Champlain **LHIN**

Improving Health Care Through Collaboration

2009-2010 Annual Report

Ontario
Local Health Integration Network

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ISSN 1911-2998 (print)

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Message from the Chair and CEO

Champlain LHIN Board of Directors: L to R (seated), Wilmer Matthews, Marie E. Fortier (Chair), Linda Assad-Butcher, Dr. Robert Cushman (CEO). L to R (standing): Michael LeMay (Vice-Chair), Johanne Lacombe, Andrew Dickson, Jo-Anne Poirier, Michael Degagné (missing: Dr. Robert Bourdeau).

The Champlain Local Health Integration Network is pleased to provide the annual account of its accomplishments, activities and financial results.

With a focus on improving the Champlain region's health system, and our current economic challenges, we must use resources judiciously. Improving patient care through health service provider collaboration produced key successes in 2009/10. While much work remains to build an integrated, sustainable health system, it is important to take time to review our progress.

We experienced success in the areas of better access to care, more coordinated services, and placed emphasis on health issues that previously received inadequate attention, such as addiction services and chronic disease management. Examples of our integration accomplishments this year include:

- ***Launching the Champlain Regional Maternal-Newborn Program****, to improve quality of services for mothers and their newborns.*
- ***Integration of the Dave Smith Youth and Alwood Treatment Centres****, to expand and enhance residential youth drug treatment services in Champlain.*
- ***The Eastern Counties Hospital Clinical Services Distribution Plan****, to better meet the needs of Eastern counties' residents through the establishment of an integrated hospital system across the region.*
- ***Integration of certain administrative services of The Olde Forge Community Resource Centre and Pinecrest-Queensway Community Health Centre****, to share resources and improve care for clients in Ottawa West.*

Our community engagement highlights included the meaningful consultation around the LHIN's *Integrated Health Service Plan (IHSP) 2010-2013**. More than 1,500 people from across our region helped shape the LHIN's strategic priorities for the next three years.

We began to engage our community with the *LHIN vision: Rethinking Health Care for the 21st Century**. Identifying concrete ways to advance our health system through a patient-centred approach (vs. institution-centred), the vision emphasizes more:

- ***Regional clinical programs*** *for specialist services,*
- ***District hub-and-spoke service models*** *between large and small community hospitals, and*
- ***Local integration*** *between hospital and community sectors, to engage all local providers for a more seamless and efficient use of resources.*

We are strengthening our relationship with the Francophone community through increased planning involvement with the Network of French Language Services of Eastern Ontario, with whom the LHIN signed a collaboration agreement in December 2009.

The Aboriginal Health Circle Forum, representing the unique needs of our First Nations, Métis and Inuit communities, developed a strategic plan designed to address barriers to health care, and services needed for mental health and addictions issues.

The Champlain LHIN's *eHealth Strategic Plan** was released and has four goals:

- *Build an electronic health record*
- *Build web-based collaborative spaces for providers;*
- *Undertake initiatives to improve productivity and integrate services; and*
- *Examine project, program and services governance.*

Regarding wait times, the LHIN made progress in the areas of cataract surgery and knee replacement surgery. We continue to face challenges in meeting the demand for hip replacements and diagnostic CT scans. In response, particular initiatives were developed to reduce wait times. For example, the regional hip and knee replacement program began, with a goal of improving access through better coordination of services.

Moving the Cornwall Community Hospital deficit toward recovery was an important milestone. The LHIN and Ministry of Health and Long-Term Care provided a $5 million funding adjustment to reduce the hospital's $6.1 million deficit. Additionally, the LHIN supported a combination of efficiency measures and strategic investments to address the operating budget shortfall.

Supporting the Champlain Community Care Access Centre's (CCAC) recovery meant ensuring Champlain residents who depend on these important community-based health services receive the assistance they need. The LHIN provided $1.7 million in financial relief to ensure there were no wait lists for priority populations and collaborated with the CCAC Board and The Ottawa Hospital Board to make interim executive leadership arrangements for the CCAC. At year-end, results were already promising.

The LHIN faces a governance challenge, as there will be a major turnover of board members in the 16-month period between February 2010 and June 2011. To ensure members are in place in a timely fashion, the recruitment process will start early and culminates in an Order-in-Council appointment. Maintaining a cohesive, forward-looking culture among board members remains one of our priorities, as well as recruiting competent, skilled and dedicated Board members.

* = *available at www.champlainlhin.on.ca*

To support board effectiveness, the Champlain LHIN Board reviewed its governance practices. The review was based on the *Ministry of Health and Long-Term Care / KPMG Guide to Good Governance*, and KPMG's June 2009 recommendations to the LHIN.

The LHIN Board established the Champlain Governance Advisory Councils. This collaborative structure is comprised of four councils of LHIN and health service provider board members across the region. The goal is to provide a venue for collective discussion on integration priorities, opportunities, and issues of concern. As appropriate, the Councils will provide specific recommendations to the LHIN Board on health system integration.

We continue to work towards a patient-centred health system, with support from all involved. Continuing our collaborative efforts and being strategic with our resources will help fulfill our mission of *building a coordinated, integrated and accountable health system for people, where and when they need it*.

Marie E. Fortier
Chair, Board of Directors

Dr. Robert Cushman
Chief Executive Officer

Welcome to the Champlain LHIN

The Champlain LHIN was established by the Ontario government in 2006 to improve health services, at the local level. As the regional health authority for Champlain, our LHIN is accountable to the people of Eastern Ontario for health care quality and results. We make changes to the system, negotiate agreements with health service agencies and strategically direct funding. We are guided by our vision, mission and six strategic directions:

Vision:

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

Mission:

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

Strategic Directions:

- *Better access to care closer to home*
- *Addictions and Mental Health*
- *Seniors with Complex and Chronic Conditions*
- *Chronic disease prevention and management*
- *Primary health services for healthy communities*
- *eHealth (i.e., an electronic health record)*

To improve services, we study the data; talk with residents and users of the system; and work with our health service providers and experts. Integration is a vital component to improving care. It is - literally - our middle name. Many examples of this are in the pages that follow.

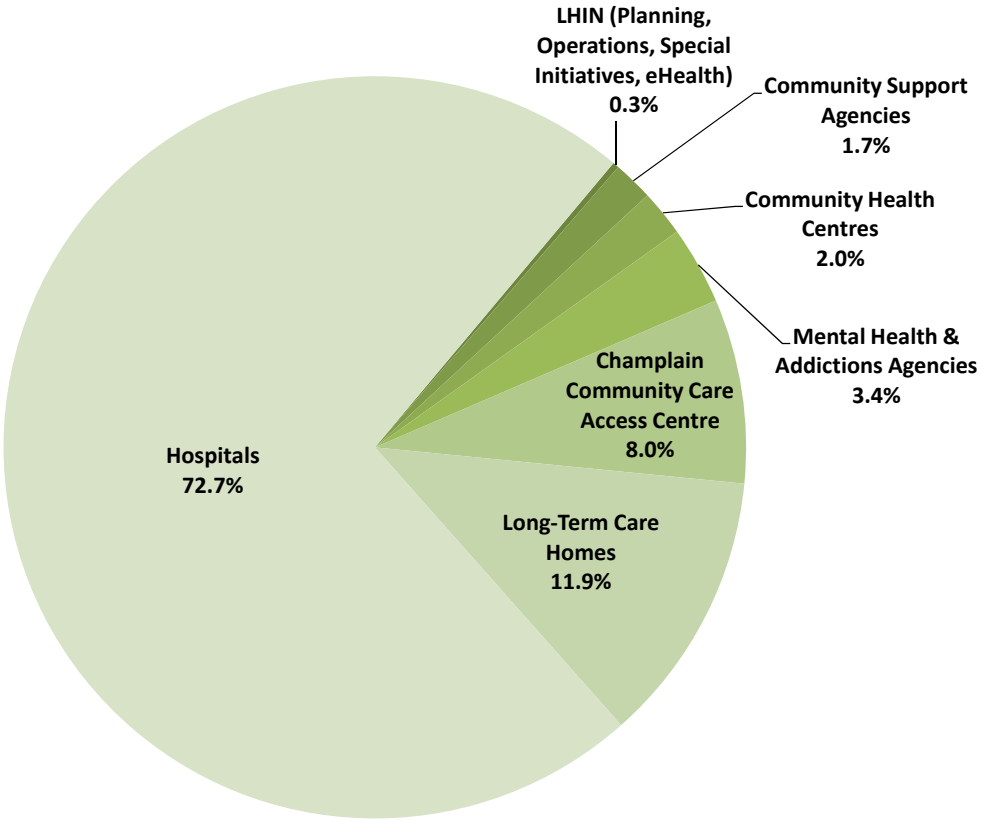
The Champlain LHIN funds health care providers that fall under seven sectors:

- *20 hospitals*
- *10 community health centres (plus satellites)*
- *62 long-term care homes*
- *58 community support service agencies*
- *35 mental health agencies*
- *26 addictions / problem gambling agencies; and*
- *Champlain Community Care Access Centre (CCAC).*

