Champlain **LHIN**

Communities that Care

2007-2008 Annual Report

Ontario
Local Health Integration Network

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Welcome to the Champlain LHIN

Local Health Integration Networks in Ontario are responsible for planning, coordinating and funding health care. In the Champlain region, the Local Health Integration Network (LHIN) funds 21 hospitals, 7 community health centres plus satellites, 61 long-term care homes, the Champlain Community Care Access Centre, and more than 100 Community Support Services including mental health and addictions agencies.

The Champlain LHIN is home to approximately 1,147,000 people or 9 per cent 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).

Marie E. Fortier,
Chair, Board of Directors

Robert Cushman,
Chief Executive Officer

Joint Message from Chair and CEO

This report tracks the accomplishments during the first official year for the Champlain Local Health Integration Network. Regionalized health care in Ontario has now become a reality, and the Champlain region has already seen many benefits of this important and overdue transformation. The year was a productive one, in which projects gained momentum, attained recognition, and achieved early results.

During the year 2007/08, the Champlain LHIN provided new funding in two streams – the Health System Improvement fund, and the Aging at Home Strategy fund. The first addresses urgent priorities, and the second aims to improve the way we care for our most vulnerable seniors so that they can live more independently and longer in their own homes.

The Champlain LHIN showed significant progress on key projects that will reduce the burden of risk factors for heart disease, stroke, and diabetes (Champlain Cardiovascular Disease Prevention Network), improve access to non-urgent medical transportation (Prescott-Russell rural demonstration project), and streamline rehabilitation referrals for people suffering from physical problems such as strokes (Rehabilitation Integrated Transition Tracking System).

Our LHIN has also moved forward on a number of formal regionalization projects such as hospital laboratories (Eastern Ontario Regional Laboratory Association), critical care (coordinating care for the most ill patients), and supply chain (bulk purchasing of medical supplies and equipment). Such integration will help bring about a more organized and efficient health system, which, in turn, will mean higher quality care for patients closer to home.

While lengthy wait times continue to challenge our region, these times have decreased for cataracts surgery, CT scans, and knee replacements, as compared to last year. Importantly, innovative strategies have also led to reduced numbers of hospital patients awaiting a more appropriate level of care (ALC). The new Champlain LHIN Emergency Department lead,

Dr. Louise McNaughton-Filion, was chosen to help us thoughtfully solve another of our most complex problems – emergency room overcrowding. And the hiring of Champlain LHIN Chief Information Officer, Glenn Alexander, was a first step toward the long-term objective of providing a portable electronic health record to every person in the region.

Champlain LHIN's organizational architecture is unique, and by its very nature will promote the integration of providers within defined geographical areas. Communities of Practice (networks of expertise i.e. Champlain Mental Health Network) and Communities of Care (six geographical sub-areas) are the building blocks for a framework imbued with the spirit of cooperation. At a time of increasingly tight resources, it is only by working together that we will effect meaningful, systemic change.

The Champlain LHIN Board of Directors has adopted the following values to guide the organization: integrity, innovation, accountability, respect and transparency. This last value manifests itself during open monthly Board meetings, at which challenging issues are discussed and decisions made. Members of the public are welcome to attend and listen to the proceedings. In addition, this year the Board advanced its collaborative governance project, holding ten meetings with provider Boards, some with a focus on the Aging at Home Strategy.

Lastly, our agency would be ineffective without the combined effort of our many partners, whether they are patient or provider. We wish to thank you for your innovative ideas, assistance, and yes, criticism. We look forward to forging ahead together as the pace accelerates toward achieving the healthiest region with the best care in the province.

Marie E. Fortier, Chair, Board of Directors

Dr. Robert Cushman, CEO

Integrated Health Service Plan – Progress

The Champlain LHIN has *six strategic directions* in its three-year plan for 2007 to 2010. The strategic directions do not focus on any one health care sector but instead require dedication from all health service providers and other community partners. Following are some of the highlights from 2007/08.

Improving Access to Care

The **Non-Urgent Community Transportation Coordination Pilot Project** focused on improving efficiency of patient transfers between hospitals and from hospital to long-term care homes. The project took place in Prescott-Russell counties for a period of six months. It included a central access line with a toll-free number and easy referral process, a brochure in English and French, and data collection.

The **Champlain Immigrant Health Network** received capital funding from the Champlain LHIN to build a mini-medical clinic at Reception House, where government-sponsored refugees arriving in Ottawa live for roughly four weeks before receiving stable housing. Medical students from the University of Ottawa, family physicians and nurses conduct medical screening, deliver vaccines (including to children for school-readiness), and partner with settlement workers to ensure a smoother transition for clients.

