Waterloo Wellington **LHIN**

ANNUAL REPORT 2017-18

Ontario
Local Health Integration Network

"**I am extremely proud of what the clinicians, staff, and volunteers across our health system have accomplished together.** We know there is still significant work to do to improve the patient experience and we are committed to continuing to work with our partners to ensure quality patient-centred care for all residents."

Bruce Lauckner, CEO, Waterloo Wellington LHIN

OUR MISSION IS:

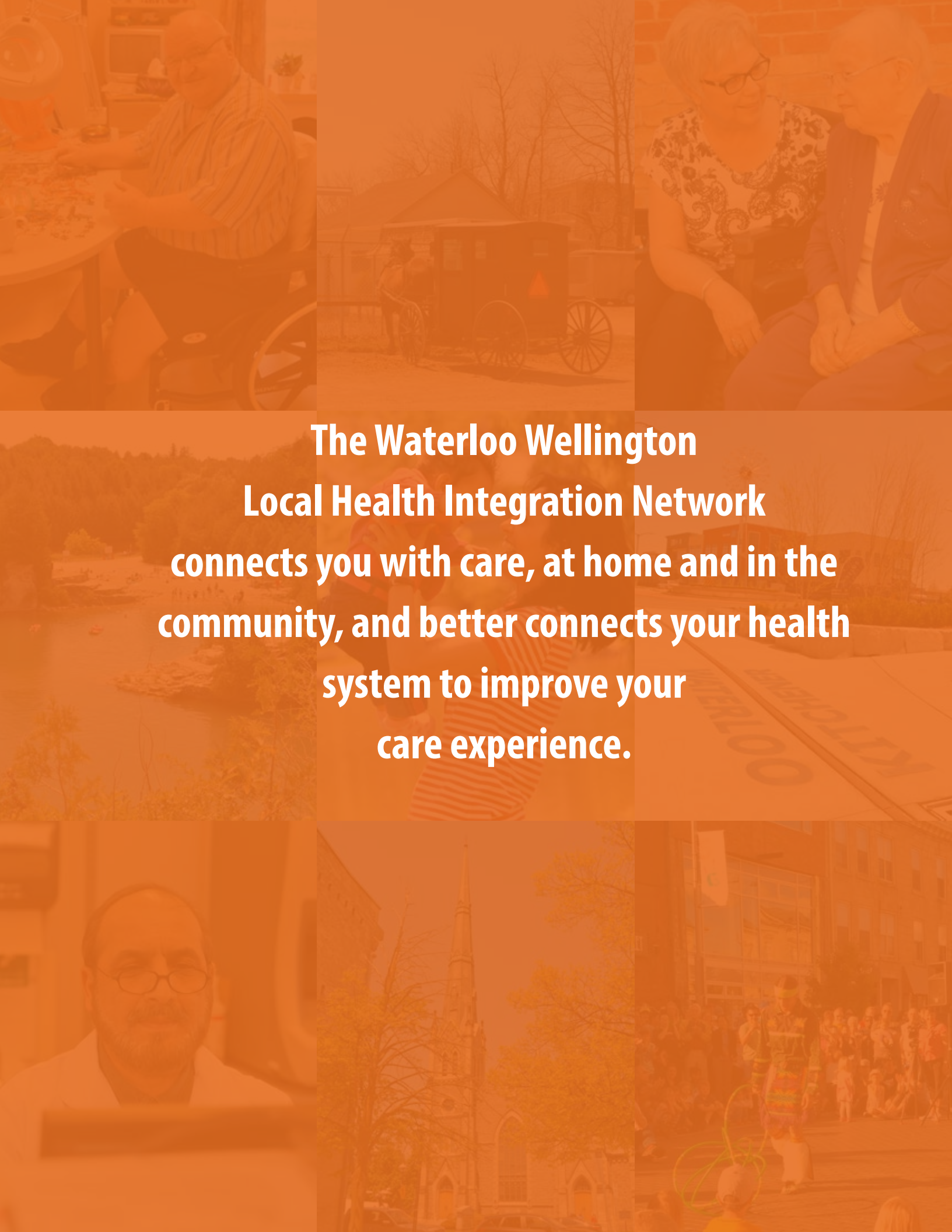
TO MAKE IT EASY FOR YOU TO BE HEALTHY, AND TO GET THE CARE AND SUPPORT YOU NEED.

OUR VISION IS:

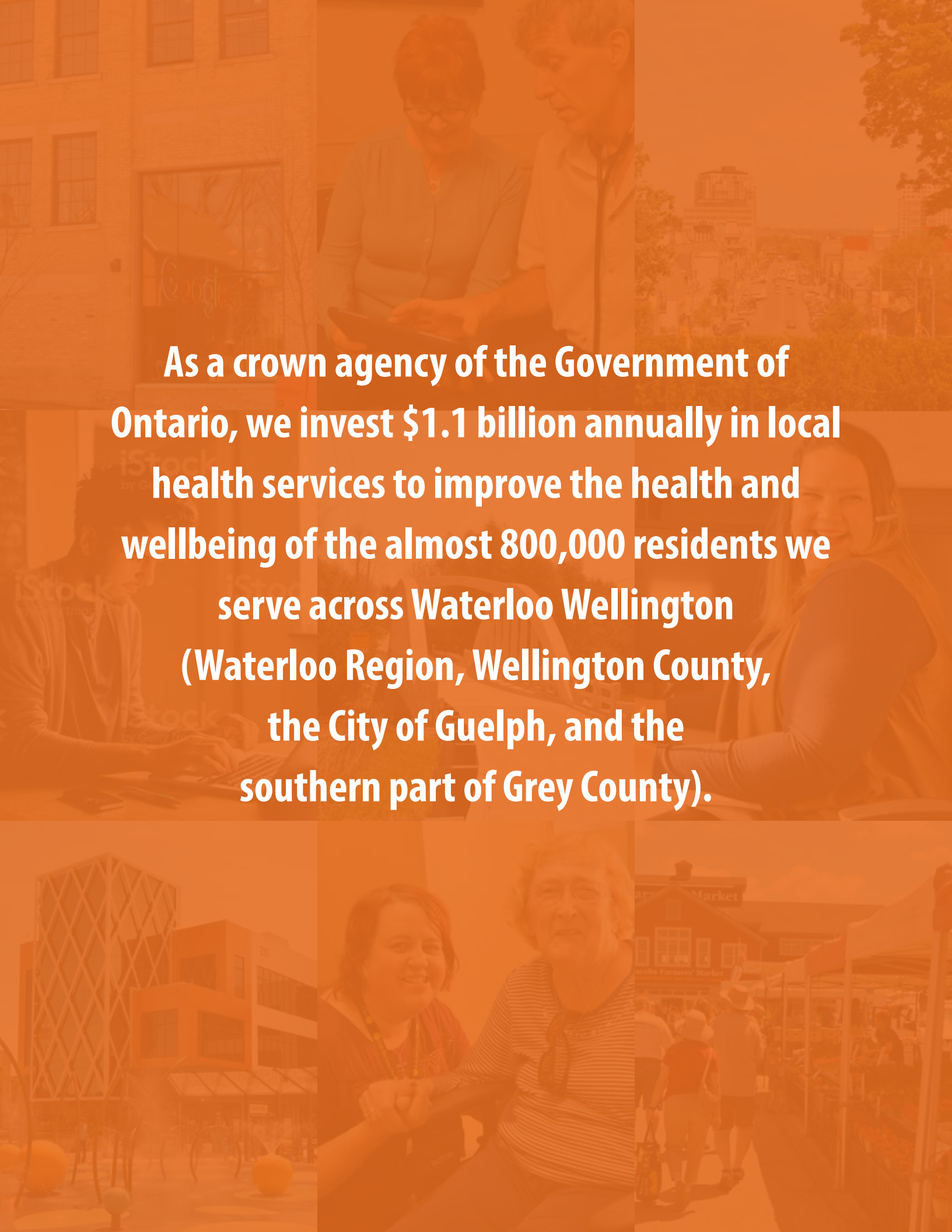
HEALTHY PEOPLE. THRIVING COMMUNITIES. BRIGHT FUTURES.

OUR CORE VALUE IS:

ACTING IN THE BEST INTEREST OF OUR RESIDENTS' HEALTH AND WELLBEING.



The Waterloo Wellington Local Health Integration Network connects you with care, at home and in the community, and better connects your health system to improve your care experience.



As a crown agency of the Government of Ontario, we invest $1.1 billion annually in local health services to improve the health and wellbeing of the almost 800,000 residents we serve across Waterloo Wellington (Waterloo Region, Wellington County, the City of Guelph, and the southern part of Grey County).

Letter from Chair, Board of Directors and CEO

Last year was a transformative one for the entire health system in the province as the Community Care Access Centres joined the Local Health Integration Networks. On May 17, 2017, the Waterloo Wellington LHIN welcomed Home and Community Care services to the organization. Over a year later, we are leveraging the strength of our new organization to continue improving the health and wellbeing of the close to 800,000 residents who call Waterloo Wellington home.

While our organization went through a significant transition over the past year, we remained focused on the transformation of the entire local health system to make it easier for people to be healthy, and to get the care and support that they need.

By listening and learning from patients, including the launch of our patient and family advisory committee, we have designed new models of care that are better meeting patient needs. We know patients want less red tape in the way of their care, shorter wait times, and more high-quality care available locally to meet their needs.

By igniting creativity and innovation, we are increasing efficiency, reducing wait times, and improving the patient experience. By empowering clinical leadership, we are putting clinicians back in the driver's seat when it comes to quality improvement – clinicians know their patients far better and are closer to the challenges in the way of providing the best care.

By driving through community leadership, we are working together with community partners to tackle the largest challenges facing the health of our community. These issues such as the current opioid crisis, affordable and supportive housing, and healthy child development cannot be addressed by one system or sector alone. Working together has already prevented a large number of local residents from homelessness, and saved lives through innovative new programs and supports.

The success of all of this work depends on the health and wellness of the thousands of professionals working in the local health system. By creating a great place to work, both within our walls and across Waterloo Wellington, we are taking care of those who take care of us all.

We know there is much more work to be done to improve the local health care residents rely on and we are thankful for the support and dedication of the professionals, clinicians, providers, and volunteers across Waterloo Wellington.

Michael Delisle
Chair, Board of Directors

Bruce Lauckner
CEO

WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK GOVERNANCE STRUCTURE

The Waterloo Wellington Local Health Integration Network is governed by a Board of Directors who are selected by the Lieutenant Governor in Council and appointed through Order in Council. Members hold office for a term of up to three years and may be reappointed for one additional term. The Board is skills-based, drawing on local individuals with a variety of experiences and expertise. Waterloo Wellington Board meetings are open to the public. The Waterloo Wellington LHIN Board has three standing committees: Finance and Audit; Quality, and Governance and Community Nominations.

Michael Delisle, Chair

April 15, 2015 – April 15, 2018

Reappointed
April 16, 2018 – December 31, 2018

Jeff Nesbitt, Vice-Chair

November 19, 2013 – November 18, 2016

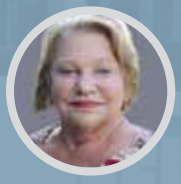
Reappointed
November 20, 2016 – November 20, 2019

Jim Harper

June 7, 2017 – June 7, 2020

Karen Scian

March 24, 2017 – March 23, 2020



Janice Kopinak

August 18, 2017 – August 18, 2020

Peter Sweeney

April 26, 2017 – April 26, 2020

Kithio Mwanzia

October 4, 2017 – October 4, 2020

Rita Westbrook

June 7, 2017 – June 7, 2020

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LESS RED TAPE

Making it easier to be healthy means removing red tape in the way of the care you and your family need.

MAKING HOME AND COMMUNITY CARE EASIER

11,000

MORE HOURS FOR PATIENT CARE

Time saved from administrative tasks

1,900

MORE HOURS FOR PATIENT ASSESSMENTS

Time saved by eliminating duplication in the system

600

MORE HOURS FOR CARE COORDINATION

Time saved streamlining the care coordination process

MY EXPERIENCE WITH THE LOCAL HEALTH CARE SYSTEM WAS WONDERFUL

This is an open letter about our medical system, and more importantly Cambridge Memorial Hospital.

A number of years ago my doctor, Dr. Achtymichuk, signed me up with an after-hours group of doctors. It was explained to me at the time that these clinics were being created to alleviate the emergency room at our local hospital. This would prove very helpful to me.

Early last month Dr. Benedet was able to see me at 6:15 p.m. She started the ball rolling that would ultimately save my life. I thought that I had a very sore throat. Dr. Benedet took one look at my throat, wrote me a letter, and instructed me to go directly to emergency. My wife and daughter loaded me in the car, and we were off.

Cambridge Memorial Hospital was very busy that night. As busy as they were, I was taken right away. The team worked efficiently and very fast. Dr. Lim, the emergency doctor diagnosed that I had epiglottitis and called in the on-call ENT doctor.

By 9:15 I was in the operating room. Dr. Prudencio, Dr. Geddes, and their team went to work. I woke up in the intensive care unit at 11:30 with a tube in my throat.

For the next three days, I was in the capable hands of the ICU team. Doctor Naidu, respiratory therapists (Eric, Zelia), the porters (Missy) and of course the nurse (Jackie), were all great. **Thank you to all.**

I was soon stable enough to be kicked upstairs to the third floor. For the next eight days I was in the good care of Dr. Gill, his RT team (Byron), the nurses (Nicole, Maria, Diane, Rachael, Danielle), and the PSWs (Marie, Wendy).

