Champlain **LHIN** | **RLISS** de Champlain

Annual Report

2014-15

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

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Message from the Chair and CEO

The Champlain Local Health Integration Network (LHIN) is pleased to provide the annual account of its accomplishments, activities and financial results for fiscal year 2014-15.

Working to better meet the needs of patients, clients, families and communities, the Champlain LHIN allocates health care funds, and finds local solutions to local health care challenges. We accomplish this by bringing partners together, and collaborating with them to improve the care people receive - bringing it closer to home, and making it more seamless.

In the Performance Section, you will read more about our progress on the 15 targets in the Ministry-LHIN Performance Agreement. These targets quantify measurable and agreed-upon operational expectations for health care access and quality between the Champlain LHIN and Ministry of Health and Long-Term Care. This year's performance improved over last year's in 12 of 15 areas, and:

- *Exceeded targets for 8 of the 15 measures, including: wait times for cancer surgery, hip and knee replacements and CT scans; percentage days spent in hospital by patients awaiting alternate levels of care; and, very importantly, the amount of time that patients have had to wait for home care provided by the Community Care Access Centre (CCAC)*
- *Was nearly achieved in two areas: length of stay in emergency departments for non-admitted patients with minor uncomplicated conditions, and wait times for cataract surgery*
- *Fell short of targets in five areas, including: percent of MRI scans completed within the access target, length of stay in emergency departments by admitted patients, and cardiac by-pass wait times.*

  Regarding cardiac bypass surgery performance, the actions we took to improve it resulted in wait times exceeding the target by March 31, 2015.

  It is also noteworthy that in three of the five underperforming areas, overall annual performance in 2014-15 improved over that of the previous year.

Also in the pages that follow, you will read examples of our many annual accomplishments - organized by the key result areas - that bring our three strategies to life:

1) *Build a strong foundation of integrated primary, home and community care*.

   For example, we:

   - Made significant strides in mental health and addictions services by expanding or developing new client-based programs
   - Helped seniors and providers identify and reduce risk of falls among seniors by bringing partners together to create a system-change approach, and
   - Improved system navigation with initiatives, like Peer Navigator Services for clients with mental health challenges and the Multicultural Health Navigator program for immigrant communities.

2) *Increase coordination and integration of services among hospitals.*

   For example, we:

   - Ensured more people receive faster access to hip and knee surgeries with the use of a LHIN-funded central intake

system that manages wait lists more efficiently. In fact, we exceeded regional wait time targets for both of these procedures

- Continued implementing Health System Funding Reform. In its third year, this new, patient-centred model moves from global-funding towards a more evidenced-based model, and
- Increased the capacity for people in rural communities to receive more coordinated, high-quality care through the Small Hospitals Transformation Initiatives Project.

3) *Improve coordination and transitions of care.*

For example, we:

- Supported our community partners, to develop a strategic plan: *Champlain Community Support Services 2014-17* to improve coordination within this sector
- Expanded Intensive Case Management and Call-Back After Hospital Discharge Services to ensure clients coming from hospital who need mental health supports get connected to appropriate care in their communities, and
- Continued implementing the clinical document repository, an electronic storehouse of patient records that are most commonly shared among health care providers across the patient's continuum of care.

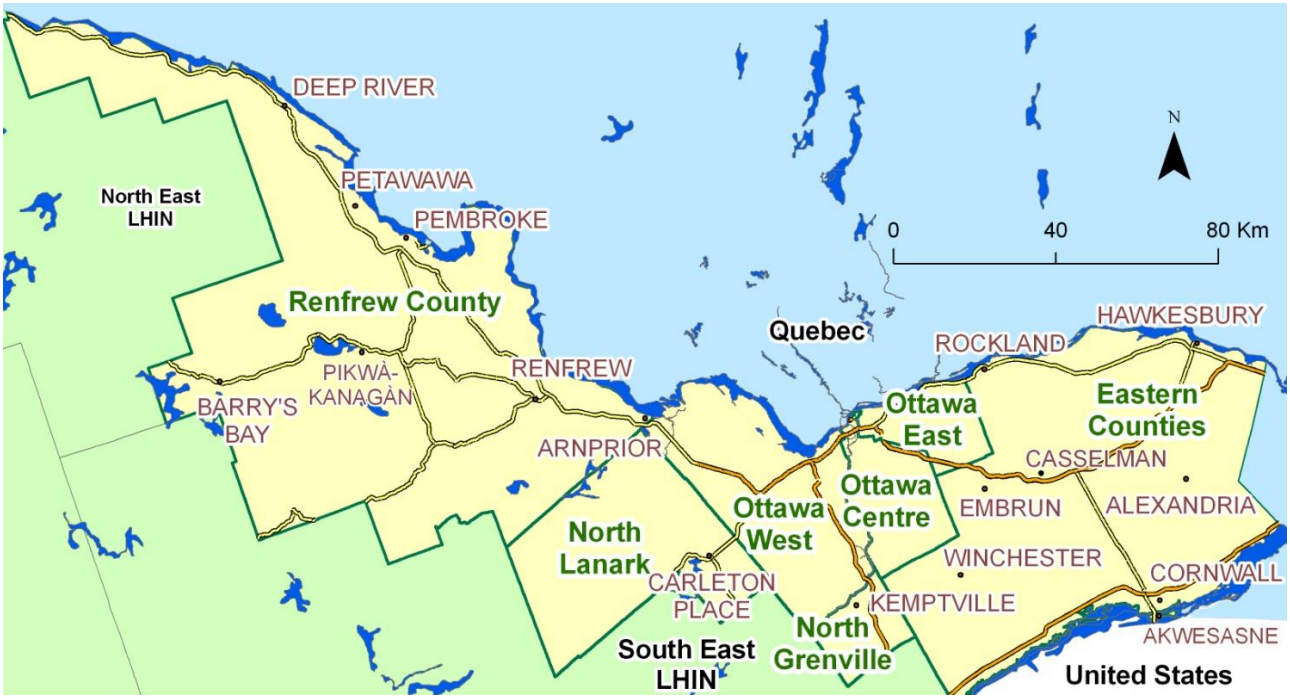
These are just a few examples of the many accomplishments that would have been impossible without the tireless efforts of our talented staff and health system partners. Thank you for your dedication and commitment to health care in our region.

In 2015-16, we will continue our leadership efforts at the regional health system level to improve timely access to care for all. For example, we will develop the next Champlain LHIN Integrated Health Service Plan, building on our previous work, and incorporating directions outlined in Ontario's *Patients First: Action Plan for Health Care.*

Jean-Pierre Boisclair, FCPA, FCA
Board Chair

Chantale LeClerc, RN, MSc
Chief Executive Officer

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 Indigenous peoples live off-reserve.*

The aim of the 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, and*
- *Long-Term Care Homes.*

Results on our Integrated Health Service Plan

The *Integrated Health Service Plan (IHSP) 2013-16* outlines how the Champlain LHIN is creating a person-centred regional health care system. It has three strategies:

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

Success in these three strategies means that we will see results in these key areas:

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

With its work, the LHIN serves the diverse population in the region, including those living in urban and rural settings, youth to seniors, Indigenous, Francophone and immigrant community members.

The goal of the LHIN is to create a more coordinated, responsive, sustainable regional health system. Finding local solutions to local health care challenges means the LHIN collaborated with health care providers in six sectors, community and regional partners.

Integration

With integration at the core of our work, the IHSP as its guide, and strength in partnerships, the LHIN continued to develop solutions that included increasing existing programs, reducing barriers, and developing new approaches.

