

Waterloo Wellington LHIN

Quarterly Report (Q1)

April 1 to June 30, 2008

Submitted June 30, 2008

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1.0 Introduction

The following is the first quarter report (Q1) submitted by the Waterloo Wellington LHIN (WWLHIN) to the Ministry of Health and Long-Term Care (MOHLTC) and provides an update on ongoing activities. The report specifically covers an update on the local health system which includes details about major initiatives, community engagement, planning activities and a summary of performance. The key initiatives and strategies for WWLHIN, such as health human resources, emergency services, critical care, Aging at Home, and e-Health, are highlighted, are highlighted in the section titled, *Important Developments and Initiatives within Sectors*.

This report also includes tables as spreadsheet attachments for the following:

- quarterly forecast,
- quarterly balance sheet,
- reallocations, and
- risk summary.

The report concludes with a spreadsheet summary for the first quarter for WWLHIN operations.

2.0 WWLHIN Local Health System Update

The WWLHIN continues to strategically invest in healthcare transformation to improve access to care, improve the health of the population, enhance system effectiveness and build a sustainable health system.

2.1 Major Initiatives Underway

WWLHIN Transitional Care Program

The WWLHIN Transitional Care Program is in full implementation with three sites supporting 24 alternative level of care (ALC) patients. This unique supportive care environment was developed with long-term care homes with attached retirement homes, to provide care to patients on the wait list for long term care homes and rehab and complex continuing care. All risk and patient safety measures have been implemented which focus on minimizing medication errors, adverse events such as falls and infection control measures (c.difficile, VRE, MRSA). Feedback from families, CCAC and Hospitals has been very positive regarding flow and transitions out of hospital to more appropriate environments. The WWLHIN seeks sustainable funding solutions to address the growing ALC pressures in WWLHIN acute care hospitals.

Addressing ALC and Wait to Long Term Care

The WWLHIN expanded capacity in the long-term care system, through Emergency Department Action Plan Funding by funding 8 additional “overbeds” in vacant licensed long term care beds. The WWLHIN engaged providers and the Waterloo Wellington CCAC in identifying key locations and use of the beds for those deemed ALC and a higher priority for waiting for long term care. The WWLHIN seeks assistance from the Ministry of Health and Long Term Care for ongoing, sustainable funding solutions to continue to utilize this capacity of infirmary beds in the system.

Mental Health & Addictions: Addressing capacity for Wellington residents.

A unique partnership between Homewood Health Centre and Wellington Healthcare Alliance, facilitated by WWLHIN through HAPs negotiations will address access to schedule 1 mental health facilities for all residents in Wellington. The WWLHIN supported an investment between the hospitals and the WWLHIN to designate two additional beds to Groves Memorial Community Hospital and North Wellington Health Care due to ongoing access issues which has affected staff and patient safety in the sites of Fergus, Mount Forest and Palmerston. Project implementation is underway and early feedback notes a positive effect on access to schedule 1 mental health capacity.

The WWLHIN seeks approval of legislative and capital resources for the planned Emergency Mental Health Unit at Guelph General, Homewood and Trellis Mental Health Services. Significant delays continue to stall implementation of this innovative project to address mental health capacity in the WWLHIN.

The WWLHIN sponsored a presentation along with Canadian Association of Mental Health (CAMH) in at a Community event featuring a presentation entitled, "Adolescent risk behaviours: Why teens experiment and strategies to keep them safe," given by Dr. David A. Wolfe, a prominent Canadian child psychologist. Co-sponsored with the Waterloo Wellington Local Health Integration Network, this event was held on June 11 in Waterloo. Local service providers promoted attendance for this event to a capacity of 260.

Hospice and Palliative Care Services***Hospice Waterloo Region Day Services***

Through the approval of operating plans, the WWLHIN funded a unique day service at Hospice Waterloo Region to serve caregivers and patients who require counselling and support for patients at the end of life. Social workers and volunteers will support patients and caregivers in a unique, cost effective service delivery model.

Hospice Wellington: Capital Approval of 10 Residential Beds

The WWLHIN was pleased to learn of a investment of 1.2 Million dollars in Hospice Wellington's Capital Campaign to serve 10 hospice/palliative care patients in the Guelph and Wellington area. The WWLHIN is monitoring the start up, renovations and care service delivery model approved for Hospice Wellington. Opening of the renovated space is anticipated within the 2008/09 fiscal year.

Service Optimization Reviews

The WWLHIN has embarked upon 3 ambitious service optimization reviews in the areas of Complex Continuing Care (CCC), pharmacy, and acute care services.