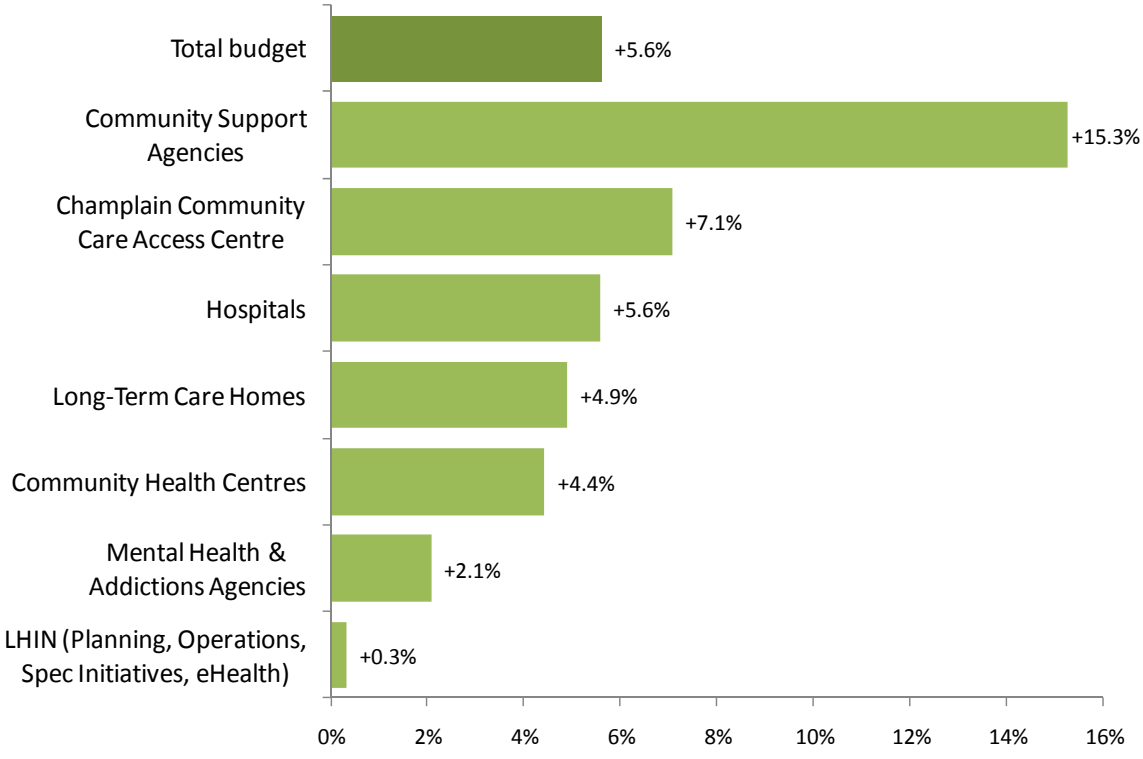
The 2009/10 Champlain LHIN budget for health services was $2.25 billion. The breakdown by sector and the size of increases within each sector are shown in the graphs, below.

Hospitals services account for the majority (72.7%) of the Champlain LHIN budget, followed by long-term care homes (11.9%). The overall LHIN budget increased by 5.6% in 2009/10 (vs. 2008/09). Community Support Services was the sector with the largest percentage increase (+15.3%), largely resulting from investments in the Aging at Home program (see *Seniors with Complex Health Conditions* section). More detail on funding is available in the *Auditors' Report* section.

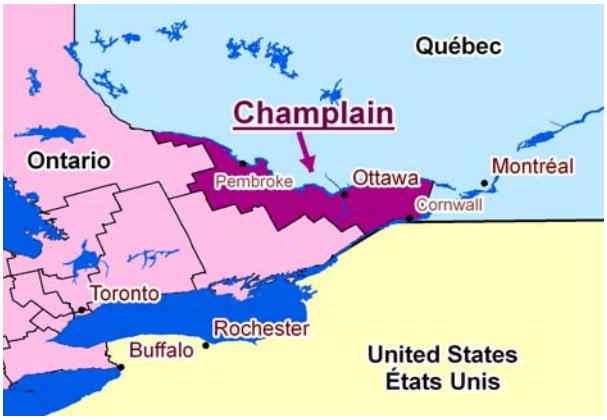
Champlain LHIN Budget Allocation by Sector (2009/10)



Champlain LHIN Budget Increase by Sector (FY 2009/10 vs. FY 2008/09)



Population Profile



Champlain is the easternmost Ontario LHIN. At 18,000 square kilometres, it is about three times the size of Prince Edward Island. It touches Quebec along 465 kilometres of its perimeter. The region includes Ottawa, Pembroke, Cornwall and Hawkesbury - notably, all river towns. Champlain includes dense urban areas (e.g. parts of Ottawa have ~4000 persons/sq km), sparsely populated rural areas (e.g. part of Renfrew County have <10 persons/sq km), and everything in between.

We Are Many and We are Diverse

Champlain's population in 2009 (1.2 million) is about the size of Manitoba's population. Characteristics vary from place to place. For example, 84.4% of Casselman residents have French as a mother tongue compared with 0.9% in Madawaska Valley. More than half of (60%) Ottawa's Bayshore area residents are recent immigrants (last 10 years), compared with fewer than 2% in Hawkesbury.

Compared with Ontario, Champlain's population:

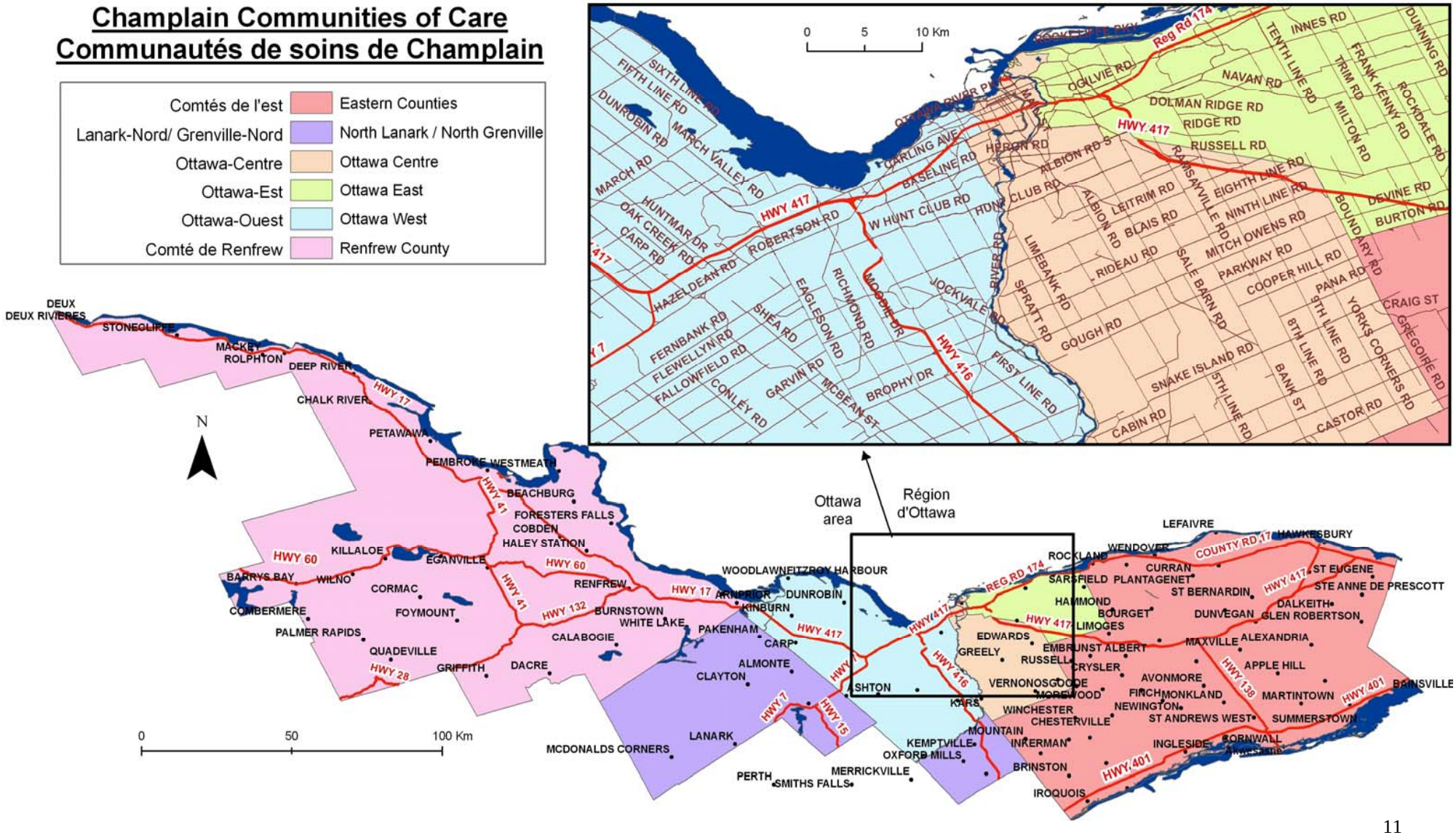
- *Is more Francophone (19% with French as first language vs. 4.4%),*
- *Has proportionately fewer immigrants (17.6% vs. 28.3%)*
- *Has fewer visible minorities (14.9% vs. 22.8%); and*
- *Is more rural (20.6% vs. 14.9%).*

The concentration of Francophones is highest in the Eastern parts of the LHIN. Immigrants and visible minorities live predominantly in Ottawa—in both the core and suburbs. Rural areas are found across the LHIN, including within Ottawa's city limits.

Our post-secondary graduation rates (68.2% of 25-54 years olds vs. 63.5%), unemployment rates (5.0% vs. 6.5% of those 15+) and low-income rate (13.8% vs. 14.7%) are somewhat better than for Ontario, overall. There is, however, considerable variation across Champlain. For example, post-secondary graduation rates are lower in Eastern Counties and Renfrew County (both 53.1%) and low income is more common in Ottawa Centre (20.7%).[1]

[1] http://www12.statcan.gc.ca/health-sante/82-228/2009/06/index.cfm?Lang=E and http://champlainlhin.ca/Page.aspx?id=684&ekmensel=e2f22c9a_72_184_684_4

Recognizing our diversity, the Champlain LHIN created six sub-planning areas - our "Communities of Care" (see map, below). Each has an advisory forum to help identify and understand local needs.



We are Growing and We are Aging

Our population, overall, is projected to grow about 1% per year for the next 20 years. Our seniors' population, however, will grow much faster than the younger age groups (3.6%/year for those aged 65+ vs. 0.4% for those 0-64).