This year's outcomes show important progress in better meeting the health care needs of patients, clients, families and communities.

The following annual highlights are organized by *Key Result Areas* and *Health System Improvement Enablers*.

Key Result Area 1

More people are involved in planning their health services

Supporting Client Voices

This year, we heard more from health system users, including patients, clients, caregivers, family members.

For example, health system users attended a number of provider events to share their perspectives and experiences. With an aim of improving clients' experience, providers heard people talk about their sometimes complex journeys through the system. This valuable input helped providers identify system strengths and improvement opportunities, and shape the care they deliver. Some provider events that included clients were the:

- *Champlain Regional Diabetes Advisory Committee meeting*
- *Primary Care Congress*
- *Diabetes and Mental Health Knowledge Exchange Day; and*
- *Recently-formed Pediatric Diabetes Expert Committee of Eastern Ontario. This group includes two permanent member positions that are occupied by clients/caregivers. Their role is to help shape its work as it creates regional strategies and shares best practices.*

Providers are also using client satisfaction surveys in the following services:

- *LHIN-funded, region-wide Diabetes Education Programs. Thanks to client feedback, a refresher course became a regular offering in the programs. This year, nearly 800 clients responded to the annual, standardized survey. Overall satisfaction was very high: 98%. As well, when asked if they were given choices and involved in decisions about how they manage their diabetes, 98% of client respondents agreed; and*
- *LHIN-funded Assisted Living Services for High-Risk Seniors Program. Nearly 300 of the 800+ clients served responded across 10 sites in the region. The average satisfaction rating is high: 93%, compared to last year's 90%*

  Providers use this feedback to help stay connected to their clients, and adjust their services accordingly.

Investing in Peer Support

Parents' Lifeline of Eastern Ontario is a volunteer-driven, family support organization for families whose youth up to age 24 are dealing with mental health issues.

Parents help their peers to help themselves as they care for their family during difficult times. This year, the LHIN funded this program's expansion from serving 200 to 900 families annually.

The LHIN also funded the expansion of the *Call-Back After Hospital Discharge Program* (serving 3,500 clients annually, up from 1,750). Clients receive a follow-up call to see how they are doing, and discuss with them what other supports they may need to successfully manage their challenges.

To support more people involved in planning their care, the LHIN also:

- *Established the Steering Committee for the Champlain Pathways to Better Care capacity-building program*

  This group is comprised of families and clients with experience, clinicians, front line workers and managers. They identify and provide leadership to quality improvement projects in mental health and addictions that enhance client flow and transitions within the health care system; and

- *Funded the expansion of Peer Navigator Services to Cornwall, Hawkesbury and Pembroke. Initially established in Ottawa, peer navigators, who have experience with mental health issues, work alongside clients with their care providers to provide smooth transitions from hospital to services in the community. This expansion means that each year, 150 more clients will benefit from this service (new annual total of 550 clients across Champlain).*

Building Health Links

Across the province, the Health Links approach is putting patients with the highest, most complex needs at the centre of a coordinated care plan. It is developed with the patient, and involves a multidisciplinary team across sectors, including primary, home, community care providers, specialists and hospitals.

The Champlain LHIN previously mapped 10 Health Link areas across the region. By the end of the year:

- *Six Health Links were in various stages of becoming operational. Of these, two were providing better coordinated care to patients*
- *Three Health Links were on their way to becoming operational - either preparing to submit plans to, or awaiting approval from, the Ministry of Health and Long-Term Care; and*
- *One area explored interest in Health Links among its providers.*

Supporting Health Care Access for Immigrant Communities

The Multicultural Health Navigator Program was piloted to improve access to services for four immigrant communities:

- *Arabic-speaking*
- *Franco-African / Caribbean*
- *Nepali, and*
- *Somali.*

Based out of Somerset West Community Health Centre in Ottawa, health navigators - who are members of the communities they serve – helped nearly 250 individuals understand the health system, find a primary-care practitioner, and take part in activities that promote health and well-being.

Key Result Area 2

More people receive quality, evidence-based care

Transforming Small Hospitals

To provide more coordinated, quality care to patients in small, rural communities, eight hospitals continue to collaborate on a number of initiatives, thanks to $3 million the LHIN allocated through the small and rural transformation fund. Patients are benefitting from this work in Renfrew County, North Lanark / North Grenville, and Stormont, Dundas, and Glengarry.

In 2014-15, important progress was made, including in these areas:

- *Regional Pharmacy Project: a regional model was adopted, and to reduce medication errors, hospitals purchased cabinets and technology to support bar-coding and automated distribution*
- *Electronic Medical Records: Seven of eight hospitals progressed toward a fully-integrated health record; and*
- *Web-based Course Repository for Hospital Staff: to increase access to best practices, knowledge and expertise; course materials were added; user training was provided; and more users were able to access the system.*

Promoting Healthy Foods in Hospitals

Led by the Champlain Cardiovascular Disease Prevention Network, and promoted and funded by the LHIN, this program is about creating supportive, healthy retail food environments in Champlain hospitals.

Ensuring easier access to healthy foods can positively impact the health of the thousands of hospital staff, visitors and patients. By the end of this year:

- *18 of the 19 hospital CEOs in the region had signed onto the program*
- *Arnprior Regional Health achieved the Bronze status, which includes increasing access to whole grains, fruit and vegetables and reducing the variety of highly-processed foods*
- *Four hospitals completely phased out deep fried foods and snacks from their cafeterias*
- *Four hospitals reduced the size of sugar-sweetened beverages sold in cafeterias*
- *Most hospitals reduced their "less healthy" desserts, snacks, baked goods in their cafeterias by 50%*
- *All participating hospitals are offering increased vegetables, fruits, and whole grains in their cafeterias.*

Strengthening Communication between Primary and Specialized Care

Developed by the Champlain LHIN in 2010, eConsultation is a secure, web-based application that helps primary care providers quickly and effectively consult with various specialities on patient issues. In almost 70% of cases, a face-to-face referral is avoided. This saves patients from often long waits and other inconveniences, and saves the health system money.

Since last year:

- *Completed cases more than doubled from 1,700 to 3,700+*
- *243 primary care providers joined the service, bringing the cumulative total to 650+; and*
- *27 more specialties are involved, bringing the total to 64.*

As a means of improving care across the province, the Ministry of Health and Long-Term Care is evaluating the benefits of various eConsultation models through a series of pilots. The Champlain service was selected as one of the pilots, and has also been extended to the Mississauga Halton LHIN region for access by its providers.

Providing Rides to Health Services

The LHIN leads the development, support and extension of a variety of regional programs as a means to improving the quality of care people receive, and their access to services.

One example of work in this area in 2014-15 is the growth in the LHIN-funded Non-Urgent Transportation Program. This program helps people across the region get to and from medical appointments, dialysis, adult day programs and more.

This year, over 227,000 rides were provided to more than 12,700 clients - an increase in rides of nearly 7 percent, compared to last year.

As well, the LHIN:

- *Funded the purchase of 7 new vehicles, increasing the fleet total to 67; and*
- *Piloted a subsidized, regional funding pool for clients who are frequent users, and those who have high-needs.*

Supporting Primary Care Providers

The regional Primary Care Quality Practice Facilitation Program began last year to assist primary care providers in their practices. It is fully funded by the LHIN, and aligns with the LHIN's priority of building a strong foundation of integrated primary, home and community care.

