Champlain **LHIN**

Supporting Healthy Communities

Annual Report 2012 - 13

Ontario
Local Health Integration Network

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ISSN 1911-2998 (print)

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Message from the Chair and CEO

The Champlain Local Health Integration Network (LHIN) is pleased to report on its 2012-13 activities, accomplishments, and financial results.

Health care planning and accountability continued to evolve in support of the LHIN's mission *to build a coordinated, integrated and accountable health system for people where and when they need it."*

This report contains examples of person-centred programs designed to improve access to care and move us toward an integrated health system. For example,

- *Seniors benefitted from extensive LHIN programming, which was supported by an additional $14.3 million in annualized base and one-time funding for home and community care.*
- *Thousands of Champlain residents were provided with rides to and from health-related appointments and programs by community support service agencies.*
- *As a result of expanded programs and increased base funding in mental health and addictions support services, many more clients received the access to care they needed.*
- *Roughly 1,000 clients with diabetes were seen by the expanding Champlain Chiropody Program. The goal is to reduce the number of people needing hospitalizations for infections and amputations.*
- *Approximately 800 Champlain residents and their family doctors were served by the LHIN's innovative eConsultation project (more than four times last year's total). This initiative helped patients receive the care they needed sooner, and in roughly 40% of these cases, avoided unnecessary referrals to specialists.*

A key accomplishment this year was the development of the LHIN's next three-year strategic plan, *Integrated Health Service Plan (IHSP) 2013-16.* Using input from the community, the plan charts the course for health service delivery in Champlain. The *IHSP 2013-16* builds on past successes and aims to improve Champlain residents' health, their experience with care, and their access to a quality health system.

Later in the year, work began on the establishment of Champlain *Health Links*. This is a new way of organizing health care services for people with the highest, most complex needs. By year-end, many Champlain providers were organizing themselves and in various stages of completing the requirements to become a *Health Link*.

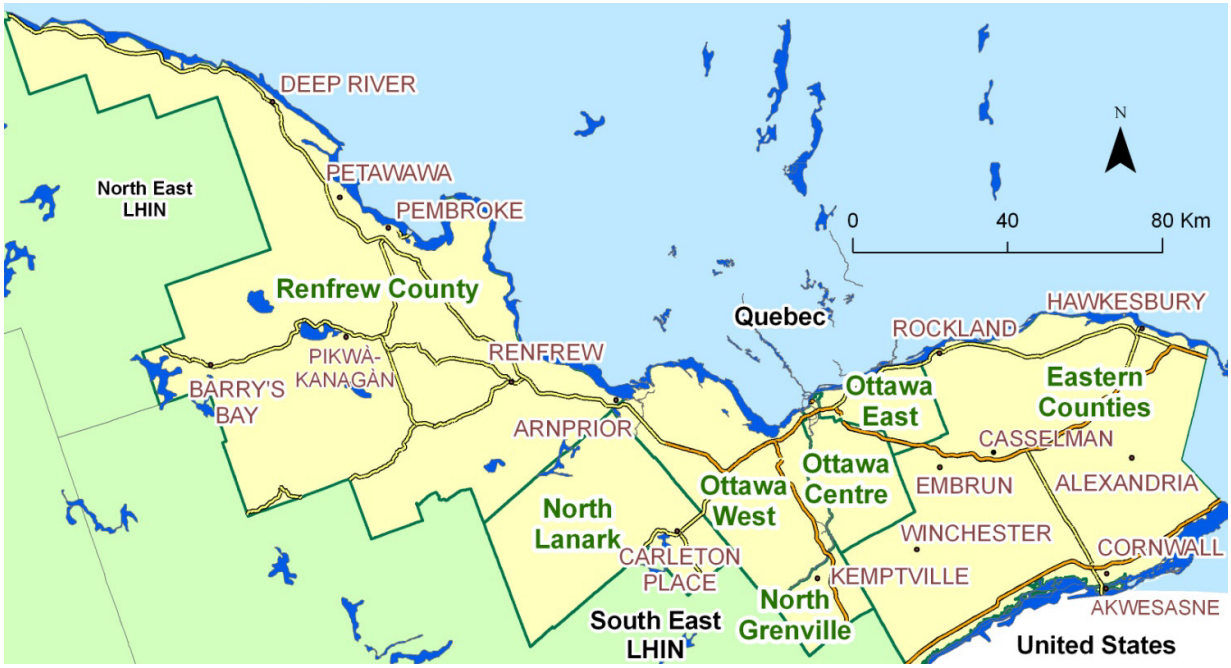
The strong and steady dedication of our accomplished staff and Board of Directors, as well as our multiple partners, continues to inspire the LHIN's advancement towards *healthy people and healthy communities, supported by a quality accessible health system.*

With a common goal to improve the health system, we are grateful to you all, and your focus on providing the best care for Champlain residents.

Dr. Wilbert J. Keon, OC, MD, FRCS
Chair, Board of Directors

Chantale LeClerc, RN, MSc, GNC(C)
CEO

The Champlain LHIN



Champlain is Ontario's easternmost LHIN and covers a large geography, sharing a 465-km-long border with Quebec.

This is an overview of the region's rich diversity and the challenges facing our local health care system. Detailed statistics are found in our supporting documents.[1]

Our population is diverse…

- *One in five Champlain residents lives in rural areas, and one in six lives in large towns and small cities.*[2]
- *One in five Champlain residents is a Francophone (20%) compared with one in twenty Ontarians (5%).*
- *About 3% of all Champlain residents are Aboriginal (at least 32,000 people).*[3] *In this region, Aboriginal peoples live in two First Nations communities: Akwesasne (the second most populous reserve in Canada), and Pikwàkanagàn (in Renfrew County) and over two-thirds of Aboriginal peoples live off-reserve.*

  There is a significant Métis population, and Ottawa is the Canadian city with the largest concentration of Inuit, outside the North.[4]

[1] *Common Environmental Scan for All LHINs*
[2] Source: 2011 Canadian Census

[3] Includes an estimated 10,000 residents of Akwesasne.
[4] http://www.statcan.gc.ca/pub/89-638-x/2009001/article/10826-eng.htm

- *Overall, 18% of Champlain residents are immigrants. Within Ottawa, the proportion of immigrant residents is 3.5 times higher than in the other parts of Champlain.*

- *One in six Champlain residents reports using a language other than English or French. The most common languages are Chinese (several languages combined), Arabic and Italian.*[5]

- *Visible minorities make up close to 15% of the Champlain population. Within Ottawa, 20% are visible minorities compared with only 2% in other parts of the LHIN.*

Our population is aging…

According to the most recent data[6], Seniors were 14% of the Champlain population. Champlain-wide, the population of seniors is projected to grow almost 10 times more quickly than the under-65 population. They will represent 16% in 2016, and 25% by 2036.

The population age structure varies across the region. In 2011, both Hawkesbury and the town of Renfrew have profiles similar to the expected Champlain 2036 projection, with 24% seniors.[7]

[5] Source: 2006 Canadian Census.

[6] Census 2011

[7] Ministry of Finance Population Estimates and Projections

Progress on Integrated Health Service Plan 2010-13

The *Integrated Health Service Plan (IHSP) 2010-2013* described how the LHIN would fulfill its mission and implement its vision for the health system. Beyond serving the general population of Champlain, the plan identified three groups. These are people with:

1) *Diabetes or Pre-Diabetes*
2) *Mental Health Issues and / or Problematic Substance Use*
3) *Complex Health Conditions.*

The Champlain LHIN measured success in achieving goals that fell under three strategic directions:

1) *Improve Champlain Residents' Health*
2) *Improve Champlain Residents' Experience in Our Health System*
3) *Improve the Performance of an Accountable and Sustainable Health System.*

Champlain Residents

The LHIN worked to ensure that Champlain residents…

- *Lead healthy lives*
- *Access integrated networks of service, and*
- *Receive health services that are safe, efficient and effective.*

Accomplishments in 2012-13 fall under four broad areas:

- *Wait Times*
- *Regional Programs*
- *Integration Activities, and*
- *Progress on Infrastructure Projects.*

Wait Times

Emergency Rooms

With the support of funding and coordination from the LHIN, the emergency room physician lead and Champlain hospitals implemented numerous activities to reduce emergency room wait times. For example, some hospitals:

- *Created "See and Treat Areas" and "Rapid Assessment Zones" for patients with less urgent needs*
- *Increased staffing, including nurses, physicians and clerical support, and*
- *Participated in numerous continuous process improvements to optimize patient flow throughout the hospital.*

Compared to last year, Champlain residents experienced a two-hour reduction in their length of stay in emergency rooms.

