

Annual Report

2016 - 2017



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Message from the Chair and CEO

Since its creation just over a decade ago, the Champlain LHIN has been at the forefront of health-system transformation.

We have developed new regional health programs, leading to greater integration of services in areas such as hospice palliative care, vision care, and sub-acute care including rehabilitation. We have expanded the Health Links program, coordinating care for the highest users of the health system. From broadening supports for seniors at home to increasing referrals to diabetes education teams, we have helped to improve the health of thousands of people in both rural and urban areas.

What's more, we have focused on the unique needs of Francophone individuals, and put in place culturally appropriate programs for refugees and immigrants. In a spirit of respect and reconciliation, we have built stronger partnerships with Indigenous communities.

Because we know that funding is not unlimited, we also strived to ensure that each investment provides true and lasting value.

In 2016-17, we drove change by implementing important new initiatives. For instance, the Champlain LHIN:

- *Led the redistribution of orthopedic services across the region to respond to changing demographics and evolving patient needs. This project created a new surgical orthopedic program in Renfrew County, serving patients who previously had no choice but to travel to Ottawa for their procedures.*
- *Facilitated the establishment of The Mississippi River Health Alliance, an integration between Carleton Place & District Memorial Hospital and Almonte General Hospital. The two rural hospitals are now sharing administrative resources, freeing up dollars for other hospital patient services. To better coordinate services for young people and their families, the LHIN Board also approved the integration of the Children's Hospital of Eastern Ontario and the Ottawa Children's Treatment Centre.*
- *Provided funding for Indigenous cultural safety training, allowing more health providers and health administrators to take part in an online, multi-week interactive course. Delivering cultural competency training to health professionals was a recommendation of the Final Report of the Truth and Reconciliation Commission of Canada.*

To illustrate how the LHIN has made a positive difference to the lives of real people, this year's annual report includes six stories that share the experiences of clients, caregivers and health professionals in their journeys through the health system. You will read about Van LeBrun, for example, a man with dementia who is playing the guitar again after joining an adult day program in Ottawa. Or Mary Jean Hookimaw, who was once homeless and is now helping others thanks to the quality health services she received, such as walk-in counselling. Diagnosed with advanced cancer

after losing his job, Cornwall resident Jack Beriault became hopeful again after being connected to more coordinated care through Health Links.

This year, LHIN staff and Board members prepared for new policy measures outlined in the *Patients First Act*, passed by the Ontario legislature in December 2016. With an aim of organizing health-care services at a more local level, we travelled across the region to consult with the public on new sub-region geographies. We also planned for the upcoming merger in May 2017 with the Champlain Community Care Access Centre (CCAC), getting ready to take on the additional privilege and responsibility of delivering home-care services across the region. To further prepare for this key change, we commissioned a detailed report to examine and address the growing wait list for home-care services, and added outstanding clinical, professional and community leaders to the Board of Directors. What's more, the LHIN provided leadership in Ontario beyond its own boundaries—both the Board Chair and CEO participated in several Ministry of Health and Long-term Care planning task forces related to *Patients First*, and the Board Chair and CEO co-chaired the LHIN Leadership Council.

As demand for health services continues to increase, meeting performance targets outlined in the Ministry-LHIN accountability agreement has sometimes been challenging. Nevertheless, in 2016-17, the Champlain LHIN was 83 per cent of the way to meeting its targets across all these indicators on average, an improvement of three per cent over last year.

We would like to thank all health service providers, networks, and partners for their hard work in supporting the Champlain LHIN's vision of healthy people and healthy communities supported by a quality, accessible health system. We wish to extend our sincere appreciation to those patients, clients, families and caregivers who have become involved in our committees or provided feedback on various initiatives. Your advice has the effect of grounding our work, and is therefore invaluable.

We look forward to continuing to transform health care in the coming years by improving access to services, accelerating integration of health programs, and ensuring the sustainability of a regional health system on which all of us depend.



A handwritten signature in dark ink, appearing to read 'Jean-Pierre Boisclair'.

Jean-Pierre Boisclair, FCPA, FCA
Board Chair



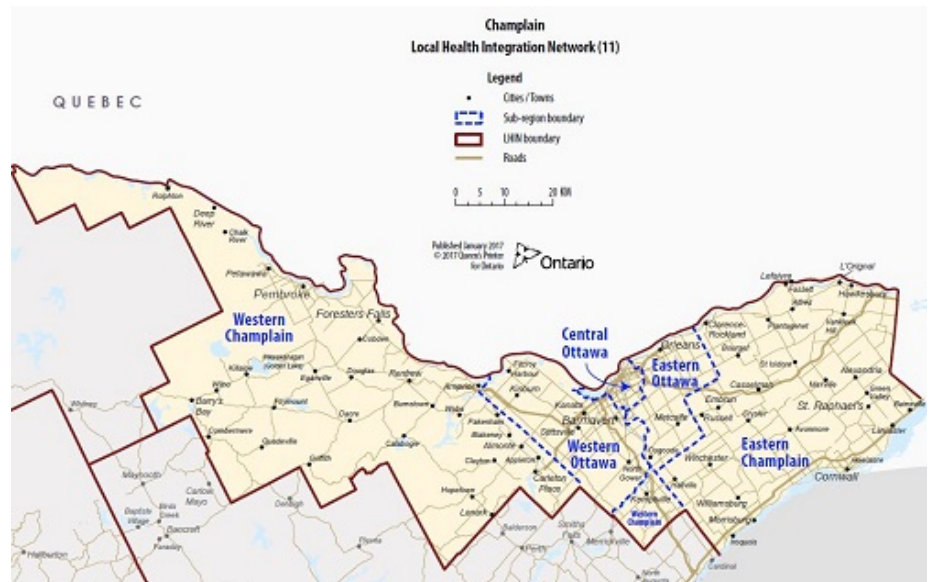
A handwritten signature in dark ink, appearing to read 'Chantale LeClerc'.

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 aim of the LHIN is to help coordinate health services so that people receive care in a timely way. 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 hospitals, home and community care, addictions and mental health agencies, community support services (such as Meals on Wheels), community health centres, and long-term care homes. In December 2016, with the passage of the *Patients First Act*, the LHIN's mandate was expanded to include the delivery of home and community care.

The Champlain region has a population of 1.3 million people. Overall, as of 2011 census:

- One in five Champlain residents live in a rural area.
- One in five Champlain residents is a francophone.
- One in six report using a language other than English and French (most commonly, Chinese, Arabic and Italian).
- One in eight of people in the Champlain region had low income.
- One in twenty-five were unemployed.
- One in four seniors lived alone.

In terms of health-related indicators, the Champlain region has higher rates, compared to Ontario, of the estimated number of people with a mental health/addiction condition, hospitalization for chronic conditions, fall-related emergency visits for seniors, and emergency visits for intentional self-harm.

In September 2016, the Champlain LHIN Board of Directors approved five smaller geographic planning regions that will help the LHIN better understand and address patient needs at the local level. Below are some of the highlights from a comprehensive profile of the sub-regions, available on the Champlain LHIN website.

Western Champlain is the most western and rural sub-region, with a population of approximately 140,000 people. It includes the Pikwàkanagàn First Nation, as well as Arnprior, Carleton Place, Kemptville, Pembroke and Petawawa. One in five people are over 65.

Western Champlain has the highest unemployment rate of all five sub-regions. Along with Eastern Champlain, self-reported health is lower, and there is a larger proportion of people with risk factors such as individuals who are physically inactive, and those who are smoking. Similarly, Western Champlain has higher rates of hospitalization for chronic conditions, patients with complex needs, and cancer. Rates of emergency department visits for opioid-related harm and intentional self-harm were higher in both rural regions as well. A higher proportion of people in Western Champlain report having a regular primary care provider than any other sub-region.

Western Ottawa includes Kinburn, Carp, Kanata, Stittsville, Barrhaven and Manotick. Western Ottawa is the fastest growing sub-region in Champlain and has about 300,000 people. People in Western Ottawa are relatively healthy. They have the highest rates of good/excellent self-reported health and mental health in the Champlain region, and higher socioeconomic status, indicated by income and employment rates. The pre-term birth rate is highest in Western Ottawa.

Central Ottawa is the most culturally diverse, urban sub-region, and includes downtown Ottawa and the areas of Bayshore, Nepean, Vanier and Riverside South. With 450,000 people, it is the most populated of the five sub-regions.

The Central Ottawa sub-region has the highest proportion of lone-parent families, people with low income, seniors living alone, and seniors living alone with low income. Central Ottawa has the highest rate in Champlain of people with a mental health or addiction condition - more than 1 out of 5 people.

Eastern Ottawa sub-region extends around the city from Cumberland to Osgoode. About half of its 230,000 people live in Orléans, and 1 in 3 people speak French as their mother tongue. People in Eastern Ottawa, also relatively healthy, have the lowest rates of unemployment, and risk factors such as inactivity and smoking, but highest rates of people who exceeded Canadian low risk drinking guidelines. Rates of hospitalization for chronic conditions are higher for Eastern Ottawa than the other two Ottawa sub-regions.

Eastern Champlain sub-region spans the rural area east of Ottawa and borders both the United States and Québec. This region includes Akwesasne, the second most populous First Nation community in Canada, and more than 40% of its 200,000 people speak French as their mother tongue.

People in Eastern Champlain have the lowest self-rated health, compared to other sub-regions, higher rates of smoking and other risk factors, people requiring help with daily activities, infant mortality, opioid or self-harm related emergency visits, and hospitalizations for common chronic conditions.

Delivering Results on our Integrated Health Service Plan

The *Integrated Health Service Plan (IHSP) 2016-19* outlines how the Champlain LHIN is creating a person-centred regional health care system. It has three strategic directions, and each strategic direction includes person-centred goals and strategic priorities.

Integration

Improve the patient and family experience across the continuum of care.

Person-Centred Goals

- *People who need multiple services receive more coordinated home, community and primary care*
- *People experience a smooth transition from hospital to home*

Strategic Priorities

- *Integrate community and home care services*
- *Evolve primary care networks*
- *Integrate mental health and addiction services*

Access

Ensure health services are timely and equitable.

Person-Centred Goals

- *People can access quality care no matter who they are or where they live*
- *People are able to access priority health services when they need them*

Strategic Priorities

- *Provide for culturally and linguistically appropriate care*
- *Implement strategies to achieve performance targets*
- *Expand use of enabling technologies to bring care closer to home*

Sustainability

Increase the value of our health system for the people it serves.

Person-Centred Goals

- *People can get service in the most appropriate setting*
- *People receive efficient and effective care*

Strategic Priorities

- *Continue implementing funding reform and innovative models of care*
- *Enhance palliative care in settings of choice*
- *Fast-track implementation of Health Links*

In the following pages, you will read six patient and client stories that illustrate just some of the Champlain LHIN's work this year. The stories reflect the experiences of real people living in the region, and exemplify how the LHIN is improving health care for diverse communities.

Providing Culturally Appropriate Mental-Health Services

“This place has been my rock through my storms.” Mary Jean Hookimaw

Mary Jean Hookimaw was born in the Cree community of Attawapiskat First Nation, grew up in Timmins and later moved to Ottawa. The mother of seven children, Mary was facing serious life challenges. Unfortunately, she had lost her home. She ended up with no ID and had to start from scratch. Physically and mentally exhausted, Mary found help at the Wabano Centre for Aboriginal Health.

An intake worker from Wabano visited Mary to identify her needs and match her up with appropriate services. Since then, she has received a number of services at the centre, including the LHIN-funded walk-in counselling services.

Gina Metallic, Circle of Care Coordinator and Mental Wellness Case Manager Team Lead at Wabano, explains that having access to a counsellor without a referral has made a significant difference to clients. “They just want to come in, check in, talk about one really stressful situation, and the program allows them to do that.”



Margo Walsh, Family Systems Navigator and Mental Wellness Staff Development Team Leader, Mary Jean Hookimaw, Client, Jasper King Hookimaw, (Client's youngest of six children), Gina Metallic, Circle of Care Coordinator and Mental Wellness Case Manager Team Lead, Wabano Centre for Aboriginal Health.

The LHIN-funded walk-in counselling program, which serves people facing mental-health issues, offers short-term therapy and doesn't require an appointment or referral.

The program is offered at provider sites in Ottawa, Renfrew and Cornwall. Clinic hours are available at different locations each day of the week, including evenings and weekends.

The approach has shown to be life-changing, as it focuses on people's strengths and offers immediate assistance during times of crisis.

At Wabano, it is really important that we provide a mix of both Indigenous and western approaches of medicine. Culture and spirituality are key elements of our holistic healing and often times that is what is missing from other service providers. Wabano is extremely lucky to have leadership through the LHIN that is really open-minded and willing to think outside the box.” ~ Gina Metallic, Circle of Care Coordinator and Mental Wellness Case Manager Team Lead at Wabano.

