Champlain
LOCAL HEALTH INTEGRATION NETWORK

Working Together for Healthy Communities

***Champlain* LHIN – Annual Report 2006-2007**

Ontario

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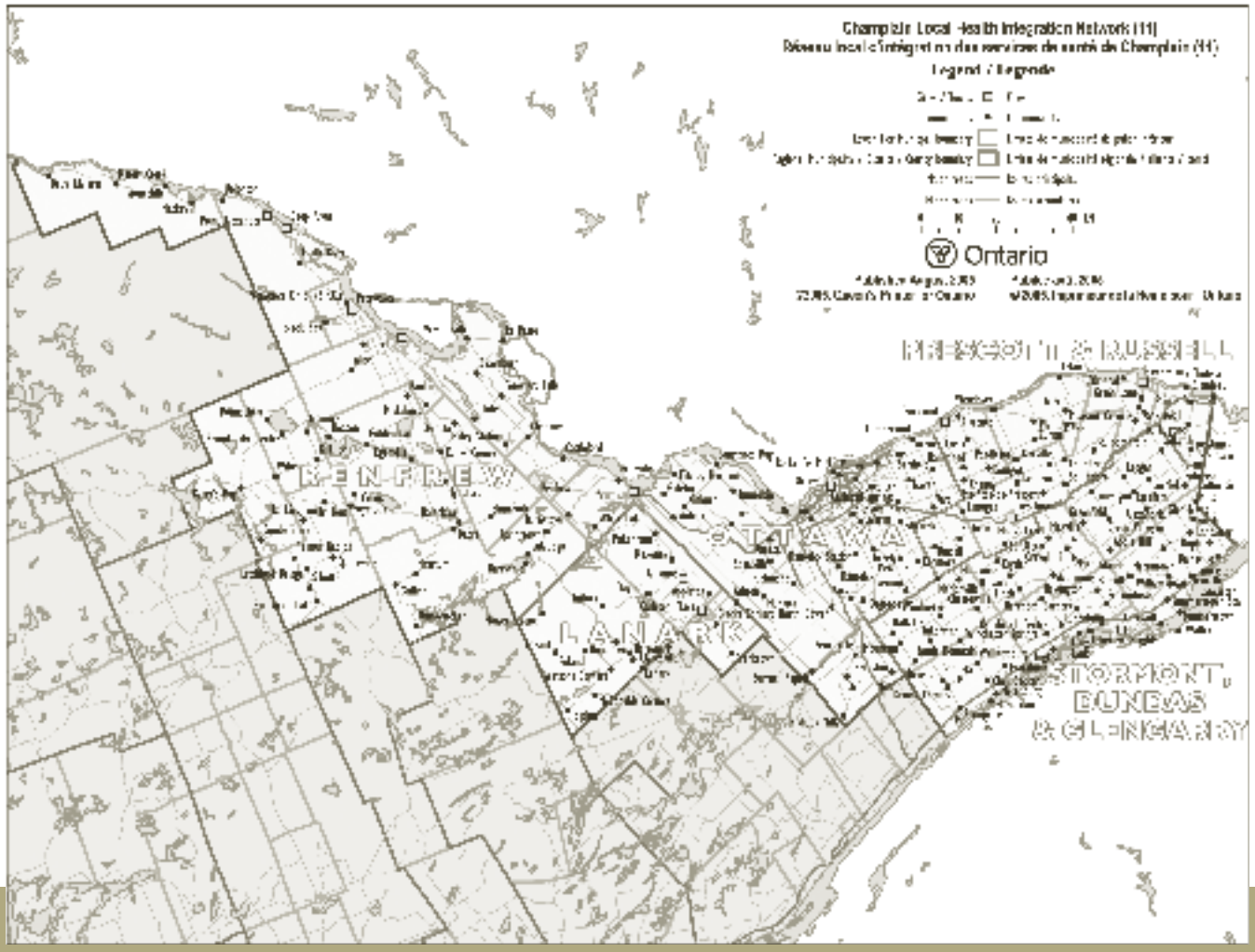
ISSN 1913-6129

Printed on Rolland Enviro100, which contains 100% recycled post-consumer fibre, is certified EcoLogo and processed chlorine-free, and manufactured using biogas energy.

Welcome to the Champlain LHIN



The *Local Health System Integration Act,* passed in March 2006, aims to improve the health of Ontarians. This will be accomplished through better access to high quality health services, coordinated health care, and effective and efficient management of the health system at the local level by local health integration networks (LHINs). LHINs are responsible for planning, integrating and funding health care providers (hospitals, long-term care homes, community support services, community health centres, Community Care Access Centres, and community mental health and addictions agencies) in their specific geographic areas.

The Champlain LHIN is a not-for-profit corporation with a mandate to *plan, coordinate and fund* health services for the Champlain region. Its mission is to build an integrated and accountable health system for people where and when they need it. This mission is based on a strong foundation of local community engagement, comprehensive planning, and appropriate resource allocation. LHINs are based on a principle that community-based care is best planned, coordinated and funded in an integrated manner within the local community because local people are best able to determine their health service needs and priorities.

The Champlain LHIN is home to 1,176,600 people or 9.5% of the population of Ontario. It encompasses a large geographical area that includes Renfrew County, the City of Ottawa, Prescott & Russell, Stormont Dundas & Glengarry, North Grenville and four parts of North Lanark (Beckwith, Carleton Place, Mississippi Mills and Lanark Highlands). In the Champlain region, there are 21 hospitals, 7 community health centres plus satellites, 61 long-term care homes, and more than 100 community-based agencies.