Hip and Knee Surgery

Champlain hospitals worked together and conducted 13% more primary hip and knee replacement procedures than in 2011-12. Part of this was due to the partnership between The Ottawa and Kemptville District hospitals to provide orthopedic joint replacements in Kemptville.

After the success of last year's pilot for knee replacement surgery, the program was expanded to introduce hip replacements for select patients. Provider and patient feedback continues to be very positive.

Overall, Champlain hip and knee surgery wait times remained high; however, by year-end, they were reduced, thanks in part to the increased number of completed procedures:

Total Joint Replacement Wait Times

	Median wait (days)			90th percentile wait (days)		
	11/12	12/13	Mar 2013	11/12	12/13	Mar 2013
Hip	119	109	81	300	339	204
Knee	125	112	97	287	288	270

Wait times are from the date the decision is made to treat until actual surgery. Median: Half of patients wait longer, half wait less. 90th percentile: the maximum time within which 90% of patients are treated.

Other performance measures for hip and knee surgery improved: hospital lengths of stay and the proportion of patients able to be discharged home following a joint replacement both surpassed provincial targets.

For more on wait times, please see the Ministry-LHIN Performance Indicator section of this report.

Regional Programs

The Champlain LHIN supports regional programs as a crucial means to advance its goals. Some of the important work of regional programs includes:

- *Bringing together a wide range of expertise to advise the LHIN on improvements to the local health system*
- *Regionally coordinating the provision of care, assisting with planning and often disseminating best-practices*
- *Developing performance measures and assisting with monitoring, and*
- *Providing high-quality education to providers, caregivers and individuals in need of health services.*

Below are some 2012-13 highlights:

Champlain Hospice Palliative Care Program

The goal of this program is to create an integrated system of hospice palliative care to ensure the best end-of-life services for Champlain residents.

This year, the LHIN funded 10 new residential hospice beds in Ottawa West. As of year-end, four were in use with the rest expected to be operational in early 2013-14.

The LHIN also funded the development of a common central-intake and referral tool for palliative care beds at Bruyère Continuing Care and Ottawa Hospice Services (the larger organization that resulted from this year's voluntary integration of Friends of Hospice Ottawa and Hospice at May Court).

Non-Urgent Transportation

This year, nearly 9,400 clients in Champlain benefitted from roughly 185,000 rides provided to them by Community Support Service agencies. This represents an increase of approximately 13% in the number of rides since last year. Individuals attended medical appointments and health-related programs with the help of hundreds of dedicated volunteers and LHIN-funded vehicles.

The Champlain Community Transportation Collaborative is comprised of Community Support Service agencies that provide this service. This group:

- *Organized the LHIN-funded purchase of 15 vehicles and established 4 sub-regional coordinators (Renfrew County, Eastern Champlain, and two in Ottawa) to coordinate vehicles, rides, and schedules.*
- *Oversaw the ongoing implementation of the regional electronic scheduling system, resulting in 16 of 26 sites using this tool. The goal is to have all relevant agencies using this system to coordinate their non-urgent transportation by the end of 2013-14.*

- *Established best practices and common policies and procedures to support efficiency, safety and effectiveness.*

Telemedicine Program

To ensure quality health services are provided to people as close to home as possible, the LHIN continued to support the Telemedicine Program. Made possible through a partnership with the Ontario Telemedicine Network (OTN), patients and clients can "visit" a physician specialist or other health professional through two-way video-conferencing. To learn more, please check out our telemedicine video.

This year, the LHIN funded 15 telemedicine nurses. These nurses helped to realize more than 30,500 clinical telemedicine events in our region, representing a 42% increase compared to last year.

In support of palliative care, video-conferencing equipment was also purchased for all five residential hospice sites (Renfrew County, Cornwall, Kemptville and two in Ottawa).

Champlain Orthopedic Program Planning Initiative

The Champlain LHIN and its partners designed and planned for a new regional orthopedic program to improve access, and enhance quality and performance. Specifically, organizing orthopedic care regionally will mean people have:

- *More timely, equal, and closer-to-home care*
- *Enhanced coordination among care providers*
- *Standardized quality and safety, and*
- *A financially sustainable orthopedic service.*

LHIN Board approval of the program is the next step, with implementation to follow.

Champlain Maternal Newborn Regional Program

This program became operational in 2010 to improve perinatal care through integrated planning and establishment of a strong academic environment.

In 2012-13, work continued on its strategic plan and included the development of an infrastructure project to build a new state-of-the-art specialized centre for obstetrical and neonatal programs. The goals are to:

- *Keep parents and their newborns together*
- *Create specialized units for obstetrical critical care (e.g. mothers with addictions)*
- *Provide the best education and training for health professionals, and*
- *Create space dedicated to maternal-newborn research.*

This initiative includes:

- *Consolidating under one roof the obstetrical and neonatal units at The Ottawa Hospital's Civic and General campuses, and the Children's Hospital of Eastern Ontario's neonatal unit.*
- *Enhancing obstetrical care at Hôpital Montfort and Queensway Carleton Hospital.*

The Champlain LHIN Board of Directors supported this initiative, and advised the program staff to proceed with the submission of an initial capital plan to the Ministry of Health and Long-Term Care.

Champlain Regional Stroke Network

The Champlain Regional Stroke Network (Network) is accountable for leading the development, implementation, and coordination of stroke care throughout the region, and across all points in the care continuum.

The initial focus of the Network has been to improve the quality and access to stroke prevention, hyper-acute and acute stroke care service across the region. These efforts resulted in performance that leads Ontario in the areas of stroke prevention and hyper-acute care. Several examples, including access to paramedic transportation, ensured a high proportion of Champlain patients visited an emergency room within 3.5 hours of experiencing symptoms of stroke. Our hospital inpatient admission rates are aligned with provincial benchmarks, and a high proportion of Champlain patients receive recommended diagnostic scans within 24 hours of visiting a hospital emergency department.[8]

In 2012-13, the Network worked on a number of initiatives including:

- *Providing training to all staff in the acute stroke units in five Champlain hospitals, based on the Canadian Best Practice Recommendations for Stroke Care.*
- *To prepare Providers for the new Stroke Quality-Based Procedures funding model that becomes effective in 2013-14, making major revisions to the Network's stroke protocols, admission orders, and pathways. These tools are disseminated across the region through the Champlain Regional Stroke Prevention and Acute Care Committee.*
- *As part of its commitment to deliver high-quality stroke education, conducting 12 training sessions for a wide range of local healthcare providers, including personal support workers, occupational therapists, physiotherapists, speech language pathologists, nurses and physicians.*

[8] Ontario Stroke Evaluation Report 2012 : 2012 Stroke Report Cards

Integration Activity

Palliative Care

In June 2012, the Champlain LHIN Board of Directors supported a voluntary integration of two Ottawa hospice palliative care organizations - Hospice at May Court and Friends of Hospice Ottawa.

The two agencies merged into a larger organization called Ottawa Hospice Services, which will provide community-based and residential services.

The Board of Directors of the two agencies gained input from their communities on the proposed changes, and both were supportive of this voluntary merger. Volunteers will continue to play a key role in the integrated agency's delivery of services.

Addictions and Mental Health Services in Eastern Champlain

In February 2013, a voluntary integration was supported by the LHIN Board to improve client access to addictions and mental health services, enhance quality of care, and reduce administration in the eastern part of the Champlain region (Prescott, Russell; Stormont, Dundas and Glengarry).

In 2013-14, Addictions Services of Eastern Ontario will dissolve, and its programs transferred to two existing providers: the community mental health and addictions programs of Cornwall Community Hospital, and the community mental health program of Hawkesbury & District General Hospital.

For more information on Champlain integration initiatives, please visit our website.

Progress on Infrastructure Projects in the Champlain LHIN

Hintonburg Hub Planning - Ottawa

This year, significant progress was made in developing the Hintonburg Hub. Somerset West Community Health Centre purchased land using equity from its existing building, and the Champlain LHIN provided approximately $334,000 in annual funding to operate the new facility.

The Hintonburg Hub will allow Somerset West Community Health Centre to expand health care and social services to the western part of its catchment area, enabling access to primary health care for more than 1,100 new clients. Services will include perinatal care, chronic-disease prevention and management, mental-health counseling, walk-in and outreach services. Health promotion, illness prevention, and community development are the areas of focus.

Planning for the Orléans Family Health Hub

In close partnership with the community, and health service provider partners, the Champlain LHIN led the development of the revised Stage 1 Proposal of the capital planning process.

When complete, this comprehensive, primary health and community-care facility will co-locate many services in one central site. The Orléans Family Health Hub (Health Hub) will provide many benefits for area residents, including less need for travel, fewer visits to multiple sites, and improved coordination of care.

