Champlain **LHIN**

Today and For the Future

2008-2009 Annual Report

Ontario
Local Health Integration Network

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ISSN 1911-2998 (print)

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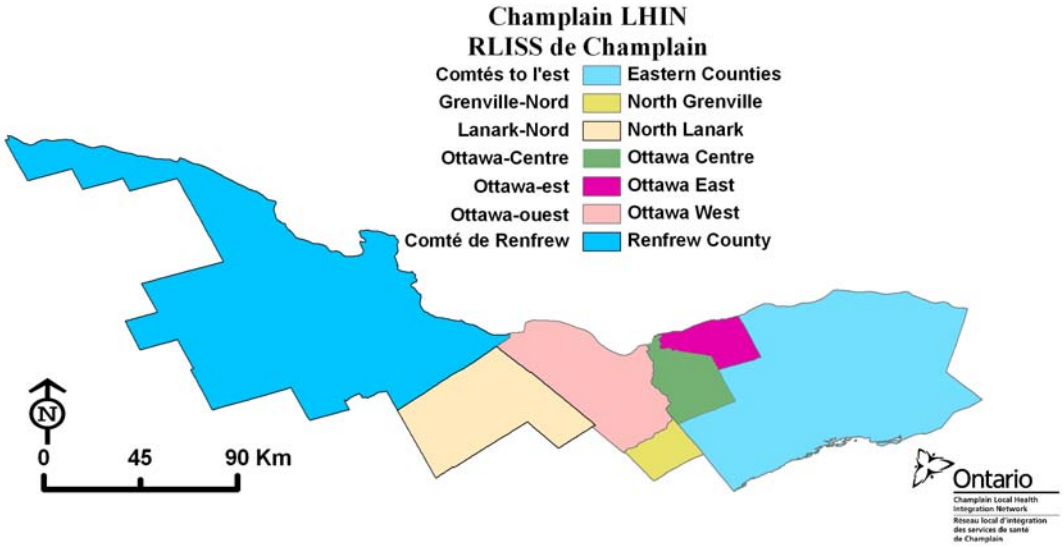
Welcome to the Champlain LHIN



Local Health Integration Networks in Ontario are responsible for planning, coordinating, integrating and funding health care.

The Champlain Local Health Integration Network (LHIN) funds 209 health service providers, including 20 hospitals, 10 community health centres plus satellites, 59 long-term care homes, 58 community support services, 35 mental health agencies, 26 addictions agencies, and the Champlain Community Care Access Centre.

The Champlain region encompasses a large geographical area that includes the Eastern Counties, North Lanark/North Grenville, the City of Ottawa, and Renfrew County. The Champlain region is as diverse as Canada itself, comprised of urban and rural neighbourhoods, Anglophone and Francophone populations, Aboriginal, as well as multicultural communities.

The region is home to approximately 1,147,200 people or 9.4 per cent of the population of Ontario.

Message from the Chair and CEO

The Champlain LHIN is proud of its recent achievements, the result of careful planning and hard work. Since the provincial legislation that created LHINs was passed in 2006, our organization has transformed from relatively unknown to increasingly recognized, and from ideas-based to results-driven.

Of our accomplishments this year, the Aging at Home Strategy stands out as one of the most significant. Caring for seniors as they become increasingly frail in the last five to ten years of their lives remains the foremost challenge in health care. Through 28 Aging at Home projects across the region totalling roughly $7 million, the Champlain LHIN has increased services in the home, added much-needed supportive housing, provided more help for seniors in crisis, and expanded day programs. New and innovative partnerships were created as a result of these programs.

In fact, building partnerships is a constant theme for the Champlain LHIN. An example is the Champlain Cardiovascular Disease Prevention Network, an alliance of 14 health and community partners. The network's six initiatives are designed to make residents of the Champlain region the most heart-healthy and stroke-free in Canada. The work of the cardiovascular network is a perfect vehicle for one of our key priorities - the prevention and management of chronic disease.

Another of the Champlain LHIN's priorities is eHealth, and in this area we are steadily progressing. To illustrate, the Champlain LHIN has been identified as an 'early adopter' for the provincial diabetes registry. The registry, intending to cultivate a more modern rapport between patients and physicians, will streamline care for the rising number of residents with diabetes. It's a first step toward the ultimate goal of an electronic health record for everyone.

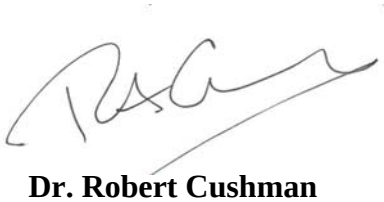
Certainly, the region's health system cannot serve citizens well unless it provides good access. After a year of focusing on long wait times for diagnostic and surgical procedures, we have seen marked improvements. In particular, wait times became shorter for cancer surgery, cardiac bypass procedures, cataract surgery, hip replacements, and knee replacements. However, some areas continue to be problematic, specifically wait times for MRI scans and time to placement in a long-term care home. With new MRI machines in place and the implementation of projects to support people for a longer period in the community, we anticipate improved outcomes.

Also this year, the LHIN successfully negotiated accountability agreements with more than 100 community-based services, including the Champlain Community Care Access Centre (CCAC), addictions and mental health agencies, and community support services. Accountability agreements between health care providers and LHINs are a first in Ontario, helping to create a more performance-based and financially accountable system. The process is a transparent one, with the two-year agreements posted on the Champlain LHIN website.

The Champlain LHIN is increasingly responsive to residents across the region from Hawkesbury to Deep River. We are moving toward a more regionalized health system, starting with maternal and newborn care. Such an approach will mean patients and clients receive the right care, at the right time, and in the right place. In addition, we have helped to fund a more robust addictions treatment system for youth in high schools. We have begun to seriously address wait times in emergency rooms. And we are working closely with Francophone and Aboriginal communities to make sure that unique health needs are met.

Given current financial restraints, it is more important than ever to foster creativity, to put in place programs that will fundamentally change the way we promote health and manage disease. By doing so, we are truly following our vision of building caring, healthy communities – today and for the future.