We are Relatively Healthy

In general, Champlain residents are about as healthy as Ontarians are, overall. Life expectancy, infant mortality, self-rated health and other general measures are comparable.[2] Lung and breast cancer incidence are higher in Champlain[3], while diabetes (both prevalence and mortality) is lower.[4] Within Champlain, a number of health indicators are worse in the areas outside Ottawa. For example, life expectancy is lower and lung cancer mortality is higher in Renfrew County, Eastern Counties and North Lanark/North Grenville.[5]

Champlain residents' risk factor indicators are comparable (e.g. smoking, obesity) or better (physical activity, second-hand smoke in vehicles and public places) compared with Ontario. Rates of overweight/obesity and smoking are highest outside of Ottawa.[6]

Chronic Conditions

More than a third (37.7%) of Champlain residents aged 12 and over reported one or more of eight common chronic conditions:

- *Hypertension or high blood pressure (16.5%)*
- *Diabetes (4.1%)*
- *Arthritis (15.4%)*
- *Chronic Obstructive Pulmonary Disease (4.1%)*
- *Asthma (9.4%)*
- *Cancer (1.1*%) and*
- *Heart disease (5.1%)*
- *Effects of stroke (1.6*%)*[7]

With the exception of asthma, rates were generally higher with increasing age. Among those aged 75 and over, most (83.9%) had one or more of the eight conditions and half (51.3%) reported two or more. Arthritis, asthma and depression were more common among women than men.

Those eight chronic conditions accounted for:

- *1 in 10 emergency department visits*
- *1 out of 4 inpatient hospitalizations (discharges);*
- *1 in 5 visits to general practitioners or family physicians.*
- *7 out of every 10 deaths.*

[2] http://champlainlhin.ca/Page.aspx?id=684&ekmensel=e2f22c9a_72_184_684_4

[3] IBID

[4] Sources: 2008 Canadian Community Health Survey, ages 12+. Source: Statistics Canada CANSIM Table 105-0501 and Institute of Clinical and Evaluative Sciences InTool 2004-05 based on Ontario Diabetes Database algorithm for adults 20+ years of age.

[5] http://champlainlhin.ca/Page.aspx?id=684&ekmensel=e2f22c9a_72_184_684_4

[6] 2008 Canadian Community Health Survey, ages 12+. Source: Statistics Canada CANSIM Table 105-0501.

[7] *: Use with caution- CV between 16.5% and 33.3%.

Among the eight conditions, cancer and heart disease were most important in terms of mortality and hospitalization. Of the eight, hypertension and arthritis were responsible for the largest number of visits to family physicians.

Mental Health and Addictions

Mood disorders, anxiety disorders and/or schizophrenia diagnoses were reported by nearly one in ten (9.7%) Champlain residents. About one in five Ontarians (2.1%) 15 years and older were dependent on alcohol and one in 200 (0.5%) were dependent on illegal drugs.[8] Those rates were higher among men.

In addition, about one-quarter (25%) of men and almost one-tenth (9%) of women were considered 'high risk' drinkers —hazardous or harmful to themselves and/or others.[9]

Access to Health Care

Access to health care can be summarized as having the *right services* at the *right place* at the *right time*. Implicit in that notion is that there needs to be enough services and those services need to be equitably distributed. There are many ways to think about, plan for and measure access.

Access: Physician Care

In terms of physician care, Champlain overall is relatively well served. The ratio of General / Family Physicians to population (110 per 100,000) is better than the Ontario average (86) and better than other LHINs, with the exception of Toronto Central (149). Likewise, in terms of specialists, Champlain's ratio (127) is better than the Ontario average (92) but much lower than Toronto Central's (278).

Within Champlain, there is considerable variation. Rural areas generally fare worse. Champlain's overall high numbers are offset, in part by the fact that Champlain's doctors serve significant numbers of patients from other areas. By way of example— for every 100 patients who leave Champlain for hospitalization, Champlain hospitals take in 111 from outside the region for an "inflow/outflow ratio of 1.11". The ratio is again second highest in Ontario after Toronto Central (1.86).[10]

Access: Drive Times

Most Champlain residents have relatively good access, in regards to drive times. For example, 99% of Champlain residents are within 40.5 minutes of a hospital emergency department and within 22.1 minutes of a family physician (who may not be available, however). Drive times are considerably longer, on average, in parts of Renfrew County, Eastern Counties and rural Ottawa.

The goals of ensuring that we have the right services in the right place at the right time are addressed through many of our integration and planning processes, including the Champlain Regional Maternal-Newborn Program, the Eastern Counties Hospital Clinical Services Distribution Planning project and others described in this report.

The issue of the "right time" includes how long people have to wait for services such as hip replacements and MRI scans. Champlain's successes (and challenges) in terms of key wait times we have targeted, are described in the *Performance* section of this report.

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[8] Defined as "highly probable" cases. Source 2002 Canadian Community Health Survey Table 105-1100, Statistics Canada.

[9] 'Mental Health and Addictions in Ontario LHINs', Health System Intelligence Project, Ministry of Health and Long Term Care, April 2008.

[10] http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_2951_E&cw_topic=2951&cw_rel=AR_152_E#full

Integration Activities

Eastern Counties Hospital Clinical Services Distribution Plan

To improve access to care, the Champlain LHIN began working collaboratively with the five hospitals in Eastern Counties (Cornwall Community Hospital, Glengarry Memorial Hospital, Hawkesbury & District General Hospital, St. Joseph's Continuing Care Centre and Winchester District Memorial Hospital) and other regional groups to identify options for geographic distribution and potential integration of hospital clinical services.

Clinical services planning in the Eastern Counties is a key step in the Champlain LHIN's overall goal to improve access, efficiency, effectiveness, safety and satisfaction with health services for our residents.

This year, the project charter and relevant committees were established. Population data was analyzed and a review of key services took place. Preliminary recommendations for health system improvement in Eastern Counties were put forward by the Steering committee in the areas of medical, surgical, emergency and mental health and addictions services. Consultations and action planning is underway with citizens, community agencies and regional program groups with a view to presenting a final report to the Champlain LHIN Board by Fall 2010.

Champlain Regional Maternal-Newborn Program

More than 20 community engagement activities took place and involved hospital representatives, partner organizations (such as public health and the Champlain CCAC, Network of French Language Services of Eastern Ontario, Aboriginal Health Circle Forum and consumers). These consultations were successful in providing valuable feedback on our draft plan.

The plan outlined the Regional Program's proposed vision, mission, planning structure, service delivery model and performance scorecard. This feedback helped shape the content of the first required integration decision passed by the LHIN Board in January 2010, and provided us with insight into the high degree of support that exists in our region for health system improvement.

The integration decision will ensure:

- *Mothers and their newborns have access to equitable and quality services, wherever they are, across the region. Specifically, this will be done with the adoption of a common set of standards across 11 sites within the Champlain region;*
- *More consistent, coordinated and integrated services, with the integration of newborn services among the three Level II and III (moderate to high maternal and/or newborn risk) sites provided by Children's Hospital of Eastern Ontario and The Ottawa Hospital; and*
- *Performance monitoring, through the collection of uniform and reliable data from all of our maternal-newborn providers.*

Finally, the LHIN received $2.6 million to initiate a new, higher level of care at Queensway Carleton and Montfort Hospitals. Previously, this level of care was only available in a teaching environment at The Ottawa Hospital and Children's Hospital of Eastern Ontario.

Residential Youth Drug Addiction Treatment Centres

Considerable progress was made toward the creation of two residential addiction treatment centres for youth, including the choosing of sites. The 15-bed Anglophone centre will be located in Carp. Downtown Ottawa will be home to the five-bed Francophone centre run by Maison Fraternité.

Planning for the treatment services was a priority for the project manager, who worked with provider partners on the implementation of a new clinical model. The United Way continued its fundraising efforts for capital costs of both centres.

LHIN Board members supported an agreement between Dave Smith Youth Treatment Centre and Alwood Treatment Centre in which the two organizations will be integrated into one agency. The integrated agency would operate two Anglophone sites (Carp and Carleton Place) before consolidating services at a larger structure planned for the Carp location.

The Olde Forge Community Resource Centre and Pinecrest-Queensway Community Health Centre

Integration of certain administrative services occurred between The Olde Forge Community Resource Centre and Pinecrest-Queensway Community Health Centre. The savings from this integration will be redirected to support the Olde Forge's seniors' day program. By working together and sharing resources, these two organizations improved care for clients in the Ottawa West Community of Care.

Madawaska Valley Integration Project

The LHIN began serving as a facilitator with various members of local health services providers. This project is looking at integration opportunities among health service providers. The goals are to make the health system in rural areas more accessible, sustainable, and efficient, and positively affect the health of the population.

Community Engagement

The Champlain LHIN values community engagement as an important means to achieving:

- *A focus on the needs of people*
- *Enhanced local accountability*
- *A shared sense of understanding and responsibility for health system improvements*
- *Informed decision-making focused on the needs of the people impacted*
- *Locally sustainable solutions, appropriate to each community.*

LHIN Community engagement is based on an architecture that includes:

- *Community of Care Advisory Forums, to engage people where they live, across the region:*
  - *Renfrew County*
  - *North Lanark, Leeds and North Grenville*
  - *Ottawa West*
  - *Ottawa Centre*
  - *Ottawa East*
  - *Eastern Counties*
- *Community of Practice Networks, such as the Regional Geriatric Advisory Committee, Child and Youth Network, Mental Health Network.*
- *Councils, including the Health Professional Advisory Committee and eHealth Council.*

The successful relationships developed with the Community of Care Advisory Forums, Community of Practice Networks, Councils and other key stakeholders, paved the way for the Champlain LHIN to expand its reach into the community in 2009/10.

Champlain LHIN Board Public Meetings

Champlain LHIN Board meetings were held across the region, in locations that included Pembroke, Carleton Place, Kanata, Ottawa and Hawkesbury.

Community of Care Advisory Forums

Our Community of Care Advisory Forums represent six geographic sub-regions of the Champlain LHIN and meet regularly to inform the Champlain LHIN on health issues in their communities and to provide advice on various health system improvement projects. This year, the Forums were consulted on the IHSP 2010 - 2013, Champlain Regional Maternal-Newborn Program, the Regional Palliative Program and Aging at Home Initiative.

Unique Needs

On an ongoing basis, representatives from Francophone and Aboriginal communities participate in Community of Practice Networks and Community of Care Advisory Forums. This ensures the unique needs of these populations are included when planning health system improvements.

Dedicated LHIN staff are actively engaged with the Network of French Language Services of Eastern Ontario and the Aboriginal Health Circle Forum through regular meetings held throughout the year.

In addition, to develop the IHSP 2010-2013 with these communities' needs incorporated, extensive consultations and web- and paper-based surveys were conducted to collect valuable input.

