South East **LHIN**

Better Integrated Health Services for Local Communities

2014 / 15 Annual Report

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71 Adam Street | Belleville | ON | K8N 5K3
(613) 967-0196 | (866) 831-LHIN (5446) | (613) 967-1341 facsimile
www.SouthEastLHIN.on.ca | SouthEast@LHINS.on.ca
Media Inquiries: Caitlin den Boer x 2240 | Cailtin.denBoer@LHINS.on.ca

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Letter from the Board Chair and CEO

On behalf of the South East LHIN Board of Directors and staff, it is our pleasure to present the Annual Report for 2014/15.

This Annual report highlights the LHIN's activities, accomplishments and financial information for 2014/2015 and reflects the LHIN's achievements towards its third integrated Service Plan: Better integration, Better Health Care in the southeast region.

We have made significant progress this year and achieved tangible results in improving the way care is delivered across the continuum, and enhancing the patient experience through high-quality integrated health care services. Results were exemplary in many areas.

The Addictions and Mental Health (AMH) Redesign has reached important milestones this past year, leading to the corporate amalgamation of the seven AMH agencies into three new entities – a significant step towards delivering on the Ideal Individual Experience and achieving a system of care for our clients and their families.

Health Links also demonstrated concrete results on how a coordinated care approach is leading to better health outcomes and improved experiences for patients and their families. It is gratifying to see that two years of efforts to establish seven strong Health Links have made a difference for patients with complex needs by enabling them to live with greater independence close to home.

The LHIN also spearheaded a number of efforts to transform the health system and launched Health Care Tomorrow – Hospital Services project. Together, leaders from the seven hospitals in the LHIN, Queen's University, and the South East Community Care Access Centre are working to improve access to high quality care through the development of a 'Sustainable System of Integrated Care'.

This work is fundamental in the ongoing effort to address current and forthcoming financials and demographic challenges, and to plan hospital services across the region so they best meets the needs of patients now and into the future.

The voice of our patients has strongly informed this project. In 2014, the South East LHIN established a Regional Patient Advisory Council to support the work of the Hospital Services project and ensure that the patient voice continues to remain at the centre of our planning efforts.

We cannot ignore that these achievements have required outstanding collaboration and participation of passionate health care providers who are determined to improve access to high quality care for residents of the South East LHIN.

Donna Segal, Board Chair

Paul Huras, CEO.

Board of Directors

The South East Local Health Integration Network (LHIN) Board of Directors has ultimate accountability to the Minister of Health and Long-Term Care. All major decisions taken by the LHIN are directed by our Board. Our Chief Executive Officer (CEO) operationalizes strategic directions established by the Board and provides updates on our progress towards achieving our IHSP priorities through monthly reports on operational activities and key performance indicator result.

Donna Segal (Chair)
Appointed: 21 December 2012
Term Expires: 20 December 2015

Andreas von Cramon (Vice-Chair)
First Appointed: 28 April 2010
Term Expires: 27 April 2016

Dave Samson
First Appointed: 4 May 2011
Term Expires: 7 May 2016

Lois Burrows
First Appointed: 21 November 2012
Term Expires: 20 November 2015

Janet Cosier
First Appointed: 1 February 2013
Term Expires: 31 January 2016

Maribeth Madgett
First Appointed: 10 December, 2014
Term Expires: 9 December, 2017

Chris Salt
First Appointed: 5 January, 2015
Term Expires: 4 January 2018

Brian Smith
First Appointed: May 6, 2015
Term Expires: May 5 2018

Vacant position x 1

The South East LHIN Strategic directions

The South East LHIN Board of Directors has set in place four corporate strategic directions to guide decisions.

1. To build a true system of integrated health care that optimizes the use of resources
2. To build understanding of the role of the South East LHIN in the development and management of a regional system of integrated patient-centered care in collaboration with Health System Providers
3. To build a functional integrated health information system that supports better health care services and healthier citizens
4. To demonstrate leadership as a knowledge–based organization that is credible, professional, proactive and responsive

The South East LHIN Community Overview

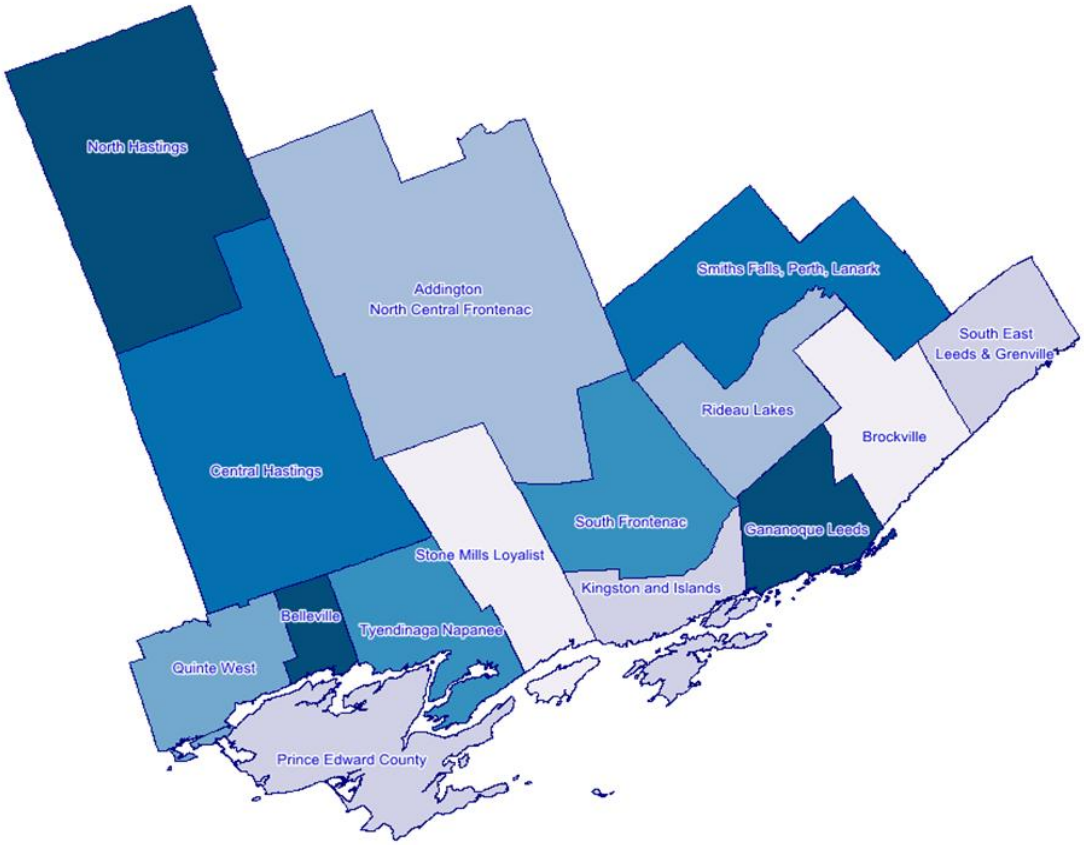
The LHIN region extends along the 401 corridor from Brighton and Quinte West in the west through Belleville and Kingston to Brockville and Prescott in the east. The region includes the towns of Bancroft, Perth and Smiths Falls across its' northern extents. Geographically, the South East LHIN is the largest of the southern Ontario LHINs, encompassing the areas of Hastings, Prince Edward, Lennox and Addington, and Frontenac Counties, the bulk of Leeds and Grenville United Counties and portions of Lanark and Northumberland Counties. For planning purposes, the South East LHIN is divided into 15 sub-LHIN regions, which are identified in the map below.

The South East LHIN Population

Home to about 495,000 people in 2014 (3.6 per cent of the population of Ontario), the South East LHIN has the highest percentage of the population across all LHINs for both the 45+ and 65+ age groups. These high percentages, although low in numbers, create pressure on the health care system and this will continue to be true at least until 2026, when 27 per cent of the population will be 65+.

Between 2011 and 2016, the South East LHIN population in the 65-74 and 75+ age groups will grow annually by 4.5 per cent and 2.1 per cent, respectively. Annual growth for the 65-74 year age group will be greater than 4 per

Figure 1 : Map of the South East LHIN catchment area and sub -LHIN region



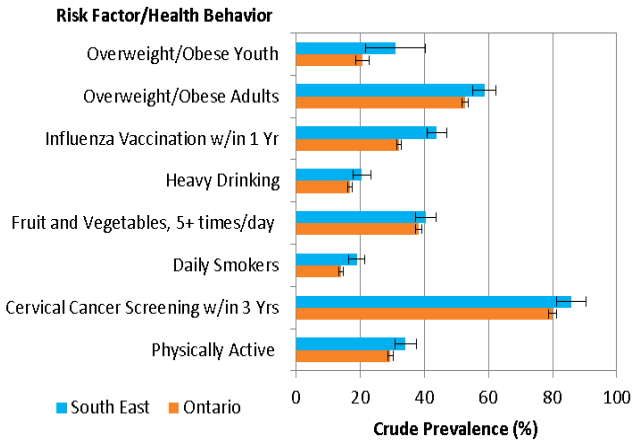
cent in all sub-LHIN regions except for Addington, north and central Frontenac and Quinte West. In contrast, there will be slow to negative growth in children and young adults in all areas during this time period.

Overall, the annual growth rate in the South East LHIN between 2011 and 2016 is estimated to be 0.5 per cent. In the sub-LHIN regions of Kingston and Islands and Stone Mills/Loyalist, the annual growth rate is slightly higher but still sits at just over one per cent per year during this period. The South East LHIN is expected to pass the half million population mark sometime in 2016.

Population Health Profile

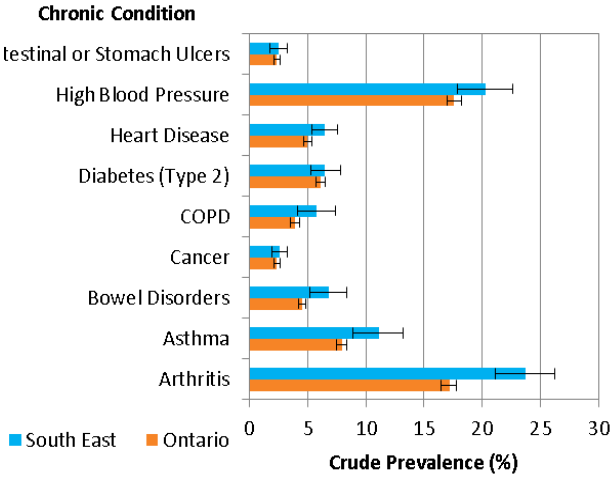
The South East LHIN has relatively high prevalence rates for a number of risk factors for illness and injury. Rates of overweight or obese adults and youth, current smokers, and heavy drinking are all higher than the provincial rates in calendar years 2011/12, as shown in Figure 2. However, the population in the South East LHIN also reports higher rates of positive health behaviors such as being physically active, cervical cancer screening, adequate consumption of fruits and vegetables, and influenza vaccination compared to the province as a whole.