Marie E. Fortier
Chair, Board of Directors

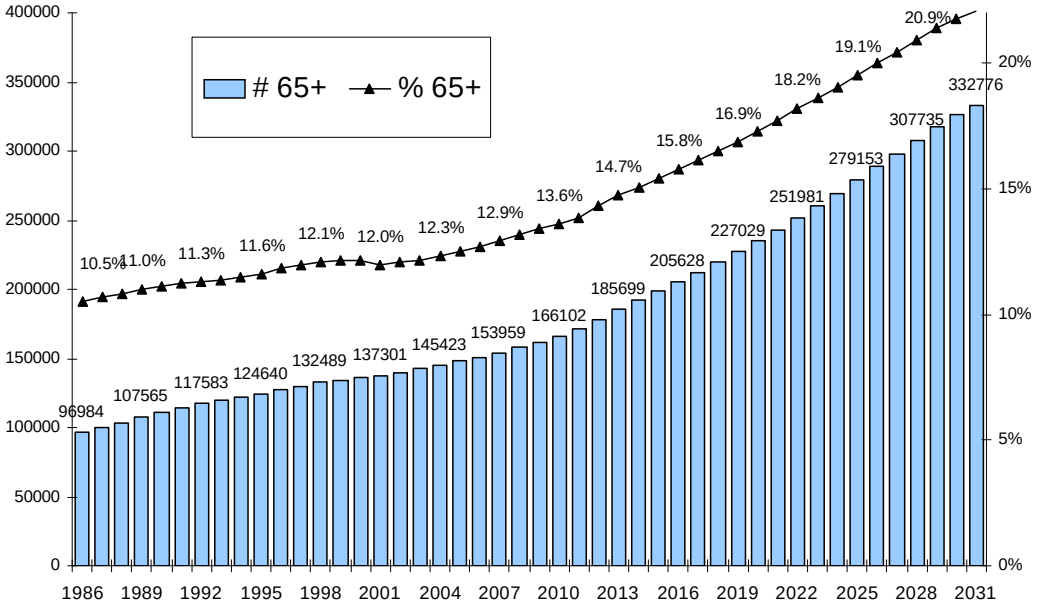


Dr. Robert Cushman
Chief Executive Officer

Population Profile

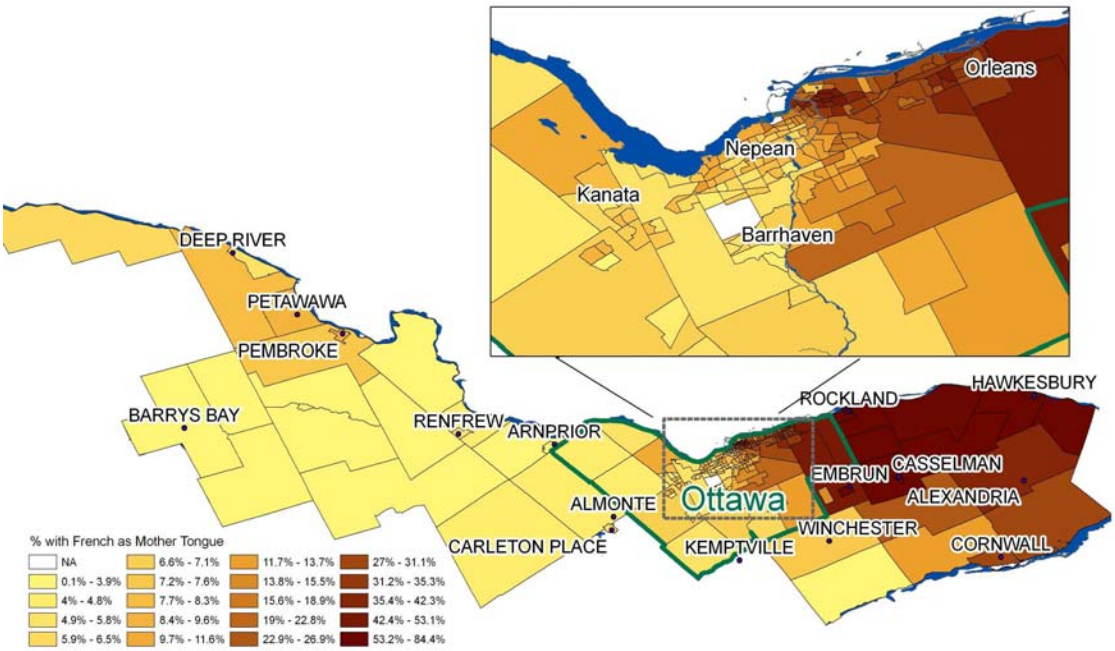
- Seventy per cent of the Champlain LHIN's population lives in Ottawa, 17 per cent in the Eastern Counties, nine per cent in Renfrew County, and four per cent in North Lanark/North Grenville.
- The population as a whole in Champlain is projected to grow about one per cent a year for the next 20 years. For seniors, growth is projected at around three per cent per year.

Number and Proportion of Population Aged 65+ (Champlain 1986-2031)



- The Champlain LHIN is the most Francophone region in Ontario. About one in five (19 per cent) residents report French as their mother tongue.

Percentage of Population with French as Mother Tongue



- Immigrants make up 17.6 per cent of the Champlain population and primarily live in Ottawa.
- There are an estimated 31,000 Aboriginal people in Champlain, representing 2.7 per cent of the region's population. The figure is believed to be underestimated.

Health Profile

- More than three-quarters of Champlain residents over the age of 65 have one of the following chronic conditions: arthritis, hypertension, asthma, diabetes, heart disease, Chronic Obstructive Pulmonary Disease (COPD), cancer or the effects of stroke.
- Half of the Champlain adult population (18+) is either overweight (34%) or obese (16%). Obesity is more common in Renfrew County and the Eastern Counties than in Ottawa.
- More than one-quarter (27 %) of seniors aged 65 plus in Champlain live alone.
- About one in 12 Champlain residents (aged 12 +) report one or more consultations with a health professional regarding an emotional or mental health issue in the previous 12 months.

In 2008/09, population profiles were created by the Champlain LHIN for each of the six communities of care (representing six geographical sub-areas). The documents were distributed to the Community of Care Advisory Forums, and posted on our website www.champlainlhin.on.ca

Integration Activities

Nepean Support Services and Western Ottawa Community Resource Centre, two community support services in the Ottawa West area, voluntarily chose to merge into one organization effective April 1, 2009.