A Steering Committee has been struck for the CCC review and a work-plan and planning assumptions have been developed. The purpose of this review is to determine the optimum sizing and location of CCC services, both currently, and in the future, within the WWLHIN. A Sizing Working Group has been struck and will work over the summer to prepare recommendations for review by the Steering Committee in September.

The purpose of the pharmacy review is to identify regionalization opportunities among the WWLHIN hospital pharmacies which will lead to increased efficiency, better use of human resources and improved patient safety.

The acute care services optimization project will review current utilization practices and capacity to identify opportunities for enhanced planning and integration. The pharmacy review and acute care services optimization project are in the planning phase involving the WWLHIN along with the hospitals is exploring the scope, structure and responsibilities of each project.

2.2 Community Engagement Activities

A joint workshop with the OMA was held on April 9th and local physicians were invited to attend to learn more about the WWLHIN's mandate and priorities. This workshop was also an opportunity to identify expectations and opportunities for information sharing and collaborative planning and involvement of physicians. This workshop was an important step toward gaining further understanding of physician perspectives.

The WWLHIN participated in the Ministry of Health's Health Innovation Expo held on April 21st in Toronto. This event, jointly sponsored by MOHLTC and the 14 LHINS, showcased community-based, grassroots types of organizations. Themes for this event included:

- Meeting Community Needs Through Integrated Care;
- Improving Quality and Patient Safety;
- Improving Efficiency Through Process Redesign;
- Innovations in Health Information Management;
- Innovations in Health Human Resources; and
- Innovations in Health Promotion.

Two of our HSPs received recognition for excellence in Innovations in Health Promotion. The first was St. Mary's General Hospital's program, "*A Fresh Approach to Health Promotion*," and the second was Langs Farm Community Health Centre's program called "*Retired, Ready and Roving*."

The Aging at Home Innovation Expo was held on April 22nd in Toronto, immediately following the Health Innovation Expo. Three WWLHIN Aging at Home projects were showcased at this provincial event: (1) Inter-Church Health Ministry's Parish Nursing, (2) Remote Telehome Monitoring for Rural Residents, and (3) Connections for Healthy Aging. These three programs were highlighted as innovative examples of programs delivery and services provision to socially and geographically isolated, frail seniors citizens. The Connections for Healthy Aging program, which will be delivered through the Wellington Guelph Senior's Association at the Guelph Evergreen Senior's Centre, will use a peer model to assist seniors to navigate the health care system. Approximately 200 people participated in the WWLHIN presentations.

The WWLHIN's semi-annual "**Champions of Change**" event was held on April 25th in Kitchener, with a continued focus on the Aging at Home theme. Approximately 225 people attended this half-day morning event to listen to Dr. Mark Nowacynski (Dr. Mark), who educated and inspired the audience with his presentation: *House Calls with my Camera*. Dr. Mark's presentation poignantly illustrated the experiences and challenges faced by frail, home-bound seniors in accessing the support and services they need to live independently in their homes. Dr. Nowacynski explained the policy and professional restrictions which limit physicians' ability to provide community-based care. Participants then listened to Vaughn Bender, Josie d'Avernas and Michael Sharrat speak about "*Age Friendly Planning Principles*." Finally, WWLHIN's Senior Director of Planning, Integration and Community Engagement, Stewart Sutley, provided an overview of the WWLHIN's Aging at Home Strategy within the system context.

On May 14th, the WWLHIN was delighted to have Gail Paech, Assistant Deputy Minister and Lead of the e-Health Program, MOHLTC visit our area, to receive input on the province's e-health strategy from local experts. Ms. Paech visited a number of different service providers including; Luther Village to learn more about the web-based Medmanager chronic disease management program and technology; the New Vision Family Health Team; St. Mary's General Hospital; Cambridge Memorial Hospital; and Guelph General Hospital. WWLHIN e-health lead, Dr. Glenn Holder, facilitated an e-Health roundtable discussion held at the University of Waterloo. Approximately 45 people participated in the event.

In April, our CEO met with local MPPs, John Wilkinson and John Milloy to provide an opportunity for dialogue about the WWLHIN's e-Health Strategy and the Canada Health Infoway proposal.

Communities of Interest and Health Councils

Two meetings were held with chairs of WWLHIN's 20 Communities and Interest and Health Councils during the first quarter of 2008/09. Discussions during these meetings resulted in better clarity of the role of community engagement in supporting the strategic directions of the WWLHIN. Further implementation of this clarity will be determined during the second quarter of this year.