The Champlain LHIN, along with ten hospitals in the region and the Perinatal Program of Eastern Ontario, was actively engaged in a planning process to discuss a potential regional program for **maternal and newborn care**. Stakeholder consultations were held in September, 2007 and March, 2008. The intent is to optimize care for mothers and babies, both in hospitals and in the community.

Elderly with complex and chronic conditions

The **Aging in Place** program (a precursor to the larger Aging at Home Strategy, discussed in detail on page 6) provided a store-front operation with access to a range of enhanced community support and home care services in five subsidized social housing apartments in Ottawa whose residents account for high rates of hospital utilization. Services include homemaking, occupational therapy, and crisis intervention. The program is a collaboration between the LHIN, the Community Care Access Centre (CCAC), the Community Support Services (CSS) Coalition and Ottawa West CSS & the City of Ottawa Housing Corporation. The initial evaluation shows that clients and families are very satisfied and that the program is leading to lower hospital utilization by residents.

> *"It is my understanding that your organization is helping to fund the Aging in Place pilot program which has been operating recently from an office in our Ottawa Housing building. This is proving to be an excellent program for our 239-unit building. This is exclusively a seniors' residence and, I would guess that over 200 of our apartments are, like my own, single-occupant units. We are generally a good lot, however, we are also cantankerous, opinionated, lonely, argumentative and not always good at socializing and/or communicating our needs. The arrival of the Aging in Place office . . . has been instrumental in assisting with communications, bringing tenants together in congenial groups and lightening the general atmosphere in all of our ground floor community areas."*
>
> **Lois A. Wraight,** resident

The **Rehabilitation Integrated Transition Tracking System** (RITTS) system was developed to streamline referrals for patients needing rehabilitation. This system, which received a priority funding boost from the Champlain LHIN, helps people who have suffered from stroke and other illnesses. The purpose is to create legible records, improve communication between providers, and reduce time spent on clerical duties.

Primary health services for healthy communities & chronic disease prevention and management

The Champlain Cardiovascular Disease Prevention Network (CCPN) received LHIN funding for its primary care project, **Improved Delivery of Cardiovascular Care through Outreach Facilitation**, now in dozens of primary practices. This project aims to improve how family physicians work with their patients to prevent and manage risk factors such as tobacco use, obesity, and high blood pressure.

The Champlain Lung Health Network completed its lung health patient guide, **Breathing Easier**, written by asthma patient Carmela Graziani with assistance from members of the Network. This bilingual, self-management booklet will be distributed in the next fiscal year. In addition, the **Champlain Diabetes Network** held a planning day and identified key priorities, including a registry and school-aged prevention.

The **Chronic Disease Prevention and Management Collaborative** held a well-attended information exchange and poster event in the fall of 2007. The posters were then made publicly available on the Champlain LHIN website. A collaborative effort is important because a number of chronic diseases share common risk factors.

Addictions and Mental Health

The Champlain LHIN provided funds for the equivalent of three additional full-time staffing positions at Serenity House to provide **safe, affordable transitional housing** following treatment for clients with addictions.

> *"I want to take this opportunity, on behalf of the Board of Directors, to thank you for the part you've played in the base funding the Serenity House Supportive Housing just received. It is so rewarding for me as the Board President to know that our agency has been recognized for the important role it plays in the continuum of care for the men who come to Serenity House in search of a cure for their illness. We as a board and as an agency were pleased to see that the LHIN priorities in the IHSP correlated well with what we see as a priority in our community in the addiction and mental health sector."*
>
> **Brian Stanton**, President,
> Serenity House Inc.

The chair of the Champlain Addiction Coordinating Body, Glenn Barnes, was contracted by the LHIN and the City of Ottawa to produce a detailed business case for a proposed **youth residential addiction treatment centre**.

The **Concurrent Disorders Working Group** created a systems roadmap to improve care for people with both a mental health and addiction problem. This three-year action plan outlined collaborative steps to achieve the goal of provider coordination.

e-Health

The **DI-PACS** (Diagnostic Imaging – Picture Archiving and Communication System) project made good progress in 2007/08. Its goals are to move the Champlain LHIN to a filmless environment, create a central repository of medical images, and develop a central intake system for scheduling CT and MRI exams.

The Champlain LHIN completed the **Primary Care eHealth Review** of paper flow, which identified challenges of moving primary care physicians to a paperless office. Additionally, a **Deployment Readiness Assessment** was conducted to determine the relative readiness of the LHINs to take on electronic health record initiatives.

The Champlain LHIN managed a **Privacy Impact Assessment of the EMPI** (Enterprise Master Person Index). EMPI cross-references patient identifiers across multiple information systems. The assessment reviewed compliance of projects with privacy legislation and common privacy practices.