A portion of a Consumer/Survivor Initiative serving Lanark, Leeds & Grenville was transferred to the South East LHIN. The South East LHIN was to integrate the portion serving clients from Leeds & South Grenville into a newly created, merged consumer survivor organization. Clients from Lanark & North Grenville would not be impacted by this change.

The Royal Ottawa Mental Health Centre and the Children's Hospital of Eastern Ontario signed a partnership agreement that would see child and youth mental health programs at each hospital managed by a single leadership team.

Work continued on the Eastern Ontario Regional Laboratory Association (EORLA), which integrates hospital laboratories across Champlain, and will result in a more efficient sharing of laboratory professional expertise among hospitals. Activities involved appointment of a CEO, creation of a co-management structure, and implementation of a regional governance model.

Community Engagement

The Champlain LHIN has an ongoing commitment to engage communities on health-care priorities, challenges and potential solutions.

Our architecture for community engagement is three-pronged, and includes:

- Six Community of Care Advisory Forums
- Community of Practice Networks (networks of expertise such as the Champlain Chronic Kidney Disease Network)
- Councils (e.g. Primary Health Services/Public Health, eHealth, Health Human Resources). The Health Human Resources Council, for example, advises the LHIN on human resource impacts of its key decisions. Four priority areas were identified: data issues; system integration planning; leading practices; and recruitment/retention/engagement.

In 2008/09, Champlain LHIN staff and Board members actively engaged communities in our region. Highlights of this community engagement included:

- Planning Days for the six Community of Care Advisory Forums
- Regular meetings of the Champlain Aging at Home task force, chaired by a consumer
- Four Aging at Home media launch events – Ottawa West, Ottawa East, and two in the Eastern Counties (Anglophone and Francophone) and regular meetings of the Aging at Home task force, chaired by a consumer
- Champlain Primary Health Services Workshop, *Learn, Connect, Innovate*, hosted by the Champlain LHIN, the Ontario Medical Association, and the Ontario College of Family Physicians
- The Chronic Disease Self-Management Workshop, funded by the LHIN and organized by the Elizabeth Bruyère Research Institute
- Health Professionals Advisory Committee quarterly meetings. This committee, comprised of front-line health care professionals, is governed under a regulation of the *Local Health System Integration Act 2006*. It has provided the LHIN with advice on key questions related to patient-centred care, the health-care workforce, and implementation of strategic initiatives.
- Training sessions for community-based organizations on the Multi-Sectoral Accountability Agreement process
- Participation by the Champlain LHIN and regional partners in two Ministry of Health and Long-Term Care conferences - *Celebrating Innovations in Health Care Expo,* at which The Ottawa Hospital won an award for its 'clinical nurse expert' project, and the *Aging at Home Innovations Showcase,* in which Champlain LHIN partners delivered four presentations
- Media technical briefing to inform the public about new initiatives such as Health Care Connect (a program to help people find a family physician) and emergency room wait times (photo to the right)

- Monthly Champlain LHIN Board of Directors public meetings held across the region, this year in Cornwall, Kemptville, Ottawa and Renfrew
- Several community engagements sessions for family physicians, endocrinologists, nurse practitioners, diabetes care providers/ educators, dieticians and others to learn more about the diabetes e-registry, and to validate the model and planning work to date

In February 2009, the LHIN announced it would collect feedback from the public, patients, clients and providers on what should be included in the *2010-13 Integrated Health Service Plan*. The input would ensure the plan remains relevant and reflects the needs of communities.

The Champlain LHIN also produced 10 "Transformation" e-bulletins in 2008/09, and continually updated the organization's bilingual website. The Board of Directors 'highlights document' was sent to all provider organizations and posted on the Champlain LHIN website shortly after each Board meeting. Hundreds of copies of the patient lung health guide, "Breathing Easier", were mailed to patients, clients, family members, partners of the Champlain Lung Health Network, and other providers.

Francophone Population

During the past year, the Champlain LHIN worked with the Network of French Language Health Services of Eastern Ontario (le Réseau des services de santé en français de l'est de l'Ontario) to define the collaborative relationship between the two organizations. The intent is to ensure that the health-care needs of Francophones are adequately reflected in LHIN planning initiatives.

The LHIN's Senior Director of Planning, Integration, and Community Engagement maintained regular meetings with the senior management of the Réseau to share information, identify joint planning opportunities, and operationalize a collaborative working relationship. Several meetings were held between the Chairs and Directors of the Boards of both the LHIN and the Réseau.

Specifically, the Champlain LHIN worked together with the Réseau on a number of projects to ensure the unique needs of Francophones are integrated into LHIN consultations and activities. These projects included:

- The evaluation of French language services designation for two health service providers
- The Aging at Home Strategy, for which a planner from the Réseau was a member of the LHIN's project team
- Membership of staff from the Réseau and representatives from Francophone health service providers in the LHIN's community engagement structures, such as Community of Care Advisory Forums, a number of Communities of Practice, the Health Human Resources Council and others
- A consultation session with members of the Francophone community on the proposed regulation pertaining to Francophone planning entities
- Early planning and feedback exercises for the Champlain LHIN's *2010-13 Integrated Health Service Plan*

Aboriginal Population

In November, 2008, service providers representing First Nations, Inuit, and Métis communities discussed membership and terms of reference for the creation of an Aboriginal health planning and community engagement committee.

This new committee met in January, 2009 at the inaugural Aboriginal Health Circle Forum, which was hosted by the Champlain LHIN. Seven health service providers were represented:

- Algonquins of Pikwàkanagàn
- Bonnechere Algonquin Health Care Service
- Métis Nation of Ontario
- Mohawk Council of Akwesasne
- Odawa Native Friendship Centre
- Tugnasuvvingat Inuit
- Wabano Centre for Aboriginal Health

Participants considered the forum's mandate and future community engagement activities within their geographic areas. They agreed on two strategic directions: to identify access barriers to health care services for Aboriginal populations in the Champlain LHIN and to improve access to addictions and mental health services to Aboriginal people.

The Aboriginal Health Circle Forum initiated four more meetings hosted by organizations from across the region, as follows:

- Wabano Centre for Aboriginal Health in collaboration with Tugnasuvvingat Inuit (for urban Aboriginal people and the Inuit community)
- Algonquins of Pikwàkanagàn, one consultation held in Pembroke and a second held on reserve at the Pikwàkanagàn First Nation
- Akwesasne Aboriginal Health Access Centre held on reserve in Akwesasne

The aim of these consultations was to gather input from First Nations, Métis and Inuit community members and organizations to develop a general strategic plan for the Champlain LHIN. Approximately 235 community members took part in the consultations.

