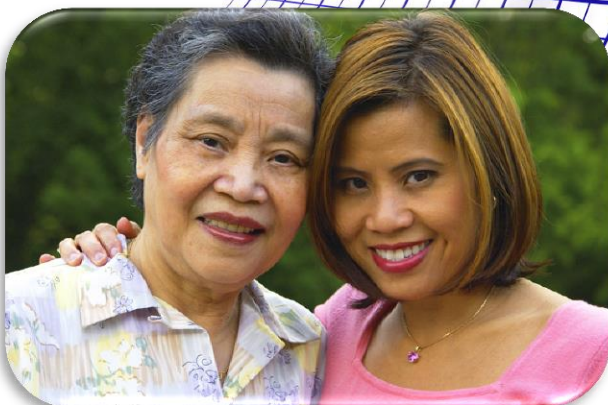


Achieving Results, Transforming Health Care

Annual Report 2013 - 14



Champlain Local Health Integration Network

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Table of Contents

Message from the Chair and CEO	4
The Champlain LHIN	6
Achieving Measurable Results on the 2013-16 Strategic Plan.....	7
<i>Building a strong foundation of integrated, primary, home and community care</i>	<i>8</i>
<i>Improving coordination and transitions of care.....</i>	<i>11</i>
<i>Increasing coordination and integration of services among hospitals</i>	<i>13</i>
Integration Activity.....	15
Progress on Infrastructure Projects	16
Health System Accountability	17
Community Engagement	18
Operational Performance	20
Performance Indicators	21
Board of Directors – Member Appointments	24
Report of Management	25
Independent Auditor’s Report	26
Statement of financial position	28
Statement of operations	29
Statement of change in net debt.....	30
Statement of cash flows	31
Notes to the financial statements	32

Message from the Chair and CEO

The Champlain Local Health Integration Network (LHIN) made significant progress this year. We achieved tangible results in areas that previously posed challenges. We also transformed health care delivery to better meet the needs of patients, clients, families and communities.

This annual report explores the LHIN's activities, accomplishments and financial information for 2013-14.

Results were exemplary in many areas. This year, it was easier for people to get an MRI scan sooner. Wait times decreased for hip and knee replacement surgery. Patients in the emergency room waited less time to be admitted to an inpatient bed.

The LHIN also spearheaded a number of efforts to transform the health system. We are radically changing the way seniors receive their care. For instance, more assistance was provided to seniors in their own homes including homemaking, help with personal hygiene, and care coordination. As a result, many seniors requiring care in long-term care homes were admitted there later in life.

Through innovative approaches, the LHIN improved mental health and addictions services. Creating walk-in after-hours counseling services and enhancing the role of peer support workers are just two examples.



Champlain LHIN Board of Directors and CEO: Seated, L to R: Jocelyne Beauchamp, Dr Wilbert Keon, Alexa Brewer, Linda Keen. Standing, L to R: David Somppi, Elaine Ashfield, Marie Biron, CEO Chantale LeClerc, Yvonne Boyer, Randy Reid.

To get these programs up-and-running, the LHIN worked diligently. We reviewed data, met with stakeholders to identify gaps, decided where funding should be directed, approved accountability agreements, and reported on progress. LHINs, with their system-wide and long-range view, truly are the air-traffic controllers of the provincial health system.

The LHIN role was especially evident in planning for Health Links, a strategic new model of care serving people with the highest, most complex needs. There are 10 Health Link sub-geographies in the Champlain region, and in 2013-14, the first four were approved: Prescott-Russell; South Renfrew; Arnprior Region and Ottawa West; and Upper Canada in the eastern part of region.

All of this work was possible because of our meaningful partnerships with Health Service Providers, made up of community support agencies, mental health and addictions agencies, community health centres, hospitals, long-term care homes and the Champlain Community Care Access Centre.

What's more, we connected with experts beyond the LHIN-funded organizations such as the United Way, public health units, and health professionals including nurses, doctors, personal support workers, paramedics, and primary-care providers.

The importance of community engagement cannot be underestimated. Listening to the concerns of the public has served as an impetus for doing things differently. Collaborating with Francophone, Aboriginal and immigrant communities has allowed LHIN staff and board members to address the unique needs and aspirations of these priority populations.

The LHIN is guided by its vision of *healthy people and healthy communities, supported by a quality, accessible health system*. This vision is what drives us to build better care, at times incrementally and in other ways boldly, always focused on what individuals need and deserve. It is our commitment to the residents of Champlain.



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



Chantale LeClerc, RN, MSc
CEO

The Champlain LHIN



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

The population of the Champlain region is diverse:

- One in five Champlain residents lives in a rural area.
- One in five Champlain residents is Francophone.
- One in six Champlain residents reports using a language other than English and French. The most common languages are Chinese (several languages combined), Arabic, and Italian.
- There are two First Nations communities: Akwesasne (near Cornwall and the second most populous reserve in Canada), and Pikwàkanagàn (in Renfrew County). Over two-thirds of Aboriginal peoples live off-reserve.

The aim of the Champlain LHIN is to help coordinate health services so that people receive care in a timely way. The LHIN does not provide services directly. Rather, our mandate is to ensure the services are well organized, appropriately funded and meet the needs of residents of all ages.

The Champlain LHIN **plans, coordinates and funds health services** in the following health sectors:

- Hospitals
- Community Care Access Centre (home care)
- Addictions and Mental Health Agencies
- Community Support Services (such as Meals on Wheels)
- Community Health Centres
- Long-Term Care Homes.

Achieving Measurable Results on the 2013-16 Strategic Plan

The Integrated Health Service Plan (IHSP) 2013-16 outlined how the organization is creating a person-centred regional health care system. The plan has three strategies:

- *Building a strong foundation of integrated primary, home & community care*
- *Increasing coordination & integration of services among hospitals*
- *Improving coordination and transitions of care.*

Success in these three strategies means that:

- 1) *More people are involved in planning their health services*
- 2) *More people received quality, evidence-based care*
- 3) *More people with mental health conditions & addictions have access to services*
- 4) *More seniors are cared for in their communities*
- 5) *More people with complex health conditions are able to manage their conditions*

- 6) *More people at end-of-life, families & caregivers receive palliative care supports in their setting of choice.*

Through its many programs and projects, the Champlain LHIN collaborated with partners to find local solutions to local health care challenges. The LHIN expanded some programs, and explored new approaches.