For Mary, the walk-in counselling program was just one part of her healing journey. She was matched up with a family doctor at Wabano and later participated in longer-term mental-health counselling. During her last pregnancy, she was seen by a specialist, and received support for post-natal care.

“It is a safe environment. Really, I love it here,” Mary says. “I am able to be myself. My children are able to be themselves. With the people that I associate with and the people that I share my experiences with, there is no judgment with them. They are supportive. As a single mother, handling my kids at home, with each of their personalities, the challenges that they face in their schools and their peers and stuff like that, I need a shoulder to cry on sometimes. I get that here. I get the world of encouragement and the praise. I come here after a few hours crying at home. I come here and I feel better. This place has been my rock through my storms.”



Margo Walsh and Mary Jean Hookimaw

“I have worked with people who were part of the sixties scoop, and those who were sent to residential schools. I have worked with those who were part of the millennium scoop and some with PTSD.” ~ Margo Walsh, Family Systems Navigator and Mental Wellness Staff Development Team Leader at Wabano

Mary’s midwife, after hearing her inspirational story, once asked her to reach out to other single moms and dads. Mary did that, and plans to continue to contribute to the health and well-being of others. “I am going back to college and getting my mental-health counselling degree at the program in North Bay. They have inspired me to go after my dreams that I put on hold for a very long time,” she says, tearing up. “This is where I am right now, compared to the Mary of two years ago.”

Putting Patients at the Centre of their Care

“Health Links is a great model. It is very personal. They really understand what you are going through.” Jack Beriault, patient.

Two years ago, Jack Beriault was laid off from his manufacturing job in Cornwall, and that wasn't the only bad news he received at the time. He was also diagnosed with Stage 4 bladder cancer. “We had never been through anything like that,” says Debi Beriault, Jack's wife of 28 years. “We didn't know what to expect. It was terrifying.”

Jack underwent surgery, then two more operations to resolve complications. In financial difficulty due to the job loss, and reeling from his health crisis, Jack sunk into a depression. Thankfully, things started to look up for him once he had been connected to a LHIN program called Health Links. It's an innovative model of care that brings together health providers to serve patients with the most complex needs.

Sandy Bertrand, Care Coordinator for the Stormont Glengarry Cornwall and Akwesasne Health Link, conducted a home visit. “When I first met Jack,” she says. “He could barely walk, he wasn't eating well, he wasn't sleeping well, he had pain, and his incision was open at that time. So he was a sick man. He looked like a dying man.”

Sandy took immediate action, calling for a care conference, which was held at Jack's family doctor's office. She also asked home-care services to get involved and they provided a dietician, rehabilitation, physiotherapy and occupational therapy. Additionally, Sandy spoke with Jack's former company to access his record of employment in order to apply for employment insurance.



Debi and Jack Beriault

“The Champlain LHIN has been very instrumental in initiating the Health Links, the growth and the spread of the Health Links model, not just for each individual Health Link, but for all the Health Links collectively together. Certainly, its Board of Directors has been very supportive.”

~ Joanne Sidorchuk, Project Manager, Stormont Glengarry Cornwall and Akwesasne Health Link

The overall goals of Health Links are to improve quality of care for those who use the health system the most, and to save health-care dollars by better coordinating services for these individuals so they can avoid unnecessary hospitalizations and emergency-room visits.



Jack Beriault, Client, Stormont Glengarry Akwesasne Cornwall (SGCA) Health Link, Debi Beriault, Jack's wife and Caregiver, and Sandy Bertrand, Care Coordinator, SGCA Health Link

Jack and Debi, who were initially skeptical about the benefits of Health Links, suddenly found themselves at the centre of Jack's care. They felt listened to. Jack followed a step-by-step written care plan, and his health gradually improved.

Now, not only is he a cancer survivor, but a Health Links alumni. "Health Links is a great model. It is very personal. It lets you know you have somebody waiting to help you. They really understand what you are going through. That you can call anytime and they will help you with anything. It is really important that the Health Links keep going," says Jack.

There are ten Health Links in the Champlain region. They serve the people with the most complex needs – the top five per cent of the population, and these clients account for 65 per cent of health-care costs.

Jack has become much more active. He smiles more. He and Debi recently went out on a movie night. They talk about future car rides together. So impressed was Jack with Health Links, he now attends meetings to share his positive experience. "I want to give back with our time to help Health Links," he says. "Health Links pretty much saved my life."

Improving Health Equity by Delivering Innovative Services for Newcomers

“Everything is going OK now. I don’t know what I would have done without help from the clinic.” Solange Kasongo, refugee.

After fleeing the Democratic Republic of Congo due to war and then living in a United Nations camp in Uganda, Solange Kasongo finally found a home in Ottawa nine months ago as a government-sponsored refugee. A single mother of two children, Solange is a client of the Ottawa Newcomer Health Centre, which is operated by Somerset West Community Health Centre and offers three programs – a medical clinic, a multicultural health navigator program, and language interpretation services.

The Ottawa Newcomer Health Centre is co-located at the Catholic Centre for Immigrants (a settlement agency) and helps refugees integrate into life in Canada. It was developed in partnership with the Champlain LHIN. Since its inception, the LHIN has played a pivotal role in creating the centre and developing all three of its programs. The LHIN is also the funder of these programs.

“When we first arrived, the stress was high,” explains Solange, whose children are also clients of the centre. “I was here in a new country. I had millions of questions on how to survive. I was worried about my health and I needed a doctor, but I didn’t know where to get one. Since I have come to the newcomer’s clinic, I have a doctor that I regularly visit and she is very helpful. She refers me to a specialist when I need one. Everything is going OK now. I don’t know what I would have done without help from the clinic.”



Solange Kasongo, Client, and her two sons, Malik Kapassi - 10, and Rian Kapassi - 12.

“Sometimes, the Canadian health system can be difficult to navigate. We locate the nearest services to the clients, and explain their options in the community instead of going to the emergency room. We also educate clients about the role of different health service providers in the Canadian health system.” ~ Guillaume Mugisho, Multicultural Health Navigator, Ottawa Newcomer Health Centre

The medical clinic at the Ottawa Newcomer Health Centre provides basic health services such as immunizations, primary care, and education on how to stay healthy. It helps clients find a permanent family physician or

nurse practitioner in their own community. Importantly, health professionals at the clinic have expertise in treating international health issues. The aim is to improve quality of care for refugees and prevent avoidable emergency room visits or hospitalizations.

Solange, now attending adult high school to learn English, also appreciates services provided by the Multicultural Health Navigator program. Her navigator, Guillaume Mugisho, is one of six navigators at the centre and is specifically assigned to Franco-Caribbean and Franco-African communities. He helps clients access various health services. He advises them on how to book medical appointments and how to use public transportation to get



Guillaume Mugisho, Multicultural Health Navigator,
Solange Kasongo, Client, Ottawa Newcomers Clinic

there. “He’s not just a navigator, but like a brother or father to me,” Solange says.

The interpretation service, called Ottawa Language Access, has also been beneficial to Solange and her family. Her interpreter speaks her mother tongue and even comes from her own tribe. The service covers 170 languages and provides face-to-face and over-the-phone interpretation. Previously, many refugees were obligated to use relatives, including children, to interpret for them during a medical appointment, which can be challenging in terms of accuracy and doesn’t allow for confidentiality.

Siffan Rahman, Manager of the Ottawa Newcomer Health Centre, who arrived in Canada as a child immigrant, has noted a boost in diversity in Canada’s capital. “We have seen trends that immigrants choose Ottawa as a place that they want to settle in. And why not? I think it is a great city. I think it will be more diversified, which is a great thing, and that is why we are going to need services like the newcomer’s centre. We really see the LHIN focused and caring about immigrants and refugee health issues. And that is the way to go.”

Expanding Health Services for Seniors and Caregivers

“We are keeping people out of hospitals, keeping them out of the emergency rooms and keeping them in the community longer.”

~ Korry MacLeod, Team Manager of Community Support Services at Western Ottawa Community Resource Centre.

Van Lebrun, 69, used to play for a blues band, but after he was diagnosed with dementia about five years ago, it became difficult for him to continue playing guitar. He lives with his wife Louise, his devoted full-time caregiver. They have been married for 44 years, and don't want to be separated any time soon. However, it's a challenging situation, because Van needs 24-hour supervision.

To help keep her husband active and give herself a break, almost a year ago Louise placed her husband in a LHIN-funded adult day program at the Garbarino Girard Centre for Innovation in Seniors Care, located at Algonquin College. The Champlain LHIN helped to develop the initiative along with the college and Western Ottawa Community Resource Centre, which operates services for people in the west part of Ottawa. Van attends the six-hour adult day program twice a week on Thursdays and Saturdays.

“Van came in as a timid, passive gentleman. Once he visited two or three times, he was comfortable and ready to go. He formed friendships with other clients and he would make other clients laugh,” says Emma Furfaro, Adult Day Program Coordinator at the West Ottawa Community Resource Centre. “One day



Louise Lebrun, Client's Wife and Caregiver, Van Lebrun, Client of Adult Day Program, Algonquin College, Emma Furfaro, Program Coordinator, Algonquin Adult Day Program, Western Ottawa Community Resource Centre

“It's a 24-hour job, day after day. There is no break.

When Van is at the day program, I have time to recoup and recharge my batteries and can care for him longer and therefore he can be at home longer.”

~ Louise Lebrun, wife and caregiver

I brought my guitar and started playing and he said, ‘Is it okay if I bring my guitar next week?’ And I said, ‘Absolutely!’ and he brought his

guitar. And now, every week, he plays with us at the program and he practices at home.”

The program’s benefits to families are significant. In addition to participating in physical and cognitive activities, clients also have the opportunity to engage in conversation during nutritional meals and snack-times. The program serves as a welcome break for caregivers.

“It gives me time for me, whether I will be staying at home and watching a movie, or getting my hair done or shopping for groceries – doesn’t matter, even just laundry,” explains Louise. “Sometimes I may not do anything. I may just stay home and rest, but at least there is that one day that the load is off your shoulders. It is just quiet and peaceful.”

This innovative program is a partnership between the Western Ottawa Community Resource Centre and Algonquin College. The program provides enriched educational experience for students in nursing, personal support, physiotherapy, and occupational therapy. The students gain an enriched educational experience that prepares them for future work in a clinical setting.

Korry MacLeod, Team Manager of Community Support Services at Western Ottawa Community Resource Centre, says if adult day programs didn’t exist, there would be more caregiver burnout and hospitalization of dementia patients. She also says clients would be institutionalized a lot earlier. “I think for the system as a whole, we are keeping people out of hospitals, keeping them out of the



Van Lebrun enjoying an activity with Jessica Davidson, Algonquin College student, and other program members.



emergency rooms and keeping them in the community longer.”

The Champlain LHIN has implemented and funds 25 adult day programs across the region. In 2016-17, adult day programs were just one element of a larger Champlain LHIN strategy to improve services for seniors at a time when the population is aging. Assisted-living services, primary-care memory clinics and staffing emergency rooms with geriatric nurses are other specialized LHIN programs making a positive difference to the population.

Champlain LHIN Helping People Breathe Easier

“She is on the go. She can visit friends. She can do the things that she wants to do. And she is not stuck at home having fear of going to hospital every day or second day.” Respiratory therapist JoAnn Belmore, speaking about her patient Bernice MacMillan.

Bernice MacMillan, 57, was diagnosed four years ago with Chronic Obstructive Pulmonary Disease or COPD, a serious chronic disease affecting many seniors in the Champlain region. Bernice had been a smoker for 30 years, but recently quit, thanks to the new Cornwall Community Lung Health Program at the Seaway Valley Community Health Centre in Cornwall. The program has improved her quality of life, helping her to avoid frequent visits to the emergency room. “It has been a godsend to me,” she says.

Created in 2016 by the Champlain LHIN, the community health centre, and Cornwall Community Hospital, the Cornwall program improves the health of rural patients with COPD. It gives them the tools they need to maintain their well-being at home and keeps them out of hospital when possible. Developing the initiative was of paramount importance because of the high rates of hospital readmissions and emergency department visits for COPD clients in the region.

Bernice says that before joining the lung health program, she didn’t know if she would even see the next year. After constant visits to the hospital, she would just go home and cry. Although Bernice sees specialists in Ottawa, she appreciates receiving basic care in Cornwall. “I hate driving to Ottawa. I will do



Bernice MacMillan, Client, and Carol Quinlan, Nurse Practitioner, Cornwall Community Lung Health Program, SVCHC

anything in my power not to go. Seaway is close to my home. I drive in and I don’t have to worry about parking. People can use transit as well. It is nice to see the program in the community.”