Figure 2: Prevalence of various risk factors and positive health behaviors, South East LHIN and Ontario, 2011/12.



In terms of health status, a higher proportion of South East LHIN residents reported being limited in certain activities because of a physical condition, mental condition, or health problem. Additionally, South East LHIN residents reported slightly higher rates of fair or poor self-perceived health, both generally and specifically for mental health. In terms of self-perceived stress, the South East LHIN had similar rates of high life stress compared to Ontario as a whole, and slightly higher rates of high work stress.

Figure 3: Prevalence of various risk factors and positive health behaviors, South East LHIN and Ontario, 2011/12.



The South East LHIN also has high rates of certain chronic conditions compared to other areas of the province, as shown in Figure 3. This includes arthritis, asthma, bowel disorders, chronic obstructive pulmonary disease (COPD), high blood pressure, and heart disease. These higher rates persist even after accounting for the older population in the South East LHIN. The prevalence rates for cancer, diabetes, and intestinal or stomach ulcers were similar to provincial rates.

Health care investments

In 2014/15, the South East LHIN was assigned a budget of $ 1,118,513,373 for the provision of health care services to meet the specific needs of the population through its Health Services Providers (HSP). Figure 4 (below) shows the proportion of funds allocated to each health care sector in the South East LHIN.

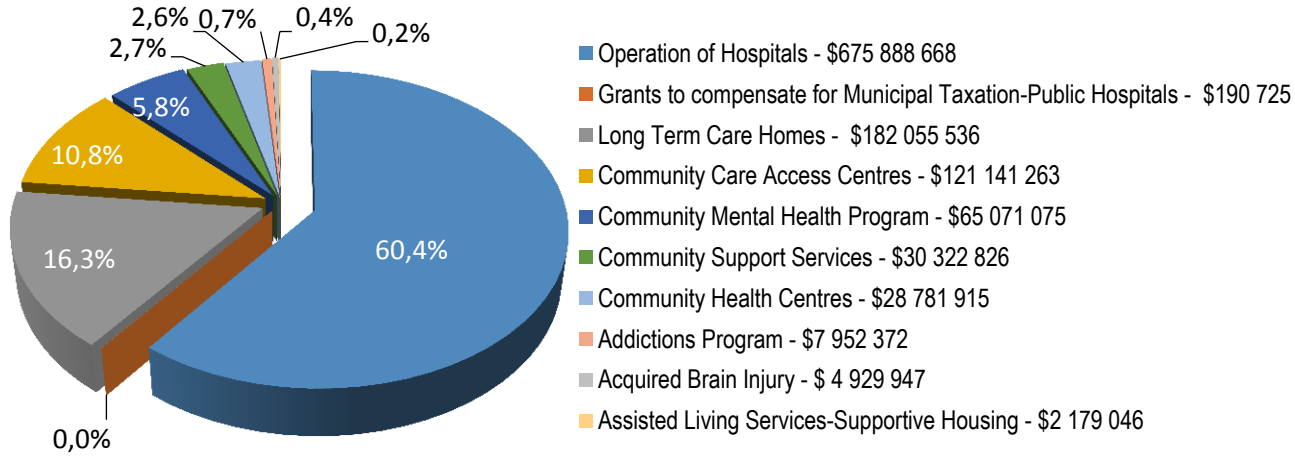
In fiscal year 2014-15, Health services providers delivering care in the South East region included:

- 7 Hospital Corporations - operating 12 sites providing a range of acute care, complex continuing care, rehabilitation, and mental health services
- 1 South East Community Care Access Centre (CCAC)
- 5 Community Health Centres - operating 8 locations (5 main sites and 3 satellites)
- 30 Long-Term Care providers operating 4,050 beds in 37 facilities
- 27 Community Support Services Agencies (CSS)
- 14 Organizations offering Addictions and Mental Health programs

For that same reference period, the South East LHIN relied on 96 Service Accountability Agreements (SAAs) and related performance assessments, to appraise the performance of these agencies. By directing its attention on and addressing any performance issues, the South East LHIN is developing a regional healthcare system that not only provides high quality services but also is sustainable for years to come.

The South East LHIN reports annually on its use of public funds and the success of meeting health care provincial goals and objectives.

Figure 4: 2014/2015 Percentage of Funding Allocation by Health Sectors



MINISTRY-LHIN INITIATIVES

The South East LHIN shares with the Ministry of Health and Long Term Care (MOHLTC) the three goals stated in the Ontario's Action Plan for Health Care. In February 2015, Ontario's Minister of Health, Dr. Eric Hoskins, released an updated Action Plan for Health Care called Patients First. This plan focuses on four key objectives:

1. ***Access:*** *Improve access – providing faster access to the right care.*
2. ***Connect****: Connect services – delivering better coordinated and integrated care in the community, closer to home.*
3. ***Inform****: Support people and patients – providing the education, information and transparency they need to make the right decisions about their health.*
4. ***Protect****: Protect our universal public health care system – making evidence based decisions on value and quality, to sustain the system for generations to come.*

The South East LHIN's Integrated Health Service Plan (IHSP3) seeks to advance these objectives while outlining an approach tailored to address the South East specific priorities for the delivery of health care within the region.

This three-year plan intends to achieve the following objectives:

1. *Developing a regional system of integrated health care across the care continuum, from primary care and public health through to community acute and long-term care;*
2. *Improving the patient experience with a focus on the transition points in care; and*
3. *Focusing on the unique health care needs of Aboriginal and Francophone populations.*

Focusing on developing a health care system that meets the needs of a changing population, the South East LHIN works with providers across the system to support initiatives that deliver patient-centered and high-quality care.

This document reports on the South East LHIN's initiatives which seek to advance broader provincial goals through the following:

- Health Links
- Addictions and Mental Health Redesign
- Increased investments to home and community services
- System Wide Patient Flow Strategy to reduce wait times
- Integrations Activities
- Enabling technologies

Figure 5: Alignment of the South East LHIN's initiatives with Ontario's Action Plan for Health

Health Links

Provincially, the Health Link initiative aims to enhance the delivery of health care for individuals living with complex conditions. In 2013-2014 the South East LHIN launched the Health Links and was a provincial early adopter of this approach. In 2014/15, the South East LHIN had five Health Links in operation, two initiating their work.

With seven Health Links active, the entire LHIN geography was supported by this work. Additionally, a few Health Links were reliably able to track data with exciting results that demonstrated early signs of success in improving collaboration and communication among providers at the local level, enhancing coordination of care with the involvement of patients and their caregivers, thereby improving the patient experience.

The collaborative nature of the Health Links strengthens networks and helps maintain momentum during this early stage of Health Link development. The seven Health Links continued working together over the last year to build on and spread successes across the region. The Health Link met regularly to identify priorities, share strategies, and address local issues. Maintaining the low-governance structure established at the inception of Health Links has proven to be effective in supporting a bottom-up approach and fostering innovation at the local level, while looking for opportunities for consistency across the region where possible and appropriate.

In 2014/15, Health Links were required to collect data and track performance on two measures:

- the number of coordinated care plans completed for patients with complex conditions and
- the number of patients with complex conditions attached to a primary care provider.

Each Health Link was able to meet its target for coordinated care planning with 1,000 care plans completed this year. One hundred percent of these patients were attached to a primary care provider. This is important given the complexity of the needs of this patient population.

In addition to these two measures, a few Health Links were able to report on measures related to acute hospital care. The results, showed in Table 1 below, suggest that patients with complex conditions who participated in the Health Links approach to coordinate care had fewer acute hospital admissions and emergency department visits. These early results are promising in terms of demonstrating the value of Health Links.

Quality improvement and continous learning

Coordinated care planning has been a primary focus of Health Links since inception. During 2014/2015, the seven Health Links continued working through tests of change to continually improve coordinated care for patients with complex needs and began developing strategies to spread the capacity for care coordination at the local level. Partners including the Health Link Lead organizations, the South East Community Care Access Centre (CCAC), community support services, addictions and mental health providers, primary care providers, primary health care organizations, local hospitals and the South East LHIN continued to work together to find approaches that benefit patients and providers at the local Health Link level as well as regionally.

The importance of embracing quality improvement and continuous learning is

critical to Health Link success. Health Link partners are learning from their own tests of change and the experiences of colleagues across the region and province. Care coordinators of the seven Health Links created a learning community setting by exchanging knowledge and sharing ideas, and inviting colleagues from a neighbouring LHIN to join their sessions.

In 2014/2015, teams completed the work on quality improvement projects started in 2013-2014 as part of the ministry-led advanced learning program, called Improving and Driving Excellence Across Sectors (IDEAS). They were able to use the outcomes to further Health Links in the areas of information sharing between acute hospital care and primary care and in hospice palliative care. This year other projects were successful with their applications to IDEAS, such as an initiative that focuses on medication reconciliation.

In 2013/2014, in partnership with the University of Toronto, the South East LHIN launched a professional development program entitled "Advanced System Leadership". The program was offered in 2014/2015 to 45 participants representing all health sectors, and many of whom are actively involved with Health Links.

Early Indications of Health System Impact

In 2014/15, the South East LHIN Health Links conducted a regional evaluation with the purpose of providing a solid basis of evidence regarding the development of the seven Health Links as well as early learnings that could inform other Health Links work. While the final report will be ready early in fiscal year 2015/16, preliminary results indicate that providers and patients are finding the Health Link approach is making a difference. Patients living with complex conditions reported that:

1. *they felt more informed about their health care and thus better able to self-advocate;*
2. *their health care experience was more respectful, personal and compassionate;*
3. *they felt less alone.*

Complimentary to these findings are those of the providers. An increased number of providers reported having a plan to help

Table 1: Preliminary Results for 3 Health Links in the South East LHIN

Quality Improvement data	Quinte HL	Rural Hastings HL	Kingston HL
Sample size – Number of patients with complex needs	55	152	60
Time period (months) pre and post having a coordinated care plan implemented	12	12 – pre Up to 12 – post	6
Hospital of focus	Quinte Health Care	Quinte Health Care	Kingston General and Hotel Dieu Hospital
Health System Impact	**Quinte HL**	**Rural Hastings HL**	**Kingston HL**
Reduced emergency department visits (%)	43.3	87	18.6
Reduced length of stay days in acute care (%)	--	71	20.8
Reduced acute hospital admissions (%)	70	83 (admission & readmission)	16.5
Reduced acute hospital readmissions (%)	80	--	--
Reduced urgent care centre visits (%)	N/A	N/A	37.7
Patients received follow-up within 7 days of discharge from acute hospital stay (%)	--	100	--

patients achieve their goals, knowing where to refer for assistance, and that their patients are more involved in their care.

