Waterloo Wellington
LOCAL HEALTH INTEGRATION NETWORK

ANNUAL SERVICE PLAN
for the period 2008/09, 2009/10, 2010/11

June 26, 2008

Ontario

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I. INTRODUCTION TO THE ANNUAL SERVICE PLAN (2008/09, 2009/10, 2010/11)

Working Together Toward Better Health Care

The Waterloo Wellington Local Health Integration Network (WWLHIN) is one of 14 LHINs across the Province of Ontario. LHINs are responsible for planning, coordinating, integrating and funding health care providers, including hospitals, long-term care homes, community support services, community health centres, Community Care Access Centres and community mental health and addiction agencies.

One of the first responsibilities of the WWLHIN is to ensure that all actions are reflective of our communities' needs for an improved health care system. To that end, the WWLHIN carries out extensive community engagement activities, including consultations with health service providers, organizations and individuals to ascertain what the gaps, needs and priorities are for this area. Environmental scans of the Waterloo Wellington LHIN area are also carried out.

The initial responses to input from the community engagement activities, the analysis of health data, and environmental information led to the development of the Integrated Health Service Plan (IHSP), a document that articulates identified priorities. These include:

- Improving accessibility to health services
- Improving the health of the population
- Enhancing system effectiveness
- Building community capacity to achieve a sustainable health system

In addition to these four priorities, the WWLHIN has identified the importance of achieving healthy work places.

This Annual Service Plan (ASP) builds on the IHSP and details the strategies that have been developed to operationalize the priorities identified by our community.

In addition to addressing the priorities of the IHSP, the Annual Service Plan is aligned with the Ontario government's vision for the future of our health care system – 'a health care system that helps people stay healthy, delivers good care to them when they get sick and will be there for their children and grandchildren'. Anchored in the vision are five strategic directions: renewed community engagement and partnership, health status, access and equity, quality, and sustainability.

The Annual Service Plan also reflects the Ministry of Health and Long-Term Care (MOHLTC) and WWLHIN mutual performance obligations as identified in the Ministry-LHIN Accountability Agreement (MLAA). The ASP will help both parties to meet performance outcomes to improve the health of the residents of the WWHIN and transform our health care services into a sustainable system. Through the MLAA, the MOHLTC and the WWLHIN are each responsible for developing and fulfilling specific and achievable performance obligations and to identify any risks to performance. The Annual Service Plan fulfills one of the WWLHIN's reporting obligations as outlined in the *Local Health System Integration Act, 2006* (LHSIA) and as a condition of the MLAA.

The Annual Service Plan is also aligned with the Ministry's annual Results-based Plan (RbP), which is the means by which to secure appropriations for the programs and services that benefit the people of Waterloo Wellington.

The WWLHIN Mission and Values

Since its inception, and throughout the development of the Annual Service Plan, the work of the WWLHIN has been shaped by its mission and values statements.

The WWLHIN Mission

> Inspiring people to improve quality of life now and in the future through collaborative relationships and health system integration.

The WWLHIN Values

- Accountability: Demonstrated by follow-through, evidence-based outcomes and transparency
- Community: Demonstrated by respect, engagement and focus on people
- Innovation: Demonstrated by creativity, future focus and change
- Integrity: Demonstrated by sound decision-making processes and honesty

The WWLHIN Health Care Services

The WWLHIN is home to a wide range of health care services. In order to have a truly integrated system, it is necessary for program and service agencies to work together to meet the needs of individuals across a full continuum of care. The continuum of care includes family care, community care, rehabilitation services, mental health and addictions care, acute care, long-term care, palliative/hospice care, and health promotion and disease prevention programs.

As of April 1, 2008, services in the WWLHIN are provided through:

- Four Community Health Centres, with three satellites.
- Eight hospital corporations, with 10 sites.
- 35 long-term care homes.
- One Community Care Access Centre.
- 30 community support service programs (delivered by 26 discrete providers).
- 21 community mental health and addiction programs (delivered by 15 discrete providers).

Annual Service Plan to 'Live and Live Well in Waterloo Wellington'

The Annual Service Plan puts into action specific initiatives meant to address the priorities for health care that our communities expressed in the Integrated Health Service Plan. It meets the obligations in the MLAA, is aligned with the MOHLTC priorities and strategies, and supports the government's direction.

The WWLHIN ASP is an innovative, comprehensive plan that identifies seven initiatives that will enable residents of the WWLHIN to achieve their goal to 'live and live well in Waterloo Wellington'. These seven initiatives are:

- Primary and Family Health Care
- Chronic Disease Prevention and Management
- Aging at Home (Seniors' Services)
- Mental Health and Addictions
- Creating Sustainable Solutions to Wait Times
- Health Human Resources
- Building Local E-Health Capacity

The strategies to address primary and family health care, chronic disease prevention and management, Aging at Home (seniors' services), mental health and addictions, and wait times reflect the IHSP's priorities of accessibility, population health and system effectiveness. The IHSP priority of building community capacity to achieve a sustainable health system is reflected in health human resources and e-health, which are regarded as health system enablers.

Environmental Scan

The scan sets the context for the prioritization of the seven plan priorities. There is a review of current local (and broader) conditions and issues, changes in the community since the development of the IHSP in 2006, and forecasted future trends that may affect the provision of health services in the WWLHIN.

Implementing IHSP and Government Priorities in 2008/09

This section of the Annual Service Plan provides a high-level description of how the WWLHIN will move forward with plans to implement the IHSP and government priorities in 2008/09. This section captures the decisions made in March 2008 by the WWLHIN Board of Directors with respect to providers' 2008/09 operating plans, other funded activities, and integration initiatives.

Financial Summary

The financial aspects of the ASP are depicted in a standard format used by LHINs across Ontario.

Planning for WWLHIN Operations

In this section, the WWLHIN outlines its operations plan and budget for the period of this ASP.

Management Plans to Deal with Risk

With all initiatives, there are risks and opportunities. This section explains the WWLHIN's high-level approach to risk management.

Communications Plan

A purpose of the Annual Service Plan is to assist the public to understand how the WWLHIN is planning to address the needs of the community as outlined in the IHSP. A communications plan for sharing this information is included in this section.

Moving Forward

The WWLHIN is proud of the work that has been accomplished in the identification of health care priorities for our communities, as described in the Integrated Health Service Plan. We are equally proud of the innovative, forward-moving strategies that have been articulated in the Annual Service Plan. It is a strong foundation from which to move ahead.

The work has just begun. The WWLHIN is excited about seeing the ASP strategies move forward. It is also committed to continuing to seek the input of the community to ensure that every sector has a voice that is heard.

As well, the WWLHIN will continue to encourage partnerships – only by working together can the goals be achieved. In addition to collaborating with other LHINs, health service providers, community groups, and individuals, we will look for more partnerships with the local business, education, and philanthropic sectors.

This is the time to make a difference. The Waterloo Wellington LHIN area is rich in resources of every kind; through coordinating these resources, we will be successful in our goal to 'Live and Live Well in Waterloo Wellington.'

II. ENVIRONMENTAL SCAN

The primary purpose of the Annual Service Plan (ASP) is to operationalize the WWLHIN's Integrated Health Service Plan (IHSP). To help achieve this outcome, the environmental scan describes the current state of health and the health care system in the WWLHIN in order to identify the risks and opportunities that shape the WWLHIN's efforts to address the four IHSP priorities of:

- Improving accessibility to health services
- Improving the health of the population
- Enhancing system effectiveness
- Building community capacity to achieve a sustainable health system

The environmental scan uses the most current data available to the WWLHIN, including updates on aspects of the scan that originally informed the IHSP. Through an analysis of the Ministry of Health and Long Term Care (MOHLTC) priorities and a survey of broad health-related trends within the WWLHIN, five program and two system management priorities stand out for urgent development:

- Primary and Family Health Care
- Chronic Disease Prevention and Management
- Aging at Home (Seniors' Services)
- Mental Health and Addictions
- Creating Sustainable Solutions to Wait Times
- Health Human Resources
- Building Local E-Health Capacity

The environmental scan first highlights key findings from an analysis of broad health-related trends and each of the seven priority areas, and then identifies potential risks and opportunities for investment. The following section, Implementing the IHSP and Government Priorities in 2008/09, details how the WWLHIN will address the risks identified in the environmental scan, and prioritize action and investments to safeguard the health and well-being of Waterloo Wellington area residents.

BROAD HEALTH-RELATED TRENDS

Key Findings

The following highlights describe population health, mortality, and hospitalization information for WWLHIN and Ontario, details of which are referenced in Appendices 1 and 2.

Population Health (Appendix 1)

- In 2006, the WWLHIN population was 686,320, or 5.6% of the total Ontario population.
- With a projected 16% growth rate, the WWLHIN population is expected to increase to 797,600 by 2015. This growth rate exceeds that of the province, which is projected to be about 13% between 2006 and 2015.
- The WWLHIN continues to have a younger population than Ontario as a whole, however, the senior's population aged 65+ years increased at a faster rate between 2001 and 2006 in the WWLHIN than the province (20.7% vs. 19.2%).
- The proportion of individuals aged 75 to 84 years is expected to increase in the WWLHIN by 12% between 2007 and 2016, while the proportion of those aged 85+ years is expected to increase by 46% during the same time period[i].
- An increasing number of WWLHIN residents rate their overall and mental health as very good or excellent, and in both instances better than Ontario (overall health: WWLHIN 61.9%, Ontario 60.8%; mental health: WWLHIN 75.1%, Ontario 72.8%).
- WWLHIN residents experience a lower infant mortality rate, have fewer low birth weight babies, and consume more fruits and vegetables than the provincial average. However, they also have a higher incidence of obesity and a lower rate of contact with medical doctors than other Ontarians.
- The number of residents exposed to second-hand smoke in their homes has decreased by 25.0% in the WWLHIN, and by 19.8% provincially between 2003 and 2005.
- Between 2003 and 2005, the number of residents getting flu shots increased by 20.3% in the WWLHIN, and by 20.9% provincially.
- The number of women getting a screening mammogram decreased by 12.5% in the WWLHIN, while increasing numbers of women were being screened provincially (an increase of 2.7% between 2003 and 2005).
- Between 2003 and 2005, fewer residents in the WWLHIN were heavy drinkers (decrease of 10%), had a lot of life stress (down by 6.6%), were smokers (down by 13.1%), or had some kind of activity limitation (decrease of 6%).
- The rates of both asthma and diabetes increased between 2003 to 2005 in the WWLHIN, by 11.4% and 18.9%, respectively. Over the same time period, the rates of both these chronic diseases decreased in the province, by 3.6% for asthma, and 4.3% for diabetes.
- Arthritis, chronic bronchitis, and heart disease went down by 3.2%, 25.9%, and 4.6%, respectively, in the WWLHIN between 2003 and 2005. Provincially, these rates also decreased by 2.3% for arthritis, 11.1% for chronic bronchitis, and 9.7% for heart disease.

Mortality, Potential Years of Life Lost, and Hospitalization (Appendix 2)

- The top 3 causes of mortality in the WWLHIN, and Ontario overall, continue to be, in order, circulatory diseases, cancer, and respiratory diseases. The rates of all three of these have dropped in both the WWLHIN and Ontario overall, with the greatest drop occurring in circulatory system diseases.
- For both the WWLHIN and Ontario, the greatest Potential Years of Life Lost (PYLL) continues to be for cancer, followed by circulatory diseases. The PYLL for cancer has increased by almost 1%, while it has decreased in Ontario by 1.9%. The PYLL for circulatory diseases has decreased by 11.7% for the WWLHIN, and by 4.9% for Ontario.

- After maternal conditions, circulatory diseases, followed by digestive system diseases, have the highest hospitalization rates both in the WWLHIN and Ontario overall. The greatest change over time has been in the rate of hospitalization for circulatory diseases in the WWLHIN, a decrease of 12.6%, while the provincial rate has increased by 6%.

Economic Conditions

- Compared to Ontario overall, the WWLHIN has a higher labour force participation rate (71.5% vs. 67.1%), a lower unemployment rate (5.2% vs. 6.4%), a lower proportion of the population with low income (9.7% vs. 14.7%), a lower proportion of households spending 30% or more on housing (23.1% vs. 27.6%), and a lower proportion of families with children headed by a lone parent (21.8% vs. 24.5%).
- Between 60 and 80 cents of every health care dollar in Canada is spent on health human resources (excluding the cost of educating health care providers)[ii].
- Approximately 70% of the WWLHIN's health sector investments are for health human resources.

Risks and Opportunities

- Four main factors will affect the current and future health care needs of WWLHIN area residents: population growth, aging, well-being, and economic prospects. The capacity to meet the needs of WWLHIN area residents is, and will continue to be, significantly affected by factors impacting health human resources, specifically their supply, and the availability of technological supports.
- Chronic diseases will continue to be a challenge for the WWLHIN in light of an aging population, increasing incidence of asthma, diabetes, and obesity, lower breast cancer screening rates, and high mortality and hospitalization rates associated with cancer and circulatory diseases.
- Although residents in the WWLHIN had better relative economic circumstances in 2006 than Ontarians as a whole, the recent and continued projected downturn in the economy will surely test local prosperity and living standards. These economic pressures may also affect how, and to what extent, health care services can be funded.
- These trends point to the need to ensure the availability of appropriate types of health services and programs, the appropriate mix of health human resources to deliver these services, and the technological supports to enable these providers to deliver services in an efficient and consistent manner.
- Both Ontario and the WWLHIN are bracing for an expected wave of physician and nurse retirements, due to occur in the near future. The WWLHIN cannot take the availability of health human resources for granted, even when the area has been awarded new medical and pharmacy schools. Indeed, these very investments require that the WWLHIN play a more concerted role to help ensure that limited, and perhaps decreasing, health human resources are most effectively and efficiently used.
- In terms of technological supports, while they are playing an ever larger role in health care, and consuming a correspondingly larger share of resources, e-health initiatives have not been implemented in a sufficiently integrated way in Ontario or in the WWLHIN area to take full advantage of their potential. The challenge here is that many of the larger providers in the area currently use legacy systems that do not communicate with each other. As such, the basis for making meaningful comparisons that would, in turn, permit effectiveness and efficiency gains, is strictly limited.