2.3 Planning Activities

During the first 3 months of the 2008/09 fiscal year, the planning team received 8 data requests primarily from internal WWLHIN staff and Board, as well as one from a health service provider, and one from the community. Five of these requests related to the review and summarization of various LHIN-specific reports released by CIHI, ICES, and Statistics Canada.

The planning staff have been working with relevant counterparts at the MOHLTC to identify the nature of the finalized 2008/09 Annual Service Plan (ASP) that will be submitted to the MOHLTC on June 30, 2008. Planning staff have been actively involved in developing the work-plan for this final version of ASP, updating data for the environmental scan portion of the document, and writing the environmental scan for inclusion in the report. The Senior Planner has also developed a Service and Financial Summary, highlighting the financial investments by sector that the WWLHIN has approved for 2008/09, along with the associated volume of services that this investment will purchase.

Planning staff have also been heavily involved in the Annual Service Plan (ASP) Working Group meetings with other LHINs and the MOHLTC to develop and finalize guidelines for submission of the 2009/10 ASP documents. The Senior Planner attended the Ministry workshop in June that will provide guidance and training related to the 2009/10 ASP.

Discussions have been initiated with the CCAC and the CHCs in the WWLHIN to determine the data that they collect, and how it may be of potential use to the LHIN in its planning.

2.4 Health System Performance Summary

WWLHIN Performance Dashboard
Fourth Quarter 2007/08

Performance Indicator	Provincial Benchmark	LHIN Baseline	LHIN Performance Target - 2008/09	Performance Corridor - Higher Value*	Performance Corridor - Lower Value*	Current Performance	Comments	WWLHIN Risk Assessment
90th% Wait Time For Cancer Surgery ²	84	62	50	65	53	60	Improving	Doing Well
90th% Wait Time For Cardiac By-Pass Procedures ¹	182	40	40	44	36	34	Doing Well	Doing Well
90th% Wait Time For Cataract Surgery ¹	182	222	95	105	86	76	Doing Well	Doing Well
90th% Wait Time For Hip Replacement ¹	182	298	182	200	164	168	Improving	Doing Well
90th% Wait Time For Knee Replacement ¹	182	377	182	180	147	173	Improving	Doing Well
90th% Wait Time For MRI Scan ¹	28	184	60	106	64	85	Improving	Attention
90th% Wait Time For CT Scan ¹	28	65	28	62	37	36	Doing Well	Monitor
Readmission Rates For Acute Myocardial Infarction ⁴	N/A	3.3	3.1	3.9	2.3	3.08	Improving	Doing Well
% of ALC Days - By LHIN Of Institution ⁴	N/A	N/A	11.2	16.8	10.1	15.19	Monitor	Attention
Rate of Emergency Department Visits That Could Be Managed Elsewhere ³	N/A	18.35	15	22	13	17.61	Improving	Doing Well
Hospitalization Rate For Ambulatory Care Sensitive Conditions ³	N/A	347.93	276	314	257	280.24	Improving	Doing Well
Median Wait Time To Long Term Care Home Placements ALL ²	N/A	78	70	98	59	114	Attention	Attention
Median Wait Time To Long Term Care Home Placements - COMMUNITY ²	N/A	187	148	185	111	241	Attention	Attention
Median Wait Time To Long Term Care Home Placements - ACUTE ²	N/A	25	43	66	40	49	Monitor	Attention

***LHIN performance targets for 08/09 and performance corridors are preliminary and subject to change**

¹ = Current Performance value is from Feb-Mar-Apr 2008 Data

² = Current Performance value is from Q4 2007/08 Data

Doing Well	Below Corridor & Baseline
Improving	In Corridor & below Baseline

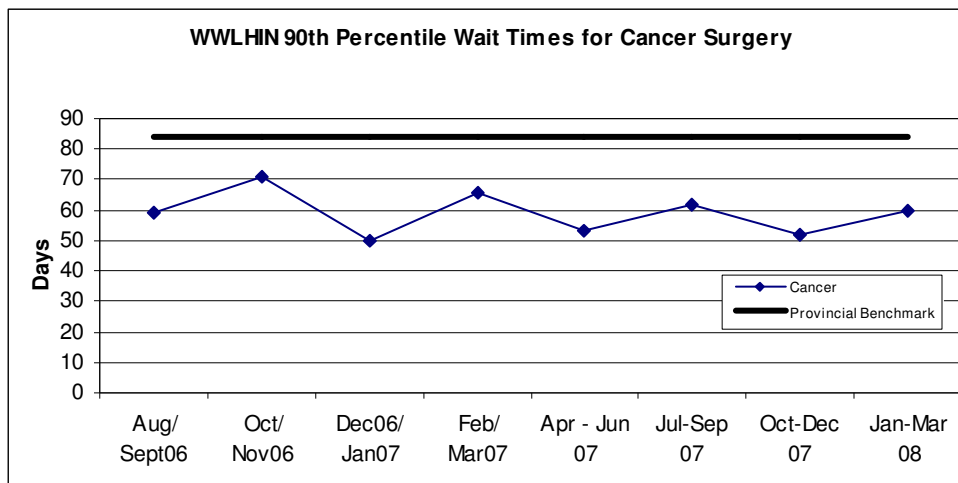
³ = Based on most recent 4 quarters data (Q3 06/07 - Q3 07/08)