Special Initiatives

Aging at Home

Aging at Home is a significant province-wide LHIN-led strategy to transform the way in which we care for our most vulnerable seniors. After receiving 121 Expressions of Interest, the Champlain LHIN worked in partnership with the Aging at Home task force (which includes consumers) and the Réseau des services de santé en français de l'est de l'Ontario to develop 28 service plans for traditional and non-traditional providers. Four factors guided the LHIN in its goal to be client focused rather than service focused. They were: reaching seniors' health potential; making it easier to access services; building system capacity and responsiveness; and expanding housing options.

Myrtle Crawford, Jack Barr, Mary Lawson and Ruth Brown (left to right) take part in the Home Support Hikers program organized through Mills Community Support Corporation in Almonte.

The selected service plans, which address supportive housing, homelessness, relief for caregivers, day programs, falls prevention, access to primary care, and francophone and Aboriginal needs, among other interventions, amounted to an additional $6.9 million in sustainable funding for 2008/09. By 2010/11, more than $30 million will have been added in sustained funding for the Aging at Home strategy in the Champlain region.

Urgent Priority Fund

The Ministry of Health provided the Champlain LHIN with $2.54 million in 2007/08 to address urgent priorities. Health Service Providers submitted requests to the LHIN ranging from small urgent capital appeals to much-needed program and services enhancements. LHIN staff evaluated requests against the Board of Director's decision-making criteria and awarded both one-time and base funding to 57 programs in total. The priority funding was used to support the objectives of the Champlain LHIN Integrated Health Service Plan (IHSP).

Critical Care

The Champlain LHIN has taken a provincial lead in building a better system to coordinate care for the most ill patients, particularly those needing to be ventilated in intensive care units. Champlain LHIN Critical Care lead, Dr. Redouane Bouali, is working with hospitals to ensure that critically ill patients in remote areas of the Champlain region receive the same high quality care as those living in larger centres. With new technologies, this is an achievable goal. As well, the Champlain LHIN was chosen by the Ministry of Health and Long-Term Care to direct a demonstration project addressing surge capacity in critical care.

Community Engagement

Community engagement is a key element of the Champlain LHIN's legislative framework. Section 16 of the *Local Health System Integration Act* mandates Local Health Integration networks to engage with their communities. Community engagement means developing meaningful dialogue between health consumers, citizens, health service providers and the LHIN. Community engagement is also a process to improve communities by identifying and addressing local issues, ideas, concerns and opportunities.

In addition to the November 2006 Champlain LHIN Integrated Health Services Plan (IHSP), entitled "Toward Transformation in Health: A Blueprint", which outlines the areas of focus for 2007-2010, our organization created a "Community Engagement Framework" in September, 2007. Advisory networks known as Communities of Practice (cross-sectoral health service providers with clinical subject matter expertise) and Communities of Care (geographic area membership) were established in 2007 to advise the LHIN on key strategic activities to achieve the goals of the IHSP.

The Champlain LHIN's community engagement objectives over the course of one to three years include the following:

- **Education** – Introduce the LHIN and the Integrated Health Service Plan (IHSP) to Champlain residents.
- **Relationship Building** – Establish trusting and enduring relationships with people and groups in our community, both internal and external to the health system.
- **Implementation of the Architectural Cornerstones** – Develop system capacity and sustainability by focusing on the needs of the people in the Communities of Care and Communities of Practice.
- **Accountability** – Determine activities to improve health and advance the IHSP priorities. Build system capacity and sustainability.
- **Outcomes and Evaluation** – Commit to innovative practices proposed by residents, consumers and providers. Ensure the process helps to inform policy-making, planning, priority development and problem-solving at a local level.

The Champlain LHIN asks one important question: what has changed as a result of our LHIN Community Engagement efforts in 2007/08? The response includes the following quantitative and qualitative results.

- Community Engagement events included focus groups interviews, key informant interviews, provider surveys, many presentations, workshops and one-on-one discussions with health consumers. Examples of Champlain–wide community engagement events included a Spinal Cord Injury Leader's Forum, focus groups and key informant consumer interviews related to the Rehabilitation Review, the Aboriginal Health Exhibit, a Children and Youth Workshop, a Chronic Disease Prevention and Management Forum, a meeting with the MS Society Family Council, meetings with the Long-Term Care Family Health Council, the Salvation Army and the Community Support Services Coalition. In addition, LHIN presentations were made at several Health Service Provider annual general meetings and Board retreats.
- There are 36 established networks in the Champlain LHIN, and LHIN staff attend regular meetings of those Community of Practice networks (which includes consumer representation) working on projects aligned to the IHSP strategic directions. Examples of Community of Practice networks working with the LHIN include the Rehabilitation Network of Champlain, the Chronic Disease Prevention and Management Collaborative, the End of

Life Care Network, Children and Youth Services Network, the Regional Geriatric Assessment Program and the Champlain Concurrent Disorders Network.