So now, I'm on my way home, but I still need intravenous medication, and I still have the trachea in.

The Waterloo Wellington Local Health Integration Network arranged for equipment and nurses Erica, Angela, and Laura to come to my house. For the next two weeks they administered medication and changed my dressing. Once the trachea was removed Dr. Gill looked after all of my post-op and finally gave me a clean bill of health.

Our system may not be perfect, but it worked perfectly for me.

Joe Butler, Cambridge

Source: The Cambridge Times

CARE COORDINATION KEY TO A NEW LIFE

Having escaped to Canada from a war-torn country two years ago, Diana came to Waterloo Region with her young child in tow. New to the country and the area, Diana was alone, frightened, and unsettled. Thankfully, she was met by the warm embrace of the Centre for Family Medicine and Reception House where she was connected with temporary resources she needed to begin her life here in Canada.

Having lived with a developmental disability since birth that resulted in significant health and cognitive issues, Diana was struggling to raise her 5-year-old son on her own. The Resettlement Assistance Program federal funding she had been receiving was ending so Diana was placed in crisis housing. Given her health and cognitive state, Diana was in a very vulnerable position.

Diana's care coordinator worked with the Developmental Services Resource Centre Waterloo Region and numerous other community partners to secure additional funding through Parents for Community Living. Just under the wire of her funding expiry date, Diana was able to remain at the supportive living residence where she receives much-needed care and support to live a healthy and active lifestyle.

Unable to care for her young son, Diana maintains a close relationship with him through an open adoption and regular visits. Diana also attends a day program five days a week where she plays her favourite game, basketball. She is particularly happy to have a place she calls home.

CUTTING ADMIN IN THE WAY OF CARE

REMOVED 25%
OF INTERNAL REPORTS FREEING UP CAPACITY FOR MORE CARE

ELIMINATED $2 MIL
IN ADMIN COSTS

SAVED $250,000
BY IMPLEMENTING RECORD MANAGEMENT BEST PRACTICES

EASIER ACCESS TO CARE

754,286

PATIENTS RECEIVED HEALTH INFORMATION
and were connected to the right place for care

468,720

TIMES RESIDENTS FOUND HEALTH INFO
through WWLHIN's
wwhealthline.ca

ONE

NUMBER TO CALL FOR MENTAL HEALTH SUPPORT
1 844 437 3247 (HERE247)

51,976

CALLS TO HERE 24/7
this past year

BIG WHITE WALL

FREE & OPEN ACCESS TO MENTAL HEALTH SUPPORT
No referral needed
www.bigwhitewall.ca

Blair Phillipi
Manager, Performance, WWLHIN

I work closely with our hospitals, long-term care homes, and community agencies in primary care and mental health and addictions to fund and improve the services our residents rely on. I feel a tremendous honour and responsibility to look at all the investments we make, which adds up to over a billion dollars, to see what can we do differently.

There's a lot of work to do. We can get that work done by looking at partnerships and working closely together.

I see so many great opportunities. I know that if we do things differently, we can use our precious resources smartly and build a system that's not just designed for people who are healthy. We can have a system that can properly serve people who are vulnerable and frail, with preventative supports that can help keep people out of hospital or from becoming institutionalized too early.

INNOVATION

We are harnessing the tremendous potential of digital technology to improve the quality of health care. By connecting health and social innovators with leaders across the local health system, we are able to develop solutions that solve the challenges patients and health care providers experience every day.

INNOVATION MEANS FASTER CARE

2ND

LHIN IN THE PROVINCE ADOPTING THE TECHNOLOGY for health service providers to do virtual visits with their patients

90%

OF DOCTORS ARE ENGAGED IN DIGITAL HEALTH SOLUTIONS

many are using an online platform (eReferral) that also notifies patients of their appointment by email

1ST

IN PROVINCE FOR NUMBER OF ACTIVE FAMILY DOCTORS ON eConsult (55%)

76% of these eConsults avoid an unnecessary referral

AFTER ALMOST LOSING HIS OWN LEG, HE BUILT AN APP TO GIVE PATIENTS MORE INFO

Launching in Waterloo Wellington this year

When he was 21, Torontonian Zack Fisch came close to losing his leg.

After coming home from the hospital with his broken leg in a cast, he noticed a tingling feeling and pain.

"I just didn't act on it, I didn't do anything," he said, explaining that he assumed it was part of the healing process.

Unbeknownst to him, his cast had been put on too tight and he had developed something called compartment syndrome, dangerously decreasing blood flow to his leg.

"As a result of not having proper instructions as I was being prepared to leave the hospital . . . I almost had an amputation," he told CBC Radio's Metro Morning.

That was the moment he came up with the idea for his app, Dash MD. Dash MD is a mobile app for patients to download after being discharged from the hospital where they can find detailed aftercare instructions and information about what symptoms to watch out for.

When Fisch was leaving the hospital, he hadn't been able to absorb what the nurse had told him about how to care for his leg in a cast, explaining that he was "stressed, tired, and coming off of morphine."

If he'd had Dash MD on his phone, he said, "I would have understood what to look for and what the warning signs were that something was wrong in my particular circumstance."

Dash MD is currently in use at Markham-Stouffeville hospital, with plans to expand to Michael Garron hospital (formerly Toronto East General) and Southlake Regional Health Centre.

We want to launch in as many hospitals as we can," Fisch said.

Source: CBC News

ELECTRONIC IMMUNIZATION RECORDS NOW LIVE IN GUELPH

and will be live in Waterloo Region in the coming months making it easier for families, schools, and Public Health to protect children from vaccine-preventable diseases

Krizia Francisco
Digital Health & Innovation Manager, WWLHIN

I work with anything related to how we can use technology to enhance the patient or clinician experience. Locally, there are so many opportunities for innovation by creating intentional partnerships that will allow us to access the latest technologies.

Sometimes partners can have beliefs about technology. I'm here to help health partners overcome aversions to technology and show them how they can help patients. There's a big misconception that the older population isn't interested in technology. Honestly, as long as it's catered to what they need, they will use it.

We need to look at how we can design consumer health through a persuasive design lens. What principles from the private tech sector can we apply to the consumer health sector to get people more engaged in their care than they are now?

Some patients are already there now. Health care is shifting. Patients are bringing information to the doctor because they want to make informed decisions.

INNOVATION MAKING IT EASIER TO ACCESS CARE

NEW

electronic record system provides real-time access to diagnostic tests and lab results so patients get fast, effective treatment

16,000

PATIENTS COMPLETED HEALTH ASSESSMENTS

10,000

COMPLETED AN INITIAL MENTAL HEALTH ASSESSMENT ON AN ELECTRONIC TABLET in their doctor's waiting room saving time for more care

34

LOCAL DOCTORS ARE USING VIRTUAL VISITS TO CONSULT WITH PATIENTS making it easier for anyone with mobility challenges, living in a rural area far from their doctor, unable to take time off work, or without access to transportation to get the care they need

ONLY LHIN

IN ONTARIO TO WORK WITH THE LOCAL TECHNOLOGY COMMUNITY to find, test, and adopt solutions for patients

LOWER WAIT TIMES

When you need health care, you want to be able to get it as quickly as possible. Whether the best place to get the care you need is your doctor's office, a walk-in clinic, or the emergency department, we're making changes to the health system so you have faster access to appointments, diagnostic tests, treatment, and surgery.

FASTER ACCESS TO EMERGENCY CARE

More people are arriving to the hospital by ambulance and more of the people going to the emergency department need to be admitted to the hospital. Approximately 75% of the people using local emergency departments have complex needs.

$5.5 MIL

INVESTMENT TO REDUCE LOCAL HOSPITAL WAIT TIMES

1.3 MIL

FEWER HOURS SPENT IN WAITING ROOMS
over the past 10 years

3RD LOWEST

emergency department wait time in the province **FOR PATIENTS WITH COMPLEX NEEDS**

FASTER ACCESS TO HIP AND KNEE SURGERY

New central intake and assessment process for hip and knee surgery means one wait list and faster care

122 MORE

PATIENTS RECEIVED HIP & KNEE SURGERY
than last year

HIP & KNEE SURGERY WAIT TIMES REDUCED BY

37%
Cambridge Memorial Hospital

23%
Guelph General Hospital

"Since 2013, the number of local emergency department patient visits has increased faster than population growth, while patient complexity (as measured by numbers of ambulance patients, admitted patients, and triage acuity scales) has increased markedly. Despite these challenges local emergency departments have maintained top provincial rank for several wait-time metrics. Simply put, hospitals have responded to 'front door' pressures with improved performance and patient wait times."

Ian Digby, Emergency Department Physician Lead, WWLHIN

Paramedics working directly with vulnerable residents is reducing visits to the emergency room.

COMMUNITY PARAMEDICS MAKING A DIFFERENCE

The Waterloo Wellington LHIN invests $500,000 each year in Waterloo Region and the City of Guelph for community paramedics to support seniors and other vulnerable individuals in the community (reducing visits to the emergency department, hospitalization, and admission to long-term care facilities).

"In a building comprised of mostly senior citizen residents, I have been impressed by the professionalism of the paramedics in dealing with myself and many of the residents participating in the program. Not only did the paramedics deal with the health issues, mostly minor in nature, but on at least one occasion, they called in colleagues and an ambulance to transport a patient to Guelph General Hospital for further examination. The fact that there were paramedics on site helped to prevent a more serious health issue. Additionally, the paramedics also instigated a social atmosphere as their presence allowed many seniors to congregate and meet new faces in the building and establish bonds that might not otherwise be created."
Guelph Resident

TIMELY ACCESS TO DIAGNOSTIC TESTS AND TREATMENT

#1

FOR LOWEST WAIT TIME
for urgent magnetic resonance imaging (MRI) scans in the province (e.g., for those at high risk of cancer)

3,500

MORE HOURS OF CAT (CT) SCANS
helping more patients to receive a faster diagnosis

50%

REDUCTION IN THE NUMBER OF PATIENTS ON WAITING LISTS
for counselling and treatment as a result of a partnership with health service providers and family services organizations

IMPACT TEAM HELPING MORE RESIDENTS, DIVERTING ED VISITS

You never know what a day on the job can bring. Our IMPACT team meets with people across Waterloo Region, Guelph, and Wellington County every day, but there's one story that sticks with me about the power of lending an ear.

It started with a routine phone call. Some months ago, IMPACT was called to the home of a person new to the service. It's standard practice for our team to make visits to better support people with addictions and/or mental health issues who come into contact with police. IMPACT (short for Integrated Mobile Police and Crisis Team) works alongside police officers to support people in crisis and get them connected to appropriate services and supports. In this case, they insisted they were fine, had no plans of harming themselves, and didn't need to go to the hospital.

Sometimes, your gut kicks in during a moment like that. Our IMPACT team member was concerned that there was more to the story, and they mentioned it to the officer as they were both leaving the scene. Together, they decided to go back to the person's home and check in once again.

When they went back, the person asked, "How did you know to come back?" That day, IMPACT and police were able to save a life.

You never take those moments for granted. Today, a note still hangs in the IMPACT office: "Thank you for taking the time to piece together the things that no one else would have picked up." It's a situation our team will never forget.

In 2015, IMPACT was born when CMHA WW and Wellington OPP started providing a collaborative service to better support people with addictions and/or mental health issues who were coming into contact with police.

IMPACT teams are now working hard to support our policing partners seven days a week throughout our community. These teams are made up of addictions and mental health clinicians from a wide variety of backgrounds and experiences who all share one thing in common:

They love the challenge of walking into a chaotic situation, trying to understand what someone needs, and finding creative ways to meet that need.

There is no typical day-in-the-life when it comes to working in IMPACT. They respond to whatever situation policing partners need them to. Sometimes their office is the side of a highway, sometimes it's a child's bedroom, and sometimes it's a busy downtown parking lot.

The IMPACT team connects people to community supports and services.

As one of the leaders supporting our IMPACT teams, I'm incredibly proud of the work they do and how they do it. What I love most of all is how they are always working creatively to keep people safe, connect them to services and supports, and let them know that they matter, regardless of where they are today. They truly are making an impact on people's lives and in our communities.

Brooke Young, Director of Services Regional CMHA Waterloo Wellington

INTEGRATED MOBILE POLICE AND CRISIS TEAM
impact

450 ED visits were diverted through a partnership between Police and the Canadian Mental Health Association (mental health nurses and police officers respond to calls together)

MORE CARE

We continue to work with health professionals and providers to expand and improve the quality and availability of the care you need, right here at home. More care means healthier people and healthier communities.

