would be recognized at nominal value.

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

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

Computer equipment and development	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Office furniture and equipment	5 years straight-line method

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

Use of estimates

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

2. Significant accounting policies (continued)

Segmented disclosures

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

3. Funding repayable to the MOHLTC

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

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

	Revenue	Expenses	2010 Surplus	2009 Surplus
	$	$	$	$
LHIN operations	**4,399,295**	**4,398,067**	**1,228**	642
e-Health	**600,000**	**599,214**	**786**	151
Aboriginal Planning	**30,000**	**30,000**	**-**	-
Emergency Department Lead	**75,000**	**60,792**	**14,208**	-
ER/ALC Performance Lead	**100,000**	**100,000**	**-**	-
Ontario LHINs Privacy Project	**35,000**	**-**	**35,000**	
ICT - e-Health Framework Project	**80,000**	**79,746**	**254**	
www.ufirst.cc - e-Health Project	**37,000**	**36,960**	**40**	
Ontario Diabetes Strategy	**25,000**	**25,000**	**-**	
Self-Management Capacity Building	**35,000**	**33,146**	**1,854**	
Behavioural Support Systems	**165,000**	**165,000**	**-**	
Francophone Community Engagement	**4,143**	**4,143**	**-**	-
	5,585,438	**5,532,068**	**53,370**	793

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

	2010	2009
	$	$
Due to MOHLTC, beginning of year	**793**	112,598
Funding repaid to MOHLTC during the current year	**(5,000)**	(112,598)
Funding repayable to the MOHLTC related to current year activities (Note 3a)	**53,370**	793
Due to MOHLTC, end of year	**49,163**	793

4. Related party transactions

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs, is responsible for providing services to all LHINs. The full costs of providing these services are billed to all 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.

LHIN Collaborative (LHINC) was formed in fiscal 2010 as a LHIN-led service to strengthen relationships between and among health service providers. LHINC is accountable to the LHINs, and funded by the LHINs with support from the Ministry of Health and Long-Term Care.

5. Deferred capital contributions

	2010	2009
	$	$
Balance, beginning of year	**304,205**	444,475
Capital contributions received during the year	**248,864**	125,548
Amortization for the year	**(342,604)**	(265,818)
Balance, end of year	**210,465**	304,205

6. Commitments

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

	$
2011	75,885
2012	3,235
2013	2,966

The LHIN also has funding commitments to certain HSPs associated with accountability agreements. Minimum commitments to HSPs, based on the current accountability agreements as follows:

	$
Operation of hospitals	359,027,220
Grants to compensate for municipal taxation - public hospitals	77,625
Long term care homes	107,861,208
Community care access centres	70,080,131
Community support services	10,032,805
Assisted living services in supportive housing	5,522,368
Community health centres	8,081,560
Community mental health	22,296,481
Addictions program	3,558,487
Specialty psychiatric hospitals	103,905,246
Grants to compensate for municipal taxation - psychiatrc hospitals	23,400
Acquired brain injury	1,140,934
	691,607,465

The actual amounts which will ultimately be paid are contingent upon LHIN funding received by the MOHLTC.

7. Capital assets

	Cost	Accumulated amortization	2010 Net book value	2009 Net book value
	$	$	$	$
Office furniture and equipment	**454,613**	**252,327**	**202,286**	103,416
Computer equipment	**133,767**	**125,588**	**8,179**	14,297
Leasehold improvements	**887,349**	**887,349**	**-**	186,492
	1,475,729	**1,265,264**	**210,465**	304,205

8. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported on the Statement of Financial Activities reflect the initial budget at April 1, 2009. 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 total HSP funding budget of $694,467,511 is made up of the following:

	$
Initial budget	**691,677,650**
Adjustment due to announcements made during the year	**2,789,861**
Total budget	**694,467,511**

The total revised operating budget of $5,491,698 is made up of the following:

	$
Initial budget as reported on the statement of financial activities	**5,026,132**
Additional funding received during the year for:	
Operations stabilization base funding	**84,423**
Ontario LHINs Privacy Project	**35,000**
ICT - e-Health Framework Project	**80,000**
www.ufirst.cc - e-Health Project	**37,000**
Ontario Diabetes Strategy	**25,000**
Self-Management Capacity Building	**35,000**
Behavioural Support Systems	**165,000**
Francophone Community Engagement	**4,143**
Total budget	**5,491,698**

9. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $694,467,511 (2009 - $604,031,421) to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in fiscal 2010 as follows:

	2010	2009
	$	$
Operation of hospitals	**364,199,298**	350,620,399
Grants to compensate for municipal taxation - public hospitals	**77,625**	77,625
Long term care homes	**110,435,817**	104,918,721
Community care access centres	**69,782,223**	65,527,335
Community support services	**10,878,015**	9,643,617
Assisted living services in supportive housing	**5,412,834**	5,076,609
Community health centres	**4,250,477**	3,659,647
Community mental health	**22,080,458**	21,388,298
Addictions program	**3,524,808**	3,415,102
Specialty psychiatric hospitals	**102,882,297**	39,022,776
Acquired brain injury	**943,659**	681,292
	694,467,511	604,031,421

10. Capital payments to HSPs

The allocation represents the approved LHIN allocation to support grants for public and specialty psychiatric hospitals in 2009/10 under the 2009/10 Health Infrastructure Renewal Fund (HIRF), and in accordance with 2009/10 HIRF Guidelines which the ministry has provided to LHINs.

11. LHIN Operations Special Funding

The LHIN received additional operational funding for special initiatives during the year as follows:

	2010	2009
	$	$
e-Health PMO	**600,000**	425,000
Aboriginal Planning	**30,000**	30,000
Emergency Department Lead	**75,000**	75,000
Emergency Room/Alternative Level of Care ("ER/ALC") Performance Lead	**100,000**	33,300
Ontario LHINs Privacy Project	**35,000**	-
Information & Community Technology (ITC) - e-Health Framework	**80,000**	-
www.ufirst.cc - Physician and Specialist eReferral System	**37,000**	-
Ontario Diabetes Strategy	**25,000**	-
Self-Management Capacity Building	**35,000**	-
Behavioural Support Systems	**165,000**	-
Francophone Community Engagement	**4,143**	-
	1,186,143	563,300

a) e-Health PMO

The LHIN received funding of $600,000 (2009 - $425,000) related to the e-Health PMO. E-Health expenses incurred during the year are as follows:

	2010	2009
	$	$
Salaries and benefits	**420,040**	156,760
Occupancy	**28,229**	-
Shared services	**51,816**	-
Consulting services	**32,234**	157,072
Other services	**15,654**	11,124
Supplies, equipment and licences	**35,955**	94,307
Travel	**7,654**	3,840
Mail, courier and telecommunications	**7,632**	1,746
	599,214	424,849

11. LHIN Operations Special Funding (continued)

b) Aboriginal Planning

The LHIN received funding of $30,000 (2009 - $30,000) related to the Aboriginal Planning initiative. Aboriginal Planning expenses incurred during the year are as follows:

	2010	2009
	$	$
Salaries and benefits	**14,460**	-
Travel	**540**	-
Special project expenditures	**15,000**	30,000
	30,000	30,000

c) Emergency Department Lead

The LHIN received funding of $75,000 (2009 - $75,000) related to the Emergency Department Lead project. Emergency Department Lead expenses incurred during the year are as follows:

	2010	2009
	$	$
Consulting services	**60,000**	60,000
Travel	**-**	3,322
Mail, courier and telecommunications	**792**	11,678
	60,792	75,000

d) ER/ALC Performance Lead

The LHIN received funding of $100,000 (2009 - $33,300) related to the ER/ALC Performance Lead initiative. Expenses incurred during the year for this project are as follows:

	2010	2009
	$	$
Salaries and benefits	**89,648**	33,300
Other services	**3,698**	
Supplies, equipment and licences	**784**	
Travel	**4,853**	
Mail, courier and telecommunications	**1,018**	
	100,000	33,300

11. LHIN Operations Special Funding (continued)

e) Ontario LHINs Privacy Project

The LHIN received funding of $35,000 (2009 - $NIL) related to the e-Health Ontario LHINs Privacy Project. No expenses were incurred during the year for this project.

f) Information and Community Technology (ITC) – e-Health Framework

The LHIN received funding of $80,000 (2009 - $NIL) related to the ITC – e-Health Framework Project. Expenses incurred during the year for this project are as follows:

	2010	2009
	$	$
Salaries and benefits	**10,796**	-
Advertising and public relations	**3,780**	-
Consulting services	**61,060**	-
Other services	**3,626**	-
Supplies, equipment and licences	**321**	-
Mail, courier and telecommunications	**162**	-
	79,746	-

g) www.ufirst.cc – Physician and Specialist eReferral System

The LHIN received funding of $37,000 (2009 - $NIL) related to the www.ufirst.cc – Physician and Specialist eReferral System Project. Expenses incurred during the year for this project are as follows:

	2010	2009
	$	$
Special project expenditures	**36,960**	-

h) Ontario Diabetes Strategy

The LHIN received funding of $25,000 (2009 - $NIL) related to the Ontario Diabetes Strategy. Expenses incurred during the year for this strategy are as follows:

i) Self-Management Capacity Building

The LHIN received funding of $35,000 (2009 - $NIL) related to Self-Management Capacity Building. Expenses incurred during the year for this initiative are as follows:

	2010	2009
	$	$
Other services	**2,912**	-
Supplies, equipment and licences	**29,395**	-
Travel	**839**	-
	33,146	-

11. LHIN Operations Special Funding (continued)

j) Behavioural Support Systems

The LHIN received funding of $165,000 (2009 - $NIL) related to Behavioural Support Systems. Expenses incurred during the year for this project are as follows:

	2010	2009
	$	$
Special project expenditures	**165,000**	-

k) Francophone Community Engagement

The LHIN received funding of $4,143 (2009 - $NIL) related to Francophone Community Engagement. Expenses incurred during the year for this initiative are as follows:

	2010	2009
	$	$
Other services	**4,143**	-

12. General operating expenses

The Statement of Financial Activities presents the expenses by function, the following classifies general operating expenses, by object:

	2010	2009
	$	$
Salaries and benefits	**2,399,026**	2,484,218
Occupancy	**176,813**	185,289
Amortization	**342,604**	265,818
Shared services	**323,184**	492,746
Advertising and public relations	**21,972**	6,209
Consulting services	**513,877**	253,923
Other services	**236,169**	279,326
Supplies, equipment and licences	**152,271**	125,776
Board expenses	**129,045**	173,296
Travel	**52,804**	51,003
Mail, courier and telecommunications	**50,301**	43,156
	4,398,066	4,360,760

Board expenses included in general operating expenses above include per diem costs and other Board expenses as follows:

	2010	2010	2009
	Budget	Actual	Actual
	$	$	$
Board Chair per diem cost	**70,000**	**73,150**	84,350
Directors per diem cost	**75,000**	**32,900**	38,925
Board expenses	**88,000**	**22,995**	50,021
	233,000	**129,045**	173,296

13. Pension agreements

The LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 17 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 2010 was $217,414 (2009 - $197,848) for current service costs and is included as an expense in the Statement of Financial Activities. The last actuarial valuation was completed for the plan as of December 31, 2009. At that time, the plan was fully funded.

14. Guarantees

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

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

15. Comparative figures

Certain of the prior year's comparative amounts have been reclassified to conform with the presentation adopted for the current year.

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RLISS de Simcoe Nord Muskoka

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