Progress on the Integrated Health Service Plan (IHSP) 2007-10 – Highlights

The Champlain LHIN's inaugural IHSP provided a blueprint upon which to move forward to improve health services for the population. The plan outlined six strategic directions:

- Seniors with chronic and complex conditions
- eHealth
- Improved access to care
- Addictions and mental health
- Chronic disease prevention and management
- Primary health services for healthy communities.

Below are several of the key results in 2008/09 under each strategic direction.

Seniors with Chronic and Complex Conditions

In the first year of a three-year strategy, the Champlain LHIN provided almost $7 million to fund 28 Aging at Home projects across the region. The strategy represents a shift in emphasis from institutional to community-based care and addresses the needs of a diverse region including Francophone, Aboriginal, rural, multicultural, and homeless populations. Below are four highlighted Aging at Home programs launched this fiscal year that have had a significant positive impact on seniors in our region:

The ***Aging in Place*** program provided bilingual services to seniors living in five Ottawa Community Housing apartment buildings. The services included quick-response health care, social supports, and health promotion activities. The project focused on reducing emergency room visits and avoidable hospitalizations. Key community partners are the Regional Geriatric Program, Ottawa Public Health, and the Ottawa Community Support Coalition.

In the rural village of Williamsburg of the Eastern Counties, ***supportive services were introduced for 20 clients at existing subsidized housing units***. Examples of services offered were personal care, light housekeeping, medication monitoring and 24-hour emergency response. A registered nurse managed the project and trained personal support workers provided care to the clients. Respite services were also provided in a wheelchair-accessible apartment to any eligible resident of Champlain.

The ***Regional Geriatric and Community Intervention Program*** screened seniors in nine hospital emergency rooms and intervened with a range of community support and geriatric services. The program helped out elderly patients at greatest risk of repeat visits

and subsequent hospitalization, thereby sustaining high-risk seniors in the community. More than 1,000 Champlain clients were served in 2008/09.

The Champlain LHIN funded ***community services for seniors in Renfrew County***, including 24-hour flexible in-home supports for people waiting for a long-term care home bed, plus a day program for clients in Deep River. The programs were led by North Renfrew Long Term Care Services Inc. in partnership with community paramedics.

eHealth

The ***DIr-PACS (Diagnostic Imaging repository – Picture Archiving Communication System)*** establishes a common storage for radiology images that can be shared between all Champlain hospitals. By using a proven technology, the project will improve efficiencies in the health care system. Major milestones achieved in 2008/09 included securing funding from provincial and federal governments, assembling a project team, and formalizing partnerships with the North East and North West LHINs for joint collaboration on the project. The implementation process has begun.

The ***Diabetes eRegistry*** will enable health care providers to check patient records and evidence-based guidelines, allowing them to identify care gaps and address them. Eventually, patients will have electronic access to their own health information and will be able to track how well they are doing against targets that have been set for them. The Ministry of Health and Long-Term Care chose the Champlain LHIN as an 'early adopter' LHIN to launch the registry. A project team has been put in place, and a communications plan was developed. Sessions were held for health providers so that the LHIN could receive clinical feedback on the project.

The ***Drug Profile Viewer*** enables emergency room health professionals to quickly access drug information about patients so they can more appropriately provide treatment. Wave 1 of the project, which provides real-time access to the Ontario Drug Benefit recipient claim history, is complete. Wave 2 extends such access to other hospital departments and was implemented in 21 of 25 sites of Champlain.

A ***Network Refresh*** involved upgrades to increase network bandwidth and improve network capabilities, including real-time services such as reliable videoconferencing. Thirty-four of 42 sites were completed.

Improved Access to Care

Non-urgent transportation

The Champlain region received eight Aging at Home vans to transport seniors to medical appointments and other activities. Since ***access to non-urgent transportation*** can be a barrier for many seniors in attaining health and social

services, the new vans addressed a pressing need. The Champlain LHIN funded capital and ongoing operating costs for the vehicles.

Critical Care

A new province-wide program to ***help hospitals manage spikes in demand for access to critical care***, announced in January, 2009, was based on a successful demonstration project run through the Champlain LHIN. The surge capacity management pilot program in our region gave hospitals and staff the tools they needed to better handle dramatic increases in volume of patients in life-threatening situations.

Alternate Level of Care (ALC)

The Wait at Home program was designed for hospitalized seniors no longer needing treatment and waiting for a long-term care home bed. (These patients are referred to as being in an Alternate Level of Care, or ALC). Clients of the program received ***access to an enhanced package of in-home services*** from the Champlain Community Care Access Centre (CCAC) and the community support services sector.

To further address the ALC situation, the Champlain LHIN added approximately 50 ***interim long-term care home beds*** for the region.

Emergency Departments

A key component of improved access is providing high-quality services closer to home. An example is an emergency room project led by the Children's Hospital of Eastern Ontario (CHEO) in which its health professionals worked with doctors, nurses and pharmacists at community hospitals across Champlain to better serve children needing urgent medical assessment and treatment. The project standardized care across the region. It allowed health professionals in community hospitals to arrange the same care as CHEO for illnesses such as croup and symptoms like vomiting and diarrhea. It also provided doctors and nurses in community hospitals with a helpful tool to rapidly calculate medication dosages for children.

Successful ***regional emergency department programs*** have been put in place, such as LHIN-wide practice standards development, educational initiatives, and the Emergency Department Reporting System.

The Ottawa Hospital and Montfort Hospital took part in the ***"Pay for Results"*** program, which provides funding to selected hospitals struggling with emergency room (ER) wait times. According to the terms of the program, funding is to be clawed back if specified ER wait time targets are not met. Pay for Results initiatives undertaken at The Ottawa Hospital included the appointment of an inpatient flow manager, initiation of patient care in the ER waiting room, and additional portering to transfer patients more efficiently within the hospital. The Montfort Hospital launched 15 Pay for Results projects in its Synergy initiative, which identified new efficiencies to streamline patient flow from

arrival in the emergency room to discharge from a ward. Staff input and involvement at the Montfort was integral to successful implementation.

