South West **LHIN**

Transforming Health Care: A Community Approach

2007-2008 Annual Report

Ontario
South West Local Health Integration Network

ON THE COVER: George and the ladies of VON Strathroy's Adult Day Program share some time that provides a short break to caregivers – while their clients enjoy a change of scenery that is collaborative, fun and supportive.

Transforming Health Care: A Community Approach

Table of Contents

Financial Statements

The South West LHIN: Who We Are

The South West Local Health Integration Network (LHIN) is one of 14 crown agencies responsible for the planning, integration and funding of health services within a defined geographic area of Ontario. The South West LHIN's area is diverse, reaching from Lake Erie to the tip of the Bruce Peninsula, and is home to almost one million people.

In 2006, following extensive engagement with consumers, providers, community leaders and the public, the South West LHIN published its first Integrated Health Service Plan (IHSP). This document represents the South West LHIN's three year strategic plan and identifies four integration priorities:

- **Strengthening and improving primary health care**
- **Preventing and managing chronic illness**
- **Building linkages across the health care continuum for all seniors and adults with complex needs**
- **Accessing the right services in the right place, at the right time, by the right provider**

The LHINs also work collaboratively with the Ministry of Health and Long-Term Care (MOHLTC) to support the Ontario government's goal to create a patient-centred health system and to enable a strong and sustainable health care system.

The MOHLTC has set out five strategic directions to guide LHIN planning activities:

- Renew community engagement and partnerships for health care
- Improve the health status of Ontarians
- Ensure equitable access to health care for all Ontarians no matter where they live
- Improve the quality of health outcomes
- Establish a framework for a sustainable health system

All initiatives undertaken by the LHIN support the advancement of these local and provincial priorities to ensure that future generations will have access to effective and sustainable health care services. Through partnering among health care providers, community agencies, family health teams, community health centres and other health care professionals, existing silos can be removed and the people residing in the LHIN will have seamless access to the health care services they need and deserve.

As part of the system-wide transformation of health care, the South West LHIN is developing a performance management framework to ensure consistency in performance improvement throughout the local health system. Performance measurement, reporting, and quality improvement are fundamental to greater accountability, one of the guiding principles of system change. Under the performance management framework, measurable, outcome-based results will provide the data needed to monitor and report on the success of the transformation and integration initiatives.

How are we doing so far? The stories that follow in this report will clearly show the progress being made in achieving the goals and priorities set out in the IHSP. Read on and find out how the South West LHIN is working with health service providers to make improvements to a system which is changing and ever evolving.

Message from Norm Gamble Chair of the Board of Directors

What will this mean to Aunt Martha? As the Board has gone about its business over the past year, that's a question we have considered. 'Aunt Martha' isn't real – she's a fictional senior living in the South West LHIN. But even with the undertones of fiction, it's a concept that allows us to consider the impact of our actions in a grassroots framework. During 2007/08, much of our work has been focused on making 'big picture' plans intended to improve the delivery of health services in our communities, and keeping our residents front and centre helps us focus on why we're here... to improve health care for everyone's 'Aunt Martha'.

We strive to think deeply about how the changes we're considering will affect people with diabetes, or vision problems, or those who suffer from multiple conditions, who may living alone and would like to retain their independence.

One of the ways we stay in touch with the needs of our communities is by seeking input from the general public, as well those agencies and providers who know and understand the needs in their communities and who are concerned about the well-being of the people they serve. Those caring people are found throughout our LHIN on the boards and staff of hospitals and community agencies, in family health teams and community health centres providing the care that will help residents remain as healthy as possible.

In 2007/08, we met with groups of governors from health service providers across our LHIN because we believe the Boards of Directors of the health service providers have a continued role to play in making our health care system as responsive and effective as it can be. This board-to-board engagement is new and we believe this level of discussion will help us reach our common goal of improving care and access to care for all residents of our LHIN. These newly established relationships with board members have already proven helpful during the successful negotiations of the hospital accountability agreements; we hope to expand direct board-to-board communication as we continue to develop relationships with all 153 of our health service providers.

Focusing on our shared goals will also be beneficial as we continue trying to break down the health care silos and replace them with a fully integrated system. After all, if one program or service is modified, that could have a ripple effect on neighbouring community agencies. Building an integrated system requires a carefully thought out strategy that looks to the future while ensuring today's needs are also met.

This change process is very much a team effort and I would like to thank all of the incredibly passionate, wise and dedicated individuals who have worked so hard to support us, the health service providers, and the leadership of the many organizations who provide care in our LHIN. Specifically, I also want to thank Tony Woolgar and the staff of the South West LHIN. While each of us has a different role to play, we are all committed to the same vision – making Aunt Martha's day to day health care experience that much better.

Message from Tony Woolgar Chief Executive Officer

Since starting out on our journey nearly three years ago, the South West LHIN has seen many great examples of our communities, our citizens and our health service providers working with us to build a more responsive, accessible and individualized health care system. In this report we describe the exciting progress made this past year in beginning to put our plan into action.

Putting the Plan into Action

2007/08 saw the launch of our nine Priority Action Teams (PATs) set up to help us to implement our first Integrated Health Service Plan (IHSP). The PATs, involving over 200 of our community partners, have brought forward innovative recommendations that confirm the vision described in the IHSP which can now become a reality for patients, clients and families across our LHIN. Each of the PATs is concluding a detailed report describing the changes we need to make and informing our ongoing discussions with health service providers and health care professionals about creating a more integrated health care system.

New Conversations

This past year also saw the development of the LHIN mandate to include the negotiation of service contracts with our twenty hospitals, for the period 2008-2010.

As we go forward into 2008/09 we will take on responsibility for a similar negotiation process with our non-hospital service providers. This new process helps to ensure the stability and sustainability of our health services by providing a forum for open and constructive dialogue about how health services are planned and delivered, and strengthens our performance improvement framework.