This new centre will be a place where area residents will have:

- *A new way of accessing services, under one roof, to help improve their heath, prevent or manage their health challenges*
- *Access to different kinds of health professionals equipped to assess their unique health issues and assist them in meeting their health goals*
- *A local place to meet with others, and receive the help they need to manage their health issues, and*
- *Health services offered in both official languages, and reflective of their cultural and age-related needs.*

Thanks to the Health Hub Planning Committee's dedication and hard work, the revised proposal was submitted to the Ministry of Health and Long-Term Care (Ministry), following Champlain LHIN's Board approval in December 2012.

The proposal is currently under review at the Ministry's Health Capital Investment Branch. Approval is needed before moving onto the next step in the capital planning process.

To learn more, please visit our website.

Health Village Integration Project – Carleton Place

In June 2012, the Champlain LHIN Board endorsed Carleton Place & District Memorial Hospital's capital planning proposal. Specifically, the hospital seeks to build a "health village" that includes a new hospital connected to a medical office building intended to house a variety of community partners.

This project is innovative in its approach to patient care. Having providers in the same location is convenient for residents, and allows these organizations to better share resources and strengthen their collaborative approach to providing care.

The LHIN continues to support the hospital in gaining Ministry of Health and Long-Term Care approval to move this project forward.

People with Diabetes or Pre-Diabetes

The LHIN worked to ensure that People with diabetes or pre-diabetes …

- *Manage their condition within targets*
- *Access a coordinated network of health services within their community, and*
- *Are identified, monitored and supported.*

In partnership with the Champlain Diabetes Regional Coordinating Centre (DRCC), the LHIN continued to focus on improving diabetes services. Accomplishments included:

- ***The Champlain Chiropody Program*** *expanded from two to four chiropodists with additional LHIN funding. Foot care was provided across 13 sites in the region, from Pembroke to Cornwall. Each site had at least one, full clinic day per month, and included both in-person and Telemedicine*[9] *visits. Nearly 1,100 new clients were seen.*

- ***High-risk populations*** *were served by the LHIN-funded, Champlain Diabetes SCREEN Project. Implemented and hosted at Centretown Community Health Centre, this initiative was built on a previous project whereby four immigrant communities at high risk of developing Type 2 diabetes (Somali, Nepalese, Punjabi, and Latin American) participated in a community engagement project to improve regional diabetes prevention and management.*

  Seven events were held in partnership with the four communities and key partners. Nearly 600 people were screened, with 209 identified as being at high risk of developing pre-diabetes or diabetes. Those wanting more information and support (121) received referrals to existing diabetes education programs. Additionally, referrals were made to Living Healthy Champlain *(chronic disease self-management program), and to* Health Care Connect *for those needing a primary care provider.*

  The project team also provided two cultural sensitivity training sessions to more than 160 health care providers from a variety of sectors. To improve outcomes for these populations, the sessions explored a range of topics, including understanding the impact of culture on diabetes management and how to develop a culturally responsive practice.

- ***The Champlain Client Champions*** *group was established to provide a client's perspective. The group is comprised of members from different Champlain sub-regions, and was instrumental in:*
  - Providing feedback on the People Living with Diabetes section of the DRCC website, patient foot-care resources, a client survey, the development of the self-referral process for diabetes education, and
  - Sharing personal stories within the DRCC newsletter.

Following a Ministry announcement in October, the work of the Champlain DRCC was consolidated with the LHIN in February 2013.

[9] To learn more about telemedicine, please see the Regional Programs section of this report, or visit our website.

People with Mental Health Issues and / or Problematic Substance Use

The LHIN continued to work on the goal of ensuring people with mental health issues and / or problematic substance use …

- *Manage early symptoms of their health condition*
- *Access coordinated services along the continuum of care*
- *Access the care they need, where and when they need it.*

From the programs below, nearly 2,800 clients received more access to services in 2012-13. With a focus on youth and the vulnerable, new funding was used to expand existing or establish new programs, including:

Existing Programs:

- ***Addictions Access and Referral Services*** *were developed to facilitate and coordinate services in Ottawa. Clients received the help they needed to navigate through an often-fragmented system (263 served).*
- ***Intensive Case Managers for Youth*** *were provided to high-risk youth with serious mental health and / or addiction issues. Four agencies worked together to provide integrated community mental health support services to these individuals (89 served).*
- ***The Ontario Common Assessment of Need (OCAN)*** *tool was implemented in 16 Champlain community mental health providers, empowering clients and providers to develop a comprehensive, common-language assessment over time, and facilitating continuity and quality of care.*
- ***The Quick Response Treatment Program*** *in Prescott and Russell provided clients with quick-response treatment to meet their needs, as well as reduce emergency room visits and hospital admissions (167 served).*

- ***Supportive Housing with Intensive Case Management*** *served clients from some of our communities' marginalized populations. It allows those recovering from severe addictions to receive the assistance they need to find homes, gain independence and improve their well-being (166 served).*
- ***Transition Support for Youth*** *is designed to help those with serious mental health conditions successfully shift from child to adult services. They received individualized coordination services from service partners who share a common goal of assisting vulnerable youth (165 served).*

- ***Youth Addictions Counselling*** *continued in Ottawa-area schools to provide early-intervention counselling for youth experiencing problematic substance use (1,500 served). As well, for those needing more intense support, a new* ***Francophone residential treatment centre****, operated by Maison Fraternité, opened at year-end.*

New Programs:

- ***The Bridges Project*** *is designed for youth with complex mental health and / or addiction issues. This community-based program provides a variety of therapy interventions, focusing on client recovery and wellness (new).*

- ***Family Navigators*** *direct families who have youth with mental health issues to the most appropriate, formal and informal community services and supports. Navigators are individuals who have cared for a child / youth with these issues (200 served).*

- ***Opioid case managers and case managers for pregnant and parenting women*** *were deployed across Champlain to better link people most in need of services. The Royal Ottawa Health Care Group set up an innovative opiate clinic that provides options for methadone substitution therapy, and builds community capacity to support people in their treatment choice (98 served).*

People with Complex Health Conditions

For people with complex health conditions, the LHIN continued to work so that they …

- *Optimize their current level of health*
- *Receive coordinated health services*
- *Receive the right level of care in the most appropriate setting.*

To strengthen the bridge of care between hospital acute-care and the home setting, the LHIN provided an additional $14.3 million in annualized base and one-time funding for home and community services. This funding means more seniors received appropriate, timely and coordinated care, and hospital acute-care beds were available for those who need them most.

Continued implementation of programs like Home First contributed to improvements in senior care. For example, significant progress was made to ensure people spent less time in hospital awaiting a transfer to an Alternate Level of Care (ALC). Specifically, as compared to 2011-12:

- *73 fewer patients per day were designated ALC*
- *ALC patients were discharged from hospital three days sooner on average, and*
- *There was a 44% reduction in admissions to long-term care homes from hospital.*

Notably, more than 6,750 seniors benefitted from the LHIN-funded programs, below:

- ***Assisted Living Services for High-Risk Seniors*** *is a safe and affordable alternative to long-term care homes for seniors who need help with everyday activities and who - without this help - are at risk of losing their independence (508 served).*
- ***Behavioural Support Services*** *are enhanced supports to improve care for seniors in long-term care homes and the community who exhibit behaviours associated with complex and challenging mental health, dementia or other neurological conditions (1,780 served).*

- ***Convalescent Care*** *helps seniors who have completed hospital acute-care, but are not yet strong enough to return to their homes. They are able to continue healing in a rehabilitative setting, until they are ready to return to their community (375 served).*

- ***Home First*** *is an approach that helps hospital patients continue their recovery safely at home, while receiving enhanced home-care services for up to 60 days (~800 served). Without this program, most of these clients would be added to the long-term care home wait list.*

- ***Nurse-Led Outreach Teams*** *tend to long-term care home residents, ensuring these seniors receive timely and convenient care (1,210 served).*

- *Personal Support Services like the* ***Going Home*** *program, which provides 10-days of enhanced support for seniors discharged from hospital (2,083 served).*[10]

In addition to ensuring seniors receive the care they needed at home, programs like the Assisted Living and Nurse-Led Outreach Team programs helped seniors avoid 500 emergency room visits.

[10] Learn more about these programs: visit the LHIN's Complex Health Conditions webpage).

eHealth

eHealth[11] remains a key priority of the Champlain LHIN. Across all LHIN priority areas, eHealth initiatives enable improved effectiveness of health services, increased efficiency, resource sharing and coordination. To accomplish this work, the LHIN leads and proactively collaborates with other LHINs, regional and provincial organizations. Below are highlights of progress made in 2012-13. For more information on all of our eHealth initiatives, please visit our website.