- Six Community of Care Advisory Forums (CCAF) are up and running across the Champlain LHIN and all six held planning day workshops in 2007/08. The advisory forums bring together providers and patients from Renfrew County, North Lanark/North Grenville, Ottawa East, Ottawa Central, Ottawa West, and Eastern Counties. A Champlain-wide CCAF Orientation Forum was held in October.
- Two series of five Collaborative Board Governance Sessions with Health Service Providers were held in May and November, 2007. The intent was to create a dialogue to better align our collective health objectives within the LHIN's overall community engagement and legal framework. Although the preliminary effort was initiated by the LHIN, it is expected that this work will continue on an ad hoc basis centred on Communities of Care or related to specific health service provider board governance issues and/or needs.

- 121 Aging at Home Expressions of Interest were submitted to the LHIN and those that were retained are working with community partners on shared objectives, measures and indicators to ensure success of outcomes.
- More than 100 H-SIP (Health System Improvement Pre-proposal) forms were submitted to the LHIN highlighting collaboration efforts and opportunities among community partners.
- The Ontario Medical Association District 8, representing physicians, and the Champlain LHIN participated in a joint workshop with three objectives: to enable physicians to understand the Champlain LHIN mandate, health services plan, and evolving structure and processes; to discuss principles and processes to ensure successful communication; and to establish a functional and productive ongoing two-way relationship.

The Champlain LHIN believes our early efforts in community engagement have succeeded in creating greater collaboration and integration among existing service providers internal and external to the health-care sector. Additionally, there is greater focus on inter-sectoral planning and cooperation with a focus on population health issues of specific target populations within geographic areas.

In summary, a foundation has been developed and a shared vision created in which health service providers are working together to build work plans to achieve Champlain LHIN planning goals.

Francophone population

The Réseau des services de santé en français de l'est de l'Ontario advises the Champlain LHIN on the health needs of the francophone population. The Réseau is the main source of input on services required to best meet the needs of the French speaking residents. During 2007/08, the Réseau participated in the development of 'statements of relationship' with our Communities of Care Advisory Forum and with the Communities of Practice.

The Réseau also participated as an integral partner in the evaluation of the 'Expressions of Interest' within the Aging at Home Strategy. To that end, it organized a consultation session with the francophone community to identify the needs of the francophone targeted population. The advice provided was invaluable, particularly with respect to the needs of the immigrant population whose 'Canadian' language is French. The Réseau adjusted their evaluation tool to align with the LHIN template, created a team of community representatives to undertake the evaluation, and assigned a staff member to the project who became a member of the LHIN's Aging at Home team. This experience will form the basis for ongoing collaboration.

Aboriginal population

In the fall of 2007, a coalition of 11 Aboriginal organizations met with the Champlain LHIN for an information and brainstorming session. As a result, the coalition submitted a joint proposal for the Aging at Home Strategy, which was accepted as a service plan described as a holistic and culturally relevant Circle of Care. The LHIN also provided the group one-time funding to conduct a preliminary assessment of Aboriginal service providers' ability to collect and access data (data capability) and identify what is required to build an adequate planning data collection.

As well, the Aboriginal Working Committee of the City of Ottawa, in partnership with the Champlain LHIN as a funder, organized a Listening Circle event in January. The event attracted more than 180 participants including representatives from all Aboriginal service organizations in Ottawa and a wide range of non-Aboriginal organizations. The objectives were to continue to foster dialogue among Aboriginal and non-Aboriginal service providers, review key issues, identify specific actions that the Aboriginal Working Committee could do as part of their work plan, and determine specific actions that individual service providers can do to work more effectively with Aboriginal communities.

Two First Nations service providers, Pikwàkanagàn and Akwesasne, are currently involved with the Renfrew County and Eastern Counties Communities of Care Advisory Forums respectively. Tungasuvvingat Inuit participates in the Ottawa East Community of Care Advisory Forum.

Integration Activities

Integrated Supply Chain Management

This was the Champlain LHIN's first integration project, and involved nine hospitals and Ontario Buys. Aiming to lower costs and standardize supplies, the project creates a regional management model for sourcing, warehousing, and delivery of hospital medical supplies and equipment. Significant savings are expected. The new regional supply chain model is managed under a not-for-profit Shared Services Organization (SSO), which will have a Board of Directors made up of representatives from hospitals who currently manage supply chain processes. Other hospitals and agencies may join the SSO at their discretion according to SSO bylaws.

Convalescent Care

The Champlain LHIN recently worked with the Convalescent Care Working Group to respond to a request from Granite Ridge Long-Term Care Home to relocate its 12-bed convalescent care program. The LHIN facilitated the development of an integration plan to maintain access to quality care in this sector.

The LHIN allocated the subsidy for an additional nine convalescent care beds at the Perley and Rideau Veterans' Health Centre increasing the size of their convalescent care program to 22 beds. The move enabled Specialty Care Granite Ridge to convert convalescent beds to long-term care beds, adjusted the short-stay capacity in the system to align better with the current demand, and build upon the strong convalescent care program at the Perley and Rideau Veterans' Health Centre. Three convalescent care beds remain unallocated at this time.