This year, 16 physicians and 9 nurse practitioners participated in quality-improvement projects that improved their medical practice in areas such as access and efficiency.

Improving Critical Care

Two important policies were successfully implemented:

- *The provincial life or limb policy, which ensures access to acute care services within a window of four hours to improve outcomes for patients whose life and / or limb(s) are threatened; and*
- *The repatriation policy means that patients may return to their home hospitals when their care can be safely managed in their communities.*

Reducing Emergency Department Wait Times

With the LHIN as coordinator, hospitals continued to partner and implement best practices - like the Geriatric Emergency Management Program - to prevent unnecessary visits to the emergency department.

Ensuring the best possible care is available for people when they need it, all hospitals worked to reduce wait times, ensuring timely and appropriate patient transfers, and using protocols for specialized care, such as those for stroke.

For more information about emergency department wait times, please see this report's Performance Indicator section.

Key Result Area 3

More people with mental health conditions and addictions have access to services

More funding was allocated to improve mental health and addictions services in the region. Another highlight was the LHIN's work with other ministries. For example:

- *The LHIN worked with the Ministry of Community and Social Services to enhance consulting supports across Champlain for people with a dual diagnosis of developmental disability and severe mental health issues. For these clients, the LHIN also initiated the planning for and funded a Flexible Assertive Community Treatment Team; and*
- *Transitional Aged Youth Initiative was a new investment to improve the continuum of care for adolescents transitioning from youth services funded by the Ministry of Children and Youth Services to LHIN-funded adult mental health and addictions services.*

In addition, people in Renfrew County, Ottawa, and Eastern Counties benefitted from expanded and new services related to clients who go to the hospital emergency department:

- *Bilingual access coordination services were established as entry points to care for these clients. About 1,000 clients annually will receive prompt, coordinated access to all mental health programs in the local area. Providers for this service are:*
  - *Canadian Mental Health Association – Ottawa*
  - *Community Mental Health Services of Renfrew County*
  - *Community Mental Health and Addictions Programs of:*
    - *Cornwall Community Hospital, and*
    - *Hawkesbury & District General Hospital.*
- *Transitional Intensive Case Management Services were increased with funding received at the end of 2013-14. This longer-term, bilingual service supports clients who go to the emergency department and need extra help to access and engage in community mental health and addictions services. The goal is to provide them with the services and supports they need, and help them avoid unnecessary hospital visits (will serve ~600 clients annually).*

  To ensure Indigenous communities in Ottawa benefit from this service, the LHIN provided funding to the Wabano Centre for Aboriginal Health to hire an intensive case manager / system navigator (serving ~30 clients annually).

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Toward the end of the year, investments in new programs were made that will be fully operational in 2015-16. Some of these programs and annual clients served include:

- *Enhanced services for women and men with longstanding homelessness and mental health and addictions issues through the creation of two new Residential Stabilization Programs. This program provides support to clients transitioning from withdrawal management and shelter settings to treatment and support services (serving ~350 clients annually)*
- *Tobacco Cessation Services were established in four residential addictions programs in Ottawa and Renfrew County: Mackay Manor, Maison Fraternité, Serenity House, Vesta Recovery Program for Women (serving 510+ clients)*
- *Building on its success in other locations in helping people with urgent mental health and / or emotional challenges, Walk-in Counselling Services in Ottawa were expanded to include immigrant communities. As well, Indigenous people can also access the service at the Wabano Centre for Aboriginal Health.*

  Available in, Arabic, Cantonese, English, French, Mandarin and Somali, this program will serve ~2,200 people annually, up from 1,200; and
- *A two-year initiative, Hoarding Consultants, addresses urgent hoarding issues and builds capacity for services to better respond to developing hoarding situations for clients with severe and persistent mental health issues (serving 45 clients each year).*

These programs were also expanded to provide better care to more people:

- *Targeted Engagement and Diversion Program, wherein clients are received directly from paramedics, instead of clients being taken to emergency departments (increase of 145 clients, serving an annual total of 400+)*
- *Ottawa Residential Withdrawal Management Centre, with six additional beds (increase of 200, serving an annual total of 1,329 clients)*

To inform future investments, a number of studies were initiated to:

- *Identify the key elements of an integrated care planning process; and*
- *Explore the:*
  - Need for Indigenous residential addictions treatment services for women and their children
  - Strategies for optimal tobacco dependence management for homeless and marginally-housed people who use multiple substances; and
  - Feasibility of the regional adoption of the early psychosis intervention clinical pathway.

Key Result Area 4

More seniors are cared for in their communities

Preventing Falls

To keep seniors independent, the LHIN played a crucial role in preventing falls among seniors. The Champlain Regional Falls Prevention Program's working group continued to build its strategic framework, increasing knowledge and capacity across the region.

The LHIN brought partners together to create a system-wide approach that involves all sectors, seniors and providers to identify and reduce risk of falls, and guides interventions based on client needs.

The working group includes representatives from the four public health units, Regional Geriatric Program of Eastern Ontario, Champlain CCAC, community health centres, community support services, hospitals, and primary care.

Important progress for helping seniors avoid falls included:

- *Through the public health units:*
  - *Increased public awareness through common messaging*
  - *Coordinated distribution to primary care providers of a self-management checklist and guidance for seniors*
- *Distribution of a decision-tree tool for primary care providers to help them identify and address falls risks in their older patients; and*
- *Best-practice education and training for providers across sectors.*

Keeping Seniors Mobile

The LHIN enhanced access to high-quality physiotherapy, exercise and fall prevention classes. The work was completed with providers and partners. This year in Champlain, there were

- *More than 2,500 seniors in 24 rural and urban communities who attended nearly 160 falls-prevention classes*
- *More than 1,360 seniors in 50+ rural and urban communities who attended more than 240 exercise classes at 185+ sites*
- *More than 10,000 seniors and people with mobility issues who received about 34,000 in-home physiotherapy visits; and*
- *35 clinic-based physiotherapy services for seniors and other eligible clients who received over 25,000 sessions of care.*

Providing Better Dementia Care

Improvements were made in early dementia detection, and establishing supports for seniors and their caregivers. This was done through the continued implementation of LHIN-funded memory and geriatric assessor clinics.

These clinics build capacity for improved dementia care within primary care practices.

Memory Clinics

Five additional team-based primary care sites implemented memory clinics in their practices, bringing the total to eight.

These sites held nearly 65 clinics, providing roughly 300 appointments for seniors. In addition to receiving assessments, and when appropriate, seniors and their caregivers were connected to dementia supports provided by the Alzheimer Society (Cornwall & District, and Ottawa and Renfrew County branches).

Geriatric Assessor Clinics

Five smaller primary care practices held nearly 70 clinics to assess and support nearly 160 seniors and their caregivers in changes to their cognitive health. When appropriate, clients were linked to community support and/or geriatric services.

Making Hospitals Senior-Friendly

In a Senior Friendly Hospital, care is designed from evidence and best practices that are mindful of the physiology, pathology and social science of aging and frailty.

Care and service across the organization are delivered in a way that is integrated with the health care system and support transitions to the community.