Improving Services for Seniors

The South West LHIN has a higher than average population of seniors (aged 55+) compared with other parts of Ontario and a higher incidence of chronic disease amongst this population. That is why one of the key priorities for action resulting from our extensive community engagement program was the development of improved services for our seniors.

In the summer of 2007, the Minister of Health and Long-Term Care announced the Government's Aging at Home Strategy, a three-year funded program which enables seniors to be cared for at home, wherever possible, through increased in-home support and broader support services in the community. With input from community partners, we have identified proposals for the first year of the strategy that are specifically designed to meet the unique needs of seniors in our LHIN.

From Vision to Reality

These are just some of the exciting developments in the past year and there are many more highlighted in the pages of this report. The achievements and initiatives included in this report – and those to come – are not possible without the tremendous commitment and dedication of the LHIN staff. I am privileged to lead such an enthusiastic, capable and dedicated team and thank them for their ongoing work to build a stronger health care system for the people we serve.

I also want to thank all of our health care providers and community representatives who contributed their time, energy and perspective to making this past year so successful and for positioning us well to meet the challenges and seize the opportunities that the future will hold.

I look forward to continuing to move forward together to make our vision for health care in the South West a reality.

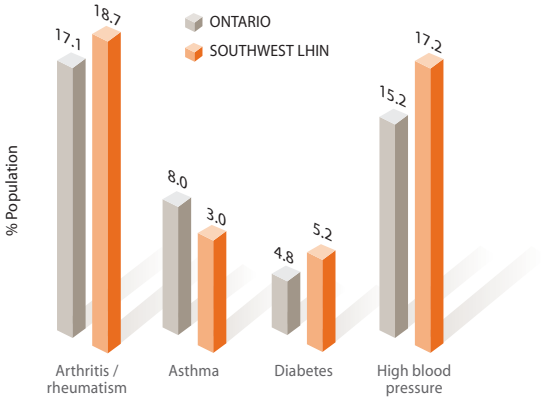
Tony Woolgar

The People of the South West LHIN

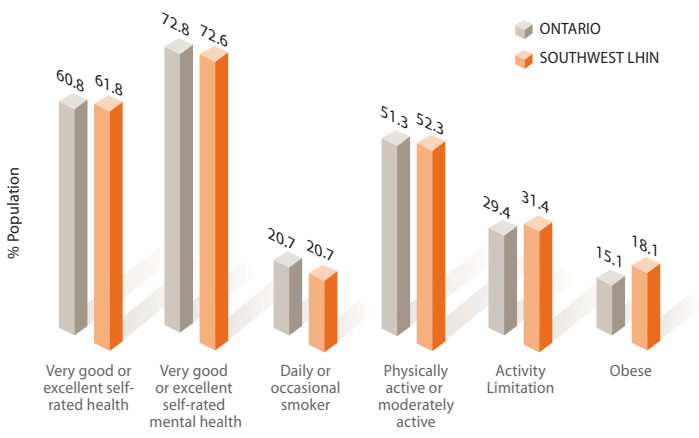
The South West LHIN is home to 910,386 people, representing 7.5% of the population of Ontario. Between 2001 and 2006, the population increased by an average of 1.3% each year, a somewhat slower rate than the overall provincial increase of 6.6%. More than 30% of the population of the South West is rural, presenting unique challenges for health care delivery and access.

- The North (Grey and Bruce counties) is home to 16.8% of the South West LHIN population, with 14.7% in Central (Huron and Perth), and 68.5% in the South (London-Middlesex, Oxford, Elgin and part of Norfolk).
- The population in the South West LHIN is projected to grow to over 1.1 million by 2017: a 7% growth in the North, 5% in Central and 8% in the South.*
- The percentage of seniors is significantly higher (14.5%) than the provincial average (12.8%), especially in the North. The seniors population is expected to grow by 31% by 2016.**
- There are five First Nations reserves in the South West as well as off-reserve Aboriginal communities. This population faces greater risk factors and higher prevalence rates for chronic disease, and a variety of challenges to accessing care.
- Our Francophone population as well as immigrants whose first language is French have unique needs that may not be met in the current health care environment due to language or cultural barriers.

PREVALENCE OF SELECTED CHRONIC CONDITIONS†



SELECTED LIFESTYLE FACTORS†



Data source: Population and Dwelling counts, 2006 Census, Statistics Canada except where indicated by:
*Ministry of Finance Population Projections; **Population Projections by Gender, Age and LHIN of Residence, 2006-2016, Health System Intelligence Project; †Canadian Community Health Survey, 2005

Transforming our Health Care System

A Progress Report on the Implementation of our Integrated Health Service Plan

The South West LHIN submitted its first Integrated Health Service Plan (IHSP) to the Minister of Health and Long-Term Care on October 31, 2006. It is a vision for the future of health care tailored to the unique environment and needs of our area.

Developed through extensive engagement with providers, consumers, community leaders and the public, our IHSP sets out four integration priorities with detailed action plans outlining what must be achieved over the next three years. The priorities are:

- Strengthening and improving primary health care
- Preventing and managing chronic illness
- Building linkages across the continuum for all seniors and adults with complex needs
- Accessing the right services, in the right place, at the right time, by the right provider

Two enabling priorities are also identified:

- Health human resources, to ensure the right mix of health care providers with the right skills in the South West; and
- e-Health, to realize the full potential of electronic exchange of information among providers and consumers.

The role of the South West LHIN is to create a consumer-focused health care system by building a single system of providers who are collectively focused on the health and well being of our communities.

Principles that Guide Us

- Consumer focused
- Population based
- Data driven
- Outcome-oriented and measurable
- System sustainability
- Building system capacity
- Leverage partnership activities or initiatives
- Achievable

Transformation of the health care system is a daunting task that must be carefully planned and thoughtfully implemented. In early 2007, to move forward our IHSP implementation, nine Priority Action Teams (PATs) were established, the volunteer members chosen from over 400 people who had expressed interest in shaping the future of the health care system for their families, friends and communities.