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Above: Maxville Manor provides a facilitative, enriched environment to 120 seniors requiring long term or respite care, as well as a number of Outreach Services to seniors and people with special needs living in their own homes or apartments in the community. Assisted by a large body of volunteers, the Outreach Services programs enhance quality of life, self-esteem and promote independence for seniors in the community. These programs include Transportation Services, Adult Day Program, Meals on Wheels, security checks, health, social and recreational programs.

Cover: Children participating in the "Peace Play, Under the Mango Tree" program at Centretown Community Health Centre. The program is designed for children who have come from areas of conflict or have experienced multiple transitions in their lives.

Joint Message from the Chair and the CEO

Wilmer Matthews

For the Champlain LHIN, the year of 2006-2007 was one of start-up and planning activities before assuming full responsibilities on April 1, 2007. Devolution of Ontario's health-care system to the regional level is well underway, with a new emphasis on *local* health-care priorities.

The current transformation of the provincial health-care system is a unique opportunity for meaningful change. However, it will not happen overnight. As we aim to improve access to health care for the residents of Champlain, we shall continue to listen to the concerns and ideas of the public, patients, clients, employees and representatives of provider organizations. Community engagement will be the key to our success.

Efforts at the LHIN over the past 12 months focused on building a high-quality fully staffed team and a cohesive well-informed Board, completing the first Integrated Health Service Plan (IHSP) with an environmental scan, and laying a foundation for community engagement through numerous site visits.

Several accomplishments during the start-up phase include:

- An emphasis on addressing the problem of elderly people waiting in hospital beds for more appropriate and compassionate care. New funding has been allotted to community organizations and hospitals to help solve this ongoing crisis.
- Recognition of existing health networks that focus on specific health issues. We call these networks 'communities of practice.' Examples include the *Perinatal Partnership Program of Southern and Eastern Ontario*, and the *Regional Geriatric Advisory Group*. New networks such as the *Champlain Lung Health Network* are emerging. The idea is to ensure, for example, that a child with asthma in Barry's Bay or a stroke patient in Cornwall will receive the best of what's available in Champlain, regardless of where they live.
- Acknowledgement of the size and diversity of the Champlain region through the creation of geographical planning areas. Called 'communities of care,' these entities will bring health-care providers together locally, build solid primary health services, and customize community services to area needs and realities. Basically, the goal is to put the 'local' in the LHIN.

Dr. Robert Cushman

- Momentum gained for a more regionalized approach for various services such as MRIs and CT scans, laboratory services, such as blood tests and pathology, critical care including intensive care units and E-health (i.e. patient electronic record). Fostering such a regional approach will improve quality and access while achieving greater efficiency.
- Early collaborative efforts to improve care for people with both mental illness and addictions.
- Reaching out to family physicians to ensure they are included in integration activities of the Champlain LHIN.
- Building a framework that will allow the Board of Directors of the Champlain LHIN, in future, to work with Boards of provider organizations in a collaborative way.

The Board envisions healthy, caring communities supported by health services of choice that achieve results – today and for the future. To make certain that this vision is fulfilled, we need to align health services to maximize the quality of care for every health dollar spent. Rest assured we shall always base our choices on the needs of residents of the Champlain region. These choices will be aligned with the vision, mission and values drafted by the Champlain LHIN Board of Directors (see page 4).

Lastly, thank you to all our partners – the public, consumers, provider organizations and employees – for your continuous efforts as we move forward together to ensure that Champlain is the healthiest region with the best care in Ontario.

Wilmer Matthews
Acting Chair
Board of Directors

Dr. Robert Cushman
Chief Executive Officer

Objectives and Accomplishments

Our Vision

Healthy, caring communities supported by health services of choice that achieve results – today and for the future.

Our Mission

To build a coordinated, integrated, and accountable health system for people where and when they need it. Our mission is based on a strong foundation of local community engagement, comprehensive planning, and appropriate resource allocation.

Our Values

Integrity

Innovation

Accountability

Respect

Transparency

Memorandum of Agreement

The new Memorandum of Agreement (MOA) was developed jointly by the Ministry of Health and Long-Term Care (MOHLTC) and the LHINs in 2006. It was signed by the Minister of Health and Long-Term Care and by the Champlain LHIN Board Chair in March, 2007. The MOA clearly defines expectations and measurements of achievement for the staff and Board members of the Champlain LHIN.

Knowledge Transfer

The Champlain LHIN participated in a series of knowledge transfer sessions in November 2006, March and April 2007. These sessions were organized by the Ministry of Health and Long-Term Care to ensure consistent LHIN staff orientation to new initiatives, policies, protocols and directives. Three to four staff members attended each session, who in turn shared the information with colleagues in their team. There were also regular meetings with the regional office and with each health network.

Objectives and Accomplishments

Integrated Health Service Plan (IHSP)

The Champlain LHIN Integrated Health Service Plan, entitled "Toward Transformation in Health—A Blueprint" was submitted to the Ministry of Health and Long-Term Care on October 31, 2006 and subsequently released to the public. The bilingual plan was the result of numerous consultations with the public, consumers and health care providers. Now posted on our website, the three-year plan outlines six strategic directions, including;

- Better access to treatment closer to home
- Addictions and mental health
- Elderly with complex and chronic conditions
- Chronic disease prevention and management
- Primary health services for healthy communities
- E-health

The plan, which was also made available in print, described a planning architecture involving communities of care (geographical planning areas to better meet local needs) and communities of practice (health networks that deal with specific issues, such as newborn health or stroke prevention). In addition, the Champlain LHIN produced an environmental scan that examined demographics, health status and health service utilization trends for the Champlain region.

"Many of you know the health care system in your community is broken: you cannot find a family doctor, pediatrician or referral to a specialist. You are frustrated by seeing a different doctor each time you have a health concern and you are especially frustrated by long waits at local clinics and hospital emergency departments. You now have the opportunity to help fix the problems. The Ontario Ministry of Health has created Local Health Integration Networks (LHIN) for defined geographical areas. . . These LHINs will have decision making authority over the allocation of health care funding. Thus, the LHIN will ultimately decide how seamless and people friendly health care provision will be."