EORLA (Eastern Ontario Regional Laboratory Association)

EORLA is a regional laboratory that will see hospitals pooling their collective laboratory services. A regional lab means higher quality, timely, and better integrated health care. Based on a third-party review of EORLA released publicly in February, 2008, the Ministry of Health and Long-Term Care endorsed EORLA's business plan and provided funding to move the project forward. The integration will support clinical programs at every hospital, standardize testing, and help curb costs.

Performance

Wait Times

During the past year, the Champlain LHIN made significant strides in several wait time programs. Highlights include a 32, 25, and 25 per cent decrease in wait times for knee replacement, cataract surgery, and CT scans respectively. Despite these improvements, the Champlain LHIN remains considerably below provincial benchmarks and has fallen to thirteenth of 14 LHINs in five of nine areas. In March 2008, the Champlain LHIN hired the CourtyardGroup to investigate the quality of reporting data at the hospital level, as this will help drive our work in 2008-09.

Ross Duncan receives information from Advance Practice Nurse (APN), Maureen Sly-Havey about knee replacement surgery at Queensway Carleton Hospital's Total Joint Assessment Clinic.

Appropriate Level of Care

The implementation of innovative strategies to improve patient flow and reduce the risk of hospitalization of seniors is leading to reduced numbers of patients awaiting a more appropriate level of care (ALC). The innovative strategies included: Aging in Place, Geriatric Emergency Management (GEM) programs, and enhanced access to community based services. This is a positive development for our region.

Innovative Wait Times Initiative: The Total Joint Assessment Clinic at Queensway Carleton Hospital

This new clinic, which opened in October, 2007, uses a central intake system to help reduce wait times for hip and knee surgeries. Patients referred to the clinic are assessed by a physiotherapist or advanced practice nurse to determine if they are a candidate for surgery. If so, patients can choose a surgeon of their own choice, the referring physician's choice, or the one with the shortest waiting time. However, if the patient is not a candidate for surgery, they receive the benefit of a non-surgical stream of treatment that involves physiotherapy, for example. Since the clinic opened, it has improved access to orthopaedic surgeons, helped to equalize surgeon wait lists, and made better use of professional scope of practice.

Operational Performance

During the year, the LHIN staff continued its ongoing activities of planning and coordinating community engagement activities, communicating with health service providers and the public, and allocating funding to its providers as well as monitoring their financial performance.

The Champlain LHIN operational budget was $4.2M; we ended the year with a $15,799 surplus. Specifically, the LHIN hired additional staff to support its contract and funding responsibility as well as its financial and administrative requirements. The total number of staff as at March 31, 2008 was 28. The facilities were expanded to accommodate the additional staff and the Chief Information Officer who resides within the LHIN office, and to provide new meeting rooms that are also used by providers and networks. The LHIN also focused on creating, expanding and improving its internal processes, policies, and procedures. Lastly, the LHIN made financial contributions to support various LHIN-wide initiatives that aligned with the six strategic directions.

Board of Directors

Marie E. Fortier, Chair of the Board of Directors

Appointed May 30, 2007 for a three-year term.

Marie Fortier studied commerce and health administration at the University of Ottawa. She held a number of positions in hospitals and regional health and social planning in Eastern Ontario and Western Quebec before joining the public service of Canada in 1986. From 1986 to 2001, she played a variety of roles in Health Canada including those of Assistant Deputy Minister, Medical Services Branch, and Assistant Deputy Minister, Policy and Consultation. She also served as Executive Director for the Secretariat of the National Forum on Health. In 1999, she was appointed Associate Deputy Minister of Health Canada and in 2001, Associate Deputy Minister in the Department of Indian and Northern Affairs. She became Deputy Minister of Intergovernmental Affairs in 2004. She retired from that position and from the public service in 2006. Ms Fortier lives in Ottawa with her spouse. She has three sons and two grandsons.

Michael LeMay, Vice Chair

Reappointed January 5, 2008 for a three-year term.

Michael LeMay is a retired educator. He was a teacher 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 1971-74, head of guidance from 1979-85 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 nine years. He has also served on the Board of Directors of Family and Children Services of Renfrew County, the Phoenix Centre for Children and Families Board of Directors and on the Pembroke Planning Advisory Committee. Michael is also a member of the Pembroke Police Services Board.

Robert Bourdeau

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 medical consultant for the Commission de la santé 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 Canadian and Ontario Medical Associations.

Linda Assad Butcher

Reappointed January 5, 2008 for a three-year term.

Linda Assad Butcher was executive director of Consortium National de Formation en Santé for La Cité collégiale from 2002 to 2007. 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 Professor of Nursing at Algonquin College. She was 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.