Each PAT was formed in support of a specific strategic priority. In the past year, the PATs studied the current state of health services for their specific focus. They also reviewed existing best practices from around the world, to ensure that ultimately the health care services of the South West LHIN are among the most effective, efficient, accessible, and sustainable.

Priority Action Teams

Strengthening and Improving Health Care

- Primary Health Care
- Primary Health Care – Mental Health and Addictions

Preventing and Managing Chronic Illness

- Chronic Disease Prevention and Management
- Diabetes

Building Linkages Across the Continuum for all Seniors and Adults with Complex Needs

- Continuum of Care
- Rehabilitation
- Long-Term Care

Accessing the Right Services, in the Right Place, at the Right Time, by the Right Provider

- Children and Youth
- Hips and Knees

The PATs followed a methodology (Health Systems Integration Methodology – HSIM) that was developed by a number of LHINs to ensure consistency in the way each PAT moved forward. The methodology did not dictate that all PATs move at the same speed. Indeed, the Hips and Knees Priority Action Team was selected to 'fast track' through the methodology. The reason was twofold – to build on good work already completed within the South West LHIN, and to deliver, where possible, early successes.

In March 2007, the first of the PAT reports – Seniors and Adults with Complex Needs – was submitted to the Strategic Advisory Group and then to the board. The recommendations focus on better access to information, a common approach to assessment and a person-centred approach to care, as well as identifying the range of services required to meet the needs of individuals across the South West LHIN. PAT members and consumer focus groups identified the need for a one-stop information portal where individuals and caregivers could find out about availability of and accessibility to various services.

The PAT has recommended a single point of access. Julie Girard, Integration Consultant for the Seniors and Adults with Complex Needs PAT explains: "The idea is that there would be a well known phone number and a website. The site would feature a wealth of information on health services; however, individuals requiring personal assistance, and those unable or unwilling to go online could access the same information via telephone. The service would also allow primary care physicians and other health service providers to help people navigate the system."

From wait time reductions to Dementia programs that reduce strain on the traditional systems, the LHIN's role is to allocate health care dollars in its communities to ensure that all residents have access to the health care they need in a timely and equitable way.

"We're in information overload," observes Michelle Hurtubise, co-chair of the Primary Care PAT and Executive Director of the London Intercommunity Health Centre. "Primary care providers don't want to have to hunt for information – they want and need it now. How do we change our processes to get to that piece of information in the quickest, most accessible way? I think that the recommended portal will be able to do that."

In the coming year, each PAT's board-sanctioned recommendations will be further developed, and the transformation of the health care system will begin to take shape, making a real, tangible impact on the way health care services are delivered in the communities throughout the South West LHIN.

In addition to the work of the PATs, our Health Human Resources Advisory Group and e-Health Steering Committee continue to define strategies to support our enabling priorities. In 2007/08 the South West LHIN was able to move forward on a number of e-Health initiatives, building on the historical success of projects previously advanced in our LHIN. In addition, combining our focus on electronic access to information and health human resources, the LHIN is supporting the creation of a health care career portal through www.thehealthline.ca – an already existing website for health care information within the South West.

Launch of Demonstration Project

In January 2007, the South West LHIN, in partnership with the South West Community Care Access Centre, announced the launch of Partnerships for Health – A Diabetes Prevention and Management Demonstration Project.

QUICK FACTS

- 6% of Ontarians have diabetes
- Diabetes contributes to stroke, heart disease and amputation
- 50,000 new cases are diagnosed each year

"We know that diabetes is a growing problem," says Sandra Coleman, Executive Director of the South West Community Care Access Centre (CCAC). "We also know that the right care at the right time can help prevent diabetes or avoid serious complications. Working together in new ways, we can make a real difference."

The demonstration project will bring together primary care providers, the CCAC, the South West Local Health Integration Network (LHIN), local hospitals, diabetes education programs, diabetes specialists and the Thames Valley Family Practice Research Unit to develop, test and evaluate new approaches to care, including the use of information technology to support better access to information and care coordination.

The project will be carefully evaluated and if successful, will provide a model for other chronic diseases. "This is a very promising part of the provincial strategy to transform health care," says Kelly Gillis, Senior Director Planning, Integration and Community Engagement, South West LHIN. "Through this project, the South West LHIN will have a real impact on how care is delivered within the South West and beyond."

Community Engagement

The integration of our health care services will only be successful if the citizens using those services can see, feel and experience a positive change in their interaction with health care providers. To make sure we are on the right track, the LHIN is committed to extensive, on-going community engagement. Our commitment to building and maintaining a vibrant dialogue with our partners is demonstrated by our four goals of community engagement:

- Focus on the people who use health care – We will work in partnership to build a system that places the consumer at the centre and engage with those who are most knowledgeable about their needs, experience and satisfaction with health care services.
- Enhance local accountability – We will enhance accountability by providing opportunities for input into decision-making and fostering a sense of mutual responsibility for achieving goals.
- Balance Priorities – We will work to ensure that the full diversity of voices in the community are heard, and to build a shared sense of responsibility for achieving balance among competing priorities.
- Develop system capacity and sustainability – We will draw on the knowledge and capacity of our partners to identify needs and to help build sustainable, long-term local solutions.

Since its inception, the South West LHIN has turned to the residents, providers, and community agencies that together make up our health care system. But those community engagement sessions were just a beginning. In the past year, the South West LHIN has continued engaging the community in various ways:

- The Priority Action Teams' success is due to the continued input from its members who are made up of health care professionals, community service agency representatives, and citizens who have a dedicated interest in improving the health care system.
- The South West LHIN liaises with three Area Provider Tables – one for each of the three geographic areas (North, Central and South) – made up of health care providers who know and understand their communities' health care needs. As part of the Aging at Home process, the area provider tables played a key role in coordinating the development of collaborative proposals and advising, along with our Strategic Advisory Group, on the initiatives to be supported in their areas. This process was invaluable in ensuring that the initiatives supported by the South West LHIN Board of Directors were those that would have the most impact within our communities.
- In January, in collaboration with the Ontario Medical Association (OMA), the South West LHIN hosted three physician engagement sessions. Although the LHIN does not fund physicians, they will always play a key role in the delivery of health care services. The LHIN believes it is essential that physicians understand and provide input and leadership to the process of change. The January sessions were well received, and the OMA has indicated willingness to partner for future engagement sessions between local physicians and the LHIN.