With guidance from the LHIN, this approach has been in place since 2011. As shown with this year's results, the 19 Champlain hospitals that care for seniors show a rich commitment to responding to their needs:

- *89% have senior-friendly strategic plan commitments, compared to 42% in 2011*
- *94% offer some degree of clinical geriatrics training to develop employees' senior-focused skills. In 2011, this number was 59%*
- *78% report offering seniors-sensitivity training to its employees, compared to 59% in 2011; and*
- *94% use senior-friendly design resources when planning physical environment upgrades (2011 data not available).*

Key Result Area 5

More people with complex health conditions are able to manage their conditions

Supporting People with Pulmonary Conditions

- *In partnership with the Champlain Lung Health Network, the LHIN released the second edition of "Breathing Easier Guide for Asthma and COPD Patients in the Champlain Region." The LHIN provided funding and support in the development of this valuable client resource, which was compiled by a lung-health client*
- *The LHIN funded new respiratory rehabilitation programs in the region that served nearly 400 clients. These programs provide a combination of specialized exercises and education, and some offer support groups. Participation can significantly improve clients' quality of life.*

  New locations for the programs include:

  - *Ottawa (Rosemount Branch of Somerset West Community Health Centre)*
  - *Renfrew area (Whitewater Bromley Community Health Centre)*
  - *North Lanark / North Grenville, Carleton Place, (North Lanark Community Health Centre); and*
  - *Barry's Bay (Rainbow Valley Community Health Centre).*

Increasing Access for People with Diabetes or Pre-Diabetes

Often, people who have diabetes also have mental health conditions and receive separate treatment for each. The LHIN-organized *Diabetes and Mental Health Knowledge Exchange Day* was an opportunity for approximately 130 diabetes educators and mental health workers to increase their awareness and understanding of clients living with both conditions. With this information, the goal is to better support these clients by building capacity among diabetes educators and mental health workers.

Piloted and implemented this year, the LHIN's Ottawa-based Diabetes Central Ottawa – Intake & Referral Program provides adults living with pre-diabetes or type-2 diabetes with access to services they need in the language and neighbourhood of their choice. Clients may begin by registering themselves in a community diabetes education program with an online self-referral form.

By year's end, roughly 680 referrals were processed, including those from more than 100 health care providers.

There are 6 community diabetes education programs with offerings at 18 locations across the city.

The programs provide a range of services, including group and individual sessions on how to manage diabetes. Other services and supports are available, such as foot care assessment, a nutritional label-reading course, and grocery store tours.

Key Result Area 6

More people at end-of-life, families and caregivers receive palliative care supports in their setting of choice

Much progress was made this year for these individuals. For example:

- *The LHIN was actively engaged in the development of a draft strategic plan for the Champlain Hospice Palliative Care Program*
- *Funded by the LHIN, the Program integrates and coordinates the delivery of end-of-life care services in the region*

  Its goal is to collaborate with health service providers to improve the quality of life for individuals at end-of-life, and their loved ones.

In alignment with the overall plan, the LHIN invested an additional $571,700 in annual base funding and $381,400 in one-time funds to develop and enhance community-based hospice palliative care services. Specifically, the LHIN funded:

- *And developed a new, in-home volunteer visiting hospice program for children who are at end-of-life. Operated through Roger's House, this program for youth is the first of its kind in the region, and one of the first of its kind in the province*
- *The enhancement in Ottawa West, and expansion in Ottawa East of community hospice services and bereavement support. These services are run through Hospice Care Ottawa and include day programs and in-home volunteer visits*
- *New day hospice programs and volunteer visiting hospice services in Cornwall, Williamsburg and Hawkesbury, which are operated through Carefor Health and Community Services - Eastern Counties; and*
- *An enhanced volunteer visiting hospice program and bereavement services in the Renfrew area. This service offers emotional support and practical help to clients who are being cared for at home and their loved ones, and is offered through Carefor Health and Community Services -Renfrew County.*

The LHIN also played a key planning and funding role in the:

- *Exploration of developing a residential hospice in Ottawa East; and*
- *Renovations at Madawaska Valley Hospice Palliative Care in Barry's Bay.*

Health System Improvement Enablers

Some of the LHIN's work supports improved effectiveness and efficiency across all other priority areas.

Monitoring Performance

The Champlain Performance Scorecard was launched this year. A crucial document, it helps the LHIN and its partners measure the performance of the region's health system in a timely manner, develop strategies and support decision-making.

This new, comprehensive picture of LHIN performance is produced quarterly and reviewed at the LHIN's Board meetings.

The report has 44 indicators in 6 areas:

- *Timely access to the care needed*
- *Right care, right place*
- *Positive health care experience (this domain is under development)*
- *High-quality, safe and effective care*
- *Champlain LHIN organizational health*
- *Health system fiscal management and value.*

Implementing the Client Information System

This system, implemented across health care providers in the community support service sector, means clients can avoid repeatedly sharing their health information with multiple agencies.

This LHIN-led initiative also improves the quality of care and data by standardizing the intake of information across the region, and facilitating future enhancements for inter-agency referrals and other services. This year,

- *12 more agencies participated, bringing the total to 34; and*
- *More than 1,750 client assessments were added to the system, compared to last year's 1,500 records.*

Advancing the Electronic Health Record

The LHIN-initiated Clinical Document Repository project is critical in the development of an electronic health record for citizens of Eastern Ontario. It is an electronic storehouse of key patient records that are most commonly shared among health care providers across the patient's continuum of care.

The repository is improving access to care for patients, and strengthening the quality of care with the availability of more complete and timely information. This year's milestones included:

- *The number of hospitals connected to and sending clinical documents grew to 20 across the Champlain and South East LHINs, exceeding the target of 12*
- *About 500 physicians began receiving documents into their electronic medical records, with the help of partner OntarioMD.*

In many cases, physicians are now able to contact the patient for follow-up care the same day the patient is released from the hospital or has a diagnostic scan – previously, this was not possible.

Progress on Infrastructure Projects

The Champlain LHIN advises on and endorses capital projects to ensure they align with local health needs. After receiving LHIN endorsement, each project is sent to the Ministry of Health and Long-Term Care (Ministry) for its next stage of review.

This year, the LHIN endorsed the advancement of these projects:

- *Pembroke Regional Hospital Surgical Services Improvement and Central Sterile Reprocessing Redevelopment: After the master plan received LHIN endorsement in March 2015, it was sent to the Ministry for review; and*
- *Renovation of 34 medical / surgical inpatient beds for the Acute Care for Elderly unit at Queensway Carleton Hospital: This project was endorsed by the LHIN in July 2014; planning continues.*

Updates on Projects Previously Endorsed by the LHIN

- *In July 2014, the Orléans Family Health Hub received approval from the Ministry to advance to its next stage in the capital planning process. Hôpital Montfort will take the lead role for the project's next phases.*
- *Somerset West Community Health Centre - Hintonburg Satellite: The grand opening in September 2014 marked this project's completion*
- *The Pembroke Regional Hospital Expansion to accommodate MRI machine is under construction; and*
- *The relocation of the Ottawa Hospital Breast Health Centre remains under review at the Ministry.*

Health System Accountability

In 2014-15, the Champlain LHIN allocated more than $2.5 billion to support 241 programs across six sectors (see below).

For the list of LHIN-funded Health Service Providers (Providers) and their accountability agreements, please visit our website.

Programs and Allocation by Sector (2014-15)

Programs	Sector	Annual Allocation	% of total
20	Hospitals	$1,766,735,494	69.0%
60	Long-Term Care Homes	$345,598,800	13.5%
1	Community Care Access Centre *(many service locations)*	$229,244,648	9.0%
61	Community Mental Health & Addiction Services	$90,702,578	3.5%
86	Community Support Services*	$66,464,476	2.6%
11	Community Health Centres *(including satellites)*	$61,983,526	2.4%
241		**$2,560,729,522**	**100%**

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

Since last year, overall funding allocations to Providers increased 0.8%.