The Ministry of Health and Long-Term Care has placed a strong focus on emergency room wait times and ALC, extending into 2009/10. In keeping with provincial priorities, the Champlain LHIN will assertively build upon its initial work on these two important issues.

Addictions and Mental Health

The Champlain LHIN conducted advance preparation for ***two new adolescent residential addiction treatment centres*** in Ottawa serving Anglophone and Francophone adolescents. The work included the formation of a steering committee and hiring of a project manager, who developed a clinical model that emphasizes assertive continuing care after discharge and addresses concurrent mental health issues. The LHIN funded train-the-trainer sessions on a new youth addictions assessment tool that will be utilized by health professionals at the new centres. The United Way spearheaded efforts to raise capital funds for the two sites. Annualized operational funding was announced by the Ministry of Health and Long-Term Care. As well, an analysis of the overall youth addictions treatment system in Champlain was initiated.

The LHIN provided $250,000 in annualized funding for an ***expanded bilingual high-school substance abuse prevention and education program for youth***. Two Champlain LHIN agencies delivered the program by providing trained counsellors who spend an average of two days per week in each participating high school. Services included individual assessments, one-on-one counselling, training for school staff, and support for parents. The four schools boards in Ottawa, the United Way, and Ottawa Public Health are also partners in the initiative, which is coordinated by OCRI (Ottawa Centre for Research and Innovation).

After the Ontario government committed to fund 168 new ***supportive housing units*** in the Champlain region, the LHIN set up a planning table of health-care providers to discuss coordination of support services and allocation of housing units in Eastern Counties, North Lanark, City of Ottawa and Renfrew County. An implementation plan has been finalized.

The Champlain LHIN's ***Concurrent Disorders Working Group*** aspired to provide clinicians with a shared set of principles, values and common vision to deliver coordinated services for people with both mental health and addictions issues. The working group engaged the Boards of Directors of addictions and mental health agencies in the region, as well as the senior management of six hospitals, to help create a common concurrent disorders systems framework. A draft of the framework was circulated for feedback this year, and formal adoption is to follow.

Chronic Disease Prevention and Management

The nationally recognized ***Ottawa Model for Smoking Cessation*** was offered in 18 Champlain hospitals. In this program, nurses, physicians and respiratory therapists identify smokers and offer them smoking cessation tools. In 2008/09, more than 4,700 people received this intervention, and about 1,400 of them quit smoking. Since smoking is the leading preventable cause of death and disability in our region, and because hospitalized patients are more motivated to quit, this model is an effective means of reducing the burden of chronic disease. It is an initiative of the Champlain Cardiovascular Disease Prevention Network.

The same cardiovascular network also expanded its ***"Improved Delivery of Cardiovascular Care (IDOCC) in Primary Care"*** program with more family physicians participating. The program focused on the prevention and management of heart disease, stroke and diabetes. Each participating physician's practice received an audit, training, tools and use of a facilitator who helped introduce quality improvement activities into practice routines. The Champlain LHIN provided significant funding in 2008/09 for this primary health services/chronic disease management project.

The Queensway Carleton Hospital opened a new ***clinic for patients with Chronic Obstructive Pulmonary Disease (COPD)***. This was a priority for the hospital because COPD exacerbations were the number one reason for repeated emergency room visits and hospital admissions.

The ***Ottawa Carleton Dialysis Clinic***, an Independent Health Facility, received approval from the Ministry of Health and Long-Term Care to expand its hemodialysis capacity for up to 18 additional patients. The Champlain LHIN supported the expansion. Dialysis services are just one component of the Champlain LHIN's comprehensive diabetes strategy, now under development.

Primary Health Services for Healthy Communities

The ***Community Health Centre 'Centre de santé communautaire de l'Estrie' opened a new satellite site in Bourget in the Eastern Counties***. The opening means better access to primary care for the Francophone population living in Bourget, Cheney, Hammond, St-Pascal, Clarence-Creek, Rockland and other towns in the Eastern Counties. Community Health Centres are one of the health sectors under LHIN responsibility.

With capital and start-up operational funding from the Champlain LHIN, ***a new primary health care clinic opened at Reception House***, a 96-bed residence in Ottawa for government-sponsored refugees. The Champlain Immigrant Health Network organized the implementation of this clinic, which offers translation services on site.

Also in 2008/09, ***the Primary Care Asthma Program*** – first launched in community health centres - expanded to a number of Family Health Team sites. The program, which offered patients spirometry testing, asthma treatment plans, education, medication,

smoking cessation counselling, and follow-up care, has been shown to reduce work and school absenteeism, as well as emergency room and hospital visits.

Provincial Health Announcements and Tours in Champlain

In June, 2008 in Ottawa, Ontario Premier Dalton McGuinty announced $5.5 million for new and expanded addictions services for residents of our region.

Former Minister of Health and Long-Term Care George Smitherman visited Hawkesbury in May, 2008 to announce a $1 million capital grant for the Hawkesbury and District General Hospital to develop a proposal and business case for its redevelopment project. During that visit to our region, Minister Smitherman also announced a new Family Health Team for Orléans and the acquisition of a second MRI machine for the Montfort Hospital.

The Honourable David Caplan, Minister of Health and Long-Term Care, conducted two tours in the Champlain region during 2008/09, in which he visited the Champlain LHIN office and health service providers including hospitals and the Champlain Community Care Access Centre. In Bourget, Minister Caplan officially opened a new community health centre site of the *Centre de santé communautaire de l'Estrie* (photo to the right).

Performance

Performance Indicators

The Ministry-LHIN Accountability Agreement (MLAA) defines the relationship between the Ministry of Health and Long-Term Care and the Champlain LHIN in the delivery of local health care programs and services. It establishes a mutual understanding between the Ministry and the LHIN and outlines respective performance indicators within a pre-defined period of time.

The following table outlines indicators measured during the 2008-2009 year.