With the IHSP as its guide, the LHIN worked with six health sectors and a host of other partners in urban and rural areas, for young people and older individuals, and with Francophone, Aboriginal and immigrant communities to create a more coordinated, responsive health system.

The outcomes this year show important progress. As the highlights outlined below illustrate, the LHIN **has achieved measurable, positive results**. Also evident is how the LHIN has **transformed the way health care is delivered** to better meet the needs of patients, clients, families and communities.

Building a strong foundation of integrated, primary, home and community care

The Champlain LHIN...

...Reduced the number of people waiting in hospital for more appropriate care in the community.

These individuals are known as awaiting an Alternate Level of Care, or ALC. Reducing the number of ALC patients was a significant accomplishment with wide-reaching impacts on the health system, due to the expansion of three major programs designed to improve care for seniors.

This year, the Home First program was implemented in small and rural hospitals. Investments were made to add 20 more Assisted Living Services spaces, and 45 new convalescent care beds were created in long-term care homes. Compared to last year:

- *There were 117 (17 per cent) fewer discharges of patients awaiting ALC from hospital to long-term care homes. Instead, these patients were discharged home with supports in place, freeing up long-term care home beds for those who really needed them.*
- *As a result, the median wait time for a person to transition from hospital to a long-term care home was three days shorter.*
- *The daily average was 41 fewer patients designated ALC in Champlain hospitals, essentially adding more hospital beds to the system and streamlining the flow of patients from the emergency room.*
- *The percentage of hospital patients waiting for other levels of care decreased from 14.19 to 13.38 per cent this year, exceeding the LHIN's ALC target of 13.50 per cent. This was the first time the Champlain LHIN surpassed its annual ALC target.*

- *Since seniors are staying at home longer with supports in place, they are being admitted to long-term care homes later in life or not at all. In fact, the average length of stay in Champlain long-term care homes decreased by six months between November 2011 and November 2013.*

...Provided more rides to more destinations so that more people could get to non-urgent medical appointments, dialysis, adult day programs, and even grocery stores.

With this expansion, the program has improved people's access to transportation, a key enabler of good health. This year,

- *The Champlain Community Transportation Collaborative purchased four new vehicles, increasing the fleet to a total of 60 vehicles.*
- *Roughly 213,000 rides were provided to over 10,500 clients. That's an increase of 16 per cent over the number of rides provided last year.*

...Delivered more foot care (chiropractic) for people with diabetes to prevent complications, such as foot ulcers and amputations.

Two new foot-care sites for clients with diabetes were added in Arncliffe and Carp for a total of 16 foot-care sites across the region.

- *In 2013-14, there were 3,145 client visits to these foot-care sites, an increase from 2,101 patient visits the year before (a growth of roughly 1,000 visits in just one year).*

- *Similarly, 57 chiropractic group sessions were held this year, compared to last year's 13 group sessions.*

...Provided more options for hospice care.

The LHIN has made end-of-life care a priority so that people can choose to die in a setting of their choice.

- *Ten new residential hospice beds became operational, adding to existing residential and community-based palliative supports for clients and families.*
- *As a result, 74 more people benefitted from residential hospice care in Ottawa.*

...Took the lead in the region on physiotherapy reform.

It was a major accomplishment to expand physiotherapy services, and help keep seniors healthy.

- *The Champlain region increased the number of exercise classes for seniors from 110 to 172 with a current capacity to serve 2,400 seniors.*
- *The number of in-home physiotherapy assessments increased by 5,600 visits in just one year.*

The number of community-based physiotherapy clinics for eligible residents rose from 5 to 29, reaching never-before-served areas.

- *72 falls prevention classes were established to serve more than 700 seniors.*

...Made strategic investments in community health services to have the greatest impact possible.

The goal was to allow more clients to receive care in the community rather than in hospital. The investments advanced our region's priorities.

- *\$23.7 million was distributed to the Community Care Access Centre, community health centres, community support agencies, and mental health and addictions agencies.*
- *A significant portion of this funding was allocated to expand care in the home (e.g. attendant care for people with permanent physical disabilities), and enhance care for seniors (e.g. adult day programs for people with dementia).*

...Launched a peer and family support program for people with mental health conditions and addictions at Hôpital Montfort and Queensway Carleton Hospital, in partnership with Psychiatric Survivors of Ottawa.

This innovative pilot project was launched in September 2013, and allows peer and family support workers to bring a unique perspective to their work through lived experience.

- *Roughly 450 individuals took part in the program this year.*
- *The first phase of the evaluation strategy showed overwhelmingly positive feedback on the program's value to patients and hospital staff.*

...Made progress on Health Links, a new provincial model of care that focuses on coordinating care for individuals with the most complex needs.

- *Significant preparatory activity occurred in all 10 Health Link geographies of the Champlain region.*
- *More specifically, four Champlain Health Links were approved by the Ministry of Health and Long-Term Care: Prescott-Russell; South Renfrew; Arnprior Region and Ottawa West; and Upper Canada in the eastern part of the Champlain region.*

Improving coordination and transitions of care

The Champlain LHIN...

...Shortened lengths of stays in emergency rooms.

The decrease in emergency room wait times especially benefitted patients who were eventually admitted to hospital; however, non-admitted patients also spent less time in the emergency room, due to the implementation of strategies that improved patient flow.

For example, Rapid Assessment Zones were created. The goal of these zones is to improve patient flow and wait times by dedicating staff to care for people with less urgent needs. This contributed to the Champlain LHIN achieving the second largest improvement in the province for these cases.

Indeed, a number of innovative approaches such as the Geriatric Emergency Management program (GEM) improved quality of care and helped to reduce wait times. GEM nurses screened seniors who visit emergency departments to identify those who are vulnerable. Depending on seniors' needs, nurses referred them for more specialized geriatric assessment and intervention, community and home supports, and linkage with primary care.

- *This year, 89 per cent of vulnerable seniors in emergency rooms evaluated by nurses in the GEM program were safely discharged home instead of being admitted to hospital, compared to 80 per cent when the program began four years ago.*

...Supported the implementation of a new client information system.

As a result of this initiative, clients who received care from multiple agencies no longer needed to repeat their health information numerous times.

The project also improved quality of care by standardizing assessments across the region.