The service consists of a nurse practitioner, a registered nurse, and a respiratory therapist. The nurse practitioner provides bedside visits to those who are admitted to hospital. As well, she conducts home visits for clients who aren’t able to come to the community health centre.

JoAnn Belmore, the program’s respiratory therapist, recalls when Bernice first entered the program. “She had just been admitted to the hospital with COPD and was referred to the

“Since I have been at the program, I don’t have to go to the ER, which is wonderful for me. Also, I used to have these spells where my breath stopped for 30 to 45 seconds, the longest 30 to 45 seconds in my life.

I haven’t had those episodes for the past 10 months. Prior to coming here, I could not do anything. I never went anywhere.

I couldn’t physically do anything, like bringing the garbage out. Now I can go outside and get those garbage cans and bring them to the side of the house. I got a walker and I am going to go for a walk soon.

I also quit smoking and haven’t had a cigarette for the past seven months.”

~ Bernice MacMillan, lung health patient.

program. If I have to use one word to describe her, it was ‘fear.’” She was afraid to leave the house, afraid to be alone in the house, and afraid of dying. Her life was out of control because of her breathing. She didn’t know when she would end up at the hospital again. Her quality of life was extremely poor. But soon after joining the program, she was put on the right medications, she attended a number of educations including “Living with COPD”, and gained control over the disease process. She was put on oxygen as well, which she carries with her wherever she goes. Her quality of life has gone from zero to probably 10. We have taken some of those fears away. She is on the go. She can visit friends. She can do the things that she wants to do. And she is not stuck at home having fear of going to hospital every day or second day.”

The Cornwall Community Lung Health Program has already shown positive results, especially in terms of wait times. Before the project’s launch, the wait list for COPD patients to receive community-based services was about three to four months. Now the wait is less than one month. That’s especially beneficial for the population in an area such as Cornwall, which has higher-than-average rates of smoking and COPD.

Debbie St. John-de Wit, Executive Director of Seaway Valley CHC emphasizes the importance of care close to home. “It is imperative that we have programs locally for people. This is a rural access issue and it is also an equity issue. The rural population deserves to have these programs as well as anyone else. We have that expertise in our community and certainly we have the demand.”

The Cornwall program is just one lung health program funded by the Champlain LHIN. Community-based pulmonary rehabilitation and lung health education are offered by the North Lanark Community Health Centre and Somerset West Community Health Centre in Ottawa to many sites across the region.



Bernice MacMillan, Client, and JoAnn Belmore, Respiratory Therapist, Cornwall Community Lung Health Program, SVCHC www.seawayvalleychc.ca

Providing Care Closer to Home in Rural Areas

*“I’m glad it is done here, because I don’t have to travel. . . My family is here.”
Eva Jessup, surgical patient.*



Heather Kilius, one of the four nurses at the Orthopedics Program, Pembroke Regional Hospital (PRH), Eva Jessup, patient living in Pembroke, just before the total knee joint replacement (arthroplasty) at the Orthopedics Program, PRH

This year, the Champlain LHIN led an initiative to re-distribute surgical services across the region for patients with issues related to their bones, joints and associated structures such as muscles and ligaments. A key result of this work was the creation of a new orthopedic surgical program at Pembroke Regional Hospital.

Dr. Natasha Holder, one of three new surgeons recruited to this new program in Pembroke, believes the added services provide two main benefits – they allow people in the westernmost part of the Champlain region to get care closer to home, and they reduce wait times.

“Having to travel a distance to receive care can be quite burdensome for patients and their family members,” says Dr. Holder, adding that it is important for patients to recuperate near their loved ones.

Dr. Holder is also pleased that patients in Renfrew County don’t have to wait as long to receive elective surgery such as hip and knee replacements. “The pain that they experience from their hip or knee arthritis can be quite debilitating at times,” she says. “Their level of activity decreases, they tend to gain weight. Some people who are former smokers might start smoking again due to the stress of being in pain.

Also, significant bone loss might occur due to months of waiting and their treatment will become more complicated. By decreasing the wait time, we are giving patients better care.”

Eva Jessup, a patient now benefitting from the new service, suffered from knee problems for decades and experienced several recent falls. Once referred to the program, within 12 weeks she was assessed and obtained elective joint replacement surgery for her right knee. Her procedure took place in May 2017.

“I’m glad it is done here, because I don’t have to travel,” she said, just before going into operating room. “I can drive to Ottawa but I don’t drive in the city. I don’t like travelling. My family is here.”

Pembroke Regional Hospital is one of six hospitals in Champlain providing orthopedic services. Their work is guided by the Champlain Regional Orthopedic Network. Approximately 900 patients will be served by the new orthopedic program in Pembroke annually.

Francois Lemaire, Vice-President of Patient Services and Chief Nursing Executive in Pembroke, commends hospital partners and the Champlain LHIN for making a positive shift in the way hospital services are delivered across the region. “The collaboration is unique. It’s easy to get help from one another. The LHIN’s approach, which is a regional approach, I think is great. The LHIN has done the right thing to create this synergy among the hospitals. For many years, you would create your own services in your own hospital. You didn’t really talk to anybody. That is not what is happening with the orthopedics programs. We really work with our partners.”

“The community has really supported the program to get it up and running. It means that people can stay in their own vicinity, their own hospital, to have their surgeries. We have a big surrounding area such as Barry’s Bay, Deep River and Renfrew. They all come here instead of going to Ottawa. That is an awesome asset.”

~ Mary Smeltzer, Clinical Manager, Surgical OR Program, Pembroke Regional Hospital

For more information about the redistribution of orthopedic services in Champlain, please see page 24 of this report, under the Integration section.

Health System Improvement Enablers

Enablers support the overall work of the LHIN to achieve its goals. Two enablers integral to meeting the LHIN's goals are performance monitoring and electronic health initiatives.

Monitoring Performance

The Champlain LHIN reports on its own performance, and that of the regional health care system. The reporting is based on indicators contained in the contract between the LHIN and Ministry of Health and Long-Term Care, called the Ministry-LHIN Accountability Agreement (MLAA).

These indicators show how the system is functioning in terms of access, integration of services, and quality of care. In 2014-15, the indicators and targets changed to reflect increased performance expectations.

To provide better insight of the LHIN's performance relative to a target, a "per cent of target achieved" concept is used. For

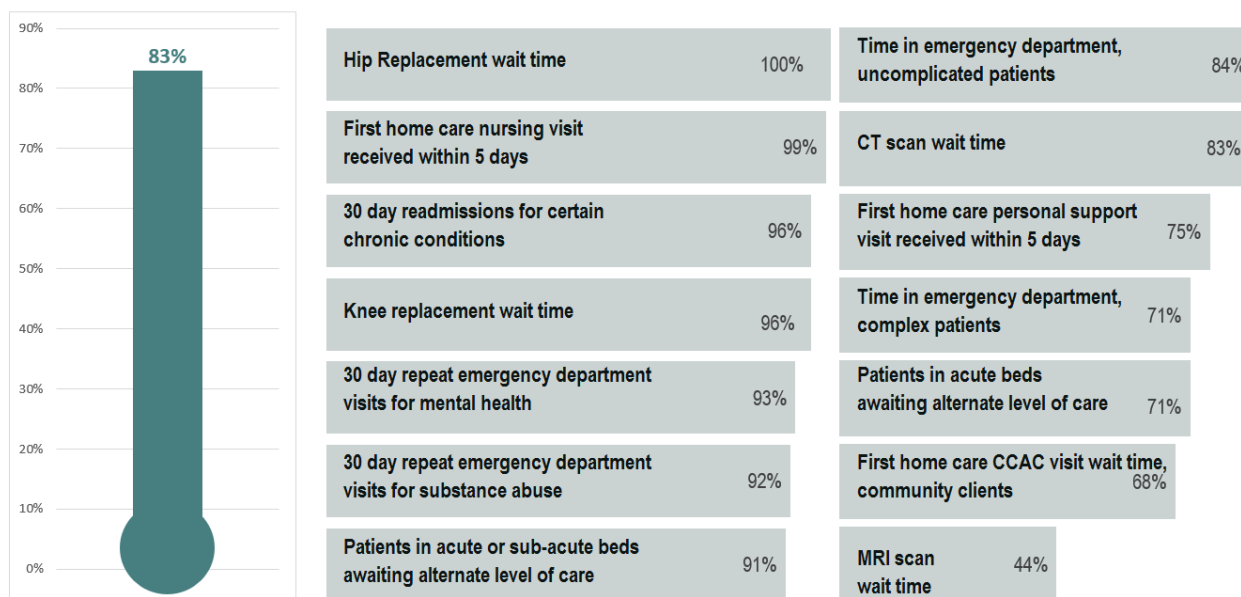
example, if the target is 90 per cent and current performance is 45 per cent, then 50 per cent of the target has been met. An average across all indicators (in the thermometer below) provides one number that quickly summarizes how far the LHIN is from achieving all of its targets.

The average per cent of target achievement across all MLAA indicators for 2016-17 was 83 per cent. That was an improvement of three per cent over all indicators since last year.

This year, the LHIN met or was very close to its target for four of the 14 indicators, compared to two the previous year.

Improvements were seen in a number of areas. MRI scan wait times improved by eight per cent and CT scans improved by nine per cent compared to the year before. The wait time to receive the first home-care visit improved by 30 per cent. In addition, the measure of repeat emergency visits for people with substance use conditions improved by

Champlain LHIN Per cent of Target Achievement 2016-17 (year to date)



10 per cent (to 92% of the target), and was 20 per cent better than the provincial average.

However, indicators related to the length of time people spent in emergency departments and hospital patients waiting for an alternate level of care worsened somewhat. The LHIN worked with partners to implement a number of measures to help improve the flow of patients through various parts of the health system.

For more details on initiatives taken to improve results on all indicators, please see the Performance Indicator section of this report.

Health-Care Technology

Using technology can improve health services in a number of ways. The Champlain LHIN is involved in a number of enabling technology initiatives that advance our three strategic priorities – to make care more accessible, integrated and sustainable. Examples include telepalliative care, eConsultation, and the eCollaboration space.

Telepalliative Care Project

The Champlain LHIN successfully applied for a grant this year from Canada Health Infoway to develop a pilot project using technology to deliver home-based palliative care.

Patients, caregivers, clinicians and volunteers will also participate. The pilot project aims to improve patient and family outcomes, provide earlier access to specialty care, increase primary-care engagement in providing palliative care, and decrease overall costs.

Key partners include the Ontario Telemedicine Network and the Ontario Palliative Care Network. The Champlain Regional Cancer Program and Champlain Hospice Palliative Care Program will be involved, in addition to other provider partners.

The telepalliative care model will help make it possible for more people to remain at home, rather than in hospital, through end-of-life care.

eConsultation

The Champlain LHIN continued to build on its leadership in electronic consultation (eConsultation), which has equipped family doctors and nurse practitioners with access to high-quality, more timely advice from physician specialists. The BASE (Building Access to Specialists through eConsultation) “managed service” model was selected for extension across the province in collaboration with the Ontario Telemedicine Network. This involved the launch of a program in one area of the South East region in February, 2017.

Utilization of the eConsult service grew by nearly 50 per cent over last year, with more than 10,000 patient cases addressed by specialists across 100 specialties. Roughly 240 additional clinicians, including doctors and nurse practitioners, joined the initiative this year, and 14 clinical specialties were added (e.g. medical specialists in pediatric urology, multiple sclerosis, cancer survivorship). Users of the system continued to report high satisfaction levels. The average response interval by specialists was maintained at two days, and unnecessary referrals were avoided in roughly 40 per cent of cases.

The Champlain eConsult team was recognized provincially for the third year in a row on the Minister's Honour Roll for Excellence in Health Quality and Safety. It was also selected by the Canadian Foundation for Healthcare Improvement (CFHI) as one of two care models that would be promoted and funded in a national quality improvement collaborative focused on implementing remote consult services.

eCollaboration Space

The Champlain LHIN's electronic collaboration (eCollaboration) space has continued to provide a simple and cost-effective tool to facilitate secure information-sharing among health providers within the region and beyond. In addition to hosting a wide range of tools related to referral, scheduling, consultation, and document management, a new application was launched this year to assist in the processing of region-wide geriatric assessments. This year, over 1,200 new users were registered, bringing the total number of users to more than 9,400.

eNotification

The Champlain LHIN completed a successful pilot project involving a number of smaller hospitals electronically "notifying" the former Champlain Community Care Access Centre (CCAC) of admission and discharge of patients to and from the hospital, thereby improving patient care. The CCAC then enabled the transfer of information to the patient's primary-care provider through the electronic medical record system.