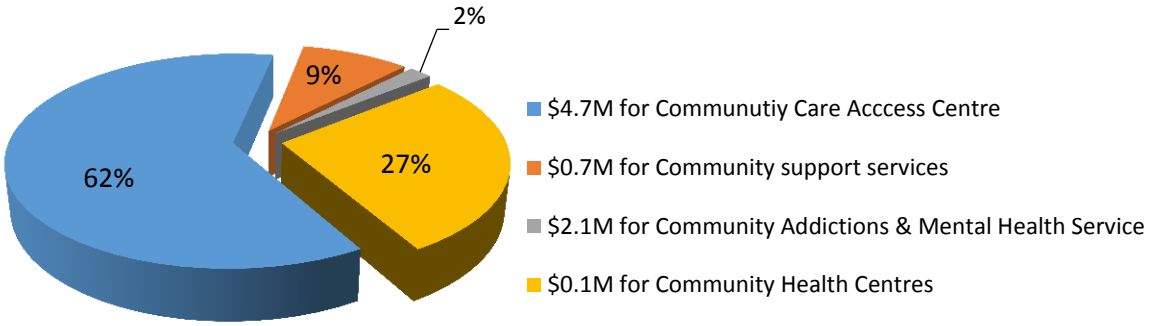
Increased investments to Home and Community Services

In 2014/15 the Ontario Government provided additional funding to support home care and community services in the South East region. These investments are a key part of the province's Action Plan for Health Care, which is providing patients with the right care, at the right time, in the right place.

- Assisted Living Services
- Acquired Brain Injury (ABI) Housing
- Overnight Respite

Over the last three years the South East CCAC has noted a 77 per cent growth in high-needs patients. South East LHIN investments have allowed the South East CCAC to enhance its capacity to support and care for a greater number of these patients and to continue to alleviate hospital pressures. The main goal of the funding is to reduce wait times for frail patients by increasing access to in-home personal support services. Guided by the Ontario Government, the South East CCAC established a five-day maximum target standard for service initiation for high needs clients. This standard aims to address existing wait times between discharge and the initiation of support services, and to reduce the number of patients designated Alternate Level of Care (ALC) in an acute care setting waiting for long-term care placement.

Figure 6: 2014/15 Allocation of the additional 7.6 M $ in Community Care and Services



For the South East LHIN this additional funding represented an additional $7.6 M to support home care for 3,000 more seniors and for expanded community health care services, including mental health supports, in the South East LHIN. Figure 6 above illustrates how the increase was shared among providers to enhance the provision of community care and support services in the South East region

Increasing support services available at home and in the community

This investment supported existing and new programs that work to reduce unnecessary emergency room visits and hospital readmissions, including:

- Seniors Managing Independent Living Easily (SMILE),

Seniors Managing Independent Living Easily

This additional community funding also enabled the SMILE program to create additional capacity for frail seniors to access SMILE support, specifically targeting those seniors that frequently visit the Emergency Department and/or appear to be failing in the community.

The South East LHIN continuously appraise the program's impact by tracking data and measuring the ability of SMILE to reduce avoidable hospital admissions and/or Emergency Department visits.

Assisted Living Services for High-risk Seniors

The South East LHIN recognizes the value of services that help people maintain their independence and remain in their homes for as long as possible. To address the need for these services, the South East LHIN has invested in the implementation of the Assisted Living Services for High-risk Seniors (ALSHRS).

Assisted Living is intended to address the needs of high-risk seniors who can reside at home and who require the availability of personal support and homemaking services on a 24-hour basis. The funding to support this work was provided to the Victorian Order of Nurses (VON) for implementation of three (3) geographic locations:

- Belleville (40 clients)
- Kingston (45 clients)
- Brockville (35 clients)

The Assisted Living Services include personal support, homemaking, care co-ordination and security checks or reassurance services and shall be available at all times (24/7) both on a scheduled and unscheduled basis.

Overnight Respite

The LHIN recognized the invaluable support that caregivers provide and identified the alleviation of caregiver stress and burnout as a priority in its current Integrated Health Service Plan. To this end, the LHIN invested in the provision of overnight respite services for seniors in the region. Funding is provided to existing HSPs for this service in Belleville, Kingston and Perth. Services are available over the weekend (Friday evening to Sunday afternoon) for appropriate clients.

This initiative supports and maintains the primary caregiving relationship by providing temporary care to the care recipient. This freedom allows caregivers to take care of their wellbeing.

For the elderly respite care means delaying the placement of a loved one into a higher level of care for a longer period of time and reducing the possibility of abuse and/or neglect. While caregivers receive respite, care recipients also benefit through an increase in companionship and a diversity of caregivers.

Acquired Brain Injury (ABI) Supportive Housing

With the same goal of ensuring people are receiving the care they need in the most appropriate setting, the South East LHIN, along with local communities and partners, supported the construction of ABI Supportive Housing Residences in Napanee.

The project, once completed will include two ABI residences each accommodating six people living with an ABI, by maximizing their independence and quality of life. It is anticipated that the bungalow site will begin accepting residents early in the 2015/2016 fiscal year.

System Wide Patient Flow Strategy

In the health care system, a hospital's Emergency Department (ED) remains the most impacted patient care area when patient flow bottlenecks occur in the system. If there is something not working right in the system, prolonged wait times in the ED result, preventing clients from receiving timely and appropriate care. When proper access to and flow through an emergency department is timely and successful, the public is confident that the healthcare system is functioning well.

The South East LHIN patient flow strategy was developed to align with Ontario's Action Plan for Health Care, to ensure patients received the care they need when and where it is most appropriate. The South East LHIN continues to develop and refine an integrated, cohesive, and adaptable plan to address system-wide patient flow issues. This plan focuses specifically on reducing the length of stays (LOS) in hospitals, ED wait times and the time Alternate Level of Care (ALC) patients remain in hospital beds.

Established in consultation with area seniors and stakeholders, the LHIN strategy starts with identifying clients at risk as well as "tipping points" in the health and well-being of seniors. The South East LHIN has outlined ways to assist this population to maintain independent living at home; and, reduce illness or injury, which would require the use of EDs or admission to hospital.

To ensure patients have timely access to high quality care, the South East LHIN is focusing on four main areas of improvement:

- ED Wait Time Performance & Capacity Management
- Admissions & Inpatient Patient Flow
- Prevention/Care for ALC Patients
- Transitions of Care

ED Wait times - Performance & Capacity Management

Understanding the patient flow within an ED has helped the South East LHIN appreciate and improve upon ED wait times. The LHIN supports initiatives and programs striving to strengthen hospital performance and capacity management. Pay for Results program initiatives such as Short Stay units, Geriatric assessment clinics, Fast track processes and redesigning staffing levels to meet patient volumes and demands have contributed over the past year, to the reduction of the South East hospitals ED wait times.

Pay for Results

The Pay for Results program's objective is to assist the South East LHIN hospitals and South East CCAC fund projects aimed at decreasing overall ED wait times and lowering the time patients wait for quality care. The three largest Emergency Departments in the South East along with key system partners received Pay for Results funding in 2014/15. Organizations have adopted and sustained many previous Pay for Results initiatives such as Fast track processes. The wait time impact from these many patient flow initiatives are shown in Table 2, below. Kingston General Hospital (KGH), Quinte Healthcare Corporation (QHC- Belleville and Trenton Memorial sites) have all noted improvements in non-admitted patients who have accessed an ED. Yet, improving admitted patient wait times remains a challenge for all three hospitals.

Admissions & Inpatient Unit Flow

Health service providers within the South East LHIN strive to improve inflow to their organization along with internal flow opportunities. Each organization focuses on

Table 2: ED Wait Times reduction noted from Fiscal 2013-14 to Fiscal 2014-15

Pay for Results Hospitals	ED LOS admitted	ED LOS non admit comple	ED LOS non admit non complex
KGH	Increased by 132mins	Reduced by 108mins	Reduced by 102mins
QHC - Belleville	Increased by 120mins	Reduced by 30mins	Reduced by 54mins
QHC - Trenton	Reduced by 1min	Increased by 6mins	Reduced by 6mins

identifying patient who are most at risk for repeat hospital visits, long hospital stays or poor outcomes if no immediate action is taken to assist them transition to supportive care settings. Initiatives such as High Risk screening tool and geriatric assessment clinics are reducing revisits and admissions, while Short Stay units help reduce length of stay, and improve inpatient flow.

High Risk Screening Tool - Integrated Community Assessment Referral Team

Using the High-Risk Screening Tool, ED staff can identify high-risk seniors earlier and assess the community home support services that these patients could benefit from when discharged. A similar assessment is done when a high-risk senior is admitted for in-hospital care to help prevent functional or cognitive decline.

When discharged from hospital, high-risk clients are supported by an *Integrated Community Assessment Referral Team* (iCART), who assesses the kind of community supports services they will need. Care is coordinated through this integrated team, which share care plans and assessments to avoid duplication of services, client confusion and to ensure the client is visited appropriately to diminish anxiety, prevent social isolation, and avoid their seeking help through the ED for non-acute care needs.

iCART

"Over **200** seniors are identified each month as being "at risk" and referred to community team for assessment and coordination of services

This past year, four out of six South East acute care hospitals have implemented the high-risk screening tool and have adopted the referral pathway to improve overall integration of senior care and enhance patient's experience. Initial patient feedback has been positive and the additional support is greatly appreciated.

Geriatric Assessment and Intervention clinic

The Geriatric Assessment and Intervention Network (GAIN) clinic is a pilot project offering inter-professional, senior friendly assessments and care planning for seniors presenting to ED who are not being admitted. Through GAIN, the patients visiting Quinte Health Care Belleville and Trenton ED have access to Nurse Practitioner and CCAC Case Coordinator support, and to an inter-professional assessments clinic. Implemented this fiscal year, the initiative targets patients 75 years or older, living at home with increasing frailty, deconditioning and/or multiple chronic comorbidities following an acute hospitalization or ED visit. The patient then transitions to primary care or an appropriate Health Link.

Short Stay/Express Bed Units

The Inpatient Short Stay Unit is an around-the-clock model of care that addresses the need for defined patient population requiring less than or equal to 72 hour acute medical admission. This implemented initiative aims to:

- Promote and support short acute care admission with appropriate transitions to primary care;
- Initiate discharge planning and messaging at time of admission with predicted date of discharge
- Improve utilization of community supports and ensure sustainability of patients at home and
- Education and linkages for patients with multiple co-morbidities

The Kingston General Hospital's Express Bed Unit initiative continued to support patients requiring 72 hours of acute care while streamlining admission and discharge processes to assist with organizational need. The lessons learned and model of care were shared throughout the South East LHIN for potential adoption by other organizations.

Quinte Health Care surgical short stay unit is designed to concentrate suitable planned surgical cases in a dedicated short stay unit with 23 hours length of stay. In the unit, pre and post-surgery care processes are protocol driven and contribute to releasing bed capacity on the surgical unit. This reduces the ED LOS for admitted patients and faster access to inpatient care. With the expansion of this model, staff will provide outreach to the ED to conduct pre-surgical assessments and pull the patient to the short stay unit for appropriate pre and post-surgical care, reducing ED admitted wait times.

Predicted Discharge Date

Predicting a patient's discharge date from both acute and post-acute care within 48 hours helps the health care team follow clinical pathways to ensure discharged patients are receiving the right care, at the right time. This allows for advance planning of community resources needed to support the client at home, yet also allows hospitals to plan for patient flow based on supply and demand. All South East hospitals, as well as, the South East CCAC have adopted this initiative to various degrees and progress is being monitored.