Marion Moritz, Executive Director, Urgent Care Clinic, Orlélans – in a letter to The Star community newspaper, October 17, 2006.

Performance

The Champlain LHIN assumed responsibility for funding and performance of the health system from the Ministry of Health and Long-Term Care on April 1, 2007. LHINs across the province are working collaboratively with the Ministry to define performance, funding and accountability practices to support the new organizational model and mandates. At a local level, the Champlain LHIN is developing a performance framework that will be aligned with the Integrated Health Service Plan (IHSP) and provincial strategic priorities.

The LHINs are accountable for meeting local health system performance targets in 2007-08 for five major wait time initiatives (cataract surgery, cancer surgery, cardiac surgery, total joint replacements, and MRI/CT procedures) and the number of Alternate Level of Care days(ALC). Performance targets are negotiated with the Ministry for each of these indicators.

The Champlain LHIN worked with health system partners, through 'Communities of Practice' networks, to set performance targets, develop strategies and monitor system performance related to IHSP priorities and achieve performance targets.

Objectives and Accomplishments

Examples of specific activities include:

- Implementing several new pilot initiatives across the region to reduce ALC days and improve the health of seniors in the community, such as the Aging in Place Model, Geriatric Emergency Management Program, and the Hospital Discharge / Community Demonstration Project. These strategies were developed based on consultation with regional partners to improve patient flow.
- Creating the Champlain model for quality cancer surgery (hub and spoke model) to improve access to care throughout the region. Also, the Ages Cancer Assessment Clinic opened for lung cancer patients in January, 2007, with the colorectal and prostate components to follow.
- Developing two new LHIN working groups to devise regional strategic plans for cataracts and total joint surgery; holding a regular meeting of hospital CEOs and physician leads from the referring hospitals to discuss cardiac wait times and regional access issues.
- Establishing the Champlain Hospitals Diagnostic Imaging Working Group. The working group has developed a mission, vision, planning framework, and work plan in alignment with the LHIN priorities.

"We look forward to working with the Champlain LHIN in turning the goals and objectives into reality."

Richard Charlebois, Chairman, Board of Directors,
The Perley and Rideau Veterans' Health Centre,
in a letter October 23, 2006

Operations

Over the course of the fiscal year 2006-07, the Champlain LHIN established both a reporting and a functional structure to ensure a solid foundation upon which to move ahead.

Before assuming legislated responsibilities on April 1, 2007, staff developed a communication log to track calls, correspondence from citizens, consumers or providers, and to record actions taken. Review and analyses of this information will be helpful in learning and developing mechanisms to flag developing health system concerns.

Other specific activities to date include:

- Staffing all positions and training & orientation of new staff.
- Developing a project management structure, with corresponding staff assignments to IHSP projects.
- Establishing financial processes that ensure budgetary controls, efficient processing, and timely reporting.
- Establishing contacts with service providers.

Objectives and Accomplishments

Significant Meetings with Health Service Providers

- During the IHSP Development (April to November, 2006)
  - more than 100 site visits in which staff and Board members interacted with thousands of people (long-term care homes, community health centres);
  - discussions with active provider health networks (i.e. Champlain Mental Health Network, Réseau de services de santé en français);
  - meetings with senior leaders from each of the seven sectors under LHIN responsibility (Hospitals, Community Care Access Centres (CCACs), Addictions and Mental Health Agencies, Community Support Services, Community Health Centres (CHCs) and Long-term Care Homes).
  - a meeting with private service providers in home care;
  - a joint meeting of representatives of the health networks in Champlain was organised in October to learn of each others' work and challenges – there were about 30 participants from the 16 networks;
- The period after publication of the IHSP (December 2006 to March 31, 2007)
  - Staff met with each of the health networks associated with their projects. These networks bring together health service providers and in some cases consumers and citizens.
  - Communities of Care Advisory Forums in Eastern Counties and Renfrew County have continued to work with 'new statements of relationship' with the Champlain LHIN.

Community Engagement

Community engagement is a primary objective of the Champlain Local Health Integration Network. Not only is community engagement good practice, it is also a legal requirement for LHINs as defined in the *Local Health System Integration Act*.

In 2006-07, staff at the Champlain LHIN received input on the Integrated Health Service Plan (IHSP), both during preparation and after a draft version was completed. Six public forums were advertised broadly and held in five local communities across the region in October 2006 for health consumers, the public and health care provider organizations. In total, 235 participants attended the community forums, of which 50% identified themselves as health provider organizations, 35% as consumers and 15% as other, including, (but not limited to), public health representatives, physicians, nurses, union representatives, Aboriginal peoples and First Nation representatives, francophone organizations, MPP and municipal representatives. Additionally, 71 individuals contacted the LHIN office to request a copy of the draft IHSP and 50 written responses were submitted to the Champlain LHIN office. Feedback obtained from the engagement events was used to support the planning process and provide input into the formulation of ongoing community engagement methods. Following the completion of the fall community engagement exercise, the LHIN staff had several opportunities to discuss the final IHSP document with various networks, committees, consumers and the public.

Overall, there was a high level of support for the LHIN priorities identified in the IHSP, and an expressed interest and readiness to move forward. The following key themes were identified from the community engagement activities:

- Collaboration among health service providers is important for LHIN-wide success.
- Access includes resources and services closer to home, (transportation, physical accessibility, E-health, etc.)
- People should be rewarded for innovation.
- A systemized approach to accessing health care services is required.
- There is a desire for local representation and consultation for planning purposes.
- Accountability and performance measures are required.
- E-health is accepted as a key factor for future success.
- A focus on health promotion and disease prevention.
- Services for the Francophone population should permeate health service planning at all levels.
- Severance from the provincial corporate model is required for LHINs to become autonomous and to be acknowledged as the "local" authority.