Of additional value, the system informed the hospital if the patient was an existing CCAC client and/ Health Link patient. Feedback from the clinician community has been very positive and the LHIN is looking to extend the service to the larger hospitals in the region in 2017/18.

Integration

With integration at the core of our work, the IHSP as its guide, and strength in partnerships, the LHIN continued to develop solutions to reduce barriers and develop new approaches to maximize the impact of existing programs.

This year's integration efforts showed important progress toward building a more coordinated health system to better serve patients, clients, families and communities. These are the four integrations that were approved by the LHIN Board in 2016-17.

Improving the Patient and Family Experience across the Continuum of Care

In July 2016, the Children's Hospital of Eastern Ontario (CHEO) and Ottawa Children's Treatment Centre (OCTC) received LHIN Board approval for their voluntary integration. The aim of this merger was to provide better access to services for children and families in a more holistic approach.

CHEO is one of the few stand-alone pediatric hospitals in Canada, as well as an academic health-science centre. Nearby, the OCTC provides specialized care for children and youth who have multiple physical, developmental, and associated behavioural needs. These organizations have a long history of working together and cultures of engaging with the families and youth they serve. In fact, family input led OCTC and CHEO to consider integrating, and families have been members of their decision-making team and co-architects of their joint vision.

The organizations continue to function as they did before the integration (for example, they are in the same buildings and have the same staffing framework), but they will share a governance structure that includes existing board members from each organization, and from the community.

Ensuring Health Services are Timely and Equitable

The LHIN Board voted to change how some orthopedic services are delivered in the region in August 2016. The purpose of the change was to better align care with Champlain residents' evolving orthopedic needs, and create a more coordinated program of orthopedic services for our region.

Orthopedics involves the inpatient and outpatient treatment of injuries and conditions affecting the musculoskeletal system. Hip and knee replacements and repairing broken bones are examples of these services.

The proposed integration decision was introduced at the Champlain LHIN's June 2016 Board Meeting. Specifically, it recommended a new full-service hub at Pembroke Regional Hospital, as there were currently insufficient orthopedic services for people in Renfrew County. Other hospitals in Champlain would adjust the number of orthopedic procedures they performed. In addition, Kemptville District Hospital would continue as an outpatient orthopedic centre, and would be able to provide in-patient services as a satellite of a full-service hub.

Community engagement played a key role in this integration. In fact, The LHIN received 51 written input from individuals and groups, including representatives from hospitals who were part of the decision and other LHIN providers, primary care doctors, elected officials, and members of the public.

Increasing the Value of Our Health System for the People it Serves

In April 2016, the LHIN Board approved a decision to create a formalized relationship between two rural hospitals in the Champlain region - Carleton Place and District Memorial Hospital and Almonte General Hospital – calling it the Mississippi River Health Alliance. The goal was to better serve both communities, and make the best use of their resources by finding opportunities to partner with each other. A committee with membership from both hospitals was established, and by September 2016, the hospitals began sharing one CEO.

The LHIN Board approved an integration for Meals on Wheels services in South Dundas in February 2017. Home Support Services – Morrisburg and District was a small LHIN-funded provider with a mandate to offer Meals on Wheels in South Dundas. Williamsburg Non-Profit Housing Corporation is a larger LHIN-funded provider

with a mandate to offer a variety of health care services in South Dundas, including Meals on Wheels, client transportation, adult day programs, caregiver support and more. Many clients receiving Meals on Wheels from the Morrisburg agency were also receiving other services at the Williamsburg organization.

The two agencies worked together to find the best way to ensure quality services were sustained for people in their community. Each agency completed its due diligence, including extensive engagement with their clients and community, and concluded that a voluntary integration was the best option for serving their community.

The integration had Williamsburg Non-Profit Housing Corporation absorb volunteers from Home Support Services in Morrisburg, and the responsibility for serving their Meals on Wheels clients. On April 1, 2017, the agencies transferred services to the Williamsburg organization, and the Morrisburg agency proceeded with corporate dissolution.

Progress on Infrastructure Projects

The Champlain LHIN reviews capital project proposals from LHIN-funded health service providers to ensure that they align with local health needs. After receiving LHIN endorsement, each project is considered for approval by the Ministry of Health and Long-term Care (Ministry).

This year, the LHIN Board of Directors endorsed the program and service elements outlined in these projects:

- ***The Queensway Carleton Hospital's plan to redevelop its mental health program space to improve and modernize services for patients:*** the LHIN Board supported the hospital's proposed approach to renovate its 24-bed inpatient unit and add an Adult Day Hospital program. The LHIN endorsement effectively reaffirmed the LHIN's support for the project and set the stage for more detailed planning and community engagement.
- ***The St. Francis Memorial Hospital's plan to renovate and expand its Emergency Department:*** The LHIN Board supported the hospital's proposed project to redevelop its existing emergency department space to meet infection control, privacy, quality and patient care standards. This project will bring significant value to the quality of the emergency services for the population of Barry's Bay and surrounding area.
- ***The Ottawa Hospital's plan to redevelop the Neonatal Intensive Care Unit (NICU) at the General Campus:*** The NICU at The Ottawa Hospital's General Campus is

a 24-bed Level 3 unit providing care to the most fragile and low gestational age infants from Champlain region, Northern Ontario, Western Quebec and Nunavut. The proposed project involves the renovation of the neonatal intensive care unit inpatient space, ambulatory care space and related infrastructure and support services. A letter of support was provided by the Champlain Maternal Newborn Regional Program. The project supports The Ottawa Hospital's ongoing role as a regional specialty care provider.

In addition, the LHIN provided advice to the Ministry on investments to maintain health services infrastructure, including:

- ***Hospital Infrastructure Renewal Fund:*** Champlain LHIN hospitals were provided with more than \$18 million to address urgent hospital infrastructure needs in 2016-17. With this funding, hospitals upgraded and/ or replaced nurse call systems, automatic door openers, chillers, elevators and other building services.
- ***Community Infrastructure Renewal Fund:*** The Ministry introduced the Community Infrastructure Renewal Fund as a pilot in 2016-17. Qualifying Champlain LHIN-funded community health service providers were surveyed about their needs. A total of \$390,992 was provided to three community agencies for upgrading electrical systems, replacing roof systems, replacing external walls and repairing concrete and masonry.

Health System Accountability

In 2016-17, the Champlain LHIN allocated more than \$2.6 billion to support 240 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 (2016-17)

Programs	Sector	Annual Allocation	% of total
20	Hospitals	\$1,780,774,091	67.7%
60	Long-term Care Homes	\$355,508,651	13.5%
1	Community Care Access Centre (many service locations)	\$257,788,280	9.8%
63	Community Mental Health and Addiction Services	\$97,805,631	3.7%
85	Community Support Services*	\$74,717,705	2.8%
11	Community Health Centres (including satellites)	\$65,762,807	2.5%
240		\$2,632,357,165	100%

Overall, service volumes continued to increase and funding remained relatively constant. The LHIN distributed more funding (roughly \$29.3 million) to community-based agencies than in 2015-16. 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 health service providers in all sectors (see the table to the left). In the agreements, the LHIN and health service providers established financial and operational targets, as well as those for service volumes and wait times. The LHIN worked with health service providers, monitoring results and taking actions when needed, to optimize performance at the individual and system levels.

Providers now share the LHIN's targets for metrics outlined in the MLAA (LHIN's agreement with the Ministry).

Agreements with providers contain local obligations to align their work with the LHIN's priorities on improving the health care system.

In addition, the LHIN strengthened its partnerships with providers to analyze local impacts and implement Health System Funding Reform (HSFR). This 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 people they look after,*
- *The services they deliver, and*
- *The specific needs of the population they serve.*

Community Engagement

The Champlain LHIN had three goals this year to inform its engagement practices and ensure meaningful partnerships and conversations with the people of our region.

1. *Engage local communities to advance the LHIN's strategic priorities (integration, access and sustainability).*
2. *Foster a better understanding of the LHIN and support for its programs in the development of a person-centred health care system.*
3. *Work collaboratively to improve community engagement practices.*

Highlights:

- *Hosted seven consultations with providers, patients, clients, caregivers, primary care practitioners and members of the Indigenous Health Circle Forum to guide the development of the Champlain LHIN sub-regions. An online survey was also made available. The comments that were shared had a strong impact on the final sub-region geographies. For example, four of the five draft sub-regions were changed based on the feedback heard from the communities.*
- *Hosted the annual Primary Care Congress in collaboration with the former Champlain Community Care Access Centre and the University of Ottawa (Faculty of Medicine Continuing Professional Development Office). Approximately 160 people attended. The event this year focused on building the capacity of primary care practitioners*

to connect to mental health and addictions and foster more awareness about the LHIN sub-regions.

- *Conducted an engagement initiative to inform and guide efforts to change the distribution of orthopedic services in the region. The LHIN received 51 feedback submissions from hospitals, primary care practitioners, elected representatives and members of the public. The majority of submissions were in full agreement with the integration decision. The feedback also inspired further amendments to the final decision approved by the Board of Directors in August 2016.*
- *The LHIN Board held education sessions, attended strategic planning days, and hosted a number of engagements with boards and partners on a number of issues, including services for the homeless population in Ottawa, services for adults with disabilities and health system performance issues.*
- *Responded to approximately 80 inquiries and complaints from the public, primarily related to issues around access to care. Such inquiries represent important input to ensure quality, accessible care for residents.*
- *Attended community and information meetings on LHIN-related issues, such as falls prevention and the opioid crisis.*
- *Launched a Patient Journeys public communications series using LHINfo Minutes documents and videos, which featured patients, clients and caregivers. The series described how LHIN-funded initiatives were making a positive impact.*

Indigenous Peoples

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

Highlights for the year are outlined under four priority areas:

Chronic Disease / Diabetes

The Circle completed the report, *Identifying Wise Practices: Diabetes Management with Indigenous Clients* to better understand how to improve diabetes prevention and management, and the factors that affect the recruitment and retention of Indigenous people into diabetes programs. Focus groups were conducted with staff from three organizations and a survey was completed to inform the recommendations included in the report. The Circle has undertaken planning to address the recommendations focused on addressing gaps in diabetes services in Renfrew County. The LHIN is working with the Circle to address these recommendations.

Mental Health and Addictions

An important report was produced called *Now Now Now: Mental Wellness for Indigenous Youth in the Champlain Region*. This work, conducted by the Circle with support and funding from the LHIN, built on the recommendations from *My Life My Wellbeing: Aboriginal Youth Needs and Capacity Assessment (2012)*, which called for

culture to be integral to support and treatment. The *Now Now Now* report outlines an approach to culturally based care that includes a set of guidelines and actions as a first step towards transformation of the existing system of care for Indigenous youth. Focus groups were conducted with 36 Indigenous youth to inform these guidelines and actions.

In addition, the Circle and the LHIN supported the work of Minwaashin Lodge in the proposed development of an Indigenous Women and Children's Healing Centre. An environmental scan of existing addiction treatment centres and engagement with First Nations and Indigenous organizations was conducted to inform the development of a treatment model for the Champlain region. Focus groups were conducted with 64 participants and 8 clients. This led to the development of a business case to support the need for more Indigenous-specific programs for people with substance use challenges. The business case will be submitted to the Ministry of Health and Long-term Care.

Indigenous Cultural Safety

Providing cultural safety training to health providers is a critical element in improving health outcomes for Indigenous people. Such training helps providers understand the legacy of colonization, acknowledge the presence of structural racism evident in health care today, and address their own biases. In 2016-17, the LHIN promoted online Indigenous cultural safety training among partners, and 295 health service providers took part, including a number of LHIN staff members. The LHIN also funded this training.

With support and funding from the LHIN, the Circle completed a report, *Climbing the Mountain: Indigenous Cultural Safety Strategy for the Champlain region* to assist with planning and priority-setting.

Community Wellness

The Circle hosted an Indigenous Health Equity and Wellness think tank that led to the development of a draft **INDigenous Equity (IND-Equity) Framework for Improving Health Outcomes for Indigenous Peoples in the Champlain LHIN Region**. More than 40 leaders in Indigenous health, population health, and health equity participated. Indigenous Elders also provided their thoughts and valuable input. This important framework will guide the LHIN's work in addressing health equity.