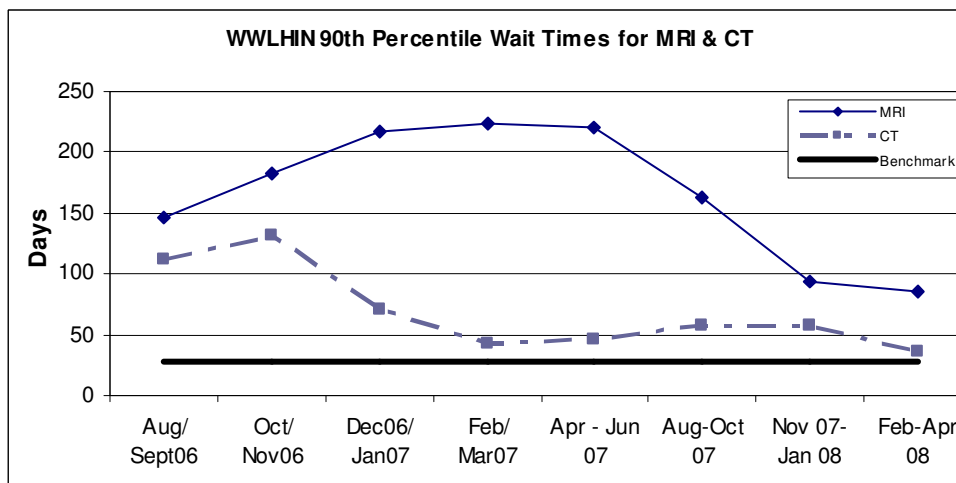
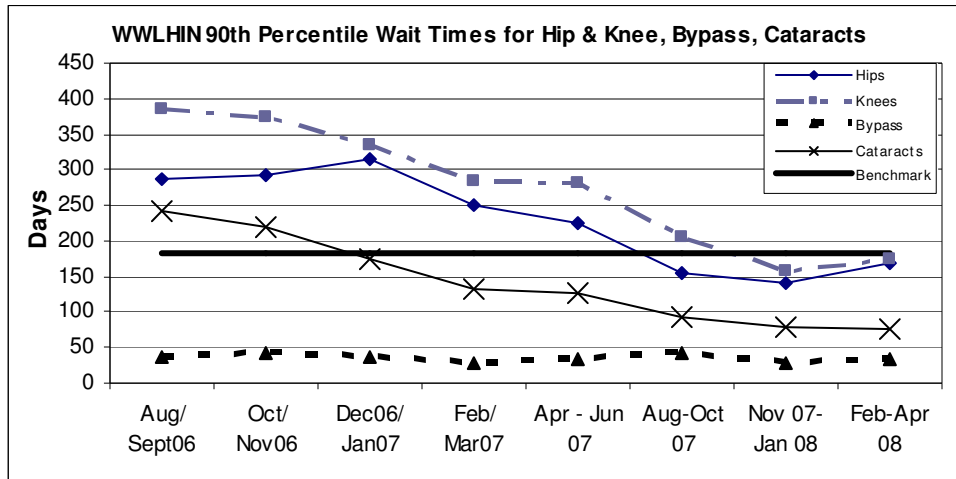
⁴ = Current Performance value is from Q3 2007/08 Data

Monitor	In Corridor & above Baseline
Attention	Attention - Above Corridor & Baseline - Reporting Required

Improving Access

Performance Indicator	Provincial Benchmark	LHIN Baseline	LHIN Performance Target - 2008/09	Performance Corridor - Higher Value*	Performance Corridor - Lower Value*	Current Performance	Comments	WWLHIN Risk Assessment
90th% Wait Time For Cancer Surgery ²	84	62	50	65	53	60	Improving	Doing Well
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90th% Wait Time For MRI Scan ¹	28	184	60	106	64	85	Improving	Attention
90th% Wait Time For CT Scan ¹	28	65	28	62	37	36	Doing Well	Monitor





Overall, performance with respect to access to priority services in WWLHIN continues to track well. We have exceeded the provincial target for all priority services except for CT and MRI wait times, and current performance for both these services, while not yet at benchmark, is the best we have achieved since the initiation of the Wait Times Strategy.