Community Engagement

The MacNiven Consulting Report was submitted to the LHIN Chief Executive Officer in January, 2007. This report explained the similarities and differences in all 14 LHIN IHSPs by comparing approaches to community engagement strategies across the province, identifying common themes and lessons learned, and describing alignment with Ministry of Health and Long-Term Care directions. The validated summary in the MacNiven Consulting Report provided positive feedback to the Champlain LHIN. The report praised the Champlain LHIN for its effort and success in engaging the community within a short time frame. In addition, the report illustrated many areas of strength, including high success in planning, outreach and engagement, in IHSP design and coverage, for meeting ministry expectations and building strong action plans. Recommendations for the future included enhanced outreach and engagement with health interest groups and the establishment of an applied and communicated decision-making process. The recommendations identified in the MacNiven Consulting Report for the Champlain LHIN will be used to guide the evolution of future community engagement activities.

The new Champlain LHIN website has been under construction since March, 2007. Although an interim website was in place, the community engagement framework will be posted on the new site when it becomes operational. We expect this new website to be a significant enabler for community engagement. In addition, the Champlain LHIN has created a pamphlet in both English and French, entitled *Working Together for Healthy Communities*. It is now available for public distribution and is posted on our website.

The Champlain LHIN will manage expectations and evaluate the success of community engagement efforts by conducting evaluations and asking the following questions:

- Did we meet our objectives?
- How could it have been done better?
- What might be done next time to improve outcomes?
- Were the results worth the resources expended?

Lastly, it is important to recognize that the community engagement process is a dynamic one, and will evolve over time as staff and Board members build relationships with providers, consumers, and the public, and gain more knowledge and expertise.

First Nations, Aboriginal Peoples and Inuit

- The Champlain LHIN, along with other community stakeholders, is participating on the Aboriginal Working Committee of the Ottawa Aboriginal Coalition. Meetings were held to develop Terms of Reference. A priority planning session occurred to develop an action plan to address priority issues identified by the Ottawa Aboriginal Coalition.

Community Engagement

Four generations of Mohawk residents of Akwesasne re-unite. Akwesasne has a geographic uniqueness as it borders the countries of Canada and the United States of America; the Canadian provinces of Ontario and Quebec; and the American State of New York. Akwesasne representatives participated in the Integrated Health Services Plan Advisory Task Force and are members of the service provider networks in the Champlain LHIN.

- The Ontario government is currently preparing regulations that will define the 'Aboriginal and First Nations health planning entity' for the Champlain region. The Champlain LHIN will work as a partner with this planning group.
- Discussions were held at two First Nations communities: Akwesasne and Pikwakanagan.
- Representatives are invited to participate in the 'Communities of Care' and 'Communities of Practice'. Discussions are ongoing to determine the best approach to ensure representation.

Francophones

The Local Health System Integration Act, 2006 requires that the Champlain LHIN, "in carrying out community engagement, engage the French language health planning entity for the geographic area of the network." The Ontario government is currently preparing regulations that will define the 'French Language health planning entity' for the Champlain region. The Champlain LHIN will work as a partner with this planning group.

Over the past ten years, the Réseau des services de santé en français de l'est de l'Ontario (RSSF) has provided a quality planning process and forum for providers serving Francophones of the Champlain region. The LHIN will continue working with the RSSF as a partner and will adjust its approach in accordance with pending regulations.

In the continued absence of regulations, we have met with the RSSF to identify means to engage the Francophone community in particular, and the Réseau overall. In the meantime, we are ensuring that the interests of Francophones are incorporated into our planning in a linguistic and culturally sensitive manner.

On March 7, 2007 the Ministry of Health and Long-Term Care and the Champlain LHIN co-hosted a consultation for the public in the Orléans area of Ottawa to provide feedback on the ministry's provincial strategic plan. Attended by forty-four people, the event was specifically designed to engage the francophone population. Key feedback included the need for high quality care, a sustainable system, and equitable and timely access to family heath care.

Community Engagement

Expo

The Champlain LHIN was pleased to co-host, along with the other LHINs and the Ministry of Health and Long-Term Care, the *Celebrating Innovations in Health Care Expo* on April 19 and 20, 2006. Our region was well represented at the Expo, with presentations and exhibits ranging from:

- Pembroke Regional Hospital's senior administration patient visit program
- Somerset West Community Health Centre's urban walk-in clinic run by nurse practitioners
- University of Ottawa Heart Institute's new health record database, which allows health professionals to update care instructions and prescriptions in a secure and timely fashion.

The Expo, now an annual event, was an excellent information-sharing opportunity for health service providers across Ontario.

E-health

The Champlain Information Management/Information Technology strategic plan was completed in November, 2006, shared with Health Service Providers and MOHLTC representatives, and posted on the website. The importance of E-Health to an integrated health system cannot be underestimated, as it connects silos and allows for higher-quality, speedier care. E-Health is one of six strategic directions outlined in the Integrated Health Service Plan, which cited the following e-health objectives:

- Develop a portable health record containing basic information such as current health problems, medication and doses, and drug allergies.
- Build a secure system that respects privacy legislation and the rights of individuals to share information selectively.
- Ensure timely communications of health information between, for example, emergency departments, laboratories, and physicians' offices.
- Increase capacity so that e-health becomes a reality, i.e. hardware, software, networking and computer skills of practitioners.
- Bridge the digital gap between large and small organizations in the region.