- *The LHIN ensured staff at 22 community support agencies were trained on the system.*
- *Almost 1,500 client assessment records were added to this electronic system in 2013-14.*

...Strengthened services for seniors with behavioural challenges due to dementia and other conditions.

A new province-wide support program has changed the way health providers think about and manage challenging behaviours.

Much progress was made in the Champlain region.

- *To serve clients with significant behavioural issues, a specialized, transitional 12-bed unit opened in July 2013 at Peter D. Clark long-term care home in Ottawa.*
- *This was in addition to supporting more than 2,300 clients with behavioural challenges in 61 long-term care homes through an innovative program involving Personal Support Worker Champions.*

- *The LHIN also collaborated with a new behavioural support team at The Ottawa Hospital, which developed new referral processes to ease transfers of long-term care home clients to and from hospital. Almost 150 hospital patients were cared for by the support team in 2013-14.*

...Expanded the physician eConsultation program, which helps primary care providers communicate better with doctors from various specialities on patient issues.

The goal is to improve patients' access to specialist expertise. Through eConsultation, a specialist provides information and advice to the primary care provider. It means patients get the care they need, and unnecessary visits to specialists are reduced.

- *167 primary care providers and doctors from 14 specialities (e.g., adolescent medicine) joined the service, bringing the total number of available specialties to 37.*
- *Roughly 1,700 new patient cases were conducted by eConsultation, an increase from about 790 cases last year.*

...Assisted newcomers in navigating the health system.

The LHIN spearheaded the creation of the Multicultural Health Navigator program, helping individuals in four immigrant communities to better understand the

Canadian health system, and transition more easily among various health providers.

The program has reframed health delivery for newcomers in Ottawa by focusing on their unique needs and aspirations.

- *Communities served are Franco African / Caribbean, Arab-speaking, Somali, and Nepalese.*
- *Four Multicultural Health Navigators were hired and trained, and began serving clients in January 2014. The navigators provide home visits, appointment support and group educational sessions.*

...Initiated a program to address people's urgent mental health needs, reducing the need for more intensive interventions.

The innovative model of care makes it easier for clients to obtain mental health services, offering single-session, walk-in counselling support during evenings and weekends.

- *The pilot project began in February 2014 and is delivered by a partnership of five family service agencies across Champlain.*
- *Many of the client referrals to this new counseling program were made from hospital emergency rooms.*

Increasing coordination and integration of services among hospitals

The Champlain LHIN...

...Enhanced access to MRI scans.

The improvement resulted from the implementation of a standardized referral process and common protocols among hospitals with MRIs.

In addition, patients were given the option of getting their MRI scan at a hospital with a lower wait time.

- *Almost half (48 per cent) of people waiting for the least urgent scans received them within the target period of 28 days, compared to roughly one-fifth (21 per cent) the year before. Patients with life-threatening conditions have always received MRIs very quickly.*

- *Put another way, the average wait time for an MRI scan in Champlain was 36 days in 2013-14, significantly lower than the average of 79 days the year before.*

...Decreased wait times for knee and hip replacement surgery.

Improved coordination meant people had increased access to hip and knee surgeries. For example, to provide patients with the timeliest assessment and surgery options available, it became mandatory for all referrals to go through a central office.

As well, surgeons with the longest wait times did not accept new patients until their wait lists were cleared.

- *About 80 per cent of patients got their knee replacement surgery within the target time of 182 days, compared to 67 per cent of patients the year before. As well, 78 per cent of patients received their hip replacement surgery within the target time of 182 days, compared to 70 per cent of patients last year.*
- *Put another way, the average wait time for knee replacement surgery in Champlain was 126 days in 2013-14, a decrease from 139 days in 2012-13. The average wait time for hip replacement surgery was 136 days in 2013-14, lower than last year's 144 days.*

...Provided leadership on the new Healthy Food in Hospitals initiative.

The aim of this project is to improve the health of staff, visitors and patients by offering healthier food in hospital cafeterias, vending machines, franchise, and gift operations.

- *A hospital CEO leadership table and dietetic working group were formed, and a nutrition framework developed.*
- *Feasibility assessments were conducted at specific hospitals.*

...Funded six major initiatives in eight hospitals located in small, rural communities.

Much of this funding was directed toward upgrading electronic patient records and allowing hospitals to share information with other providers in the patient's care team.

This targeted funding put a focus on the needs of rural residents, and also resulted in a more collaborative approach among smaller hospitals to share knowledge and resources.

- *The Champlain LHIN provided \$3.9 million in one-time funding.*
- *The eight hospitals were:*
 - *Almonte General*
 - *Arnprior Regional Health*
 - *Carleton Place & District Memorial*
 - *Deep River & District*
 - *Glengarry Memorial*
 - *Kemptville District*
 - *Renfrew Victoria, and*
 - *St. Francis Memorial.*

Integration Activity

Integration activities are crucial to the work of the LHIN. The *Local Health System Integration Act (2006)* states each LHIN and Health Service Provider “*shall identify opportunities to integrate the services of the local health system to provide appropriate, coordinated, effective and efficient services.*”

The Champlain LHIN Board of Directors supported two major voluntary integrations in 2013-14: one involving agencies providing attendant care in Ottawa, and the other focused on mental health services in Prescott and Russell.

Community Support in Ottawa

Two agencies providing attendant care in Ottawa for people with permanent physical disabilities merged their organizations on a voluntary basis: VHA Health and Home Support, and The In Community.

Staff were transferred from The In Community to VHA Health & Home Support. The In Community then ceased operations.

The two agencies engaged with staff, clients and families before submitting their Notice of Integration to the Champlain LHIN. The change was supported by both community agency boards.

It is expected the merger will have a number of long-term benefits. From a financial perspective, it will help sustain these important services for years to come. In addition, because many of the attendant field staff served clients associated with both agencies, the creation of a single entity will result in more consistent care delivery. It also means a seamless transition for clients moving from private homes to supportive housing.

Mental Health Services in Prescott and Russell

Previously, mental health crisis services and geriatric psychiatric care for people in Prescott-Russell were provided by *Hôpital Montfort*. In a voluntary integration, these services were transferred to Hawkesbury & District General Hospital. The aim was to provide clients in Prescott-Russell with seamless care under one administration.