Excellent results have been maintained for the cataract wait times, but concerns remain with respect to the sustainability of the current delivery model in the face of anticipated health human resources shortages. Furthermore, in engaging our community of health professionals delivering ophthalmic care in WWLHIN, we have made the determination that the solution to best serve our community must be broader in scope than cataracts alone. To this end, we are currently issuing a Request for Information for Eye Care in WWLHIN.

Similar concerns with respect to sustainable delivery models are being addressed for orthopaedic surgeries. As with cataracts, the vulnerability of the current model to surgeon shortages and its limited capacity to optimize system resources are considered risks. In order to address this we are investing in a pilot project centralizing intake and assessment for one of our hospitals. The evaluation of this pilot will speak to its feasibility as a LHIN-wide initiative. Current performance for hip and knee surgeries remains shorter than the provincial benchmark, although a slight increase was observed this quarter.

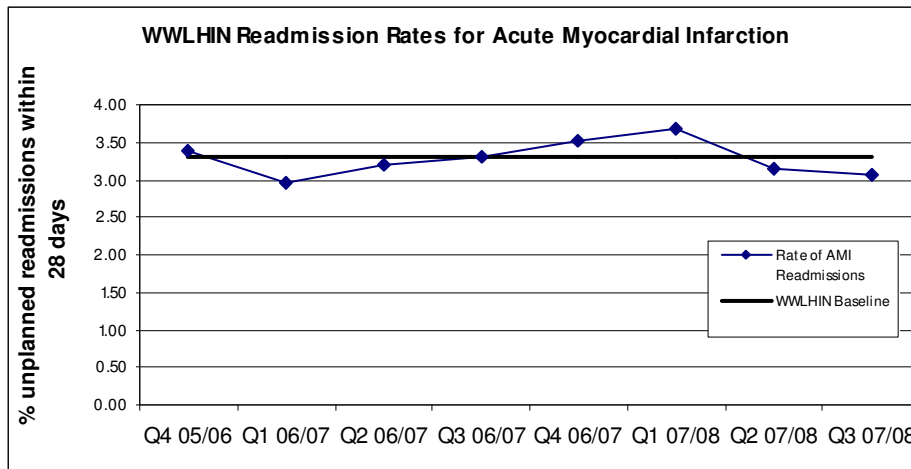
Access to CT and MRI scans remain key challenges in WWLHIN. We have significantly increased our investment in CT scans in WWLHIN for 2008/09 with the object of addressing the backlog of people waiting for this service. However, while the current performance results are encouraging, in order to achieve and maintain the provincial target for these services, our improvement plan is multifaceted and its implementation continues.

Performance Improvement Plan for Improving Access to Diagnostic Imaging (CT and MRI) in WWLHIN

- Work with the MOHLTC, hospitals and other community partners to resource machine upgrades to improve efficiency and overall capacity to deliver these priority services in WWLHIN.
- Explore further partnerships with KMH Cardiology and Diagnostic Centres, including sharing of information management tools and best practices. Continue to work with the MOHLTC and KMH to increase licensed hours to this facility.
- Continue development of a centralized booking and common protocol across CT and MRI sites. Continue to work with hospitals and the MOHLTC to explore options for resourcing process review.
- Monitor delivery on increased CT and MRI volumes.