This year also saw our Board of Directors engage in board-to-board sessions with many of our health care provider boards. These sessions allow all participants to gain a greater understanding of the responsibilities and accountabilities of the boards and foster shared goals and a spirit of collaboration when dealing with issues in our health care system.

Strengthening and Improving Health Care

The South West LHIN is not only geographically diversified – it also includes unique populations whose health care needs may differ. These populations include the South West LHIN's aboriginal communities as well as those whose first language is French. The unique culture and history of these groups is recognized by the Ontario government who, in enacting the Local Health Integration Act in 2006, ensured that the rights of these communities be recognized in the health care sector.

In 2007/2008 the process of engaging these two groups advanced as the South West LHIN continued to build relationships with community leaders and members of these population groups.

In 2007/08, the South West LHIN received some one time funding to formalize an engagement process with local aboriginal communities. In partnership with the Erie St. Clair LHIN, an aboriginal engagement day was held, bringing together aboriginal health service representatives from both LHINs. The gathering was an opportunity for diverse groups of people to come together to share thoughts, concerns and emotions regarding the current state of health services for Aboriginal People. This successful one day gathering provided a foundation for an ongoing collaborative relationship among the LHINs and the local aboriginal communities.

Where do we go from here?

The South West LHIN will continue to build partnerships through the engagement of our community at all levels, from members of the public to local health care professionals and from grassroots organizations who understand the front line needs, to the largest of providers who will all help shape the future of an integrated health care system. Our commitment is absolute in ensuring local communities share in identifying challenges and new solutions that will ultimately fulfill their health care needs. Our commitment to community engagement is stronger than ever. We envision a continuum of community engagement methodologies, incorporating a range of techniques from broad-based open forums to highly focused issue-specific round tables. Over the last year, the South West LHIN has engaged with its communities in many ways, including:

- Engagement of Priority Action Teams and Advisory groups
- Face to face meetings
- Focus groups
- Surveys – electronic and paper-based
- Telephone interviews
- Community forums

As we reflect on the engagement that has occurred in the past year, we feel confident that our strategies and goals are aligned with the needs of the people of the South West LHIN because we have listened to the numerous people who have offered their thoughts and suggestions or expressed their needs and helped define our future directions through committees, surveys and a myriad of other forums.

Funding and Performance

Performance Indicators

On April 1, 2007 the province's 14 Local Health Integration Networks (LHINs) took the final step in assuming accountability for allocating health care dollars within their communities. In the South West LHIN, this means the allocation of $1.8 billion across all health care sectors in the large geographic area that spreads from Lake Erie to the tip of the Bruce peninsula. The LHIN's role is to allocate health care dollars in its communities to ensure that all residents have access to the health care they need in a timely and equitable way. However, to ensure that the health care dollars are being used as efficiently and effectively as possible, a system must be in place to monitor performance.

Performance of the local health care system is an important component of system change and the South West LHIN's Integrated Health Service Plan (IHSP). Performance measurement, reporting and quality improvement are fundamental to greater accountability, one of the guiding principles of system change.

Each year, LHINs set performance targets on a number of indicators to measure system improvements and outcomes in support of local and provincial goals and priorities. The chart shown at right identifies the performance indicators, established targets and performance results in the South West LHIN for the 2007-08 fiscal year.

As shown in the chart, the performance results are positive and reinforce the tremendous efforts and dedication of the Health Service Providers (HSPs) and communities. "Health system performance is improving in many areas," says Michael Barrett, Senior Director, Performance, Contract and Allocation. "Patients within our LHIN are receiving many services with wait times that are significantly less than they would have been just a year ago." The results also point to specific areas within the system that are experiencing challenges. "While we're doing well on many of our key accountability measurements, we want to continue working with all our health service providers to identify performance improvement opportunities within the South West LHIN," Barrett underlines.

The South West LHIN is committed to ongoing system improvement and, as part of that commitment, will continue to identify and incorporate measures that align to local and provincial goals and priorities. In partnership with our HSPs, we will ensure that we have a robust performance measurement system to evaluate improvement in health care delivery.

Local Health System Performance – South West LHIN 2007-08

Performance Indicator	Provincial Performance Target	LHIN Baseline Performance**	LHIN 07-08 Performance Target	LHIN 07-08 Actual Performance
		WAIT TIME IN DAYS		
90th Percentile* Wait Times for Cancer Surgery	84	104	75	78
90th Percentile Wait Times for Cardiac By-Pass Procedures	182	56	56	48
90th Percentile Wait Times for Cataract Surgery	182	213	182	104
90th Percentile Wait Times for Hip Replacement	182	310	279	233
90th Percentile Wait Times for Knee Replacement	182	369	332	244
90th Percentile Wait Times for Diagnostic MRI Scan	28	169	161	164
90th Percentile Wait Times for Diagnostic CT Scan	28	64	60	39
Median Wait Time to Long-Term Care Home Placement The median wait time that patients are waiting for placement in a Long-Term Care Home	N/A	64	Maintain or improve from Baseline	84

*Notes: 90th Percentile is the point at which 90% of the patients received their treatment.
**Baseline Performance is LHIN 2006-07 actual performance.