Andrew Dickson

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 broadcasting company that operates radio stations that serve the Upper Ottawa Valley as well as Napanee and Strathroy, Ontario. 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 and Chamber of Commerce, Renfrew County International Plowing Match, Kinsmen Club and Opeongo Housing Corporation.

Allison Griffith

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, Griffith followed in her mother's footsteps to enter the nursing profession completing her Bachelor of Science in nursing at the University of Western Ontario. She began her career at the Renfrew County Public Health Unit as a rural public health nurse in a generalized program. Most recently she has been a part-time clinical professor at the University of Ottawa focusing on community nursing. Allison also teaches at Algonquin College and most recently at Queen's University supervising nursing students in the completion of community nursing projects. As the past director of volunteer services at her local hospital, she has worked with an active auxiliary of 300 members. She has a Master of Public Administration from Queen's University, specializing in health policy, 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.

Gilles Lanteigne

Appointed May 17, 2006 for a two-year term.

Gilles Lanteigne of Ottawa 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.

Jo-Anne Poirier

Reappointed June 2, 2008 for a three-year term

Ms. Jo-Anne Poirier is currently the Chief Executive Officer of the Ottawa Community Housing Corporation. Before January 2008 she was 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 November 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.

Wilmer Matthews

Reappointed June 2, 2008 for a three-year term.

Wilmer Matthews is a retired high school principal. In 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.

Report of Management

The management of the Champlain Local Health Integration Network (LHIN) is responsible for the preparation and presentation of the accompanying financial statements in conformity with generally accepted accounting principles. In preparing these financial statements, management selects appropriate accounting policies and uses its judgement and best estimates to ensure that the financial statements are presented fairly, in all material respects. Financial data included throughout this Annual Report is prepared on a basis consistent with that of the financial statements.

The LHIN maintains a system of internal accounting controls designed to provide reasonable assurance, at a reasonable cost, that assets are safeguarded and that transactions are executed and recorded in accordance with the LHIN's policies for doing business. This system is supported by written policies and procedures for key business activities; the hiring of qualified, competent staff; and by a continuous planning and monitoring program.

Deloitte & Touche LLP, the independent auditors appointed by the Board of Directors, have been engaged to conduct an examination of the financial statements in accordance with generally accepted auditing standards, and have expressed their opinions on these statements. During the course of their audit, Deloitte & Touche LLP reviewed the LHINs system of internal controls to the extent necessary to render their opinion on the financial statements.

The Board of Directors is responsible for ensuring that management fulfills its responsibility for financial reporting and internal control, and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Audit Committee. The Committee meets at least four times annually to review audited and unaudited financial information. Deloitte & Touche LLP has full and free access to the Audit Committee.

Management acknowledges its responsibility to provide financial information that is representative of the LHINs operations, is consistent and reliable, and is relevant for the informed evaluation of the LHINs activities.

Dr. Robert Cushman
Chief Executive Officer

Suzanne Dionne
Senior Director, Performance,
Contracts and Allocations

May 2, 2008

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

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

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

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
May 2, 2008

Champlain Local Health Integration Network

Statement of financial position

Year ended March 31, 2008

	2008	2007
	$	$
Financial assets		
Cash	**1,378,650**	833,388
Accounts receivable	**-**	104,400
	1,378,650	937,788
Liabilities		
Accounts payable and accrued liabilities	**1,158,527**	692,417
Due to MOHLTC (Note 3b)	**177,188**	139,178
Due to the LHIN Shared Services Office (Note 4)	**44,189**	108,711
Deferred capital contributions (Note 5)	**663,429**	786,488
	2,043,333	1,726,794
Net debt	**(664,683)**	(789,006)
Non-financial assets		
Prepaid expenses	**1,254**	2,518
Capital assets (Note 6)	**663,429**	786,488
	664,683	789,006
Accumulated surplus	**-**	-