The LHIN engaged with Circle member organizations to gain input related to the needs of Indigenous communities with respect to two other important initiatives:

1. *The process to determine sub-region geographies in Champlain*
2. *The THRIVE project, led by the Children's Hospital of Eastern Ontario (CHEO) and the Ottawa Children's Treatment Centre (OCTC) to develop a 10-year plan addressing the needs of children and service capacities for children and youth in the region.*

Francophone Communities

The LHIN partners with the French Language Health Services Network of Eastern Ontario (*Le Réseau*) in many planning and community engagement initiatives. A number of initiatives took place this year. Le Réseau:

- *Advised the LHIN on the development of sub-regions, which will help organize health care at a more local level. In addition, 13 per cent of people responding to the Champlain LHIN's online sub-region consultation survey identified French as their mother tongue.*
- *Collaborated with 15 hospitals on the Francophone Linguistic Variable Pilot Project, which collects information on linguistic identity to better inform planning and decision-making. Specifically, Le Réseau worked with 15 hospitals and began analysis of evidence related to the health status of Francophone populations.*
- *Joined forces with the LHIN to support health service providers in fulfilling the new French-language service designation process, resulting in five additional providers committing to be designated or identified. In a related project, the two agencies conducted an analysis of the distribution of designated providers by sub-region.*

Immigrant Communities

This year, the Champlain LHIN strengthened its partnerships with local providers, networks, and associations to better coordinate health services for immigrants and refugees, and to improve access to care for this population.

- *The LHIN was actively involved in the Ottawa Local Immigration Partnership (OLIP) - a community network designed to build local capacity to attract, settle and integrate immigrants. The partnership is a vehicle for collaborative leadership, collective planning and concerted action. The LHIN continued to participate in the OLIP Council, and remained co-chair of OLIP's Health and Well-Being Sector Table.*
- *The Champlain LHIN Board Chair and CEO entered into dialogue with the Director of OLIP to discuss the role of the partnership, current activities, future educational opportunities and the importance of diversity in governance. The OLIP Director later delivered a presentation as part of the Algonquin College Health and Wellness Speakers Series, co-hosted by the LHIN.*

The LHIN launched and funded a new initiative analyzing health services for seniors who are immigrants.

- *Led by South East Community Health Centre and OLIP, the project involved significant community engagement: 14 consultation sessions with seniors and caregivers in ethno-culturally diverse communities and additional interviews with isolated seniors. As well, 64 providers participated in an online survey.*
- *A number of recommendations were made as a result of this community engagement. The in-depth analysis will set the stage for future initiatives of the LHIN and its partners.*

The LHIN worked closely with the LHIN-funded Ottawa Language Access program, helping to promote this new and growing initiative among community-based agencies. The interpretation program is one of the services provided by the LHIN-funded Ottawa Newcomer Health Centre operated by Somerset West Community Health Centre, which also offers a refugee medical clinic and a multicultural health navigator program.

Lastly, the LHIN continued to collaborate with community health centres and the Children's Hospital of Eastern Ontario, among other agencies, to ensure the completion of initial medical assessments and delivery of specialized health services for Syrian families who arrived in Ottawa in 2016.

Primary Care

The LHIN continued to collaborate with the primary-care sector on specific projects to improve the health system. This year, the focus was on increasing the engagement of primary care physicians and nurse practitioners in Health Links, and on building integrated partnerships with mental health and addictions service providers.

- *The LHIN's Primary Care Advisory Council and Primary Care Networks took part in consultations related to Patients First. The Council also regularly met with LHIN staff to provide input and consult on other LHIN projects and programs.*
 - *Two Primary Care Work Groups were established. Their work resulted in a primary care engagement strategy for Health Links and specific projects to improve access to mental health and addictions services.*
 - *The LHIN co-hosted the fifth annual Primary Care Congress in collaboration with the University of Ottawa (Faculty of Medicine Continuing Professional Development Office) and the former Champlain Community Care Access Centre (CCAC). Approximately 160 participants attended the event, which was a unique opportunity for primary-care clinicians, allied health professionals, patients, caregivers, health planners and policy makers to meet, learn about the regional health system, and discuss ways to improve system integration for better patient care. Specifically, this year's event explored integrated care for improved population health within sub-regions. The focus was on people requiring mental health and addictions care.*
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See also **Appendix A: Overview of LHIN Community Engagement Activities**

Operational Performance

In 2016-17, the LHIN planned and coordinated programs and projects aligned with the *Integrated Health Services Plan 2016-19*, and worked with providers and partners to ensure sustainability of the region's health services.

The Champlain LHIN has kept operational and project costs to a minimum and effectively manages its annual budget. The Champlain LHIN uses only 0.29% of its annual transfer payment funding from the Ministry of Health and Long-Term Care for its operating budget. The remainder is used by hospitals, community health services providers, and long-term care homes in the region.

The LHIN office ended the year with a \$47,248 surplus, representing 0.95% of the total operating budget of \$5.0 million. Salaries and benefits for the 48 full-time equivalents made up the bulk of expenses, representing 75.95% of the total.

Approximately 92% of staff reported either being very satisfied or somewhat satisfied in their role. At 8%, the staff turnover rate for the year is below the average rate of 11% for the all LHINs.

Board expenses were higher by 8.7% over 2015-16 expenses, due to the recruitment for vacancies that existed during the prior fiscal year.

The Champlain LHIN contributed funds to the LHIN Shared Services Office and LHIN Collaborative (both of which were transferred to Health Shared Services Ontario on March 1, 2017) 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, including those 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.

The Champlain LHIN also continued to lead and operate the Pan-LHIN Translation Service, which provided translation and revision services to all 14 LHINs and the LHIN Collaborative.

In 2016-17 the LHIN received one-time funding of \$180,000 to support the *Patient's First* transition. This funding has also been announced for 2018-19.

Performance Indicators

The Ministry-LHIN Accountability Agreement (MLAA) defines the relationship between the Ministry of Health and Long-term Care and the Champlain LHIN in the delivery of local health care programs and services. It establishes a mutual understanding and outlines respective performance indicators for the region, within a pre-defined period. Below, provincial and Champlain LHIN results on the 21 indicators are grouped by Performance (1-14) and Monitoring (15-21).

Champlain LHIN Performance on MLAA Targets: 2016-17

Indicators	Provincial Target	Provincial Results				Champlain LHIN Results			
		2014-15 Fiscal Year Result	2015-16 Fiscal Year Result	Most Recent Quarter	2016-17 Result (year-to-date)	2014-15 Fiscal Year Result	2015-16 Fiscal Year Result	Most Recent Quarter	2016-17 Result (year-to-date)
Performance Indicators									
1) Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services*	95.00%	85.39%	85.36%	82.10%	85.58%	78.86%	77.03%	29.68%	70.88%
Performance on this indicator was in the 80-85 per cent range over the last two quarters of 2015-16 and the first two quarters of 2016-17 but dropped in the most recent quarter. Significant growth in demand, coupled with resource limitations, have resulted in longer wait times. The strategies put in place to more efficiently manage demand (including ensuring that people with the highest needs were served first) were not sufficient to address the funding gap and avoid wait listing. While those with complex needs receive service first, the overall number of people on the wait list for any home and community care service grew from under 900 to over 5400 through 2016-17. Additional funding late in the 2016-17 fiscal year reduced the wait list, allowing 1,385 more people to begin receiving services. While more people began receiving service in the most recent quarter, performance on this indicator actually seemed worse because many of those people had been waiting longer than five days.									
2) Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services*	95.00%	93.71%	94.00%	93.83%	94.53%	91.70%	93.48%	93.03%	93.80%
The result is close to meeting the provincial target. As client demand for these services increased, LHIN staff worked with the former Community Care Access Centre (CCAC) to ensure consistency and alignment of scheduling practices, and to identify additional interventions to address gaps in service and delay in visit assignments. Beyond these measures, additional system improvements were put in place to stabilize this result.									

Indicators	Provincial Target	Provincial Results				Champlain LHIN Results			
		2014-15 Fiscal Year Result	2015-16 Fiscal Year Result	Most Recent Quarter	2016-17 Result (year-to-date)	2014-15 Fiscal Year Result	2015-16 Fiscal Year Result	Most Recent Quarter	2016-17 Result (year-to-date)
Performance Indicators (cont'd)									
3) 90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	21 days	29.00	29.00	29.00	31.00	62.00	55.00	31.00	31.00
Significant progress was made in the past year to reduce this wait time as the LHIN and former CCAC made consistent efforts to improve intake and assessment processes. However, client demand for home-care services continues to grow. A funding increase late in the year helped to preserve some of the improvement.									
4) 90th percentile emergency department (ED) length of stay for complex patients	8 hours	10.13	9.97	11.03	10.38	10.68	10.38	12.25	11.22
Among patients with complex conditions, those waiting for admission to an inpatient bed tend to spend the most time in the emergency department and have the most impact on this measure. This is a particular challenge in the winter months, as the number of emergency department visitors requiring admission runs about four per cent higher on average and bed occupancy tends to be high. The LHIN provided targeted funding in 2016-17 and worked with hospitals specifically to address the challenges. The LHIN also continues to support a number programs, including Home First, enhanced home care services and convalescent care to help patients access the care they need outside of hospital, freeing up hospital beds sooner for others who need them. In addition, hospitals continue to work to improve processes such as time to initial assessment, and transfer time once a bed is available.									
5) 90th percentile emergency department (ED) length of stay for minor/uncomplicated patients	4 hours	4.03	4.07	4.23	4.15	4.52	4.58	4.87	4.77
In 2016-17, length of stay for emergency department visitors with minor/uncomplicated conditions was similar to 2015-16, despite a 15 per cent increase in the total number of visitors. Hospitals have put in place separate assessment zones for patients with uncomplicated conditions and worked to match their emergency-room staffing to changing levels of demand. The LHIN continued to collaborate with partners in the primary-care sector and Health Links to ensure patients could receive care in the most appropriate setting and avoid unnecessary emergency department visits.									

Indicators	Provincial Target	Provincial Results				Champlain LHIN Results			
		2014-15 Fiscal Year Result	2015-16 Fiscal Year Result	Most Recent Quarter	2016-17 Result (year-to-date)	2014-15 Fiscal Year Result	2015-16 Fiscal Year Result	Most Recent Quarter	2016-17 Result (year-to-date)
Performance Indicators (cont'd)									
6) Percent of priority 2, 3 and 4 cases completed within access target for MRI scans	90.00%	41.75%	38.43%	40.76%	40.17%	40.49%	32.23%	39.59%	39.61%
Due to a growing and aging population, as well as changes to clinical guidelines, demand for MRI scans has increased annually. Pembroke Regional Hospital launched its new MRI machine back in 2015-16, offering care closer to home and helping to meet some of the demand. Additional investments, work to improve efficiency, and development of central intake processes helped keep wait times relatively stable this year. However, over the longer term, this wait time will remain a challenge. Thanks to effective triaging, 97 per cent of the most urgent patients, categorized as Priority 1, were completed within the access target, followed by 84% and 75% of the relatively urgent Priority 2 and 3 patients.									
7) Percent of priority 2, 3 and 4 cases completed within access target for CT scans	90.00%	77.77%	74.66%	78.31%	75.89%	79.45%	66.61%	81.19%	74.69%
Due to population growth and aging, demand for CT scans has also increased annually. However, CT scan wait time performance has been stable. Similar to a strategy implemented to reduce MRI wait times, the LHIN worked with hospitals to monitor efficiency and to redistribute CT patient referrals from hospitals with lengthy waits to those with shorter waits. In addition, on the recommendation of partners, funding was provided to update CT equipment in the region.									
8) Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	90.00%	81.51%	79.97%	77.89%	78.47%	81.96%	85.27%	93.09%	90.84%
The LHIN worked with the Champlain Regional Orthopedic Network to examine care quality and wait times for joint replacement surgeries. The LHIN and partners continued to enhance joint-replacement central intake and assessment centres. The result this year for hip replacement wait times was excellent.									
9) Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	90.00%	79.76%	79.14%	74.50%	75.02%	85.02%	88.02%	88.68%	86.19%
This target was very close to being met. Strategies to improve knee-replacement wait times were the same as for hip replacements, listed above.									
10) Percentage of Alternate Level of Care (ALC) Days*	9.46%	14.35%	14.50%	15.85%	15.16%	12.10%	12.70%	13.99%	13.38%
The worsening of performance on this indicator is a result of system challenges including increased emergency department visits, and wait lists for community home and long-term care. The LHIN has developed a proposal to address the population of people who wait in hospital for long-term care longer than average. The LHIN is working with partners to improve the flow of patients from acute care to sub-acute care and community-based services. The Champlain LHIN sub-acute capacity plan was approved to enable more appropriate resource allocation for patients based on their needs. New funding has been targeted to services and initiatives to help improve patient flow. New processes were developed for patients requiring transfers to assess-and-restore beds. The LHIN continued to support programs such as Home First, enhanced home care services, and Assisted Living Services.									