Service Accountability Agreements

On April 1, 2007, LHINs assumed full responsibility for planning, funding and integrating health services in their geographic areas pursuant to the terms of the Local Health System Integration Act (LHSIA). The purpose of the LHSIA is to provide for an integrated health system that will improve the health of Ontarians through better access, coordinated health care in local systems, and effective and efficient management of the system. The LHINs' relationship to the province is set out in the LHSIA and in a Memorandum of Understanding between each LHIN and the Ministry of Health and Long-Term Care (MOHLTC). Funding, performance and other obligations are then set out in the accountability agreement between each LHIN and the Minister of Health and Long-Term Care.

The LHSIA provides the underpinnings for the new accountability relationship between LHINs and Health Service Providers (HSPs) and requires that each LHIN negotiate and approve a service accountability agreement (SAA) with each HSP in order to provide funding in respect of the services delivered.

For the 2007/08 fiscal year, LHINs assumed the existing one-year accountability agreements negotiated between the MOHLTC and hospitals. In order to prepare for the expiration of these agreements and implement the new SAAs for April 1, 2008, the 14 LHINs embarked on a collaborative process with the Ontario Hospital Association (OHA), the Joint Policy and Planning Committee (JPPC), hospitals, and the MOHLTC to ensure a well-coordinated and effective process. The LHINs confirmed the new hospital SAA would cover the two-year term of 2008/09 and 2009/10, providing hospitals with the stability and capacity to plan their operations effectively and within fiscal parameters.

Hospitals across the province received funding allocation targets that were used to prepare a Hospital Annual Planning Submission (HAPS) to outline the financial and clinical components of their operations for the proposed term of the SAA. The information presented in the HAPS is used to negotiate a SAA between the hospital and the LHIN. Over the second half of 2007/08, South West LHIN staff worked diligently with hospitals in the LHIN to develop a process for negotiating the new two-year SAA that respected our individual and shared roles.

This was a new process for both the LHINs and the hospitals. The hospital SAA is intended to serve as a template for all HSPs who receive funding from the LHIN. According to the timeline outlined in the legislation, LHINs will have SAAs in place for all community sector HSPs beginning in 2009/10 and all Long-Term care homes beginning in 2010/11.

Aging at Home

On August 28, 2007, the Ontario government announced the Aging at Home strategy to help seniors live healthy, independent lives in their own homes. This three-year, $702-million initiative was led by Local Health Integration Networks across the province.

Collaboration at Heart of Aging at Home

The South West LHIN's portion is over $55 million, allocated as follows: year one – $7 million; year two – $17.4 million; and in year three, $30.7 million. This $30.7 million will then become ongoing annual base funding beyond the 2010-11 fiscal year.

In response to this funding announcement, the first phase of our Aging at Home process was established with the following objectives:

- To make decisions on the allocation of year one Aging at Home funds through a collaborative planning and development process
- To provide a foundation for service enhancement and expansion
- To have a shared decision-making experience which would support Aging at Home development in year two and three

Aging at Home Priorities

Building on the work of the Priority Action Teams, the South West LHIN took a balanced approach to the Aging at Home Strategy in the first year. Our objective was to enhance the system to keep seniors healthy through traditional services combined with innovative practices. In the first year of the strategy, the South West LHIN is enhancing services and supports for individuals currently at different points along the continuum of need, balancing a focus on wellness versus a strategy that targets those most at risk of placement in a Long-Term Care home or other institutional setting.

Going forward, the three key priority directions for 2008/09 for the Aging at Home Strategy in the South West are:

- Promoting wellness and healthy living
- Supporting and caring for caregivers
- Supporting individuals at risk of hospitalization or placement in a Long-Term home


The Aging at Home initiative is about promoting wellness and healthy living; supporting and caring for caregivers; and supporting individuals at risk of hospitalization or placement in a long-term home.

Collaborative Planning and Engagement

The South West LHIN liaised with the three 'Area Provider Tables' (APTs) in its geographic areas, North, Central and South. These APTs were comprised of Health Service Providers and Community Partners who self-organized to collaboratively identify and prioritize the Aging at Home initiatives that they felt advanced supports for seniors in their community.

During the first week of November, the South West LHIN released a call for collaborative and innovative Health System Improvement Proposals (H-SIP) related to the Aging at Home strategy based on the environmental scan and high level direction set by the Seniors and Adults with Complex Needs Priority Action Teams. This allowed health service providers and community partners an opportunity to determine and prioritize services that fit within that direction on a local, sub-LHIN, and LHIN wide basis.

Discussion continued with Health Service Providers, non-traditional and community partners to allow participants an opportunity to "think outside of the box". Three sessions were held with coalitions of Health Service Providers and community partners to receive feedback on the high level direction for seniors and adults with complex needs and to initiate dialogue related to innovation.

In early January, the 82 Aging at Home proposals submitted were rated and ranked by the APT's, using standard decision criteria. Based on the rating and ranking of the geographic tables, the Strategic Advisory Group (SAG), reviewed the proposals from a LHIN-wide perspective and provided advice to the LHIN regarding the Aging at Home proposals that they believed should move forward for presentation to the South West LHIN Board of Directors. At its January meeting, the South West LHIN Board approved in principle the proposals that would advance to the development of a detailed service plan.

Aging at Home Investments in the South West LHIN

In 2008-09 the South West LHIN will invest $7 million to support seniors to live independently. Of the 82 collaborative proposals originally submitted by Health Service Providers from across the South West LHIN, 25 proposals were ultimately approved for year one funding of the Aging at Home strategy.

Looking Ahead

The South West LHIN will review all 82 of the Aging at Home proposals received in the first year to understand, at both local and LHIN-wide levels, the service delivery directions identified by Health Service Providers. It is anticipated that the second and third year will include investments to advance the strategic service delivery directions identified through the aging at home proposals received in the first year in addition to directions identified by our priority action teams.

Approximately $4.8 million will be used to support seniors at risk of hospitalization or placement in a Long-Term care home through programs such as:

HOME AT LAST A LHIN wide program that assists seniors to be safely transported and settled at home following a hospital stay.