Approved by the Board

Marie E. Fortier, Board Chair

Andrew Dickson, Board Director

Champlain Local Health Integration Network

Statement of financial activities

Year ended March 31, 2008

		2008	2007
	Budget (unaudited) (Note 7)	**Actual**	Actual
	$	**$**	$
Revenue			
MOHLTC funding			
HSP transfer payments (Note 8)	**1,958,126,400**	**1,996,099,603**	-
LHIN Operations	**4,173,256**	**3,971,260**	3,388,225
E-Health (Note 9)	**275,000**	**275,000**	104,400
Aging at Home (Note 9)	**246,000**	**246,000**	-
Eastern Ontario Regional Laboratory Association (Note 9)	**159,390**	**159,390**	-
Emergency Department Leader (Note 9)	**43,800**	**43,800**	-
Aboriginal Engagement (Note 9)	**35,000**	**35,000**	-
Wait Times Strategy (Note 9)	**70,000**	**70,000**	-
Ministry of Health Promotion funding			
Integrated Drug Strategy (Note 9)	**25,000**	**25,000**	-
Amortization of deferred capital contributions (Note 5)	**-**	**325,055**	281,139
	1,963,153,846	**2,001,250,108**	3,773,764
Expenses			
Transfer payments to HSPs (Note 8)	**1,958,126,400**	**1,996,099,603**	-
LHIN Operations general and administrative (Note 10)	**4,173,256**	**3,955,461**	3,249,047
E-Health (Note 9)	**275,000**	**275,000**	104,400
Aging at Home (Note 9)	**246,000**	**246,000**	-
Eastern Ontario Regional Laboratory Association (Note 9)	**159,390**	**156,379**	-
Emergency Department Leader (Note 9)	**43,800**	**34,718**	-
Aboriginal Engagement (Note 9)	**35,000**	**35,000**	-
Wait Times Strategy (Note 9)	**70,000**	**59,882**	-
Integrated Drug Strategy (Note 9)	**25,000**	**25,000**	-
Amortization	**-**	**325,055**	281,139
	1,963,153,846	**2,001,212,098**	3,634,586
Annual surplus before funding repayable to MOHLTC	**-**	**38,010**	139,178
Funding repayable to the MOHLTC (Note 3a)	**-**	**(38,010)**	(139,178)
Annual and accumulated surplus	**-**	**-**	-

Champlain Local Health Integration Network

Statement of changes in net debt

Year ended March 31, 2008

	2008	2007
	$	$
Annual surplus	-	-
Acquisition of capital assets	(201,996)	(123,774)
Amortization of capital assets	325,055	281,139
Decrease (increase) in other non-financial assets	1,264	(2,518)
Decrease in net debt	124,323	154,847
Opening net debt	(789,006)	(943,853)
Closing net debt	**(664,683)**	(789,006)

Champlain Local Health Integration Network

Statement of cash flows

Year ended March 31, 2008

	2008	2007
	$	$
Operating		
Annual surplus	-	-
Non-cash items		
Amortization of capital assets	325,055	281,139
Amortization of deferred capital contributions (Note 5)	(325,055)	(281,139)
Changes in non-cash working capital		
Decrease (increase) in accounts receivable	104,400	(104,400)
Decrease (increase) in prepaid expenses	1,264	(2,518)
Increase in accounts payable and accrued liabilities	466,110	692,417
Increase in due to MOHLTC	38,010	107,473
(Decrease) increase in due to LHIN Shared Services Office	(64,522)	108,711
	545,262	801,683
Capital transactions		
Acquisition of capital assets	(201,996)	(123,774)
Financing		
Increase in deferred capital contributions (Note 5)	201,996	123,774
Net change in cash	545,262	801,683
Cash, beginning of year	833,388	31,705
Cash, end of year	**1,378,650**	833,388

Notes to the financial statements

March 31, 2008

1. Description of business

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

Commencing April 1, 2007 all funding payments to LHIN-managed Health Service Providers ("HSP") 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 HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2008.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers 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 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 the Ministry LHIN Accountability Agreement ("MLAA"), which describes budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

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

The LHIN statements do not include any Ministry managed programs.

Government transfer payments

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

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. 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 expenditures that are recorded as 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 is in accordance with the amortization policy applied to the related capital asset.

Capital assets

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

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

Capital assets are stated at cost less accumulated amortization. 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. Funding repayable to the MOHLTC

Any funding received in excess of expenses incurred is required to be returned to the MOHLTC.

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

	Revenue	Expenses	Surplus
	$	$	$
Transfer payments to HSPs	**1,996,099,603**	**1,996,099,603**	**-**
LHIN Operations	**4,296,315**	**4,280,516**	**15,799**
E-Health	**275,000**	**275,000**	**-**
Aging at Home	**246,000**	**246,000**	**-**
Eastern Ontario Regional Laboratory Association	**159,390**	**156,379**	**3,011**
Emergency Department Leader	**43,800**	**34,718**	**9,082**
Aboriginal	**35,000**	**35,000**	**-**
Wait Times	**70,000**	**59,882**	**10,118**
Ministry of Health Promotion-Integrated Drug Strategy	**25,000**	**25,000**	**-**
	2,001,250,108	**2,001,212,098**	**38,010**

b) The amount due to the MOHLTC at March 31 consists of:

	2008	2007
	$	$
Due to MOHLTC, beginning of year	**139,178**	-
Funding repayable to the MOHLTC related to current year activities	**38,010**	139,178
Due to MOHLTC, end of year	**177,188**	139,178

4. 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 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. In addition, the LSSO periodically incurs expenses on behalf of the LHINs and charges the appropriate LHINs to recover these costs.