The change involved governance, administration and funding only, with no impact on services. A community engagement exercise occurred, and there was support for the integration among clients, families, staff and provider partners.

The move was a recommendation of the Champlain LHIN’s Eastern Counties Hospital Clinical Services Distribution Plan, produced in 2010.

Progress on Infrastructure Projects

The Champlain LHIN Board of Directors endorsed a number of capital projects in 2013-14. These projects aligned to local health needs and LHIN priorities.

After Board approval, each project was sent to the Ministry of Health and Long-Term Care for its next stage of review.

- *A satellite location of Somerset West Community Health Centre in the Hintonburg area of Ottawa.*
- *Renovations to accommodate a new MRI machine at Pembroke Regional Hospital.*
- *A one-storey building to house the surgical sterilization and reprocessing facility at Pembroke Regional Hospital.*
- *An Acute Care of the Elderly unit at the Queensway Carleton Hospital, offering specialized geriatric care by inter-professional teams.*
- *Development of enhanced parking at The Ottawa Hospital's Civic campus.*
- *Renovations at the Children's Hospital of Eastern Ontario to build a pediatric day surgery and post-anesthetics care unit that improves patient experience, and supports more procedures.*
- *Creation of a larger space at The Ottawa Hospital's General campus to consolidate breast-health services.*

Health System Accountability

In 2013-14, the Champlain LHIN allocated more than \$2.5 billion to support 244 programs across six 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 (2013-14)

Programs	Sector	Annual Allocation	% of total
20	Hospitals	\$1,779,859,141	70.1%
62	Long-Term Care Homes	\$333,309,253	13.1%
1	Community Care Access Centre <i>(many service locations)</i>	\$220,375,673	8.7%
64	Community Mental Health & Addiction Services	\$87,299,540	3.4%
86	Community Support Services*	\$59,843,863	2.4%
11	Community Health Centres <i>(including satellites)</i>	\$59,780,127	2.4%
244		\$2,540,467,597	100%

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

Since last year, overall funding allocations to Providers increased 1.66%.

Specifically, the LHIN distributed roughly \$30 million more to community-based agencies in 2013-14 than in 2012-13. The goal was to improve Champlain residents' quality of life, keep people healthy at home, and prevent avoidable emergency room visits.

The LHIN negotiated accountability agreements with Providers in all sectors (see the table to the left).

In the agreements, the LHIN and Providers established financial and operational targets, as well as those for service volumes, quality and wait times.

Through the year, the LHIN also worked with Providers, monitoring results and taking actions needed to optimize performance at the individual provider and system levels.

With a focus on improving people's timely access to care, the LHIN successfully implemented strategies to redistribute funding among community-based Providers, and negotiated a redistribution of wait-time funding among hospitals to significantly improve timely access to MRI services.

Community Engagement

Community engagement is integral to the work of the Champlain LHIN. By collaborating with providers, strategic partners, and the public, the LHIN is able to make more informed decisions and build a health system organized for the people who use it.

In 2013-14, a number of significant engagement activities took place.

- *The Champlain LHIN involved family physicians and nurse practitioners in a major effort to create 10 Primary Care Networks, which all became operational. These networks cover the entire Champlain geography, and are comprised of primary-care professionals and other partners working in closer collaboration than ever before.*
- *The Champlain LHIN Board of Directors initiated meet-and-greet sessions during public board meetings. This year, meetings took place across the region in West Carleton, Pakenham, Cornwall, Eganville, Deep River, Chute-à-Blondeau and Ottawa.*
- *The Champlain LHIN hosted a seniors' health fair in Cornwall, informing residents about the wide range of services for seniors with varied needs, available in their local community.*

Of particular importance was the LHIN's engagement with Aboriginal Peoples, Francophones, and Immigrant Communities.

Aboriginal Peoples

This year, the Aboriginal Health Circle Forum (Circle) met six times to discuss emerging health issues and advance key priorities. The Circle helps to ensure the needs of Aboriginal Peoples are considered in decision-making, and represents rural and urban First Nations, Métis and Inuit communities in the region.

Members of the group shared input on the Champlain LHIN's Annual Business Plan and informed decisions on expanding mental health and addictions services for Aboriginal children and youth.

In consultation with regional programs, the Circle provided advice on the Champlain Cancer Strategy and Regional Palliative Care Plan. In addition, the LHIN incorporated feedback from Circle members on the Health System Improvement Proposal process.

The LHIN and Circle worked together to develop the Aboriginal Health Service Directory, which will be shared among health providers across the region.

Furthermore, the Circle provided a cultural sensitivity training for LHIN board members and staff.

LHIN board members, CEO and staff visited and met with representatives of the Mohawk Council of Akwesasne, Minwaashin Lodge (Aboriginal Women's Support Centre), Wabano Centre for Aboriginal Health, and Odawa Aboriginal Friendship Centre.

Francophone Population

The Champlain LHIN continued to follow the engagement framework for Francophone communities, co-developed by the LHIN and the region's French Language Planning Entity, *Le Réseau des services de santé en français de l'Est de l'Ontario (Le Réseau)*.

Ongoing engagement with *Le Réseau* allows the LHIN to gain a better understanding of health priorities for Francophones in the region. The partnership also assists the LHIN in determining whether the health system meets the unique needs of Francophones, particularly in terms of accessibility and cultural and linguistic competency of health services.

In 2013-14, *Le Réseau* participated in LHIN consultation tables and regional program planning, including topics such as chronic conditions, mental health and addictions, palliative care and Health Links. In turn, the LHIN took part in *Le Réseau* planning initiatives, such as its planning table for mental health and addictions services.

Le Réseau also led community engagement activities with Francophone populations throughout Champlain.

Immigrant Communities

The Champlain LHIN participated as a member of the Council of the Ottawa Local Immigration Partnership (OLIP), and its Health and Well-Being Sector Table.

The OLIP Council includes representation from the municipal government and various sectors such as education, settlement, and health. Business leaders and private citizens also take part. The partnership is a collaborative community initiative. It is designed to strengthen Ottawa's capacity to welcome immigrants and improve integration outcomes.

This year, the LHIN worked with OLIP and health providers to create the new Multicultural Health Navigators program, launched in early 2014. To improve access to care, the LHIN also began discussions with OLIP and other partners on a proposal to expand interpretation services at health provider sites in the region.