Prevention & Creation of Alternate Level of Care (ALC)

The South East LHIN is working with local providers to ensure that the right patient is in the right place, at the right moment. When a patient remains in a hospital bed after his acute treatment is completed, he is considered an Alternate Level of Care (ALC) patient. Part of the solution to preventing ALC is to ensure patients are cared for in the community or at home when it is appropriate. Initiatives such as Senior-Friendly Hospital, Home First, Convalescent care beds and Nurse Led Outreach Teams have contributed to the prevention of ALC in the South East. South East LHIN and health service leaders are focused on four key element of ALC:

1. *Preventing patient from becoming ALC*
2. *Understanding ALC patient's characteristics*
3. *Holding gains achieved through Home First*
4. *Improving in hospital patient flow*

Senior Friendly Hospital

Introduced in 2010, the "Senior-Friendly Hospital" philosophy continues to be a major component of the South East LHIN's senior care work plan. To date, all South East LHIN Hospitals have developed their Senior Friendly Hospital plans identifying over 25 initiatives being worked on to improve senior care in hospitals.

Jointly hospitals, the South East CCAC, and Behavioral Supports Ontario (BSO) worked closely together on two key senior-friendly objectives: ensuring seniors retain physical strength and better managing seniors experiencing delirium, along with developing a LHIN-wide senior friendly hospital strategy.

Home First

The Home First philosophy was introduced in 2009 as a new way of thinking about seniors receiving care at home versus in the hospital setting. With Home First, health care providers in the hospital work together with CCAC case coordinators and other community partners to explore options that might be

available to support patients returning home instead of remaining in hospital or being placed into a long-term care home when their hospital treatment is done.

The South East LHIN has seen great strides in terms of ALC improvement through the Home First philosophy and the commitment of providers to ensuring and enabling patients to return home with appropriate levels of care after their acute care is completed. The approach eases pressures on hospitals and reduces the demand for LTCH beds.

Since 2014, Home First is fully implemented both in acute and post-acute hospitals and ongoing efforts are dedicated to shifting the culture and raising awareness about the benefits of Home First to the hospital staff, physicians, nursing and allied health professional, CCAC staff, primary care providers and patients and families.

Nurse Led LTC Outreach Teams

Many frail seniors in the South East LHIN live in Long-term Care home. Their care needs are high, involve frequent assessments and monitoring, and can require treatments that LTCH staff are either not familiar with or comfortable administering. Over 48 per cent of the South East LHIN LTCHs are now supported by a Nurse Led Outreach Team (NLOT). Over 900 residents have received Nurse Practitioner assessments with over 1100 treatment plans developed leading to over 300 ED visits diverted. The program is intended to build capacity among LTCH staff to improve system flow, reduce unnecessary ED visits and improve LTCH resident care within the comfort of their daily environment.

The CCAC NLOT model of care has not only reduced high and low acuity ED visits by LTCH residents – it has educated LTCHs about the role of nurse practitioners, and has established best practices for fall prevention, incontinence, hypoglycemia, early sign of pneumonia and other top reasons for ED visits.

Transition of Care

Senior leaders within the South East LHIN continue to endorse and support the work of the LHIN wide peer to peer patient flow working group. Their focus has been developing and implementing policies and protocols to standardize patient flow practices across the LHIN, helping reduce barriers and delays in patient flow throughout the system. This work enables patients to easily transition between organizations and to supportive living environments.

Critical Care Life and Limb & Repatriation Policy

Access to specialized care, especially to critical care, is essential for the optimal spectrum of care. As a result, the South East LHIN hospitals have aligned with the provincial Critical Care Policy to ensure all clients requiring critical care receive timely and appropriate care. This work includes repatriating back to their home hospital within 24 hours of notification. Better alignment with provincial policy will lead to improved utilization of critical care and other acute care services throughout the South East LHIN region.

Resource Matching and Referral

Resource Matching and Referral (RM&R) is a standardized referral information pathway that facilitates referral of patient to the earliest available services that best meet their individual care needs. RM&R is about improving care, reducing emergency department wait times and enhancing access to care. RM&R improves workflow and communication during the referral process,

and supporting patients as they transition to the next stage of their care journey.

In the South East LHIN, RM&R information standards and referral pathways are implemented in a wide range of settings including acute and post-acute care settings, as well as, community settings. Using leading practices, RM&R helps partners manage patient flow from acute care facilities back to their home or to post-acute care facilities, reducing or postponing the need for admission to a LTCH.

All Provincial RM&R referral forms and pathways have been implemented within the South East LHIN. These pathways include:

- Acute to CCAC for in home services
- Acute to CCAC for Long Term Care Home placement

Throughout the implementation, the lessons learned are shared amongst providers to continue the refinement of the process in the future.

Integration Activities

A system that is too focused on providing acute hospital care and treating disease is unsustainable. What is needed, in the current environment, is a system that prevents serious illness, reduces the need for hospitalization, and lessens the duration of patient stay. Only an integrated health care system can do that to remain financially strong and effective.

Health Care Tomorrow – Hospital Services Project

A focused effort on hospital sustainability was launched in 2014 via *Health Care Tomorrow – Hospital Services Project*. Working together with the seven hospitals in the LHIN, Queen's University, and the South East CCAC, the South East LHIN explored options for Health Care Tomorrow as it relates to hospital services across the region.

The leaders are committed to developing a sustainable system of integrated care and ensuring that the plan best meets the needs of patients now and in the future. The Hospital Services Project planning is unfolding in several phases with extensive stakeholder and public engagement taking place in each phase.

In fall of 2014, over 200 stakeholders participated in a visioning day to help define the vision for hospital service. It was accepted that the project's goal was to improve access to high quality care through the development of a 'Sustainable System of Integrated Care'.

Early in 2015, several working groups were created to start the first phase of the project, which consists of looking at potential opportunities to achieve the overarching vision in each of the following areas:

- Business functions (administration, finance, human resources, information technology, etc.);
- Diagnostics and therapeutics (imaging, laboratory, pharmacy services, etc.), and;
- Clinical services (Complex Chronic, Elective Care, Urgent/Emergent Care, and Tertiary/Quaternary Care).

The project is a rigorous assessment of key findings to determine where the greatest opportunities lie, and to identify priorities for further review.

Addictions and Mental Health Services Redesign

Launched in 2013, the Addictions and Mental Health (AMH) Redesign aims to address many of the issues clients seeking help for

addictions and mental health challenges were facing when accessing care. In particular, feedback from clients reflected concerns with:

- duplication of services,
- duplication of assessments (multiple story telling),
- difficulties in transitioning between providers,
- difficulty in accessing services,
- insufficient volume of services to satisfy demand, and
- the stigma often faced in accessing these and other health services.

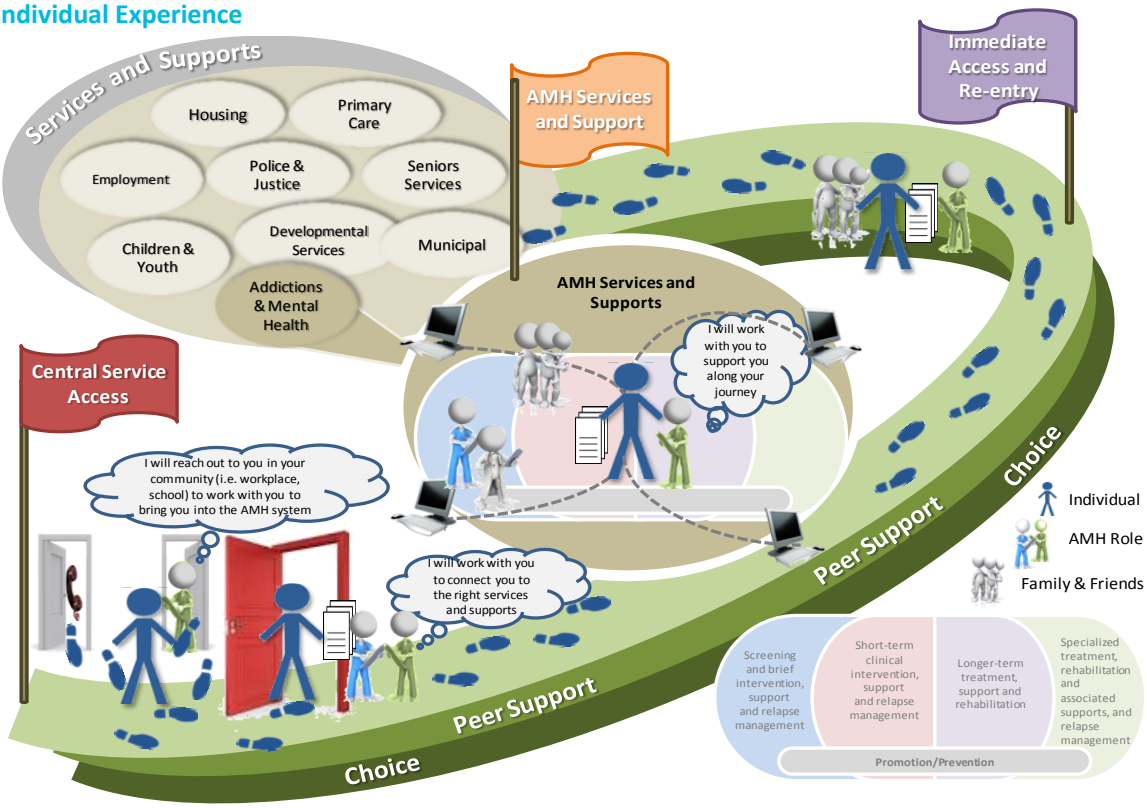
This year, the South East LHIN furthered the AMH Redesign with detailed work by six Future State Planning teams: Administration and Finance, Clinical, Governance, Health Human Resources, Operations Implementation and a Client Advisory group. The various teams were responsible for informing the plan for three regional entities with a common basket of services. The end state goal will ultimately improve the care of clients and enable them to feel supported in their communities.

In August, 2014, the South East LHIN Board was presented with the cumulative work of the Future State Planning teams. Based on the information and recommendations provided, the Board of Directors made the decision to move forward with the recommendation, directing the agencies involved in the first phase of implementation to develop integration plans.

Following this decision, three Governance Transition Teams (GTT) were established in Hastings Prince-Edward, Kingston Frontenac Lennox & Addington, and Lanark Leeds & Grenville. Each Governance Transition Team completed an Integration Plan approved by the South East LHIN Directors at the December 2014 Board meeting, directing the agencies involved to proceed forward with the first phase of implementation. This was a significant step towards delivering on the Ideal Individual Experience and achieving a system of care for our clients.