SAFE AT HOME A LHIN wide program that enhances nursing and personal support to seniors identified at risk to support them to remain in their home.

COMMUNITY STROKE REHABILATION A LHIN wide program that offers enhanced rehabilitation services following hospitalization to optimize recovery following a stroke.

SUPPORTING HOUSING PROGRAMS Five supportive housing programs located throughout the South West LHIN will offer access to personal supports 24 hours a day, 7 days a week.

ADULT DAY PROGRAMS Three adult day programs will offer supports to seniors to maintain their health and relieve their caregivers.

HOME HELP The expansion of two existing home help programs that assist seniors with their household tasks.

Approximately $1.2 million will be invested in programs that promote wellness and healthy living across the LHIN. These programs include:

WELLNESS PROGRAMS A falls prevention program, as well as exercise and healthy living educational programs.

IMMIGRANT AND FRANCOPHONE WRAPAROUND Culturally sensitive and personalized assistance will be provided to the immigrant and francophone senior population.

Approximately $1 million will be invested to support and care for caregivers and improve service infrastructure. This includes:

CAREGIVER CONNECTS This service will provide information and respite to caregivers looking after seniors.

INFRASTRUCTURE IMPROVEMENTS Two programs will enhance transportation coordination and another program is a provincial community services pilot for a rural long-term care home.

Priorities Fund

At its December 2007 meeting, the South West LHIN Board of Directors approved $2.5 million in new funding to address local health care priorities.

The LHIN Priorities Fund is a new funding investment in Ontario's 14 LHINs that allows the funding of local priorities that were not being considered through other funding streams. The fund will ultimately drive the changes that improve the day-to-day health care experiences of the people living in the South West LHIN communities. The 13 initiatives that received funding represent a diversity of programs that span the entire geography of the South West LHIN.

One of the funded initiatives will allow the purchase of new or replacement vans for community service agencies in order to bolster the availability of van transit for services like adult day programs. These will help overcome a major barrier that can prevent seniors, and other individuals with disabilities, from accessing services that can help them remain in their own homes and communities.

Another investment will go towards equipment, software, and expertise needed to allow hospitals in the northern reaches of our LHIN to connect electronically with hospitals in the south. This ability to share health records and other data will help improve patient safety, bring care closer to home by providing more complete patient information, and streamline the referral process, thus improving access to specialist care.

Funding was also approved to coordinate 'order sets' in the South West LHIN. Order sets improve patient safety and quality of care by laying out patient care instructions on a specific ailment from initial assessment to discharge.

These and 10 other initiatives that received the newly-allocated funding will advance the important work of health service providers throughout our region. The South West LHIN Board of Directors will consider and approve the allocation of the 2008/09 funds early in the next fiscal year.

Priorities Fund Initiatives

- Development of a performance measurement framework for community support services agencies, enabling them to make changes to better meet the needs of their clients.
- Development of a standardized referral process and central registry and the establishment of assessment clinics for hip and knee joint replacement.
- Evaluation of a standardized assessment and triage tool to understand the variations in how stroke rehabilitation practices are applied in the South West LHIN.
- Enhancement of transportation van resources for community agencies. Better access to transportation improves access to medical and community services.
- Development of a curriculum and tool kit for chronic disease self-management
- Building e-Health capacity across the LHIN by connecting hospitals in the north part of the LHIN to hospitals in the south.
- An assessment of the information technology resources in the community and mental health and addictions sectors in support of a longer-term information technology investment strategy.
- Providing tools to help Long-Term care homes better manage their financial and operational performance.
- Education sessions to help physicians enhance their understanding and treatment of mental health.
- Coordination of best practice order sets to improve patient safety and quality of care.
- Support for a strategic planning initiative between the Southwestern Ontario Perinatal Partnership, the Regional Paediatric Network, and the South West and Erie St. Clair LHINs.
- Support for the creation and use of a South West Health Care Career Portal through www.thehealthline.ca to expand and improve the current job posting application and brand it as a South West Health Career Network.
- Health Services Blueprint: the development of a project charter to establish a framework to ensure every patient in the LHIN has access to the right service, at the right time, in the right place, delivered by the right provider

Board of Directors

Norm Gamble, Chair
June 1,2005 to May 31, 2008

Janet McEwen, Vice Chair
June 1, 2005 to May 31, 2008

Kerry Blagrave, Secretary
June 1, 2005 to May 31, 2008

Anne Lake
February 5, 2007 to February 4, 2010
(second term)

John Van Bastelaar
January 5, 2008 to January 4, 2011
(second term)

Barrie Evans
June 17, 2007 to June 16, 2010
(second term)

Ferne Woolcott
June 17, 2007 to June 16, 2010
(second term)

Dr. Murray Bryant
May 17, 2006 to May 16, 2008

Linda Stevenson
May 16, 2007 to May 15, 2009

Board member biographies are available on the South West LHIN website at www.southwestlhin.on.ca.

Financial Statements

South West Local Health Integration Network
Year Ending March 31, 2008

Deloitte.

Deloitte & Touche LLP
5140 Yonge Street
Suite 1700
Toronto ON M2N 6L7
Canada

Tel: 416-601-6150
Fax: 416-601-6151
www.deloitte.ca

Auditors' Report

To the Members of the Board of Directors of the
South West Local Health Integration Network

We have audited the statement of financial position of the South West Local Health Integration Network (the "LHIN") as at March 31, 2008 and the statements of financial activities, changes in net debt and cash flows for the year then ended. These financial statements are the responsibility of the LHIN's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, these financial statements present fairly, in all material respects, the financial position of the South West Local Health Integration Network as at March 31, 2008 and the results of its operations, its changes in its net debt and its cash flows for the year then ended, in accordance with Canadian generally accepted accounting principles.