- *Two additional Champlain hospitals accessed provincial laboratory results through the **Regional Portal**, bringing the total of participating hospitals to three. The portal provides more health care workers with a simple, reliable and secure means of accessing a wide range of clinical data and tools. This year's expansion builds on the successful first phase of this initiative with eHealth Ontario and The Ottawa Hospital (where the portal is hosted).*

- *Facilitating secure electronic access to specialist advice by primary care providers, the Champlain LHIN's innovative **eConsultation** project expanded significantly. This service reduces the number of unnecessary referrals and the wait to begin the appropriate course of treatment. Feedback received from participating clinicians has been overwhelmingly positive, and contributed to the initiative's expansion in a number of areas:*
  - 23 specialties available
  - 239 primary care providers registered
  - 762 consultations completed (more than four times the 178 completed in 2011-12)
  - More than 40% of the completed cases avoided an unnecessary referral to specialists, and
  - In approximately 90% of the completed cases, providers rated the value of the service for themselves and their patients high or very high.

  Building on the success of this project, the LHIN developed a broader eReferral Strategy, in collaboration with a number of other LHINs and organizations to set the stage for future funding and implementation.

- *The Champlain LHIN worked with several hospitals in the region to merge their separate systems into a common one. The goal of the **Hospital Systems: Convergence and Consolidation** initiative is to drive efficiencies and cost*

[11] eHealth is referred to as Enabling Technologies in the audited Financial Statements section of this report.

savings. Once complete, it will also result in the use of common data standards across the region, and simplify shared access to patient records across participating sites. Following the first go-live in 2011-12, capabilities of the system were enhanced and expanded in 2012-13 to include three more sites.

- *The expansion phase of the regional **Clinical Document Repository** was launched, in collaboration with the South East LHIN and eHealth Ontario. The goal is to enable regional hospitals to electronically transmit relevant patient information to primary care providers. This year, the Champlain LHIN aimed to identify, engage, and get commitment from at least five hospital sites. Regional hospital staff responded enthusiastically, with nine sites now participating. Implementation at these sites should be complete by the end of next year.*
- *Standardized assessment tools and shared record repositories benefit patients (saving time and effort in repeating health histories) and providers (improved coordination of patient care and collaboration among providers).*

*The LHIN worked closely with partners to implement **Common Health Assessments and Integrated Assessment Records** in the Community Care Access Centre (CCAC) and Community Support Services sectors. As well, to help with the deployment of these resources to agencies and improve efficiency, a Shared Services Organization was established and a common Client Information System (CIS) was implemented.*

This year, 43 sites were set up with access to the electronic assessment / screener tools, of which 30 are also using the common CIS. These sites can now "feed" the regional Integrated Assessment Records repository to support electronic sharing of relevant information.

Health System Accountability

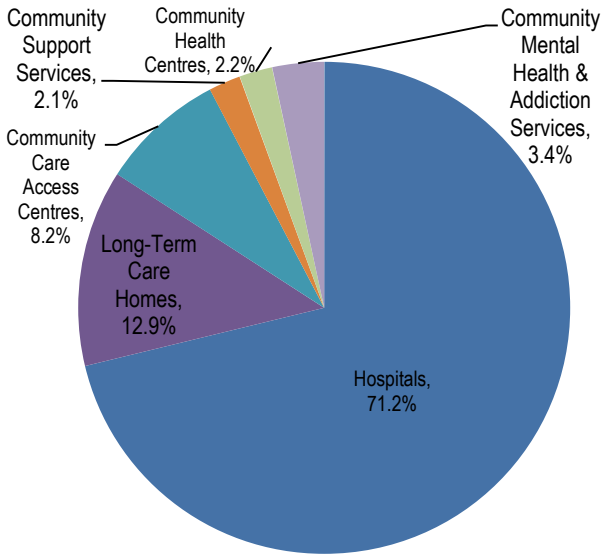
In 2012-13, the Champlain LHIN allocated nearly $2.5 billion to support 238 programs across seven sectors (see below). For the list of LHIN-funded health service providers (Providers) and their accountability agreements, please visit our website.

Champlain LHIN Funding Programs and Funding Allocation by Sector (2012-13)

Programs	Sector	Annual Allocation ($Millions)	% of total
20	Hospitals	$1,779,224	71.20%
62	Long-Term Care Homes	$322,920	12.92%
1	Community Care Access Centre *(many service locations)*	$205,168	8.21%
34	Community Mental Health	$62,096	2.48%
11	Community Health Centres *(including satellites)*	$54,508	2.18%
84	Community Support Services*	$52,278	2.09%
26	Addictions and Problem Gambling	$22,798	0.91%
238		**$2,498,992**	**100%**

*Including acquired brain injury programs and assisted living services in supportive housing programs.

Champlain LHIN Transfer Payment Allocations, by Sector (2012-13)



Since last year, overall funding allocations to Providers increased 1.85%. New, annualized base funding of $11.1 million provided more home-care services (such as nursing and personal support to seniors), and more services to people with mental health conditions and addictions, (including pregnant women and those with opioid addictions). The goal is to improve Champlain residents' quality of life, keep people healthy at home, and prevent avoidable emergency room visits.

For more information, please see the audited Financial Statements.

In its role as health system manager, the LHIN supported and monitored Providers by ensuring they received their funding and met performance expectations, according to the service accountability agreements. These agreements include both parties' obligations, descriptions of services provided and performance standards.

Providers submitted, and the LHIN reviewed, regular financial and statistical reports to demonstrate specific, measurable results for the money they received.

LHIN accomplishments also included:

- *Monitored quarterly reports from all Providers to ensure the fulfillment of current accountability commitments, including volumes, funding obligations and system performance metrics.*
- *Through collaborative partnerships between the LHIN and Providers, all service accountability agreements were maintained in good standing.*
- *Ensured funding was optimized to advance system access goals by working with Providers to accurately forecast resource use and redistribute, as appropriate.*
- *Negotiated with the Ministry of Health and Long-Term Care, and provided quarterly performance reports, on the system performance targets for 2012-13. Please see the Ministry - LHIN Performance Indicators section for more information.*
- *Managed the review of program and service elements on a number of proposed capital projects submitted by providers, according to the Ministry of Health and Long-Term Care's capital planning framework.*

To lay the groundwork for 2013-14, the LHIN also:

- *Successfully negotiated accountability agreement requirements for 2013-14 with all Providers in the Hospital, Community Support Service, and Long-Term Care Home sectors. New accountability requirements are fully aligned with the LHIN's strategic* Integrated Health Service Plan 2013-16.
- *With a focus on how all providers play an important role in supporting health system improvements, the LHIN successfully negotiated Provider performance targets related to key system metrics, including the reduction in the number of people awaiting an alternate level of care, and hospital readmission rates.*

Community Engagement

An important means of achieving the LHIN's goal of health system improvement is through engaging with a wide range of people including health consumers, the public, health service providers, community leaders, other partners and the media.

Highlights of key 2012-13 engagement activities are included below. To learn more about the LHIN's Community Engagement planning and activities, please visit our website.

Developing the Integrated Health Service Plan 2013-16

In 2012-13, community engagement played an important role in shaping the Champlain LHIN's *Integrated Health Service Plan 2013-16* through input received from residents and key partners.

More than 1,500 people from across Champlain provided input into the draft plan by completing a survey, participating in face-to-face consultation sessions, or providing written submissions.

Aboriginal Peoples

To identify health issues and improve health services for Aboriginal peoples in the region, the LHIN worked in partnership with members of rural and urban First Nations, Métis, and Inuit communities.

The Champlain Aboriginal Health Circle Forum (Circle) met regularly to collaboratively address priority health issues in Aboriginal communities. The Circle provided advice and guidance to the LHIN and Champlain regional programs, including palliative care planning and cancer screening.

In collaboration with the LHIN, the Circle designed and conducted a survey for Aboriginal community members to:

- *Provide input in the development of the LHIN's* Integrated Health Service Plan 2013-16, *and*
- *Identify key priorities for the Circle for the next three years.*

More than 200 Aboriginal community members participated in the survey. The key priorities identified were the need for more:

1) *Child and youth mental health and addictions services*
2) *Chronic disease and diabetes services*
3) *Access to Aboriginal services, and*
4) *Cultural awareness and sensitivity training for non-Aboriginal health care providers.*

Progress made through engaging Aboriginal Peoples included:

- *Completion of a needs and capacity assessment for child and youth mental health and addictions services, and the subsequent development of a plan for service improvement and investment.*
- *Completion of a LHIN survey of urban Aboriginal peoples to better understand and plan for diabetes service needs.*
- *Identification of opportunities for enhanced Aboriginal participation in health service planning committees. Work will be done to facilitate more Aboriginal involvement.*
- *Development of a 2013-16 Aboriginal plan, and a 2013-14 annual work plan to advance work on the four key priorities identified through the survey (see above).*

Francophone Population

The Champlain LHIN worked in close collaboration with *Le Réseau des services de santé en français de l'Est de l'Ontario (Le Réseau),* the French Language Health Planning Entity for the Champlain and South East LHINs, to ensure that health services planning reflected the needs and priorities of the Francophone population.