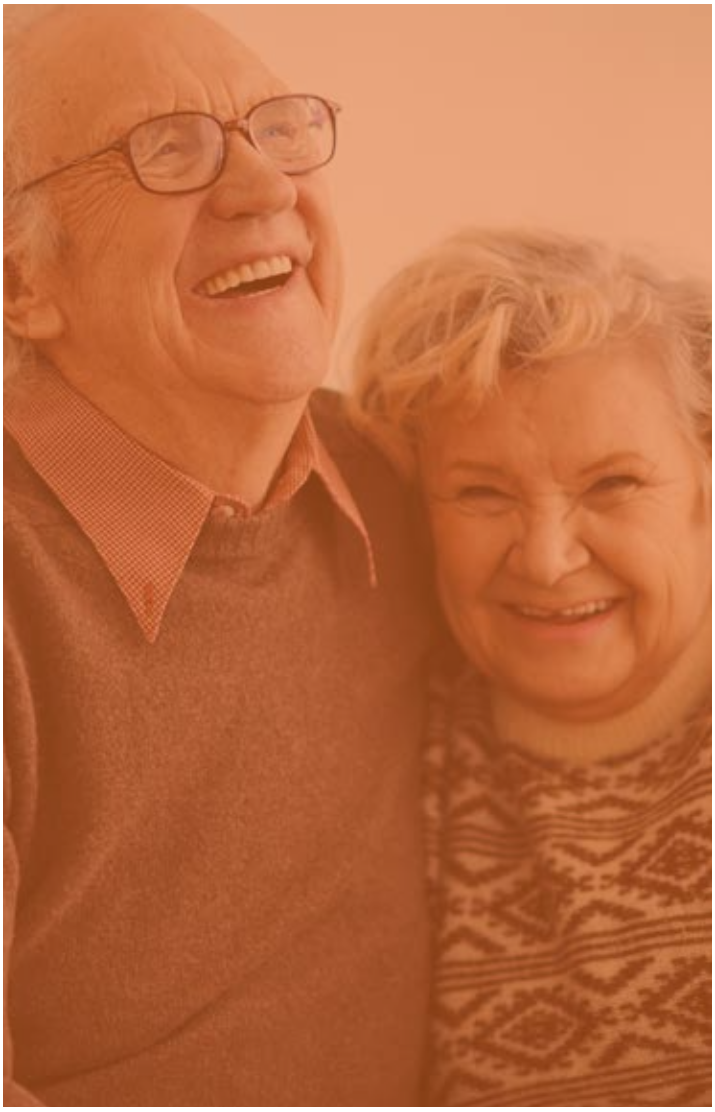
ONE OF THE BEST REGIONS FOR CARDIAC CARE

#1

IN ONTARIO FOR LOWEST RATE OF READMISSION TO HOSPITAL within 30 days following a heart attack

A plan for a new Regional Cardiac Program will give residents across Waterloo Wellington access to highly specialized cardiac services close to home

St. Mary's General Hospital is one of three top-performing hospitals in Canada for cardiac care
(Canadian Institute for Health Information)



COMBATING SOCIAL ISOLATION

Allan and Helen moved to Kitchener a year and a half ago from their hometown of Saskatoon to be closer to their son and two daughters. Though the decision to leave their home of 53 years was difficult, Helen needed extra support after her husband suffered two strokes and was recovering from a serious heart procedure.

Allan lost most of his speech as a result, and the couple finds new ways to communicate with each other. They do whatever they can to enjoy life to the fullest and maintain their independence.

"If Allan had to go to a care centre, I don't know how we'd manage," said Helen. "It would be so hard. It's important that we have agencies like Community Support Connections."

After 63 years of marriage, the couple are looking forward to gardening in the spring and continuing to participate in Community Support Connection's free gentle exercise classes, funded by the Waterloo Wellington Local Health Integration Network.

"The classes give us a chance to socialize with people in our community," said Helen. "It helps us get up and get moving instead of staying in bed longer."

Every day, volunteers and donors are helping thousands of clients, including hundreds of couples stay together in their own homes. From instructing free gentle exercise classes, to giving a ride to a client to visit a lifelong partner in long-term care, often just a few simple supports are needed to live at home independently.

MORE CARE, CLOSE TO HOME

New hospice in Waterloo

DIALYSIS CLOSE TO HOME

A planned expansion to chronic kidney disease services in Cambridge will support 550 more people who travel to Kitchener for dialysis treatment to get care closer to home

MORE CARE FOR INFANTS

A proposed renovation to the neonatal unit at Guelph General Hospital will provide specialized care for ill or premature infants and meet the needs of the growing number of families in Guelph and Puslinch

NEW HOSPICE FOR WATERLOO

A new residential hospice (approved for Hospice Waterloo Region) will increase programs and services available for local residents

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Kim Carere

Palliative Care Coordinator, WWLHIN

It's not an easy topic. I remember a conversation with one patient about his wishes for end-of-life treatment. In the background, I spotted his wife shaking her head. I was worried about the response I'd get, but the client opened up about what he wanted. Afterwards, the wife thanked me for bringing it up. She said, "We didn't think he knew or wanted to talk about it."

I love my job. I love sitting with my clients and their families, helping them through their journey. I love the relationships I've made with my colleagues, the other coordinators, the nurses, and the physicians. I'm uplifted when a family thanks me. Even just knowing that I've supported a client at the end of their life, that they've had a good death, that they were comfortable, and they were where they wanted to be is enough for me.

#2

95%

OF PATIENTS WITH COMPLEX NEEDS
receive home nursing care within 5 days

#2 IN PROVINCE

$3.2 MIL

INVESTED (SINCE 2011) TO SUPPORT RESIDENTS IN LONG-TERM CARE
with complex behaviours associated with dementia and other neurological conditions

$280,000

MORE FOR PROGRAMS FOR SENIORS AND PEOPLE WITH CHRONIC CONDITIONS
to assist with exercise, falls prevention, diabetes management, and transportation

A HARD CHOICE, BUT THE RIGHT CHOICE FOR KEN AND LIZ

After busy careers working in education in Toronto, Ken and Liz were enjoying a happy and active retirement. Their idyllic retirement plans started to change when pain became a constant and eventually debilitating part of Ken's life.

In 2016, Ken's condition became unbearable. They rushed home and Ken was soon admitted to Groves Memorial Community Hospital in Fergus. He was gravely ill with sepsis – an infection that was raging through his entire system. At one point, the doctors warned the family that he might not make it.

Although Ken survived, he spent 16 weeks in hospital recovering. He eventually made it home, but he wasn't the same. Not only did he still have pain, but he also showed early signs of dementia.

Once Ken moved home, support from the WWLHIN came into play. "The support that we received was considerable and made life tolerable. With PSWs coming to help and a positive relationship with Ken's care coordinator, I was able to be Ken's primary caretaker," explains Liz. "Everyone cared about him and cared for him very well."

Over time, caring for Ken and coordinating various visiting caregivers and medical appointments was becoming more onerous for Liz. Ken's periods of delusion and hallucinations were particularly worrying.

"Our family doctor's office linked us to resources that were very helpful. A geriatric nurse would come to visit, as well as a social worker," says Liz.

Through Ken's illness, Liz experienced her own health problems. Liz describes moving through 2016 and 2017 as "coping at home." Between the care they were receiving from the WWLHIN and Ken's twice-a-week participation in a day program in Fergus run by St. Joseph's Health Centre, there was some respite for Liz, but Ken needed more care.

In 2017, they made the decision to prepare for long-term care and were able to move Ken there in 2018.

"We are so fortunate that Wellington Terrace was our first choice. It's a beautiful facility, and I can bring him home for a couple of nights every week if he chooses," says Liz. "He knows that he needs to be there. He feels safe there. He feels well cared for. It's likely kept him out of the hospital. He knows that I'm nearby, and I can spend time with him every day. Our time together is now easy and companionable."

In 2017-18, the Waterloo Wellington LHIN's role expanded to include direct care and coordination of Home and Community Care - **SUPPORTING 8 ,000 PATIENTS EACH DAY.**

KEEPING YOU HEALTHY, SAFE, AND INDEPENDENT AT HOME

90%

RATED THE CARE THEY RECEIVED as good, very good, or excellent

95%

OF OUR PATIENTS would recommend us to others

WE PROVIDED

2.3 MIL

HOURS OF SERVICE TO patients in the community

7,568

PATIENTS RECEIVED CARE at community clinics

1,707,120

HOURS OF PERSONAL SUPPORT provided to residents

15,860

PATIENTS SUPPORTED with the transition from hospital to home

1,865

RESIDENTS SUPPORTED with their transition to a long-term care home

4,106

PATIENTS SUPPORTED with transition to rehabilitation, complex care, supportive housing, and adult day programs

Lance Morgan
Care Coordinator, Mental Health, WWLHIN

Nursing is more than a science. It's an art. Showing compassion in every situation is ingrained in us. We live the idea of putting patients first by remembering to be reflective in our practice, take a step back, and always keep the focus on the patient. It really is about "being human first."

As a male nurse, I've encountered parents who are hesitant and might prefer a female nurse to work with their daughters. I understand where that's coming from, and it's helped me to be sensitive to their needs and aware in how I approach new patients by asking questions and giving information from the beginning that might reduce any discomfort.

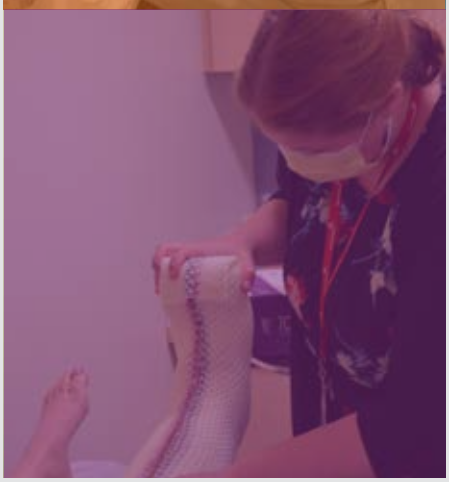
I'm so fortunate to work with a tremendously talented team. Their hard work, dedication, and exceptional skill inspire me. It helps me get through difficult and draining situations when I can see the difference we're making in the lives of children and adolescents in our community.

6,794
CHILDREN (<19) RECEIVED CARE

11,018
ADULTS (AGED 19-64) RECEIVED CARE

23,896
SENIORS (64+)
received home and community care

6,327
CHILDREN
supported in schools



NEW NURSING CLINIC OPENED IN FERGUS SERVING CENTRE WELLINGTON RESIDENTS

MORE EQUITABLE

A measure of the success of our local health system is how we care for those who are most in need. For our health system to be strong, it needs to be equitable and benefit all residents regardless of wherever they live, learn, work, or play.

A LIFE-SAVING RELATIONSHIP

I'm not sure if you will remember me all that much. I was one of your clients about five years ago. I'm getting ready for my college graduation and I'm trying to give my appreciation to everyone that helped me get to where I am now.

You were one of the greatest role models a teenager could ask for. You met me at my lowest point in life and were one of the biggest supports I had. You never gave up on me and you made me believe I deserved a second chance (and multiple chances after that). You allowed me to find trust in adults and in myself again.

When I was 15, I never thought I would even graduate from high school, but I was able to prove myself wrong, and now I can even say I'm graduating college.

You gave me the inspiration to work with at-risk youth, and I want to make a positive impact like the one you made on me. I found my passion through my work and I strive to be as supportive as I remember you to be. I wouldn't have achieved what I am right now without your help in my greatest time of need.

Patient

8TH

ORGANIZATION IN CANADA TO RECEIVE COMPASSIONATE COMMUNITY DESIGNATION

$1.2 MIL

EXPANSION OF INTERPROFESSIONAL CARE (MORE SOCIAL WORK, ETC.) FOR LOCAL PATIENTS

$600,000

to provide bariatric equipment for residents in long-term care homes and to provide safety training for staff

Mary Buck
Care Coordinator, WWLHIN

I was part of the Health Links program when it was a pilot project that worked with 150 of the most vulnerable members of our community. These are the clients who had worked with a number of other agencies but still fell through the cracks.

Our goal was to keep people out of the hospital, and as often as possible, keep them home and healthy. It was an amazing project to be part of.

We went where they needed us. We did prenatal exams in the back of cars. We'd see patients in back alleys. Sometimes an abusive situation meant we couldn't meet people in their homes, so we'd meet in a coffee shop. There were even times when the best we could do was to leave notes for the client to try to set up a time to see them.

REDUCING LANGUAGE BARRIERS

$75,000

to support the delivery of culturally appropriate services for vulnerable, isolated seniors in the French-speaking population

NEW INTERPRETER SERVICE

A successful pilot project with the Kitchener-Waterloo Multicultural Centre made it easier for residents to access interpretation services at their doctor's office or when receiving community support

Now a permanently funded program

CULTURALLY APPROPRIATE CARE

NEW

INDIGENOUS DAY PROGRAM LAUNCHED TO SUPPORT SENIORS IN NEED

12

LOCAL LEADERS OF THE INDIGENOUS COMMUNITY RECOGNIZED AT A TRADITIONAL FEAST AND SHARING CELEBRATION

Jennifer Michelic

Mental Health Nurse, WWLHIN

Sometimes we have to go the extra mile and do the right thing for our clients. It can make a life or death difference. I worked with one woman who had a huge addiction issue and depression. She was working to get sober and get treatment. If she didn't, she was going to lose her kids.

After being gone overnight without permission, everyone assumed she was using. Her urine screen came back positive, but when I compared it to a drug screen from a few days earlier, there were some inconsistencies. She begged me crying to help. I offered to do a supervised urine sample and ran the test again. It came back clean. When I spoke to the lab, they admitted that mistakes happen. If I hadn't done it again, she would have been discharged from the program and she may have lost her children permanently.

These are the stories I remember when I work with my clients. Knowing that we can make a huge difference in their lives is incredibly humbling.

"The Region's Housing Services Division and the Waterloo Wellington Local Health Integration Network have partnered to deliver on-site supports for mental health and addiction to people who are at risk of losing their home or are already experiencing homelessness. This type of innovative thinking and service integration will help us continue to address some of the growing health needs in our community that were recently identified by Regional Council."

Ken Seiling, Regional Chair,
Region of Waterloo

SUPPORTING VULNERABLE POPULATIONS

Initiatives to support vulnerable populations are making it easier for them to get the care and support they need.