Learn more about the IHSP 2010-2013 community engagement activities that occurred in the *IHSP 2010-2013 Community Engagement Report* (at www.champlainlhin.on.ca).

Development of the Integrated Health Service Plan 2010 – 2013

Across the region, more than 1,500 people participated in consultation activities to shape our next set of strategic directions. These individuals represented:

- *Community of Care Advisory Forums*
- *Community of Practice Networks*
- *Health Professional Advisory Committee and eHealth Councils*
- *The Network of French Language Services of Eastern Ontario*
- *Aboriginal Health Circle Forum*
- *Physicians*
- *Non-LHIN partners (i.e., Ottawa Public Health, United Way, Ministry of Youth and Child Services)*
- *Consumer focus groups and others.*

Subject matter experts, clinical leaders, administrative managers, health service providers, non-LHIN partners, LHIN staff and members of the public offered their insights, knowledge and opinions in this important planning process.

Citizens' Advisory Panel

Integral to the Eastern Counties' Hospital Clinical Services Distribution Plan project is the Citizens' Advisory Panel. The 24-member Panel was assembled to include members of the public in the development of this important plan.

More than 140 people volunteered to learn about the regional health care system and provide advice to the Steering Committee for the Eastern Counties planning project. Among the volunteers, 24 members were randomly selected to reflect the age, gender, languages and geographic profile of the region.

More than one-third of the panel members identified themselves as Francophones (French-speaking residents make up 42 % of the population of the Eastern Counties. This percentage reaches 80% in some communities [i.e., Alfred/Plantagenet and parts of Hawkesbury], and 3.2 % in others [South Dundas]). Panel members came from communities throughout Eastern Counties, including Hawkesbury, Rockland, Finch, Glen Robertson, Cornwall, and others.

Over three full Saturdays, Panel members learned about the region's five hospitals, pressures facing the region, and then considered possible models for redistributing services among the Eastern Counties' hospitals. The group offered a number of recommendations to the Steering Committee to increase collaboration and coordination of hospital services and enhance the quality of services to citizens.

The Panel's recommendations will be integrated, along with input from the other community consultations, into the final plan.

Members of the Eastern Counties' Hospital Clinical Services Distribution Plan Citizens' Advisory Panel - Alexandria, ON - March 2010

Champlain Diabetes Strategy Advisory Committee

In 2009, The Champlain LHIN formed this committee to provide advice to the LHIN on the best way to integrate and improve diabetes prevention and management in the Champlain region. The Advisory Committee is made up of a broad cross-section of diabetes care providers, physicians, pharmacists, researchers and non-governmental agencies across Champlain. The Committee contributed to the LHIN successfully securing five diabetes education teams for our region in 2009/10, and more than seven additional teams for the next two years.

Primary Care Physician Engagement Project

The Champlain LHIN, working with the Ontario Medical Association, consulted with more than 80 primary care physicians in our region to find better ways to engage them into an integrated diabetes system of care. Their insights are of key importance to successful patient centered disease management, a vital component to the Champlain Diabetes Strategy.

Annual Diabetes Forum

A Champlain Diabetes Network of more than 100 health care professionals participated in a full day session to share current information on diabetes programs and identify planning priorities for the upcoming year.

Chronic Disease Self-management Program

The Champlain LHIN brought together several community and hospital-based health organizations to agree upon a common, coordinated approach to delivering chronic disease self-management programs across our region. To ensure a coordinated program is established, a Steering Committee and a broad Leadership Team made up of key planning partners were formed.

An annual Healthy Living Chronic Disease Self-management workshop brought more than 165 health care providers together to learn about building more self-management support into their practices. Other community engagement techniques were used to spread the word about better self-management for chronic conditions, reaching more than 260 health care professionals in our region.

Francophone Population

The Champlain LHIN continued to engage with Francophones and providers of French language health services living and working in its region. This engagement has been facilitated by an important partner of the LHIN: the Network of French Language Health Services of Eastern Ontario.

The Francophone community was actively involved in providing input into the development of the IHSP 2010-2013 to ensure the health-related needs of Francophones were appropriately addressed. This input laid the foundation for a number of activities designed to ensure:

- *Data capturing the utilization of health services by Francophones is readily available,*
- *Performance indicators are developed and embedded in accountability agreements to monitor the quality of French health services; and*
- *Access to French health services is monitored as changes to the design of Champlain's health system occur.*

The Champlain LHIN supported activities that lead to the January 2010 launch of regulations under the *Local Health System Integration Act (2006),* related to the creation of French Language Health Service Planning Entities. The LHIN will work collaboratively with the planning entity for our region (to be named by July 1, 2010) to ensure the 240,000 Francophones living in our region have access to quality health services in French.

The Champlain LHIN is directly involved in recommending to the Ministry of Health and Long-Term Care the designation of some of its health service providers under the *French Language Services Act (1990).* The LHIN's Senior Director of Planning, Integration and Community Engagement is a member of the Network of French Language Health Services of Eastern Ontario's Designation Committee.

To ensure the availability of quality health services delivered in French in our region, this committee reviews requests for French Language Service designation and supports health service providers to obtain it. This past year, the Champlain LHIN Board of Directors recommended the designation of some of the programs at:

- *Cornwall Community Hospital*
- *Addictions Services of Eastern Ontario*
- *University of Ottawa Heart Institute, and*
- *Geriatric Psychiatry Community Services of Ottawa.*

Staff from the Network of French Language Health Services of Eastern Ontario are actively involved in some major planning initiatives in the LHIN, including the Aging at Home strategy, the Regional Hospice Palliative Care Program planning, the Regional Maternal-Newborn Program and the Eastern Counties Hospital Clinical Services Plan, to highlight a few. These staff members continue to represent the needs of Champlain's Francophones on a number of the LHIN community engagement structures, such as Community of Care Advisory Forums, a number of Communities of Practice, the Health Human Resources Council and others.

In December 2009, the Champlain LHIN and the Network of French Language Health Services of Eastern Ontario signed a partnership agreement to formalize the collaborative working relationship existing between the two organizations. The agreement confirms the roles each organization will play in ensuring the availability of quality health services in French in our region. It makes provisions for an annual collaborative work plan between the partners and establishes a Joint Liaison Committee, comprised of members of the senior management teams and Board of Directors of the two organizations.

Aboriginal Population

The Aboriginal Health Circle Forum conducted extensive consultations with community members and organizations from First Nations, Métis and Inuit communities across the LHIN to identify health needs and prioritize actions. Key areas for health system improvements were agreed upon and a strategic plan to improve Aboriginal health was developed. Health system improvements more than the next three years will be in the areas of:

- *Withdrawal management, addiction treatment, aftercare programming and a range of cultural based mental health and addictions programs for Aboriginal youth and other members of the Aboriginal community*
- *Education on healthy living adapted for Aboriginal communities*
- *Awareness of jurisdictional issues in Aboriginal health care*
- *Building capacity and knowledge within the broader health care system of culturally based services.*

Improvements have already begun to take place. Efforts to improve access to culturally based primary health care resulted in the approval of a new Family Health Team at Tungsuvvingat Inuit to serve the growing Inuit population in our region.

The LHIN had significant community engagement with Aboriginal communities to inform the development of the IHSP 2010-2013. More than 350 members of these communities contributed their views and ideas to the shaping of the LHIN's three-year plan.

An analysis of diabetes education programs for urban and rural Aboriginal communities showed a serious gap in diabetes education services for Aboriginal communities across our region. New diabetes education teams were implemented at Akwesasne – Kanonkwa'tesheio:io Social and Wabano Centre for Aboriginal Health. Additional diabetes education services have been approved for Pikwàkanagàn.

The Aboriginal Health Circle Forum is a key contributor to Chronic Disease Prevention and Management planning activities, which resulted in partnerships that will increase diabetes screening and improve access to a culturally based Living Healthy Champlain Chronic Disease Self-management Program at Wabano Centre for Aboriginal Health. This program will help support Aboriginal people living with chronic disease, and provide an opportunity for improved self-management.

Progress on the Integrated Health Service Plan 2007 - 2010

The six strategic directions in the Integrated Health Service Plan (IHSP) 2007- 2010 are:

- *Seniors with complex and chronic conditions*
- *Better access to care, closer to home*
- *Addictions and mental health*
- *Chronic disease prevention and management*
- *Primary health services for healthy communities*
- *eHealth (i.e., an electronic health record)*

Several 2009/10 highlights are included below, under each strategic direction:

Seniors with Chronic and Complex Conditions

In the second year of its three-year strategy, the Champlain LHIN provided an additional $10 million to the Aging at Home program. This new funding was primarily directed towards the maintenance and expansion of existing Aging at Home projects, and the support of new transitional care services. The Aging at Home program also moved under its umbrella ongoing projects that focus on the Aging at Home population, and meet our Aging at Home goals.

The Aging at Home program continues to provide services to diverse groups including Francophone, Aboriginal, rural, multicultural, and homeless populations. The total Aging at Home investment for 2009/10 was $17 million. The two projects below highlight the positive impact the LHIN had towards meeting the needs of our seniors, and the expectations set forth by the Ministry of Health and Long-Term Care.

Over the last two years, the Aging at Home Program has invested in seven ***Supportive Housing / Assisted Living programs***. These programs focus on at-risk seniors who require specific services on a 24/7 basis, to remain safely in their homes and to maintain their health. Along the continuum of care, supportive housing provides necessary services to seniors who require daily support, but who do not need long-term care.

Under Aging at Home, the LHIN supports varied models of supportive housing that reach across Champlain and that target different populations, including the homeless. Through these supportive housing programs, 149 spaces have been funded. Our providers have been successful in:

- *Supporting at-risk seniors in a home setting,*
- *Reducing the number of emergency departments visits,*
- *Reducing acute-care admissions; and*
- *Reducing long-term care admissions.*

Qualitative interviews with supportive housing clients showed that the program offered the support needed to live in a home setting, while reducing the isolation of living alone. Clients mentioned the concentration of services,

ongoing health monitoring, and social programs create a network of support and security for the residents, promoting successful aging at home.