The 2012-13 Joint Annual Action Plan, developed by *Le Réseau* and the Champlain and South East LHINs, included a number of activities aimed at strengthening the engagement of Francophones in key LHIN health planning priorities. Highlights include:

- Le Réseau *was an active member of the LHIN Community Engagement Advisory Group, whose mandate was to advise the LHIN on the community engagement plan for the* Integrated Health Service Plan 2013-16. Le Réseau *engaged its Board of Directors, membership, various health planning tables and assisted in the design and analysis of a French language survey.*

- *As a member of the Mental Health and Addictions Advisory Committee, which provided oversight to the development of a three-year action plan, and through advice from its* Table en santé mentale et toxicomanie, Le Réseau *ensured a Francophone lens was applied to the planning process.*

- Le Réseau *was an active participant and contributor on a variety of other planning committees and working groups related to diabetes,* Health Links*, seniors' care, always with the objective of improving access to Champlain health services for Francophones.*

Physicians

The Champlain LHIN Primary Care Physician Lead chairs a Primary Care Leadership Table that includes physician leaders and other key members representing key areas of care in the health system. This group advised the LHIN on primary care engagement. Results included:

- *Efforts made toward organizing primary care as a sector, to assist with the current challenges of reaching clinicians to facilitate their involvement in system improvement initiatives.*
- *To provide research support to primary care engagement and quality improvement efforts, the LHIN worked collaboratively with the University of Ottawa CT Lamont Research Centre.*
- *To create two primary care networks in Champlain (one urban, one rural), the LHIN held a Primary Care Interactive Workshop and a series of engagement meetings with primary care physicians and nurse practitioners in central Ottawa and Renfrew County. Participants provided feedback on how best to develop these networks. They also endorsed two priority initiatives addressing collaboration with home care, and transitions of care from hospital to primary care, and work began on:*
  - Improving collaboration between the Community Care Access Centre (CCAC) and primary care.
  - Developing and implementing a pilot project between hospital and primary care to improve transitions of care for patients at high-risk of readmission to hospital.
- *Since the December 2012 provincial announcement of* Health Links, *primary care network development is aligning with the 10 Champlain geographic Health Link Areas, with an initial focus on people with the highest needs. To learn more about* Health Links, *please visit our website.*

Champlain Primary Care Leadership Table

Seated (L to R): Karen Patzer, Dr. Vera Etches. Dr. Lee Donohue

Standing (L to R): Dr. Simone Dahrouge, Dr. Laura Muldoon, Dr. Jacques Lemelin, Dr. Paul Hendry, Marc Tanguay, Dr. Shaun McGuire

Absent: Dr. Clare Liddy, Dr. Frank Molnar, Kim Peterson, Dr. Andrew Pipe.

Operational Performance

In 2012-13, LHIN staff continued to plan and coordinate initiatives aligned with *Integrated Health Service Plan (IHSP) 2010-13*, and work with Providers to ensure the sustainability of the region's health services. In addition, community engagement activities were held to support the development of the next three-year strategic plan, *IHSP 2013-16*.

Across the province, implementation of a new, patient-centred funding model continued. As a result, the LHIN negotiated extensions to existing accountability agreements with all 20 hospitals in the LHIN, while awaiting final allocation results from the Ministry of Health and Long-Term Care (Ministry).

Nearly $2.5 billion in funding was allocated to support 238 health care programs in the region. This amount represents an increase in funding of 1.85%, compared to 2011-12.

The LHIN office ended the year with a $1,755 surplus, representing 0.03% of the total operating budget of $5.0 million. Salaries and benefits for the 41.1 full-time equivalents continue to make up the bulk of expenses, representing 71.73% of the total. Board expenses were higher by 11.81% over 2011-12 expenses, due to increased Board governance training.

The Champlain LHIN continued to contribute funds to the LHIN Shared Services Office and LHIN Collaborative to support back office and work across the 14 LHIN's, respectively. Funding for a number of initiatives was maintained in 2012-13, including:

- Le Réseau des services de santé en français de l'Est de l'Ontario (Le Réseau - *the French Language Planning Entity for the Champlain and South East LHINs), and*
- *LHIN Physician Leads in Critical Care, Emergency Department, and Primary Care.*

Funding for eHealth was slightly reduced this year. Even so, the LHIN continued to support a number of initiatives, including those described in the eHealth section of this report.

In support of the development of the capital plan for the Orléans Health Hub, the LHIN received $217,200 from the Ministry. Working with many partners, the LHIN developed and submitted a plan to the Ministry in January 2013.

Following a Ministry announcement in October, the work of the Champlain Diabetes Regional Coordination Centre was consolidated with the LHIN in February 2013. The LHIN leased additional space at its current location to accommodate five new diabetes staff, and expand meeting facilities to support growing needs.

Performance Indicators

The Ministry-LHIN Performance Agreement (MLPA) 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 and outlines respective performance indicators, within a pre-defined period.

Champlain LHIN Performance on MLPA Targets: 2012 - 13

Performance Indicator	LHIN 2012-13 Starting Point	LHIN 2012-13 Performance Target	Most Recent Quarter 2012-13 LHIN Performance	FY 2012-13 LHIN Annual Result
Emergency Department / Alternate Level of Care				
Percentage of ALC Days – by LHIN of Institution**	15.22%	13.50%	13.40%	14.19%
Programs targeted at addressing the number of patients awaiting an alternate level of care (ALC) continued to have a positive impact on performance, and included: • *Continuing to implement a Home First philosophy (discharging acute-care patients home with enhanced supports, prior to them becoming designated ALC)* • *Increasing convalescent care capacity* • *Implementing in-hospital assess and restore program, and* • *Increasing transitional care capacity.* To learn more, please see the People with Complex Health Conditions section of this report.				
90th Percentile ED Length of Stay for Admitted Patients (hours)	29.73	26.50	30.38	27.67
This wait time improved by more than two hours. Even so, the results in the most recent quarter remains above the performance target. Many emergency departments focused on process improvements to maximize patient flow to a hospital bed, including working to reduce the number of patients awaiting an alternate level of care. Some strategies included: • *Continuing to implement the Home First strategy in acute hospitals, using Community Care Access Centre enhanced services* • *Implementing the Champlain Behavioral Support System in the community and in long-term care homes, helping to transition patients with responsive behaviours from hospitals to their homes* • *Implementing additional Assisted Living Services spaces in Champlain* • *Continuing to work with partner hospitals to assess the needs of patients with long hospital stays, awaiting discharge to an alternate setting.*				

** FY 2012/13 is based on most recent four quarters of data (Q3 2011/12 – Q2 2012/13) due to availability.

Performance Indicator	LHIN 2012-13 Starting Point	LHIN 2012-13 Performance Target	Most Recent Quarter 2012-13 LHIN Performance	FY 2012-13 LHIN Annual Result
90th Percentile Emergency Department Length of Stay for Non-Admitted Complex (CTAS I-III) Patients (hours)	8.33	8.00	8.30	8.22
Performance improved slightly, despite increased emergency department volume. Efforts to expedite care in this setting included implementing patient flow coordinators, rapid assessment zones, and clinical triage protocols. Hospitals increased support staff, such as transportation porters, unit clerks and cleaning staff. Rapid assessment units were implemented in many hospitals to ensure patient flow during peak times in emergency departments. All hospitals maintain their commitment to improving their performance to attain the target.				
90th Percentile Emergency Department Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients (hours)	5.08	4.80	4.85	4.92
Performance improved to some extent, yet remains above the target. Hospitals implemented numerous initiatives to improve in this area, including implementing fast-track units, and additional resources. Many hospitals reviewed their staffing compliment to ensure additional staffing was in place at peak times. As mentioned above, all hospitals are committed to improving performance in this area, and attain the target.				
Surgical Wait Times				
90th Percentile Wait Time for Cancer Surgery (days)	63	60	57	59
Wait times dropped by four days this year, and remain significantly below the provincial target of 84 days. Cancer care services were planned and monitored, in conjunction with Cancer Care Ontario, and regular and thorough monitoring processes were implemented locally.				
90th Percentile Wait Time for Cardiac By-Pass Procedures (days)	56	63	62	62
Wait times rose slightly but remained within the LHIN's performance target, and well below the provincial target of 182 days. Cardiac care services are managed locally through the University of Ottawa Heart Institute, where rigorous evaluation and monitoring processes were implemented.				
90th Percentile Wait Time for Cataract Surgery (days)	149	149	183	157
Wait times for cataract surgery increased by a little more than a week, primarily because of decreased provincial funding for the procedure with ongoing demand. The funding reduction resulted from prior success in managing cataract wait times province-wide, and the need to focus wait-times efforts on other surgical procedures. To alleviate this pressure in Champlain, the LHIN continues to work with providers to achieve the target. In 2013-14, partners will review wait list and schedule management processes for improvement opportunities.				