Specifically, the LHIN distributed roughly $21 million more to community-based agencies than in 2013-14. The goal was to improve Champlain residents' quality of life, keep people healthy at home, and prevent avoidable emergency room visits.

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

In addition, the LHIN strengthened its partnerships with Providers to analyze local impacts and implement Health System Funding Reform (HSFR). A Ministry of Health and Long-Term Care initiative, this new, patient-centred model moves from global-funding towards a more evidenced-based model. Under the reform, hospitals, community care access centres, and long-term care homes receive dollars based on:

- *How many patients they look after,*
- *The services they deliver; and*
- *The specific needs of the population they serve.*

As part of HSFR, some additional quality-based procedures were implemented this year, including best-care practices for hip fractures and pneumonia.

Community Engagement

To achieve its goals, the LHIN communicates with a wide range of people including health consumers, the public, health service providers, community leaders, other partners, and the media.

Further to Supporting Client Voices (page 8), a number of on-going and one-time community engagement activities took place this year:

- *The Champlain LHIN hosted meet-and-greet sessions during public board meetings. Meetings took place across the region in Alfred, Cobden, Kars and Ottawa; and*

- *In collaboration with the Ontario Medical Association, Champlain CCAC and the University of Ottawa (Faculty of Medicine Continuing Professional Development Office), the LHIN hosted its Annual Primary Care Congress. This event brings together primary care providers to increase their involvement and collaboration in health system planning*

  More than 100 providers, health consumers, and specialists gained knowledge of system transformation initiatives and identified priorities for quality improvements to inform future planning and projects.

Indigenous Peoples

The Indigenous Health Circle Forum (Circle) represents rural and urban First Nations, Métis and Inuit communities across the Champlain region, and partners with the LHIN to address health and wellness issues and health system improvement opportunities. The goal is to ensure the needs of Indigenous people are considered in planning and decision-making. Here are the Circle's highlights for the year:

- *Met six times to discuss emerging health issues and advance key priorities*

- *Provided input on the Champlain LHIN's Annual Business Plan*

- *Informed decisions to improve and expand on health and mental health and addictions services for Indigenous people. For example, two new services were implemented at Wabano Centre for Aboriginal Health in Ottawa:*

  - *Walk-in counselling service for people facing urgent mental health and/or emotional problems*

  - *Transitional Intensive Case Management Services to help people who go to hospital receive the care they need in their community*

- *Engaged with First Nations and Indigenous people through a series of focus groups to inform annual priorities for the Champlain Hospice and Palliative Care Program. The feedback has been instrumental in targeting specific actions aimed at improving palliative care and bereavement services for Indigenous people*
- *Consulted with Cancer Care Ontario and the Champlain Regional Cancer Program to inform the development of the Champlain Aboriginal Cancer Plan*
- *Worked with the LHIN to improve the level and quality of services provided to Indigenous people by having providers include in their funding proposals how they will address the health and mental health needs of Indigenous people*
- *Developed a strategy to increase the availability of cultural competency training for health service providers across the region*
- *Met with the Health Links Coordinating Council to:*
    - Provide Indigenous cultural competency training to build awareness of the health needs of Indigenous people; and
    - Discuss how the Circle can assist Health Links address the needs of Indigenous people as Health Links become operational.
- *Began a research project to identify the need and support for the development of an Indigenous women's addictions treatment centre.*

  The research will identify a model aimed at keeping the family together while addiction and mental health issues are addressed; and
- *Hosted the cultural training and annual meeting of the Provincial CEO and Indigenous LHIN Leads Network. This was the first time Indigenous Leads from LHINs across the province joined in the event.*

  The event featured tours of Indigenous health organizations, distinguished key note speakers and valuable dialogue for annual planning and sharing.

Francophone Population

Access to quality health services in French directly impacts the health of Francophones. In Champlain, that means it affects nearly 20% of the population.

The Champlain LHIN works with its designated French Language Health Planning Entity, the French Language Health Services Network of Eastern Ontario (*Réseau*), on a common goal: to improve the overall health status of Francophones by increasing equitable access to culturally and linguistically responsive, high-quality health services. Through a strong partnership with the *Réseau*, here are some of this year's highlights:

- *Ensured Francophone needs were represented in the LHIN's:*
    - Annual Business and Community Engagement Plans
    - Development of regional priorities: Health Links, palliative care, mental health and addictions services, senior care, and chronic disease care
- *Established a community engagement planning framework for the Francophone population*
- *Supported the advancement of meeting Francophone health needs by having Health Service Providers (Providers) articulate in their LHIN funding proposals how they will address those needs*
- *Assisted Providers who are working to meet their French-language service obligations, as part of their LHIN service accountability agreements*
- *Supported Providers throughout their French-language service designation process. This included:*
    - Developing and implementing the Champlain LHIN 2014-17 French-Language Service Designation Plan
    - Delivering training to help them implement the Office of Francophone Affairs' new designation requirements
    - Analyzing their designation process progress reports and offering support, as needed; and
    - Evaluating their designation plans and recommending them for approval to the Office of Francophone Affairs
- *To help with health care planning for Francophones, more data is needed on how and when they use the health system. This year, the LHIN and the* Réseau *implemented the Francophone Linguistic Variable Pilot Project to address this need.*

Immigrant Communities

The LHIN participated as a member of the Ottawa Local Immigration Partnership (OLIP) Council, 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, designed to strengthen Ottawa's capacity to welcome immigrants and improve integration outcomes.

This year, the LHIN spearheaded the creation of two programs with OLIP and health service providers:

- *Coordinated and expanded interpretation services at community-based health provider sites, with a focus on chronic disease, senior care, and mental health and addictions*

  The program proposal was developed with input from clients, and was accepted by the LHIN for annual funding

- *Expanded walk-in counselling services to immigrant communities. Feedback from OLIP was instrumental in developing these new services.*

In addition, the LHIN-funded Multicultural Health Navigator Program became operational, and received positive public attention for its innovative approach (for more information, see page 8).

Lastly, the LHIN Board of Directors hosted a board-to-board session with representatives from community health centres serving newcomer clients. Through this engagement, which included members of newcomer communities, LHIN board members gained a greater understanding of client needs and system priorities.

Operational Performance

In 2014-15, the LHIN 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.

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.

Over $2.5 billion in funding was allocated to support 241 health care programs in the region. In its third year of implementation, Health System Funding Reform, a new patient-centred funding model, has continued across the province.

The LHIN office ended the year with a $4,057 surplus, representing 0.08% of the total operating budget of $5.0 million. Salaries and benefits for the 47.9 full-time equivalents made up the bulk of expenses, representing 75.40% of the total. Board expenses were lower by 39.5% over 2013-14 expenses, primarily due to vacancies that existed during the fiscal year.

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, including:

- *The French Language Health Services Network of Eastern Ontario (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 Enabling Technologies was distributed using a cluster approach. The Champlain LHIN continued in its role 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 for the region, within a pre-defined period.