As well, the Champlain LHIN Board of Directors hosted a board-to-board session with representatives of community support agencies serving newcomer clients. Through this engagement, board members fostered a stronger partnership with this sector, raised awareness about the role of the LHIN, and learned more about client needs.

Lastly, the LHIN worked with the Arabic Health Coalition, comprised of 10 citizens, including internationally trained medical professionals, in the development of an Arabic Health Survey.

Operational Performance

In 2013-14, LHIN staff planned and coordinated programs and projects aligned with the *Integrated Health Service Plan 2013-16*, and worked with providers and partners to ensure sustainability of the region's health services.

Across the province, implementation of a new, patient-centred funding model continued. The LHIN negotiated new 2014-17 service accountability agreements with all 96 community agencies and extensions to existing accountability agreements with all 20 hospitals in the LHIN for 2014-15.

Over \$2.5 billion in funding was allocated to support 244 health care programs in the region. This amount represents an increase in funding of 1.66%, compared to 2012-13.

The LHIN office ended the year with a \$6,268 surplus, representing 0.12% of the total operating budget of \$5.1 million. Salaries and benefits for the 42.5 full-time equivalents made up the bulk of expenses, representing 77.90% of the total. Board expenses were higher by 19.6% over 2012-13 expenses, primarily due to filling previously vacant Director positions.

The Champlain LHIN contributed funds to the LHIN Shared Services Office and LHIN Collaborative to support back-office and other work across the 14 LHINs. Funding for a number of initiatives was maintained in 2013-14, including:

- Le Réseau - *the French Language Planning Entity for the Champlain and South East LHINs*), and
- *LHIN Physician Leads in Critical Care, Emergency Department, Obstetrics and Gynecology, and Primary Care.*

Funding for Enabling Technologies was distributed using a cluster approach in 2013-14, and the Champlain LHIN was identified as the Cluster Lead, coordinating funding on behalf of the South East, North East and North West LHINs.

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: 2013 – 14

Performance Indicator	LHIN 2013-14 Starting Point	LHIN 2013-14 Performance Target	Most Recent Quarter 2013-14 LHIN Performance	FY 2013-14 LHIN Annual Result
Access to Health Care Services				
1) 90th percentile ER length of stay (hours) for admitted patients	27.67	25.80	29.60	25.97
The result for this indicator was better than last year. Much work was done to improve the flow of patients from emergency rooms to inpatient units. In fact, the LHIN added significant supports at home for seniors, allowing patients to be discharged from hospital earlier.				
2) 90th percentile ER length of stay (hours) for non-admitted complex (CTAS I-III) patients	8.22	8.00	8.12	7.95
New processes were put in place to help the LHIN meet its target for this indicator. A good example was quicker lab testing for emergency-room patients.				
3) 90th percentile ER length of stay (hours) for non-admitted minor uncomplicated (CTAS IV-V) patients	4.92	4.50	4.80	4.58
Improvements were made to this indicator compared to last year. For instance, Fast Track Zones were created so patients with less urgent needs could be treated more quickly in a separate stream.				
4) Percent of priority IV cases completed within access target (84 days) for cancer surgery	93.00%	90.00%	94.92%	93.29%
The LHIN worked with Cancer Care Ontario and the Regional Cancer Program on local planning and performance management. The indicator showed a positive result this year.				
5) Percent of priority IV cases completed within access target (90 days) for cardiac by-pass surgery	91.30%	90.00%	61.00%	82.00%
To improve access for this surgery, the LHIN met with the University of Ottawa Heart Institute to initiate new strategies.				

Performance Indicator	LHIN 2013-14 Starting Point	LHIN 2013-14 Performance Target	Most Recent Quarter 2013-14 LHIN Performance	FY 2013-14 LHIN Annual Result
6) Percent of priority IV cases completed within access target (182 days) for cataract surgery	94.00%	90.00%	90.95%	90.59%
While the vast majority of people received their cataract surgery within the targeted time, the result slightly worsened from last year. The LHIN continued to monitor performance in this area to ensure adequate investments.				
7) Percent of priority IV cases completed within access target (182 days) for hip replacement	70.00%	80.00%	77.37%	77.93%
Compared to last year, a greater percentage of people got their hip replacement surgery within the targeted time. This was accomplished by improving the central-intake process and redistributing procedures from doctors with longer wait lists to those with shorter wait lists.				
8) Percent of priority IV cases completed within access target (182 days) for knee replacement	67.00%	80.00%	83.20%	79.96%
Important progress was made in reducing knee replacement wait times. This was done by improving the central-intake process and redistributing procedures from doctors with longer wait lists to those with shorter wait lists.				
9) Percent of priority IV cases completed within access target (28 days) for MRI scans	21.00%	50.00%	43.36%	47.51%
While there is still much work to do, wait times for the least urgent MRI scans have dropped significantly. (Patients have always received urgent MRI scans very quickly). This progress can be attributed to transferring long-wait patients to hospitals with shorter wait times. In addition, hospitals increased MRI operating hours to serve more people.				
10) Percent of priority IV cases completed within access target (28 days) for CT scans	61.00%	75.00%	59.66%	51.84%
Wait times for CT scans continued to be a serious challenge for this region. A number of projects were initiated to help improve the result, including transferring long-wait patients to hospitals with shorter wait times, boosting CT scan operating hours and running the machines more efficiently.				
Integration and Coordination of Care				
11) Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution*	14.19%	13.50%	12.78%	13.38%
This was the first year the Champlain LHIN met its annual target in reducing the percentage of hospitalized patients awaiting alternate care. It was a positive development and testament to the work of the LHIN and its partners across various health sectors. A number of initiatives made a positive difference. For instance, the LHIN increased the number of spaces in the assisted-living program, which helps high-risk seniors stay at home longer with services such as homemaking, personal-hygiene support and care coordination. The LHIN also put added more convalescent-care beds for clients leaving hospital who required a small amount of restorative, inpatient care.				
*= FY 2013-14 is based on most recent four quarters of data (Q4 2012-13 - Q3 2013-14) due to availability.				