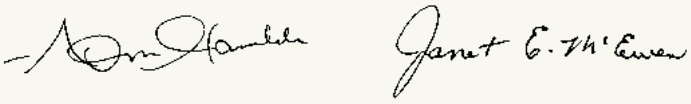
Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
May 2, 2008

Statement of Financial Position

	2008 $	2007 $
Financial assets		
Cash	**1,012,184**	655,441
Due from Ministry of Health and Long-Term Care ("MOHLTC")	**1,317,520**	–
Accounts receivable	**8,515**	–
	2,338,219	655,441
Liabilities		
Accounts payable and accrued liabilities	**808,284**	483,690
Due to MOHLTC (Note 3b)	**209,281**	107,989
Due to Health Service Providers ("HSPs")	**1,317,520**	–
Due to the LHIN Shared Services Office (Note 4)	**3,134**	63,762
Deferred capital contributions (Note 5)	**959,146**	652,097
	3,297,365	1,307,538
Commitments (Note 6)		
Net debt	**(959,146)**	(652,097)
Non-financial assets		
Capital assets (Note 7)	**959,146**	652,097
Accumulated surplus	–	–

Approved by the Board



DIRECTOR DIRECTOR

Statement of Financial Activities

	Budget (unaudited) (Note 8) $	2008 Actual $	2007 Actual $
Revenue			
MOHLTC funding			
HSP transfer payments (Note 9)	**1,828,724,600**	**1,839,656,949**	–
Operations of LHIN	**4,082,654**	**3,583,969**	3,288,751
E-Health (Note 10a)	**–**	**275,000**	132,000
Aging at Home (Note 10b)	**–**	**236,000**	–
Emergency Department ("ED") Lead (Note 10c)	**–**	**31,300**	–
Wait Time Funding (Note 10d)	**–**	**70,000**	–
Amortization of deferred capital contributions (Note 5)	**–**	**226,636**	207,804
	1,832,807,254	**1,844,079,854**	3,628,555
Expenses			
Transfer payments to HSPs (Note 9)	**1,828,724,600**	**1,839,656,949**	–
General and administrative (Note 11)	**4,082,654**	**3,797,561**	3,464,124
E-Health (Note 10a)	**–**	**275,000**	132,000
Aging at Home (Note 10b)	**–**	**153,506**	–
ED Lead (Note 10c)	**–**	**25,546**	–
Wait Time Funding (Note 10d)	**–**	**70,000**	–
	1,832,807,254	**1,843,978,562**	3,596,124
Annual surplus before funding repayable to MOHLTC	**–**	**101,292**	32,431
Funding repayable to the MOHLTC (Note 3a)	**–**	**(101,292)**	(32,431)
Annual surplus	**–**	**–**	–
Opening accumulated surplus	**–**	**–**	–
Closing accumulated surplus	**–**	**–**	–

Statement of Changes in Net Debt

	2008	2007
	$	$
Annual surplus	**–**	–
Acquisition of capital assets	**(533,685)**	(71,564)
Amortization of capital assets	**226,636**	207,804
Change in other non-financial assets	**–**	394
(Increase) decrease in net debt	**(307,049)**	136,634
Opening net debt	**(652,097)**	(788,731)
Closing net debt	**(959,146)**	(652,097)

Statement of Cash Flows

	2008	2007
	$	$
Operating		
Annual surplus	**-**	-
Less items not affecting cash		
Amortization of capital assets	**226,636**	207,804
Amortization of deferred capital contributions (Note 5)	**(226,636)**	(207,804)
Changes in non-cash operating items		
Increase in accounts receivable	**(8,515)**	-
Increase in due from MOHLTC	**(1,317,520)**	-
Decrease in due to LHIN Shared Services Office	**(60,628)**	-
Decrease in prepaid expenses	**-**	394
Increase in accounts payable and accrued liabilities	**324,594**	483,690
Increase in due to MOHLTC	**101,292**	78,715
Increase in due to HSPs	**1,317,520**	-
Increase in due to LHIN Shared Services Office	**-**	63,762
	356,743	626,561
Capital transactions		
Acquisition of capital assets	**(533,685)**	(71,564)
Financing		
Increase in deferred capital contributions (Note 5)	**533,685**	71,564
Net increase in cash	**356,743**	626,561
Cash, beginning of year	**655,441**	28,880
Cash, end of year	**1,012,184**	655,441

Notes to the Financial Statements

1. Description of Business

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

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

The LHIN 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.

Commencing April 1, 2007, all funding payments to LHIN managed health service providers in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized Health Service Providers ("HSP") are expensed in the LHIN's financial statements for the year ended March 31, 2008.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers approximately 22,000 square kilometers from Tobermory in the north to Long Point in the south. The LHIN enters into service accountability agreements with service providers.

2. Significant Accounting Policies

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

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

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of capital assets and losses in the value of assets.

Notes to the Financial Statements

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

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

The LHIN statements do not include any Ministry managed programs.

Government Transfer Payments
Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. Unspent amounts are recorded as payable to the MOHLTC at period end. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed.

Deferred Capital Contributions
Any amounts received that are used to fund expenditures that are recorded as capital assets, are recorded as deferred capital revenue and are recognized over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the statement of financial activities, is in accordance with the amortization policy applied to the related capital asset recorded.

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

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

Notes to the Financial Statements

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

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

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

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

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

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

	Revenue $	Expenses $	Surplus $
Transfer payments to HSPs	1,839,656,949	1,839,656,949	–
LHIN operations	3,810,605	3,797,561	13,044
E-Health	275,000	275,000	–
Aging at Home	236,000	153,506	82,494
ED Lead	31,300	25,546	5,754
Waiting Time Funding	70,000	70,000	–
	1,844,079,854	1,843,978,562	101,292

Notes to the Financial Statements

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

	2008 $	2007 $
Due to MOHLTC, beginning of year	**107,989**	75,558
Funding repayable to the MOHLTC related to current year activities (Note 3a)	**101,292**	32,431
Due to MOHLTC, end of year	**209,281**	107,989

4. Related party transactions

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs is responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs on an equal basis. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year end are recorded as a receivable (payable) to the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all the LHINs.