Champlain LHIN Performance on MLPA Targets: 2014 – 15

Performance Indicator	LHIN 2014-15 Starting Point *(same as 2013-14)*	LHIN 2014-15 Performance Target	Fourth Quarter 2014-15 LHIN Performance	Fiscal Year 2014-15 LHIN Annual Result
Access to Health Care Services				
1) 90th percentile ER length of stay (hours) for admitted patients	27.67	25.80	30.07	26.93
The LHIN's invested in strategies to improve the flow of patients from emergency departments to hospital wards, and from hospitals back to their communities. To address the needs of high-risk seniors, the LHIN supported initiatives to help them receive care in the most appropriate setting.				
2) 90th percentile ER length of stay (hours) for non-admitted complex (CTAS I-III) patients	8.22	8.00	7.50	7.60
To safely and efficiently address the needs of increasing numbers of complex non-admitted patients, hospitals increased staff and streamlined triage processes.				
3) 90th percentile ER length of stay (hours) for non-admitted minor uncomplicated (CTAS IV-V) patients	4.92	4.50	4.38	4.52
Fast Track Zones were in place 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%	98.15%	97.59%
The LHIN showed strong performance on cancer surgery wait times, and worked with Cancer Care Ontario and the regional cancer program to maintain performance.				

Performance Indicator	LHIN 2014-15 Starting Point *(same as 2013-14)*	LHIN 2014-15 Performance Target	Fourth Quarter 2014-15 LHIN Performance	Fiscal Year 2014-15 LHIN Annual Result
5) Percent of priority IV cases completed within access target (90 days) for cardiac by-pass surgery	91.30%	90.00%	97.00%	78.00%
Services are delivered in the region by the University of Ottawa Heart Institute. Although there was a mid-year decline in performance, wait times were improved by providing additional surgical time, adding cardiac intensive care beds and enhancing client assessments.				
6) Percent of priority IV cases completed within access target (182 days) for cataract surgery	94.00%	90.00%	89.17%	89.94%
The LHIN initiated a working group to create a regional plan for vision care services, including cataract care. The working group will develop a plan to ensure services are organized to support quality care and reduced wait times.				
7) Percent of priority IV cases completed within access target (182 days) for hip replacement	70.00%	80.00%	94.72%	87.49%
LHIN performance improved, exceeding the target. Central intake has successfully redistributed patients interested in moving 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%	93.45%	89.22%
The percentage of people who receive this surgery within the targeted time exceeded the target by nearly 10%. As with the wait time for hip replacement surgeries, central intake successfully redistributed patients who are interested in moving 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%	34.15%	35.98%
While Champlain hospitals met or exceeded provincial MRI efficiency targets, regional wait times remained a challenge for the least-urgent MRI scans (patients have always received urgent MRI scans very quickly). Strategies implemented to improve performance include transferring long-wait patients to hospitals with shorter wait times, and increasing operational hours.				
10) Percent of priority IV cases completed within access target (28 days) for CT scans	61.00%	75.00%	59.42%	75.66%
Strategies improved wait times included increased hours of service, increased efficiency, and transferring long-wait patients to hospitals with shorter CT wait times.				

Performance Indicator	LHIN 2014-15 Starting Point *(same as 2013-14)*	LHIN 2014-15 Performance Target	Fourth Quarter 2014-15 LHIN Performance	Fiscal Year 2014-15 LHIN Annual Result
Integration and Coordination of Care				
11) Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution * ** = FY 2014-15 is based on most recent four quarters of data (Q4 2013-14 - Q3 2014-15) due to availability*	14.19%	13.50%	11.18%	11.83%
The LHIN met this target, due to the: • *Success of LHIN programs supporting clients to return home after hospitalization - rather than going to a long-term care home.* • *Provision of enhanced services by the Champlain Community Care Access Centre (CCAC) to support clients in being discharged home, and to avoid unnecessary extended hospital stays, and* • *Expansion of the convalescent care program in long-term care homes.*				
12) 90th Percentile Wait Time (days) for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management) * ** = FY 2014-15 is based on most recent four quarters of data (Q4 2013-14 - Q3 2014-15) due to availability*	127.00	66.00	58.00	56.00
This wait time improved significantly with strategies that included increased central intake efficiency, and additional staff to manage referrals.				

Performance Indicator	LHIN 2014-15 Starting Point *(same as 2013-14)*	LHIN 2014-15 Performance Target	Fourth Quarter 2014-15 LHIN Performance	Fiscal Year 2014-15 LHIN Annual Result
Quality and Improved Health Outcomes				
13) Readmission within 30 Days for Selected CMGs ** *** = FY 2014-15 is based on most recent four quarters of data (Q3 2013-14 - Q2 2014-15) due to availability*	16.49%	14.50%	17.10%	16.39%
Performance improved, but readmission rates continued to be challenging. The LHIN supported a variety of chronic-disease-management initiatives and programs to address the many factors associated with readmissions, including: • *Programs that ensure all hospitals follow similar, best-practice treatment plans, in collaboration with local networks* • *Programs to help people better self-manage their diabetes or COPD, and* • *Continued development of Health Links, which coordinate care among different service providers for people with high health care needs.*				
14) Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions * ** = FY 2014-15 is based on most recent four quarters of data (Q4 2013-14 - Q3 2014-15) due to availability*	17.70%	17.70%	17.71%	17.51%
Performance improved slightly due to LHIN investments in expanding programs that provide: • *Family and peer support* • *Community support so that people can avoid unnecessary visits to emergency departments* • *Faster access to treatment, and* • *Improved coordination among different care providers.*				
15) Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions * ** = FY 2014-15 is based on most recent four quarters of data (Q4 2013-14 - Q3 2014-15) due to availability*	25.90%	24.80%	28.47%	26.43%
To improve performance, the LHIN invested in: • *Access coordination to help people get the services and programs they need to avoid unnecessary visits to the emergency room, and* • *Increased community-based services to support people in managing withdrawal and stabilizing their condition.*				

Board of Directors – Member Appointments

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

Jean-Pierre Boisclair, FCPA, FCA
Chair
Appointed March 4, 2015 for a three-year term

Dr. Wilbert J. Keon, OC, MD, FRCS
Chair
Resigned in September 2014

Jocelyne Beauchamp
Vice-Chair
Re-appointed April 18, 2014 for a second three-year term. Served as Acting Chair from September 2014 – March 2015