Performance Indicator	LHIN 2012-13 Starting Point	LHIN 2012-13 Performance Target	Most Recent Quarter 2012-13 LHIN Performance	FY 2012-13 LHIN Annual Result
90th Percentile Wait Time for Hip Replacement Surgery (days)	300	250	363	338
Wait times for this service continued to be above target, as demand increased. Activities aimed at reducing wait times included: • *Introduction of hip replacement procedures at Kemptville District Hospital* • *Completion of additional hip procedures at year-end (9% more procedures than in 2011-12); improvement is expected in 2013-14* • *Aggressive project implemented to optimize central intake in the last quarter of the year (results will be realized in 2013-14)* • *Development of a regional orthopedics program to implement in 2013-14. The plan includes a service delivery model to improve access and provide care closer to home.*				
90th Percentile Wait Time for Knee Replacement Surgery (days)	295	200	297	295
Demand continued to grow for this service, and wait times continued to be above target. Activities aimed at reducing this pressure included: • *Continued partnership between The Ottawa Hospital and Kemptville District Hospital for low-acuity patients to have their procedures done in Kemptville.* • *Completion of additional knee procedures (15% more procedures than in 2011-12)* • *Implementation of project to optimize central intake in the last quarter of the year (results will be realized in 2013-14)* • *Development of a regional orthopedics program to implement in 2013-14. The plan includes a service delivery model to improve access and provide care closer to home.*				

Performance Indicator	LHIN 2012-13 Starting Point	LHIN 2012-13 Performance Target	Most Recent Quarter 2012-13 LHIN Performance	FY 2012-13 LHIN Annual Result
Diagnostic Wait Times				
90th Percentile Wait Time for Diagnostic MRI Scan (days)	145	85	105	175
To address this growing demand, new MRI equipment was purchased at The Ottawa Hospital, Queensway Carleton, and Cornwall, and became operational towards year-end. MRI sites also implemented a manual central intake-like process to move patients to sites with shorter wait times. Wait times continue to decline.				
90th Percentile Wait Time for Diagnostic CT Scan (days)	47	42	54	49
Newer, more productive machines gradually lowered wait times; however, there has been an increase in requests for CT colonographies. As well, wait times were negatively affected by the downtime required for equipment replacement and upgrades at The Ottawa Hospital. Productivity remains good at the site. All other sites have wait times below the target of 42 days, and wait times are expected to improve.				
Excellent Care for All / Quality				
Percent Readmission within 30 Days for Selected Case Mix Groups*	15.51%	14.50%	16.58%	16.49%
While the performance indicator is outside the acceptable range, the result is better than the provincial average (16.77%). It also ranks our LHIN 6 out of the 14 LHINs, as of the last quarter of data. To address this pressure, the LHIN continues to work with hospitals and partners to implement best practice initiatives across the region. Related obligations were also included in hospital service accountability agreements with the LHIN. These best practice programs include: • *The Get with the Guidelines Program for Congestive Heart Failure, launched by the University of Ottawa Heart Institute. This is a significant strategy to reduce readmissions noted in many hospital Quality Improvement Plans, and includes plans to connect the hospital program to primary care.* • *The Ottawa Model for Smoking Cessation program to address Chronic Obstructive Pulmonary Disorder* • *Diabetes services, including retinopathy screening, foot care (prevention and management); sharing in-patient quality tools for diabetes among hospitals; and common referral process and centralized intake for diabetes education sessions* • *The Living Healthy Champlain Self-Management Program, which added workshops for chronic pain, diabetes, kidney conditions and cancer.*				

* FY 2012/13 is based on most recent four quarters of data (Q4 2011/12 – Q3 2012/13) due to availability.

Performance Indicator	LHIN 2012-13 Starting Point	LHIN 2012-13 Performance Target	Most Recent Quarter 2012-13 LHIN Performance	FY 2012-13 LHIN Annual Result
Mental Health & Substance Abuse				
Percent Repeat Unscheduled Emergency Department Visits within 30 Days for Mental Health Conditions*	16.97%	16.10%	18.72%	17.92%
Increased public awareness around mental health and addictions led to an increased number of emergency department visits. To address this pressure, the LHIN made a number of new investments, most of which began implementation during the last reported quarter. These new investments include: • *Piloting peer and family support workers in the emergency department* • *The Bridges Program, to support youth after a mental health crisis.* When fully implemented, these initiatives will be monitored to assess their impact. A comprehensive mental health and addictions plan was developed to guide other initiatives.				
Percent Repeat Unscheduled Emergency Department Visits within 30 Days for Substance Abuse Conditions*	24.02%	22.80%	27.72%	25.80%
Increased public awareness around mental health and addictions led to an increased number of emergency department visits. A number of new investments were made by the LHIN to address the pressure, and were in the implementation phase during the last reported quarter. They include: • *Targeted Engagement and Diversion program focused on individuals with complex needs and concurrent disorders* • *Opioid case managers and counsellors for pregnant and parenting women with addictions* • *Integrated addictions assessment and referral in Ottawa.* To determine their impact on fulfilling this need, these initiatives will be monitored when fully implemented. A comprehensive mental health and addictions plan was developed to guide other initiatives.				

* FY 2012/13 is based on most recent four quarters of data (Q4 2011/12 – Q3 2012/13) due to availability.

Performance Indicator	LHIN 2012-13 Starting Point	LHIN 2012-13 Performance Target	Most Recent Quarter 2012-13 LHIN Performance	FY 2012-13 LHIN Annual Result
Access to Community Care				
90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management) (days)	63	93	150	127
The LHIN and Champlain Community Care Access Centre (CCAC) developed a joint action plan to address this wait time, and the CCAC is on track to reach the performance target in 2013-14. To reduce wait times, the intake processes were transformed. The overall intake queue was reduced by half since December, and continues to improve. Other efforts to reduce the wait time included: • *Increasing intake staff* • *Referring clients with lower needs to appropriate community support service agencies, and* • *Consulting other CCACs in the province to establish best practices and improvement programs.*				

Board of Directors – Member Appointments

(Biographies available at www.champlainlhin.on.ca)

***Dr. Wilbert J. Keon, OC, MD, FRCS,* Chair**
Appointed February 9, 2011 for a three-year term

Jocelyne Beauchamp, Vice-Chair
Appointed April 18, 2011 for a three-year term

Elaine Ashfield
Appointed June 2, 2011 for a three-year term

Marie Biron
Appointed June 2, 2011 for a three-year term

Alexa Brewer
Appointed April 28, 2010 for a three-year term

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

Linda Keen
Appointed January 5, 2011 for a three-year term

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

David Somppi
Appointed June 17, 2010 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.*

Dr. Wilbert J. Keon
Chair, Board of Directors

* = *These Board members' terms are complete, so their biographies are no longer posted on our website. If you need more information, please contact the LHIN (champlain@lhins.on.ca).*

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 Canadian public sector accounting standards. In preparing these financial statements, management selects appropriate accounting policies and uses its judgment 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 LLP, the independent auditors appointed by the Board of Directors, have been engaged to conduct an audit 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 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 Finance and Audit Committee. The Committee meets at least four times annually to review audited and unaudited financial information. Deloitte LLP has full and free access to the Finance and 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.

Chantale LeClerc
Chief Executive Officer

Suzanne Dionne
Senior Director
Health System Accountability

May 29, 2013

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Independent Auditor's Report

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

We have audited the accompanying financial statements of the Champlain Local Health Integration Network (the "LHIN"), which comprise the statement of financial position as at March 31, 2013, and the statements of financial activities, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of LHIN as at March 31, 2013, and the results of its financial activities, change in its net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
May 29, 2013

Champlain Local Health Integration Network

Statement of financial position
as at March 31, 2013

	2013	2012
	$	$
Financial assets		
Cash	**904,583**	620,281
Accounts receivable		
MOHLTC Transfer Payments for Health Service Providers	**2,159,012**	3,119,497
Other	**69,680**	196,995
	3,133,275	3,936,773
Liabilities		
Accounts payable and accrued liabilities	**865,556**	375,630
Due to Health Service Providers	**2,159,012**	3,119,497
Due to MOHLTC (Note 3b)	**118,181**	334,839
Due to e-Health Ontario (Note 3c)	**-**	104,224
Due to the LHIN Shared Services Office (Note 4)	**10,908**	10,689
Deferred capital contributions (Note 5)	**253,686**	151,480
	3,407,343	4,096,359
Net debt	**(274,068)**	(159,586)
Commitments (Note 15)		
Non-financial assets		
Prepaid expenses	**20,382**	8,106
Tangible capital assets (Note 6)	**253,686**	151,480
	274,068	159,586
Accumulated surplus	**-**	-

Approved by the Board

Dr Wilbert Keon
Board Chair

Marie Biron
Finance and Audit Committee Chair

The accompanying notes to the Financial Statements are an integral part of these Financial Statements.