Performance Indicator	LHIN 2013-14 Starting Point	LHIN 2013-14 Performance Target	Most Recent Quarter 2013-14 LHIN Performance	FY 2013-14 LHIN Annual Result
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12) 90th Percentile Wait Time (days) for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management) *	127.00	66.00	81.00	91.00
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The LHIN and the Champlain Community Care Access Centre (CCAC) continued to collaborate on strategies to improve performance on this wait time. The result is better than last year, but still did not meet the target. To alleviate the wait-time pressures, personal support and homemaking services were increased.

* = FY 2013-14 is based on most recent four quarters of data (Q4 2012/13 - Q3 2013-14) due to availability

Quality and Improved Health Outcomes

13) Readmission within 30 Days for Selected CMGs **	16.49%	14.50%	17.39%	17.35%
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Hospital readmission rates in the region proved to be challenging. To help improve outcomes, the LHIN supported the work of various networks associated with specific patient populations e.g. Champlain Regional Diabetes Network, Champlain Lung Health Network, Champlain Cardiovascular Disease Prevention Network and Champlain Regional Stroke Network. The LHIN was involved in other projects to reduce readmissions such as providing diabetes care to clients without a family physician in Renfrew.

** = FY 2013-14 is based on most recent four quarters of data (Q3 2012/13 - Q2 2013-14) due to availability

14) Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions *	17.70%	17.70%	18.15%	18.06%
---	--------	--------	--------	--------

This indicator slightly worsened since last year. Increased awareness of mental-health issues and willingness to seek help created more demand for services. To expand mental-health service capacity, the LHIN invested in peer support workers, transitional case managers and access coordinators. The LHIN also worked with a partnership of family service agencies to develop a new walk-in single session therapy counseling program across the region.

* = FY 2013-14 is based on most recent four quarters of data (Q4 2012/13 - Q3 2013-14) due to availability

15) Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions *	25.90%	24.80%	21.82%	25.90%
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The indicator did not change from last year. Helping clients more easily access addictions services was a goal of the LHIN during 2013-14. In fact, roughly 1,500 clients connected with the Ottawa Addictions Access and Referral Service, about three times the number expected. This reflects the building of a more coordinated system, where clients can be referred to the most appropriate care. In addition, the LHIN expanded community-based withdrawal management services and provided base funding for the Regional Opioid Intervention Service.

* = FY 2013-14 is based on most recent four quarters of data (Q4 2012/13 - Q3 2013-14) due to availability

Board of Directors – Member Appointments

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

Dr. Wilbert J. Keon, OC, MD, FRCS
Chair

Re-appointed February 09, 2014 for a second 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

Yvonne Boyer

Appointed September 11, 2013 for a three-year term

Alexa Brewer

Re-appointed April 28, 2013 for a second three-year term

Linda Keen

Re-appointed January 05, 2014 for a second three-year term

Randy Reid

Appointed August 28, 2013 for a three-year term

David Somppi

Re-appointed July 08, 2013 for a second 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

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.

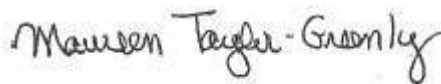
Deloitte LLP, the independent auditors appointed by the Board of Directors, have been engaged to conduct an audit of the financial statements in accordance with generally accepted auditing standards, and have expressed their opinions on these statements. During the course of their audit, Deloitte LLP reviewed the LHIN's 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



Maureen Taylor-Greenly
*Senior Director
Health System Performance*

May 28, 2014

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, 2014, and the statements of operations, 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, 2014, and the results of its operations, change in its net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

A handwritten signature in black ink that reads "Deloitte LLP". The signature is written in a cursive, flowing style.

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
May 28, 2014

Champlain Local Health Integration Network

Statement of financial position

as at March 31, 2014

	2014	2013
	\$	\$
Financial assets		
Cash	387,222	904,583
Accounts receivable		
MOHLTC Transfer Payments for Health Service Providers	8,769,918	2,159,012
Other	243,290	69,680
	9,400,430	3,133,275
Liabilities		
Accounts payable and accrued liabilities	497,777	865,556
Due to Health Service Providers	8,769,918	2,159,012
Due to MOHLTC (Note 3b)	184,880	118,181
Due to the LHIN Shared Services Office (Note 4)	4,532	10,908
Deferred capital contributions (Note 5)	187,690	253,686
	9,644,797	3,407,343
Net debt	(244,367)	(274,068)
Commitments (Note 15)		
Non-financial assets		
Prepaid expenses	56,677	20,382
Tangible capital assets (Note 6)	187,690	253,686
	244,367	274,068
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 operations

year ended March 31, 2014

		2014	2013
	Budget (Note 7)	Actual	Actual
	\$	\$	\$
Revenue			
MOHLTC funding			
HSP transfer payments (Note 8)	2,554,712,000	2,540,467,597	2,498,991,902
LHIN Operations	5,131,790	5,125,843	4,905,076
Enabling Technologies (Note 10)	-	573,856	580,000
Enabling Technologies - Alternate Level of Care / RMR (Note 10)	272,000	232,000	204,000
Emergency Department Physician Lead (Note 12)	75,000	65,000	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 Réseau des services de sante en francais (Note 12)	993,837	993,837	993,837
Orléans Health Hub (Note 12)	-	-	217,200
Primary Care LHIN Lead (Note 12)	-	75,000	75,000
Critical Care LHIN Lead (Note 12)	75,000	75,000	75,000
Physiotherapy (Note 12)	-	27,333	-
Diabetes Regional Coordination (Note 11)	841,301	435,143	127,717
Amortization of deferred capital contributions (Note 5)	-	124,245	124,508
	2,562,341,928	2,548,435,854	2,506,610,240
Funding repayable to the MOHLTC (Note 3b and 3c)	-	(81,006)	(118,181)
	2,562,341,928	2,548,354,848	2,506,492,059
Expenses			
Transfer payments to HSPs (Note 8)	2,554,712,000	2,540,467,597	2,498,991,902
LHIN Operations (Note 9)	5,131,790	5,119,575	4,903,321
Enabling Technologies (Note 10)	-	560,410	580,000
Enabling Technologies - Alternate Level of Care / RMR (Note 10)	272,000	223,608	204,000
Emergency Department Physician Lead (Note 12)	75,000	61,628	75,000
Aboriginal Engagement (Note 12)	35,000	30,131	14,058
Emergency Room / Alternate Level of Care (Note 12)	100,000	100,000	100,000
French Language Services (Note 12)	106,000	106,000	97,140
FLHS Réseau des services de sante en francais (Note 12)	993,837	987,608	965,443
Orléans Health Hub (Note 12)	-	-	198,542
Primary Care LHIN Lead (Note 12)	-	72,117	74,665
Critical Care LHIN Lead (Note 12)	75,000	73,255	74,776
Physiotherapy (Note 12)	-	27,333	-
Diabetes Regional Coordination (Note 11)	841,301	401,341	88,704
Amortization	-	124,245	124,508
	2,562,341,928	2,548,354,848	2,506,492,059
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, 2014