	LHIN 08/09 Starting Point	LHIN 08/09 Target	Most Recent Quarter 2008/09 *	Annual Results**	LHIN Met Target Yes/No
1. 90th Percentile Wait Times for Cancer Surgery	81	81	62	64	YES
2. 90th Percentile Wait Times for Cardiac By-Pass Procedures	78	68	30	62	YES
3. 90th Percentile Wait Times for Cataract Surgery	229	182	134	170	YES
4. 90th Percentile Wait Times for Hip Replacement	348	300	250	284	YES
5. 90th Percentile Wait Times for Knee Replacement	412	298	238	301	YES
6. 90th Percentile Wait Times for Diagnostic MRI Scan	168	155	240	235	NO
7. 90th Percentile Wait Times for Diagnostic CT Scan	63	63	67	66	YES
8. Hospitalization Rate for Ambulatory Care Sensitive Conditions (ACSC)	277.00	277.00	292.75	266.53	YES
9. Median Wait Time to Long-Term Care Home Placement -All Placements	169.00	143.00	161.00	183.00	NO
10. Percentage of Alternative Level of Care (ALC) Days – By LHIN of Institution	16.50	13.80	12.63	13.43	YES
11. Rate of Emergency Department Visits that could be Managed Elsewhere	37.90	31.54	35.07	31.14	YES
12. Readmission Rates for Acute Myocardial Infarction (AMI)	3.80	3.80	2.95	3.02	YES

Note:

* Performance indicators 1-7 = Q4 2008/09; and 8-12 = Q3 2008/09

** Performance indicators 8-12 (in the Annual Results Column) only include the average of Q1-3

The table shows that progress is being made, but at the same time reveals some clear challenges.

In June, 2008, the Champlain LHIN Board of Directors discussed our region's poor provincial ranking on a number of wait time indicators. At subsequent Board meetings throughout the year, wait times for specific medical and surgical procedures were presented and discussed in detail. Accordingly, staff at the LHIN and representatives of health service providers took strong action to help remedy the problems identified.

The Champlain LHIN met its *2008/09 performance targets* (or was within the specified corridor) for the majority of performance indictors: cancer surgery, cardiac by-pass procedures, cataract surgery, hip replacements, knee replacements, CT scans, hospitalization rate for ambulatory care sensitive conditions, percentage of Alternate Level of Care (ALC) days, rate of emergency department visits that could be managed elsewhere, and readmission rates for acute myocardial infarction.

Because of concerted efforts by the LHIN and its partners, significant improvements were made in wait times for certain surgical procedures. The cataract surgery wait time experienced a huge decline, for example. And while there is still work to do, wait times for hip and knee replacements dipped sharply.

The successes were due to priority-setting by various wait time steering committees; these efforts resulted in assessments of needs in Champlain and more coordination between hospitals. Hospital-led education initiatives around data collection practices and consistency took place in accordance with guidance from the steering committees. The Total Joint Assessment Clinic at Queensway Carleton Hospital created efficiencies and at the same time enhanced the patient experience. A new CT scanner was acquired for Winchester. As well, new screening facilities became available for cancer patients.

Other encouraging news is that the percentage of ALC days has decreased in the Champlain region. (ALC patients are individuals who no longer require acute care but remain in hospital because they cannot be discharged to an appropriate setting for the next phase of care, such as home with supports or a long-term care home).

In contrast, the Champlain LHIN did not meet its *2008/09 performance targets*, nor was it within the corridor for two performance indicators - MRI scans wait times and median time to long-term care home placement. In fact, the recorded wait times for MRIs increased since the beginning of the 08/09 fiscal year.

Unfortunately, the Champlain region experienced installation delays for two approved MRI machines. Since both machines began operating in the last quarter of 2008/09, we would expect an improvement in MRI wait times in 2009/10. In addition, a proposed central intake system would benefit patients by evening out the varying diagnostic wait times between hospitals.

The lengthy time between application to a long-term care home and acceptance is also an issue of concern, as the wait list continues to increase at a faster rate than the available spaces. Again, the Aging at Home Strategy, which will expand in the next fiscal year, aims to provide options to help more seniors avoid or safely delay placement in a long-term care home.

Urgent Priority Fund

The Champlain LHIN funded a total of 44 projects in 2008/09, representing 18 projects started the previous year and 26 new initiatives. The total amount spent was $4.74 M, of which roughly $2M were dedicated to emergency room and ALC projects. The projects were chosen using a set of criteria approved by the Champlain LHIN Board of Directors. The criteria included being client-focused, evidence-based, collaborative, efficient and innovative. Six examples of projects supported by the Urgent Priority Fund were described in the pictorial report entitled “Investing in Healthy Communities,” available on the Champlain LHIN website.

LHIN Operational Performance

In this third full year of the organization’s operation, LHIN staff continued to be active in planning and coordinating new initiatives, holding community engagement events, and communicating with providers and the public. Significant time and effort was required to negotiate agreements and monitor financial and other performance indicators related to the $2.1 billion provided to 209 regional health service providers.

The LHIN operational budget was $5.1 M; the year ended with a surplus of $60,755. Two additional staff were hired to end the year at 30.5 full-time equivalent staff. Of the total expenses, 65 per cent was allocated to salaries and benefits, and an additional 11 per cent was allocated to fixed costs such as accommodation and the LHIN Shared Services (see Note 9 of Financial Statements). Where possible, the LHIN made financial contributions to support various initiatives aligning with the strategic directions outlined in the *Integrated Health Service Plan 2007-2010*.

Board of Directors

Member appointments

(For Director biographies, please go to www.champlainlhin.on.ca)

Marie E. Fortier – Chair
Appointed May 30, 2007 for a three-year term

Michael LeMay – Vice-Chair
Reappointed January 5, 2008 for a three-year term

Dr. Robert Bourdeau
Reappointed February 5, 2007 for a three-year term

Linda Assad Butcher
Reappointed January 5, 2008 for a three-year term

Andrew Dickson
Reappointed June 17, 2007 for a three-year term

Allison Griffith
Reappointed June 17, 2007 for a three-year term (resigned during fiscal year)

Gilles Lanteigne
Appointed May 17, 2006 for a two-year term (resigned during fiscal year)

Wilmer Matthews
Reappointed June 2, 2008 for a three-year term

Jo-Anne Poirier
Reappointed June 2, 2008 for a three-year term

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.

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 LHIN's operations, is consistent and reliable, and is relevant for the informed evaluation of the LHIN's activities.