56

RESIDENTS PREVENTED FROM HOMELESSNESS through housing and mental health supports

$125,000

additional funding to make it easier for **LOW-INCOME SENIORS LIVING IN OUR REGION TO HAVE ACCESS TO SPECIALIZED DAY PROGRAMS**

28

residents experiencing HOMELESSNESS RECEIVING PALLIATIVE CARE

$50,000

TO PROVIDE URGENT DENTAL CARE for adults experiencing homelessness

$1.1 MIL

for a Seniors Supportive Living Program to help at-risk, frail elderly individuals live independently

27,000 VISITS TO HELP 2,000 SENIORS

LISTENING & LEARNING FROM PATIENTS

Patients and family members want to be involved in their own health care. When they are involved in their own care, patients tend to have better outcomes. When patients have better outcomes, our health system is more sustainable.

Patient and Family
Advisory Council

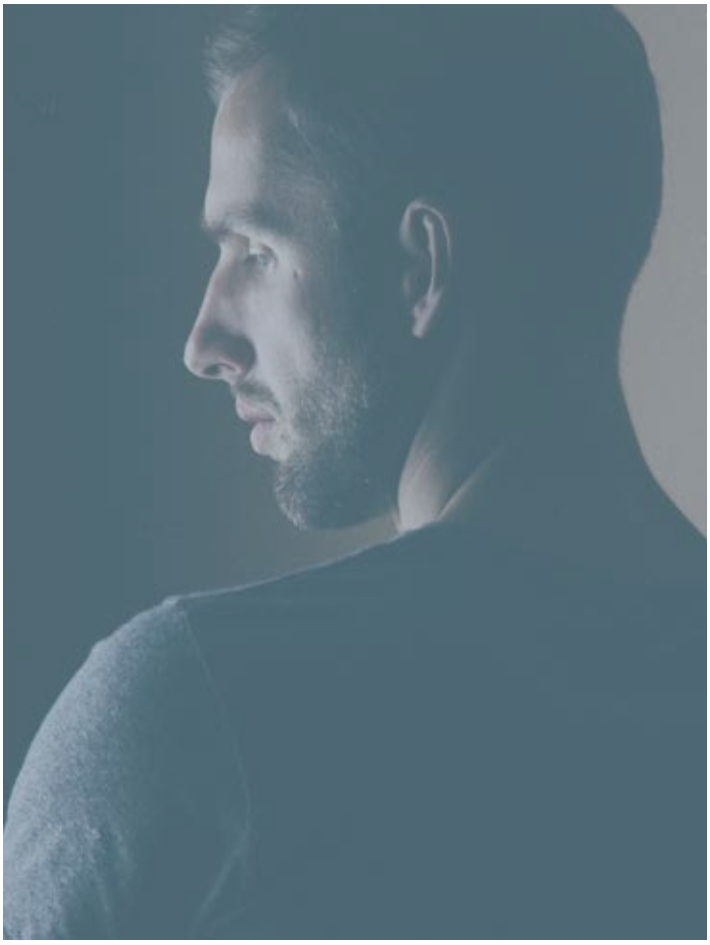
LAUNCH OF THE PATIENT AND FAMILY ADVISORY COMMITTEE in September 2017 with 15 members now bringing the patient voice to the local health system

70+

PATIENT AND FAMILY ADVISORS ENGAGED in health system feedback, and program design and delivery

64

people (patients, family members, caregivers, and partners) from 20 organizations attended a workshop to update the local health system patient declaration of values



SUPPORTING PATIENTS NAVIGATING CARE

When Mark was young, he was a happy energetic kid. At about age four his demeanour began to shift to "sullen and bleak" as his father Steve describes. When Mark was 7 years old, Steve and his wife Delila took him to a psychiatrist to address some of the behavioural issues they were noticing. They did so again at age 9 and then did family counselling at age 11.

Once happy-go-lucky, cooperative and gentle, Mark started to become difficult and would lash out at his parents and those around him. As he got older, Mark started having trouble in school. In grade 10, he was diagnosed as "gifted learning disabled" and eventually dropped out. He self-medicated with drugs and alcohol, and struggled with anger management issues resulting in a number of holes in their walls at home. At age 30, Mark was diagnosed with schizophrenia. Today, Mark is taking his medications and his parents have the skills they need to best support him.

Steve joined the Patient and Family Advisory Committee where he hopes to help shape the health care system to provide better mental health supports for people in our community. He wants everyone to know that it is okay to talk about this stuff. It shouldn't be kept behind closed doors for fear of how we may be judged.

TACKLING THE OPIOID CRISIS

To help individuals and families affected by the serious opioid crisis, we are investing in initiatives that will have the greatest impact. The response to this crisis will require the whole community to work together on short and long-term strategies.

$2.3 MIL
ACTIONED TO ADDRESS THE OPIOID CRISIS

425
RESIDENTS SUPPORTED AT OVERDOSE PREVENTION SITE IN GUELPH

$120,000
IN FUNDING FOR ADDICTION SERVICES IN COLLEGES AND UNIVERSITIES

Sleep. It's a basic human need. Imagine what you'd feel like after five days without it. What if one of the reasons you've been unable to sleep is that you're homeless? You're afraid to sleep because your belongings might be taken, or you could be assaulted. Your situation is compounded by substance use and mental health issues. After two overdoses in as many days, you're very sick. You're too sick to stay in a shelter. Not sick enough to be in the hospital.

In Guelph, individuals who are homeless with mental health and addictions challenges are high users of emergency medical services and police services. Often, as repeat clients of these services, they occupy beds in the hospital emergency room. Although these individuals benefit from having a place to sleep and medical monitoring, the community stakeholders interacting with them have acknowledged that the hospital emergency room is not the most appropriate place for them.

That's where an innovative collaboration of the Guelph Poverty Task Force, Wellington Guelph Drug Strategy, and Toward Common Ground elected to bring 40 stakeholder groups together to find a solution for clients they all have in common. More than 95% are homeless, are misusing drugs and alcohol, and are in crisis. The solution was a plan for a collaboratively sponsored Supportive Recovery Room located at Wyndham House.

"After the dignity of sleep, the program has provided some with the opportunity for self-reflection," says Raechelle Devereaux, Executive Director of the Guelph Community Health Centre. "It may not be this time, but some time they may be ready to talk about taking the next steps in their recovery."

"The first time I came to the supportive recovery room, I was hungry, tired, dirty, and strung out. The paramedics did a great job making sure I was comfortable. I was asked if I wanted to seek treatment. As it goes, I went back out until I literally had both feet in the grave. Upon my release from the hospital after my next overdose, I went straight back to the supportive recovery room . . . and decided I was ready for treatment . . . I am still sober three months later."

Resident

$360,000

FOR RAPID ACCESS ADDICTION CLINICS where physicians and addiction counsellors meet people on their own terms to provide immediate support, reducing wait times

$75,000

FOR A NEW CUTTING-EDGE TOOL to help physicians make better-informed decisions when prescribing medication for their patients

Hi! My name is not important, but I feel my journey is… I am a 50 year old, married, mother of two teenage boys and I finally figured out I was not only depressed, isolated, and angry - I was also an alcoholic. I sought help from my family doctor, who prescribed a mild antidepressant and A.A. Meetings. Not what I needed and it didn't help. I was referred to HERE 24/7 by some very dear friends after I broke down four months ago. Within 24 hours, counsellors from the Community Withdrawal Support Service arrived at my home. I was filled with options, and for the first time in years - hope.

Two days later I was off to Rapid Access Addiction Clinic (RAAC) in Guelph. By then, the shame of this disease had me trying detox at home - not a good idea. Dr. Chorny and the entire staff made me feel more at ease, but realistic, about what the next steps would be. They knew I needed a residential detox due to years of vodka abuse etc. and arrangements were made. I would have never made it to detox without the support of my addictions counsellor and doctor at the RAAC, and the Community Withdrawal Support Service.

I had never felt comfortable talking to anybody, yet alone agreeing that I had a problem and I needed help. I am currently sober for 75 days. The services I have been referred to have provided me with tools and resources to find myself again. I could not be more thankful for the compassion I have felt and the support I have been given.

If I can do it, anyone can… with the proper support.

Local Resident

HOME, COMMUNITY & LONG-TERM CARE

- #1 in province - Fastest access to home care services with an application from a community setting
- #2 in province – 95% of patients with complex needs receive home nursing care within five days
- 95% of the our patients recommend the LHIN's services

The Waterloo Wellington LHIN continues to work to improve the home and community care experience for local residents. An innovative care model is aligning care coordinators with geographical neighbourhoods, providing staff with the opportunity to spend more time with patients, and providing residents with more consistent high-quality care. Most residents are receiving home care services in Waterloo Wellington within five days of qualifying for services. We are streamlining our administrative processes to increase capacity for more time with patients and more time to improve the quality of care patients receive. Efforts are also being made to address the personal support worker shortage that is impacting local service delivery.

Areas for Improvement

Indicator	Provincial Target	Provincial				LHIN			
		2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	2016/17 Fiscal Year Result	2017/18 Fiscal Year Result	2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	2016/17 Fiscal Year Result	2017/18 Fiscal Year Result
1. Performance Indicators									
Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services*	95.00%	85.39%	85.36%	89.86%	88.50%	84.50%	85.66%	92.90%	94.63%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services*	95.00%	93.71%	94.00%	96.07%	96.21%	94.77%	93.97%	95.98%	97.22%
90th percentile wait time from community for home care services – application from community setting to first home care service (excluding case management)*	21 days	29.00	29.00	30.00	29.00	12.00	13.00	13.00	13.00
90th percentile wait time from hospital discharge to service initiation for home and community care*	TBD	7.00	7.00	7.00	7.00	4.00	4.00	5.00	5.00

2. Monitoring Indicators									
Wait times from application to eligibility determination for long-term care home placements: from community setting**	NA	14.00	14.00	13.00	14.00	12.00	11.00	9.00	10.00
Wait times from application to eligibility determination for long-term care home placements: from acute-care setting**	NA	8.00	7.00	7.00	7.00	6.00	4.00	5.00	5.00

*FY 2017/18 is based on the available data from the fiscal year (Q1-Q3, 2017/18)

**FY 2017/18 is based on the available data from the fiscal year (Q1-Q2, 2017/18)

HOSPITAL CARE

- #1 in province for access to MRIs for patients with complex needs
- #4 in province for access to CT scans for patients with complex needs
- #1 in province for lowest readmission rate to hospital for chronic conditions (e.g., heart attack, stroke, diabetes, COPD)
- 2nd lowest emergency department wait time in province for patients with complex needs

We continue to address one of the most significant problems in the health system: lengthy wait times. We know that patients wait far too long to see a doctor in the emergency department and for elective surgical procedures which is why we are taking steps to ensure there is timely access to all medically necessary services in our region. As our largest community hospital, focused efforts on addressing challenges leading to poor performance results at Grand River Hospital are expected to have a profoundly positive effect on system-level results.

We are also committed to finding long-term solutions to keep pace with the anticipated growth and aging of our populations. We have streamlined processes and reduced backlog by developing a central registry for hip and knee replacement surgery. More patients with complex needs are accessing diagnostic procedures (MRIs and CT scans) in a shorter period of time.

Areas for Improvement

Indicator	Provincial Target	Provincial				LHIN			
		2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	2016/17 Fiscal Year Result	2017/18 Fiscal Year Result	2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	2016/17 Fiscal Year Result	2017/18 Fiscal Year Result
1. Performance Indicators									
90th percentile emergency department length of stay for complex patients	8 hours	10.13	9.97	10.38	10.75	7.62	7.73	7.48	8.63
90th percentile emergency department length of stay for minor/uncomplicated patients	4 hours	4.03	4.07	4.15	4.38	4,23	4.42	4.32	5.10
Percent of priority 2, 3 and 4 complex cases completed within access target for hip replacement	90.00%	81.51%	79.97%	78.47%	77.79%	84.88%	63.44%	43.62%	58.79%
Percent of priority 2, 3 and 4 cases completed with access target for knee replacement	90.00%	81.5%	79.97%	78.47%	77.99%	84.88%	63.44%	43.62%	58.79%
Percentage of Alternative Level of Care (ALC) days*	9.46%	14.35%	14.50%	15.69%	15.18%	13.20%	11.94%	12.00%	13.67%
ALC rate	12.70%	13.70%	13.98%	15.19%	15.68%	9.96%	9.33%	9.44%	12.88%

2. Monitoring Indicators									
Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery	90.00%	91.93%	88.09%	85.01%	83.95%	95.13%	73.77%	70.05%	68.36%
Percent of priority 2 and 3 cases completed within access target for MRI scans	90.00%	59.47%	62.58%	67.57%	69.77%	63.54%	66.15%	72.97%	93.27%
Percent of priority 2 and 3 cases completed within access target for CT scans	90.00%	78.25%	78.18%	82.11%	84.73%	87.61%	86.85%	86.52%	91.52%
Rate of emergency visits for conditions best managed elsewhere per 1,000 population*	NA	19.56	18.47	17.12	12.06	13.24	12.44	11.13	8.00
Hospitalization rates for ambulatory care sensitive conditions per 100,000 population*	NA	320.78	320.13	321.18	243.31	299.64	293.40	302.40	236.41
Percentage of acute care patients who had a follow-up with a physician within 7 days of discharge**	NA	46.09%	46.61%	47.43%	47.31%	44.14%	44.51%	46.44%	46.55%

*FY 2017/18 is based on the available data from the fiscal year (Q1-Q3, 2017/18)

**FY 2017/18 is based on the available data from the fiscal year (Q1-Q2, 2017/18)

MENTAL HEALTH & ADDICTIONS

- $360,000 investment in new Rapid Access Addiction Clinics (RAAC) in Kitchener and Cambridge
- $80,000 allotted for services for pregnant women struggling with substance use
- $130,000 investment in a peer addiction support program
- More patients are getting community support resulting in fewer visits to the ER
- Fewer repeat emergency department visits locally than in the province

We are taking a multi-disciplinary, community-based approach to meeting the needs of those facing mental health and addiction challenges – especially those who are chronically and severely ill due to these challenges. As the opioid crisis escalates locally and across the province, the needs of individuals, families, and the community are evolving quickly. Patients with multiple conditions and complex health care needs are being directed to services in the community. As a result more patients are getting the specialized care they need and fewer patients need to be readmitted to the hospital.