Indicators	Provincial Target	Provincial Results				Champlain LHIN Results			
		2014-15 Fiscal Year Result	2015-16 Fiscal Year Result	Most Recent Quarter	2016-17 Result (year-to-date)	2014-15 Fiscal Year Result	2015-16 Fiscal Year Result	Most Recent Quarter	2016-17 Result (year-to-date)
Performance Indicators (cont'd)									
11) ALC rate	12.70%	13.70%	13.98%	15.27%	15.19%	12.13%	12.64%	14.17%	13.94%
Strategies to improve performance on this indicator are the same as those described above, related to the percent ALC days indicator.									
12) Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	16.30%	19.62%	20.19%	20.39%	19.81%	18.02%	17.72%	18.35%	17.52%
The rate of revisits to the emergency room for mental health conditions has been fairly stable since 2014-15; however, overall visits to the emergency department for a mental health issue have increased. In addition to new services such as the Familiar Faces program and walk-in counselling services at Wabano Centre for Aboriginal Health that were implemented last year, a new pilot program for rapid access counselling has begun to serve the patients who revisit The Ottawa Hospital's emergency department and is showing early positive results. Many patients, however, choose not to access the services offered.									
13) Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	22.40%	31.34%	33.01%	31.15%	31.40%	27.02%	27.41%	25.36%	24.44%
Seventy-six percent of repeat visits to the emergency department for substance abuse relate to alcohol. This year, a new Alcohol Medical Intervention Clinic at the Royal that is funded by the LHIN showed positive results, with a significant reduction in repeat visits for clients of the program and for participating hospitals. Planning has been initiated to explore how this clinic will be resourced at the conclusion of the pilot.									
14) Readmission within 30 days for selected HIG conditions**	15.50%	16.60%	16.65%	16.66%	16.51%	16.11%	16.84%	16.83%	16.14%
Readmissions to hospital within 30 days for selected chronic conditions have remained fairly stable since 2014-15, though the Champlain LHIN had seen an improvement in re-admissions from Q2 2015-16 to Q1 2016-17 and was achieving the provincial target before the rate increased in the last quarter. Extensive work was conducted on a number of fronts to reduce readmissions for chronic conditions. Chronic disease networks continued their efforts to improve access to outpatient and community services through streamlined intake, improved triage and enhanced communication with primary care, as well as cross-sector collaborations. The LHIN also made recent investments in both cardiac and pulmonary rehabilitation equipment to improve access to services.									
In the Champlain LHIN, a substantial proportion of the clients readmitted to hospitals for chronic conditions within 30 days are the same clients that will benefit from the implementation of Health Links. All ten Health Links are now operational (two more were implemented this year) and the number of supported clients is growing quickly. Preliminary Health Link results show decreased readmissions to hospitals as well as reduced hospital lengths of stay and emergency department visits for participating clients.									

Indicators	Provincial Target	Provincial Results				Champlain LHIN Results			
		2014-15 Fiscal Year Result	2015-16 Fiscal Year Result	Most Recent Quarter	2016-17 Result (year-to-date)	2014-15 Fiscal Year Result	2015-16 Fiscal Year Result	Most Recent Quarter	2016-17 Result (year-to-date)
Monitoring Indicators									
15) Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery	90.00%	87.02%	88.03%	86.82%	87.23%	92.41%	91.77%	91.00%	90.88%
Cancer surgeries in the Champlain region are coordinated and managed by the Regional Cancer Program. Champlain regional performance continues to be better than the provincial target and overall provincial performance, with 91 per cent of people receiving their surgery within target times. Wait times improvement is a priority for the LHIN and Cancer Care Ontario, and this metric will continue to be monitored closely, in collaboration with regional partners and surgical oncology leads.									
16) Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery	90.00%	96.01%	95.00%	93.00%	93.00%	75.96%	75.00%	63.00%	67.00%
The LHIN continues to monitor this indicator closely. Funding for additional cardiac by-pass surgeries has been provided, as referrals continue to grow. The University of Ottawa Heart Institute is under construction to expand its capacity to perform these and other cardiac procedures.									
17) Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery	90.00%	91.93%	88.09%	85.32%	85.01%	89.84%	88.91%	88.19%	85.86%
Percentage of priority 2, 3, and 4 cases within the access target has mirrored provincial results, worsening slightly since 2014-15. The LHIN initiated a Vision Care Committee in 2014-15, which developed recommendations and a work plan. In 2016-17, the Vision Care Committee (including LHIN membership) worked to create a patient survey and a LHIN scorecard for vision care, to provide an analysis of cataract surgery capacity, and to develop a proposal for clinic expansion and additional operating room cases for pediatric strabismus.									

Indicators	Provincial Target	Provincial Results				Champlain LHIN Results			
		2014-15 Fiscal Year Result	2015-16 Fiscal Year Result	Most Recent Quarter	2016-17 Result (year-to-date)	2014-15 Fiscal Year Result	2015-16 Fiscal Year Result	Most Recent Quarter	2016-17 Result (year-to-date)
Monitoring Indicators (cont'd)									
18a) CCAC wait times from application to eligibility determination for long-term care home placements: from community setting**	NA	14.00	14.00	14.00	14.00	20.00	21.00	27.00	27.00
Wait times from application to eligibility determination for long-term care placements for clients in the community setting are longer in Champlain compared to the province as a whole. People who are in crisis situations are always assessed on a priority basis as soon as possible. The LHIN will seek opportunities to reduce the number of days through engagement with primary care physicians who conduct assessments and ongoing improvement of care coordinator visit planning.									
18b) CCAC wait times from application to eligibility determination for long-term care home placements: from acute-care setting**	NA	8.00	7.00	8.00	8.00	11.00	10.00	14.00	14.00
Wait times from application to eligibility determination for long term care placements from acute-care settings are also longer in Champlain compared to Ontario as a whole. People who are in crisis situations are always assessed on a priority basis as soon as possible. Improving processes as outlined above will help mitigate this challenge.									

Indicators	Provincial Target	Provincial Results				Champlain LHIN Results			
		2014-15 Fiscal Year Result	2015-16 Fiscal Year Result	Most Recent Quarter	2016-17 Result (year-to-date)	2014-15 Fiscal Year Result	2015-16 Fiscal Year Result	Most Recent Quarter	2016-17 Result (year-to-date)
Monitoring Indicators (cont'd)									
19) Rate of emergency visits for conditions best managed elsewhere per 1,000 population*	NA	19.56	18.47	4.58	12.28	21.94	20.23	5.19	13.34
Rates of emergency visits best managed elsewhere in Champlain are slightly higher than the provincial average. The LHIN has engaged with multiple primary care providers through the Primary Care Advisory Council, Primary Care Congress and in individual geographically-based primary care networks to raise awareness of performance and to explore areas for improvement. The LHIN continues to support quality improvements in primary care practices aimed at advanced access, office efficiency and chronic disease management. In addition, over the last years, 10 Health Links are in the implementation stage with early preliminary evidence showing a reduction in emergency department visits for patients with the highest complexity.									
20) Hospitalization rate for ambulatory care sensitive conditions per 100,000 population*	NA	320.78	320.13	81.88	241.40	297.25	305.79	74.11	221.28
Hospitalization for ambulatory care sensitive conditions are slightly better than provincial results. In the past two years, investments were made for additional nurse practitioners in the region. Chronic disease networks continued efforts to improve access to outpatient and community services through streamlined intake, improved triage and enhanced communication with primary care.									
The LHIN has been supporting the implementation of Health Links across our region to better coordinate care and meet the needs of the most complex clients. To date, ten Health Links have been implemented, with the last two becoming operational in 2016-17.									
21) Percentage of acute care patients who had a follow-up with a physician within seven days of discharge**	NA	46.09%	46.61%	47.46%	47.81%	42.31%	42.08%	43.70%	43.97%
The percentage of acute-care patients who had a follow-up with a physician within seven days of discharge has improved marginally in the region. Health Links implementation contributed to better transitions from hospital to community for people with complex needs. In addition, clearer processes for seven-day follow-up to a primary care physician post-hospital discharge were put in place.									

* FY 2016-17 is based on the available data from the fiscal year (Q1-Q3, 2016-17)

** FY 2016-17 is based on the available data from the fiscal year (Q1 and Q2, 2016-17)

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

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

Alexa Brewer

Re-appointed April 28, 2013 for a second three-year term (term ended April 27, 2016)

Nick Busing

Appointed on June 30, 2016 for a three-year term

Abebe Engdasaw

Appointed on February 15, 2017 for a three-year term

Guy Freedman

Appointed on November 4, 2015 for a three-year term

Diane Hupé

Appointed on June 30, 2016 for a three-year term

Wendy Nicklin

Appointed on October 5, 2016 for a three-year term

Randy Reid

Re-appointed August 28, 2016 for a three-year term. Also Vice-Chair (decision approved by the Board June 2017)

David Somppi

Re-appointed July 8, 2013 for a second three-year term (term ended July 7, 2016)

Pierre Tessier

Appointed on April 22, 2015 for a three-year term.

As the Chair and ethics executor for the Board, I confirm that the Champlain LHIN Board has complied with the conflict of interest policy, in accordance with the *Local Health System Integration Act*, 2006.



Jean-Pierre Boisclair

Chair, Board of Directors

Appendix A: Overview of LHIN Community Engagement Activities

This tracking tool is designed to assist LHINs to meet the key community engagement requirements outlined in the [LHIN Community Engagement Guidelines - Revised June 2016](#)

LHIN Key Engagement Requirements

1. Document a Community Engagement Plan within the Annual Business Plan and post publicly to the LHIN website. This plan should outline major planned engagement activities, target audiences and goals and methods, as well as an outline of ongoing LHIN engagement structures and processes such as citizens' and other advisory groups;
2. Maintain an inventory of all formal community engagement activities hosted by the LHIN for the purposes of eliciting input into strategic planning, initiative-specific activities and priority setting*. The inventory is to include the purpose and/or goal of the engagement, the format of the engagement activity and an evaluation of the outcome (the themes that emerged from participants and how the feedback was used in the planning process), noting specific information related to community engagement with Francophone and Indigenous communities;
3. Include the inventory of community engagement activities in the LHIN Annual Report; and
4. Engage in reflective practice related to community engagement activities with a view to continuously improve and strengthen LHIN engagement practice.

* While any feedback and input provided by stakeholders can be informative, this tracking tool was intended to help LHINs create and maintain an inventory of formal community engagement activities. It does not need to include activities such as routine or ad hoc engagements with HSPs, informal discussions with individuals of public or other stakeholders, discussions arising from complaints or compliments submitted to the LHIN.

LHIN Community Engagement Activity Tracking Tool

Date of Engagement	Engagement Name/Title	Target Audience	Levels of Participation (IAP2 Spectrum)	Purpose and Goal of Engagement	Method/Format	# of Participants	Resulting Feedback/Themes	How was the Feedback Used?	Evaluation Results	Report Back to Participants Completed? (Y/N)	Comments
		(Please include all that apply: Patients, Public, HSPs, Physicians, Other)									
20-Apr-16, 21-Sep-16, 16-Feb-17	Champlain Regional Chiefs of Staff Meeting (hospitals)	Health professionals	Consult	Meeting to exchange information.	Meeting	12	Obtained input into planning for initiatives such as orthopedic distribution, Medical Assistance in Dying, regional credentialing, sub-acute capacity planning.	Helped to inform LHIN planning.	NA		Ongoing Meeting
28-Apr-16	Community Wellness: 2016 Community Conversation Forum	Health Service Providers, Community Partners	Collaborate	Meeting to exchange information.	Forum/Symposium	100	Discussions with municipal leaders, health and community service providers, public health, and other partners to discuss how to serve vulnerable populations.	Agreed that the City of Ottawa would lead further discussions with partners around four themes and a commitment to align efforts to transform services for our community, beyond health care services.	NA		The LHIN was a participant in this collaboration.
20-Jun-16	Presentation to the Ottawa Board of Health	Members of the Ottawa Board of Health	Inform	Discussion on falls prevention in the region.	Meeting	30	Provided the Board of Health with an overview of the LHIN's work with the public health unit to reduce the incidence of falls and the importance of this initiative in the region.	The Ottawa Board of Health became more informed about how the LHIN partners with public health to advance joint priorities for our community.	NA		
20-Jun-16	Quality Improvement Forum	Health Service Providers	Inform	A collaboration with Health Quality Ontario to host a regional quality forum to strengthen the quality focus on health care in the Champlain region.	Forum/Symposium	100	Participants were asked to identify strategies and tactics to support increased communication and collaboration between the sectors, including methods to facilitate more care conferencing for complex patients	The discussion and ideas shared will be reviewed in the LHIN's future quality work.	31% response rate. Participants agreed the event was well organized, featured high-quality contact and there was time for questions and answers.	Yes	