By the end of the fiscal year 2014/15, seven of the existing Addictions and Mental Health

Figure 7: South East LHIN Addictions and Mental Health Redesign – Ideal Individual Experience



agencies were ready to amalgamate into three new agencies:

- Addictions and Mental Health Services, Hastings Prince Edward
- Addictions and Mental Health Services, Kingston Frontenac Lennox and Addington
- Lanark, Leeds and Grenville Addictions and Mental Health Services

These three agencies will provide a significant portion of the community based Addictions and Mental Health services for the South East LHIN region. They will continue to refine their mandate and bring all resources in agency into better alignment. Once achieved, the redesign will move closer to delivering on the Ideal Individual Experience illustrated in Figure 7 of the previous page.

Enabling Care through Technology

The implementation of initiatives to support information flow is an important part of the South East LHIN's mandate. These technology projects aim to support quality improvement initiatives as well as facilitating collaboration with better information and data sharing among all regional stakeholders and practitioners.

Last year the South East LHIN invested time and resources in the development of the following enabling technologies:

- South East Health Integrated Information Portal (SHIIP)
- Regional Hospital Information System
- Regional Collaboration Space
- Clinical Document Repository (CDR)
- Ontario Lab Information System
- Eclipse Project Management System
- ED-CCAC Notification System

South East Health Integrated Information Portal

Patient centered care and Health Links are driving how health care is delivered, how health quality is defined and how technology is used to facilitate the individual's ability to achieve optimal health. Providers across the health system need to work collaboratively to assure each individual's care is person-centered. A high performing primary care system can capitalize on health information technology that effectively supports patients and providers, allows for ongoing performance measurement, as well as, offers decision support capabilities.

The South East Health Integrated Information Portal (SHIIP) is a tool providing real-time feedback as well as summarized data to help track and plan care of individual patients. As a portal, SHIIP can assist on identifying groups of patients needing additional care and follow-up after being discharged from hospital. Once a high-risk patient has been identified, the health care team can be activated within a Health Link to support the needs. SHIIP can provide clinicians with a real time and historic view of patient information electronically at the point of care.

The development, submission and endorsement of the South East Regional Health Links Enabling Technology Framework represented the starting point of this project. The work of the project has led the South East LHIN to reach several key milestones between the submissions of the plan and the end of Fiscal 2014/2015:

- Formulation of privacy and data sharing frameworks as well as Privacy Impact Assessment (PIA);
- Pilot release of the SHIIP portal integrating KGH and HDH to pre-selected primary care sites;

- Technical proof of concept validation;
- Initiation of SHIIP governance model;
- Collaboration with eHealth to support a sustainable SHIIP solution through ONE ID;
- Use of change strategy and continuous quality improvement to better understand SHIIP capabilities and opportunities for transformation of practice;
- Minimum data set identified; and
- SHIIP expansion including concurrent technical integrations with partner hospitals in the South East.

Regional Hospital Information System

A Hospital Information System (HIS) is a comprehensive and integrated IT tool which is used to manage the medical, administrative, and financial aspects of hospital services. To drive efficiencies and savings in both capital and operational costs, local hospitals within the South East LHIN are cooperating on a new level to converge their separate systems into a consolidated common one. Once complete, the new system will result in the use of common data standards across the region, as well as simplification of shared access to patient records across the participating sites.

Over the course of the 2014/15 fiscal period, the South East region undertook the work process for the creation of a Request for Proposal to purchase and implement a region wide HIS. This process was completed in December of 2014, and the final report presented to the South East Information Technology (IT) Executive Committee and CEO's. Before moving forward with the procurement process, it was decided to wait for the recommendations stemming from the Health Care Tomorrow – Hospital Services IT working group, which is expected early in fiscal year 2015/16

Clinical Document Repository

The Clinical Document Repository (CDR) is a regional repository of the key patient records that are most commonly shared among health care providers across the continuum of care for those patients. This is a key component towards the development of an electronic health record for citizens of Eastern Ontario.

The CDR will have a significant impact on patients experience as it allows hospitals to access patient information regardless of where that patient is presented. As patients' information is made more broadly available and in a timely fashion, there is an expected decrease of paper flow between stakeholders leading to reduction in staff activities devoted to filing, retrieving, scanning, sending and management of reports.

In 2014/15 all seven hospitals in the South East region started using CDR to store and share information. Physician engagement sessions also started with the first 90 physicians who signed the agreement to participate in the project. With a targeted number of 200 physicians to be signed and connected, the CDR should reach its full capacity of enabling communication of electronic clinical documents between hospitals and primary care physicians through EMR, by the end of this coming year.

The eastern Ontario CDR initiative has been fully implemented throughout the LHIN that includes over 300 physicians among HSP's contributing documents to the repository.

Emergency Department CCAC Notification System

The South East Emergency Department (ED) CCAC Notification System is a joint initiative of the South East CCAC, the South East LHIN, Kingston General Hospital, and Hotel

Dieu Hospital. This project establishes a bidirectional gateway between ED and CCAC information systems. The ED CCAC Notification System is designed to integrate CCAC and hospital patient and admission information to better inform both clinicians and CCAC case managers when patients visit the ED while receiving support service from the CCAC.

The ED CCAC Notification System offers a potential reduction in lost staff time for going to homes when client is in ED and increased efficiency in use of resources – representing cost savings for the entire health care system. It also increases awareness, collaboration, and communication between CCAC and South East hospitals so discharged patients are offered more coordinated care on discharge to prevent avoidable readmissions.

Following the ED Notification System implementation completed at Quinte Health Care and Lennox and Addington County General Hospital in February 2014, the evaluation and lessons learned informed the expansion of the system at Perth and Smiths Falls District Hospital and Brockville General Hospital. The two sites implemented and tested the unidirectional feed of information from the ED to CCAC in 2014 and are now ready to complete the bi-directional feed in the next fiscal year 2015/16. Currently, all hospitals in the South East region, with the exception of Providence Care, are connected and providing patient information to the CCAC.

Ontario Lab Information System

Ontario Lab Information System (OLIS) is a provincial integrated repository of laboratory tests and results, aiming to improve patient care by granting practitioners with a timely access to laboratory results needed for clinical decision making. OLIS is a cornerstone information system that connects hospitals, community laboratories, public health laboratories, and practitioners to facilitate the secure electronic exchange of laboratory test orders and results.

All hospitals in the South East LHIN were involved in the planning phase of OLIS and Kingston and Brockville General Hospitals tested the proof of concept in February 2014. The OLIS project implementation has begun in the South East region, with Lennox and Addington County General Hospital starting to contribute laboratory reports. Five others hospitals will complete implementation early in fiscal 2015/2016 and contribute reports.

Eclipse Project Management System

Eclipse is a cloud-based tool assisting users to visualize the portfolio of health care projects, make decisions about priorities and understand resources utilization. The system supports project management by offering a collaborative platform and providing easy access to all interested parties so health care professionals can maintain and manage simultaneous projects from the planning to implementation phase with both internal and external partners.

The Eclipse Project Management System has been fully endorsed by the South East LHIN. To ensure the optimal use of Eclipse for managing health care related collaborative projects, the LHIN supported two training sessions to more than 40 hospital and LHIN staff in 2014/15.

Regional Collaboration Space

To enhance information sharing amongst cross-organizational teams, the South East LHIN makes regional collaborative spaces available to them. These collaborative spaces

are internal regional tools meant to improve efficiency and effectiveness, and support health care projects, as well as recurring activities that involve sharing information amongst multiple providers and stakeholders.

This project started in 2014 with a need assessment and it quickly progressed to support several existing projects. The need assessment showed that collaboration spaces are best used in a local capacity as a project document repository. Strong examples of the benefits of this work includes: electronic reporting, referral, document sharing, etc.

REGIONALIZED PROGRAMS

Chronic Disease Prevention and Management

A regional Chronic Disease Prevention and Management (CDPM) Framework is being refined to align with the Pan-LHIN CDPM logic model. While incorporating the LHIN's mandated work in diabetes oversight, other strategies and partnerships are also included to support people with other chronic diseases across sectors.

The LHIN has collaborated with the organizations responsible for the provision of adult and paediatric diabetes programs in the region to develop a regional workplan and performance targets with the goal to ensure equitable access, effective management, prevention of complications, and best practice while building clinical capacity. There is a strong focus on alignment and coordination of services using a quality improvement approach.

Based on long standing needs and a high amputation rate in the South East region, the High Risk Foot Care Initiative was rolled out to six Health Links to enhance access to advanced foot care for patients with diabetes or other vascular diseases. Working together, providers strive to share best practices and identify areas of improvement.

The LHIN has been actively collaborating with other stakeholders on several provincial and regional committees and workgroups to plan, manage and improve the programs as well as the performance and integration of diabetes and other chronic disease services along the care continuum. In May 2014, health service providers and the LHIN Clinical Lead in Endocrinology participated in Diabetes Network Stakeholders Day to share information, identify issues and prioritize actions related to diabetes integration and coordination.

Physiotherapy

Since 2013, the South East LHIN has been working with health care partners and service providers to enhance access to high-quality physiotherapy, exercise and falls prevention classes and establishing an equitable distribution of these services The result of this work included:

- The initiation of services at the 16 new publicly-funded community physiotherapy clinics across the South East LHIN to deliver more than 6,100 episodes of care for seniors and eligible patients;
- The delivery of in-home physiotherapy to serve more than 6,300 patients with mobility issues;
- The enhanced access to one-on-one physiotherapy for all long-term care

residents with assessed need, in addition to group exercise and falls prevention classes; and
- The expansion of exercise and falls prevention classes at more than 135 locations across the South East to serve over 4,700 seniors in a community setting.

In the past year, significant collaboration has been underway between the LHIN, the three Public Health Units and other organizations in the South East to develop of an evidence-based Falls Prevention curriculum that was launched in 2015. This collaboration continues, along with a partnership with the Centre for Studies in Aging and Health, to establish an integrated falls prevention strategy for the South East.

Ongoing monitoring of programs continues to ensure service allocations are maximized. A population need analysis and environmental scan were completed to identify gaps in service and areas of need to ensure equitable access to programs.

COMMUNITY ENGAGEMENT

Community engagement is more than a legislated responsibility; it is a core value of the South East LHIN. All community engagement activities aim at including the input of all stakeholders in the planning and decision-making processes. By making sure the voice of the patients, community, health care providers, and leadership and governance members is heard and by working collaboratively, more creative and responsive solutions can arise leading to better integrated results for Ontarians in the South East and for the health care system.

The South East LHIN deploys constant efforts to engage and collaborate with primary care and health services professionals to better inform the LHIN on best practices to support high quality and integrated care across the care continuum.

Primary Care and Health Links

Effectively engaging primary care providers is critical to achieving the linkages necessary for improved coordinated care and patient experience. A unique feature of the South East LHIN's approach to Health Links is the engagement of primary care. The seven Health Links in the South East LHIN continue to be led by primary care organizations: four Community Health Centres, two Family Health Teams, and one Family Health Organization.