PRIORITY AREAS

This section of the environmental scan describes the current state of health and the health care system in each of the seven identified priority areas: primary and family health care, chronic disease prevention and management, seniors' services, mental health and addictions, wait times, health human resources and e-health. This depiction leads to an assessment of the risks and opportunities within each of these priority areas.

Primary and Family Health Care

Key Findings

- The majority of WWLHIN residents (78.4%) had at least one contact, either in person or by phone, with a medical doctor during 2006, compared to the provincial average of 81.5%. The significance of this comparison, however, is not entirely clear, as it could indicate less physician access in WWLHIN or, by contrast, that WWLHIN residents had less reason to contact a doctor.
- The WWLHIN is home to nine Family Health Teams (FHTs), four Community Health Centres (CHCs), and three CHC satellites. The satellites operate in the southern part of the LHIN.
- Table 1, below, shows that the average vacancy rate among general practitioners in the WWLHIN is estimated to be 20.1% in the current fiscal quarter, a decrease of 4.3% since the previous quarter (January to March 2008). The shortage of general practitioners remains most acute in Waterloo region (27%), especially in Wellesley (83.3%).
- In 2006/07, 10% of the total emergency department visits to WWLHIN hospitals were made by patients who did not have a family physician, and almost 8% of non-urgent visits were made by patients with no family physician[iii].

Table 1: General Practitioner Vacancy Rates in WWLHIN (January-March 2008 [Q4 2007/08] and April-June 2008 [Q1 2008/09])

Area	Designated Complement	# of Physicians in Practice Q4/2007	Vacancy Rate Q4/2007	# of Physicians in Practice Q1/2008	Vacancy Rate Q1/2008	% Change Q4/2007 – Q1/2008
LHIN total*	***219***	***173***	***21%***	***175***	***20.1%***	***+1.2***
Waterloo region	**111**	**78**	**30%**	**81**	**27.0%**	**+3.9**
- Cambridge^	94	68	27.7	71	24.5	+4.4
- Wellesley	6	1	83.3	1	83.3	0.0
- Woolwich	11	9	18.2	9	18.2	0.0
Wellington County^^	**108**	**95**	**12%**	**94**	**13.0%**	**-1.1**
- Erin	6	5	16.7	3	50.0	-40.0
- Guelph	89	81	9.0	82	7.9	+1.2
- Mount Forest	7	5	28.6	5	28.6	0.0
- Palmerston	6	4	33.3	4	33.3	0.0

Data Source; Ontario Ministry of Health and Long-Term Care, Underserviced Area Program, January to March 2008. and April to June 2008.
** Dundalk, located in Grey County, is also missing both of its designated complement of two General Practitioners.*
^ Includes Township of North Dumfries.
^^ Centre Wellington (including the Town of Minto and Townships of Mapleton and Wellington North) is also missing three of its designated complement of seven General Practitioners/Anaesthesiologists.

Risks and Opportunities

- While FHTs provide more comprehensive care to residents, their capacity to serve more "orphan" or "unattached" patients is limited because most of the physicians enrolled in FHTs belong to pre-existing primary care delivery models, like Family Health Networks, and are already caring for large numbers of patients.
- CHCs have very clearly defined catchment areas, which limit them from addressing primary care access issues. This is particularly challenging in the Rural South Grey and North Wellington and Rural Wellington sub-LHIN planning areas, which do not have CHCs assigned to them.
- It is anticipated that the new medical school in the WWLHIN will help to recruit and retain more physicians to the area, thereby decreasing vacancy rates.
- The impact on the health system of a shortage of primary and family health care providers is unmistakable when emergency departments are used as primary care treatment centres for non-urgent problems. The near closure of the WWLHIN's largest emergency department in 2006 serves as a reminder to the people of the area and the WWLHIN that significant primary care access issues persist.
- In Spring 2008, the MOHLTC announced that both emergency department wait times and family health care will be priority areas for improvement and focus over the coming year. This is an excellent opportunity to both improve primary and family health care access and decrease pressures on emergency departments in the WWLHIN.

Chronic Disease Management and Prevention

Key Findings

- Amongst the 14 LHINs, the WWLHIN has the lowest prevalence rates for arrhythmia, Ischemic Heart Disease (IHD), and osteoarthritis[iv].
- Amongst the 14 LHINs, the WWLHIN has the 4th lowest prevalence for Chronic Obstructive Pulmonary Disease (COPD), and the second lowest prevalence for cerebrovascular disease.
- By sub-LHIN planning area within the WWLHIN, rural Waterloo consistently has the lowest rates of COPD for both men and women and by age group, while rural Wellington, rural South Grey/North Wellington, and urban Waterloo/rural Waterloo south have the highest prevalence rates.
- In the WWLHIN, the burden of chronic disease tends to be greater amongst men and the very old, aged 85+ years.
- Rates for IHD, osteoarthritis, COPD, and cerebrovascular disease increase with decreasing income amongst WWLHIN residents. Only arrhythmia does not show this income effect.
- Between 2003 and 2005, the rates of hypertension, asthma, and diabetes amongst those age 12+ years have increased, while the rates for chronic bronchitis, arthritis/rheumatism, and heart disease have decreased (see Appendix 1).
- In 2005, 35% of WWLHIN residents had at least one of the following chronic conditions: cancer, diabetes, heart disease, hypertension, stroke, asthma, COPD, or arthritis. Just under half of residents age 65+ years had two or more of these chronic conditions[v].
- Conditions such as cancer and heart disease have high rates of mortality and inpatient hospital separation rates, whereas hypertension and arthritis lead to high rates of visits to family physicians.
- In 2005, just under half of the WWLHIN population aged 12+ years was physically inactive and almost 50% of those aged 18+ years were either overweight or obese (see Appendix 1).
- The MOHLTC, in the context of the 2004-08 Physician Services Framework Agreement with the Ontario Medical Association, targeted funding to family physicians for chronic disease and preventative care. As a result, family physicians began to play a key role in coordinating care and managing chronic conditions.

Risks and Opportunities

- Chronic conditions place a high burden on the health care system and reduce the quality of life of those who suffer from them. Left untreated, chronic diseases, like diabetes and depression, are causally related to other diseases and cause premature death. In this light, prevention and management are essential.
- Rural Waterloo has a low burden of chronic disease compared to the other sub-LHIN planning areas in the WWLHIN and the province as a whole. There is the opportunity to perhaps learn some lessons from this area of the LHIN.

- Because a negative relationship has been demonstrated between chronic disease prevalence and income for the WWLHIN, prevention and management strategies should be targeted to low income or at-risk residents. The CHCs could potentially have a role to play in these targeted initiatives.
- Since the prevalence of chronic diseases increases with age, the aging population in the WWLHIN will result in a higher burden of chronic disease in the future.
- The provision of chronic disease management and prevention services and programs is widely dispersed but highly fragmented in the WWLHIN area. People suffering from chronic diseases receive care in a variety of settings, including hospitals, long-term care homes, and in the community, but not necessarily in a manner that is coordinated across these many sites.

Services for Seniors

Key Findings

- The WWLHIN has 35 long-term care (LTC) homes providing 3,666 beds, including all long-stay, short-stay and convalescent care beds.
- As of February 2008, the Long-Term Care Home System Report indicated that the utilization of all long-term care homes was extremely high (99%)[vi]. Table 2, below, shows the trends in placement to long-term care beds in WWLHIN and Ontario.
- Since June 2007, both in the WWLHIN and the province, the waitlist has increased and more clients are waiting for transfer to a LTC bed.
- Between June 2007 and February 2008, the median number of days to placement has increased both within the WWLHIN (14.0%) and in Ontario (50%).
- The median number of days to placement of client's first choice has doubled in the time period from June 2007 to February 2008 in the WWLHIN, and increased by almost 40% for Ontario.
- The median number of days to placement for the highest priority clients increased in the WWLHIN by 75.5% between June and November 2007. However, this number has decreased since November 2007 by 58.6%.
- Community Care Access Centre (CCAC) case managers have identified that a third of those on LTC wait lists do not require this level of care, but do need augmented home support. Many high-functioning patients are admitted to LTC homes if they cannot manage with 10 hours per week of home support. Additional options for long-term care, such as assisted and supported living accommodations and arrangements, have the potential to serve the needs of such individuals. Recent studies show that 85% of people over the age of 65 years want to continue being at home as they age[vii].
- The Waterloo Wellington CCAC is providing more services to those waiting to be placed in LTC to alleviate pressure on acute care beds.
- Between 2002/03 and 2005/06, there was a 12% increase in the number of clients served by community support services; wait lists were noted as much more common than in the past. Most of the clients served or on waitlists were elderly.
- In terms of psycho-geriatric services, there are 23 beds for older adults with dementia and behavioural difficulties in Wellington.

- In Waterloo Region, there are no psycho-geriatric hospital beds. Clients requiring this care access St. Joseph's Health Centre in London or Grand River Hospital's psychiatric unit at the Kitchener site. Care is also available in the community, however such services are operating at capacity.
- Unmet need for psycho-geriatric services contributes to Alternative Levels of Care (ALC) days. For example, of the 26,363 ALC days (9.5% of the total days from WWLHIN hospitals) in 2006/07, 2,591 days (9.8%) were for psychiatric services.

Table 2: Placement in Long-Term Care Beds, WWLHIN and Ontario (June 2007-February 2008)

	WWLHIN						Ontario					
	June 2007	**Nov. 2007**	**Feb. 2008**	**% Change June to Nov.**	**% Change Nov. to Feb.**	**% Change June to Feb.**	**June 2007**	**Nov. 2007**	**Feb. 2008**	**% Change June to Nov**	**% Change Nov to Feb**	**% Change June to Feb**
Clients waitlisted	1201	1320	1365	9.9	3.4	13.7	19,432	21,564	22,151	11.0	2.7	14.0
Clients waiting for transfer	487	535	577	9.9	7.9	18.5	9,619	10,040	10,118	4.4	0.8	5.2
Overall median # of days to placement	86	109	98	26.7	-10.1	14.0	62	87	93	40	6.9	50.0
Median # of days to placement to 1st choice	102	161	203	57.8	32.1	99 .0	88	117	123	33.0	5.1	39.8
Median # of days to placement to 2nd choice	119	83	93	-30.3	12.0	-21.8	64	83	89	29.7	7.2	39.1
Median # of days to placement to 3rd choice	52	101	70	94.2	-30.7	34.6	45	62	69	37.8	11.3	53.3
Median # of days to placement for highest priority clients	106	186	77	75.5	-58.6	-27.4	51	69	61	35.3	-11.6	19.6
Median # of days to placement for 2nd highest priority clients	157	168	113	7.0	-32.7	-28.0	75	96	112	28	16.7	49.3

Data Source: Ontario Ministry of Health and Long-Term Care, Information Services Group, Health Data Branch, Long-Term Care Home System Report as of February 29, 2008.

Risks and Opportunities

- The trends shown in Table 2 are consistent with the past, and suggest that the current number of LTC beds in the WWLHIN is insufficient to meet demand. High utilization rates also increase wait lists and may negatively impact the health of those waiting.
- The combination of high utilization rates and lengthening waiting lists also has an adverse impact on hospitals, which are challenged to transition ALC patients into more appropriate care settings. Given these difficult circumstances, the 288 long-term beds, scheduled to open in the Guelph area by early 2010, are anticipated to provide relief.
- The MOHLTC has allocated multi-year funding to the LHINs for Aging at Home (AAH) initiatives over the next 3 years. The implementation of these initiatives are designed to help decrease the pressure on LTC homes, thus improving the ALC situation as well.
- The rapidly growing aging population is creating increased need for specialized geriatric services. Psycho-geriatric and specialized geriatric programs in both Wellington and Waterloo are currently stretched to capacity, and are not sufficient to meet anticipated demand due to an aging population.