As an example, one significant project is the EMPI (Enterprise Master Patient Index), a provincial initiative in which Champlain has taken a lead position. The purpose is to assign one unique patient identifier for each patient in the province that can be used within the provincial client registry. Phase III was completed in February, 2007, with the addition of Arnprior, St. Francis and Almonte hospitals, for a total of 16 Champlain hospitals to date.

A Champlain E-health Council, recommended in the Integrated Health Service Plan, will serve as an advisory committee to the Champlain LHIN CEO. Providing strategic and operational advice, this council will include individuals with domain expertise currently involved in information management and technology initiatives within the region.

Governance

The affairs of each Local Health Integration Network are under the management and control of its Board of Directors. The Champlain Board of Directors met regularly throughout the year. Its meetings are open to the public.

Governance Model Development

The Champlain LHIN Board of Directors has chosen a collaborative governance model. The aim is to promote meaningful dialogue with the public, health service providers, and funding partners to align health priorities and collectively achieve goals.

In the short-term, the collaborative engagement process will include discussions about the mandate of the organization and how it intends to engage stakeholders.

In the longer-term, the Champlain LHIN Board will engage funding partners such as the United Way in a process that should result in new and increasingly effective funding investments. The Board strongly supports a focus on health promotion and disease prevention as a way of improving quality of life for residents of the Champlain region.

Governance

"My recent attendance at a Board meeting of our Champlain LHIN left me inspired, as I witnessed this group's extensive efforts to involve many people (service providers, Board Members, and the citizens throughout Champlain district) in the process of planning the future of our region's health services... The Champlain LHIN Board meetings are open to the public, in an effort to ensure that their activities and decision making throughout this ongoing planning process are transparent. I would encourage anyone interested in understanding more about what is involved in planning effective health care services, or perhaps interested in simply understanding more about what the local LHIN's role and responsibilities will be in this effort, to attend an upcoming Board meeting."

Chris Cobus, People Helping People at Home and In Our Community, Renfrew & Area Seniors' Home Support newsletter, (Volume 1, Issue 16, March 2007)

A common Board Assessment Tool was developed by the Joseph L. Rotman School of Management of the University of Toronto. The Rotman Collaborative for Health Sector Strategy administrated this web-based tool with all Board members and will be collating the results for each LHIN Board. The resulting report will be used by the Champlain LHIN Governance Committee to identify Board training needs and appropriate actions to address these needs.

Seven Board members of the Champlain LHIN met with a Conflict of Interest Commissioner in 2006-2007 and completed their declarations. The Conflict of Interest Commissioner provided advice in accordance with the LHIN Conflict of Interest Policy.

Board of Directors

Wilmer Matthews, Acting Chair

Appointed June 1, 2005 for a three-year term

Wilmer Matthews is a retired high school principal. During 30 years with the Renfrew District School Board, he held positions as teacher, vice-principal, and principal at a variety of high schools in the county. His community involvement has included coaching or convening duties in community sports programs such as hockey, skiing and basketball. He has also been a past member of the local Lions Club. Wilmer's interest in health care has seen him involved as a director of the St. Francis Memorial Hospital Foundation Board, where he has served as acting chair as well as chair of the Capital Equipment Campaign. He resigned from this position when appointed to the Champlain LHIN Board.

Michel Lalonde, Past Chair

June 1, 2005 – January 24, 2007

After a successful career in healthcare management, Michel is now Executive-in-Residence at the University of Ottawa, School of Management, and the Masters in Health Administration (MHA) Program. For more than thirty years he served as President and Chief Executive Officer of Hawkesbury District General Hospital and the Winchester District Memorial Hospital, Vice-President of Paramedical Services at the Ottawa General Hospital and Associate Executive Director at the Montfort Hospital in Ottawa. He was also a surveyor for the Canadian Council on Health Services Accreditation, Chair of the Prescott-Russell Community Services Planning Council, Director and Vice-President of La Cité collégiale Board of Directors, Board member of the Ottawa Children's Treatment Centre and Director of the Continuous Quality Improvement (CQI) Network in Ontario.

Dr. Robert Cushman, CEO

Secretary – Appointed to the Board June 1, 2005

From 1996 to 2005, Dr. Robert Cushman held the position of Medical Officer of Health for the City of Ottawa, where he was instrumental in introducing smoke-free legislation for workplaces and public places. Previously, he was Director of Public Health in Hull, Québec. Rob has also worked as a primary care physician in a variety of healthcare settings, including the emergency room of the Children's Hospital of Eastern Ontario, the Somerset West Community Health Centre in Ottawa, and along the James and Hudson Bay coasts serving Cree and Inuit populations. Early in his career, he worked at a large African mission hospital for three years. A pioneer in Canada for bike helmet promotion and a champion for "Success by Six," Rob has become known for his work in injury prevention and early childhood development. He received the United Way of Ottawa's Volunteer of the Year Award in 2003, and Life Service Award by the City of Ottawa in September, 2005.

Board of Directors

Linda Assad Butcher

Appointed January 5, 2006 for a two-year term

Linda Assad Butcher has been Executive Director of the Consortium National de Formation en Santé for La Cité collégiale since 2002. From 1989 to 1990, she served as a member of the transition team for the creation of La Cité collégiale and subsequently held positions as Director of health sciences and community services at this community college. Prior to this, she was employed as a Learning Resources Consultant and Professor of Nursing at Algonquin College. She is a member of several professional organizations, including the Ottawa-Carleton Nursing Executives, the Ontario College Administrative Staff Association and the Ontario French Nurses Association. In 2003, she received the Capital Educator's Award. Linda has served on the boards of numerous community organizations including the United Way, the Academic Operations Committee at Montfort Hospital and the Council on Aging.