Areas for Improvement

Indicator	Provincial Target	Provincial				LHIN			
		2014/5 Fiscal Year Result	2015/16 Fiscal Year Result	2016/17 Fiscal Year Result	2017/18 Fiscal Year Result	2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	2016/17 Fiscal Year Result	2017/18 Fiscal Year Result
1. Performance Indicators									
Repeat unscheduled emergency visits within 30 days for mental health conditions*	16.35%	19.62%	20.19%	20.67%	20.97%	15.20%	17.08%	17.98%	18.61%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions*	22.40%	31.34%	33.01%	32.50%	32.25%	24.36%	24.01%	27.42%	25.93%
Readmission within 30 days for selected HIG conditions**	15.50%	16.60%	16.65%	16.74%	16.41%	15.84%	14.95%	15.72%	15.14%

*FY 2017/18 is based on the available data from the fiscal year (Q1-Q3, 2017/18)

**FY 2017/18 is based on the available data from the fiscal year (Q1-Q2, 2017/18)

MINISTER'S MANDATE LETTER PRIORITIES

Transparency and Public Accountability	The Waterloo Wellington LHIN is committed to a local health system that is transparent and accountable to the residents we serve. Our Board of Directors meetings are open to the public, and agendas and meeting minutes are posted on our website for public information. We are committed to open communication with patients, families, and caregivers and welcome feedback about their experiences with the health system. We have a confidential, prompt and courteous process for receiving complaints and concerns. Our process assures that a qualified team member from our Patient Relations Office will reply to all reported complaints within 24 hours. We welcome all feedback from residents, both positive and negative, and use it to identify potential health system issues and areas for improvement.
Improve the Patient Experience	The Waterloo Wellington LHIN delivered on the mandate to improve the patient experience by launching the Patient Experience Program, a unique program in Ontario which works to embed the patient voice across the health system. The program also aims to support a culture of care that ensures patients and their advocates have a way to share both positive and negative health care experiences. The program helps to provide clear expectations for health service providers, and offers direction for new models of care and innovative solutions. As a key part of the Patient Experience Program, in September 2017 we established our Patient and Family Advisory Committee (PFAC) to embed the patient and family voice into decision-making, program and service design, and specific initiatives across the health system. These 15 members are bringing lived experience to significantly improve the quality and availability of local health care. We have also recruited an additional 70 patient and family advisors who are engaged in system feedback, program design and delivery, and organizational development. In March 2018, our Patient and Family Advisory Committee held a forum to develop an updated Patient Declaration of Values in partnership with PFACs or similar patient and caregiver groups across Waterloo Wellington. The event was successful in bringing together 64 participants representing 20 health service providers. Over the next year, this feedback will be used to develop an updated declaration that is driven by patients and families.
Build Healthy Communities Informed by Population Health Planning	The Waterloo Wellington LHIN is committed to building healthy communities and is asking patients, health care providers, and community leaders to tell us what is important to them. We are creating community profiles by assessing population needs through a health equity lens; assessing service capacity to meet population needs; understanding the patient experience in local communities; and advancing targeted improvements in local and provincial priority areas. We are focusing improvements in the areas of: community engagement and performance monitoring; service alignment, integrated care delivery, and quality improvement; and equity and population health-based planning. We have launched a comprehensive community engagement strategy to support the development of the Integrated Health Service Plan 2019-2022.

Equity, Quality Improvement, Consistency and Outcomes-Based Delivery	The Waterloo Wellington LHIN is delivering on the mandate to provide equitable, high-quality outcomes-based services to the communities we serve. We are improving access to culturally appropriate services for the Francophone population in Waterloo Wellington, particularly older adults with diminishing cognitive abilities and those at risk of being isolated. A business plan has been developed to provide support and services in French through a mobile adult day program that can meet the needs of residents in their local communities. We are committed to honouring our Indigenous people and improving access for Indigenous people to culturally safe and appropriate care. Indigenous Cultural Safety Training is also available for staff across the health system and internally. Mental health and addiction programs are available to meet the needs of the Indigenous community. In addition to these services, an Indigenous Seniors Day Program that provides health and wellness services at the Healing of Seven Generations in Kitchener has expanded to meet the needs of the Indigenous community in Guelph. As well as providing health care, the program connects Indigenous residents to other support systems such as community and social services.
Primary Care	The Waterloo Wellington LHIN is committed to building primary care as the foundation of our local health system. A small portion of our primary care providers function within a team; the others practice independently. We are using a four-pronged approach to improve residents' access to team-based care in our region. 1. We are building equitable, comprehensive, coordinated team-based primary care while helping residents navigate and connect to health and social services based on their personalized needs. 2. We are ensuring that primary health care is easy to access and provides timely service. 3. We are developing strong clinical leadership in sub-region teams and strong change management capabilities to enable transformation change. This includes improving business practice and quality standards adoption (e.g., Health Quality Ontario depression standards). 4. We are evaluating the patient and clinician experience using existing clinical advisory committees and sub-region groups. We are working closely with our four sub-region clinical leads and other health system champions to guide system design changes to improve the quality of care and the patient experience. We have engaged primary care providers, inter-professional health care teams, hospitals, public health, and home and community care providers to improve communication and the sharing of information, and to ensure a smoother patient experience and transitions. To help family doctors meet the needs of the patients in their care, we are working towards aligning all primary care providers with a care coordinator at the Waterloo Wellington LHIN. To date, we have successfully aligned 199 of 546 primary care providers (36%) with a care coordinator. Primary care alignment is making it easier for providers and patients to access home and community care. We are committed to aligning the most vulnerable residents to primary care, including refugees who tend to have few options because of their complex health needs and language barriers. We support the work of the Sanctuary Refugee Health Centre that treats the physical illnesses and injuries that are prevalent among the refugee population. Sanctuary also collaborates with community partners like the Canadian Mental Health Association Waterloo-Wellington and the Multicultural Centre in Kitchener to help meet the complex needs of the refugees in its care, particularly the high rates of mental illness and trauma.

Hospitals and Partners	The Waterloo Wellington LHIN is committed to reducing wait times in hospital emergency departments. Additional resources are being directed to the ongoing challenge of improving the patient experience in local emergency departments. Collectively, four hospitals in our region (Cambridge Memorial Hospital, Guelph General Hospital, Grand River Hospital, and St. Mary's General Hospital) received $5.5 million to continue their work to reduce emergency department wait times. Our local hospitals consistently rank 1st or 2nd in Ontario for having the lowest wait times for patients with the most complex needs. Hospital stays are shorter than the provincial average. Patients are remaining in the hospital for only as long as they need acute care. They are discharged to complete their recovery at home with the support they need. As a result more patients are able to gain access to hospital beds when required. Our region ranks first in the province for the lowest rate of urgent readmissions to hospital within 30 days after discharge. The Canadian Institute for Health Information (CIHI) has identified St. Mary's General Hospital as one of three hospitals in Canada performing better than the national average on all indicators. When patients have been in the hospital, the local health system has adopted a "one team" approach where hospitals, physicians, and home and community care staff are working together to ensure the smoothest transition from hospital to home, and the continuity of care. We take a restorative approach to care in which patients and families take on a more active role in managing their activities of daily living with a strong emphasis on achieving functional independence. The Rapid Recovery Therapy Program is an intensive 30 day in-home therapy program designed to make it possible for patients to be discharged from the hospital up to two weeks early. The program is designed to support patients requiring rehabilitation with their independence. The savings to the system are estimated to be $1.2 million annually.
Specialist Care	The Waterloo Wellington LHIN is delivering on its commitment to improve wait times for patients needing hip and knee replacements, and spine surgery. A new central intake and assessment process will dramatically increase access to hip and knee surgery so patients can get back to living full, active lives. We are also establishing an integrated model of care for the management of musculoskeletal-related acute and chronic pain as an alternative to opioid therapy. We have developed a strategic plan for a Regional Cardiac Program so residents across Waterloo Wellington have access to a full spectrum of comprehensive and coordinated cardiac services close to home. Currently, St. Mary's General Hospital is home to the Regional Cardiac Care Centre that provides inpatient and outpatient cardiovascular services to the residents of the region and surrounding areas. We are working to meet the increasing need for highly specialized cardiac services within the Waterloo Wellington LHIN. The Canadian Institute for Health Information has identified St. Mary's General Hospital as one of three hospitals in Canada performing better than the national average on all indicators. The proposed expansion includes the addition of an electrophysiology suite for a heart rhythm program, a cardiac catheter lab, an outpatient clinic, and additional cardiology beds. Local patients and their families will benefit from faster access to a local, comprehensive, life-saving cardiovascular program.

Home and Community Care	The Waterloo Wellington LHIN is committed to implementing new models of care to make it easier for patients to get the care they need while ensuring the sustainability of the health system. These models of care improve quality, while reducing costs and better utilizing health human resources. Neighbourhood Model of Care: A care coordinator is assigned to a small geographical area such as a high-density seniors' apartment. Interval Care in Retirement Communities: A team provides care during several designated shifts each day. This enables more staff to care for more patients more often. Physician Care Coordination: A care coordinator is aligned to all of a physician's patients to streamline the coordination of care. Palliative Care Coordination: Nurse practitioners have been aligned to local geographical areas to coordinate the care of vulnerable patients with complex needs. This past year, the WWLHIN began experiencing a significant personal support worker shortage that has impacted the availability of care in the home. The WWLHIN is employing a multitude of strategies to increase access to this vital care, and to support the expansion of this much-needed workforce.
Mental Health and Addictions	The Waterloo Wellington LHIN is committed to improving access to care for residents with mental health and addictions challenges. A partnership with LHIN-funded health service providers and family services organizations has reduced by 50% the number of patients on waiting lists for counselling and treatment. The addition of 12 new specialists to our region is providing more patients with the opportunity to receive psychiatric consultations locally. We are encouraging patients to be involved in their own care and to make this easier we are bringing services to them. We have partnered with the Canadian Mental Health Association Waterloo Wellington on the launch of Big White Wall, a digital self-management tool for the treatment of mild to moderate depression. Now, those caring for family members with complex medical needs have access to online self-management tools to help with their own mental health and the stress of being a caregiver. Individuals with mental health and addiction challenges, at risk of homelessness or eviction, are receiving housing support and mental health services in our region. A new collaborative supportive housing partnership with the Region of Waterloo and the County of Wellington provides individuals with secure housing, as well as access to a specialized team of individuals that is able to provide addiction counselling and life skills support. Rapid Access Addiction Clinics in Kitchener and Guelph are assisting people in the community who are struggling with substance dependence. Physicians and addiction counsellors meet people on their own terms regardless of whether the person wants to address substance dependence, is dealing with withdrawal symptoms, or will continue to use.

Innovation, Health Technologies and Digital Health	The Waterloo Wellington LHIN is delivering on its mandate to create innovative health solutions. We are harnessing the tremendous potential of digital technology to improve the quality of health care. By connecting health and social innovators with leaders across the local health system, we are able to develop solutions that solve the challenges patients and health care providers experience every day. Where they've been employed, innovative solutions are improving efficiencies, reducing avoidable readmissions to the hospital, and increasing connectivity in a patient's circle of care. In working with the local technology sector, we are also supporting the growth of the local economy as we strive to deliver a better patient experience. Virtual Visits: New technology is making it easier for anyone with mobility challenges, living in a rural area far from their doctor, unable to take time off work, or without access to transportation to book a secure online virtual visit. We are working with the eHealth Centre of Excellence to roll out virtual visits across Waterloo Wellington in a year-long pilot with the Ontario Telemedicine Network. eReferral: A secure electronic referral solution is improving communication between health care providers by giving them an easy and seamless way to send and receive complete referral forms through a secure online platform. In addition to making it easier for patients to get the care they need, the solution provides them with the opportunity to receive automated email notification of their booked appointments. eConsult: Locally, 60% of family doctors are using digital consultation to access specialists in the province most often in the areas of dermatology, hematology, psychiatry, neurology, and cardiology. Expert advice is usually available in less than three days which allows for faster access to treatment and a reduction in patient anxiety. Tablets in Waiting Rooms: Technology is making it easier to involve patients in their health care as a result of a partnership between the Canadian Mental Health Association Waterloo Wellington and the eHealth Centre for Excellence. Over 16,000 patients completed standardized health assessments and electronic forms on a tablet in their doctor's office. Another 10,000 patients completed an initial mental health assessment using this technology. Dash MD: To help patients take charge of the health information related to their primary care or hospital care, we are working with Dash MD in the development of a local version of a mobile app. One feature of the mobile app is connecting hospital patients to the appropriate aftercare information they need for a successful recovery. In addition to giving patients detailed instructions for their ongoing health care, it tells them what to do if certain symptoms develop. The mobile app can also be used to manage appointments and remind patients to take medications.