	2014 Actual	2013 Actual
	\$	\$
Annual surplus	-	-
Acquisition of tangible capital assets	(58,249)	(226,714)
Amortization of tangible capital assets	124,245	124,508
Increase in prepaid expenses, net	(36,295)	(12,276)
Decrease (increase) in net debt	29,701	(114,482)
Net debt, beginning of year	(274,068)	(159,586)
Net debt, end of year	(244,367)	(274,068)

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, 2014

	2014	2013
	\$	\$
Operating transactions		
Annual surplus	-	-
Non-cash items		
Amortization of tangible capital assets	124,245	124,508
Amortization of deferred capital contributions (Note 5)	(124,245)	(124,508)
Changes in non-cash working capital		
(Increase) decrease in accounts receivable - MOHLTC HSP	(6,610,906)	960,485
(Increase) decrease in accounts receivable - Other	(173,610)	127,315
(Decrease) increase in accounts payable and accrued liabilities	(218,724)	286,776
Increase (decrease) in due to HSP	6,610,906	(960,485)
Decrease in due to e-Health Ontario	-	(104,224)
Increase (decrease) in due to MOHLTC	66,699	(216,658)
(Decrease) increase in due to LHIN Shared Services Office	(6,376)	219
Increase in prepaid expenses	(36,295)	(12,276)
	(368,306)	81,152
Capital transaction		
Acquisition of tangible capital assets	(207,304)	(23,564)
Financing transaction		
Capital contributions received (Note 5)	58,249	226,714
Net change in cash	(517,361)	284,302
Cash, beginning of year	904,583	620,281
Cash, end of year	387,222	904,583

(see additional information presented in Note 6)

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, 2014

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 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 Health Service Providers ("HSP"), 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 HSPs 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.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital 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.

2. Significant accounting policies (continued)

Government transfer payments (continued)

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 expenses 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 cost. 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

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 operations and within the related notes for both the prior and current year sufficiently discloses information of all appropriate segments and, therefore, no additional disclosure is required.

Use of estimates

The preparation of financial statements in conformity with 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.

3. Funding repayable to the MOHLTC

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.

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

	Funding received	Eligible expenses	Excess funding
	\$	\$	\$
Transfer payments to HSPs	2,540,467,597	2,540,467,597	-
LHIN Operations	5,125,843	5,119,575	6,268
Amortization	124,245	124,245	-
Enabling Technologies	573,856	560,410	13,446
Enabling Technologies Alternative Level of Care			
Resource Matching and Referral	232,000	223,608	8,392
Emergency Department Physician Lead	65,000	61,628	3,372
Aboriginal Engagement	35,000	30,131	4,869
Emergency Room/Alternate Level of Care	100,000	100,000	-
French Language Services	106,000	106,000	-
FLHS Réseau des services de santé en français	993,837	987,608	6,229
Primary Care LHIN Lead	75,000	72,117	2,883
Critical Care LHIN Lead	75,000	73,255	1,745
Physiotherapy	27,333	27,333	-
Diabetes Regional Coordination	435,143	401,341	33,802
	2,548,435,854	2,548,354,848	81,006

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

	2014	2013
	\$	\$
Due to MOHLTC, beginning of year	118,181	334,839
Amount recovered during the year	(118,181)	(334,839)
Funding repayable to the MOHLTC related to current year activities	81,006	118,181
Funding repayable to the MOHLTC on behalf of the LHIN Enabling Technologies Cluster (other LHINs)	103,874	-
Due to MOHLTC, end of year	184,880	118,181

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 amount contributed by the LHIN to LSSO for fiscal 2014 was \$351,662 (2013 – \$343,210). These costs were shared by the LHIN Operations, Enabling Technologies and Diabetes Regional Coordination Programs in fiscal 2014.

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. The amount contributed by the LHIN to LHINC for fiscal 2014 was \$54,357 (2013 – \$47,500). These costs were shared by the LHIN Operations, Enabling Technologies and Diabetes Regional Coordination Programs in fiscal 2014.

5. Deferred capital contributions

	2014	2013
	\$	\$
Balance, beginning of year	253,686	151,480
Capital contributions from MOHLTC	58,249	226,714
Amortization for the year	(124,245)	(124,508)
Balance, end of year	187,690	253,686

In fiscal 2014 deferred capital contributions were recognized by the LHIN Operations (\$5,947), Enabling Technologies (\$6,144) and Diabetes Regional Coordination (\$46,158) programs for the purchase of tangible capital assets and leasehold improvements.

6. Tangible capital assets

			2014	2013
	Cost	Accumulated amortization	Net book value	Net book value
	\$	\$	\$	\$
Computer equipment	128,202	125,864	2,338	5,928
Computer software	33,762	33,762	-	-
Office equipment	227,755	178,704	49,051	46,789
Furniture and fixtures	423,989	399,387	24,602	31,864
Leasehold improvements	1,351,908	1,240,209	111,698	169,105
	2,165,616	1,977,926	187,690	253,686

7. Budget

The budget figures reported on the Statement of operations 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:

			2014	2013
	Initial	Announcements	Total	Total
	\$	\$	\$	\$
HSP Transfer Payments	2,554,712,000	(14,244,403)	2,540,467,597	2,498,991,902
LHIN operations	5,131,790	-	5,131,790	5,029,584
Enabling technologies programs	-	580,000	580,000	580,000
Diabetes Regional Coordination	841,301	(360,000)	481,301	127,717
Other programs	1,656,837	52,333	1,709,170	1,881,037
	2,562,341,928	(13,972,070)	2,548,369,858	2,506,610,240

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 2014 and 2013 as follows:

	2014	2013
	\$	\$
Operations of Hospitals	1,680,502,054	1,681,528,785
Grants to compensate for Municipal Taxation		
Public Hospitals	355,650	355,650
Long-Term Care Homes	331,778,452	320,082,110
Community Care Access Centres	220,375,673	205,168,199
Community Support Services	38,265,548	34,904,981
Acquired Brain Injury	2,321,035	1,887,557
Assisted Living Services in Supportive Housing	19,257,280	15,485,039
Community Health Centres	59,780,127	54,508,258
Community Mental Health Addictions Program	64,235,201	62,096,093
Addictions Program	23,064,339	22,797,974
Specialty Psychiatric Hospitals	98,973,012	97,311,412
Grants to compensate for Municipal Taxation		
Psychiatric Hospitals	28,425	28,425
	2,538,936,796	2,496,154,483
Long-Term Care Homes prior year settlements	1,530,801	2,837,419
	2,540,467,597	2,498,991,902

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:

	2014	2013
	\$	\$
Program based		
Salary and benefits	3,987,898	3,617,302
Consulting and LHIN-based projects	17,771	80,477
Other program costs	215,351	245,997
	4,221,020	3,943,776
Occupancy	330,055	355,572
LHIN Shared services	276,266	343,210
LHIN Collaborative	42,703	47,500
Governance per diems	99,188	73,836
Office equipment and supplies	108,433	76,463
Other	41,910	62,964
	5,119,575	4,903,321
Amortization	112,035	124,508
	5,231,610	5,027,829

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:

	2014	2013
	\$	\$
Chair per diems	33,863	30,713
Other Board member per diems	65,325	43,123
Other	48,530	49,660
	147,718	123,496

10. Enabling Technologies for Integration Project Management Office and related programs

Enabling Technologies

In fiscal 2014, the LHIN entered into an agreement with the South East, North East and North West LHINs (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Funding was provided to enable the cluster LHIN Project Management Offices to advance eHealth, information management and information technology initiatives as outlined in the ETI PMO Toolkit Business Case approved by the MOHLTC.

The LHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies of \$580,000 in fiscal 2014. An amount of \$6,144 was transferred to deferred capital contributions. The total amount of funding for the Cluster in fiscal 2014 was \$2,320,000 and was received from the MOHLTC by the Champlain LHIN on behalf of the Cluster. The funding was split equitably amongst the South East, North East, North West and Champlain LHINs. In the event that the Cluster experiences a surplus the Lead LHIN (Champlain) is responsible for returning those funds to the MOHLTC. The following provides condensed financial information:

10. Enabling Technologies for Integration Project Management Office and related programs (continued)

Enabling Technologies (continued)

	2014	2013
	Cluster Total	LHIN's portion
	\$	\$
Revenue	2,320,000	573,856
Expenses	2,202,680	580,410
Accumulated surplus	117,320	13,446

Expenses incurred by the LHIN are:

	2014	2013
	\$	\$
Salaries and benefits	472,522	411,393
Consulting services	-	159,419
Other Program Costs	87,889	9,188
	560,410	580,000
Amortization	1,313	-
	561,723	580,000

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. Expenses incurred are as follows:

	2014	2013
	\$	\$
Salaries and benefits	204,564	197,362
Consulting services	(2,300)	2,300
Other Program Costs	21,344	4,338
	223,608	204,000

11. Diabetes Regional Coordination

In 2009 the MOHLTC 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 2013, the operational mandate, functions and funding for the delivery of this program were transferred to the LHIN. Expenses incurred are as follows:

	2014	2013
	\$	\$
Salaries and benefits	291,835	75,888
Other Program Costs	109,506	12,816
	401,341	88,704
Amortization	10,896	-
	412,237	88,704

In fiscal 2014 the Champlain LHIN received \$127,500 (2013 - \$127,500) in one time funding to support transition costs for Diabetes Regional Coordination. This funding was directed to the Champlain LHIN Operations and spent as directed by the Ministry of Health and Long Term Care.

12. Other programs

Emergency Department Physician Lead

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 Lead. The funds received have been used to compensate the Physician Lead and to cover related business expenses.

Aboriginal engagement

The MOHLTC provided funding for Aboriginal community engagement. The LHIN allocated the funds to support the Aboriginal Health Circle Forum and community engagement activities to improve Aboriginal health 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.

French Language Health Services (FLHS) Program

The objectives of the FLHS Program are to improve access to quality health services for Francophone's of the Champlain region as well as to support the LHIN in meeting its legal obligations (under the French Language Services Act (FLSA) and the Local Health System Integration Act (LHSIA)) and in implementing provincial priorities with respect to French Language Services at the regional and local levels.

12. Other programs (continued)

FLHS Réseau des services en français

Following the adoption of the LHSIA in 2006, the MOHLTC prescribed the Réseau des services de santé en français de l'Est de l'Ontario as the French Language Health Planning Entity (FLHPE) for the Champlain and South East LHINs. In March 2011, the Champlain and South-East LHINs and the Réseau entered a five-year funding and accountability agreement. This Agreement defines the respective roles and responsibilities of all 3 parties relating to the provision of advice by the Entity on the engagement of the Francophone community in the planning for and integration of health services that reflect the health needs and priorities of the Francophone communities.

Primary Care LHIN Lead

The LHIN received funding 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 Lead

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 Care. 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 including repatriation, Ventilator Stock Pile, scorecards and quality measures.

Physiotherapy

In fiscal 2014 the LHIN received one time funding to support the implementation of a regional physiotherapy initiative. These funds were used to support additional staffing for program planning and implementation.

Other program expenses are as follows:

	2014	2013
	\$	\$
Salaries and benefits	253,972	209,316
Consulting services	201,000	399,606
Other Program Costs	1,003,100	990,702
	1,458,072	1,599,624

13. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 42 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 2014 was \$372,528 (2013 - \$348,762) for current service costs and is included as an expense in the Statement of operations. 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 to 2018 related to equipment. Lease renewals are likely; however, there are no commitments extending beyond 2018 at this time. Minimum lease payments due are as follows:

	\$
2015	462,945
2016	233,751
2017	6,629
2018	5,167
	708,492

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

	\$
2015	2,466,989,778
2016	758,252,626
2017	425,486,476

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 June 30, 2014, and community sector providers that extend until March 31, 2017. The agreements for the long term care providers have been renewed until March 31, 2016. Renewal of accountability agreements is anticipated; however, there are no commitments extending beyond 2017 at this time.