Robert Bourdeau

Appointed January 5, 2006 for a one-year term
Reappointed February 5, 2007 for a three-year term

Dr. Robert Bourdeau received his medical degree from the University of Ottawa in 1968 and his M.H.A. in 1985. He completed a Masters degree in Applied Science at McGill University in 1996. From 1985 to 2006, he served as Medical Officer of Health for the Eastern Ontario Health Unit. For many years, he was an orthopaedic surgeon and was also a medical consultant for the Commission de la santé et de la sécurité du travail de Québec (CSST) (Qc). He has served on numerous local ad hoc committees and sub-committees of the District Health Council of Eastern Ontario. Robert is a member of several professional associations including the Occupational Health Physicians of Canada, the Canadian and Ontario Public Health Associations and the Canadian and Ontario Medical Associations.

Andrew Dickson

Appointed May 17, 2006 for a one-year term
Reappointed June 17, 2007 for a three-year term

Andrew Dickson has enjoyed a long business career as president and owner of a printing company and publishing house based in Renfrew. A former broadcaster, he is Vice-President and co-owner of a recently launched private broadcasting company serving the Upper Ottawa Valley. Andrew attained his MBA from the University of Ottawa in 2002. He is a former municipal councillor for the Corporation of the Town of Renfrew, where he served for 12 years. An active community member for 25 years, Andrew has served on the boards and committees of numerous organizations, including Renfrew and Area Physician Recruitment Committee, Equip for Care fundraising drive for Renfrew Victoria Hospital, County of Renfrew Homes for the Aged Committee, Renfrew Police Services Board, Renfrew Business Improvement Area, Renfrew County International Plowing Match, Renfrew Tourism Committee, Kinsmen Club and Opeongo Housing Corporation.

Allison Griffith

Appointed May 17, 2006 for a one-year term
Reappointed June 17, 2007 for a three-year term

Allison Griffith is a nursing professional with experience in rural public health nursing, case-management, program coordination, long-term care, volunteer management and teaching. Born in Stoney Creek, Allison followed her mother's footsteps to enter the nursing profession and moved to Renfrew County after completing her Bachelor of Science in nursing at the University of Western Ontario. Most recently she has been a part-time clinical professor at the University of Ottawa, focusing on community nursing, mental health, child health and long-term care. As the Director of volunteer services at her local hospital, she has worked with an active auxiliary of 300 members. She has a Masters of Public Administration from Queen's University, specializing in health policy, and holds a certificate of competence and is a member of the College of Nurses of Ontario. Allison has been involved in many community boards and committees, including the Arnprior and District Memorial Hospital Board, and is a volunteer at her church and children's school.

Board of Directors

Gilles Lanteigne

Appointed May 17, 2006 for a two-year term

Gilles Lanteigne is an experienced health professional with a strong knowledge of the province's health care system. Since 2001, he has been executive Vice-President and Chief Operating Officer of the Canadian Council on Health Services Accreditation. He has held a number of progressive positions in health care administration, including serving as Executive Director of two acute care hospitals in Quebec and as Director of professional and rehabilitation services at Pavillon du Parc Inc, serving the Outaouais region. Gilles completed a Masters of Business Administration at University of Ottawa and a Masters in Social Work at Université de Sherbrooke, and obtained his Certified Health Executive designation in 2003. Currently he is a member of the Certified General Accountants Association of Canada and Quebec and is surveyor for the International Society for Quality in Health Care. He is a member of the Canadian College of Health Service Executives, the strategic steering committee on health care technology for the Canadian Standards Association, and a Ph.D. candidate at Université de Montréal in Public Health. He is a past member of the scientific committee of the Agence Nationale d'Accréditation et d'Évaluation en Santé in France.

Michael LeMay

Appointed January 5, 2006 for a two-year term

Michael LeMay is a retired educational professional. He was an educator with the Renfrew County District School Board for 28 years. From 1985 to 1997, he held the position of vice-principal at a number of secondary schools. Prior to this, he was principal of Renfrew County Summer School from 1971 to 1974, head of guidance from 1979 to 1985 and itinerant guidance counsellor in the Canadian Armed Forces Europe in 1979. He is past member of the Pembroke Regional Hospital Board of Directors, where he served for eight years. He has also served on the Board of Directors of Family and Children Services of Renfrew County and the Phoenix Centre for Children and Families Board of Directors. Michael is a member of the Pembroke Police Services Board, and member of the City of Pembroke Planning Advisory Committee.

Jo-Anne Poirier

Appointed June 1, 2005 for a three-year term

Ms. Jo-Anne Poirier is currently employed by United Way/Centraide Ottawa as Vice-President, Resource Development and CEO of the Government of Canada Workplace Charitable Campaign. From November 2000 to March 2003, she was First Vice-President, Business Development for MBNA Canada Bank. From 1993 to 2000, she worked as Deputy City Manager, Corporate Services with the City of Gloucester. Prior to 1993, Ms. Poirier worked for 15 years in both the private sector and regional government in increasingly senior positions. Jo-Anne's community involvement presently includes acting as a Special Advisor with the Nelson Mandela Children's Fund Ottawa Chapter. From 2003 to 2006 she served on the Board of Directors for the Regroupement des gens d'affaires de la capitale nationale (RGA). From 1999 to 2003, she served as a senior volunteer on the United Way/Centraide Ottawa Campaign Cabinet.