The South East Primary Care Lead acts as a facilitator and initiator of many activities to

Health Links Community Engagement Activities

- Public information sessions at the local Health Link level
- Presentations to service clubs and other community meetings
- Patient journey mapping sessions
- Patient and caregiver focus groups
- Patients represented on Steering Committees, working groups, and advisory panels
- Board to Board sessions at the local Health Link(s) level
- Presentations to Boards of stakeholders
- Stakeholder meetings at the local Health Link level
- Use of multi-media such as videos and brochures

inform consult and collaborate with primary care providers and practitioners in support of the South East LHIN initiatives. During 2014/15, this role primarily focused on facilitating the growth, spread, and ongoing sustainability of the seven Health Links in the South East LHIN.

In October 2014, the South East LHIN held the 7th annual Primary Health Care Forum. The theme of the event was Health Links and the social determinants of health. Accredited by the Ontario College of Family Physicians and by the Canadian College of Health Leaders, the Forum allowed primary care providers and others to learn and share information about how social determinants of health affect health, quality of life and the care they provide, as well as explore how Health Links can effectively address the social determinants of health. Over 200 participants attended the event, including HSPs from all sectors, patients and caregivers.

Primary Health Care Council

In order to build and maintain strong relationships with primary care and cross-sector professionals, the South East LHIN primary care leadership convenes on a quarterly basis to work towards an integrated, patient-centered, high quality health care system. All stakeholder organizations share information and collaborate to develop strategies and to enhance local and regional health care initiatives such as:

- Health Links
- Integration with CCAC services
- Collaboration with Public Health Units
- IT solutions to improve primary care
- Health system leadership development
- Health Care Tomorrow
- Primary care issues related to ED utilization

Health Professional Advisory Committee

The Health Professional Advisory Committee (HPAC) is a multi-disciplinary committee helping the LHIN in carrying out its responsibilities by providing advice on how to better achieve patient-centered health care. The South East LHIN seeks the HPAC support and feedback to enlighten current initiatives.

Addiction & Mental Health Redesign

The South East LHIN has been collaborating, over the last year and a half, with Addictions and Mental Health (AMH) providers, stakeholders, clients, and caregivers to redesign the system and achieve the Ideal Individual Experience for clients, caregivers and their families. Along the way, the South East LHIN, and AMH partners have engaged 102 unique stakeholder groups and over 200 clients and caregivers experiencing AMH challenges. Throughout the AMH Redesign process, it has been important that all conversations, recommendations, feedback and insights maintain focus around the client.

Expanding Culturally & Linguistically-Sensitive Health Care Services

The South East LHIN is committed to ensuring there is appropriate access to care for both the French and the Indigenous communities of Southeastern Ontario. The LHIN engages both communities and health service providers working with them in discussions to plan, develop, and enhance the provision of health care services.

Francophone Community

In carrying out community engagement, the LHIN has the obligation to engage the French Language Health Planning Entity, the Réseau

des Services de Santé en Français de l'Est de l'Ontario, also known as "Réseau".

According to the Accountability Agreement signed between the South East LHIN and the Réseau, all parties have to develop a joint annual action plan. Each year this plan includes an objective focused on strengthening the Francophone community participation and engagement to health services planning activities.

Our collaborative approach to continuous improvement has led us to better define our roles and responsibilities, and ultimately increase the outcomes of our community engagement activities with the Francophone community.

As the result of the past year, the French Language Citizens' Advisory Committee members continued to build their knowledge of the LHIN's ongoing projects. These sessions aimed at enabling the Committee to provide guidance, feedback, and suggestions on the manner in which the development of French language health services could best serve francophone residents throughout the south east.

The LHIN also engaged the Francophone community in the future state planning of the AMH Redesign, through an online survey and in a visioning day for the Health Care Tomorrow – Hospital Services project. The results of these engagements has helped to inform the decision making process of the projects.

The Regional Patient Advisory Council (RPAC), created by the LHIN to help inform the Health Care Tomorrow – Hospital Services project consists of two members of the Francophone community ensuring that the francophone patient perspective is being articulated.

Again in 2014/2015, the South East LHIN participated in the Health care professional networking activities which aim to foster informal ties, collaboration, and experiences sharing between the French-speaking health care professionals while promoting organisational leadership in the provision of health services in French.

In an effort to further support the development of services in French by the identified health service providers in the designated area of Kingston, the South East LHIN provided funding to three hospitals that fall in the designated area for organizing a joint event intended specifically for the Francophone community. This event was a great opportunity for Hospital representatives not only to create relationships with this community, but also to present the work that is taking place in each organization in developing services in French.

Indigenous Community

Ongoing engagement with Indigenous communities in the south east has been maintained over the 2014/2015 fiscal year to further develop collaborative relationships with stakeholders. These engagements concentrated on the inclusion of the Indigenous communities' perspective within ongoing projects such as the AMH Redesign, Health Care Tomorrow, and other strategic initiatives as well as the provision of Indigenous Cultural Competency training for LHIN Health Service Providers. More than 70 per cent of South East LHIN staff and 50 per cent of board members have received this training. This work enabled the South East LHIN and HSPs to advance health care

priorities and improve health outcomes for this population.

Health Care Tomorrow – Hospital Services Project

The Hospital Services is a project that explores opportunities for shared hospital services and new or expanding partnerships. The overall goal is to improve access and patient care in southeastern Ontario from the following organizations:

- Brockville General Hospital
- Hotel Dieu Hospital
- Lennox and Addington County General Hospital
- Kingston General Hospital
- Perth Smiths Falls District Hospital
- Providence Care
- Quinte Health Care
- South East Community Care Access Centre
- Queen's University Faculty of Health Sciences South East Local Health Integration Network

Each phase of the Hospital Services project includes health care providers and public engagement activities. The plan will find opportunities for sharing services or ways to expand existing partnerships. A Visioning Day event was held that welcomed over 200 people from across the region before the Hospital Service project started. This group, made up of a health care providers, patient advisors, Aboriginal communities, and French Language Services participated in conversations discussing best practices. A lessons learned approach from international leaders has allowed a vision of what a high performing and feasible hospital system could look like in the South East region.

The project is also supported by the voice of the RPAC, consisting of 24 members from current Hospital Patient Advisory Council's and the broader community. The Council includes patients and family members interested in discussing and testing ideas related to the future of hospital services across the south east region.

These patient advisors are a critical component of the Health Care Tomorrow – Hospital Services project; they help bring the patient experience and perspective to all discussions.

From, September 2014 to June 2015, established working groups reviewed all areas of hospital services to identify some of the opportunities to save money, while still providing excellent care to all. Additional engagement opportunities and focus groups will also be conducted in 2015.

Governance

Through the holding of monthly open board meetings and regular board to board discussions the South East LHIN board of Directors hopes to maintain a continuous contact with the general public, local communities as well as with health services providers and organizational leaders.

The South East LHIN Board of Directors is maintaining and building strong and collaborative partnerships with other boards to support the LHIN goal to build, improve, and sustain health services for the region and the communities within.

Collaborative Governance and Community Engagement Committee

The Collaborative Governance and Community Engagement Committee's engaged the regional community of health service providers, and additional provider agencies and organizations, in a way that

encourages development and implementation of governance-based integration initiatives.

By putting the emphasis on integrating patient pathways, strengthening communications, and building leadership within local communities, the committee worked toward achieving the South East LHIN's vision of a patient-centered health care system that provides seamless and integrated experience for patients and their families along the continuum of care.

Governance Excellence Workshops

The South East LHIN board of directors, through the Collaborative Governance and Community Engagement Committee, have developed annual workshops that challenge boards members from health service providers (HSP) and other health related organizations to embrace the concepts of collaborative governance and to:

- Promote excellence in health service provider board governance;
- Facilitate mutual understanding among boards of all HSP agencies, with particular emphasis on supporting collaborative initiatives such as Health Links;
- Support the South East LHIN and local HSPs in establishing and achieving regional health care goals.

In fiscal 2014/15 the Collaborative Governance and Community Engagement Committee held three workshops attended by over 140 Board participants. The sub-regional sessions held in Belleville, Kingston, and Brockville highlighted successful local collaboration projects related to co-location of facilities of several complimentary service agencies, the extension of a volunteer transportation system to several constituencies to ensure delivery of patients to critical medical appointments, and the development of governance forums to support the success of Health Links. Success stories were disseminated to all stakeholders through the South East LHIN website.

This event reinforced the continued support of a common framework to valuing the concept of collaborative governance and the underlying principles of a one system of integrated care concept.

The South East LHIN has adopted the framework presenting objectives and actions for each of the following good governance principles related to:

- Relationship Building
- Leadership/Stewardship
- Growth/Learning
- Empowerment/Accountability
- Communication/Transparency
- Service and Fairness
- Accomplishment and
- Measurement

PERFORMANCE INDICATOR REPORT

The Ministry-LHIN Performance Agreement sets out the obligations of the MOHLTC and the South East LHIN to fulfill its mandate to plan manage and fund local health care services. Developing and updating this accountability agreement is a key component of the relationship between the MOHLTC and the LHIN and helps us strengthen our local health care.

SOUTH EAST LHIN PERFORMANCE INDICATORS - May 12, 2014 Release
2014/15 ANNUAL REPORT

	Performance Indicator	LHIN 14/15 Starting Point	LHIN 14/15 Performance Target	Most Recent Quarter 2014/15	2014/15 LHIN Result
Access to Health care Services					
Patient flow remains a challenge across many hospitals in the South East and this contributes to relatively long Emergency Room (ER) Length of Stay (LOS) for patients requiring admission with 1 in 10 in the ER for more than 27 hours. A continued focus on patient flow activities is still required across the system. In a related metric a busy emergency department contributes to a relatively long 4.3 hour or longer LOS for 1 in 10 minor uncomplicated patients who presented to an ER over the year. High percentages of patients across the South East achieve access to cancer surgery, cataract surgery and cardiac by-pass surgery within the recommended targets set for each procedure. The targets for hip and knee replacement procedures were also not achieved for this reporting period. A shift in focus to Priority IV cases (rather than Priority II, III and IV cases combined) has highlighted an evident discrepancy across the South East LHIN in the assignment of priority (III or IV) to cases relative to the rest of the province. Work is underway with system partners to standardize the prioritization of cases across the LHIN. Until this standardized process is implemented it is unlikely that the LHIN will meet the 90% targets for hip and knee replacements. Access to MRI remains a challenge with just over half of the priority IV cases receiving the diagnostic test within the recommended 28-day time frame. Technological solutions and process improvement are being investigated to improve wait times in the Kingston area and system maintenance and a temporary human resource issue contributed to a backlog of cases at Quinte Health Care (QHC).				
1	90th percentile ER length of stay for admitted patients	24,93	24,90	28,88	27,22
2	90th percentile ER length of stay for non-admitted complex (CTAS I-III) patients	6,78	6,80	6,68	6,70
3	90th percentile ER length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients	4,05	4,00	4,37	4,28
4	Percent of priority IV cases completed within access target (84 days) for cancer surgery	94,00%	90,00%	96,46%	96,71%
5	Percent of priority IV cases completed within access target (90 days) for cardiac by-pass surgery	99,30%	90,00%	100,00%	99,00%
6	Percent of priority IV cases completed within access target (182 days) for cataract surgery	98,00%	90,00%	93,79%	93,54%
7	Percent of priority IV cases completed within access target (182 days) for hip replacement	93,00%	90,00%	61,22%	50,00%
8	Percent of priority IV cases completed within access target (182 days) for knee replacement	93,00%	90,00%	82,54%	78,97%
9	Percent of priority IV cases completed within access target (28 days) for MRI scans	69,00%	80,00%	36,03%	51,47%
10	Percent of priority IV cases completed within access target (28 days) for CT scans	93,00%	90,00%	93,61%	94,71%