Improving Quality

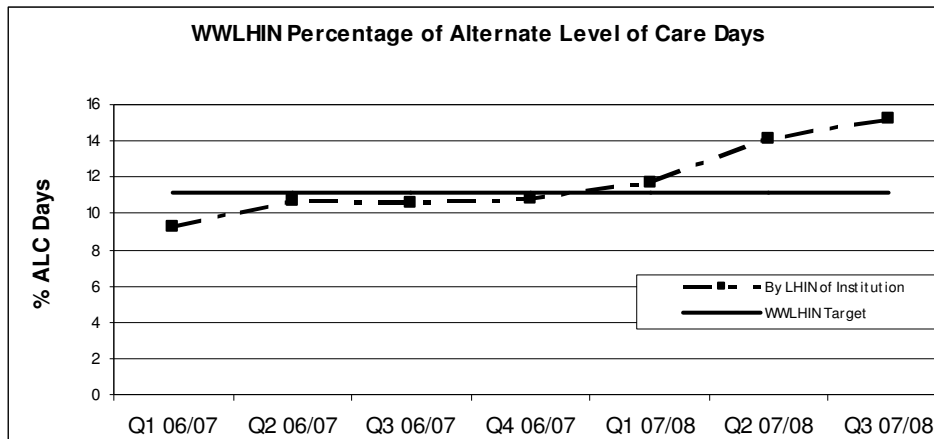
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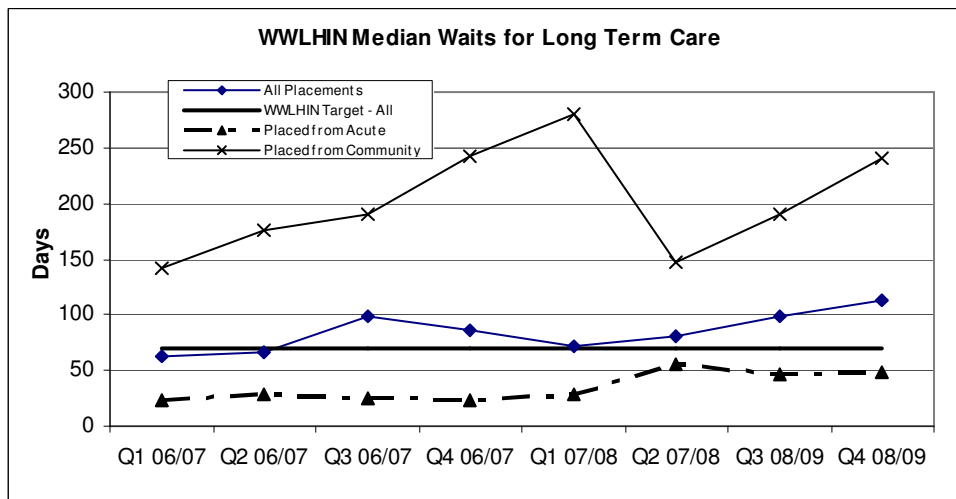
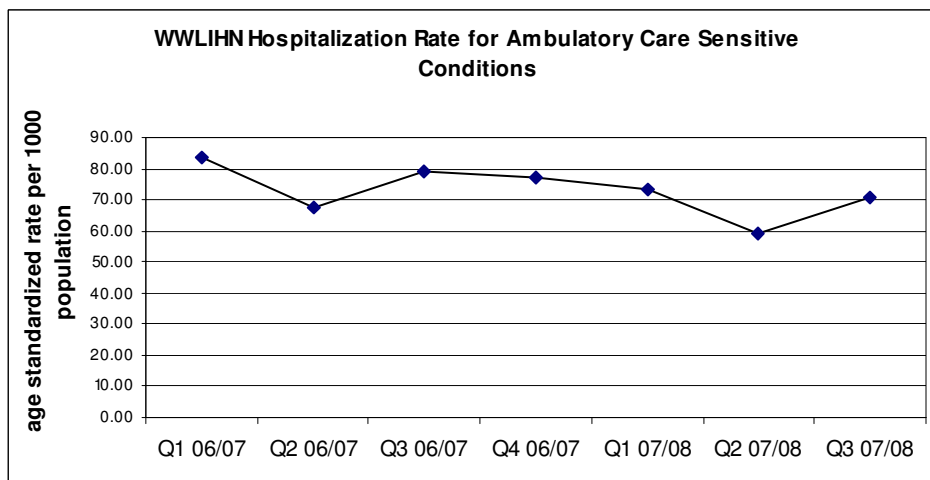
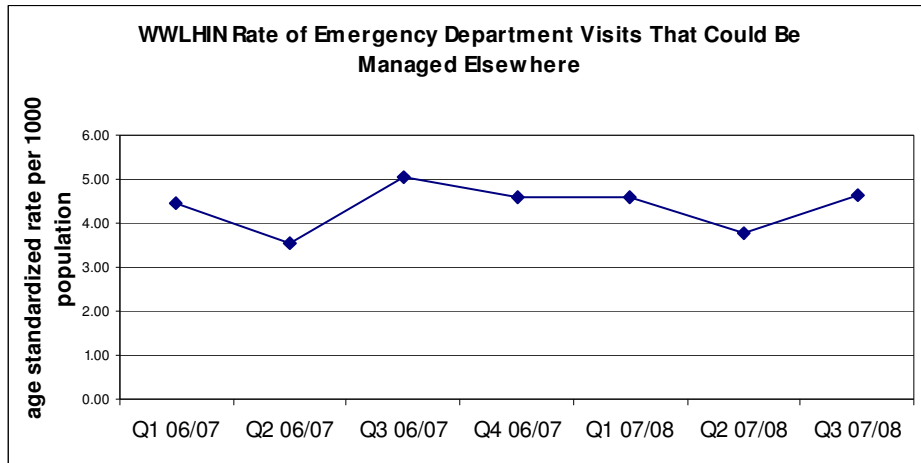


Performance with respect to AMI readmissions continues to track well.