Financial Report

Auditors' Report

To the Members of the Board of Directors of the
Champlain Local Health Integration Network

We have audited the statement of financial position of Champlain Local Health Integration Network (the "LHIN") as at March 31, 2007 and the statements of financial activities, changes in net debt and cash flows for the year then ended. These financial statements are the responsibility of the LHIN's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, these financial statements present fairly, in all material respects, the financial position of Champlain Local Health Integration Network as at March 31, 2007 and the results of its operations, its changes in its net debt and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants

Toronto, Ontario
May 2, 2007

Statement of Financial Position

	March 31, 2007	March 31, 2006 (Notes 3, 14)
FINANCIAL ASSETS		
Cash	**$ 833,388**	$ 31,705
Accounts receivable	**104,400**	–
	937,788	31,705
LIABILITIES		
Accounts payable and accrued liabilities (Note 4)	**692,417**	–
Due to Ministry of Health and Long-Term Care ("MOHLTC")	**139,178**	31,705
Due to the LHIN Shared Services Office (Note 5)	**108,711**	–
Deferred capital contributions (Note 6)	**786,488**	943,853
	1,726,794	975,558
NET DEBT	**(789,006)**	(943,853)
NON-FINANCIAL ASSETS		
Prepaid expenses	**2,518**	–
Capital assets (Note 7)	**786,488**	943,853
ACCUMULATED SURPLUS	**$ –**	$ –

APPROVED BY THE BOARD

Wilmer Matthews, Acting Chairman of the Board

Gilles Lanteigne, Board Member

Statement of Financial Activities
Year ended March 31, 2007

	2007		2006
	Budget	**Actual**	Actual
	(unaudited)		(Notes 3, 14)
	(Note 8)		
REVENUE			
MOHLTC Funding	**$3,679,071**	**$3,388,225**	$154,217
E-Health Funding (Note 10)	**104,400**	**104,400**	–
Amortization of deferred capital contributions (Note 6)	**–**	**281,139**	252,364
	3,783,471	**3,773,764**	406,581
EXPENSES			
General and administrative (Note 9)	**3,679,071**	**3,530,186**	374,876
E-Health (Note 10)	**104,400**	**104,400**	–
	3,783,471	**3,634,586**	374,876
ANNUAL SURPLUS BEFORE FUNDING REPAYABLE TO MOHLTC	**–**	**139,178**	31,705
FUNDING REPAYABLE TO MOHLTC	**–**	**(139,178)**	(31,705)
ANNUAL SURPLUS	**–**	**–**	–
OPENING ACCUMULATED SURPLUS	**–**	**–**	–
CLOSING ACCUMULATED SURPLUS	**$ –**	**$ –**	$ –

Statement of Changes in Net Debt
Year ended March 31, 2007

	2007	2006
		(Notes 3, 14)
Annual Surplus	$ –	$ –
Acquisition of Tangible Capital Assets	**(123,774)**	(1,196,217)
Amortization of Tangible Capital Assets	**281,139**	252,364
Change in Other Non-Financial Assets	**(2,518)**	–
Decrease (Increase) in Net Debt	**154,847**	(943,853)
Opening Net Debt	**(943,853)**	–
CLOSING NET DEBT	**$(789,006)**	$ (943,853)

Statement of Cash Flows
Year ended March 31, 2007

	2007	2006 (Note 3, 14)
NET INFLOW (OUTFLOW) OF CASH RELATED TO THE FOLLOWING ACTIVITIES		
OPERATING		
Annual Surplus	**$ –**	$ –
Less items not affecting cash		
Amortization of deferred capital contributions (Note 6)	**(281,139)**	(252,364)
Amortization of capital assets	**281,139**	252,364
	–	–
Uses		
Increase in accounts receivable	**(104,400)**	–
Increase in prepaid expenses	**(2,518)**	–
	(106,918)	–
Sources		
Increase in accounts payable and accrued liabilities	**692,417**	–
Increase in due to MOHLTC	**107,473**	31,705
Increase in due to LHIN Shared Services Office	**108,711**	–
	908,601	31,705
CAPITAL TRANSACTIONS		
Acquisition of tangible capital assets	**(123,774)**	(1,196,217)
FINANCING		
Increase in deferred capital contributions (Note 6)	**123,774**	1,196,217
NET CHANGE IN CASH	**801,683**	31,705
CASH, BEGINNING OF YEAR	**31,705**	–
CASH, END OF YEAR	**$ 833,388**	$ 31,705

Notes to the Financial Statements
March 31, 2007

1. DESCRIPTION OF BUSINESS

Formation and status

The Champlain Local Health Integration Network (the "LHIN") was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the *Local Health System Integration Act, 2006* (the "Act") as the Champlain Local Health Integration Network 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 both the Act and the Memorandum of Understanding between the LHIN and the Ministry of Health and Long-Term Care (the "MOHLTC").

The LHIN has also entered into an Accountability Agreement with the MOHLTC which describes the responsibilities of the LHIN and the performance standards that are required to be maintained and achieved in order to obtain funding from the Province.

As of April 1, 2007, funding payments to providers will flow through the LHIN's financial statements. These transfer payments will be reflected as revenue and expenses in the LHIN's financial statements for the year ended March 31, 2008 and thereafter.

LHIN operations

The objects of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN includes Renfrew County, the City of Ottawa, Prescott & Russell, Stormont, Dundas & Glengarry, North Grenville and four parts of North Lanark. Most people live in the Ottawa area. Cornwall, Clarence-Rockland and Pembroke/Petawawa are also large communities. For more details, visit our website: *www.champlainlhin.on.ca.*

2. SIGNIFICANT ACCOUNTING POLICIES

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

Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

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

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

Ministry of Health and Long-Term Care Funding

The LHIN is funded solely by the Province of Ontario in accordance with budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC.

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.

Deferred contributions

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.

Any amounts received that are used to fund expenditures that are recorded as tangible capital assets are also recorded as deferred capital contributions, and are recognized as revenue over the estimated useful life of the asset reflective of the provision of its services. This amortization revenue recorded is in accordance with the amortization policy applied to the related capital asset.

Tangible capital assets

Tangible capital assets are recorded at historical cost. Historical cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets.

The cost of contributed tangible capital assets 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 the asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the contributed tangible capital asset would be recognized at nominal value.