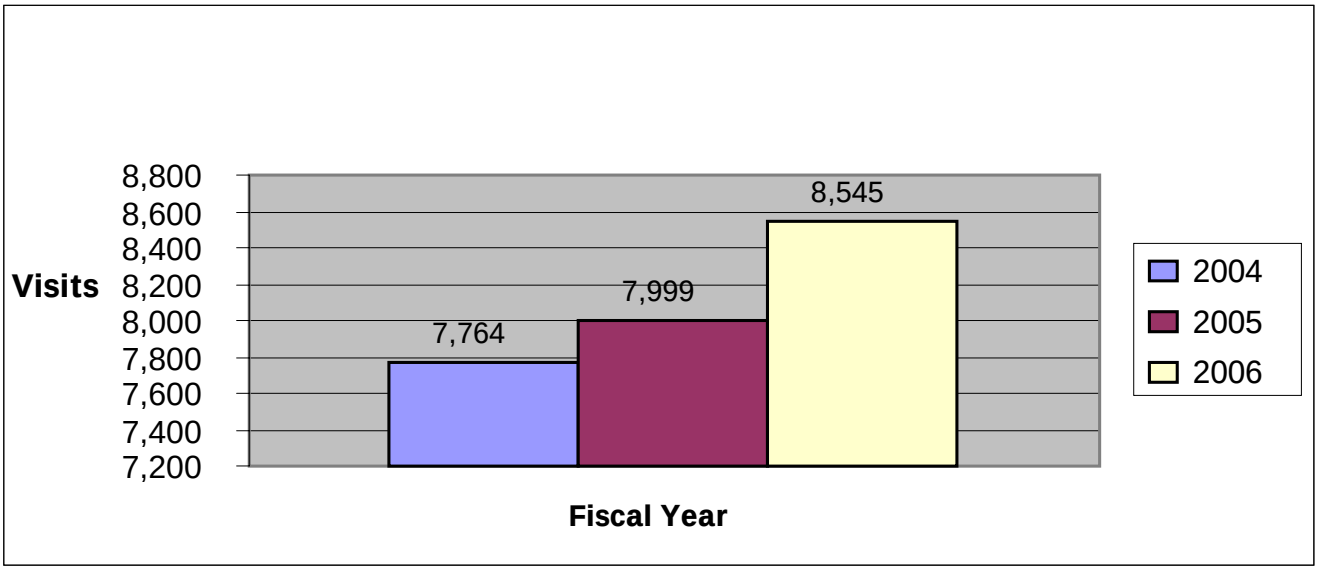
Mental Health and Addictions

Key Findings

- There are a total of 346 psychiatric beds in the WWLHIN. Homewood Health Centre has 280 beds, Grand River Hospital Corporation has 55 beds, and Cambridge Memorial Hospital has 11 beds.
- The majority of patients admitted to beds at Homewood Health Centre are from outside the WWLHIN, as this facility offers specialized programs to patients from across Canada and around the world.
- In 2005/06, there were 5,710 acute mental health discharges and 148,882 days from WWLHIN hospitals.
- As shown in Figure 1, below, the number of visits to emergency departments for mental health reasons in the WWLHIN, increased by 10% between 2004/05 and 2006/07.
- The WWLHIN funds several community-based organizations providing mental health and addiction services, including assessment, referral, residential addiction treatment programs, and addiction counselling. Some youth addiction services are also provided in Wellington/Dufferin high schools.
- Despite the presence of these services, the average wait in the WWLHIN for placement in drug and alcohol treatment programs is lengthening, as shown in Table 3, below.
- Between July 2007 and March 2008, the average wait time decreased in the WWLHIN for community day/evening treatment programs, community treatment programs, initial assessment/treatment planning programs that accept women only, and residential treatment programs that accept both men and women.

- Conversely, between July 2007 and March 2008, average wait times in the WWLHIN increased for initial assessment/treatment planning programs that accept both men and women, and residential treatment programs that accept either men or women only.
- Community engagement activities led by the WWLHIN uncovered a need for greater access to community mental health and addiction services, including assessment, treatment, and support (such as stress management, life skills, psychotherapy, counselling, housing, employment and income support).
- Community engagement activities also indicated that community-based supports for mental health clients discharged from hospital are inadequate or poorly coordinated. Without community-based supports, residents experiencing mental illness have high rates of relapse, which may require hospital readmission, or other high intensity care.
- In a 2005 report by the Ontario Student Drug Strategy,[viii] it was noted that 16% of Grade 7 to 12 students in Ontario may have a drug use problem. This report also identified that 6% of students assessed in the study reported hazardous drinking and elevated psychological distress.

Figure 1: Mental Health Emergency Department Visits in WWLHIN (2004/05 to 2006/07)



Data Source: Population Health Planning Database, Ambulatory Care tables, retrieved June 5, 2008.

Table 3: Average Wait in Days for Placement in Drug and Alcohol Treatment Services, WWLHIN and Ontario (July 2007 to March 2008)

	WWLHIN					Ontario				
	Jul. 07-Sep. 07	Oct. 07-Dec. 07	Jan. 08-Mar. 08	% Change Jul. 07-Dec. 07	% Change Jul. 07-Mar. 08	Jul. 07-Sep. 07	Oct. 07-Dec. 07	Jan. 08-Mar. 08	% Change Jul. 07-Dec. 07	% Change Jul. 07-Mar. 08
Community day/evening treatment^	52.3	38.3	24.7	-26.8	-52.8	33.3	33.3	37.3	0.0	12.0
Community treatment^^	37.0	34.0	22.3	-8.1	-39.7	12.0	16.3	11.7	35.8	-2.5
Initial assessment/ treatment planning*										
- women only	48.0	63.0	43.7	31.3	-9.0	14.7	30.0	13.3	104.1	246.9
- men & women	4.0	2.3	8.0	-42.5	100.0	19.7	18.0	19.0	-8.6	-3.6
Residential treatment										
- women only	99.0	108	114.3	9.1	15.5	49.7	51.0	54.3	2.6	9.3
- men only	73.3	98.3	108.3	34.1	47.7	40.6	51.7	54.0	27.3	33.0
- men & women	43.3	17.0	16.0	-60.7	-63.0	44.7	42.7	41.3	4.5	-7.6

Data Source: Drug and Alcohol Registry of Treatment (DART) Database, retrieved June 2, 2008, from www.connexontario.ca.

^ Community day/evening treatment data is only available for programs accepting both men and women.

^^ Community treatment data is only available for programs accepting women only.

** Initial assessment/treatment planning data is not available for programs accepting only men.*

Risks and Opportunities

- Identification and treatment of mental illness in its earliest stages and community-based treatment to meet the needs of people with serious mental illness are two strategies of providing mental health care in an appropriate manner.
- The WWLHIN has had success with the model of care provided by existing Assertive Community Treatment (ACT) teams overseen by the Homewood Health Centre and Waterloo Regional Homes for Mental Health Inc.
- There is the need for comprehensive residential treatment programs for youth with addiction problems in the WWLHIN. Before the WWLHIN approved a Kitchener-based youth residential treatment centre operated by the Ray of Hope in late 2007, Waterloo Wellington residents younger than 18 years of age had to travel to Thunder Bay or Ottawa for their care.
- Residents across the WWLHIN experience notable difficulty in accessing emergency mental health services. Emergency Mental Health Services for Wellington has indicated that there is increasing difficulty in accessing Schedule 1 inpatient beds, there is a need for centralized services to assist rural hospitals in their management of mental health patients waiting to access Schedule 1 inpatient beds, and that a high percentage of patients are discharged to the community.
- Given the prevalence of mental health issues in the population, and the high correlation between substance abuse and mental distress, it appears that youth may be at particular risk of having undetected mental illness. Early identification and intervention are sound disease prevention strategies that have the potential to avert the progression of mental illness to the point of requiring more intensive care.

Wait Times

Key Findings

- As shown by the information presented in Table 4, below, between December 2007 and March 2008, wait times have decreased in the WWLHIN for knee replacements, Magnetic Resonance Imaging (MRI) scans, Computed Tomography (CT) exams, and cataract surgery.
- Conversely, in the same time period, wait times have increased in the WWLHIN for hip replacements, cardiac procedures as a whole, and cancer surgery overall. These trends align with provincial patterns.
- Provincial targets have been established for seven of the nine priority wait times areas. Median wait times in the WWLHIN are within target for hip replacements, knee replacements, CT exams, cataract surgery, bypass surgery, and cancer surgery.
- Median wait times in the WWLHIN are still above target in March 2008 for MRI scans (39 days vs. 28 days).
- Similarly, the time in which 90% of the WWLHIN residents receive their CT scan is still above the provincial target (41 days vs. 28 days).
- The median wait time in the WWLHIN is below the provincial wait time for hip replacements, knee replacements, cataract surgery, angioplasty, and bypass surgery.

Table 4: Wait Times by Priority Area, WWLHIN and Ontario (October-December 2007 and January-March 2008)

	WWLHIN			Ontario		
	Oct-Dec/07	Jan-Mar/08	% Change	Oct-Dec/07	Jan-Mar/08	% Change
Hip Replacement Provincial Target = 182 days						
90th percentile (days)	141	163	+15.6	207	216	+4.3
Median wait time (days)	56	62	+10.7	66	71	+7.8
Knee Replacement Provincial Target = 182 days						
90th percentile (days)	172	162	-5.8	267	249	-6.7
Median wait time (days)	63	58	-7.9	81	83	+2.5
MRI Scan Provincial Target = 28 days						
90th percentile (days)	110	87	-20.9	120	110	-8.3
Median wait time (days)	41	39	-4.8	31	30	-3.2
CT Scan Provincial Target = 28 days						
90th percentile (days)	56	41	-26.8	68	43	-36.8
Median wait time (days)	20	15	-25.0	11	8	-27.3
Cataract Surgery Provincial Target = 182 days						
90th percentile (days)	87	76	-12.6	138	121	-12.3
Median wait time (days)	38	34	-10.5	41	44	+7.3
Cardiac Angiography Provincial Target = None established						
90th percentile (days)	14	19	+35.7	21	26	+23.8
Median wait time (days)	7	9	+28.6	7	8	+14.3
Cardiac Angioplasty Provincial Target = None established						
90th percentile (days)	5	9	+80	13	15	+15.4
Median wait time (days)	0	1	NR	3	3	0.0
Bypass Surgery (elective referrals only) Provincial Target= 182 days						
90th percentile (days)	40	38	-5.0	50	55	+10
Median wait time (days)	7	9	+28.6	15	17	+13.3
Cancer Surgery (overall) Provincial Target = 84 days						
90th percentile (days)	52	60	+15.4	64	65	+1.6
Median wait time (days)	20	25	+25	21	23	+9.5

Data Source: Ontario Ministry of Health and Long-Term Care, Ontario Wait Times Strategy Data. Retrieved February 15, 2008 and June 6, 2008, from http://www.health.gov.on.ca/transformation/wait_times/providers/wt_data.html#.

Risks and Opportunities

- WWLHIN residents have benefited from the government's investment in reducing wait times for select surgeries and diagnostic services. The WWLHIN's hospitals have expanded their capacity to provide more cataract surgeries, hip and knee replacements, cardiac procedures, cancer surgeries, MRI exams, and CT exams. In addition, through the WWLHIN Wait Time Working Committees, process and service delivery improvements have been made to increase capacity, quality, and efficiency.

- While WWLHIN residents have experienced improvements in access to CT exams, hip and knee replacements, bypass surgery, and cataract surgeries, further work is clearly required in improving access to MRI scans, cancer surgery, angiography, and angioplasty.
- The increase in wait times for cardiac procedures, cancer surgery, and hip replacements shown in Table 4, above, demonstrates that constant monitoring and improvement initiatives are required to preserve the gains that have been made, and to ensure that wait times continue to decrease over time. This will require continued and stable investment.

Health Human Resources

Key Findings

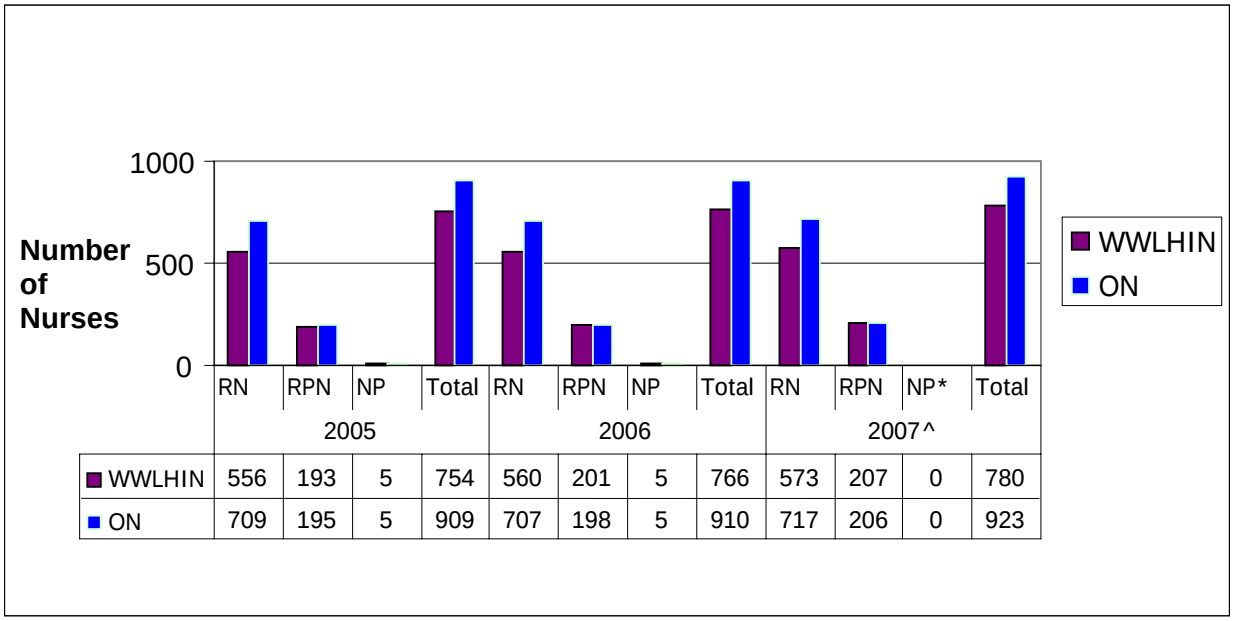
- The residents of the WWLHIN currently benefit from the efforts of over 7,600 health professionals who help to delivery the WWLHIN's services and programs.
- As of 2007, the WWLHIN has fewer of every type of regulated health professional reported in Table 5, below, per 100,000 population, than Ontario as a whole.
- In terms of the nurses employed, Figure 2, below, shows that between 2005 and 2007, the total number of nurses per 100,000 population increased by 3.4% in the WWLHIN and by 1.5% provincially.
- Although the number of nurses per 100,000 in the WWLHIN is less than in the province in each of 2005, 2006, and 2007, the gap is decreasing (difference of 155 nurses per 100,000 in 2005; difference of 144 nurses per 100,000 in 2006; difference of 143 nurses per 100,000 in 2007).
- Between 2005 and 2007, the number of Registered Nurses (RN) per 100,000 population increased by 3.1% in the WWLHIN and by 1.1% provincially. Despite the higher rate of increase in the WWLHIN, the number of RNs per 100,000 population in the WWLHIN continues to be lower than in the province.
- During the same time period, the number of Registered Practical Nurses (RPN) per 100,000 increased by 7.3% in the WWLHIN and by 5.6% provincially. The number of RPNs per 100,000 population in the WWLHIN is roughly equivalent to the province.
- The number of Nurse Practitioners (NPs) stayed constant both over time and between the WWLHIN and the province at 5 NPs per 100,000 population in both 2005 and 2006.
- Figure 3 below shows that, both in the WWLHIN and Ontario, the majority of health providers employed by hospitals are full-time (WWLHIN: 51.6%, Ontario: 57.7%). However, more hospital-based health providers in the WWLHIN are part-time or casual (48.4%) compared to the province (42.3%).