ENGAGING OUR COMMUNITY

Residents of Waterloo Wellington benefit from the rich diversity in our communities. To improve the health of our entire population, we need to understand each of our communities as not everyone's experiences are the same. To successfully meet the unique needs of our local residents, community engagement is a critically important part of the work we do.

Throughout the past year, staff at the Waterloo Wellington LHIN formally and informally engaged thousands of residents, health care workers, community groups, patients and families. We have attended local festivals, led community events together with health and community partners, included patients and families in committees, reached out through social media, and engaged our residents in many other ways.

Through these engagements we have learned what is being done well in our local health system, where barriers exist, and what we can do to address these barriers to improve care for residents. The importance of community input cannot be overstated. Community engagement is central to our work to make it easier for residents and patients to be healthy and to get the care and support they need. Having feedback from the community means we can design a health system that meets diverse needs today and tomorrow as we work to create healthy people, thriving communities and bright futures.

This year, we focused our engagement efforts on the following key stakeholders:

- ### Local Residents

  The perspectives of local residents are central to every decision made by the Waterloo Wellington LHIN Board of Directors and staff. What residents tell us guides our planning, decision-making, and work to improve the patient experience. We routinely engaged residents through focus groups, surveys, community events, one-on-one meetings, and via their health service providers.

- ### French-speaking Community

  In partnership with the French Language Health Planning Entity, we conducted intensive consultations to identify the needs of French-speaking new immigrants as well as vulnerable seniors. We developed a plan to establish a continuum of care for the French-speaking senior population. We are also identifying and addressing gaps in access to primary care for French-speaking residents.

  Internally, we worked extensively on the French Language Services plan for the Waterloo Wellington LHIN as a corporate identify. We also welcomed the participation of a French-speaking resident on the Patient and Family Advisory Committee.

- ### Indigenous Community

  The Waterloo Wellington LHIN continues to engage with the Indigenous community on an ongoing basis in order to be able to work in partnership with community and service providers to improve their health status. We increased funding for Indigenous health and wellness programs offered in Kitchener and Guelph. To ensure services for the community are provided in a holistic way that is in line with the traditional way of life of the Indigenous community, we supported and facilitated the establishment of partnerships with other sectors.

Funding continues to be available for health service providers throughout our region to participate in Indigenous Cultural Safety Training. Waterloo Wellington LHIN staff participated in extensive sensitivity training to understand the needs of the Indigenous community including hosting a drumming circle to celebrate Mental Health Day. We also hosted a traditional feast and sharing to honour the Indigenous community and to provide an opportunity for dialogue.

- **Local Health Service Providers**

  Health service providers are the foundation of our health system. They provide essential services and are dedicated to improving the health and well- being of our residents. Together their work helps to shape health system improvements through priorities identified in our Integrated Health Services Plan (IHSP) which is a strategic plan, or roadmap to improve the local health system. Engagement with health system leaders and front-line staff continued with the development of the 2017-18 Annual Business Plan and at quality events. Many board-to-board meetings and governor engagement sessions took place to advance health system integration by encouraging governance collaboration.

  On January 24 and February 7, the Waterloo Wellington LHIN hosted its third annual Critical Conversations events in Fergus and Kitchener. This year's events focused on having proactive conversations with patients about the roots of additions. In addition to the opportunity to share ideas and best practices, physician specialists led discussions on the Rapid Access Addiction Clinic Model; post-traumatic stress disorder, refugee health and adverse childhood experiences; and the management of musculoskeletal pain. Altogether, 60 physicians, primary care providers, nurse practitioners, emergency physicians, and hospital staff attended the two events and benefitted from the opportunity to learn from each other.

- **Local Organizations**

  There isn't one sector or organization that can improve the health and quality of life for our communities alone. As a result, many of our health and social challenges have shared core issues. This is why it is so vital to engage different organizations across health, community, municipal and other sectors. Working together we can address big problems that we can't solve alone.

  Social determinants of health are the socio-economic, cultural, and environmental conditions of our lives that impact overall health. This year, we focused on engaging the broader public sector and community organizations to better support vulnerable residents through Health Links and by working with our health service partners to address inequities that create gaps in care within the local health system. We also partner with our Public Health partners to work collaboratively on population health initiatives that focus on understanding the needs of our community to prevent illness and promote wellness.

  We also seek out a variety of engagement opportunities to build relationships, involve residents and providers in decision-making about their health system, and to capture the patient experience. These events have included presentations to service clubs and schools, participation in leadership tables and regional economic summits, and hosting information booths at community events and local health fairs. One of our goals in 2017-18 was to increase awareness of the merger of the LHIN and the CCAC to assure residents that there would be no disruption to their care.

  In 2017-18, we attended 269 events throughout Waterloo Wellington.

- ## Advisory Groups

We frequently bring health service providers together to work towards the common goal to improve the health and wellbeing of residents. This past year, the Waterloo Wellington LHIN worked with its advisory groups (Primary Care Advisory Committee and Patient and Family Advisory Committee,) on the integration of various programs and services and the development of new models of care. We also worked with our partners on specific program initiatives including: older adult services, diagnostic services, palliative end-of-life care, addictions and mental health, and more.

- ## State of the Health System Address

On Friday, September 25, the Waterloo Wellington LHIN hosted its first State of the Health System Address. We invited local dignitaries and leaders from the private, post-secondary, and non-profit sectors to attend events to better understand the current state of the local health system. We shared how we are making it easier for residents to be healthy and our plan to improve the patient experience.

- ## Wellbeing Waterloo Region

As a founding partner, we continue to support a community initiative of participating citizens and organizations working to improve the wellbeing of local residents. Since 2016, the Waterloo Wellington Local Integration Health Network has provided leadership to a coalition of community partners working together to address the complex issues affecting the wellbeing of the community. Wellbeing Waterloo Region has identified several goals (also referred to as “big ideas”) to help address local challenges. Together, the partnership is tackling three big ideas: affordable housing where everyone has a place to call home; healthy children and youth who have the foundation they need to thrive and reach their potential; and social communities that embrace diversity, reduce social isolation, and enable everyone to belong.

- ## Smart Cities Challenge

The Waterloo Wellington LHIN supported local submissions for the Smart Cities Challenge. The Region of Waterloo and Guelph-Wellington are among the top five finalists. As a finalist, each area received a $250,000 grant to develop its bid for the $10 million prize. The winners will be announced in the spring of 2019.

The Region of Waterloo’s submission focusses on children and youth. The Region’s goal is to become the benchmark community in Canada for child and youth wellbeing. The plan includes using early intervention, youth engagement, and a connected community framework to create programs and learning technologies to improve early childhood development, mental health, and high school graduation rates.

Guelph-Wellington has a vision for a circular food economy that would increase access to affordable, nutritious food by 50% by 2025. The plan focusses on the creation of a sustainable food system including using waste as a resource.

- **Change Day**

  The Waterloo Wellington LHIN participated in Change Day Ontario, a campaign to encourage care providers in our region to make simple changes in their day-to-day roles or within their organization to improve patient care. We worked with our Patient and Family Advisory Committee to create an organization pledge to engage staff and health providers: The Waterloo Wellington LHIN pledges to communicate effectively with patients, families, and caregivers at all points of the continuum of care so they feel valued.

- **Safety Talk**

  To address the prevalence of workplace violence and harassment in the health system, and as part of our commitment to be the most physically and psychologically safe place to work, the Waterloo Wellington LHIN hosted a Safety Talk for community partners. About 100 local governors, administrators, and clinicians attended a full-day event hosted at the Hanlon Convention Centre. A variety of topics were discussed including legal obligations, health and safety enforcement activities, psychological safety, continuous improvement, and real-life experiences. Feedback from those attending was positive and included an expression of interest for additional workshops on the topic of safety.

POPULATION PROFILE

The population in Waterloo Wellington LHIN is an estimated 783,000 with 15% of the population over age 65 and 23% under the age of 20. We are also growing. Our population is projected to reach over 1 million residents by 2041; Guelph was the fastest growing community in Ontario between 2011 and 2016.

Waterloo Wellington is an increasingly diverse community from all around the world, speaking different languages at home. Those born outside of Canada make up 22.3% of our community, and 22.5% of our residents do not speak English as their first language. Part of our population growth is the result of an increased number of government-assisted refugees: 1,780 settled in the Kitchener-Waterloo-Cambridge region from January 2015 to June 2017.

It is a community where residents expect care to be accessible and responsive to their needs, whenever they need it. However, not all people have the same starting point when it comes to health. We know that those who are the most vulnerable, marginalized, and who experience barriers within the system do not have the same health outcomes because of a variety of factors including social determinants of health (e.g., income, employment, housing, and food security). The barriers, needs, and health outcomes for our residents may be different depending on what sub-region they live in.

Our geography includes four sub-regions which give us an opportunity to better plan, integrate, and improve the performance of local health services: Wellington, Guelph-Puslinch, Cambridge-North Dumfries, and KW4 (Kitchener-Waterloo-Wellesley-Wilmot-Woolwich). These sub-regions represent diverse population needs (e.g., linguistic, cultural, urban/rural). Our health care system is responding better to the diverse needs of the communities we serve. Through looking at care patterns through a local lens, we are able to identify and respond to each community's needs and ensure that patients across the entire WWLHIN have access to the care they need, when and where they need it.

Wellington

Approximately 95,000 of our residents live in the Wellington sub-region which covers the most northern geography of Waterloo Wellington. This region has the oldest population in the WWLHIN, with 17.6% of residents 65 years of age and older. It is uniquely diverse with almost 5,000 Mennonites. Approximately 1,500 residents in this region identify as Indigenous, while over 1,000 have French as their mother tongue. There are almost 800 residents in Wellington who have indicated that they have no knowledge of English or French.

Over 55% of the population has completed post-secondary education. The Wellington sub-region has the lowest unemployment rate in Waterloo Wellington (4.1%). Less than 10% of the population lives below the low income cut-off; however, this varies by municipality: Southgate (18%) and Guelph/Eramosa (5.6%).

Guelph-Puslinch

The Guelph-Puslinch sub-region has approximately 140,000 residents with 95% of residents living in the city of Guelph. Over 20,000 residents are 65 years of age or older representing 15% of the population. Puslinch has an older population with about 1 in 5 residents aged 65 years or older. Almost 2,000 residents in Guelph-Puslinch self-identify as Indigenous. There are over 2,100 residents who use French as their mother tongue, and more than 1,700 who have no knowledge of English or French. Within the sub-region, it is estimated that there are roughly 3,600 new immigrants with the majority living in the City of Guelph.

Approximately 66% of the population has a post-secondary education. The unemployment rate in Guelph is 6.1% and 4.7% in Puslinch. Almost 15,000 people in the region live below the low income cut-off with the majority of these residents residing in the City of Guelph (98%).

Cambridge-North Dumfries

Cambridge-North Dumfries has a population of roughly 147,000 residents with 93% of its residents living in the City of Cambridge. Seniors, 65 years of age and older, make up 18% of the population (approximately 20,000 residents). Almost 2,700 residents self-identify as Indigenous. There are over 2,000 people who have no knowledge of English or French, while approximately 2,100 have French as their mother tongue. Approximately 1,900 new immigrants reside in this sub-region, with the majority settling in the City of Cambridge.

Roughly 56% of the population has a post-secondary education, which is lower than the Waterloo Wellington average of 62%.The unemployment rate in Cambridge-North Dumfries is higher than the Waterloo Wellington average (8.1% compared to 6.7%) with an estimated 6,100 residents unemployed. There are over 15,600 residents in this sub-region who live below the low-income cut-off. There is also significant variation in household income within the region (City of Cambridge: $81,000; North Dumfries: $108,000).

KW4

There are approximately 402,000 residents who live in the KW4 sub-region, with 86% of the population living in the cities of Kitchener and Waterloo. Over 57,000 residents are 65 years of age and older, representing 14% of the population; the townships of Wilmot and Woolwich have older populations where 17% of their residents are seniors. This sub-region is diverse with both a large urban centre (Kitchener and Waterloo) and the surrounding rural townships (Wellesley, Wilmot, and Woolwich). Approximately 10,300 Mennonites reside in the rural townships, with the majority living in Wellesley and Wilmot.

Half of the Indigenous population in Waterloo Wellington resides in KW4 (approximately 6,270 residents). Within the KW4 sub-region there are almost 6,000 residents who have no knowledge of French or English, while roughly 5,500 have French as their mother tongue. In KW4, 3.4% of the population (12,130 people) are recent immigrants.

Almost 65% of the population has a post-secondary education. KW4 residents have an unemployment rate of 6.3%, representing almost 14,000 residents. About 1 in 8 people in the region live in low-income, many of which are seniors.

HEALTH PROFILE

The health of residents in Waterloo Wellington is measured by a number of different health indicators. These indicators are compared to provincial averages to determine how healthy residents are compared to the rest of the province.

Life expectancy among males and females in Waterloo Wellington is similar to life expectancy for Ontario. The percentage of newborns classified as “small for gestational age” was less than the provincial average, while the percentage classified as “large for gestational age” was slightly higher. This is important because low birth weight is a determinant of infant health.

Self-reported health, an indicator of overall health status, can reflect aspects of health not captured in other measures, and Waterloo Wellington residents are more likely than Ontarians to rate their overall health as “excellent” or “good.”