Dr. Robert Cushman
Chief Executive Officer

Suzanne Dionne
Senior Director, Performance, Contracts and Allocations

May 1, 2009

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, 2009 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, 2009 and the results of its operations, 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 1, 2009

Statement of financial position
as at March 31, 2009

	2009	2008
	$	$
Financial assets		
Cash	**1,177,095**	1,378,650
Accounts receivable	**25,859**	-
	1,202,954	1,378,650
Liabilities		
Accounts payable and accrued liabilities	**981,885**	1,158,527
Due to MOHLTC (Note 3b)	**150,622**	177,188
Due to the LHIN Shared Services Office (Note 4)	**77,376**	44,189
Deferred capital contributions (Note 5)	**408,637**	663,429
	1,618,520	2,043,333
Net debt	**(415,566)**	(664,683)
Non-financial assets		
Prepaid expenses	**6,929**	1,254
Capital assets (Note 6)	**408,637**	663,429
	415,566	664,683
Accumulated surplus	**-**	-

Approved by the Board

Marie E. Fortier, Board Chair

Andrew Dickson, Board Director

Statement of financial activities
year ended March 31, 2009

	Initial Budget (unaudited) (Note 7)	Actual	Actual
	$	**$**	$
Revenue			
MOHLTC funding			
HSP transfer payments (Note 8)	**2,081,929,200**	**2,124,752,713**	1,996,099,603
LHIN Operations (Note 9)	**4,173,256**	**5,046,892**	3,971,260
E-Health (Note 10)	**120,000**	**475,000**	275,000
Diabetes Strategy (Note 11)	**41,000**	**41,000**	-
Diabetes Registry (Note 11)	**175,000**	**175,000**	-
Emergency Department Physician Leader (Note 11)	**75,000**	**75,000**	43,800
Aboriginal Engagement (Note 11)	**35,000**	**35,000**	35,000
Emergency Room / Alternate Level of Care (Note 11)	**33,300**	**33,300**	-
Aging at Home (Note 11)	**-**	**-**	246,000
Eastern Ontario Regional Laboratory Association (Note 11)	**-**	**-**	159,390
Wait Times Strategy (Note 11)	**-**	**-**	70,000
Ministry of Health Promotion funding			
Integrated Drug Strategy (Note 11)	**-**	**-**	25,000
Amortization of deferred capital contributions (Note 5)	**-**	**300,458**	325,055
	2,086,581,756	**2,130,934,363**	2,001,250,108
Expenses			
Transfer payments to HSPs (Note 8)	**2,081,929,200**	**2,124,752,713**	1,996,099,603
LHIN Operations (Note 9)	**4,173,256**	**4,986,137**	3,955,461
E-Health (Note 10)	**120,000**	**475,000**	275,000
Diabetes Strategy (Note 11)	**41,000**	**11,791**	-
Diabetes Registry (Note 11)	**175,000**	**159,678**	-
Emergency Department Physician Leader	**75,000**	**64,749**	34,718
Aboriginal Engagement (Note 11)	**35,000**	**33,215**	35,000
Emergency Room / Alternate Level of Care (Note 11)	**33,300**	**-**	-
Aging at Home (Note 11)	**-**	**-**	246,000
Eastern Ontario Regional Laboratory Association (Note 11)	**-**	**-**	156,379
Wait Times Strategy (Note 11)	**-**	**-**	59,882
Integrated Drug Strategy (Note 11)	**-**	**-**	25,000
Amortization	**-**	**300,458**	325,055
	2,086,581,756	**2,130,783,741**	2,001,212,098
Annual surplus before funding repayable to MOHLTC	**-**	**150,622**	38,010
Funding repayable to the MOHLTC (Note 3b)	**-**	**(150,622)**	(38,010)
Annual and accumulated surplus	**-**	**-**	-

Statement of changes in net debt
year ended March 31, 2009

	2009	2008
	$	$
Annual surplus	**-**	-
Acquisition of capital assets	**(51,748)**	(201,996)
Amortization of capital assets	**300,458**	325,055
Loss on disposal of capital asset	**6,082**	-
Decrease (increase) in prepaid expenses	**(5,675)**	1,264
Decrease in net debt	**249,117**	124,323
Opening net debt	**(664,683)**	(789,006)
Closing net debt	**(415,566)**	(664,683)

Statement of cash flows
year ended March 31, 2009

	2009	2008
	$	$
Operating		
Annual surplus	**-**	-
Non-cash items		
Amortization of capital assets	**300,458**	325,055
Amortization of deferred capital contributions (Note 5)	**(300,458)**	(325,055)
Loss on disposal of capital asset	**6,082**	-
Write off of deferred capital contribution	**(6,082)**	-
Changes in non-cash working capital		
Decrease (increase) in accounts receivable	**(25,859)**	104,400
Decrease (increase) in prepaid expenses	**(5,675)**	1,264
(Decrease) increase in accounts payable and accrued liabilities	**(176,642)**	466,110
(Decrease) increase in due to MOHLTC	**(26,566)**	38,010
(Decrease) increase in due to LHIN Shared Services Off	**33,187**	(64,522)
	(201,555)	545,262
Capital transactions		
Acquisition of capital assets	**(51,748)**	(201,996)
Financing		
Increase in deferred capital contributions (Note 5)	**51,748**	201,996
Net change in cash	**(201,555)**	545,262
Cash, beginning of year	**1,378,650**	833,388
Cash, end of year	**1,177,095**	1,378,650

Notes to the Financial Statements

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, 2009.

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 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. The LHIN cannot authorize in excess of the budget allocation set by the MOHLTC. 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.

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 provided 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 is related to the current year activities in the following programs:

	Revenue	**Expenses**	**Surplus**
	$	**$**	**$**
Transfer payments to HSPs	**2,124,752,713**	**2,124,752,713**	**-**
LHIN Operations	**5,046,892**	**4,986,137**	**60,755**
Amortization	**300,458**	**300,458**	**-**
e-Health	**475,000**	**475,000**	**-**
Diabetes Strategy	**41,000**	**11,791**	**29,209**
Diabetes Registry	**175,000**	**159,678**	**15,322**
Emergency Department Leader	**75,000**	**64,749**	**10,251**
Aboriginal	**35,000**	**33,215**	**1,785**
Emergency Room / Alternate Level of Care	**33,300**	**-**	**33,300**
	2,130,934,363	**2,130,783,741**	**150,622**

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

	2009	2008
	$	$
Due to MOHLTC, beginning of year	**177,188**	139,178
Amount recovered during the year	**(177,188)**	-
Funding repayable to the MOHLTC related to current year activities	**150,622**	38,010
Due to MOHLTC, end of year	**150,622**	177,188