In Eastern Counties, following a year of planning, the ***Respite and Relief project*** (a partnership among the Champlain CCAC, the Alzheimer Society of Cornwall and District, the Canadian Mental Health Association and Tri-County Mental Health Services) saw its first clients in September 2009. Caregivers of seniors with Alzheimer's disease and related dementias are provided with relief and support they identify as necessary to continue to support a family member at home.

The project identifies caregiver needs and pre-existing support networks. Innovative approaches are used, such as creating circles of care, mediation, intensive case management and personalized support services. The project has been successful assisting caregivers in caring for their family members at home, while avoiding emergency department visits, acute-care admissions and long-term care admissions. Effective supports in the home have led families to decline admissions to long-term care homes.

To inform future planning for the Aging at Home program, the Champlain LHIN participated in two studies:

1) The ***Champlain Balance of Care Project*** was completed by researchers, in partnership with the LHIN, Regional Geriatric Program of Eastern Ontario, Champlain CCAC, Regional Geriatric Advisory Committee and the Seniors' Impact Council of United Way / Centraide Ottawa. The purpose of this project was to determine the proportion of clients that could be diverted from a long-term care placement and instead, be cared for at-home through community care or assisted living services.

2) The LHIN also tasked the United Way / Centraide Ottawa to develop an ***Affordable Supportive Housing Implementation Plan*** to increase the supply of affordable supportive housing for seniors in the next three years.

In reviewing the existing CCAC wait list for long-term care, the ***Balance of Care*** study concluded that at a minimum of 14.3%, and at maximum 33% of clients on the wait list could be diverted from long-term care to living at home with community care or assisted living (supportive housing) services.

The United Way report recommended an investment in a continuum of support services that would target the supply of supportive housing to 1,400 - 2,000 units and further suggested that more investment was needed in 24/7 interventions that provide access to support workers, as well as emergency responses. These reports, along with previous studies, will guide the planning of the third year of Aging at Home projects.

eHealth

The implementation of the ***DIr-PACS (Diagnostic Imaging repository – Picture Archiving Communication System)*** project was well underway in Champlain, with a key milestone of the first site going live at Queensway Carleton Hospital in February 2010. Champlain is one of three LHINs collaborating on the Northern and Eastern Ontario Diagnostic Imaging Network (NEODIN) to develop one of four shared repositories across Ontario for medical images and associated diagnostic reports. When complete, it will facilitate electronic transfer of images and reports among more than 60 diagnostic imaging departments in Northern and Eastern Ontario.

The NEODIN DI-r eliminates the need for patients to transport images and reports between doctors on CDs, films, or by fax. It also enables specialists at one facility to access the reports for images acquired at other hospitals, allowing for faster and more convenient information sharing between doctors.

The ***Drug Profile Viewer*** allows health professionals at hospitals to quickly access drug information about patients so they can more appropriately provide treatment. Wave I of the project was previously completed. It provides real-time access to the Ontario Drug Benefit recipient claim history in emergency departments. Wave II was completed in June 2009, and extends such access to other hospital departments for all 25 Champlain sites.

One of the goals of the Champlain LHIN eHealth Strategic Plan is to build an electronic infrastructure that allows information sharing, collaboration, and communication to occur effectively and efficiently. A key component for achieving this objective is the ***Champlain LHIN Collaboration Space,*** which was launched in April 2009 (hosted by Winchester District Memorial Hospital).

Health care workers are, first, knowledge workers. As such, they need to share information and consult with one another, and help others navigate the health care system. The challenge is that health organizations are typically separate enterprises with internal systems that are not readily accessible to external collaborators.

The Champlain LHIN Collaboration Space provides a secure and easy-to-use environment that addresses this need, and in its first year, has more than 1,000 registered users from more than 120 health care organizations.

The collaboration space was used in the past year in many scenarios, including:

- *Supporting physicians in a rural area manage their schedules at the local hospital (on-call and booking of procedure rooms) more efficiently through the Web*
- *Facilitating better coordination and communication amongst various health care teams during H1N1 pandemic planning and response activities*
- *Providing tools and support for a pilot project in Champlain to improve the efficiency of access to specialists by family physicians, which*
  - *accelerated delivery of appropriate care across a number of scenarios*
  - *reduced number of referrals (and consequently wait times) for some specialties.*

Another goal of the Champlain LHIN eHealth Strategic Plan is to build a regionally shared electronic health record using eHealth Ontario's defined datasets as its foundation. A key component of this strategy is the establishment of a ***Regional Portal***, which will provide health care workers a simple, reliable, and secure means of accessing a comprehensive range of clinical data and tools. Champlain LHIN has identified The Ottawa Hospital portal as its preferred regional platform for this purpose.

In 2009/10, eHealth Ontario selected the Champlain LHIN and The Ottawa Hospital as a lead "Channel Partner" for a limited production rollout to help eHealth Ontario and Champlain test and validate the strategy and associated approaches/frameworks. The first stage of this project was launched in 2009/10, with a focus on providing access to provincial lab results and drug benefits claims history through the portal to a group of Champlain users in 2010/11.

A regional ***Privacy Impact Assessment (PIA)*** tool was developed and launched. Its purpose is to provide Privacy Officers throughout Champlain with a more efficient, consistent, and cost-effective application of privacy legislation to ensure security and privacy compliance and risk management. This tool is managed by Children's Hospital of Eastern Ontario, on behalf of the LHIN, and has been deployed through collaboration of the Champlain Chief Privacy Officers Committee.

Improved Access to Care

Non-Urgent Transportation

Seniors often need non-urgent transportation for medical appointments, transfers (i.e., from hospital to long-term care home) and social activities. To help meet this need, the Champlain LHIN provided funding for two transportation projects.

In one initiative, the LHIN provided one-time funding for two replacement vans and the retrofitting of a third. The replacement vans went to the Maxville Manor in Maxville and Barry's Bay Area Senior Citizens Home Support Services. The existing van for The Olde Forge Community Resource Centre in Ottawa was retrofitted to better accommodate clients. The replacement and retrofitting of these vehicles allows these organizations to increase the number of rides (already in the thousands per year), as well as the quality of the ride for clients.

The second initiative involved providing a non-urgent transportation support service in Renfrew County. Coordinating ride requests with client and driver schedules is a challenge. In response, the LHIN provided funding for 1 full-time transportation coordinator and 2.6 drivers for the 2 Aging at Home transportation vans at Carefor Health and Community Services in Pembroke.

H1N1

The Champlain LHIN played an integral role in helping to manage the 2009 H1N1 pandemic in terms of

- *Critical care*
- *Health-provider liaison, and*
- *Flu assessment services for patients.*

The Champlain LHIN Board of Directors passed a motion in September 2009 directing hospitals to appoint a LHIN-wide critical care physician coordinator (and a rotation of

delegates) to ensure 24/7 coverage for treatment of critically ill H1N1 patients. This decision helped improve the coordination of critical care activities between hospitals at a time of urgency.

In addition, the Champlain LHIN participated in Ottawa's Clinical Care Command Centre, acting as a liaison between various health sectors and across the geography of the Champlain region, which spans four public health units.

Lastly, the Champlain LHIN was a key player in setting up ten Flu Assessment Centres in Ottawa in November 2009, including the city's six Community Health Centres. The centres assessed, treated and referred roughly 3,500 patients in 17 days, providing relief for area emergency departments, and increasing access to urgent care. The LHIN spearheaded a clinical consult service between the Flu Assessment Centres and two acute-care hospitals (Children's Hospital of Eastern Ontario and The Ottawa Hospital), to support health professionals and better serve patients as assessment and treatment guidelines evolved.

Alternate Level of Care

Alternative levels of care (ALC) patients are individuals in hospitals who are waiting for a more appropriate level of care. Providing better care for these patients is a key priority for the Champlain LHIN and the province; the LHIN is accountable for achieving specific annual performance objectives.

In collaboration with our health system providers and a local steering committee, the LHIN developed a multi-level approach to:

- *Ensure appropriate use of existing capacity;*
- *Reduce wait times and improve processes; and*
- *Establish new and innovative capacity.*

Examples of specific projects are:

- *The Champlain LHIN established two pilot projects under its **Transitional Care Program** in 2009/10. These projects were designed to provide a temporary care setting for ALC patients, allow them to leave hospital sooner, and provide them with a wellness environment to help them heal and regain function. In these pilot projects, 104 beds were added in Ottawa and Pembroke. These beds will serve more than 400 people each year. The projects are run through a partnership between the Champlain LHIN, hospitals, Champlain CCAC, and program operators.*
- *Plans were initiated to develop **Supportive Housing / Assisted Living Services** in the Champlain region to expand the options available for patients and to ensure that they can stay in their homes with support as long as possible. This program will be implemented through the LHIN's Aging at Home Strategy;*
- *The **Stay at Home Program** was designed to support higher-need clients in their homes with enhanced home care from the CCAC. Without this extra support, these clients might otherwise need to go to the hospital or move into long-term care. More than 250 clients were served under this program in 2009/10; and*
- *The Champlain LHIN is working with system partners and the University of Ottawa to study and **forecast system capacity needs** and guide planning and investments to address ALC pressures.*

Emergency Departments

The Champlain LHIN devoted considerable effort to improving emergency department wait times. In 2009/10, five hospital sites took part in the provincial Pay for Results program, which provides funding to selected hospitals to improve their emergency department wait times. The five sites involved were:

- *The Ottawa Hospital – General campus*
- *The Ottawa Hospital – Civic campus*
- *Montfort Hospital*
- *Cornwall Community Hospital*
- *Hawkesbury & District General Hospital*

These five sites worked collaboratively to design and implement solutions to long wait times. The numerous initiatives undertaken included hiring and training specialized flow nurses; analyzing and streamlining processes to maximize efficiencies; and re-designing emergency departments to create specialized "fast-track" zones.

Our region's efforts were so successful that two of our hospital sites (The Ottawa Hospital – Civic campus, and Montfort Hospital) received significant bonus funding from the provincial Ministry of Health and Long-Term Care for improving their wait times *beyond* their ambitious target. By the end of 2009/10, a third site (Hawkesbury) achieved an overall improvement of more than 26% in their emergency department wait times, becoming our regional and provincial leader for improvements.