Table 5: Number of Selected Regulated Health Professionals per 100,000, WWLHIN and Ontario (2005-2007)

Professional	WWLHIN	Ontario
Family physicians (2005)	76	85
Specialist physicians (2005)	50	95
Dental technologists (2005)	3	4
Dieticians (2005)	19	21
Registered Nurses^ (2007)	566	708
Optician (2005)	9	17
Occupational therapist (2005)	29	32
Pharmacist (2005)	59	84
Psychologists/psychological associates (2005)	21	24
Respiratory therapists (2005)	15	16

Data Source: Ontario Ministry of Health and Long-Term Care, HealthForce Ontario, HSIP, Health Human Resources Toolkit, April 2007.
^ Data Source: College of Nurses Query Tool. Retrieved June, 3, 2008, from www.cno.org.

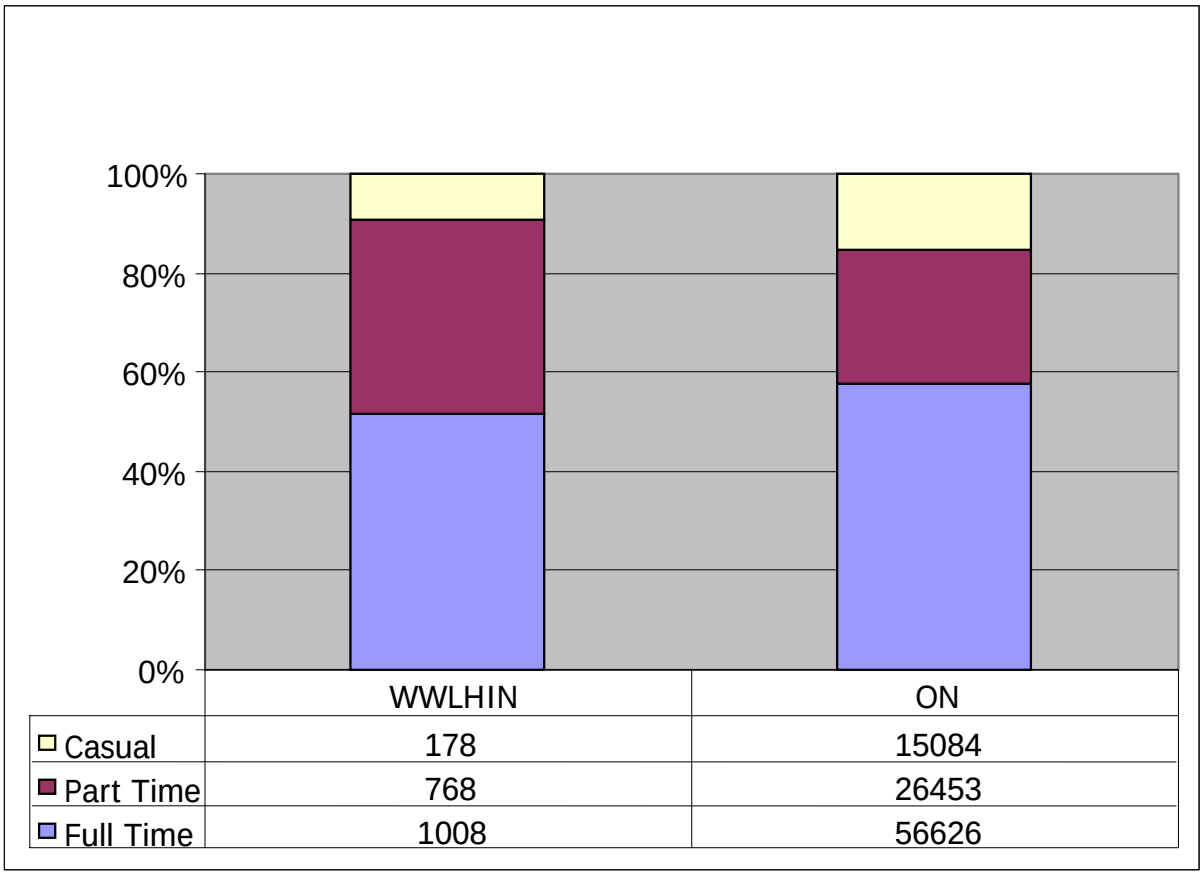
Figure 2: Nurses Employed per 100,000 Population, WWLHIN and Ontario (2005-2007)



	RN	RPN	NP	Total	RN	RPN	NP	Total	RN	RPN	NP*	Total
	2005				2006				2007^			
WWLHIN	556	193	5	754	560	201	5	766	573	207	0	780
ON	709	195	5	909	707	198	5	910	717	206	0	923

Data Source: Ontario College of Nurses Query Tool. Retrieved June 2, 2008, from www.cno.org. In MOHLTC, Health Force Ontario, LHIN HHR Data Workshop Reference CD, January 2008.
** Data for Nurse Practitioners not available for 2007.*
^ 2006 population estimates were used as 2007 estimates were not available. As such, nursing numbers per 100,000 population for 2007 are slightly over-estimated.

Figure 3: Number of Hospital-Based Health Providers by Type of Employment, WWLHIN and Ontario (2007)



	WWLHIN	ON
Casual	178	15084
Part Time	768	26453
Full Time	1008	56626

Data Source: Ontario Hospital Association Labour Market Survey (2007). In MOHLTC, Health Force Ontario, LHIN HHR Data Workshop Reference CD, January 2008. Response rate of 71%.

Risks and Opportunities

- The fewer number of regulated health professionals, and nurses in particular, per 100,000 population in the WWLHIN as compared to the province, highlights the need for an aggressive recruitment and retention strategy for Waterloo Wellington.
- Persistent, and in some areas of the WWLHIN, significant vacancy rates for general practitioners, also indicate lack of access to primary and family health care, and thus increased pressures on other parts of the continuum of care from emergency departments to ALC rates.
- According to the Waterloo Wellington Training and Adjustment Board's (WWTAB) Community Labour Market Profile (2005), while demand for workers in many fields is high, filling positions in health care is constrained both by a lack of workers with the necessary education, skills, and experience, and by fiscal constraint within the entire health system. According to WWTAB, if significant progress can be made in transforming health care delivery and stabilizing overall health funding, the local health care sector presents significant opportunities in the medium and longer term for individuals with the necessary skills.

- The challenge to realizing this opportunity is that competition for health human resources is not confined to the WWLHIN; neighbouring LHINs, other provinces, the United States, and other countries all compete for these resources.
- Challenges also exist for health service professionals who currently have employment. Almost half of the hospital-based health providers are casual or part-time in the WWLHIN. As well, many nurses have struggled to find full-time employment. New graduate nurses have been particularly affected by the lack of full-time employment, with only a very small percentage achieving full-time status during the first years of employment.
- As well, the workforce is shrinking for a variety of reasons, including an increase in retirements, attraction and retention challenges, need for skills development, and the need for flexible working arrangements. In the WWLHIN, immediate recruitment needs have been identified in several areas of specialization, including neurology, ophthalmology, pathology, anaesthesiology and paediatric surgery.
- As the WWLHIN begins to transform the system and provide services in new and more appropriate ways, new health human resource pressures will be created. For example, there will be a growing need for more community-based providers, including those who can provide more appropriate home-based care for seniors.
- All of these challenges create the need for a coordinated approach to health human resources. Currently, there are effective recruiting efforts underway through local Chambers of Commerce and specific communities. However, a coordinated LHIN-wide approach does not exist. Resolving the human resource challenges of the WWLHIN will require partnership with stakeholders such as local universities, HealthForceOntario, health service providers, and the MOHLTC.

E-Health Capacity

Key Findings

- Currently, primary care providers collect and retain most patients' personal health information. The rest is stored with other providers, such as hospitals, specialists, and community agencies. As a result, when patients move from one provider to the next within the health care system, information must often be replicated. In many instances, assessments and diagnostic tests are also repeated, creating unnecessary and costly duplication within the system. When patients or clients schedule appointments or receive referrals, bookings are often made by fax or telephone, and individual needs are not always appropriately tracked and monitored. All of this duplication is inefficient and costly.
- Despite this fragmentation, there are many instances in the WWLHIN where e-health solutions are currently being used to enhance the health and well-being of residents. For example:
    - Grand River Hospital's My Care Source is a portal that allows cancer patients to obtain information about their care, manage their treatment plan, and monitor symptoms and/or side effects of treatment. It also allows for scheduling of appointments and sharing of information with family members.
    - WWLHIN residents have free access to Telehealth Ontario, which allows them to speak directly to registered nurses about their symptoms and recourse to additional care.

    - Providers working in emergency departments have access to an online Drug Profile Viewer, which provides information on the medication history of patients.
    - In hospitals, physicians and surgeons access the Wait Times Information System, which provides information on wait lists for specific surgeries and procedures.
- Residents and health care providers across the WWLHIN see the merits and promise of e-health.

Risks and Opportunities

- Most e-health solutions are currently sector specific, developed for a single organization, and focus only on the patient's or client's needs at a particular point in time. The solutions often fail to consider information that may have been collected by other providers or that may be needed by other providers. Furthermore, the transfer of information electronically between providers is hampered by inconsistent standards and systems that do not communicate with one another.
- In its first report in April 2006, the Ontario Health Quality Council stated that the implementation of an effective e-health strategy will support the creation of a high performing health care system[ix]. For this reason, the WWLHIN believes that rather than continuing to invest in e-health solutions that are sector specific, or focused on only one part of a person's health experience, solutions need to be anchored within a system perspective.
- Providers need to be connected across a common electronic network and e-health solutions must be efficient, effective, and take into account patient/client needs across the continuum of care.
- Connecting all health service providers on a common network and implementing applications that enhance the sharing of information between and among providers, will require additional project and financial resources. Significant investment will also be required to establish the necessary delivery structures, such as data centres.

III. IMPLEMENTING IHSP AND GOVERNMENT PRIORITIES IN 2008/09

Since late 2006, when the WWLHIN finalized and released its Integrated Health Service Plan (IHSP), the environmental scan of the current situation shows that there are still undeniable gaps in the health services and programs being provided to the residents of the Waterloo Wellington LHIN area.

The environmental scan confirms the priorities that were identified in the IHSP: improve access to health services, improve the health of the population, enhance system effectiveness, and build community capacity to achieve a sustainable system. The environmental scan also reminds us of the persistence of the challenges to the WWLHIN and points to opportunities where the WWLHIN can target new investments and both safeguard and enhance the value of those already made in the local area.

Taking this into account, and aware of its responsibility to manage health services from an integrated perspective and in alignment with government priorities, the WWLHIN recognizes that it must prioritize and sequence the initiatives in a manner that best suits the needs of the people of the Waterloo Wellington LHIN area. For this reason, the WWLHIN has identified for action seven initiatives that will support the operationalization of all four of the IHSP priorities beginning in 2008/09, as well as a set of strategic integration initiatives that will shape this year and future years:

- Primary and Family Health Care
- Chronic Disease Prevention and Management
- Aging at Home (Seniors' Services)
- Mental Health and Addictions
- Creating Sustainable Solutions to Wait Times
- Health Human Resources
- Building Local e-Health Capacity
- Strategic Integration Initiatives

A high-level picture of each of these initiatives is presented in this section of the Annual Service Plan. The WWLHIN's investment approach for 2008/09 is depicted in Appendix 4.

Primary and Family Health Care

The environmental scan has exposed a large and specific gap in the provision of care and services and programs to WWLHIN area residents. There is a persistent lack of access to primary and family health care services for many thousands of residents. This lack of access means these residents receive either no care or episodic care offered at an urgent care clinic, walk-in clinic, or emergency department. Both the absence of care and episodic care help to create and reinforce other problems in the health care system.

How primary care access challenges are managed will have a profound impact on the health system and every sector within it. It is obvious what happens to care, costs, and society when there is a primary and family health care access problem. Less obvious, but no less real, is what can happen when health professionals agree to enrol patients and offer them comprehensive services with the support of colleagues comprising an interdisciplinary care team. The interdisciplinary primary care teams found in Community Health Centres (CHC) and Family Health Teams (FHT) offer real hope of realizing improved patient care, health system efficiency gains, and a more effective integration of the sectors comprising the local health system.

To better realize the full potential of CHC and FHTs, the WWLHIN has adopted a different approach beginning in 2008/09 than was taken in the past. With respect to CHCs, the WWLHIN reviewed the challenges of legacy budgeting practices and decided along with the CHCs that they need greater flexibility in their operations and in their use of financial resources. To that end, the WWLHIN and CHCs have agreed that the greater provision of service to clients is the objective of the new approach, as is the creation of greater managerial and operational capacity for change. For example, the WWLHIN has approved the use of financial resources by CHCs, acting as a group, to acquire and roll-out updated information technology that fosters their greater connectivity to each other and to the wider system. The overriding aim of this approach is to ensure that resources intended for the provision of primary care are actually and fully used for that purpose.

With respect to FHTs, the WWLHIN has taken the opportunity to make them key implementers of its Aging at Home Strategy. Beginning in 2008/09, the WWLHIN will work directly with and fund the Upper Grand FHT and its partners (Waterloo Wellington Community Care Access Centre, the Waterloo Wellington Community Futures Development Corporation, and Groves Memorial Community Hospital) to implement a Telehome Monitoring Program for Rural Seniors in the northern part of the WWLHIN. With direct support from Upper Grand FHT, this program will enable frail elderly patients with chronic conditions to self monitor their conditions and to be monitored remotely through telehomecare.