5. Deferred capital contributions

	2008 $	2007 $
Balance, beginning of year	**652,097**	788,337
Capital contributions received during the year	**533,685**	71,564
Amortization for the year	**(226,636)**	(207,804)
Balance, end of year	**959,146**	652,097

6. Commitments

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

	$
2009	**191,516**
2010	**193,658**
2011	**188,403**
2012	**187,819**
2013 and thereafter	**453,896**

The LHIN also has funding commitments to HSPs associated with accountability agreements.

Notes to the Financial Statements

7. Capital Assets

			2008	2007
	Cost $	Accumulated amortization $	Net book value $	Net book value $
Office equipment, furniture and fixtures	**133,239**	**10,947**	**122,292**	10,947
Computer equipment	**70,583**	**39,018**	**31,565**	34,371
Leasehold improvements	**978,622**	**578,998**	**399,624**	589,779
Web development	**21,998**	**7,333**	**14,665**	17,000
Construction in progress	**391,000**	-	**391,000**	-
	1,595,442	**636,296**	**959,146**	652,097

8. Budget Figures

The budgets were approved by the Government of Ontario. The budget figures reported on the statement of financial activities reflect the initial budget at April 1, 2007. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approves budget adjustments. The following reflects the adjustments for the LHIN during the year:

The total HSP funding budget of $1,839,656,949 is made up of the following:

	$
Initial budget	**1,828,724,600**
Adjustment due to announcements made during the year	**10,932,349**
Total budget	**1,839,656,949**

The total operating budget of $4,117,654 is made up of the following:

	$
Initial budget	**4,082,654**
Additional funding received during the year	**35,000**
Total budget	**4,117,654**

Notes to the Financial Statements

9. Transfer Payments to HSPs

The LHIN has authorization to allocate funding of $1,839,656,949 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in 2008 as follows:

	$
Operation of hospitals	**1,386,177,103**
Grants to compensate for municipal taxation - public hospitals	**451,350**
Long-Term care homes	**220,743,630**
Community care access centres	**139,286,415**
Community support services	**23,386,594**
Assisted living services in supportive housing	**11,270,977**
Community health centres	**7,054,762**
Community mental health addictions program	**51,286,118**
	1,839,656,949

The LHIN did not authorize any funding to HSPs in 2007.

10. Separate funding amounts were received by the LHIN from the MOHLTC for specific initiatives.

a) E-Health

The E-Health office of the MOHLTC provided $275,000 (2007 - $132,000) to the LHIN. The LHIN had a contract and retained services of the London Health Sciences Centre ("LHSC") during 2008. LHSC provided services and deliverables as described in the contract. In return, the LHIN agreed to reimburse LHSC for expenses incurred during the performance of this work. The total amount of the expenses reimbursed during the duration of this contract was $275,000 (2007 - $132,000).

b) Aging at Home

The MOHLTC provided the LHIN with $236,000 (2007 - $Nil) to develop plans for the three-year Aging at Home initiative. The LHIN incurred operating expenses totaling $153,506 and has setup a repayable to the MOHLTC for the remaining balance. The Aging at Home expenses incurred during the year are as follows:

	2008 **$**	2007 $
Salaries and benefits	**7,762**	-
Public relations	**2,442**	-
Consulting services	**115,245**	-
Mail, courier and telecommunications	**2,348**	-
Other	**25,709**	-
	153,506	-

Notes to the Financial Statements

c) ED Lead
The MOHLTC provided the LHIN with $31,300 (2007 - $Nil) to hire a LHIN representative surrounding emergency department planning. Dr. Lisa Shepherd was selected and remunerated a total of $25,546 through a monthly per diem and expense allowance as described by the MOHLTC. The LHIN has setup a repayable to the MOHLTC for the remaining balance.

d) Wait Time Funding
The MOHLTC provided the LHIN with $70,000 (2007 - $Nil) relating to wait time management funding. The LHIN provided funds of $70,000 to the Huron Perth Healthcare Alliance during 2008.

11. General and Administrative Expenses

The statement of financial activities presents the expenses by function, the following classifies these same expenses by object:

	2008 **$**	2007 $
Salaries and benefits	**2,157,430**	1,237,843
Occupancy	**264,095**	175,674
Amortization	**226,636**	207,804
Shared services	**299,273**	291,393
Public relations	**83,750**	318,118
Consulting services	**324,640**	825,083
Supplies	**54,244**	50,233
Board member expenses	**190,229**	172,861
Mail, courier and telecommunications	**60,451**	49,897
Other	**136,813**	135,218
	3,797,561	3,464,124

12. Pension Agreements

The LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 22 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 2008 was $170,673 (2007 - $73,871) for current service costs and is included as an expense in the statement of financial activities.

13. Guarantees

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

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

Notes to the Financial Statements

14. Segment Disclosures

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

15. Comparative Figures

Certain prior year comparative amounts have been reclassified to confirm with the presentation adopted for the current year.

South West **LHIN**

The South West is an area of rich geographic diversity, stretching from Lake Erie to the Bruce Peninsula, and encompassing rural communities, villages and towns, and large urban areas. Home to almost one million people, it is also diverse in its health needs and challenges.

South West Local Health Integration Network

201 Queens Avenue, Suite 700
London, Ontario N6A 1J1
Tel: 519 672-0445, 1 866 294-5446
Fax: 519 672-6562
E-mail: southwest@lhins.on.ca
www.southwestlhin.ca

Réseau Local D'Intégration des Services de Santé du Sud-Ouest

201 avenue Queens, bureau 700
London (Ontario) N6A 1J1
519 672-0445, 1 866 294-5446
Télécopieur: 519 672-6562
E-mail: southwest@lhins.on.ca
www.southwestlhin.ca

Ontario

ISSN 1911-2858 June/08