Elaine Ashfield
Re-appointed June 2, 2014 for a second three-year term

Marie Biron
Re-appointed June 2, 2014 for a second three-year term

Yvonne Boyer
Resigned in January 2015

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

Linda Keen
Resigned in September 2014

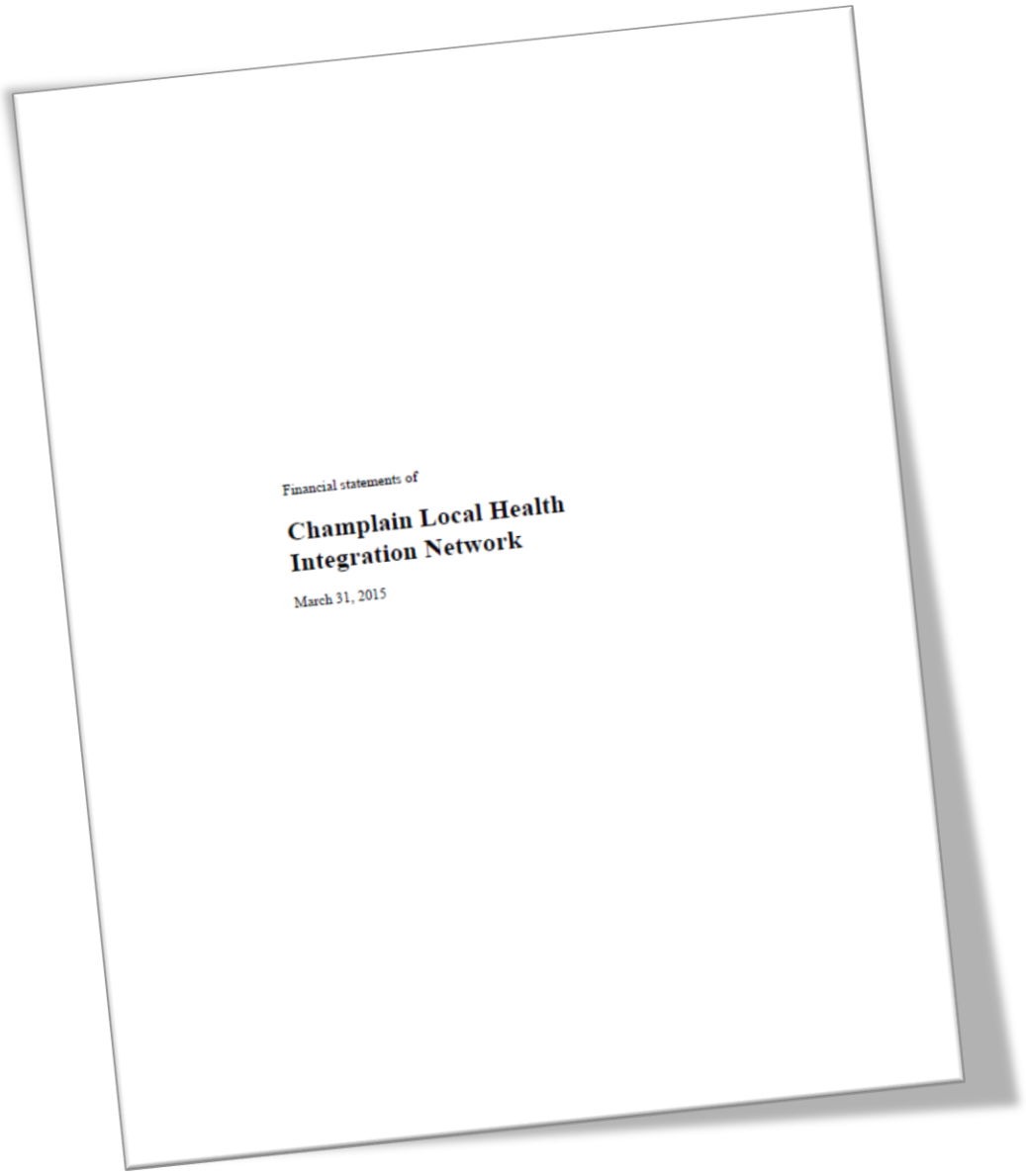
Randy Reid
Appointed August 28, 2013 for a three-year term

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, in accordance with the *Local Health System Integration Act, 2006.*

Jean-Pierre Boisclair
Chair, Board of Directors

Audited Financial Statements


Financial statements of

Champlain Local Health Integration Network

March 31, 2015

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

Eric Partington
Senior Director
Health System Performance

May 30, 2015

Deloitte.

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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, 2015, 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, 2015, 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.

Deloitte LLP

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
May 27, 2015

Champlain Local Health Integration Network

Statement of financial position
as at March 31, 2015

	2015	2014
	$	$
Financial assets		
Cash	562,581	387,222
Accounts receivable		
MOHLTC Transfer Payments for Health Service Providers	17,026,323	8,769,918
Other	77,066	243,290
	17,665,970	9,400,430
Liabilities		
Accounts payable and accrued liabilities	587,964	497,777
Due to Health Service Providers	17,026,323	8,769,918
Due to MOHLTC (Note 3b)	97,071	184,880
Due to the LHIN Shared Services Office (Note 4)	10,521	4,532
Deferred capital contributions (Note 5)	167,733	187,690
	17,889,612	9,644,797
Net debt	(223,642)	(244,367)
Commitments (Note 15)		
Non-financial assets		
Prepaid expenses	55,909	56,677
Tangible capital assets (Note 6)	167,733	187,690
	223,642	244,367
Accumulated surplus	-	-

Approved by the Board

Jean-Pierre Boisclair
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, 2015

	2015		2014
	Budget (Note 7)	Actual	Actual
	$	$	$
Revenue			
MOHLTC funding			
HSP transfer payments (Note 8)	2,512,163,700	2,560,729,522	2,540,467,597
LHIN Operations	5,004,290	4,970,797	5,125,843
Enabling Technologies (Note 10)	2,040,000	2,040,000	2,313,856
Enabling Technologies - Alternate Level of Care/RMR (Note 10)	-	-	232,000
Diabetes Regional Coordination (Note 11)	788,301	763,230	435,143
Project Initiatives			
Emergency Department Physician Lead (Note 12)	75,000	75,000	65,000
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
Primary Care LHIN Lead (Note 12)	75,000	75,000	75,000
Critical Care LHIN Lead (Note 12)	75,000	75,000	75,000
Physiotherapy (Note 12)	-	-	27,333
Amortization of deferred capital contributions (Note 5)	-	78,522	124,245
	2,521,456,128	2,570,041,908	2,550,175,854
Enabling Technologies funding allocated to other LHIN's	(1,530,000)	(1,530,000)	(1,740,000)
Funding repayable to the MOHLTC (Note 3b and 3c)	-	(97,071)	(81,006)
	2,519,926,128	2,568,414,837	2,548,354,848
Expenses			
Transfer payments to HSPs (Note 8)	2,512,163,700	2,560,729,522	2,540,467,597
LHIN Operations (Note 9)	5,004,290	4,966,740	5,119,575
Enabling Technologies (Note 10)	510,000	492,749	560,410
Enabling Technologies - Alternative Level of Care/RMR (Note 10)	-	-	223,608
Diabetes Regional Coordination (Note 11)	788,301	696,888	401,341
Project Initiatives			
Emergency Department Physician Lead (Note 12)	75,000	75,000	61,628
Aboriginal Engagement (Note 12)	35,000	30,840	30,131
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	993,302	987,608
Primary Care LHIN Lead (Note 12)	75,000	72,028	72,117
Critical Care LHIN Lead (Note 12)	75,000	73,246	73,255
Physiotherapy (Note 12)	-	-	27,333
Amortization	-	78,522	124,245
	2,519,926,128	2,568,414,837	2,548,354,848
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, 2015

	2015 Actual	2014 Actual
	$	$
Annual surplus	-	-
Acquisition of tangible capital assets	(58,565)	(58,249)
Amortization of tangible capital assets	78,522	124,245
Increase in prepaid expenses, net	768	(36,295)
Decrease in net debt	20,725	29,701
Net debt, beginning of year	(244,367)	(274,068)
Net debt, end of year	(223,642)	(244,367)

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, 2015

	2015	2014
	$	$
Operating transactions		
Annual surplus	-	-
Non-cash items		
Amortization of tangible capital assets	78,522	124,245
Amortization of deferred capital contributions (Note 5)	(78,522)	(124,245)
Changes in non-cash working capital		
Accounts receivable - MOHLTC HSP	(8,256,405)	(6,610,906)
Accounts receivable - Other	166,224	(173,610)
Accounts payable and accrued liabilities	90,187	(218,724)
Due to HSP	8,256,405	6,610,906
Due to MOHLTC	(87,809)	66,699
Due to LHIN Shared Services Office	5,989	(6,376)
Prepaid expenses	768	(36,295)
	175,359	(368,306)
Capital transaction		
Acquisition of tangible capital assets	(58,565)	(207,304)
Financing transaction		
Capital contributions received (Note 5)	58,565	58,249
Net change in cash	175,359	(517,361)
Cash, beginning of year	387,222	904,583
Cash, end of year	562,581	387,222

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, 2015

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 MOHHLTC, 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.