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. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year end is recorded as a receivable from (payable to) the LSSO. This is all done pursuant to the Shared Service Agreement the LSSO has with all the LHINs. 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

		2009	2008
		$	$
Balance, beginning of year		**663,429**	786,488
Capital contributions	- Ministry	**41,234**	201,996
	- Insurance	**10,514**	-
Write off of deferred capital contribution		**(6,082)**	-
Amortization for the year		**(300,458)**	(325,055)
Balance, end of year		**408,637**	663,429

6. Capital assets

			2009
	Cost	**Accumulated amortization**	**Net book value**
	$	**$**	**$**
Computer equipment	**99,040**	**95,277**	**3,763**
Computer software	**33,761**	**28,610**	**5,151**
Office equipment	**136,538**	**71,405**	**65,133**
Furniture and fixtures	**267,738**	**188,428**	**79,310**
Leasehold improvements	**1,005,273**	**749,993**	**255,280**
	1,542,350	**1,133,713**	**408,637**

			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

7. Budget

The budget figures reported on the Statement of Financial Activities comply with PSAB reporting requirements and reflect the initial budget approved by the Government of Ontario.

During the year the Government approves budget adjustments. The total funding budget is made up of the following:

	Initial	**Announcements**	**Total**
	$	**$**	**$**
HSP	**2,081,929,200**	**42,823,513**	**2,124,752,713**
LHIN operations	**4,173,256**	**914,871**	**5,088,127**
e-Health	**120,000**	**355,000**	**475,000**
Other programs	**359,300**	**-**	**359,300**
	2,086,581,756	**44,093,384**	**2,130,675,140**

8. Transfer payments to HSPs

The LHIN has authorization to allocate funding to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in fiscal 2009 and 2008 as follows:

	2009	2008
	$	$
Operation of Hospitals	**1,440,019,713**	1,357,807,463
Grants to compensate for Municipal Taxation		
Public Hospitals	**352,125**	352,125
Long Term Care Homes	**255,250,405**	237,250,748
Community Care Access Centres	**168,875,950**	158,711,050
Community Support Services	**27,950,748**	24,616,654
Assisted Living Services in Supportive Housing	**6,076,864**	5,925,900
Community Health Centres	**43,218,079**	39,738,629
Community Mental Health Addictions Program	**59,433,351**	57,283,265
Addictions Program	**15,427,360**	14,475,665
Specialty Psychiatric Hospitals	**108,119,693**	99,909,679
Grants to compensate for Municipal Taxation		
Psychiatric Hospitals	**28,425**	28,425
	2,124,752,713	1,996,099,603

9. LHIN Operations

The MOHLTC provides funds to the LHIN to cover personnel costs, project and program costs, as well as lease and office related costs. The funds are also used to subsidize the LHIN Shared Services Office, an administrative body that provides centralized Human Resources, Information Technology, Legal and Finance support. The expenses incurred are as follows:

	2009	2008
	$	$
Program based		
Salary and benefits	**3,246,361**	2,669,094
Consulting and LHIN-based projects	**575,883**	268,334
Other program costs	**292,677**	224,481
	4,114,921	3,161,909
Occupancy	**239,662**	201,080
Shared services	**300,000**	300,000
Board per diem	**86,300**	83,625
Office equipment and supplies	**158,371**	87,222
Insurance proceeds	**(50,345)**	-
Write off of deferred capital contribution	**(6,082)**	-
Loss on disposal of asset	**6,082**	-
Other	**137,228**	121,625
	4,986,137	3,955,461
Amortization	**300,458**	325,055
	5,286,595	4,280,516

10. eHealth

The funds in fiscal 2008 were used toward initiatives in support of its strategic eHealth Plan and the hiring of the Chief Information Officer who began in November 2007. The funds in fiscal 2009 were used to continue to support strategic eHealth initiatives, and the creation of a Project Management Office late in the year. The expenses incurred are as follows:

	2009	2008
	$	$
Salary and benefits	**305,291**	102,589
Consulting	**113,750**	141,605
Other program costs	**55,959**	30,806
	475,000	275,000

11. Other Programs

Diabetes Strategy and Diabetes Registry

The Champlain LHIN has been selected as an early adopter for the Diabetes Registry by the MOHLTC eHealth programs. The MOHLTC has made a commitment to transform the health care system through better chronic disease management and prevention, with improved diabetes management being identified as the number one priority. The Strategy will focus on mapping the prevalence of diabetes and the location of current diabetes programs in order to align services and address service gaps. The Diabetes Registry will provide comprehensive tools for diabetes management and self care. Late in the fiscal year, the LHIN received a total of $216,000 that was used to support the planning and implementation activities of the Diabetes Strategy and Registry.

Emergency Department Physician 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 Physician Leader. The funds received were used to compensate the Physician Leader and to cover related business expenses.

Emergency Room/Alternate Level of Care Performance Lead (ER/ALC)

Improving Emergency Department wait times and reducing hospital ALC days are key provincial priorities. The LHIN received funds to hire a staff resource to implement the ER/ALC Overarching Plan and the ER Pay for Results Action Plan, and to advance the implementation of a standard performance management approach. The funds were received late in the fiscal year; the LHIN had not recruited the resource by the end of the fiscal year.

Aboriginal Engagement

The MOHLTC provided funding for Aboriginal community engagement. The LHIN allocated the funds to support the new Aboriginal Health Circle Forum to engage in community engagement activities across the region. Specifically, the funds were used to support three community engagement events and the creation of a report of the urban Aboriginal consultation.

Fiscal 2008 Programs

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 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.

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.

12. Pension Agreements

The LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 30 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 2009 was $290,907 (2008 - $208,906) for current service costs and is included as an expense in the Statement of Financial Activities.

13. Guarantees

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

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

14. 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 five years are as follows:

	$
2010	256,549
2011	131,916
2012	7,271
2013	2,994
2014	2,245
	400,975

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:

	$
2010	2,151,933,000
2011	2,186,997,000

The actual amounts that will ultimately be paid to HSP's are contingent on receipt of anticipated levels of funding from the MOHLTC.

15. Segment disclosures

The LHIN is 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.


Ontario
Local Health Integration
Network