In March 2010, the Champlain LHIN organized and hosted an Emergency Department Symposium, where hospitals from across the region gathered to share successes and lessons learned in terms of emergency department improvements. The focus of the event was for hospitals to provide advice and assistance to each other, and support continued implementation of initiatives that *work*. The event was very well attended and received, and participants requested this type of event be held annually.

Addictions and Mental Health

Concurrent Disorders Working Group

The Champlain LHIN's Concurrent Disorders Working Group implemented the adoption of a common concurrent disorders screening tool called the Global Assessment of Individual Need – Short Screener (GAIN-SS). To support all mental health and addiction service providers in the region adopting this tool, the LHIN funded health professional training sessions. The GAIN-SS tool is being validated for Francophone and Aboriginal populations. A common, web-based version of the GAIN-SS was developed to maximize its region-wide adoption.

Integrated Access to Psychiatric Inpatient Services

The LHIN provided $125,000 for the implementation of the Integrated Access to Psychiatric Inpatient Services project. Six Champlain LHIN hospitals are working collaboratively to improve access to inpatient mental health beds through the establishment of a regional integrated intake and bed management process.

Addictions and Mental Health Network of Champlain

The Addictions and Mental Health Network of Champlain is a new structure and governance combining mental health and addictions networks as one community of practice, to improve integrated system planning. The network aspires to provide the health service providers with a shared set of principles, values and common vision to ensure the addiction and mental health system is truly client-centered and integrated.

Transitional Care Services

The LHIN increased its capacity in providing transitional care services. Providing this service to clients means people who are recovering from addictions have the opportunity to do so in residential or group home settings. This service helps them in their recovery and facilitates their reintegration into society.

Youth Drug Addiction Treatment: School-Based Counselling

The Champlain LHIN is a key annual funding partner of this program, which is based in Anglophone and Francophone high schools in Ottawa. The LHIN provides funding to two addictions agencies – Rideauwood Addiction and Family Services and Maison Fraternité – to counsel at-risk students in their schools. The aim is early detection of addictions and concurrent issues, and improved accessibility to services for this young population. Other funding partners include Ottawa's four school boards, the United Way, and Ottawa Public Health.

Residential Youth Drug Addiction Treatment Centres

- please see the *Integration Activities* section.

Chronic Disease Prevention and Management

Diabetes Education Programs

The Champlain LHIN completed an analysis of diabetes education programs in our region and discovered that there was a large gap in services in several communities. To address these gaps, the Champlain region received five new diabetes education teams in 2009/10. The LHIN is expecting to receive more than seven additional teams to be located in highest need communities in the next two years. The expansion of diabetes services is part of the Ontario Diabetes Strategy.

Chronic Disease Self-management Programs

Bruyère Continuing Care, Community Care Access Centre and the Elizabeth Bruyère Research Institute are providing an innovative, coordinated Chronic Disease Self-management Program for the Champlain region. *Living Healthy Champlain* has partnerships with more than 20 organizations in the region, has reached more than 250 participants and engaged more than 275 health care professionals in self-management knowledge transfer activities. The Chronic Disease Self-management Program expects to reach 1,500 participants next year. To learn more, please visit the *Living Healthy Champlain* website at www.livinghealthchamplain.ca

Ottawa Model for Smoking Cessation Program

All 20 hospitals in the Champlain LHIN have agreed to expand the Ottawa Model for Smoking Cessation (OMSC) programs into their hospitals as part of their accountability agreements with the LHIN. The OMSC program is led by the University of Ottawa Heart Institute and is a key initiative of the Champlain Cardiovascular Disease Prevention Network.

Over the next few years, partner hospitals will work towards expanding the reach of their programs to 80% of all hospital inpatients and to an increased number of ambulatory clinics. The Champlain LHIN views this expansion as a key enabler to advancing its IHSP 2010-13 goals to reduce the burden of chronic illness and improve the health of residents of our communities.

Sodium Reduction Campaign

In 2009/10, the Champlain LHIN provided funding of $100,000 to the Champlain Cardiovascular Disease Prevention Network's bilingual sodium reduction campaign, *Give Your Head a Shake*.

The objective of the campaign is to reduce the consumption of sodium - particularly high sodium processed foods - among men and women aged 35-50 living in the Champlain region. This is a key audience for the prevention of chronic diseases and their associated risk factors, such as high blood pressure.

The campaign offers quick and easy nutrition tips people can implement at home, when they shop, and when eating out. The creative strategy includes advertising on TV, radio, the internet, and in print. Community outreach and promotions are also an important part of this health-promotion effort. Evaluation is ongoing until two years post-launch.

Primary Health Services for Healthy Communities

Enhancing Palliative Care

Primary health care has a core role to play in the delivery of palliative care; however, extensive support is often needed, especially specialist consultations and shared patient care. Also important is early identification of palliative patients with cancer or non-cancer diagnoses who would benefit a palliative care approach.

The Bruyère Regional Palliative Pain and Symptom Management Consultation Service started a project to improve patient

identification, and the delivery of palliative care in the primary health care setting. Other partners in the project are:

- *The Ottawa Hospital Family Health Team*
- *Bruyère Family Health Team*
- *University of Ottawa Family Medicine and Palliative Medicine Residency Programs*
- *The Champlain CCAC nurse coordinators and agency nurses also play an important role.*

The academic Family Health Teams are responsible for training family medicine residents, and providing care to their population base. The goals of the project are to:

- *Work with the Family Health Teams to support community-based palliative care education*
- *Enhance capacity of the Ottawa academic Family Health Teams to deliver palliative care and*
- *Improve quality through measurement.*

The project is underway and a formal evaluation will be completed in 2010.

New Family Health Teams and Nurse Practitioner Led Clinic

Champlain LHIN has worked with the Ministry of Health and Long-Term Care to improve primary care across the region. An analysis of primary care services was completed in the summer 2009, for use during the fall 2009 call-for-proposals for Family Health Teams and Nurse Practitioner Led Clinics.

Out of 20 new family health teams across the province, the Ministry approved 6 for Champlain. The names of the family health teams and their locations are:

- *West Champlain, Pembroke*
- *Lower Outaouais, Hawkesbury*
- *Plantagenet, Plantagenet*
- *Tungsuvvingat Inuit, Vanier*
- *Connexion, Orleans*
- *Ottawa Valley, Almonte*

In addition, a Nurse Practitioner Led Clinic was approved for Lancaster.

Seaway Valley Community Health Centre

Seaway Valley Community Health Centre

Working with you for a Healthier Community

The new Seaway Valley Community Health Centre in Cornwall is under construction and scheduled to open in summer 2010. Currently, it already has more than 500 clients registered. Staff was recruited in 2009/10.

The Centre is a non-profit, community-governed organization providing primary health care, health promotion and community development services. This will be done with an inter-disciplinary team of health providers. The needs of seniors, new immigrants, and low-income individuals and families will be an important focus for the Centre.

Approved in 2007 by the Ministry of Health and Long-Term Care, the Centre is now funded by the Champlain LHIN.

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.

Table 1: Champlain LHIN Performance on MLAA Targets, 2009/10

Performance Indicator	Starting Point	Target	Performance: Most Recent Quarter	Performance: Annual	Did LHIN Meet Target?
90th percentile wait time for cancer surgery	64	60	60	63	YES
90th percentile wait time for cataract surgery	170	170	132	133	YES
90th percentile wait time for hip replacement	284	215	259	293	NO
90th percentile wait time for knee replacement	301	236	209	247	YES
90th percentile wait time for diagnostic MRI Scan	235	141	94	129	YES
90th percentile wait time for diagnostic CT Scan	66	55	117	108	NO
Median wait time to Long-Term Care Home placement	183	183	237	209	YES
Percentage of Alternate Level of Care days	14.12%	12.90%	13.75%	13.76%	YES
Emergency Department: Proportion of admitted patients treated within their target of 8 hours	36.00%	43.00%	34.01%	36.72%	YES
Emergency Department: Proportion of non-admitted, high acuity patients treated within their targets (8 hours for CTAS 1-2; 6 hours for CTAS 3)	78.00%	84.00%	79.99%	80.04%	YES
Emergency Department: Proportion of non-admitted, low acuity patients treated within their target of 4 hours	78.00%	83.00%	79.53%	79.78%	YES

Table 1 indicates that the LHIN is performing well on the large majority of its MLAA performance targets.

Wait times for cancer surgery, cataract surgery, knee replacement, MRI scans, and Long-Term Care Home placement were within the "performance corridors" specified in the 2009/10 MLAA. Percentage of Alternate Level of Care days and all three Emergency Department wait time indicators were also within corridor.

The region is still working to reduce wait times for two key services: hip replacement and diagnostic CT scan. Specific targeted initiatives have been designed to address these challenges.

Hip Replacement:

In early 2010, a Regional Hip and Knee Replacement Program was implemented. This new initiative includes a central intake and assessment model, where all hip and knee replacement referrals are managed through a central office. Assessment for surgical candidacy follows quickly by trained assessors.

Patients deemed not suitable for surgery are removed from the surgical wait list and linked with alternative services (e.g. a partnership was developed with the Arthritis Society). Patients assessed as strong surgical candidates are referred to a surgeon, based on the patient's personal preference for (1) a particular surgeon or (2) the first available surgeon in the region.

This new model has already succeeded in speeding up time to assessment, moving to equalize wait times between surgeons, offering the choice to patients to access the first available surgeon, and reducing overall wait times for hip and knee replacement surgery.

As the model continues to be implemented, further reductions in wait times are expected throughout 2010/11.

Diagnostic CT Scan:

The past year has been very busy for the Diagnostic Imaging teams in the Champlain LHIN. The teams examined the policies concerning data collection and interpretation of Ontario's wait time information system requirements. All sites reached consensus for using a common approach for CT and MRI data input.

Later, to help with daily decision-making, operational dashboards for MRI were created at each hospital to capture and monitor outcomes. The result is a more responsive system that reacts quickly to improve MRI access and patient throughput. The MRI dashboards are shared by all of the region's MRI sites. After a testing period, these dashboards will be expanded to include CT in 2010/11.