Date of Engagement	Engagement Name/Title	Target Audience (Please include all that apply: Patients, Public, HSPs, Physicians, Other)	Levels of Participation (IAP2 Spectrum)	Purpose and Goal of Engagement	Method/Format	# of Participants	Resulting Feedback/Themes	How was the Feedback Used?	Evaluation Results	Report Back to Participants Completed ? (Y/N)	Comments
8-Apr-16; 10-Jun-16; 9-Sep-16; 9-Dec-16;	Champlain Primary Care Advisory Council (PCAC)	Primary Care Practitioners	Collaborate	Regular quarterly meetings to : • identify health system issues and potential initiatives to improve direct patient care aligned with LHIN objectives • advise the Champlain LHIN on the strategic priorities outlined in the Integrated Health Service Plan • support the implementation of prioritized initiatives for measurable health system performance improvements within the Champlain region related to primary care • assist with capacity building and knowledge exchange related to practice improvements in primary care	Meeting	22	Feedback on Annual Business Plan Initiatives Reviewed project focus for mental Health & addictions (use of sessional fees and access map for services) Reviewed provincial primary care proposed metrics and members were encouraged to provide input Respiratory seasonal surge planning – primary care providers asked to give clear messaging on office hours during seasonal surge	PCAC members were identified to participate on Health Links Primary Care Engagement Work Group Agreement reached on target population and top action priorities for Mental Health & Addictions project Primary Care physician identified to participate on Primary Care Congress planning committee Communications on surge planning incorporated into Champlain Primary Care Newsletter (Dec. 2016)	Terms of Reference are reviewed annually	Yes	
22-Jun to 31-Jul-16	Community Consultation: Distribution of Orthopedic Services in the Champlain LHIN	Health Service Providers, CEOs and Vice-Presidents, Board Members, physicians, Le Réseau (French-language health services planning entity), elected	Consult	Obtain stakeholder feedback on proposed integration decision	Written Submissions	51	26 submissions were in full agreement with the proposed decision, and offered no changes 13 were in favour of the decision, but with some changes (for example, stating the need for orthopedic services for children, which was added to the modified decision) 6 were neutral - neither agreeing nor disagreeing with the decision; and 6 opposed it primarily because they didn't agree with the planning and consultation process that had occurred to	Feedback from the consultation produced amendments to the proposed integration decision as outlined in Decision of the Champlain Local Health Integration Network: Distribution of Orthopedic Services in the Champlain LHIN	Feedback on consultation is included in Decision of the Champlain Local Health Integration Network: Distribution of Orthopedic Services in the Champlain LHIN	Yes	The proposed integration decision was made available in French and English, and posted to the Champlain LHIN website. The link was shared with 2,000 contacts and LHIN-funded health service providers. The decision is available on the website of the Champlain Local Health Integration Network.

Date of Engagement	Engagement Name/Title	Target Audience	Levels of Participation (IAP2 Spectrum)	Purpose and Goal of Engagement	Method/Format	# of Participants	Resulting Feedback/Themes	How was the Feedback Used?	Evaluation Results	Report Back to Participants Completed ? (Y/N)	Comments
		(Please include all that apply: Patients, Public, HSPs, Physicians, Other)									
		municipal and provincial representatives, public and other					date and/or wanted a more comprehensive plan before moving forward. Detailed feedback is included in Decision of the Champlain Local Health Integration Network: Distribution of Orthopedic Services in the Champlain LHIN				
13-Jul-16	Meeting with Champlain LHIN Board and Ottawa Local Immigration Partnership	Strategic Partner	Involve	To better understand newcomers' experiences with the health care system	Meeting	5	Provided an opportunity for the LHIN CEO and Board Chair to learn more about the work of OLIP, status of immigrant health in Ottawa and identify opportunities for greater collaboration.	OLIP asked the LHIN Board to partner on educational activities and the Executive Director of OLIP was invited to speak at Algonquin College Speaker Series in 2016-17, which is co-hosted by the LHIN and attended by opinion leaders in the region. OLIP's Executive Director was invited to speak to the Champlain LHIN Board in 2017-18.	NA	Yes	
15-Aug-16	Expert Advisory Panel - Sub-Region Development	Health Service Providers and Strategic Partners	Consult	Obtain feedback to guide the engagement approach and preliminary sub-region development phase.	Consultation	28	Feedback was provided on the engagement approach, the questions to ask in the community consultations and the sub-region criteria. Champlain LHIN Sub-Region Development: Technical Report	Informed sub-region engagement approach	Evaluation results can be found in the Sub-Region Development: Technical Report	Yes	The Development of Sub-Regions Report 2016 is on our website and was shared with stakeholders.

Date of Engagement	Engagement Name/Title	Target Audience (Please include all that apply: Patients, Public, HSPs, Physicians, Other)	Levels of Participation (IAP2 Spectrum)	Purpose and Goal of Engagement	Method/Format	# of Participants	Resulting Feedback/Themes	How was the Feedback Used?	Evaluation Results	Report Back to Participants Completed ? (Y/N)	Comments
6-Sep-16	Western Champlain Sub-Region Community Consultation	Health Service Providers, patients, caregivers, clients and public, primary care practitioners	Consult	Obtain feedback and input into sub-region geography and planning	Focus groups	48	Champlain LHIN Sub-Region Development : Technical Report	Feedback from the consultation informed the final sub-region geographies. Four of the five sub-region boundaries were changed: Central Ottawa expanded, boundaries were adjusted to align with municipal communities, counties were added to a sub-region, boundaries were adjusted to be consistent with the Public Health Units.	Evaluation results can be found in the Sub-Region Development: Technical Report	Yes	The Development of Sub-Regions Report 2016 is on our website and was shared with stakeholders.
7-Sep-16	Eastern Ottawa Sub-Region Community Consultation	Health Service Providers, patients, caregivers, clients and public, primary care practitioners	Consult	Obtain feedback and input into sub-region geography and planning	Focus groups	19	Champlain LHIN Sub-Region Development : Technical Report	Feedback from the consultation informed the final sub-region geographies. Four of the five sub-region boundaries were changed: Central Ottawa expanded, boundaries were adjusted to align with municipal communities, counties were added to a sub-region, boundaries were adjusted to be consistent with the Public Health Units.	Evaluation results can be found in the Sub-Region Development: Technical Report	Yes	The Development of Sub-Regions Report 2016 is on our website and was shared with stakeholders.
8-Sep-16	Central Ottawa Sub-Region Community Consultation	Health Service Providers, patients, caregivers, clients and public, primary care practitioners	Consult	Obtain feedback and input into sub-region geography and planning	Focus groups	43	Champlain LHIN Sub-Region Development : Technical Report	Feedback from the consultation informed the final sub-region geographies. Four of the five sub-region boundaries were changed: Central Ottawa expanded, boundaries were adjusted to align with municipal communities, counties were added to a sub-region, boundaries were adjusted to be consistent with the Public Health Units.	Evaluation results can be found in the Sub-Region Development: Technical Report	Yes	The Development of Sub-Regions Report 2016 is on our website and was shared with stakeholders.

Date of Engagement	Engagement Name/Title	Target Audience (Please include all that apply: Patients, Public, HSPs, Physicians, Other)	Levels of Participation (IAP2 Spectrum)	Purpose and Goal of Engagement	Method/Format	# of Participants	Resulting Feedback/Themes	How was the Feedback Used?	Evaluation Results	Report Back to Participants Completed ? (Y/N)	Comments
12-Sep-16	Western Ottawa Sub-Region Community Consultation	Health Service Providers, patients, caregivers, clients and public, primary care practitioners	Consult	Obtain feedback and input into sub-region geography and planning	Focus groups	47	Champlain LHIN Sub-Region Development : Technical Report	Feedback from the consultation informed the final sub-region geographies. Four of the five sub-region boundaries were changed: Central Ottawa expanded, boundaries were adjusted to aligned with municipal communities, counties were added to a sub-region, boundaries were adjusted to be consistent with the Public Health Units.	Evaluation results can be found in the Sub-Region Development: Technical Report	Yes	The Development of Sub-Regions Report 2016 is on our website and was shared with stakeholders.
15-Sep-16	Eastern Champlain Sub-Region Community Consultation	Health Service Providers, patients, caregivers, clients and public, primary care practitioners	Consult	Obtain feedback and input into sub-region geography and planning	Focus groups	19	Champlain LHIN Sub-Region Development : Technical Report	Feedback from the consultation informed the final sub-region geographies. Four of the five sub-region boundaries were changed: Central Ottawa expanded, boundaries were adjusted to aligned with municipal communities, counties were added to a sub-region, boundaries were adjusted to be consistent with the Public Health Units.	Evaluation results can be found in the Sub-Region Development: Technical Report	Yes	The Development of Sub-Regions Report 2016 is on our website and was shared with stakeholders.
17-Aug-16, 07-Sept-16, 05-Dec-16, 16-Jan-17	Community Hospice Service Development	Champlain Hospice Palliative Care Program, health consumers, service provider stakeholders.	Involve	Community planning to develop volunteer hospice services	Meeting	36	Identification of community assets Community journey (process) mapping identified gaps and opportunities for improvement in continuum of palliative care services	Comprehensive community process and asset map as well as gap analysis were generated. Formed community working group to guide planning and implementation for residential palliative care services. Developed plan for volunteer recruitment and training.	NA	Yes	

Date of Engagement	Engagement Name/Title	Target Audience	Levels of Participation (IAP2 Spectrum)	Purpose and Goal of Engagement	Method/Format	# of Participants	Resulting Feedback/Themes	How was the Feedback Used?	Evaluation Results	Report Back to Participants Completed ? (Y/N)	Comments
		(Please include all that apply: Patients, Public, HSPs, Physicians, Other)									
13-Sep-16	Indigenous Health Circle Forum (IHCF) and Stakeholder Sub-Region Consultation	Membership of the Champlain Indigenous Health Circle Forum, Algonquins of Pikwàkanagà n First Nation, Akausivik Inuit Family Health Team, Tungasuvvin gat Inuit, Métis Nation of Ontario, and Mohawks of Akwesasne.	Consult	Obtain feedback and input into sub-region geography and planning	Focus groups	8	Importance of Indigenous population must not to be lost in sub-region planning, as sub-regions span multiple jurisdictions and have different governing structures. Need to consider Indigenous populations, First Nations, Métis, Inuit separately, due to many distinctions between the groups. Transportation continues to be a barrier. Cultural competency across the spectrum of services needs to be enhanced. Separating Vanier into eastern sub-region (rather than central Ottawa sub-region) will create a separation between Indigenous populations and organizations.	Feedback from the consultation informed the final sub-region geographies. Four of the five sub-region boundaries were changed: Central Ottawa expanded, boundaries were adjusted to aligned with municipal communities, counties were added to a sub-region, boundaries were adjusted to be consistent with the Public Health Units. Importantly, Vanier was included in Central Ottawa Sub-Region.	Evaluation results can be found in the Sub-Region Development: Technical Report	Yes	The Development of Sub-Regions Report 2016 is on our website and was shared with stakeholders.
6-Sept - 15-Sept	Online Survey Community Sub-region Consultation	Health Service Providers, patients, caregivers, clients and public, primary care practitioners 13.1% of survey respondents reported French as their mother tongue.	Consult	Obtain feedback and input into sub-region geography and planning	Online Survey	122	Champlain LHIN Sub-Region Development : Technical Report	Feedback from the consultation informed the final sub-region geographies. Four of the five sub-region boundaries were changed: Central Ottawa expanded, boundaries were adjusted to aligned with municipal communities, counties were added to a sub-region, boundaries were adjusted to be consistent with the Public Health Units.	Evaluation results can be found in the Sub-Region Development: Technical Report	Yes	The Development of Sub-Regions Report 2016 is on our website and was shared with stakeholders.