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 follows:

Computer equipment	3 years
Infrastructure/web development	3 years
Office furniture and fixtures	5 years
Leasehold improvements	Life of lease

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

Use of estimates

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

3. ADOPTION OF PUBLIC SECTOR ACCOUNTING RECOMMENDATIONS

At the direction of the MOHLTC, commencing in 2007, the LHIN has adopted generally accepted accounting principles, applying government accounting standards issued by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants. The comparative figures included in these financial statements have been restated to conform with accounting standards adopted for the current year.

As a result of this change, the LHIN obtained the fair market value for the donated tangible capital assets received from the MOHLTC in the prior fiscal period and chose to reflect this more meaningful valuation in the financial statements. This change has been applied retroactively and the prior period has been restated resulting in an increase in deferred capital contributions, net debt and capital assets of $943,853 on the Statement of Financial Position. On the Statement of Financial Activities, amortization of deferred capital contributions increased by $252,364 as did general and administrative expenses. On the Statement of Changes in Net Debt acquisition of tangible capital assets increased by $1,196,217, amortization of tangible capital assets increased by $252,364 and closing net debt increased by $943,853.

4. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

As at March 31, 2006, the MOHLTC included accounts payable and accrued liabilities totaling $59,393 in its records on behalf of the LHIN. These expenses are included in amounts disclosed in Note 9 related to the prior period, but are not included in the Statement of Financial Position.

Notes to the Financial Statements
March 31, 2007

5. RELATED PARTY TRANSACTIONS

The LHIN Shared Services Office (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, typically on an equal basis. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year end is recorded as a receivable (payable) to the LSSO. This is all done pursuant to the Shared Service Agreement the LSSO has with all the LHINs.

6. DEFERRED CAPITAL CONTRIBUTIONS

	2007	2006
Balance, beginning of year	**$ 943,853**	$ –
Capital contributions received during the year	**123,774**	1,196,217
Amortization for the year	**(281,139)**	(252,364)
Balance, end of year	**$ 786,488**	$ 943,853

7. CAPITAL ASSETS

	2007		
	Cost	**Accumulated Amortization**	**Net Book Value**
Computer equipment	**$ 109,002**	**$ 62,618**	**$ 46,384**
Computer software	**19,555**	**13,037**	**6,518**
Office equipment	**91,310**	**22,835**	**68,475**
Furniture and fixtures	**214,100**	**85,640**	**128,460**
Leasehold improvements	**886,024**	**349,373**	**536,651**
	$1,319,991	**$533,503**	**$786,488**

	2006		
	Cost	Accumulated Amortization	Net Book Value
Computer equipment	$ 78,852	$ 26,284	$ 52,568
Computer software	19,555	6,518	13,037
Office equipment	22,863	4,573	18,290
Furniture and fixtures	214,100	42,820	171,280
Leasehold improvements	860,847	172,169	688,678
	$1,196,217	$252,364	$943,853

8. BUDGET FIGURES

The total budget of $3,679,071 has been approved by the MOHLTC. The figures have been reported for the purposes of these statements to comply with PSAB reporting principles.

9. GENERAL AND ADMINISTRATIVE EXPENSES

For the period ended March 31, 2006, certain operating expenses, other than those disclosed on the Statement of Financial Activities, were approved and paid for on behalf of the LHIN by the MOHLTC. These amounts were not included with the LHIN's financial activities and are disclosed here for information purposes. These expenses are as follows:

	2006
Salaries and benefits	$ 81,100
Accommodation/occupancy	1,109,307
Common services	42,126
Information technology	98,648
Other expenditures	175,328
	$1,506,509

Notes to the Financial Statements
March 31, 2007

For the first three months of fiscal 2007, all financial information was processed by the MOHLTC on behalf of the LHIN. Unlike 2006, these amounts are considered expenses of the LHIN directly and are included as part of the financial activities of the LHIN and are included in the Statement of Financial Activities.

As part of this transition, amounts totalling $137,029 of prior period expenses were not accrued and these amounts are included in the March 31, 2007 Statement of Financial Activities of the LHIN.

The Statement of Financial Activities' expenses are classified as follows:

	2007	2006
Program based		
Salary and benefits	**$1,577,506**	$121,453
Consulting and LHIN-based projects	**407,657**	–
Other program costs	**208,645**	78
	2,193,808	121,531
Occupancy	**220,736**	–
Shared Services	**316,116**	–
Board per diem	**110,050**	–
Office equipment and supplies	**167,015**	621
Other	**241,322**	360
Amortization	**281,139**	252,364
	$3,530,186	$374,876

10. E-HEALTH

During fiscal 2007, the Champlain LHIN received funding in the amount of $104,400 from the MOHLTC. These funds were used toward initiatives in support of its strategic e-Health Plan as defined in its Integrated Health Services Plan.

11. PENSION AGREEMENTS

The LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 25 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed by the LHIN to HOOPP for fiscal 2007 was $92,005 (2006 – $6,420) for current service costs and is included as an expense in the Statement of Financial Activities.

12. 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*.

13. COMMITMENTS AND/OR CONTRACTUAL OBLIGATIONS

The LHIN has commitments under various operating leases to 2011, including building and equipment leases. Lease renewals are likely. Minimum lease payments due in each of the next four years are as follows:

2008	$217,489
2009	217,115
2010	216,565
2011	90,157
	$741,326

14. COMPARATIVE FIGURES

The prior period figures are from the date of incorporation, June 2, 2005 to March 31, 2006.

The comparative figures have been reclassified to conform to the current year's presentation. During the 2007 fiscal year, the LHIN received direction from the MOHLTC in its Memorandum of Understanding to follow PSAB accounting. Presentation changes are a result of the change in presentation format to comply with PSAB.