Similarly, beginning in 2008/09, the WWLHIN has committed to collaborating with and funding the Guelph FHT and its partners (Waterloo Wellington Community Care Access Centre, Alzheimer Society of Guelph-Wellington, and the Wellington Seniors at Risk Program) to implement the In-Home Primary Care Prevention and Monitoring for Seniors at Risk program. This initiative will provide in-home primary care to frail, isolated seniors in the City of Guelph. Nurse Practitioners will provide community-based primary care with physician consultation available through the Guelph FHT. Senior residents will be appropriately referred to the Waterloo Wellington Community Care Access Centre, as well as community based supports, enabling them to live as independently as possible in the home of their choice.

The readiness of all parties in Waterloo Wellington to find solutions to long-standing primary and family health care problems, including through new and exciting relationships that make a real difference to the people of Waterloo Wellington, augurs well for the ability of this area to support the government in meeting its new Family Health Care Strategy. The WWLHIN, having already shown a clear capacity and willingness to embrace transformation, will work closely with government and the community in 2008/09 to secure its fair share of the opportunities associated with implementing 50 new Family Health Teams, 25 nurse practitioner-led clinics, and hiring 9,000 new nurses. It is clear that Waterloo Wellington remains an area of need in respect of primary and family health care.

Chronic Disease Management and Prevention

Existing programs and services addressing chronic disease prevention and management are insufficient and not integrated in a manner that can effectively address the anticipated increased prevalence of chronic disease in the WWLHIN area. Considering the enormous impact that chronic diseases place on residents' quality of life, as well as the enormous burden chronic diseases place on health system resources across the continuum of care, efforts to quickly develop and implement a comprehensive prevention and management plan are imperative.

A renewed emphasis on population-based, health promotion and disease prevention initiatives will be crucial to curbing the epidemic of chronic diseases facing the WWLHIN and province. Working closely with health service providers and others to determine the precise nature of the steps to be taken is an opportunity uniquely conferred by the WWLHIN's mandate to exercise its planning and integration responsibilities.

The WWLHIN looks forward to working with its health service providers and the province beginning in 2008/09 in its newly focussed strategic approach to chronic disease management strategy. The WWLHIN will take every opportunity to push the benefits of any provincial initiative to its farthest reaches. In the company of its providers and community, the WWLHIN is always looking to create a multiplier effect for any action taken, knowing that this is how a system is built up and strengthened.

Aging at Home (Seniors' Services)

The issues confronting seniors far exceed the immediate priorities of high utilization and long wait lists that characterize the long-term care sector. Like primary and family health care, which can be oversimplified to mean "having a family doctor", the care of seniors is about so much more than providing them with a long-term care bed. When understood in the broad context suggested by the environmental scan, seniors' care is also about living independently, comprehensive primary care, chronic disease management and prevention, mental health services, community supports, and palliative care when and where it is needed.

Adding long-term beds to the WWLHIN is certainly regarded as a positive step, but even more positive from the WWLHIN's perspective would be the addition of such beds into an integrated service provision approach that ensures appropriate care of seniors wherever they may find themselves – at home, in a hospital, in supportive housing, in a long-term care home, or in a hospice. Taking the opportunity to provide for this new approach is the way in which the WWLHIN would prefer to handle the risks associated with high long-term care bed utilization rates, wait lists, and Alternative Levels of Care pressures. For this reason, the WWLHIN chose to operationalize its Aging at Home Strategy in 2008/09 along the clear lines of supporting innovation, creating brand new health service providers, fostering broad partnerships, and rewarding preventative measures.

The WWLHIN has embraced the Aging at Home funding initiative as an opportunity to support and encourage innovative thinking and service delivery. Investment will continue in programs that encourage and advocate for preventative intervention in the health of local seniors – recognizing their role and vested interest in participating in the selection and provision of programs, and the maintenance of their own health.

WWLHIN favours programs that demonstrate a collaborative approach to problem solving. These programs will leverage existing resources and lay the foundation for solutions that will reduce dependency on ALC and the services provided in local emergency departments.

Current Aging at Home investment reflects these goals and includes:

- Telehome Monitoring for Rural Seniors – will empower technology-friendly, rural seniors to self-monitor for chronic health conditions with remote supervision by family health teams
- Make Yourself at Home Program – demonstrates the active participation of seniors, using peer support for system navigation, in determining their own course of action in sourcing solutions to health care needs – both preventative and maintenance
- Assisted Living for the Frail Elderly at Risk – takes an innovative and collaborative approach to expanding the LHIN's stock of supportive housing for seniors. This project recognizes that seniors residing in existing rent-geared-to-income (RGI) housing are more likely to depend on emergency services, often due to poverty-related healthcare issues. Working with local, private, non-profit seniors' housing providers, existing RGI units will be dedicated to providing seniors with supports that will allow them to remain well and avoid crisis medical interventions. Providing services on site instead of on-call will allow support workers to anticipate and intervene in a timely manner, allowing for the most appropriate, minimally intrusive level of support required.

In total, the WWLIN's Aging at Home investment of $4.8 million in 2008/09 has resulted in numerous new partner-collaboratives and establishes several new health service providers – all dedicated to serving seniors across a broad spectrum of need (ranging from minimal to significant supports) – thereby enabling them to live as independently as possible for as long as possible in their home of choice (Appendix 3).

Mental Health and Addiction

The environmental scan suggests significant gaps and opportunities for improvement in mental health services for the residents of the WWLHIN. Mental illness continues to be a common and largely invisible chronic disease that has enormous impacts, not only on individuals and their families, but on the local health system and economy. Given the relationship between mental illness and other chronic diseases, and the link between mental illness and substance abuse, the health system implications are clear: left unaddressed, those experiencing mental illness will continue to suffer without the benefit of proper treatment, and many will go on to develop chronic diseases that will require intensive primary care and related diagnostic and surgical services.

The WWLHIN has prioritized action in respect of mental health and addictions services for 2008/09. Indeed, its commitment to this part of our health system was already apparent in 2007/08. At the first opportunity to make decisions that would transform our local health system, the WWLHIN chose to put mental health and addictions services at the top of the list. In November 2007, the WWLHIN Board of Directors not only approved a significant portion of the first new funding to our system to support a new service – the region's first residential youth addiction treatment centre – it also signed up Ontario's newest health service provider –

Ray of Hope. The creation of a six-bed centre based in Kitchener means that area youth will no longer have to travel as far afield as Thunder Bay or Ottawa to receive the care they need. In taking this action, the WWLHIN showed its readiness to address long-standing need, and to find sustainable solutions with a clear connection to the community. The WWLHIN's commitment to this initiative is offered in the knowledge it is helping our youth, and in so doing, encouraging others to offer their support, too, in 2008/09 and beyond.

The WWLHIN has also chosen to prioritize the provision of mental health services to address another longstanding need in Waterloo Wellington. The needs of North Wellington in respect of access to schedule 1 mental health beds is as well known as the search for solutions has been difficult. Fortunately, in the context of reviewing all health service providers' proposed 2008/09 operating plans at the end of the 2007/08 fiscal year, the WWLHIN and its partners were able to make a connection between need and the capacity to meet that need. North Wellington Health Care and Homewood Health Centre found in each other the partner they needed. Together, they have begun to address on a permanent basis the need of North Wellington residents to have access to schedule 1 mental health beds. Homewood Health Centre agreed to rededicate a significant amount of its financial and professional resources to open additional beds to meet the needs of North Wellington residents, to staff those beds, and to deploy additional professional resources in the North Wellington Health Care hospitals to facilitate patient assessment and appropriate treatment. In response to the Homewood Health Care's rededication of resources to this cause, the WWLHIN made a permanent financial commitment to sustain this solution. All told, $1.1 million in financial resources is now being invested annually in this solution for our area.

Beginning in 2008/09, the WWWLHIN has also approved an ongoing investment in the Living in Hope, Addiction Treatment and Recovery Day Program for women. The WWLHIN recognizes that accessibility to addiction treatment services is an issue in Waterloo Wellington, and for this reason has given its support to this initiative. The Program increases access and community capacity, and provides a service that is based on evidence-based practice that involves local private and public health care professionals. It addresses the need of a vulnerable population, accommodating women with parenting responsibilities and those who need quick access to service.

The WWLHIN also looks forward to the implementation in 2008/09 of an innovative, collaborative model of care between Homewood Health Centre and Guelph General Hospital, where emergency mental health services are offered in a separate location at Guelph General Hospital. The WWLHIN is monitoring this initiative carefully, as it has the potential to provide more appropriate, sensitive care to these individuals and, at the same time, redirecting care away from the hospital emergency department. It is hoped that this will reduce wait times in the hospital emergency department and allow more appropriate use of these resources. By offering emergency mental health services, patient care should improve through provision of a safe environment, rapid assessment, stabilization, initiation of treatment, observation and monitoring, and appropriate disposition planning and referral. The emergency mental health crisis assessment and treatment service should also provide appropriate care for all patients presenting to the emergency department with mental health issues, including medical stabilization in the receiving facility with transfer to a suitable care facility or referral to community services. This service would also ensure that the safety of patients and others is not compromised.

Wait Times

In the close company of its hospital and community partners, the WWLHIN will continue to address wait time challenges on every front. First, in terms of surgeries and diagnostic procedures, the WWLHIN worked closely with its hospital providers in the 2007/08 fiscal year to attain the clearest understanding of their operational realities and capacity to deliver more and better care. On the basis of this well-informed and validated understanding, the WWLHIN proposed allocations for additional wait time investments in Waterloo Wellington for cataract procedures, hip and knee joint replacements, computed tomography (CT) exams, and magnetic resonance imaging (MRI) exams in 2008/09. A total investment of $8.7 million will be made for incremental surgeries and diagnostic procedures in this year, including $1.4 million for an additional 2,051 cataract surgeries, $4.6 million for an additional 651 primary and secondary hip and knee replacements, $1.1 million for an additional 15,141 CT scans, and $1.6 million for an additional 6,204 MRI hours, which translates into an extra 9,306 exams for the people of Waterloo Wellington.

Second, in support of the government's priority to reduce wait times in hospital emergency departments, the WWLHIN will take action with its hospital and community providers to operationalize the investment of $1.2 million in 2008/09 intended to assist Grand River Hospital and the local system. Closely related to the initiative to reduce emergency department wait times is the drive to provide more people with alternatives to hospital care.

This effort to provide Alternative Levels of Care (ALC) to patients is not new to the WWLHIN. The WWLHIN's determination to address ALC challenges was evident shortly after it became fully operational in 2007/08, when the WWLHIN Board of Directors endorsed an agreement between Guelph General Hospital and The Elliott Home to transfer patients to transition beds. For 2008/09, the WWLHIN has gone beyond endorsing agreements to provide transition beds; it has actively pursued this option within the limited financial flexibility it exercises. Through these efforts, in 2008/09 there are now agreements in place involving multiple providers of transition beds that address the needs – and thus confront the wait time challenges – that exist in different parts of Waterloo Wellington.

Third, through the Wait Time Working Groups, the WWLHIN will continue to research and introduce new service delivery and process solutions that increase capacity, quality and efficiency. These solutions include common assessment centres and best practice processes.

Health Human Resources

Successfully addressing many, if not all, of the risks identified in this environmental scan is dependent on having sufficient numbers of appropriate health human resources. There is a clear premise, from a system management perspective, for conducting a WWLHIN-wide assessment of health human resource needs, creating an inventory of current and required capacity, and determining and acting on recruitment and retention challenges. The approach to the health human resource risk could also include helping to develop and implement new models of practice and remove barriers that prevent the most effective and efficient use of the health care workforce. Exploring the potential for new professions and roles based on population health needs also fits with this risk mitigation approach, as does considering enhancements to health professionals' training opportunities and work environments. Such an

approach has the potential to offer flexibility and responsiveness to the needs of health care professionals, health service providers, and communities across the WWLHIN.

For all these reasons, the WWLHIN warmly welcomes the decision of the government to provide a new resource to each of the 14 LHINs through HealthForce Ontario. HealthForce Ontario, a part of the Ministry of Health and Long-Term Care, is charged with implementing a multi-year, collaborative plan to provide Ontario with the right number and mix of health care providers. To this end, beginning in 2008/09, the WWLHIN and all other LHINs will receive a full-time equivalent position to implement that plan locally.

In taking up this resource, the WWLHIN's approach will be to maximize the potential inherent in the creation of new medical and pharmacy schools in our area. It also seeks to leverage opportunities provided by new roles, such as physician assistants, primary care nurse practitioners, clinical nurse specialists, and nurse clinicians.

e-Health

Early on, the WWLHIN recognized the need to develop and implement a comprehensive e-health strategy. In June 2006, the WWLHIN created the Waterloo Wellington e-Health Council to take on this task. An e-health strategy aligned with the provincial e-health strategy has already been completed. While the development of many of the e-health initiatives in the strategy will be funded at the provincial level, no funds have been allocated for local e-health preparation and capacity building.

The implementation of the provincial and WWLHIN e-health strategies requires appropriate structures to be in place both at the provincial and at the local level. The province recognized the need to create more robust governance, leadership and project management through the creation of its own e-health office. In the same way, the WWLHIN recognizes the need to develop local level resources for implementation to complement the stewardship role the province is playing.