SOUTH EAST LHIN PERFORMANCE INDICATORS - May 12, 2014 Release
2014/15 ANNUAL REPORT (cnt'd)

	Performance Indicator	LHIN 14/15 Starting Point	LHIN 14/15 Performance Target	Most Recent Quarter 2014/15	2014/15 LHIN Result
Integration and Coordination of Care					
The South East CCAC is a high performer compared to their peers across the province in the timely access of clients for in-home services. Alternate Level of Care (ALC) days have increased substantially over the second half of the year. Initiatives such as iCart, Seniors Friendly Hospital, Home first and Nurse Lead Outreach Teams have been implemented to alleviate barriers to patient flow though a rededication is required to address process in both the community and in-hospital. Challenges remain with periods of reduced flow of ALC patients to long-term care homes resulting in stress on the hospital system. Perversely, these periods result in a low percentage of ALC until these patients are discharged from hospital and the metric spikes. An ALC indicator that is more responsive and actionable has been proposed for consideration to the Ministry. Substantial effort has been expended to redesign the Addiction and Mental Health (AMH) services across the South East LHIN leading to a more efficient and effective system that better meets the needs of clients in the community and contribute to reduced numbers of unnecessary ER visits.					
11	Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution*	13,37%	12,90%	14,26%	13,97%
12	90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	22,00	22,00	20,00	23,00
Quality and improved health outcomes					
13	Readmission within 30 Days for Selected CMGs**	17,70%	17,50%	17,68%	16,69%
14	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	18,50%	17,30%	20,73%	22,20%
15	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	21,80%	21,80%	24,31%	25,00%

*FY 2014/15 is based on most recent four quarters of data (Q4 2013/14 - Q3 2014/15) due to availability
**FY 2014/15 is based on most recent four quarters of data (Q3 2013/14 - Q2 2014/15) due to availability

SOUTH EAST LHIN OPERATIONAL PERFORMANCE ANALYSIS

The South East LHIN Corporate Operations, received and managed a total of $6.4M in funding for the 2014/2015 fiscal year. This represented an overall decrease of 1.5% from prior the year funding levels.

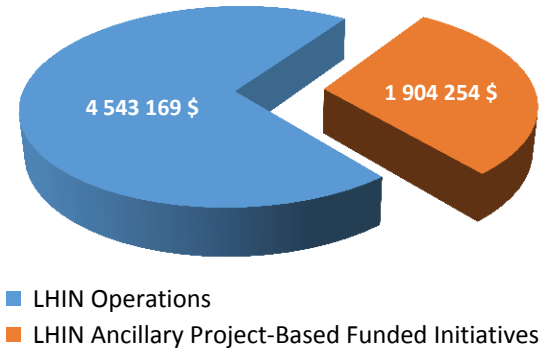
Ancillary Project-Based Funding

Included in the total above, was special funding for projects to support various MOHLTC health system priorities as well as the LHIN's third Integrated Health Services Plan "Better Integration, Better Health Care". Figure 8 on the next page shows the Allocation of the total funding between LHIN operations and ancillary project-based initiatives.

Ancillary project-based funding is used to support human resources required to achieve the initiatives. These resources are co-located at the South East LHIN office facility. The following is a list of all initiatives and projects that are included in the $1.9 M:

- Enabling Technologies Project Management Office;
- Chronic Disease Management & Diabetes Strategy;
- Emergency Room/Alternative Level of Care Strategy;
- Emergency Department Initiative;
- Aboriginal Community Engagement Initiative;
- French Language Services Initiative;
- Critical Care Initiative, and
- Primary Care Initiative.

Figure 8: Allocation of Total Managed Funding Fiscal Year 2014/2015



2014/2015 AUDITED FINANCIAL STATEMENTS

Deloitte LLP conducted an external audit in April 2015. A copy of the audited financial statements and notes disclosures are provided in the following section of this document. The results of the audit for the 2014/2015 fiscal year were very positive, with no errors or mis-statements noted.

Financial statements of

South East Local Health Integration Network

March 31, 2015

South East Local Health Integration Network

March 31, 2015

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

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

Independent Auditor's Report

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

We have audited the accompanying financial statements of the South East Local Health Integration Network (the "LHIN"), which comprise the statement of financial position as at March 31, 2015, and the statements of operations, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of LHIN as at March 31, 2015, and the results of its operations, change in its net debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
May 25, 2015

South East Local Health Integration Network

Statement of financial position
as at March 31, 2015

	2015	2014
	$	$
Financial assets		
Cash	**848 841**	841 489
Accounts receivable (Note 3)	**54 955**	48 061
	903 796	889 550
Liabilities		
Accounts payable and accrued liabilities (Note 4)	**662 232**	613 718
Due to Ministry of Health and Long-Term Care (Note 5b)	**70 605**	68 929
Due to the LHIN Shared Services Office (Note 7)	**11 109**	4 640
Due to Champlain LHIN (Note 5c)	**-**	4 346
Deferred capital contributions (Note 8)	**236 879**	294 971
Obligations under capital lease (Note 16)	**206 836**	236 150
	1 187 661	1 222 754
Net debt	**(283 865)**	(333 204)
Commitments (Note 15)		
Non-financial assets		
Prepaid expenses	**46 986**	38 233
Tangible capital assets (Note 9)	**236 879**	294 971
	283 865	333 204
Accumulated surplus	**-**	-

Approved by the Board

Donna Segal

Donna Segal - Board Chair

Janet Cosier

Janet Cosier - Finance and Audit Committee Chair

South East Local Health Integration Network

Statement of operations
year ended March 31, 2015

	Budget (Note 10)	2015 Actual	2014 Actual
	$	$	$
Revenue			
MOHLTC funding			
HSP transfer payments (Note 11)	**1 071 298 964**	**1 118 513 373**	1 114 231 259
Operations of LHIN (Note 5)	**4 543 169**	**4 481 243**	4 524 204
Project Initiatives			
Enabling Technologies	**-**	**510 000**	580 000
Emergency Department	**-**	**75 000**	75 000
Aboriginal Initiative	**-**	**15 000**	15 000
ER/ALC Initiative	**-**	**100 000**	100 000
French Language Services Initiative	**-**	**106 000**	106 000
Critical Care Initiative	**-**	**75 000**	75 000
Primary Care Initiative	**-**	**75 000**	75 000
Chronic Disease Management	**-**	**948 254**	948 254
Physiotherapy	**-**	**-**	27 344
Amortization of deferred capital contributions (Note 8)	**-**	**120 018**	117 046
	1 075 842 133	**1 125 018 888**	1 120 874 107
Funding repayable to the MOHLTC (Note 5a)	**-**	**(70 605)**	(73 275)
	1 075 842 133	**1 124 948 283**	1 120 800 832
Expenses			
Transfer payments to HSPs (Note 11)	**1 071 298 964**	**1 118 513 373**	1 114 231 259
General and administrative (Note 12)	**4 543 169**	**4 596 395**	4 627 946
Project Initiatives (Note 6)			
Enabling Technologies	**-**	**510 000**	575 654
Emergency Department	**-**	**42 000**	47 179
Aboriginal Initiative	**-**	**15 000**	15 000
ER/ALC Initiative	**-**	**100 000**	100 000
French Language Services Initiative	**-**	**106 000**	106 000
Critical Care Initiative	**-**	**72 000**	72 000
Primary Care Initiative	**-**	**72 631**	74 667
Chronic Disease Management	**-**	**920 884**	923 783
Physiotherapy	**-**	**-**	27 344
	1 075 842 133	**1 124 948 283**	1 120 800 832
Annual surplus and accumulated surplus, end of year	**-**	**-**	-

South East Local Health Integration Network

Statement of change in net debt
year ended March 31, 2015

	2015	2014
	$	$
Annual surplus	**-**	-
Acquisition of tangible capital assets	**(61 926)**	(18 965)
Amortization of tangible capital assets	**120 018**	117 046
(Increase) decrease in prepaid expenses, net	**(8 753)**	8 221
Decrease in net debt	**49 339**	106 302
Net debt, beginning of year	**(333 204)**	(439 506)
Net debt, end of year	**(283 865)**	(333 204)

The accompanying notes to the financial statement are an integrated part of these financial statements.

South East Local Health Integration Network

Statement of cash flows
year ended March 31, 2015

	2015	2014
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of tangible capital assets	120 018	117 046
Amortization of deferred capital contributions (Note 8)	(120 018)	(117 046)
Changes in non-cash operating items		
Accounts receivable	(6 894)	6 929
Prepaid expenses	(8 753)	8 221
Accounts payable and accrued liabilities	48 514	17 011
Due to MOHLTC	1 676	(249 283)
Due to the LHIN Shared Services Office	6 469	(5 152)
Due to Champlain LHIN	(4 346)	4 346
	36 666	(217 928)
Capital transaction		
Acquisition of tangible capital assets	(61 926)	(18 965)
Financing transactions		
Increase in deferred capital contributions (Note 8)	61 926	18 965
Repayment of obligations under capital lease	(29 314)	(27 888)
	32 612	(8 923)
Net change in cash	7 352	(245 816)
Cash, beginning of year	841 489	1 087 305
Cash, end of year	848 841	841 489

The accompanying notes to the financial statement are an integrated part of these financial statements.

1. Description of business

The South East Local Health Integration Network was incorporated by Letters Patent on June 9, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the South East 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 a Performance Agreement with the Ministry of Health and Long-Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

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 based on where residents primarily received their care (98% of all South East LHIN residents obtain care from local health service providers). The LHIN 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 is home to over 500,000 people and has a geographic area which spans 19,473 square kilometers; the South East LHIN is the fourth largest geographic local health integration network. The LHIN serves approximately 3.8% of Ontarians who live, in almost equal proportion, along a ribbon of more urban areas following Highway 401, or in small rural communities located across the remainder of the area. The LHIN encompasses the areas of Hastings, Prince Edward, Lennox and Addington, Frontenac, Leeds and Grenville Counties, the cities of Kingston, Belleville and Brockville, the towns of Smith Falls and Prescott, and part of Lanark and Northumberland Counties. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with the Ministry-LHIN Performance Agreement ("Performance Agreement"), 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 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. 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, 2015.

The LHIN statements do not include any Ministry managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. 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 tangible capital assets.

2. Significant accounting policies (continued)

Government transfer payments

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

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

Deferred capital contributions

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

Tangible capital assets

Tangible capital assets are recorded at cost. Cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible 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 tangible capital asset would be recognized at nominal value.