5. Deferred capital contributions

	2008	2007
	$	$
Balance, beginning of year	**786,488**	943,853
Capital contributions during the year	**201,996**	123,774
Amortization for the year	**(325,055)**	(281,139)
Balance, end of year	**663,429**	786,488

6. Capital assets

			2008
	Cost	**Accumulated amortization**	**Net book value**
	$	**$**	**$**
Computer equipment	**120,290**	**102,714**	**17,576**
Computer software	**32,514**	**23,874**	**8,640**
Office equipment	**125,165**	**48,152**	**77,013**
Furniture and fixtures	**246,200**	**134,880**	**111,320**
Leasehold improvements	**997,818**	**548,938**	**448,880**
	1,521,987	**858,558**	**663,429**

			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

7. Budget figures

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

The total HSP funding budget of $1,996,099,603 is made up of the following:

	$
Initial budget	1,958,126,400
Adjustment due to announcements made during the year	37,973,203
Total budget	1,996,099,603

The total LHIN Operations approved budget was $4,173,256.

8. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $1,996,099,603 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in fiscal 2008 as follows:

	$
Operation of Hospitals	**1,357,807,463**
Grants to compensate for Municipal Taxation - Public Hospitals	**352,125**
Long-Term Care Homes	**237,250,748**
Community Care Access Centres	**158,711,050**
Community Support Services	**24,616,654**
Assisted Living Services in Supportive Housing	**5,925,900**
Community Health Centres	**39,738,629**
Community Mental Health Addictions Program	**57,283,265**
Addictions Program	**14,475,665**
Specialty Psychiatric Hospitals	**99,909,679**
Grants to compensate for Municipal Taxation - Psychiatric Hospitals	**28,425**
	1,996,099,603

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

9. Special programs

e-Health

The Champlain LHIN received $275,000 during fiscal 2008. These funds were used toward initiatives in support of its strategic e-Health Plan as defined in its Integrated Health Services Plan. As well, late in fiscal 2008, the LHIN hired a Chief Information Officer who will oversee these LHIN-wide e-Health initiatives.

Aging at Home

The LHIN's 2006 Integrated Health Service Plan identified the "elderly with complex and chronic conditions" as one of its priorities which also aligns with the provincial strategy to assist people to age better in their homes. The $246,000 received in fiscal 2008 was used to fund the development of service plans and projects aligned with this program.

Eastern Ontario Regional Laboratory Association (EORLA)

The MOHLTC, through its Laboratories Branch, conducted a review of the EORLA's business case. As a result of that review, the MOHLTC has mandated a Steering Committee to oversee the implementation of the recommendations of this third party review. The funds received in fiscal 2008 were used to support these obligations.

Emergency Department Leader

The MOHLTC is working closely with the LHINs, Ontario hospitals and healthcare professionals to implement a comprehensive Emergency Department Strategy. To support the improvements required by this strategy, the MOHLTC and the LHIN jointly retained an Emergency Department Leader. The funds received were used to compensate the Leader.

Aboriginal Engagement

The MOHLTC provided funding for Aboriginal community engagement. The funds were used to support the LHIN's activities in engaging Aboriginal communities, HSPs and other relevant organizations. The activities included a "Listening Circles" event, a draft report of the Listening Circles event, two surveys and an information fair.

Wait Times

The MOHLTC provided funding to support Ontario's Wait Time Strategy. The LHIN used the funds to obtain an assessment of the data quality and wait list management issues within the LHIN, as well as an identification of the key areas for improvement.

Integrated Drug Strategy

The Ministry of Health Promotion provided the LHIN with $25,000 to assist in assessing the City of Ottawa's Integrated Drug Strategy. The City of Ottawa contributed an equal amount to the assessment. The focus was on youth residential addiction treatment.

10. General and administrative expenses

The expenses incurred by the LHIN Operations are classified as follows:

	2008	2007
	$	$
Program based		
Salary and benefits	**2,669,094**	1,586,783
Consulting and LHIN-based projects	**268,334**	407,657
Other program costs	**224,481**	234,560
	3,161,909	2,229,000
Occupancy	**201,080**	211,459
Shared services	**300,000**	290,201
Board per diem	**83,625**	110,050
Office equipment and supplies	**87,222**	167,015
Other	**121,625**	241,322
	3,955,461	3,249,047
Amortization	**325,055**	281,139
	4,280,516	3,530,186

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 27 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 2008 was $208,906 (2007 - $92,005) 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

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

	$
2009	247,027
2010	244,273
2011	121,430
	612,730

The LHIN also has funding commitments to HSPs associated with accountability agreements. Minimum commitments to HSPs relating to the next two years, based on the current accountability agreements, are as follows:

	$
2009	2,026,926,300
2010	2,090,959,400

14. Segment disclosures

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

15. Comparative figures

Some comparative figures have been reclassified to conform to the current year's presentation.