The WWLHIN has prioritized action in respect of e-health for 2008/09, consistent with decisions its Board of Directors made in 2007/08. At the first opportunity to make decisions that would transform our local health system, the WWLHIN chose to put e-health at the top of the list, right beside mental health and addictions services. In November 2007, the WWLHIN Board of Directors approved the majority of the first new funding to our system to support e-health initiatives. These initiatives, ongoing in 2008/09, are:

- e-Health Architecture and Framework: to develop a blueprint for integrating and sharing electronic health information across the WWHIN's health service providers.
- Connecting the Continuum of Care: to complete the job of connecting the WWLHIN's health service providers with secure networks and secure email. This will enable health care professionals to communicate and exchange information in a secure and timely manner.
- Regional Electronic Health Record (HER): to connect the WWLHIN's acute care hospitals as suppliers of information to the province-wide electronic Child Health Network (eCHN) and to provide other WWLHIN area health service providers with access to health records.

- Creation of Service Catalogue: to support the Waterloo Wellington Community Care Access Centre's implementation of the web-based Information and Referral application that will assist both the public and heath service providers to locate and access Waterloo Wellington's health services.

Strategic Integration Initiatives

In addition to the progress the WWLHIN intends to make in 2008/09 and beyond with regard to the foregoing seven substantive areas, it has resolved to commence a series of strategic integration initiatives in 2008/09. The WWLHIN's choice of strategic integration initiatives arose out of its contractual obligation to live and plan within its means, as well its desire to respond to providers' calls to bring greater certainty to their operational and budgetary cycles. Thus, the WWLHIN, alone among LHINs in Ontario, reviewed all its providers' 2008/09 operating plans in the 2007/08 fiscal year. By reviewing all plans simultaneously, systems solutions not only became more apparent, they became approvable. It was out of this recognition that the WWLHIN approved a series of strategic integration initiatives for 2008/09 and beyond:

- Clinical services reviews: Three reviews will be launched in 2008/09 affecting area hospitals (complex continuing care, pharmacy services, and clinical services optimalization)
- Sector reviews: Mental health and addictions services (conducted with a view to better appreciating the scope and nature of current service provision)
- Waterloo Wellington Community Care Access Centre-led (WWCCAC) initiatives: The WWLHIN directed and approved funding for a series of efforts designed to achieve enhanced system linkages and communications (including the placement of WWCCAC case managers in all area hospital emergency departments, the development of the Common Health Related Information System, coordinated discharge planning, and support for community-based palliative care)
- Community Support Services Lead: The creation of this ongoing position reporting to the WWLHIN is intended to bring greater consistency, comparability, and capacity to the services and programs offered by the sector
- Regional Hospital-Based Programs/Centres of Excellence: Beginning in 2008/09, the WWLHIN has invested $1.2 million in ongoing base funding shared among three regional hospital-based programs/centres of excellence: cardiac care, vascular services, and rehabilitation care. The WWLHIN is committed to the consolidation and improvement of hospital-based specialty services for the people of Waterloo Wellington.

IV. FINANCIAL TABLE

Table 6: Statement of Waterloo Wellington LHIN 2008/09 Funding Allocation and Multi-Year Funding Target

	2008/09 Funding Allocation (000's) [1]	2009/10 Funding Target (000's) [1]	2010/11 Funding Target (000's) [1]
Total LHIN Budget	**822,672.7**	**832,467**	**847,165.4**
Total Health Service Provider (HSP) Transfer Payments	818,278.6	832,462	847,160.4
Operation of LHIN [2]	4,269.1	TBD	TBD
Initiatives [3]	5.0	5.0	5.0
E-Health	120.0	TBD	TBD
Total Health Service Provider (HSP) Transfer Payments by Sector:			
Operation of Hospitals [4]	506,296.3	508,346.4	508,346.4
Grants to compensate for Municipal Taxation - public hospitals	159.2	159.2	159.2
Long Term Care Homes	127,290.7	127,290.7	127,290.7
Community Care Access Centres	85,612.8	89,037.3	93,489.2
Community Support Services	10,899.4	11,144.7	11,395.4
Acquired Brain Injury	1,143.4	1,169.1	1,195.4
Assisted Living Services in Supportive Housing	5,336.5	5,456.6	5,579.4
Community Health Centres	13,867.2	13,867.2	13,867.2
Community Mental Health	26,436.3	27,031.2	27,639.4
Addictions Program	5,681.2	5,809.1	5,939.8
Specialty Psych Hospitals	28,251.1	28,806.1	28,806.1
Grants to compensate for Municipal Taxation - psychiatric hospitals	0	0	0
Initiatives [5]	7,304.5	14,344.4	23,452.2

Note:

1) *The 2008/09 funding allocation and the 2009/10 and 2010/11 funding targets are updated as of April 15, 2008 from the approved 2008/09 multi-year Results Based Plan and the 2008-09 Printed Estimates. The update is based on realignments within and between the LHIN programs vote 1411 and the Ministry programs vote 1412 which correspond with decisions about programs and services that will remain with the Ministry or transfer to the LHINs. They include base and one-time realignments for 2008/09 and base only realignments for 2009/10 and 2010/11 (except for the Operations of Hospitals*

which includes some one-time funding agreements). The realignment occurs within the Ministry's total approved appropriation. Additional details and formal adjustment for these programs will be sought as part of the 2008/09 Results Base Plan and is subject to Cabinet approval.

The 2008/09 funding allocation includes additional funding (base and one-time only). If further additional funding is designated throughout 2008/09, the table and schedule may be amended or updated allocation letters appended to the agreement to reflect the LHIN allocation. Any additional funding provided would be within the Ministry's total approved appropriation.

The 2009/10 and 2010/11 funding targets are for planning purposes and are base funding targets only (except for the Operations of Hospitals which includes some one-time funding agreements). They are subject to the annual Results Based Plan, Printed Estimates and Provincial Budget approvals.

2) *The LHIN Operation funding targets for 2009/10 and 2010/11 are to be determined as they are subject to further review.*

3) *LHIN Operations initiatives.*

4) *Operation of Hospitals allocations and funding targets include private and public hospitals. It may also include, as appropriate, any approved PCOP funding as described further in Table 3 - Dedicated Funding.*

5) *Transfer payment Initiatives by LHIN will be allocated by sector by the LHIN at a later date. It should be noted that as the LHIN allocates by sector, the allocation will be distributed at the sector level.*

V. PLANNING FOR WWLHIN OPERATIONS

The WWLHIN has the responsibility, with the community and health service providers, to reshape the delivery of health care in Waterloo Wellington. To do this, we need to utilize innovative approaches and tools, and we require an appropriate number of talented, experienced, committed and passionate staff. With the 22.6% increase to the 2008/09 operating allocation, as compared to the 2007/08 operating allocation, the WWLHIN now has improved financial flexibility in its new annual base funding of $4,269,038. This new base enhances the LHIN's ability over the three-year period of the Annual Service Plan to build additional capacity to meet and exceed the WWLHIN's responsibilities in the Ministry-LHIN Accountability Agreement (MLAA) and accommodate the potential transfer of additional health services from the Ministry of Health and Long-Term Care (MOHLTC).

RATIONALE

The operational plan must support the Waterloo Wellington LHIN in its accountability for funding, planning, integrating and coordinating services for its local health system as described in the MLAA for 2007-2010. Implicit in this MLAA are commitments identified in the Integrated Health Service Plan, which are called for in the *Local Health System Integration Act, 2006*: community engagement and integration activities.

The eight initiatives identified in Section III require the creation of innovative and new approaches. This requires a strong WWLHIN, capable of influencing communities and providers to develop solutions and achieve outcomes that have never before been achieved. To do this requires investment in an appropriate number of staff and appropriate skills sets. It also requires investment in new, innovative tools and techniques.

In the 2008/09 to 2010/11 timeframe, the WWLHIN will start to build capacity in health system data analysis, trending and forecasting. This capacity will require new ways of thinking. In addition to looking at trends from traditional financial allocation and funding envelopes, current data systems are being transitioned from the individual programs and services toward a systems perspective. The WWLHIN will commence the operationalization of this latter approach to a more detailed level. This will include linking financial allocations to planning, community engagement, integration and performance management activities.

The WWLHIN is currently working with the MOHLTC on benchmarking and working locally on performance measurement and analysis. The WWLHIN operating budget now provides an opportunity for development or purchase of appropriately sophisticated analytical tools. As an example, while we can analyze and interpret individual service/clinical data (e.g., the internal performance of a hospital), we need to develop the tools to appropriately assess the inter-relationship of services in other sectors (e.g., community support services and mental health and addictions). As an integrated system is created, this capability is critical.

Additional staffing resources will also provide a more flexible capacity in managing significant work priorities, including:

- Negotiating new Service Accountability Agreements with local health service providers:
  - Community health centres, the Community Care Access Centre, community support service agencies, and mental health and addictions agencies in 2008/09.
  - Long-term Care homes in 2009/10.
- Service Accountability Agreement management and monitoring.
- Providing staffing support to community engagement initiatives meant to realize IHSP priorities.
- Implementing management plans to mitigate the risks identified in the Annual Service Plan.

WWLHIN OPERATIONS PLAN

In addition to maintaining existing capability, the WWLHIN Operations plan addresses two critical goals:

1. Increase staff capacity to provide appropriate management of the WWLHIN health system, including the ability to manage new services presently handled by the MOHLTC.
2. Enhance and expand decision-support tools and techniques for health care performance measurement, including health service trending and analysis.

Goals and Objectives

Goal 1: Increase staff capacity to provide appropriate management of the WWLHIN health system, including the ability to manage new services presently handled by the MOHLTC.

Objectives:

- Move from the current state of service and provincial-based systems to a local health system flexible enough to be client-focused, and supportive of enhance planning, performance management, and integration activities for:
  - The local health system for which the WWLHIN is responsible.
  - Individual health service provider service agreements.
- Enhance our capability to conduct service agreement negotiations for 56 community-based programs in 2008/09 and 35 Long-Term Care homes in 2009/10.
- Support and coordinate planning, streamlining and integration themes and opportunities emerging from community engagement.
- Enhance capacity at the local level to respond to and manage issues arising within our communities.

Goal 2: Enhance and expand decision-support tools and techniques for health care performance measurement, including health service trending and analysis.

Objectives:

- Enhance systems-based data supports for integration initiatives.
- Develop our ability to research and identify factors affecting the health and illness of our population, determine optimal solutions and their impact on health services/treatment, and enhance existing or new performance indicators.
- Enhance our overall ability to identify health care trends to assist in planning proactively for future years.

The key partners in helping us achieve our plan include the MOHLTC (Financial Management Branch, Fiscal Strategies, Health Analytics Branch, Provincial Health Planners Data Base (PHPDB), Management Information Branch), other LHINs, and health service providers.

Nature of the WWLHIN's involvement

To manage current services and funding allocations in transition to a health system focus, together with new services presently managed by the MOHTLC in our area, is a resource management challenge. The flexibility to reallocate staff to support high priorities or deal with unexpected activities will allow the WWLHIN to meet its responsibilities competently and effectively relative to our priority of a healthy work place.

To enhance and expand decision-support requires using specialized staff to develop, upgrade or optimize data bases, research and best practices. The WWLHIN will work with the MOHLTC to obtain data already in the Ministry data warehouses, and use provincial systems and tools to prepare local health system data bases. The WWLHIN will also work with other LHINs to coordinate, develop and maintain local system databases that are LHIN-based. We will also actively engage health service providers for systems databases that are unique to the Waterloo Wellington LHIN area.

Implementation Considerations and Steps (Multi-year Plan)

Primary considerations in implementing the WWLHIN's plan for operations include:

- Benefits to the WWLHIN in having enhanced capability in areas such as service agreement negotiations, system transformation, change management, issues management, performance analysis and management, and support for community-based planning tables.
- The ability of the MOHLTC to provide access to even more accurate, timely data.
- Prioritization of LHIN shared projects and their alignment to our implementation plans.

Table 7, below, presents planned expenditures for 2008/09 compared with actual expenditures for 2007/08 and 2006/07.

It should be noted that 2006/07 was the first full year of operation for the Waterloo Wellington LHIN. The staffing recruitment process established by the MOHLTC was followed, which

concluded with over 65% of the staff complement being hired in the fourth quarter. The requirement to prepare an IHSP by October 2006 and various other organizational start-up activities were met by using consultants and resources other than permanent staff.

Table 7: WWLHIN Actual and Planned Operating Budgets (2006/07, 2007/08, and 2008/09)

LHIN Operations Sub-Category	2006/07 Actuals ($)	2007/08 Actuals ($)	2008/09 Planned Expenses ($)
Salaries & Benefits	**1,359,281**	**2,072,121**	**2,861,074**
Staff Travel	**35,869**	**36,908**	**58,400**
Occupancy	**235,554**	**251,193**	**243,900**
Public Relations	**207,870**	**142,117**	**210,195**
Consulting Fees	**388,086**	**281,870**	**255,000**
Governance	**166,299**	**169,662**	**205,270**
LHIN Shared Services Office Shared Costs	**290,216**	**300,000**	**300,000**
Staff Development	**66,076**	**29,989**	**49,500**
Office Costs and Equipment	**188,519**	**185,381**	**85,700**
LHIN Operations: Total Expense	**2,937,771**	**3,469,240**	**4,269,038**
Annual Funding Target			**4,269,038**
Variance			**-**

Multi-Year Plan

YEAR 1: 2008/09

- Fill 2.6 FTE (operational support)

YEAR 2: 2009/10

- Fill 2.0 FTE (performance management)

YEAR 3: 2010/11

- Fill 2.0 FTE (performance management and operational support)

Table 8, below, summarizes the WWLHIN's planned operation expenses by budget category for 2008/09 and the two subsequent years, 2009/10 and 2010/11.

As of June 2008, the WWLHIN's annual funding targets for 2009/10 and 2010/11 have not been confirmed; the MLAA for 2008-2011 in Schedule 9 (Allocations) explains that the targets are still under review. The operations plan, presented in Table 8, below, assumes

- Allocation increases to meet a 5% increase in salaries.
- Benefits at 22% of salaries.

- A 2% cost increase for all other expenses for each of the two years 2009/10 and 2010/2011.

The assumptions maintain the status quo of the 2008/09 MOHLTC allocation and the WWLHIN budget in 2009/10 and 2010/2011.