Improving Integration

Performance Indicator	Provincial Benchmark	LHIN Baseline	LHIN Performance Target - 2008/09	Performance Corridor - Higher Value*	Performance Corridor - Lower Value*	Current Performance	Comments	WWLHIN Risk Assessment
% of ALC Days - By LHIN Of Institution ⁴	N/A	N/A	11.2	16.8	10.1	15.19	Monitor	Attention
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Improving integration of services to relieve ALC pressures and shorten the wait for clients going into long-term care is a key priority for the WWLHIN. While these measures are not directly correlated, some of the solutions we are putting forward can be expected to impact the system in such a way as to be reflected in both measures.

Performance Improvement Plan for Relieving ALC Pressures and Reducing Waits for Long Term Care in WWLHIN

Expansion of Transition Program in 2008/09. WWLHIN's Transition Program includes funding 8 overbeds plus at least 21 transition beds in 2008/09 for an estimated 13000 bed days. Access to these beds, located throughout WWLHIN, is coordinated through the Waterloo Wellington CCAC. The beds are available to patients deemed ALC who are anticipated to be placed in their destination within 60 days and who are currently in an acute care bed in a WWLHIN hospital. We have already witnessed the benefits of this program as some of our Transition Program patients have improved while at the Transition Program location, allowing them to move back home.

Integrated Discharge planning and case management review. Existing partnerships between hospitals and the CCAC are being leveraged to ensure appropriate flow of clients through the acute setting and appropriate care for clients upon discharge. Emergency Department flow, availability of care in the community, assessment and placement into long term care are within the scope of this review

- Complex Continuing Care Review. A CCC Review is underway ensure appropriate utilization of CCC beds and review sizing and location of these beds within WWLHIN.
- Implementation of Supportive Housing initiative. This gap in services is one of the areas being addressed through the Aging At Home strategy. Access to supportive housing would fill in part of the missing spectrum of care which is adding pressure to ALC and increasing Long Term Care waits.
- Aging at Home initiatives set to launch in the second quarter round out the basket of services available in WWLHIN to help seniors age safely in place and provide optimal appropriate care outside of the acute setting.

2.5 Important Developments and Initiatives within Sectors

Health Human Resources

The Health Human Resources Council met twice in the first quarter of 2008/09 with delegates from the Nursing Profession, the Long Term Care Homes and the Community Support Sector Agencies. Presentations focused on challenges and opportunities in for recruitment and retention of nurses from all sectors in Waterloo Wellington. Specific local solutions that explore the use of professional development of point of care nurse leadership skills, flexible scheduling options, and increased visibility of nursing leaders (i.e., the managerial span of control). A website was developed to connect nurses from acute care hospitals in the WWLHIN to project tools to enhance retention. The long-term care and community sectors also expressed concerns about the supply of nursing available to cover the needs of homes and clients living in the community. The WWLHIN continues to seek support from the Ministry regarding a Health Human Resources Recruitment and Retention Specialist sponsored by Health Force Ontario.

Emergency Services

The WWLHIN Emergency Department Wait Times committee has established terms of reference and a workplan for 2008/09. Their mandate is to identify service delivery models, processes and solutions that will increase capacity, quality and efficiency and address Emergency Department wait times and access to care in WWLHIN, as well as to identify specific initiatives that will address ED wait times to meet the requirements of the ED pay-for-results program for 2008/09. Membership consists of the Waterloo Wellington Emergency Services Network Chair and representation from all WWLHIN hospitals and the Waterloo Wellington CCAC. It is chaired by the WWLHIN ED lead, Dr. Aaron Smith.

Critical Care

The WWLHIN Critical Care Network received the first data released from the Critical Care Information System (CCIS) and will be analyzing the data that becomes available at each meeting to identify system issues that can be addressed. The Network is focused on supporting each hospital to be able to implement the clinical model for ICU and critical care that is sustainable and makes sense for the different hospitals in the WWLHIN, while at the same time supporting the provincial strategy. Key issues for critical care in the WWLHIN are bed capacity and access to level 3 ICU across the LHIN and nursing health human resources.