Poor health practices are related to increased risk of chronic conditions, mortality, and disability. Examples of poor health practices are smoking (20.3% of residents smoke), not eating well (only 37.5% report eating the recommended number of healthy foods), and not exercising (56.7% report being physically active). More than 50% of residents report that they are overweight or obese.

The chronic conditions with the highest mortality rates in Waterloo Wellington are cancer, ischemic heart disease, and stroke.

OPERATIONS SUMMARY

Total revenue for 2017-18 includes funding for Waterloo Wellington LHIN operations and initiatives, and funding for health service providers in accordance with public sector reporting guidelines.

In 2017-18, the Waterloo Wellington LHIN operational and initiatives budget was $169 million, with health service provider funding totaling $1.125 billion.

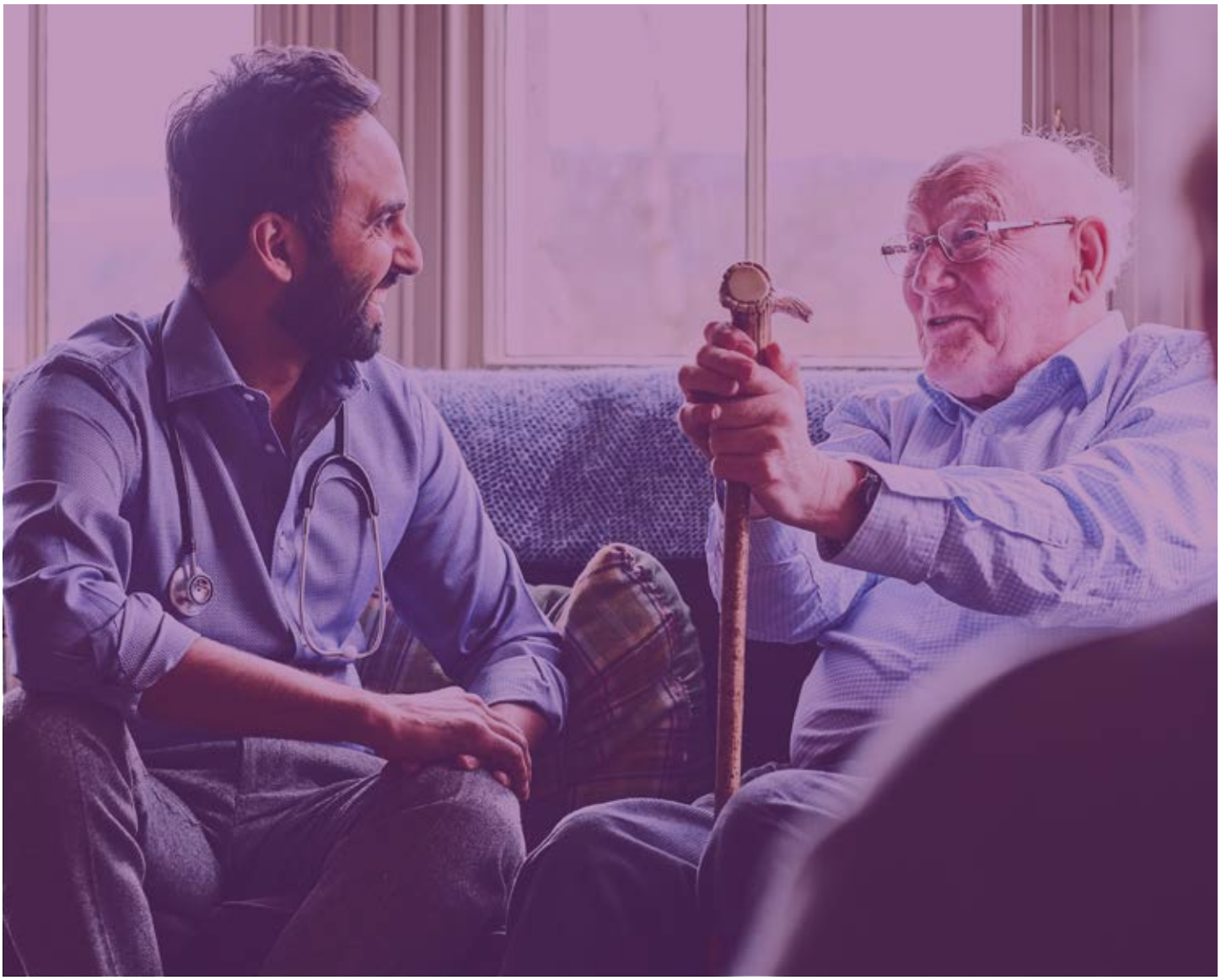
The Waterloo Wellington LHIN ended the fiscal year with an operational surplus of $362,035. The Waterloo Wellington LHIN had a staff complement of 461 full-time equivalent (FTE) positions focused on providing home and community care, improving quality outcomes, access to care, and value for taxpayer dollars. Our full-time and contracted staff have diverse skill sets and backgrounds and include nurses, allied health professionals, planners, accountants, and physician leads for sub-regions (primary care) and key sectors (e.g., Emergency, Critical Care, and Digital Health).

LOOKING FORWARD

We will continue to lead the creation of a higher-quality, more integrated health system. Building on the progress achieved over the past year, we will drive our mission forward to improve the health of every single person who lives in Waterloo Wellington. To make this possible, we will continue to implement the five bold new strategic directions that we launched last year:

- STARTING WITH THE PATIENT EXPERIENCE: We will listen, learn and be relentless in making improvements to the patient experience.
- DRIVING THROUGH COMMUNITY LEADERSHIP: We will be recognized as a trusted, credible and influential system leader in the community.
- IGNITING INNOVATION AND CREATIVITY: We will ignite innovation and creativity to exponentially impact the patient experience.
- EMPOWERING CLINICAL LEADERSHIP: We will work hand in hand with clinicians to improve the care experience and quality of care.
- CREATING A GREAT PLACE TO WORK: Great staff experience = Great patient experience.

To increase the efficiency of the health system, we will find more opportunities to cut red tape to make it easier for residents to be healthy and to get the care they need. We will ensure that we invest responsibly in the health system today so high-quality care is available and sustainable for future generations.



FINANCIAL STATEMENTS

Financial statements of
Waterloo Wellington Local Health Integration Network

March 31, 2018

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Independent Auditor's Report

To the Members of the Board of Directors of the Waterloo
Wellington Local Health Integration Network

We have audited the accompanying financial statements of the Waterloo Wellington Local Health Integration Network (the "LHIN"), which comprise the statement of financial position as at March 31, 2018, and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the LHIN as at March 31, 2018, and the results of its operations, changes in its net assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants Licensed
Public Accountants
June 27, 2018

Waterloo Wellington Local Health Integration Network

Statement of financial position
As at March 31, 2018

	Notes	2018	2017
		$	$
Assets			
Current assets Cash		**11,708,066**	713,807
Due from Ministry of Health and Long-Term Care ("MOHLTC")		**8,071,353**	2,449,272
Accounts receivable Prepaid expenses		**2,593,872**	84,865
		759,711	56,740
Rental, security and benefit deposits		**23,133,002**	3,304,684
Capital assets	7	**41,650**	—
		555,009	149,390
Liabilities		**23,729,661**	3,454,074
Current liabilities			
Accounts payable and accrued liabilities Due to Health Service Providers ("HSPs")		**15,979,710**	700,940
Due to Ministry of Health and Long-Term Care ("MOHLTC")	4	**6,800,553**	2,449,272
Deferred revenue		**362,828**	154,472
		4,743	—
Post employment benefits	8	**23,147,834**	3,304,684
Sick leave benefits	17		
Deferred capital contributions	9	**1,281,829**	—
Commitments	10	**29,996**	
		555,009	149,390
Net liabilities (assets)			
		25,014,668	3,454,074
		(1,285,007)	—
		23,729,661	**3,454,074**

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

Approved by the Board

Board Chair

Finance and Audit Committee

Waterloo Wellington Local Health Integration Network

Statement of operations

Year ended March 31, 2018

	Notes	2018 Actual	2017 Actual	
		$	$	
Revenue				
MOHLTC funding - transfer payments	15	**985,588,120**	1,082,899,573	
MOHLTC funding - operations and initiatives		**147,962,830**	6,177,119	
Interest income		**161,458**		—
Amortization of deferred capital contributions Other revenue		**127,445**	50,116	
		2,013,083		—
		150,264,816	6,227,235	
Total revenue		**1,135,852,936**	1,089,126,808	
Expenses				
HSP transfer payments	15	**985,588,120**	1,082,899,573	
Operations and initiatives				
Contracted out				—
In-home/clinic services School		**83,051,148**		—
services Hospice services		**4,871,672**		—
Salaries and benefits Medical		**2,624,347**		—
supplies		**39,358,220**	4,735,071	
Medical equipment rental		**4,071,510**		—
Supplies and sundry Building and		**1,301,943**		—
ground Amortization		**1,242,462**	34,036	
Repairs and maintenance Other		**1,866,234**	318,039	
operating expenses		**127,445**	50,116	
		73,149		—
		10,712,337	1,089,973	
Total expenses		**149,300,467**	6,227,235	
Excess of revenue over expenses before the undernoted		**1,134,888,587**	1,089,126,808	
Post employment benefits expenses Expenditures from donations fund		**964,349**		—
Net liabilities assumed on transition	13	**(172,864)**		—
Excess of expenses over revenue		**(24,146)**		—
		(2,052,346)		—
The accompanying notes are an integral part of the financia		**(1,285,007)**		—

Waterloo Wellington Local Health Integration Network

Statement of changes in net assets

Year ended March 31, 2018

				2018	2017
	Unrestricted	**Donations Fund**	**Employee benefits**	**Total**	Actual
			$	**$**	$
Net assets, beginning of year Excess of revenue over expenses before the undernoted	**—**	**—**	**—**	**—**	—
Net liabilities assumed on transition	**964,349**	**(24,146)**	**(172,864)**	**767,339**	—
Net assets (liabilites), end of year	**(964,349)**	**50,964**	**(1,138,961)**	**(2,052,346)**	—
	—	**26,818**	**(1,311,825)**	**(1,285,007)**	—

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

Waterloo Wellington Local Health Integration Network

Statement of cash flows

Year ended March 31, 2018

	Notes	2018	2017
		$	$
Operating activities			
Excess of expenses over revenue Cash		**(1,285,007)**	—
received on transition		**9,483,705**	—
Net liabilities assumed on transition Add		**2,052,346**	—
amounts not affecting cash			
Amortization of capital assets		**127,445**	50,115
Amortization of deferred capital contributions		**(127,445)**	(50,115)
		10,251,044	—
Changes in non-cash working capital items	12	**743,215**	174,252
		10,994,259	174,252
Investing activity			
Purchase of capital assets		**(169,438)**	—
Financing activity			
Increase in deferred capital contributions	9	**169,438**	—
Net (decrease) change in cash		**10,994,259**	174,252
Cash, beginning of year **Cash,**		**713,807**	539,555
end of year		**11,708,066**	713,807

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

1. Description of business

The Waterloo Wellington Local Health Integration Network was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the Waterloo Wellington Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

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

The mandate of the LHIN is as follows:

a. Plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers most of Regions of Waterloo Wellington. The LHIN enters into service accountability agreements with health service providers.

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

All funding payments to LHIN managed Health Service Providers are flowed through the LHIN's financial statements. Funding payments authorized by the LHIN to Health Service Providers, are recorded in the LHIN's Financial Statements as revenue from the MOHLTC and as transfer payment expenses to Health Service Providers.

Effective May 17, 2017 the LHIN assumed the responsibility to provide health and related social services and supplies and equipment for the care of persons in home, community and other settings and to provide goods and services to assist caregivers in the provision of care for such persons, to manage the placement of persons into long-term care homes, supportive housing programs, chronic care and rehabilitation beds in hospitals, and other programs and places where community services are provided under the Home Care and Community Services Act, 1994 and to provide information to the public about, and make referrals to, health and social services.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations including the 4200 series standards, as issued by the Public Sector Accounting Board. Significant accounting policies adopted by the LHIN are as follows:

Revenue Recognition

The LHIN follows the deferral method of accounting for contributions. Contributions from the MOHLTC represent externally restricted contributions which must be spent within the fiscal year provided. Unspent contributions from the MOHLTC are set up as repayable to the MOHLTC at the end of the year. Unrestricted contributions are recognized when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

2. Significant accounting policies (continued)

Ministry of Health and Long-Term Care Funding

The LHIN is funded by the Province of Ontario in accordance with the Ministry-LHIN Accountability Agreement ("MLAA"), which describes budgetary arrangements established by the MOHLTC. The Financial Statements reflect funding arrangements approved by the MOHLTC. The LHIN cannot authorize payments in excess of the budgetary allocation set by the MOHLTC. Due to the nature of the Accountability Agreement, the LHIN is economically dependent on the MOHLTC.

Transfer payment amounts to Health Service Providers are based on the terms of the Health Service Provider Accountability Agreements with the LHIN, including any amendments made throughout the year. During the year, the LHIN authorizes the transfer of cash to the Health Service Providers. The cash associated with the transfer payment flows directly from the MOHLTC and does not flow through the LHIN bank account.

LHIN Financial Statements do not include transfer payment funds not included in the Ministry- LHIN Accountability Agreement.