Table 8: WWLHIN Planned Operations Expenses (2008/09 to 2010/11)

LHIN Operations Sub-Category	2008/09 Planned Expenses ($)	2009/10 Planned Expenses ($)	2010/11 Planned Expenses ($)
Salaries & Benefits	**2,861,074**	**3,020,105**	**3,171,110**
Staff Travel	**58,400**	**59,568**	**60,759**
Occupancy	**243,900**	**248,778**	**253,754**
Public Relations	**210,195**	**214,399**	**218,687**
Consulting Fees	**255,000**	**260,100**	**265,302**
Governance	**205,270**	**206,783**	**208,327**
LHIN Shared Services Office Shared Costs	**300,000**	**306,000**	**312,120**
Staff Development	**49,500**	**50,490**	**51,500**
Office Costs and Equipment	**85,700**	**87,414**	**89,162**
LHIN Operations: Total Planned Expense	**4,269,038**	**4,453,636**	**4,630,720**
Annual Funding Target	**4,269,038**	**4,453,636**	**4,630,720**
Variance	-	-	-

Table 9: WWLHIN Staffing Plan (2008/09 to 2010/11)

	2006/07 Actuals	2007/08 Actual	2008/09 Plan	2009/10 Plan	2010/11 Plan
Number of FTEs					
Position Title:					
Chief Executive Officer	1	1	1	1	1
Senior Director	2	2	2	2	2
Senior Consultant	4	4	4	4	4
Senior Consultant/Epidemiologist		1	1	1	1
Business Support Manager	1	1	1	1	1
Executive Assistant	1	1	1	1	1
Controller	1	1	1	1	1
Consultant	5	5	5	5	5
Administrative Assistant	3	3	3	4	5
Program Asstistant	2	2	2	2	2
Receptionist	1	1	1	1	1
Analyst			1	2	3
Issues Manager			1	1	1
Webmaster			0.6	0.6	0.6
	21	22	24.6	26.6	28.6

Impact on Health System Performance

The additional staff and other resources will enhance our capacity to successfully complete the following objectives in a timely manner:

- Negotiate service accountability agreements for 56 community-based programs in 2008/09.
- Negotiate eight refreshed service accountability agreements with hospitals and, for the first time, service accountability agreements with 35 Long-Term Care homes in 2009/10.
- Identify and manage planning, integration and performance management opportunities in an active community engagement process.
- Develop and improve the focus of financial, service and clinical data toward local health systems.
- Develop our research capability and enhance existing or new performance indicators.
- Enhance our overall ability to identify health care trends to assist in planning proactively for future years.
- Continue collaboration with health service providers and other community resources and thereby leverage resources currently existing in the Waterloo Wellington LHIN area.

- Initiate new partnerships and alliances when opportunities emerge at the local, inter-LHIN or provincial settings.

Identification of Risks and Opportunities

RISK

Risk: Ability to manage unplanned pressures not recognized in approved budgets based on the MOHLTC allocation.

The MOHLTC has negotiated or significantly influenced various cost structures during the implementation of the LHINs. These include:

- Staff complement, categories and salary ranges.
- Establishment of the LHIN Shared Services Office to manage the back-office functions of all LHINs.
- Accommodation lease via Ontario Realty Corporation.
- Governance costs related to the Board of Directors.

Recognizing these cost structures leaves the WWLHIN with less than 20% of the annual allocation where we exercise direct control.

With additional funding beginning in 2008/09, the WWLHIN's ability to manage unplanned pressures related to WWLHIN operations has improved but is still limited.

OPPORTUNITIES

We can leverage the expanded capacity in staff and other resources to identify, support and coordinate opportunities to optimize utilization of existing community resources.

By taking an active community engagement approach, the WWLHIN can create partnerships and other collaborative initiatives with public health, universities and health service providers in the areas of predictive modeling, best service/clinical practices, focused research, local and integrated capacity maintenance and expansion.

Management Plan To Deal With Risk

Risk: Ability to manage financial pressures not included in approved budgets based on the MOHLTC allocation

The WWLHIN will strive to manage unusual or unplanned expenditures that may arise, but resources though improved are still limited to a minor percentage of the WWLHIN allocation.

Summary

The LHINs are mandated to transform existing health services and programs into an integrated local health system. WWLHIN is mindful of this mandate and also of the responsibility to be accountable for the current allocation of approximately $800 million to various health service providers in Waterloo Wellington. Section III of this Annual Service Plan identifies eight initiatives that will support the operationalization of all four of the IHSP priorities beginning in 2008/09. The new funding in 2008/09 will provide the flexibility to achieve these plans for the current funding allocations and new funding.

VI. MANAGEMENT PLANS TO DEAL WITH RISK

The WWLHIN's management plans to deal with risk are conceived, and will be carried out, in relation to the network's fundamental purpose. The WWLHIN exists to build a better health system for the residents of the Waterloo Wellington area, now and in the future. Better means more effective, efficient, and sustainable. Better means higher quality. Better means integrated.

To achieve its purpose the WWLHIN, as system manager, exercises planning, funding, coordination and integration responsibilities. The WWLHIN acts in collaboration with health service providers and the public in the exercise of its responsibilities. This Annual Service Plan is the first concerted opportunity for the WWLHIN to operationalize the Integrated Health Service Plan. In doing so, the WWLHIN intends to make both of these plans a success. To that end, it will address risk from the perspective of building a better health system in collaboration with its providers and the public.

The basic starting point in managing risk is expressed in the Transfer Payment Accountability Directive. The Directive recognizes that a risk-based approach is key to the management of transfer payments, as it provides for the optimum level of oversight, control and discipline; enables classified agencies to manage risk in changing environments; and provides the proper level of assessment that program and/or service delivery objectives are being met. The Directive makes risk management a mutual obligation of the LHIN and its health service providers. As such, it fosters a need for excellent communications and the clearest understanding of any issues or concerns. In short, the WWLHIN recognizes that managing risks is mainly about managing relationships. From its own operational experiences gained in 2007/08, the WWLHIN believes this approach effectively covers negative risks (exposure), as well as positive risks (opportunities).

The WWLHIN has categorized risks in order to better understand and manage risk. The four categories are: strategic, operational, financial, and performance. Each risk is communicated to the WWLHIN in a different manner, and each risk is managed according to its type. The communication of all risks to the MOHLTC takes place through the Risk Summary Template. Strategic risks are larger scale threats to WWLHIN objectives. These could include key initiatives not being undertaken due to a variety of reasons. One example would be an initiative put forward by the WWLHIN during the ASP process that was not funded. This represents a foregone opportunity.

Operational risks are opportunities and threats communicated to the WWLHIN through a variety of channels. The most common communication method is through direct contact with a health service provider (HSP). These represent management challenges and opportunities for which the WWLHIN may be able to assist in finding solutions.

Financial and performance risks are communicated to the WWLHIN through formal reporting channels, such as the Web-Enabled Reporting System, discussed with the affected HSP, and communicated to the MOHLTC through the Risk Summary Template.

In moving forward through 2008/09 and beyond, the WWLHIN prizes collaborative relationships. It is such relationships that ensure fewer or no bad surprises; it is such relationships that also bring the pleasant surprise of previously unappreciated solutions or possibilities. In its role as system manager, the most effective approach the WWLHIN can take is to be well-informed of the realities on the ground, to be broad-minded in its consideration of options, and to share its own reality with providers in the interests of bettering Waterloo Wellington. Sometimes the solution is apparent but not necessarily the manner of its implementation. Here, the WWLHIN will avail itself of all the planning, integration, and funding authority it has been given to ensure solutions are implemented.

VII. COMMUNICATIONS PLAN

The Annual Service Plan contains many elements for announcements but by itself does not require a separate strategic or tactical communications plan. The WWLHIN will make the Plan available to the public, stakeholders and health service providers by the following methods: printed copies available, posted on the WWLHIN website, email, and highlights included in newsletters or bulletins.

Separate from the Plan, but encompassing elements from it, the WWLHIN will develop an annual communication plan that will support the LHIN's business plan by:

- Identifying target audiences
- Linking stakeholders (agency clients, partners, public groups etc) to anticipated positive and negative reactions
- Developing key messages
- Explaining the communications tactical rollout (with expected timelines) and communications tools

Appendix 1: Population Health Profile^

Indicator	WWLHIN			Ontario		
	2001	2006	% Change	2001	2006	% Change
Total population	626,365	686,320	9.6	11,285,550	12,160,285	7.8
Senior population, age 65+	68,535 (10.9%)	82,690 (12.0%)	20.7	1,383,710 (12.3%)	1,649,185 (13.6%)	19.2
	2003	2005	% Change	2003	2005	% Change
Very good or excellent self-rated health	60.9	61.9	1.6	57.2	60.8	6.3
Very good or excellent self-rated mental health	72.3	75.1	3.9	70.7	72.8	3.0
Exposed to second-hand smoke at home	8.4	6.3	-25.0	9.1	7.3	-19.8
Contact with medical doctor in past year	77	78.4	1.8	81.1	81.5	0.5
Had flu shot in past year	31.6	38	20.3	34	41.1	20.9
Had screening mammogram in past 2 years (age 50-69)	66.2	57.9	-12.5	60.6	62.3	2.7
Had Pap smear test in past 3 years (age 18 to 69)	73.3	73.1	-0.3	73.9	72.9	-1.4
Obese or overweight	49.2	49.3	0.2	48.1	48.8	1.5
Heavy drinkers	22.9	20.6	-10.0	21.2	22.1	4.2
Physically inactive	44.4	45.6	2.7	47.1	46.0	-2.3
Consume fruits/vegetables 5+ times/day	45.2	47.1	4.2	40.2	46.2	14.9
Have a lot of life stress	24.4	22.8	-6.6	24.6	23.1	-6.1
Daily or occasional smokers	22.2	19.3	-13.1	22.1	20.8	-5.9
Participation and activity limitation	31.5	29.6	-6.0	31.7	29.4	-7.3
Prevalence of selected chronic conditions (12+)						
- arthritis/ rhuematism	15.6	15.1	-3.2	17.5	17.1	-2.3
- high blood pressure	13.3	13.7	3.0	14.7	15.2	3.4
- asthma	7.9	8.8	11.4	8.3	8	-3.6
- diabetes	3.7	4.4	18.9	4.6	4.8	-4.3
- chronic bronchitis	2.7*	2*	-25.9	2.7	2.4	-11.1
- heart disease (age 30+)	6.5	6.2	-4.6	7.2	6.5	-9.7
	1999-01	2001-03	% Change	1999-01	2001-03	% Change
Low birth weight babies	5.1	5.2	2.0	5.6	5.8	3.6
Infant mortality rate per 1,000 live births	5.1	4.8	-5.9	5.4	5.4	0

Data Sources: PHPDB, and CCHS 2003 & 2005
^ All figures, except for Total Population and Senior Population, expressed as a percentage.
** Interpret with caution due to high degree of sampling variability.*
Green shading: indicator is showing progress over time.
Red shading: indicator is not showing progress over time.

Appendix 1: Population Health Profile^ (Continued)

Indicator	WWLHIN 2001	WWLHIN 2006		Ontario 2001	Ontario 2006	
Female life expectancy at birth	82.0	No update		82.1	No update	
Male life expectancy at birth	77.8	No update		77.5	No update	
Population with English mother tongue	80.1	78.2		71.9	69.8	
Population with French mother tongue	1.5	1.5		4.7	4.4	
Population who are immigrants	19.8	20.6		26.8	28.3	
Population who are recent immigrants (arrived between 1996 and 2001)	2.9	3.2		4.8	4.8	
Population who are visible minorities	9.3	11.7		19.1	22.8	
Population of Aboriginal identity	0.7	1.0		1.7	2.0	
Labour force participation rate (age 15+)	71.8	71.5		67.3	67.1	
Unemployment rate (age 15+)	5.1	5.2		6.1	6.4	
Population in low income	10.2	9.7		14.4	14.7	
Families (with children) headed by a lone parent	20.6	21.8		23.4	24.5	
Population (age 20+) with less than grade 9 education	8.7	No update		8.7	No update	
Population (age 20+) without high school graduation certificate	26.6	No update		25.7	No update	
Population (age 20+) with completed post-secondary education	47	55.2 (age 25+)		48.7	56.8 (age 25+)	

Data Sources: Census 2001 and Census 2006
^ All figures, except for Total Population and Senior Population, expressed as a percentage
** Interpret with caution due to high degree of sampling variability*
Green shading: indicator is showing progress over time
Red shading: indicator is not showing progress over time

Appendix 2: Mortality, Potential Years of Life Lost, and Hospitalization Rates by ICD10 Chapter

	Age-standardized mortality rate per 100,000				Potential Years of Life Lost (PYLL) per 100,000				Age-standardized hospitalization rate per 100,000			
	WWLHIN		Ontario		WWLHIN		Ontario		WWLHIN		Ontario	
Cause (ICD-10 Chapter)	**2000/01**	**2003/04**	**2000/01**	**2003/04**	**2000/01**	**2003/04**	**2000/01**	**2003/04**	**2005/06**	**2006/07**	**2005/06**	**2006/07**
All Causes	***593.7***	***554***	***602.6***	***569.9***	***4443***	***4323***	***4864***	***4729***	***7440.2***	***6858.7***	***8075.1***	***7576.6***
I. Infectious Diseases	6.2	7.9	9.3	9.0	81.3	80	122.3	103	160.1	153.8	144.2	135.9
II. Neoplasms	178.5	175.7	181.4	175	1530.9	1541	1590.3	1560	513.6	482.8	635.7	604.2
III. Diseases of blood	1.9	2	2.1	2	20	20	18.4	17	70.7	64.3	82.1	81.9
IV. Endocrine/ nutritional disorders	26.2	24	26.1	27.2	161	152	171.0	182	170.9	166.5	195	197.3
V. Mental & behavioural disorders	14.1	11.2	15	14.2	42.9	43	59.2	58	394	137.4	459.9	115.2
VI. Nervous system diseases	29.2	27.5	24.8	23.8	173.6	146	142.9	138	107.1	111.4	123.1	117.4
VII. Eye diseases	0	0	--	--	0	0	--	0	19.4	22.1	18.6	18.9
VIII. Ear diseases	--	--	--	--	0	3	1.1	0	21.4	20.9	21.4	21.4
IX. Circulatory system diseases	217.0	183.6	209.1	184.3	793	700	852.9	811	847.6	766	1095.6	1044.1
X. Respiratory system diseases	42.9	42.3	45.4	44.1	110.9	135	150.5	145	586.3	553.8	603.3	593.9
XI. Digestive system diseases	19.2	21.1	22.6	22.5	137.5	182	191.1	189	766.7	735.1	867.5	857.7