Data shows the Champlain hospitals providing MRI services are some of the most efficient in the province. As CT and MRI workflows follow similar processes and procedures, Champlain LHIN hospitals believe that CT services are at or above the provincial targets.

All of the MRI sites dedicated time and effort by participating in a provincial initiative to improve access using an efficiency methodology (i.e., lean practice). As a result, new and more efficient processes were implemented in the latter half of the year. The teams have requested support from the provincial CT/MRI Expert Panel for a similar exercise for CT in 2010/11. In the meantime, some of the new processes learned from the MRI project have been applied to the CT processes.

In the last quarter of the year, requisitions for CT scans were being diverted from hospitals with long lead times to those with short lead times. This effort began to show results late in the fiscal year.

Finally, because of new protocols limiting the use of CT scanning on children, Children's Hospital of Eastern Ontario's capacity to handle more adults has increased in the past few months. The LHIN will investigate improved access to adult volume through a review of all CT sites.

There was one unforeseen event this past year where the yearly increase of scans booked for Canadian patients travelling to the U.S. doubled the normal rate. It took the entire year to recover from the unexpected increase. Affected hospitals added extra shifts and adjusted their scheduling to address the influx of CT referrals. An investigation, which included interviews with the physicians, did not reveal a cause.

Urgent Priority Fund

The Champlain LHIN funded 41 projects in 2009/10, representing 18 projects started the previous year and 23 new initiatives, including 6 small capital projects. The total amount spent was $4.74 million, of which roughly $2.6 million was dedicated to Emergency Department and Alternate Level of Care (ED / ALC) projects. The Champlain LHIN has now dedicated approximately 40 % of the total Urgent Priority Fund in base allocations.

The Urgent Priority Funding for ED / ALC was focused on:

- *Increasing our LHIN's short-stay capacity,*
- *Improving our rehabilitation capabilities,*
- *Targeting high risk individuals who use our emergency departments; and*
- *Further supporting end-of-life clients and those who needed additional services to remain in their home.*

The Urgent Priority Fund was also used to supplement activities for the region's central intake project for radiological referrals and to augment the Ministry of Health and Long-Term Care's strategy priorities in Mental Health and Chronic Disease. These projects focused on:

- *Coordinating access for psychiatric inpatient services*
- *Concurrent disorder screening*
- *Falls prevention*
- *Salt reduction and*
- *Cardiovascular tele-home monitoring.*

Champlain LHIN Operational Performance

In this fourth full year of the organization's operation, LHIN staff continued to be active in planning and coordinating new initiatives, holding community engagement events, developing a new three-year IHSP 2010-2013, and communicating with providers and the public.

Significant time and effort was also required to negotiate agreement extensions and monitor performance indicators related to the $2.25 billion in funding provided to the 209 Champlain LHIN health service providers (HSPs). The HSP transfer payments increased by $120 million representing a 5.6% increase over 2008/09.

The LHIN Office Operational budget was $5.2 million; the year ended with a surplus of $16,429. Two new office positions were created to end the year with 32 full-time equivalent staff. Of total expenses, 71.6% was allocated to salaries and benefits, and an additional 12.6% was allocated to fixed costs such as accommodation, the LHIN Shared Services Office, and the LHIN Collaborative (see Note 9 of the Financial Statements).

The Champlain LHIN also received $600,000 for eHealth Operations. The year ended with a surplus of $28,435 in this area. One and a half new positions were created to end the year with three full-time equivalent staff in eHealth.

In addition, the Champlain LHIN received $553,000 from the Ministry of Health and Long-Term Care for specific initiatives, of which $218,000 was unspent at year-end, due primarily to late funding announcements.

Board of Directors – Member Appointments

(Biographies available at 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

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

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

Michael Degagné
Appointed November 18, 2009 for a three-year term

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

Johanne Lacombe
Appointed November 18, 2009 for a three-year term

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

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

As the Chair and ethics executor for the Board, I confirm that the Champlain LHIN Board has complied with the conflict of interest policy, as suggested in *The LHIN Guide to Good Governance.*

Marie E. Fortier
Chair, Board of Directors

** = As these Board members' terms are complete, their biographies are no longer posted on our website. If you need more information, please contact the Champlain LHIN (see inside cover for contact information).*

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

April 30, 2010

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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, 2010 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, 2010 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
April 30, 2010

Statement of financial position
as at March 31, 2010

	2010	2009
	$	$
Financial assets		
Cash	**1,011,260**	1,177,095
Accounts receivable -		
MOHLTC Transfer Payments for Health Service Providers	**10,030,160**	10,310,790
Accounts receivable - MOHLTC Other Programs	**255,000**	-
Accounts receivable - Other	**50**	25,859
	11,296,470	11,513,744
Liabilities		
Accounts payable and accrued liabilities	**806,800**	981,885
Due to Health Service Providers	**10,030,160**	10,310,790
Due to MOHLTC (Note 3b)	**413,224**	150,622
Due to the LHIN Shared Services Office (Note 4)	**53,478**	77,376
Deferred capital contributions (Note 5)	**354,535**	408,637
	11,658,197	11,929,310
Net debt	**(361,727)**	(415,566)
Non-financial assets		
Prepaid expenses	**7,192**	6,929
Capital assets (Note 6)	**354,535**	408,637
	361,727	415,566
Accumulated surplus	-	-

Approved by the Board

Marie E. Fortier
Board Chair

Andrew Dickson
Board Director

Statement of financial activities
year ended March 31, 2010

	Initial Budget (unaudited) (Note 7)	2010 Actual	2009 Actual
	$	$	$
Revenue			
MOHLTC funding			
HSP transfer payments (Note 8)	**2,172,489,800**	**2,244,621,490**	2,124,752,713
LHIN Operations (Note 9)	**5,088,127**	**4,889,440**	5,046,892
eHealth (Note 10)	**600,000**	**600,000**	475,000
eHealth - Alternate Level of Care / RMR (Note 10)	**200,000**	**80,000**	-
eHealth - Implementation and Adoption (Note 10)	**40,000**	**40,000**	-
Diabetes Strategy (Note 11)	**72,000**	**72,000**	41,000
Diabetes Strategy - Gestational Diabetes (Note 11)	**5,000**	**5,000**	-
Diabetes Strategy - Ethnic Populations (Note 11)	**5,000**	**5,000**	-
Diabetes Strategy - Self Management (Note 11)	**35,000**	**35,000**	-
Diabetes Registry (Note 11)	**-**	**-**	175,000
Emergency Department Physician Leader (Note 11)	**75,000**	**69,674**	75,000
Aboriginal Engagement (Note 11)	**35,000**	**30,441**	35,000
Emergency Room / Alternate Level of Care (Note 11)	**100,000**	**90,629**	33,300
French Language Services (Note 11)	**100,000**	**100,000**	-
Capital Review Project (Note 11)	**25,000**	**25,000**	-
Amortization of deferred capital contributions (Note 5)	**-**	**354,552**	300,458
	2,178,869,927	**2,251,018,226**	2,130,934,363
Expenses			
Transfer payments to HSPs (Note 8)	**2,172,489,800**	**2,244,621,490**	2,124,752,713
LHIN Operations (Note 9)	**5,088,127**	**4,873,011**	4,986,137
eHealth (Note 10)	**600,000**	**571,565**	475,000
eHealth - Alternate Level of Care / RMR (Note 10)	**200,000**	**70,924**	-
eHealth - Implementation and Adoption (Note 10)	**40,000**	**38,916**	-
Diabetes Strategy (Note 11)	**72,000**	**37,748**	11,791
Diabetes Strategy - Gestational Diabetes (Note 11)	**5,000**	**4,127**	-
Diabetes Strategy - Ethnic Populations (Note 11)	**5,000**	**4,437**	-
Diabetes Strategy - Self Management (Note 11)	**35,000**	**-**	-
Diabetes Registry (Note 11)	**-**	**-**	159,678
Emergency Department Physician Leader (Note 11)	**75,000**	**69,674**	64,749
Aboriginal Engagement (Note 11)	**35,000**	**9,989**	33,215
Emergency Room / Alternate Level of Care (Note 11)	**100,000**	**88,409**	-
French Language Services (Note 11)	**100,000**	**-**	-
Capital Review Project (Note 11)	**25,000**	**10,782**	-
Amortization	**-**	**354,552**	300,458
	2,178,869,927	**2,250,755,624**	2,130,783,741
Annual surplus before funding repayable to MOHLTC	**-**	**262,602**	150,622
Funding repayable to the MOHLTC (Note 3b)	**-**	**(262,602)**	(150,622)
Annual and accumulated surplus	**-**	**-**	-

Statement of changes in net debt
year ended March 31, 2010

	Budget	2010	2009
		$	$
Annual surplus		-	-
Acquisition of capital assets	-	**(300,450)**	(51,748)
Amortization of capital assets	-	**354,552**	300,458
Loss on disposal of capital asset	-	-	6,082
Increase in prepaid expenses	-	**(263)**	(5,675)
Decrease in net debt	-	**53,839**	249,117
Opening net debt	-	**(415,566)**	(664,683)
Closing net debt	-	**(361,727)**	(415,566)

Statement of cash flows
year ended March 31, 2010

	2010	2009
	$	$
Operating transactions		
Annual surplus	-	-
Non-cash items		
Amortization of capital assets	**354,552**	300,458
Amortization of deferred capital contributions (Note 5)	**(354,552)**	(300,458)
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 - MOHLTC HSP	**280,630**	(10,310,790)
Increase in accounts receivable - MOHLTC Other Programs	**(255,000)**	-
Decrease (increase) in accounts receivable - Other	**25,809**	(25,859)
Increase in prepaid expenses	**(263)**	(5,675)
Decrease in accounts payable and accrued liabilities	**(175,085)**	(176,642)
(Decrease) increase in due to MOHLTC HSP	**(280,630)**	10,310,790
(Decrease) increase in due to MOHLTC	**262,602**	(26,566)
(Decrease) increase in due to LHIN Shared Services Office	**(23,898)**	33,187
	(165,835)	(201,555)
Capital transactions		
Acquisition of capital assets	**(300,450)**	(51,748)
Financing transactions		
Capital contributions received (Note 5)	**300,450**	51,748
Net change in cash	**(165,835)**	(201,555)
Cash, beginning of year	**1,177,095**	1,378,650
Cash, end of year	**1,011,260**	1,177,095

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.