Champlain Local Health Integration Network

Statement of financial activities

year ended March 31, 2013

	Budget (Note 7)	2013 Actual	2012 Actual
	$	$	$
Revenue			
MOHLTC funding			
HSP transfer payments (Note 8)	**2,438,452,800**	**2,498,991,902**	2,445,101,016
LHIN Operations (Note 9)	**5,004,306**	**4,905,076**	5,260,649
Enabling Technologies (Note 10)	**580,000**	**580,000**	600,000
Enabling Technologies - Alternate Level of Care / RMR (Note 10)	**204,000**	**204,000**	98,300
Emergency Department Physician Leader (Note 12)	**75,000**	**75,000**	75,000
Aboriginal Engagement (Note 12)	**35,000**	**35,000**	35,000
Emergency Room / Alternate Level of Care (Note 12)	**100,000**	**100,000**	100,000
French Language Services (Note 12)	**106,000**	**106,000**	106,000
FLHS Reseau des services de sante en francais (Note 12)	**993,837**	**993,837**	993,837
Orléans Health Hub (Note 12)	**217,200**	**217,200**	14,800
Behavioural Supports Ontario Note 12)	-	-	57,000
Primary Care LHIN Lead Pilot Program (Note 12)	**75,000**	**75,000**	43,750
Critical Care (Note 12)	**75,000**	**75,000**	75,000
Diabetes Regional Coordination Centre (Note 11)	-	**127,717**	-
Amortization of deferred capital contributions (Note 5)	-	**124,508**	113,778
	2,445,918,143	**2,506,610,240**	2,452,674,130
Funding repayable to the MOHLTC and eHealth Ontario (Note 3b and 3c)	-	**(118,181)**	(439,063)
	2,445,918,143	**2,506,492,059**	2,452,235,067
Expenses			
Transfer payments to HSPs (Note 8)	**2,438,452,800**	**2,498,991,902**	2,445,101,016
LHIN Operations (Note 9)	**5,004,306**	**4,903,321**	5,123,365
Enabling Technologies (Note 10)	**580,000**	**580,000**	495,776
Enabling Technologies - Alternate Level of Care / RMR (Note 10)	**204,000**	**204,000**	70,846
Emergency Department Physician Leader (Note 12)	**75,000**	**75,000**	73,380
Aboriginal Engagement (Note 12)	**35,000**	**14,058**	21,126
Emergency Room / Alternate Level of Care (Note 12)	**100,000**	**100,000**	100,000
French Language Services (Note 12)	**106,000**	**97,140**	81,762
FLHS Reseau des services de sante en francais (Note 12)	**993,837**	**965,443**	914,732
Orléans Health Hub (Note 12)	**217,200**	**198,542**	1,177
Behavioural Supports Ontario Note 12)	-	-	57,000
Primary Care LHIN Lead Pilot Program (Note 12)	**75,000**	**74,665**	14,284
Critical Care (Note 12)	**75,000**	**74,776**	66,825
Diabetes Regional Coordination Centre (Note 11)	-	**88,704**	-
Amortization	-	**124,508**	113,778
	2,445,918,143	**2,506,492,059**	2,452,235,067
Annual and accumulated surplus, end of year	-	-	-

The accompanying notes to the Financial Statements are an integral part of these Financial Statements.

Champlain Local Health Integration Network

Statement of change in net debt

year ended March 31, 2013

	2013		2012
	Initial budget (Note 7)	**Actual**	Actual
	$	**$**	$
Annual surplus	**-**	**-**	-
Acquisition of tangible capital assets	**-**	**(226,714)**	(7,040)
Amortization of tangible capital assets	**-**	**124,508**	113,778
Increase in prepaid expenses, net	**-**	**(12,276)**	(394)
(Increase) decrease in net debt	**-**	**(114,482)**	106,344
Net debt, beginning of year	**-**	**(159,586)**	(265,930)
Net debt, end of year	**-**	**(274,068)**	(159,586)

The accompanying notes to the Financial Statements are an integral part of these Financial Statements.

Champlain Local Health Integration Network

Statement of cash flows

year ended March 31, 2013

	2013	2012
	$	$
Operating transactions		
Annual surplus	-	-
Non-cash items		
Amortization of tangible capital assets	**124,508**	113,778
Amortization of deferred capital contributions (Note 5)	**(124,508)**	(113,778)
Changes in non-cash working capital		
Decrease in accounts receivable - MOHLTC HSP	**960,485**	6,224,648
Decrease (Increase) in accounts receivable - Other	**127,315**	(94,987)
Increase in prepaid expenses	**(12,276)**	(394)
Increase (Decrease) in accounts payable and accrued liabilities	**286,776**	(880,636)
Decrease in due to MOHLTC HSP	**(960,485)**	(6,224,648)
Decrease (Increase) in due to e-Health Ontario	**(104,224)**	104,224
Decrease in due to MOHLTC	**(216,658)**	(232,917)
Increase (Decrease) in due to LHIN Shared Services Office	**219**	(54,695)
	81,152	(1,159,405)
Capital transaction		
Acquisition of tangible capital assets	**(23,564)**	(7,040)
Financing transaction		
Capital contributions received (Note 5)	**226,714**	7,040
Net change in cash	**284,302**	(1,159,405)
Cash, beginning of year	**620,281**	1,779,686
Cash, end of year	**904,583**	620,281

The accompanying notes to the Financial Statements are an integral part of these Financial Statements.

Champlain Local Health Integration Network

Notes to the financial statements

March 31, 2013

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 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.

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.

The LHIN is funded by the Province of Ontario in accordance with the Ministry-LHIN Performance Agreement ("MLPA"), 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. 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 LHIN statements do not include any Ministry managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

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

2. Significant accounting policies (continued)

Basis of accounting (continued)

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

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

Tangible capital assets

Tangible capital assets are recorded at historical cost. Historical cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of contributed tangible capital assets is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of the asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the contributed 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.

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

Computer equipment	3 years
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.

2. Significant accounting policies (continued)

Use of estimates

The preparation of financial statements in conformity with public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimates and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

Adoption of new accounting standards

As at April 1, 2012, the LHIN adopted Public Sector Accounting Handbook *Section PS 1201, "Financial Statement Presentation*", Section PS 2601 *"Foreign Currency Translation"*, PS 3410 "*Government Transfers*" and Section PS 3450, *"Financial Instruments".* There was no impact of the adoption of these new standards on the financial statements.

3. Funding repayable to the MOHLTC and eHealth Ontario

In accordance with the MLPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

In accordance with the TPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the eHealth Ontario.

a) The amount repayable to the MOHLTC and eHealth Ontario is related to the current year activities in the following programs:

	Funding received	Eligible expenses	Excess funding
	$	$	$
Transfer payments to HSPs	**2,498,991,902**	**2,498,991,902**	**-**
LHIN Operations	**4,905,076**	**4,903,321**	**1,755**
Amortization	**124,508**	**124,508**	**-**
Enabling technologies	**580,000**	**580,000**	**-**
Enabling technologies Alternative Level of Care Resource Matching and Referral	**204,000**	**204,000**	**-**
Emergency Department Physician Leader	**75,000**	**75,000**	**-**
Aboriginal Engagement	**35,000**	**14,058**	**20,942**
Emergency Room/Alternate Level of Care	**100,000**	**100,000**	**-**
French Language Services	**106,000**	**97,140**	**8,860**
FLHS Reseau des services de sante en francais	**993,837**	**965,443**	**28,394**
Orléans Family Health Hub	**217,200**	**198,542**	**18,658**
Primary Care LHIN Lead Pilot Program	**75,000**	**74,665**	**335**
Critical Care LHIN Leader	**75,000**	**74,776**	**224**
Regional Diabetes Coordination Centre	**127,717**	**88,704**	**39,013**
	2,506,610,240	**2,506,492,059**	**118,181**

3. Funding repayable to the MOHLTC and eHealth Ontario (continued)

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

	2013	2012
	$	$
Due to MOHLTC, beginning of year	**334,839**	567,756
Amount recovered during the year	**(334,839)**	(567,756)
Funding repayable to the MOHLTC related to current year activities	**118,181**	334,839
Due to MOHLTC, end of year	**118,181**	334,839

c) The amount due to eHealth Ontario at March 31 consists of:

	2013	2012
	$	$
Due to MOHLTC, beginning of year	**104,224**	-
Amount recovered during the year	**(104,224)**	-
Funding repayable to the eHealth Ontario related to current year activities	**-**	104,224
Due to eHealth Ontario, end of year	**-**	104,224

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 are recorded as a receivable from (payable to) the LSSO. This is all done pursuant to the Shared Service Agreement the LSSO has with all the LHINs. In addition, the LSSO periodically incurs expenses on behalf of the LHINs and charges the appropriate LHINs to recover these costs.