	Age-standardized mortality rate per 100,000				Potential Years of Life Lost (PYLL) per 100,000				Age-standardized hospitalization rate per 100,000			
	WWLHIN		Ontario		WWLHIN		Ontario		WWLHIN		Ontario	
Cause (ICD-10 Chapter)	**2000/01**	**2003/04**	**2000/01**	**2003/04**	**2000/01**	**2003/04**	**2000/01**	**2003/04**	**2005/06**	**2006/07**	**2005/06**	**2006/07**
XII. Skin diseases	--	--	1	1	--	2	3.9	3	62.5	57.8	75.1	72.8
XIII. Musculoskeletal diseases	4.8	3.5	3.8	3.7	31.5	16	24.8	26	373.8	353.4	460.6	468.4
XIV. Genitourinary diseases	9.6	9.7	11.1	11.8	41.1	23	38.2	38	416.2	385.7	475.8	453.6
XV. Maternal conditions	--	--	0.1	0.1	3.6	4	4.6	6	1410.7	1404	1151.7	1152.8
XVI. Perinatal conditions	3.9	3.4	4.2	4.7	259.3	214	266.5	276	93.3	96.7	75.4	75.9
XVII. Congenital abnormalities	2.7	2.7	3.1	3.2	145.2	108	158	153	47.9	48.3	48.3	47.1
XVIII. Symptoms not elsewhere classified	9	7.6	10.8	9.4	170.5	181	234	195	390.6	342.4	489.5	460.8
XIX. Injury & poisoning	N/A^	N/A	N/A	N/A	N/A	N/A	N/A	N/A	591.4	569.1	617.1	615.9
XX. External causes of mortality	27.8	31.8	32.6	33.9	740.5	772	834.3	828	N/A	N/A	N/A	N/A
XXI. Factors influencing the use of services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	396	387.2	435.2	441.4

Data Source: Population Health Planning Database, Inpatient Discharges and Vital Stats tables.
N/A: Not applicable.
-- Data suppressed due to small numbers.
^ There are no deaths assigned to that ICD-10 chapter, because injury and poisoning related deaths get coded by the external cause.
** The all-cause hospitalization rate for WWLHIN and Ontario in 2005-06 is not comprehensive due to the lack of complete mental health inpatient data in 2006. This is due to the transition of mental health data from the DAD to a new mental health database, OMHRS.*

Appendix 3: Aging at Home Projects (2008/09)

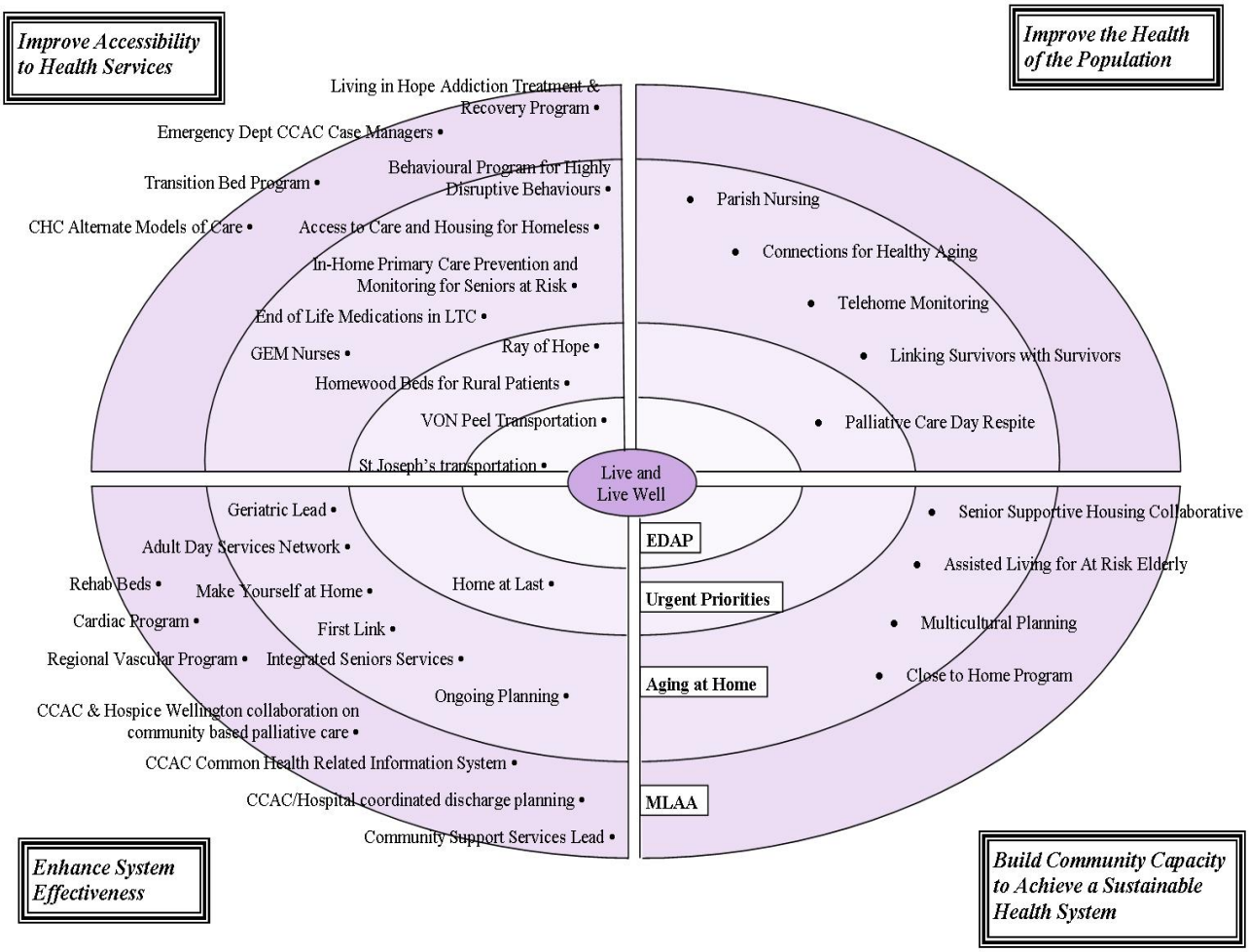
Initiative	Description
Telehome Monitoring for Rural Seniors	This program will enable frail elderly patients with chronic conditions to self monitor their conditions and to be monitored remotely through telehomecare, which will be based in primary care. The target population group comprises those with congestive heart failure and/or chronic obstructive pulmonary disease.
Geriatric Emergency Management (GEM) Nurses as part of Integrated Seniors Services	The program will introduce Geriatric Emergency Management (GEM) nurses in each hospital emergency department in the WWLHIN to assist older adults with the appropriate assessment, system navigation and community re-engagement. In addition, funding is provided to continue the planning for integrated health care senior services for seniors who are frail and experiencing complex medical conditions.
End-of-Life Medications in Long-Term Care	The program involves the introduction of end-of-life medications and guidelines into Long-Term Care Homes' Emergency Medication Kits and the development of a local standard of care for end-of-life care. This program aims to ensure that long-term care residents' end-of-life symptoms are managed effectively, thereby avoiding unnecessary transfer to the local hospital.
In-Home Primary Care Prevention and Monitoring for Seniors at Risk	The Guelph Family Health Team (FHT) will provide in-home primary care to frail, isolated seniors in the City of Guelph. Nurse Practitioners will provide community-based primary care with physician consultation available through the Guelph FHT. Senior residents will be appropriately referred to the Waterloo Wellington Community Care Access Centre, as well as community based supports, enabling them to live as independently as possible in the home of their choice.
First Link	The program will provide comprehensive and coordinated services to recently diagnosed individuals with dementia and their caregivers. The program aims to enhance the linkages between the diagnosing primary care physicians, other members of the primary care team, community service providers and the Alzheimer Societies. There will be a direct referral system from primary care that links families affected by dementia to a coordinated learning and support program.
Adult Day Service Network	The program will include expansion of adult day services in the WWLHIN. The adult day program expansion will focus on the under-served populations (i.e., individuals who have frail and/or complex needs such as memory loss, Acquired Brain Injury, physical limitations/challenges, multiple health considerations). The services will provide social stimulation, caregiver respite, therapeutic recreation and/or life skills enhancement. The network will develop a comprehensive and collaborative solution to Adult Day Services, addressing under-served populations across the WWLHIN. In particular, this initiative will be targeted to those on the Long-Term Care wait list.
Linking Survivors with Survivors	This program will ensure clients and their family have access to a central 1-800 number and website and support resources as needed. The program is based on a model whereby stroke survivors provide assistance to new stroke survivors. The support includes peer visits in hospital and peer mentoring when survivor is discharged home.

Behavioural Health Program for Highly Disruptive Behaviours	This project is a collaborative planning and feasibility review for the development and implementation of a specialized Behavioural Health Program for Highly Disruptive Behaviours, part of 96 new Long-Term Care beds that are scheduled to be open in 2010. This program will be for seniors in the WWLHIN who have a diagnosis of dementia and exhibit behavioural or psychological symptoms, including verbally or physically responsive behaviours. Seniors with these behaviours will be admitted from home, a LTC Home, or acute care, and then discharged back to an appropriate community setting after treatment.
Senior Supportive Housing Collaborative	This collaborative will bring together all parties interested in designing and delivering supportive housing in this LHIN, to evaluate best practices, learn from initiatives in other LHINs, conduct an environmental scan of the specific needs for supportive housing by different populations within the LHIN, and to make recommendations on the location and models of supportive housing that the WWLHIN should consider.
Assisted Living for at Risk Frail Elderly in Guelph	This program will provide scheduled and/or 24 hour 7 day services within three Guelph housing and senior complexes. Services will include: personal care, housekeeping laundry, meal preparation assistance, support with medications, crisis intervention, emergency response, safety checks, reassurance and emotional support, social and recreational programming, coordinated shopping and errands and accompaniment to medical appointments.
Access to Care and Housing for Homeless and those at risk of Homelessness	This program involves three components: 1) Street outreach service to prematurely aged adults experiencing absolute homelessness. The program will aim to stabilize and improve access to outreach supports that respond to crisis, link people with existing medical services, and stabilize individuals experiencing homelessness. 2) At-Home Outreach to those prematurely aged adults who are at risk of homelessness to support safe access to Community Care Access Centre professionals to ensure after-hospital care and preventive supports and timely attention to health issues. 3) Hospitality House Pilot and Research/Planning for Additional Supportive Housing for prematurely aged adults experiencing homelessness or living in unsafe housing, who are difficult to serve and are experiencing debilitating health issues, and whose condition is between acute and palliative. The initiative provides a six bed non-medical supportive housing project in a harm reduction setting, thereby ensuring safe, sustainable access to supported care, access to existing health services, and access to rehabilitative services.
Make Yourself at Home	This program provides peer advocate coaches to facilitate seniors accessing necessary and appropriate health services. The peer advocate will work with the senior to identify and access appropriate services to enable aging in place and reduce use and dependence on more traditional health services. Peer advocates will act in teams of two, and will follow a case through the steps of initial contact, the home visit(s) establishing the senior's need and setting up access to service, and, finally, a follow-up (home visit or phone call) with the senior evaluating the health or other services the senior was able to access. The peer coach would also identify gaps in services.
Parish Nursing	Provides an interdisciplinary and integrated care delivery approach to serving seniors within the congregation and surrounding community. The goal is to initiate new parish nursing ministries during each of three years. Each ministry is expected to become self-sustaining. Services focus on wellness and improvement of capacity to live at home longer using a variety of activities, such as health assessment, system navigation, and health education programs.

Connections for Healthy Aging	The program will address the latest research on the importance of physical fitness and proper nutrition for seniors as they age. The activity centre at Fairview will extend services to the community to provide comprehensive fitness and advice on dietary needs. The centre has a warm-water therapy pool, a bowling alley, a woodworking shop, and a new fitness and exercise room. This program focuses on engaging marginalized, isolated and multicultural seniors in the Cambridge area.
Close to Home Program	The program will work to provide a collaborative approach to address the key areas of need for seniors in the Guelph and wider community. It will offer support to seniors in providing a link to services, such as transportation, preventive care, friendly visits, exercise programs, social and recreation programs of interest, and one-on-one support programs. The coordinator will actively seek out new programs and volunteers to further enhance the Seniors at Home Services.
Geriatric Lead	This funding is for consultative services of a Geriatric Lead who will act as a Subject Matter Expert to the ongoing planning and implementation of the WWLHIN AAH Service Plan.
Multicultural Planning	This funding has been ear-marked for facilitation and coordination of numerous proposals specific to multi-cultural groups (i.e., Russian, Spanish, and French clubs, multi-cultural centre). This funding will allow partners to reach out to other multicultural groups not currently engaged, to learn their needs, in order to submit a coordinated business case.

Appendix 4: WWLHIN Investment Approach (2008/09)

Appendix 4
WWLHIN Investment Approach 2008/09



ENDNOTES

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