2. Significant accounting policies (continued)

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 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	2,560,729,522	2,560,729,522	-
LHIN Operations	4,970,797	4,966,740	4,057
Amortization	78,522	78,522	-
Enabling Technologies	2,040,000	2,022,749	17,251
Emergency Department Physician Lead	75,000	75,000	-
Aboriginal Engagement	35,000	30,840	4,160
Emergency Room/Alternate Level of Care	100,000	100,000	-
French Language Services	106,000	106,000	-
FLHS Reseau des services de santé en français	993,837	993,302	535
Primary Care LHIN Lead	75,000	72,028	2,972
Critical Care LHIN Lead	75,000	73,246	1,754
Diabetes Regional Coordination	763,230	696,888	66,342
	2,570,041,908	2,569,944,837	97,071

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

	2015	2014
	$	$
Due to MOHLTC, beginning of year	184,880	118,181
Amount recovered during the year	(184,880)	(118,181)
Funding repayable to the MOHLTC related to current year activities	97,071	81,006
Funding repayable to the MOHLTC on behalf of the LHIN Enabling Technologies Cluster (other LHINs)	-	103,874
Due to MOHLTC, end of year	97,071	184,880

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 2015 was $351,662 (2014 - $351,662). These costs were shared by the LHIN Operations and Diabetes Regional Coordination Programs in fiscal 2015.

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 2015 was $50,929 (2014 - $54,357). These costs were shared by the LHIN Operations and Diabetes Regional Coordination Programs in fiscal 2015.

5. Deferred capital contributions

	2015	2014
	$	$
Balance, beginning of year	187,690	253,686
Capital contributions from MOHLTC	58,565	58,249
Amortization for the year	(78,522)	(124,245)
Balance, end of year	167,733	187,690

In fiscal 2015 deferred capital contributions of $33,494 were recognized by the LHIN Operations and $25,071 by the Diabetes Regional Coordination programs for the purchase of tangible capital assets and leasehold improvements.

6. Tangible capital assets

	Cost	Accumulated amortization	2015 Net book value	2014 Net book value
	$	$	$	$
Computer equipment	128,202	128,202	-	2,338
Computer software	58,832	42,119	16,713	-
Office equipment	259,183	200,756	58,427	49,051
Furniture and fixtures	426,056	406,401	19,655	24,602
Leasehold improvements	1,351,908	1,278,970	72,938	111,699
	2,224,181	2,056,448	167,733	187,690

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:

	Initial	Announcements	2015 Total	2014 Total
	$	$	$	$
HSP Transfer Payments	2,512,163,700	48,565,822	2,560,729,522	2,540,467,597
LHIN operations	5,004,290	-	5,004,290	5,131,790
Enabling technologies programs	510,000	-	510,000	580,000
Diabetes Regional Coordination	788,000	301	788,301	481,301
Other programs	1,459,837	-	1,459,837	1,709,170
	2,519,925,827	48,566,123	2,568,491,950	2,548,369,858

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 2015 and 2014 as follows:

	2015	2014
	$	$
Operations of Hospitals	1,665,550,074	1,680,502,054
Grants to compensate for Municipal Taxation		
Public Hospitals	355,650	355,650
Long-Term Care Homes	343,116,927	331,778,452
Community Care Access Centres	229,244,648	220,375,673
Community Support Services	41,621,596	38,265,548
Acquired Brain Injury	2,543,148	2,321,035
Assisted Living Services in Supportive Housing	22,299,732	19,257,280
Community Health Centres	61,983,526	59,780,127
Community Mental Health Addictions Program	66,920,045	64,235,201
Addictions Program	23,782,533	23,064,339
Specialty Psychiatric Hospitals	100,801,345	98,973,012
Grants to compensate for Municipal Taxation		
Psychiatric Hospitals	28,425	28,425
	2,558,247,649	2,538,936,796
Long-Term Care Homes prior year settlements	2,481,873	1,530,801
	2,560,729,522	2,540,467,597

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:

	2015	2014
	$	$
Program based		
Salary and benefits	3,776,683	3,987,898
Consulting and LHIN-based projects	27,624	17,771
Other program costs	232,866	215,351
	4,037,173	4,221,020
Occupancy	400,874	330,055
LHIN Shared services	305,244	276,266
LHIN Collaborative	44,641	42,703
Governance per diems	67,793	99,188
Office equipment and supplies	86,111	108,433
Other	24,904	41,910
	4,966,740	5,119,575
Amortization	57,956	112,035
	5,024,696	5,231,610

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:

	2015	2014
	$	$
Chair per diems	38,475	33,863
Other Board member per diems	29,318	65,325
Other	21,591	48,530
	89,384	147,718

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

Enabling Technologies

In fiscal 2015, 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 Champlain LHIN is designated the Lead LHIN with this agreement and as such holds the accountability over the distribution of the funds and manages the shared Project Management Office. In the event that the Cluster experiences a surplus the Lead LHIN is responsible for returning those funds to the MOHLTC. The total Cluster funding received for the year ended March 31, 2015 was $2,040,000 (2014 - $2,320,000).

Funding of $1,530,000 (2014 - $1,746,144) was allocated to other LHIN's within the cluster who incurred eligible expenses of $1,530,000 (2014 - $1,652,270). A summary of Enabling Technologies funding and expenses are as follows:

	Funding allocated	Eligible expenses	2015 Excess funding	2014 Excess funding
	$	$	$	$
Champlain LHIN	510,000	492,749	17,251	13,446
South East LHIN	510,000	510,000	-	4,346
North East LHIN	510,000	510,000	-	-
North West LHIN	510,000	510,000	-	99,528
	2,040,000	2,022,749	17,251	117,320

Expenses incurred by the LHIN are:

	2015	2014
	$	$
Salaries and benefits	449,614	472,522
Consulting services	-	-
Other program costs	43,135	87,889
	492,749	560,410
Amortization	1,313	1,313
	494,062	561,723

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. RM&R was a one-time project that was completed by end of fiscal 2014. Expenses incurred were as follows:

	2015	2014
	$	$
Salaries and benefits	-	204,564
Consulting services	-	(2,300)
Other program costs	-	21,344
	-	223,608

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:

	2015	2014
	$	$
Salaries and benefits	499,068	291,835
Other program costs	197,820	109,506
	696,888	401,341
Amortization	19,253	10,896
	716,141	412,237

12. Operations of LHIN - Project Initiatives

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 Francophones 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. Operations of LHIN - Project Funds (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 Criticall. 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.

The LHIN received funds for various project initiatives listed in the Statement of Operations. The following table classifies the initiatives expenses by object:

	2015	2014
	$	$
Salaries and benefits	**202,900**	253,972
Professional services	**1,223,100**	1,189,126
Mail, courier and telecommunications	**675**	1,251
Other	**23,740**	13,723
	1,450,415	1,458,072

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 2015 was $382,356 (2014 - $372,528) 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, 2014. 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 2019 related to equipment. Lease renewals are likely; however, there are no commitments extending beyond 2019 at this time. Minimum lease payments due are as follows:

	$
2016	242,768
2017	7,288
2018	7,288
2019	4,736

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:

	$
2016	2,503,659,200
2017	445,488,925

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 March 31, 2016, 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.

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