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 Central LHIN.

5. Deferred capital contributions

	2013	2012
	$	$
Balance, beginning of year	**151,480**	258,218
Capital contributions Ministry	**226,714**	7,040
Amortization for the year	**(124,508)**	(113,778)
Balance, end of year	**253,686**	151,480

In fiscal 2013 the Champlain LHIN received $127,500 in capital funding for the Diabetes Regional Coordinating Centre which is now housed in the Champlain LHIN office. This funding was directed to the Champlain LHIN Operations and spent as directed by the Ministry of Health and Long Term Care.

6. Tangible capital assets

			2013
	Cost	Accumulated amortization	Net book value
	$	$	$
Computer equipment	**128,202**	**122,274**	**5,928**
Computer software	**33,762**	**33,762**	**-**
Office equipment	**207,250**	**160,461**	**46,789**
Furniture and fixtures	**400,000**	**368,136**	**31,864**
Leasehold improvements	**1,338,153**	**1,169,048**	**169,105**
	2,107,367	**1,853,681**	**253,686**

			2012
	Cost	Accumulated amortization	Net book value
	$	$	$
Computer equipment	121,187	112,553	8,634
Computer software	33,762	33,762	-
Office equipment	155,029	142,016	13,013
Furniture and fixtures	390,982	337,376	53,606
Leasehold improvements	1,179,693	1,103,466	76,227
	1,880,653	1,729,173	151,480

Non-cash transactions

During the year, tangible capital assets were acquired at an aggregate cost of $226,714 of which $203,150 were paid after year-end and $23,564 were paid during the year.

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	**2,438,452,800**	**60,449,102**	**2,498,901,902**
LHIN operations	**5,004,306**	**25,278**	**5,029,584**
Enabling technologies programs	**580,000**	**-**	**580,000**
Diabetes Regional Coordinating Centre	**-**	**127,717**	**127,717**
Other programs	**1,881,037**	**-**	**1,881,037**
	2,445,918,143	**60,602,097**	**2,506,520,240**

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 2013 and 2012 as follows:

	2013	2012
	$	$
Operation of Hospitals	**1,681,528,785**	1,638,135,652
Grants to compensate for Municipal Taxation		
Public Hospitals	**355,650**	355,650
Long-Term Care Homes	**322,919,529**	316,966,954
Community Care Access Centres	**205,168,199**	195,498,510
Community Support Services	**34,904,981**	32,138,674
Acquired Brain Injury	**1,887,557**	1,868,661
Assisted Living Services in Supportive Housing	**15,485,039**	14,087,359
Community Health Centres	**54,508,258**	52,930,579
Community Mental Health Addictions Program	**62,096,093**	63,850,660
Addictions Program	**22,797,974**	20,854,792
Specialty Psychiatric Hospitals	**97,311,412**	107,823,200
Grants to compensate for Municipal Taxation		
Psychiatric Hospitals	**28,425**	28,425
	2,498,991,902	2,444,539,116
Long-Term Care Homes prior year settlements	**-**	561,900
	2,498,991,902	2,445,101,016

Beginning in fiscal 2012, the Ministry of Health and Long Term Care transferred funding for the Hospital InfraStructure Renewal Fund (Capital) directly to Champlain LHIN Hospitals as part of a Ministry Managed Program. In fiscal 2013, hospitals in the Champlain LHIN received $3,001,996 as part of this initiative.

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:

	2013	2012
	$	$
Program based		
Salary and benefits	**3,617,302**	3,628,783
Consulting and LHIN-based projects	**80,477**	22,060
Other program costs	**245,997**	303,951
	3,943,776	3,954,794
Occupancy	**355,572**	425,243
LHIN Shared services	**343,210**	475,025
LHIN Collaborative	**47,500**	26,971
Governance per diems	**73,836**	74,525
Office equipment and supplies	**76,463**	149,695
Other	**62,964**	17,112
	4,903,321	5,123,365
Amortization	**124,508**	113,778
	5,027,829	5,237,143

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:

	2013	2012
	$	$
Chair per diems	**30,713**	34,475
Other Board member per diems	**43,123**	40,050
Other	**49,660**	35,924
	123,496	110,449

10. Enabling technologies and related programs

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

	2013	2012
	$	$
Salary and benefits	**411,393**	458,176
Consulting	**159,419**	15,000
Other program costs	**9,188**	22,600
	580,000	495,776

10. Enabling technologies and related programs (continued)

Alternate Level of Care Resource Matching and Referral

RM&R is an electronic information and referral system that matches patient/clients to the earliest available services that best meet their individual needs. RM&R improves the patient/client experience and is designed to ensure all individuals have equitable access to safe and high quality services.

11. Diabetes Regional Coordination

In 2009 the Ministry of Health and Long-Term Care established a Diabetes Regional Coordination Centre in each LHIN to support the goals of the Ontario Diabetes Strategy. These goals include: the identification of regional and local service needs, the engagement of primary care and other diabetes service providers across the region to facilitate the adoption of standards and best practices, and the coordination of regional services for adults with pre-diabetes and diabetes to support a more integrated system. In February of 2013, the operational mandate, functions and funding for the delivery of this program were transferred to the LHIN.

	2 Months ending March 31, 2013	2012
	$	$
Salary and benefits	**75,888**	-
Other program costs	**12,816**	-
	88,704	-

12. Other programs

Emergency Department Physician Leader

Since fiscal 2008 the MOHLTC has worked closely with the LHINs, Ontario hospitals and healthcare professionals to implement a comprehensive Emergency Department Strategy. To support the improvements required by this strategy, the MOHLTC and the LHIN jointly retained an Emergency Department Physician Leader. The funds received 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.

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.

12. 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. The MOHLTC provides the LHIN with $106,000 in base funding for FLHS resources to support the implementation of French language services.

FLHS Réseau des services en français

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. The Réseau des services de santé en français de l'Est de l'Ontario was formally designated by MOHLTC as the French Language Health Planning Entity (FLHPE) for the Champlain and South East LHINs. An accountability agreement was signed by the two LHINs and the Entity, providing the parameters of the work plans. The LHIN will be seeking the advice of the Entity to ensure that the planning and integration activities reflect the needs and priorities of francophone communities.

Orléans Family Health Hub

The Orléans Family Health Hub will be a comprehensive primary care facility co-locating on one centrally located site a Family Health Team and a number of health services. When completed, the Orléans Family Health Hub will provide many benefits for the residents of Orléans including minimizing the need for travel and multiple visits to health professionals and improved coordination of care. The Champlain LHIN was funded to manage the Orléans Family Health Hub project and deliver a master plan and business case to the Ministry Capital Branch. This was completed in January 2013.

Primary Care LHIN Lead Pilot Program

The LHIN received funds in fiscal 2012-13 for a Primary Care Physician Lead who has a mandate to facilitate linkages between the primary care sector and the LHIN and lead specific initiatives with primary care in an effort to improve health system outcomes within the Champlain region. These initiatives will help to advance health system integration and contribute to improvements in LHIN performance measures.

Critical Care LHIN Leader

The Critical Care project, which began in 2011-12, includes a review of the needs of our rural, community, and tertiary-level critical care programs in our region. This incorporates an understanding of operational processes with other programs such as Emergency Medical Services (paramedics) and Critical. Priorities to-date have included planning for Ventilator Assisted Pneumonia (VAP) and Central Line Infection Prevention (CLI) Toolkit updates, Surge Capacity Protocol updates, the Extramural Critical Care Response Team, Life or Limb policy, Ventilator Stock Pile, scorecards and quality measures .

13. Pension agreements

The LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 39 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 2013 was $348,762 (2012 - $351,726) 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, 2011. At that time, the plan was fully funded.

14. Guarantees

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

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

15. Commitments

The LHIN has commitments under various operating leases expiring at various dates to 2016 related to office space and equipment. Lease renewals are likely; however, there are no commitments extending beyond 2016 at this time. Minimum lease payments due in each of the next three years are as follows:

	$
2014	430,402
2015	216,957
2016	2,992
	650,351

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

	$
2014	2,395,240,484
2015	2,395,240,484

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 agreements with hospitals that have been extended to September 30, 2013, and community sector providers that extend until March 31, 2014. The agreements for the long term care providers have been renewed until March 31, 2016


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