Aging at Home

Since the approval of 20 Aging at Home projects by the WWLHIN Board of Directors at the February 2008 Board Meeting, further information has been gathered from the government, Ministry and the successful applicants. The internal team supporting Aging at Home Projects held 15 meetings, with over 45 participants to expand on the financial, performance and operational details for each of the programs. The WWLHIN expects to fully fund and implement all projects starting in the second quarter of 2008/09.

e-Health

The ONE Mail & ONE Network Deployment & Adoption project first started in March 2008. At that time, no community agencies other than the CCAC were on ONE Mail. ONE Mail Sessions were hosted by SSHA/LHIN to promote ONE Network & ONE Mail deployment & adoption, to encourage sign-up and support the agencies with an introduction to resource with regards to business process redevelopment.

From April 28th to date, 82.31% of the Waterloo Wellington Community have either attended a session or have had a one-on-one meeting with SSHA/LHIN. Out of the 82.21%, 71.03% have submitted their ONE Mail registration forms. The requests for WWLHIN ONE mail email boxes totals over 1700. In total, 47 community agencies have ONE Network connections and another 3 to date have been ordered.

Once registration has been received the organizations are contacted again to find out whom they wish to share PHI with via ONE Mail, as this ensures that the party on the other end has been approached regarding ONE Mail and sign up encouraged to ensure successful sharing of PHI via ONE Mail. Working groups are being established to bring parties to the table to discuss and redevelop business processes

3.0 WWLHIN Quarterly Forecast by Sector

See excel *Spreadsheet 1 - Attachment 2a* – WWLHIN (Q1) - 2008/09 – WWLHIN Quarterly Forecast by Sector Summary.

4.0 WWLHIN Quarterly Balance Sheet Forecast

See excel *Spreadsheet 2 - WWLHIN (Q1) - 2008/09 – WWLHIN Quarterly Balance Sheet Forecast*.

5.0 WWLHIN Forecast Reallocation Table

*See excel **Spreadsheet 3 - Attachment 3a - WWLHIN (Q1) - 2008/09 –Forecast Reallocation Table.***

6.0 WWLHIN Initiative Tracking Table

*See excel **Spreadsheet 4 - Attachment 4a** - WWLHIN (Q1) - 2008/09 –Initiative Tracking Table.*

7.0 WWLHIN Risk Summary

*See excel **Spreadsheet 5 - WWLHIN (Q1) - 2008/09 –Risk Summary.***

In the preparation of the Q1 report on risk, the WWLHIN took a multifaceted approach to gathering and reporting risk. This approach was based on the draft risk management approach framework prepared by the WWLHIN which was based on the Ontario Risk Management standards.

This narrative describes the process used to gather and report risks. For a detailed list of the risks reported by the WWLHIN for Q1, please see the attached Risk Summary.

The WWLHIN has categorized risks into several general types, which influence how the risk is identified and reported.

Strategic Risks are threats and opportunities perceived by the WWLHIN staff and management that directly impact on the achievement of objectives stated in the IHSP. Strategic risks also represent threats and opportunities to MLAA obligations and provincial priority programs.

Strategic risks are captured by the WWLHIN in a multi stage process. The WWLHIN engages its staff in a communication role with its Health Service Providers (“HSPs”) in order to determine any strategic risks being faced by individual agencies. The WWLHIN is also undergoing a review of internal operations and determining strategic risks that are related to business process. Senior management of the WWLHIN also considers strategic risks when undertaking its allocation decisions, which are documented in the risk register.

Financial Risks are threats and opportunities for the WWLHIN and are based on the achievement of balanced budgets by the HSPs of the WWLHIN. They can be either in deficit or surplus positions representing a threat or an opportunity.

Operational Risks are threats and opportunities for the HSPs of the WWLHIN and are direct impacts on their operations. They can be expressed to the WWLHIN through a variety of channels.

Performance Risks are a measurement of the performance of the HSPs of the WWLHIN as relates to their obligations under wait times

8.0 Report on WWLHIN Operations

*See excel **Spreadsheet 6 - WWLHIN (Q1) - 2008/09 –Report on WWLHIN Operations.***

The Waterloo Wellington LHIN is finalizing the 2008/09 budget with due consideration to the increase in MOHLTC LHIN Operation funding from \$3,488,312 in 2007/08 to \$4,269,038 in 2008/09. The planned operational expenditures in the attached report forecast a balanced position for 2008/09, pending approval from the Board of Directors. No significant variance occurred during the first quarter.