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

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized, on a straight line basis, over their estimated useful lives as follow:

Office equipment	5 years
Computer equipment	3 years
Infrastructure/Web developments	3 years
Leasehold improvements	Life of lease

Segment disclosures

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 Operations and within the related notes for both the prior and current year sufficiently disclosed information of all appropriate segments and, therefore, no additional disclosure is required.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported 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. Significant items subject to such estimates and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

3. Accounts receivable

At March 31, 2015 the LHIN has accounts receivable of $54,955 (2014 - $48,061) which represents HST receivable ($52,778) for the last quarter of the fiscal year, and CPP overpayment ($2,177).

4. Accounts payable and accrued liabilities

At March 31, 2015 the LHIN has accounts payable and accrued liabilities of $662,232 (2014 - $613,718). This amount represents accounts payable (Trade) of $250,619 (2014 - $218,334), and accrued liabilities $411,613 (2014 - $395,384).

5. Funding repayable to the MOHLTC

In accordance with the Performance Agreement, 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.

In accordance with the accounting policy related to deferred capital contributions (Note 2) the LHIN has recognized as revenue ("funding received"), the amortization of deferred capital contributions of $120,018 (2014 - $117,046), and the 2015 deferred revenue from capital contributions of $61,926 (2014 - $18,965). This has resulted in an increase to the overall LHIN Operations revenue as shown in Note 5(a) below:

	2015	2014
	$	$
LHIN Operations base funding	**4,543,169**	4,543,169
Less: Deferred revenue from capital contributions	**(61,926)**	(18,965)
LHIN Operations Revenue (Statement of Operations)	**4,481,243**	4,524,204
Add: Deferred revenue from capital contributions	**120,018**	117,046
LHIN Operations Funding (Note 5a)	**4,601,261**	4,641,250

(a) The amount repayable to the MOHLTC is made up of the following components:

			2015	2014
	Funding received	**Related expenses**	**Excess funding**	Excess funding
	$	**$**	**$**	$
Transfer payments to HSPs	**1,118,513,373**	**1,118,513,373**	**-**	-
LHIN operations	**4,601,261**	**4,596,395**	**4,866**	13,304
Emergency department initiative	**75,000**	**42,000**	**33,000**	27,821
Aboriginal initiative	**15,000**	**15,000**	**-**	-
ER/ALC Initiative	**100,000**	**100,000**	**-**	-
French Language Services Initiative	**106,000**	**106,000**	**-**	-
Critical Care Initiative	**75,000**	**72,000**	**3,000**	3,000
Primary Care Initiative	**75,000**	**72,631**	**2,369**	333
Chronic Disease Management	**948,254**	**920,884**	**27,370**	24,471
Repayable directly to MOHLTC	**1,124,508,888**	**1,124,438,283**	**70,605**	68,929
Enabling technologies, repayable to MOHLTC through Champlain LHIN	**510,000**	**510,000**	**-**	4,346
	1,125,018,888	**1,124,948,283**	**70,605**	73,275

5. Funding repayable to the MOHLTC (continued)

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

	2015	2014
	$	$
Opening balance	**68,929**	318,212
Funding repaid during the year	**(68,929)**	(318,212)
One-time funding repayable to MOHLTC	**65,739**	55,625
LHIN Operations funding repayable to MOHLTC	**4,866**	13,304
Closing balance	**70,605**	68,929

(c) The amount due to the Champlain LHIN at March 31, is made up as follows:

	2015	2014
	$	$
One-time funding repayable to Champlain LHIN	**-**	4,346

6. Operations of LHIN - Ancillary Funded Project Initiatives

The LHIN received funds for various initiatives listed in the Statement of Operations. The following table classifies the initiatives expenses by object:

	2015	2014
	$	$
Salaries and benefits	**1,372,973**	1,451,616
Professional services	**186,000**	189,600
Shared services	**73,736**	80,558
Accommodations	**69,532**	75,826
Public relations	**20,117**	25,144
Supplies	**48,663**	35,138
Mail, courier and telecommunications	**5,005**	10,781
Other	**62,489**	72,964
	1,838,515	1,941,627

Chronic Disease Management strategy operational expenses included in the project fund expenses above are as follows:

	Budget 2015	**Actual 2015**	Actual 2014
	$	**$**	$
Salaries and benefits	**770,052**	**759,104**	777,805
Others	**178,202**	**161,780**	145,978
	948,254	**920,884**	923,783

7. Related party transactions

LHIN Shared Services Office (LSSO)

The LSSO is a division of the Toronto Central LHIN and, as such, is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO is responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year end are recorded as a receivable from (payable to) the LSSO. This is all done pursuant to the Shared Service Agreement the LSSO has with all the LHINs.

LHIN Collaborative (LHINC)

LHINC was formed in fiscal 2010 to strengthen relationships between and among health service providers, associations and the LHINs, and to support system alignment. The purpose of LHINC is to support the LHINs in:

- Fostering engagement of the health service provider community in support of collaborative and successful integration of the health care system;
- Their role as system manager;
- Where appropriate, the consistent implementation of provincial strategy and initiatives;
- The identification and dissemination of best practices; and
- LHINC is an LHIN-led organization and accountable to the LHINs. LHINC is funded by the LHINs with support from the ministry of health and long-term care.

LHINC is a division of Toronto Central LHIN and as such is subject to the same policies, guidelines and directives as the Toronto Central LHIN.

Enabling Technologies for Integration Project Management Office

In fiscal 2014, the LHIN entered into an agreement with the Champlain, North East and North West LHINs (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Under the agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The LHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies for Integration Project Management Office for its Cluster and related expenses. During the year, the LHIN received funding from the Champlain LHIN of $510,000 (2014 - $580,000).

8. Deferred capital contributions

	2015	2014
	$	$
Balance, beginning of year	**294,971**	393,052
Capital contributions received during the year	**61,926**	18,965
Amortization for the year	**(120,018)**	(117,046)
Balance, end of year	**236,879**	294,971

9. Tangible capital assets

	Cost	Accumulated amortization	2015 Net book value	2014 Net book value
	$	**$**	**$**	$
Office equipment	**415,256**	**409,457**	**5,799**	63,737
Computer equipment	**168,783**	**148,778**	**20,005**	16,316
Leasehold improvements	**393,726**	**182,651**	**211,075**	214,918
	977,765	**740,886**	**236,879**	294,971

10. Budget figures

The budget was approved by the Government of Ontario. The budget figures reported in the Statement of Operations reflect the initial budget at April 1, 2014. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirement. 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 $1,118,513,373 is made up of the following:

	$
Initial HSP funding budget	**1,071,298,964**
Adjustment due to announcements made during the year	**47,214,409**
Total HSP funding budget	**1,118,513,373**

The total operating budget of $4,453,169 is made up of the following:

	$
Initial budget and total budget	**4,543,169**

11. Transfer payments to HSPs

The LHIN has authorization to allocate the funding of $1,118,513,373 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors as follows:

	2015	2014
	$	$
Operation of Hospitals	**$675,888,668**	690,025,790
Grants to compensate for Municipal Taxation - Public Hospitals	**190,725**	190,725
Long-Term Care Homes	**182,055,536**	176,939,060
Community Care Access Centres	**121,141,263**	117,582,573
Community Support Services	**35,252,773**	31,604,448
Assisted Living Services in Supportive Housing	**2,179,046**	2,048,566
Community Health Centres	**28,781,915**	28,049,843
Community Mental Health Addictions Program	**73,023,447**	67,790,254
	1,118,513,373	1,114,231,259

12. General and administrative expenses

(a) The Statement of Operations presents expenses by function. The following classifies general and administrative expenses by object, as follows:

	2015	2014
	$	$
Program based		
Salaries	**3,344,467**	3,306,308
Consulting and LHIN-based projects	**22,500**	28,110
	3,366,967	3,334,418
Shared services	**277,926**	378,674
Collaborative	**50,929**	54,357
Other (Note 12b)	**222,747**	216,670
Accommodations	**194,052**	192,172
Office equipment and supplies	**154,224**	136,321
Board per diem	**53,125**	69,075
Public relations	**106,688**	67,053
Mail, courier and telecommunications	**49,719**	62,160
	4,476,377	4,510,900
Amortization	**120,018**	117,046
	4,596,395	4,627,946

(b) The breakdown of “Other” general and administrative expenses listed in the table above are:

	2015	2014
	$	$
Training and development	**92,551**	83,023
Travel	**122,561**	120,852
Recruitment	**595**	5,656
Insurance	**7,040**	6,883
Other miscellaneous	**-**	256
	222,747	216,670

(c) The total expenses related to governance is as follows, and are included in the expenses listed in Note 12(a) above:

	2015	2014
	$	$
Board chair per diems	**19,775**	26,075
All other per diems	**33,350**	43,000
Total per diems	**53,125**	69,075
Other administrative costs	**21,425**	57,095
Total governance expenditures	**74,550**	126,170
Overhead - salaries, benefits, accommodations and shared services	**140,333**	156,688
Total governance related costs	**214,883**	282,858

(d) The total occupancy and shared service costs are reduced from actual expenses in Note 12(a) above, due to partial cost sharing with ancillary funded projects for project staff that utilize office space and or shared services during the year.

13. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf 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 2015 was $298,188 (2014 - $293,150) for current service costs and is included as an expense in the Statement of Financial Activities. The last actuarial valuation was completed for the plan as of December 31, 2014. At that time, the plan was fully funded.

14. Guarantees

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

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

15. Commitments

The LHIN has commitments under various operating leases related to building and equipment. Minimum lease payments due under the building lease as follows:

	$
2016	224,064
2017	224,064
2018	224,064
2019	224,064
2020	224,064
Thereafter	205,392
	1,325,712

The LHIN also has funding commitments to HSPs associated with accountability agreements. As of March 31, 2015, the LHIN had signed Performance Agreements with all Hospitals and Community Agencies for the next one to three years dependent upon the specific sector. The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from MOHLTC.

16. Obligations under capital lease

The LHIN has a lease under the provision of capital lease of leasehold improvements. The cost of this lease is included in equipment and the related liabilities are included in long-term debt to reflect the effective acquisition and financing of these items. The lease on the building expires in February, 2021.

The present value of future minimum rentals is as follows:

	$
2016	40,456
2017	40,456
2018	40,456
2019	40,456
2020	40,456
Thereafter	37,084
Future minimum lease payments	239,364
Less: amount representing interest	(32,528)
Present value of future minimum rentals	206,836

16. Obligations under capital lease (continued)

Principal payments required on this long-term debt for the next five years are as follows:

	$
2016	30,814
2017	32,390
2018	34,048
2019	35,789
2020	37,621
Thereafter	36,174
	206,836

South East **LHIN**

71 Adam Street
Belleville, ON K8N 5K3
Tel. (613) 967-0196
Toll Free: (866) 831-LHIN (5446)
www.southeastLHIN.on.ca

Ontario
Local Health Integration Network