Capital Assets

Purchased capital assets are recorded at cost. Repairs and maintenance costs are charged to expense. Betterments, which extend the estimated life of an asset, are capitalized

Capital assets are amortized on a straight-line basis based on their estimated useful life as follows:

Furniture and equipment	10 years
Computer and communications equipment	3 years
Leasehold improvements	5 years

For assets acquired or brought into use, during the year, amortization is provided for at one half of the annual rate.

Deferred capital contributions

Contributions received for the purchase of capital assets are deferred and are amortized to income at the same rate as the corresponding capital asset.

Adoption of PSAS 3430 – Restructuring transactions

The LHIN has implemented Public sector Accounting Board ("PSAB") section 3430 Restructuring Transactions. Section 3430 requires that the assets and liabilities assumed in a restructuring agreement be recorded at the carrying value and that the increase in net assets or net liabilities received from the transferor be recognized as revenue or expense. Restructuring is an event that changes the economics of the recipient from the restructuring date onward. It does not change their history or accountability in the past, and therefore retroactive application with restatement of prior periods permitted only in certain circumstances. The impact of this policy on the current year is detailed in note 13.

2. Significant accounting policies (continued)

Employee future benefits

The LHIN accrues its obligations for sick leave and post-employment benefit plans as the employees render the services necessary to earn the benefits. The actuarial determination of the accrued benefit obligations uses the projected benefit method prorated on service (which incorporates management's best estimate of future salary levels, other cost escalation, and other actuarial factors). Under this method, the benefit costs are recognized over the expected average service life of the employee group.

Actuarial gains and losses on the accrued benefit obligation arise from differences between actual and expected experience and from changes in the actuarial assumptions used to determine the accrued benefit obligation. The excess of the future actuarial gains and losses will be amortized over the estimated average remaining service life of the employees. The most recent actuarial valuation of the sick leave plan and the benefit plan was as of March 31, 2018.

Financial instruments

Financial assets and liabilities are measured at amortized cost, with the exception of cash that is measured at fair value. Financial instruments measured at amortized cost are initially recognized at cost, and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets. Transaction costs related to financial instruments in the amortized cost category are added to the carrying value of the instrument.

Write-downs on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision, and there is no realistic prospect of recovery.
Financial assets are then written down to net recoverable value with the write-down being recognized in the statement of operations.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Significant estimates include depreciation rates for capital assets and certain accruals. Actual results could differ from those estimates.

3. Change in accounting policy

As a result of the transition of responsibility for the delivery of certain services related to home care as described above, there has been a significant change in the operations of the LHIN over prior year. As a result of these changes, the LHIN has determined that the adoption of Canadian public sector accounting standards for Government not-for-profit organizations is appropriate.
Previously the LHIN followed Canadian public sector accounting standards. The adoption of this policy has no impact on numbers previously reported. The impact of the change is limited to presentation only, and as a result the prior year figures presented for comparative purposes have be reclassified to conform with the current years presentation.

4. Funding repayable to the MOHLTC

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

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

	2018	2017
	$	$
Due to MOHLTC, beginning of year	**154,472**	194,990
Funding repaid to MOHLTC	**(154,472)**	(192,450)
Funding repayable to the MOHLTC from WWCCAC transition		
Funding repayable to the MOHLTC related to current year activities	**793**	—
Funding repayable to the MOHLTC related to current year ETI PMO Cluster activities	**362,035**	151,932
Due to MOHLTC, end of year	**—**	—
	362,828	154,472

5. Enabling Technologies for Integration Project Management Office

Effective January 31, 2014, the WWLHIN entered into an agreement with Erie St. Clair, Hamilton Niagara Haldimand Brant and South West (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Under the agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The WWLHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies for Integration Project Management Offices for its Cluster and related expenses. During the year, the LHIN received funding from the South West LHIN of $510,000 ($510,000 in 2017).

6. Related party transactions

Health Shared Services Ontario (HSSO)

HSSO is a provincial agency established January 1, 2017 by O. Reg. 456/16 made under LHSIA with objects to provide shared services to LHINs in areas that include human resources management, logistics, finance and administration and procurement. HSSO as a provincial agency is subject to legislation, policies and directives of the Government of Ontario and the Memorandum of Understanding between HSSO and the Minister of Health and Long-Term Care.

7. Capital assets

	2018			2017
	Cost	**Accumulated Depreciation**	**Net book value**	Net book value
	$	**$**	**$**	$
Computer equipmentLeasehold	**742,566**	**719,248**	**23,318**	—
improvementsFurniture and	**1,104,203**	**583,193**	**521,010**	143,880
equipment	**848,275**	**837,594**	**10,681**	5,509
	2,695,044	**2,140,035**	**555,009**	149,389

8. Post employment benefits

The LHIN has a defined early retirement benefit plan that provides benefits to employee who are 55 years of age, have retired and are withdrawing funds from the pension plan. The early retirement benefits cease when the individual reaches 65 years of age.

The accrued benefit obligation for early retirement benefits as at March 31, 2018 is based on an actuarial valuation for accounting purposes using the projected benefit method pro-rated on service. The most recent actuarial valuation of the early retirement benefits obligation was completed March 31, 2018.

This valuation was based on assumptions about future events. The economic assumptions used in these valuations are management's best estimates of expected rates of:

	2018
	%
Inflation	**2.0**
Discount on accrued benefit obligation	**3.6**
Compensation increase	**3.0**
Dental cost trends	**4.0**
Health care cost trends	**6.0**

Information about the post employment benefit plan is as follows:

	2018	2017
	$	$
Accrued benefit liability, transferred from		-
Waterloo WellingtonCCAC	**1,108,964**	-
Current service cost Interest on	**172,058**	-
obligation	**64,549**	-
Amortization of actuarial losses Benefits paid	**60,858**	-
Accrued benefit liability, end of year	**(124,600)**	-
	1,281,829	-
Accrued benefit obligation	**2,012,129**	-
Unamortized actuarial losses	**(730,300)**	-
Accrued benefit liability, March 31, 2018	**1,281,829**	-

9. Deferred capital contributions

Deferred capital contributions represent the unamortized amount of contributions received for the purchase of capital assets. Deferred capital contributions are amortized to income at the same rate as the corresponding capital asset. The changes in the deferred capital contributions balance are as follows:

	2018	2017
	$	$
Balance, beginning of year	**149,390**	199,505
Capital contributions assumed on transition Capital	**363,626**	—
contributions received during the year Amortization for the	**169,438**	—
year	**(127,445)**	(50,115)
Balance, end of year	**555,009**	149,390

10. Commitments

The LHIN has commitments under various operating leases as follows:

	$
2018	1,617,313
2019	1,364,731
2020	987,415
2021	904,708
2022	351,021

11. Contingencies

The LHIN enters into accountability agreements with Health Service Providers which include planned funding targets. The actual funding provided by the LHIN is contingent on the MOHLTC providing the funding.

The LHIN has been named as defendants in various claims. Based on the opinion of legal counsel as to the realistic estimates of the merits of these actions and the LHINs potential liability, management believes any liability resulting from these actions would be adequately covered by existing liability insurance.

12. Additional information to the statement of cash flows

	2018	2017
	$	$
Due from MOHLTC Accounts	**(5,622,081)**	8,986,928
Receivable Prepaid Expenses	**(1,094,237)**	(51,941)
Deposits	**887,608**	(25,773)
Accounts payable and accrued liabilities Due to	**(41,650)**	-
HSP	**2,288,562**	309,019
Due to MOHLTC Due to	**4,351,281**	(8,986,928)
LSSO Deferred revenue	**205,386**	(40,518)
Post employment benefits	**-**	(16,535)
	(404,518)	—
	172,864	—
	743,215	174,252

13. Transition of Waterloo Wellington Community Care Access Centre

On April 3, 2017 the Minister of Health and Long-Term Care made an order under the provisions of the Local Health System Integration Act, 2006, as amended by the Patients First Act, 2016 to require the transfer of all assets, liabilities, rights and obligations of the Waterloo Wellington Community Care Access Centre the (WWCCAC), to the LHIN, including the transfer of all employees of the WWCCAC. This transition took place on May 17, 2017. Prior to the transition, the LHIN funded a significant portion of the WWCCACs operations via HSP transfer payments.
Subsequent to transition date, the costs incurred for the delivery of services previously provided by the WWCCAC were incurred directly by the LHIN and are reported in the appropriate lines in the statement of operations.

The LHIN assumed the following assets and liabilities, which were recorded at the carrying value of the WWCCAC.

		2017
		$
Cash		9,483,705
Accounts receivable		1,414,770
Prepaid expenses		1,590,579
Capital assets		363,626
		12,852,680
Accounts payable and accrued liabilities	12,990,208	
Deferred revenue		409,261
Due to MOHLTC		2,970
Deferred capital contributions		363,626
Post-employment benefits and compensated absences		1,138,961
		14,905,026
Net liabilities assumed		(2,052,346)

The Net liabilities resulting from this transaction is recorded as revenue in the statement of operations.

14. Pension plan

The LHIN contributes to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 533 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2018 was $2,692,122 (2017 - $347,875) for current service costs and is included as an expense in the 2018 statement of operations. The last actuarial valuation was completed for the plan as of December 31, 2017. At that time, the plan was fully funded.

15. Transfer payment to HSPs

The LHIN has authorization to allocate funding of $985,588,120 to various HSPs in its geographic area. The LHIN approved transfer payments to various sectors in 2018 as follows:

	2018	2017
	$	$
Operations of hospitals	**617,197,091**	598,060,559
Grants to compensate for municipal taxation – public hospitals	**159,225**	159,225
Long-Term Care HomesCommunity Care	**202,450,016**	195,888,555
Access Centres Community support services	**17,453,771**	146,637,176
Assisted living services in supportive housing Community health centres	**29,490,832**	28,349,482
Community mental health addictions program	**6,471,004**	6,471,004
	24,210,476	22,693,581
	88,155,705	84,639,991
	985,588,120	1,082,899,573

The LHIN receives funding from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2018, an amount of $6,800,553 ($2,449,272 in 2017) was receivable from the MOHLTC, and was payable to HSPs. These amounts have been reflected as revenue and expenses in the statement of operations and are included in the table above.

Pursuant to note 13, effective May 17, 2017 the LHIN assumed the assets, liabilities, rights and obligations of the WWCCAC. Current year amounts reported in respect of the WWCCAC in the table above represent funding provided to the WWCCAC from the date of transfer.

16. Financial risk

The LHIN through its exposure to financial assets and liabilities, has exposure to credit risk and liquidity risk as follows:

Credit risk relates to the potential that one party to a financial instrument will fail to discharge an obligation and incur a financial loss. The maximum exposure to credit risk is the carrying value reported in the statement of financial position. Credit risk is mitigated through collection practices and the diverse nature of amounts with accounts receivable.

Liquidity risk is the risk that the LHIN will not be able to meet all cash flow obligations as they come due. The LHIN mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and cash flow analysis.

17. Accumulated non-vesting sick pay

The accumulated non-vesting sick pay comprises the sick pay benefits that accumulated but do not vest. These adjustments are not funded by the Ontario Ministry of Health and Long-Term Care.

18. Guarantees

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

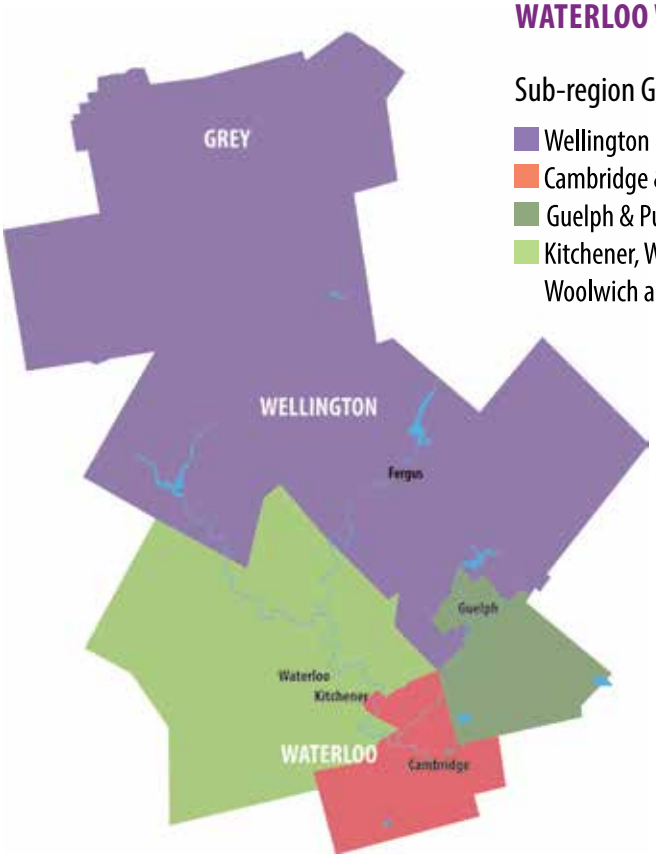
An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the Local Health System Integration Act, 2006 and in accordance with s.28 of the Financial Administration Act.

19. Board costs

The following provides the details of Board expenses reported in the statement of operations and changes in net assets:

	2018	2017
	$	$
Board Chair per diem expenses	**11,625**	75,950
Other Board members' per diem expenses Other	**58,150**	45,000
governance and travel	**17,065**	31,284
	86,840	152,234

WATERLOO WELLINGTON LHIN



Sub-region Geographies

- Wellington
- Cambridge & North Dumfries
- Guelph & Puslinch
- Kitchener, Waterloo, Wellesley, Woolwich and Wilmot (KW4)

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