The LHIN is, and exercises its powers only as, an agent of the Crown. As an agent of the Crown, the LHIN is not subject to income taxation. 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.

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.

2) Significant accounting policies *(continued)*

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 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

2) Significant accounting policies *(continued)*

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. Software purchases, 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
Computer software	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.

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.

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	**2,244,621,490**	**2,244,621,490**	**-**
LHIN Operations	**4,889,440**	**4,873,011**	**16,429**
Amortization	**354,552**	**354,552**	**-**
eHealth	**600,000**	**571,565**	**28,435**
eHealth Alternate Level of Care / RMR	**80,000**	**70,924**	**9,076**
eHealth Implementation and Adoption	**40,000**	**38,916**	**1,084**
Diabetes Strategy	**72,000**	**37,748**	**34,252**
Diabetes Strategy - High Risk Populations	**10,000**	**8,564**	**1,436**
Diabetes Strategy - Self Management	**35,000**	**-**	**35,000**
Emergency Department Leader	**69,674**	**69,674**	**-**
Aboriginal Engagement	**30,441**	**9,989**	**20,452**
Emergency Room / Alternate Level of Care	**90,629**	**88,409**	**2,220**
French Language Services	**100,000**	**-**	**100,000**
Capital Review Project	**25,000**	**10,782**	**14,218**
	2,251,018,226	**2,250,755,624**	**262,602**

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

	2010	2009
	$	$
Due to MOHLTC, beginning of year	**150,622**	177,188
Amount recovered during the year	**-**	(177,188)
Funding repayable to the MOHLTC related to current year activities	**262,602**	150,622
Due to MOHLTC, end of year	**413,224**	150,622

4) Related party transactions

The LHIN Shared Services Office ("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 an administrative body that provides centralized Human Resources, Information Technology, Legal and Finance support 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.

4) Related party transactions *(continued)*

The LHIN Collaborative ("LHINC") was formed in fiscal 2010 to strengthen relationships between and among health service provider associations and the LHINs, and to support system alignment. LHINC is a LHIN-led organization and accountable to the LHINs. In the first year of operation, LHINC was funded by the LHINs with support from the MOHLTC. LHINC is a division of Toronto Central LHIN and as such is subject to the same policies, guidelines and directives as the Toronto Cental LHIN.

5) Deferred capital contributions

	2010	2009
	$	$
Balance, beginning of year	**408,637**	663,429
Capital contributions		
Ministry	**300,450**	41,234
Insurance	**-**	10,514
Write off of deferred capital contribution	**-**	(6,082)
Amortization for the year	**(354,552)**	(300,458)
Balance, end of year	**354,535**	408,637

6) Capital assets

			2010
	Cost	**Accumulated amortization**	**Net book value**
	$	**$**	**$**
Computer equipment	**99,040**	**99,040**	**-**
Computer software	**33,762**	**33,346**	**416**
Office equipment	**151,744**	**105,808**	**45,936**
Furniture and fixtures	**390,981**	**266,624**	**124,357**
Leasehold improvements	**1,167,273**	**983,447**	**183,826**
	1,842,800	**1,488,265**	**354,535**

			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

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 transfer payments	**2,172,489,800**	**72,131,690**	**2,244,621,490**
LHIN operations	**5,088,127**	**101,763**	**5,189,890**
e-Health and programs	**840,000**	**(120,000)**	**720,000**
Other programs	**452,000**	**(19,256)**	**432,744**
	2,178,869,927	**72,094,197**	**2,250,964,124**

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 2010 and 2009 as follows:

	2010	2009
	$	$
Operation of Hospitals		
Operations	**1,512,176,964**	1,435,928,128
Hospital InfraStructure Renewal Fund (Capital)	**5,575,254**	4,091,585
Grants to compensate for Municipal Taxation		
Public Hospitals	**355,650**	352,125
Long Term Care Homes	**267,758,962**	255,250,405
Community Care Access Centres	**180,812,654**	168,875,950
Community Support Services	**32,791,914**	27,950,748
Assisted Living Services in Supportive Housing	**6,434,010**	6,076,864
Community Health Centres	**45,133,717**	43,218,079
Community Mental Health Addictions Program	**60,299,505**	59,433,351
Addictions Program	**16,115,102**	15,427,360
Specialty Psychiatric Hospitals	**117,139,333**	108,119,693
Grants to compensate for Municipal Taxation		
Psychiatric Hospitals	**28,425**	28,425
	2,244,621,490	2,124,752,713

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 as well as LHIN Collaborative (see Note 4). The expenses incurred are as follows:

	2010	2009
	$	$
Program based		
Salary and benefits	**3,491,502**	3,246,361
Consulting and LHIN-based projects	**114,617**	575,883
Other program costs	**273,211**	292,677
	3,879,330	4,114,921
Occupancy	**241,484**	239,662
LHIN Shared services	**362,714**	300,000
LHIN Collaborative	**12,286**	-
Governance Per Diems	**102,750**	86,300
Office equipment and supplies	**127,213**	158,371
Insurance proceeds	**-**	(50,345)
Write off of deferred capital contribution	**-**	(6,082)
Loss on disposal of asset	**-**	6,082
Other	**147,234**	137,228
	4,873,011	4,986,137
Amortization	**354,552**	300,458
	5,227,563	5,286,595

Governance costs

Included in the above LHIN Operations results are costs to support the activities of the Board of Directors such as administrative support, travel, community engagement meetings, and other general costs. The expenses incurred are as follows:

	2010	2009
	$	$
Chair per diems	**48,825**	42,175
Other Board member per diems	**53,925**	44,125
Other	**160,126**	194,069
	262,876	280,369

10) eHealth and related programs

The MOHLTC has provided the LHIN with eHealth funding since fiscal 2008. The Project Management Office was created late in fiscal 2009. Funds were also used to support strategic e-Health initiatives. The expenses incurred are as follows:

	2010	2009
	$	$
Salary and benefits	**449,143**	305,291
Consulting	**85,503**	113,750
Other program costs	**36,919**	55,959
	571,565	475,000

eHealth Alternate Level of Care Resource Matching and Referral (ALC RMR)

ALC RMR is one of the priority eHealth projects focused on improving referral processes and ensuring patients are moving to alternate care settings in a timely, appropriate, and efficient manner. During fiscal 2010, the LHIN received one-time funding which was used to create a current state analysis (inventory of existing RMR systems) and a readiness analysis for RMR systems implementation, a needs analysis, and recommendations for new initiatives and expansion of existing initiatives.

eHealth Implementation and Adoption

The LHIN intends to prepare its Region for more rapid and effective promotion, implementation and adoption of eHealth initiatives. The LHIN received funds late in fiscal 2010 which it used to enhance the robustness of the regional collaboration space launched in fiscal 2009 for the Champlain LHIN's health service providers.

11) Other programs

Diabetes Strategy and related 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 Ontario Diabetes Strategy is focused on reducing modifiable risk factors, expanding service, improving service and performance management.

In fiscal 2010, LHIN initiatives funded by the MOHLTC included diabetes prevalence and diabetes education program gap analysis, physician engagement, and the development of project work plans to address high risk populations.

11) Other programs *(continued)*

Late in the fiscal year, the MOHLTC funded an additional three projects; two of them related to high risk populations. Gestational Diabetes focused on identifying current programs and conducting a literature review on best practices. The other project focused on conducting a stakeholder engagement session, establishing a Terms of Reference, and developing a project workplan for high risk immigrant populations. The third initiative related to self-management capacity building. This funding was to enable the LHIN to expand the number of individuals trained to deliver chronic disease self management programs and to increase the numbers of health care providers trained in the concepts and principles of self-management. The LHIN already had significant training initiatives underway and was unable to arrange additional training before the end of the year.

Diabetes Registry

In fiscal 2009, the Champlain LHIN was selected as an early adopter for the Diabetes Registry by the MOHLTC e-Health programs. The Diabetes Registry will provide comprehensive tools for diabetes management and self care. Late in the fiscal year, the LHIN received a total of $175,000 that was used to support the planning and implementation activities of the Registry.

Emergency Department Physician Leader

Since fiscal 2008 the MOHLTC has worked closely with the LHINs, Ontario hospitals and health care 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 have been used to compensate the Physician Leader and to cover related business expenses.

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.

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 received in fiscal 2009 were for the last four months of the year; the LHIN had not recruited the resource by the end of that fiscal year.

11) Other programs *(continued)*

French Language Health Services (FLHS) Program

The objective of the FLHS Program is to improve the health status of Francophones and to ensure the integration of French language services consistent with Ministry directions. In fiscal 2010, the MOHLTC provided $100,000 base funding to establish a dedicated FLHS resource to support the implementation of French language services. The funds were received late in the year; the LHIN was unable to recruit the resource by the end of the fiscal year.

Capital Review Project

The MOHLTC provided one-time funding, under the Aging at Home Central Priorities Fund, to offset costs associated with a review of a capital project.

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 41 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 2010 was $311,167 (2009 - $290,907) for current service costs and is included as an expense in the Statement of Financial Activities. The last actuarial valuation was completed for the plan as of December 31, 2009. At that time, the plan was fully funded.

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:

	$
2011	369,087
2012	354,958
2013	350,681
2014	346,356
2015	172,055
	1,593,137

The LHIN also has funding commitments to HSPs associated with accountability agreements. Minimum commitments to HSPs, based on the current accountability agreements, is as follows:

	$
2011	2,187,206,577

The actual amounts that will ultimately be paid to HSP's are contingent on receipt of anticipated levels of funding from the MOHLTC. At this time, the Champlain LHIN has no agreements with Health Service Providers which extend beyond 2010-11.

15) Comparative figures

Beginning in the current year the LHIN has chosen to disclose the amount pertaining to "Accounts Receivable - MOHLTC Transfer Payments for Health Service Providers" and "Due to Health Service Providers" in the financial statements. The comparative figures have been provided to conform to the current year's presentation.


Ontario
Local Health Integration
Network