Date of Engagement	Engagement Name/Title	Target Audience	Levels of Participation (IAP2 Spectrum)	Purpose and Goal of Engagement	Method/Format	# of Participants	Resulting Feedback/Themes	How was the Feedback Used?	Evaluation Results	Report Back to Participants Completed ? (Y/N)	Comments
		(Please include all that apply: Patients, Public, HSPs, Physicians, Other)									
May & Nov -16	Health Professionals Advisory Committee (HPAC)	Health professionals	Consult	Ongoing consultation with HPAC on LHIN initiatives	Meeting	12	Obtained input into the data health professionals would find most useful to understand population health at the sub-regional level.	Informed sub-region planning	N/A	Yes	Sub-Acute Capacity Plan and Sub-Region Development: Technical Report are posted on the Champlain LHIN website
9-Nov-16	Minwaashin Lodge Environmental Scan for Aboriginal Women and Children's Treatment Centre	Health Service Providers and health consumers	Consult	Feedback into the treatment centre model and a regional perspective	Interviews	64	Need for a coordinated approach for support after treatment	Informed Indigenous Women and Children's Centre Model	No	Yes	
17-Nov-16	Collaboration Among Allied Health Professionals	Bridging the Gap in Champlain Committee and Health Service Providers	Collaborate	Workshop for Diabetes Educators and Cardiac Rehab Clinicians	Workshop	80	Participants identified practical information that they can apply to their practice.	Inform future education sessions	96% of participants would recommend session to their colleagues.	Yes	Champlain LHIN partnered with the Bridging the Gap in Champlain Committee to host this event.
30-Nov-16	Meeting with local Ontario Medical Association Executives	Health Professionals	Consult	Meeting to exchange information.	Meeting	6	Gained a better understanding of the Ontario Medical Association's views on the Patients First legislation	It was agreed to keep the lines of communication open and to continue to engage with physicians at the local level on LHIN work. Physicians can determine when they would like to be involved.	No	No	

Date of Engagement	Engagement Name/Title	Target Audience	Levels of Participation (IAP2 Spectrum)	Purpose and Goal of Engagement	Method/Format	# of Participants	Resulting Feedback/Themes	How was the Feedback Used?	Evaluation Results	Report Back to Participants Completed ? (Y/N)	Comments
		(Please include all that apply: Patients, Public, HSPs, Physicians, Other)									
8-Dec-16	Champlain Vascular Health Session Focus Group	Patient/client and caregiver	Consult	Obtain feedback and input for an education session for people living with or at risk of vascular health conditions.	Focus group	5	Themes about importance of peer support, reducing isolation, daily care management, the importance of caregivers, de-stigmatization and stress management were discussed.	Feedback informed the development of an additional education module related to 'what to do in case of emergency' and incorporating the caregiver perspective in the materials and resources.	No	Yes	
8-Dec-16	Champlain Community Care Access Centre Patient and Caregiver Council Meeting	Patients and caregivers	Consult	LHIN CEO to meet members of the CCAC's Patient and Family Council and to gain their insights into the new LHIN Patient and Family Advisory Council (PFAC) mandated through the Patients First Act.	Meeting	12	Shared information about the work of the Patient and Caregiver Council and the Patients First legislation.	It was agreed to work together to establish the Champlain LHIN PFAC and utilize the expertise and work of the Champlain CCAC group already underway, where possible.	NA	Yes	
19-Dec-16	Acquired Brain Injury /Traumatic Brain Injury Working Group	Caregivers and Health Service Providers	Consult	Discuss the experiences of individuals living with an acquired and traumatic brain injury and their families residing in rural areas. Also discuss access issues related to community-based services	Meeting	11	Need for coordinated continuum of care for persons with acquired brain injury/traumatic brain injury in rural parts of the LHIN region. Need for enhanced education and training of health professionals related to these conditions. Caregivers of individuals with these conditions are aging. Exploration of a rural model of care.	Feedback informed future planning, e.g. plans within the Annual Business Plan. In addition, connections were made to health provider partners who are exploring options for improvements (specifically, Pathways, Robin Easey Centre, March of Dimes and Renfrew County Housing)	N/A	Yes	Communication is ongoing

Date of Engagement	Engagement Name/Title	Target Audience	Levels of Participation (IAP2 Spectrum)	Purpose and Goal of Engagement	Method/Format	# of Participants	Resulting Feedback/Themes	How was the Feedback Used?	Evaluation Results	Report Back to Participants Completed ? (Y/N)	Comments
		(Please include all that apply: Patients, Public, HSPs, Physicians, Other)									
27-Feb-17	City of Ottawa Public Information Session on Recent Surge of Opioid Overdoses	Public and Health Service Providers	Consult	LHIN was a participant in an information session on addictions services in Champlain and listen to the experiences and feedback of community members	Information Session	approx. 300	Enhance school programming Education and information for parents about how to recognize and communicate with their children on this issue, as well as understanding the supports available to them; service for teens under aged 16	Better understanding of the needs of the community. Follow-up with health service providers to address need is ongoing.	N/A	CEO also met with a family member of a teen who is living with an opioid addiction.	Communication with various stakeholders is ongoing.
28-Feb-17	Indigenous Health Equity and Wellness Think Tank	Indigenous Health Circle Forum members and stakeholders	Consult	Collaborate with the Indigenous Health Circle Forum and Indigenous communities to develop an Indigenous Health and Wellness model and equity framework to guide LHIN planning	Forum/Symposium	40	"Ind- equity" model is required- an Indigenous equity lens Need for true partnerships Work with Health Quality Ontario to embed Indigenous equity into their work	Feedback will inform Indigenous Health and Wellness model and equity framework to be developed and validated this fiscal year.	Evaluation was shared. Response rate too low for accurate results.	No	Report is in progress.
14-Mar-17	Champlain Regional Pharmacist Committee Event	Champlain Regional Pharmacist Committee, community pharmacists and health care providers	Involve	Conversations between pharmacists and health care providers about working together to deliver care for their patients	Meeting	34	Share information about community-based programs and services, and the referral process as well as how to improve collaboration among pharmacists, primary care and other providers.	Impacted the development of the 2017-18 work plan.	No	Yes	
28-Mar-17	Understanding immigrant seniors' needs and priorities for health care and	Health organizations, immigrant seniors, informal caregivers	Consult	Share feedback and experiences of health and health care in the Champlain region	Focus groups Individual interviews Survey	100 immigrant seniors 64 health	Immigrant seniors are satisfied in general with the health care they receive Wait times and affordability, access to transportation, access related to language, communication and culture and	LHIN having internal discussions to expand non-urgent transportation program to specific immigrant communities. Ottawa Local Immigration Partnership (OLIP) health sector table planning a workshop to prioritize recommendations of final report	No	No	The report is In progress. The development of the engagement process and report was done in collaboration with members of the Ottawa Local Immigration Partnership and South-East Community Health Centre.

Date of Engagement	Engagement Name/Title	Target Audience	Levels of Participation (IAP2 Spectrum)	Purpose and Goal of Engagement	Method/Format	# of Participants	Resulting Feedback/Themes	How was the Feedback Used?	Evaluation Results	Report Back to Participants Completed ? (Y/N)	Comments
		(Please include all that apply: Patients, Public, HSPs, Physicians, Other)									
	well-being in the Champlain Local Health Integration Network (LHIN) region					providers	social determinants of health were repeated themes.	and develop proposals for the LHIN and other agencies.			
31-Mar-17	Primary Care Advisory Congress	Patients, clients, caregivers, allied health professionals , nurse practitioners, physicians	Involve	Building capacity of primary care practitioners to connect with mental health and addictions and foster more awareness of sub-regions	Forum/Symposium	160	Collaborated on identifying key health issues in sub-regions based on data, and through case scenario discussions, learned about access points for mental health and addictions services in their sub-regions.	An opportunity to engage with primary care providers, emphasizing that a complex health system requires and integrated approach to manage patients and improve population health.	90 % of survey respondents were satisfied or extremely satisfied with the event.	No	This initiative was conducted in collaboration with the Champlain Community Care Access Centre and the University of Ottawa (Faculty of Medicine Continuing Professional Development Office). The report on the Congress is being finalized, after which it will be shared with participants.
10-June-16 09-Sep-16 06-Oct-16 25-Nov-16 17-Feb-17	Future of Health and Wellness Speaker Services	Health service providers, health professional, members of the community	Inform	Presentation on topics such as immigrant health planning, Truth and Reconciliation, the future of the health-care workforce, care for Canadian seniors and healthy eating.	Forum/Symposium	400		Shared information about the LHIN and how the topic fits with LHIN priorities.	NA	Yes	Presentations are available online. The LHIN co-hosts this event with Algonquin College - LHIN CEO gives opening or closing remarks.

Appendix B: Report of Management and Audited Financial Statements

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



Eric Partington
*Senior Director
Health System Performance*

May 23, 2017

Audited Financial Statements

Financial statements of

**Champlain Local Health
Integration Network**

March 31, 2017

Champlain Local Health Integration Network

March 31, 2017

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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, 2017, 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, 2017, 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
Licensed Public Accountants
May 24, 2017

Champlain Local Health Integration Network

Statement of financial position as at March 31, 2017

	2017	2016
	\$	\$
Financial assets		
Cash	745,088	562,817
Accounts receivable		
MOHLTC Transfer Payments for Health Service Providers	12,791,240	9,770,942
Due from LHIN (Note 4)	-	30,735
Other	42,741	67,455
	13,579,069	10,431,949
Liabilities		
Accounts payable and accrued liabilities	607,843	515,929
Due to LHIN (Note 4)	-	9,446
Due to Health Service Providers	12,791,240	9,770,942
Due to MOHLTC (Note 3b)	186,517	145,204
Due to the LHIN Shared Services Office (Note 4)	-	4,547
Due to Health Shared Services Ontario (Note 4)	5,215	-
Deferred capital contributions (Note 5)	25,576	94,034
	13,616,391	10,540,102
Net debt	(37,322)	(108,153)
Commitments (Note 15)		
Non-financial assets		
Prepaid expenses	11,746	14,119
Tangible capital assets (Note 6)	25,576	94,034
	37,322	108,153
Accumulated surplus	-	-

Approved by the Board



Jean-Pierre Boisclair, Board Chair



Marie Biron, 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, 2017

		2017	2016
	Budget (Note 7)	Actual	Actual
	\$	\$	\$
Revenue			
MOHLTC funding			
HSP transfer payments (Note 8)	2,586,660,300	2,632,357,165	2,557,158,981
LHIN Operations	5,004,290	4,972,484	5,004,290
Enabling Technologies (Note 10)	2,040,000	2,040,000	2,040,000
Regional Coordination of Diabetes Services	824,475	824,475	824,475
Project Initiatives			
Emergency Department Physician Lead	-	75,000	75,000
Indigenous Engagement	35,000	35,000	35,000
Emergency Room/Alternate Level of Care	100,000	100,000	100,000
French Language Services	106,000	106,000	106,000
FLHPE - Réseau des services de sante en francais de l'Est de l'Ontario	993,837	993,837	993,837
Primary Care LHIN Lead	-	75,000	75,000
Critical Care LHIN Lead	-	75,000	75,000
Patients First Transition Planning and Implementation	-	180,000	-
Amortization of deferred capital contributions (Note 5)	-	68,458	73,699
	2,595,763,902	2,641,902,419	2,566,561,282
Enabling Technologies funding allocated to other LHIN's	(1,530,000)	(1,530,000)	(1,530,000)
Funding repayable to the MOHLTC (Note 3b)	-	(138,384)	(48,133)
	2,594,233,902	2,640,234,035	2,564,983,149
Expenses			
Transfer payments to HSPs (Note 8)	2,586,660,300	2,632,357,165	2,557,158,981
LHIN Operations (Note 9)	5,004,290	4,925,236	5,000,623
Enabling Technologies (Note 10)	510,000	510,000	486,206
Regional Coordination of Diabetes Services (Note 11)	824,475	739,113	822,237
Project Initiatives			
Emergency Department Physician Lead	-	75,000	72,618
Indigenous Engagement (Note 12)	35,000	33,829	22,306
Emergency Room/Alternate Level of Care (Note 12)	100,000	100,000	100,000
French Language Services	106,000	106,000	106,000
FLHPE - Réseau des services de sante en francais de l'Est de l'Ontario (Note 12)	993,837	993,837	993,837
Primary Care LHIN Lead (Note 12)	-	72,000	72,182
Critical Care LHIN Lead (Note 12)	-	73,397	74,460
Patients First Transition Planning and Implementation	-	180,000	-
Amortization	-	68,458	73,699
	2,594,233,902	2,640,234,035	2,564,983,149
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, 2017

	2017 Actual	2016 Actual
	\$	\$
Annual surplus	-	-
Acquisition of tangible capital assets	-	-
Amortization of tangible capital assets	68,458	73,699
Decrease in prepaid expenses, net	2,373	41,790
Decrease in net debt	70,831	115,489
Net debt, beginning of year	(108,153)	(223,642)
Net debt, end of year	(37,322)	(108,153)

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, 2017

	2017	2016
	\$	\$
Operating transactions		
Annual surplus	-	-
Non-cash items		
Amortization of tangible capital assets	68,458	73,699
Amortization of deferred capital contributions (Note 5)	(68,458)	(73,699)
Changes in non-cash working capital		
Accounts receivable - MOHLTC HSP	(3,020,298)	7,255,381
Accounts receivable - Due from LHIN	30,735	(25,660)
Accounts receivable - Other	24,714	4,536
Accounts payable and accrued liabilities	91,914	(72,035)
Due to LHIN	(9,446)	9,446
Due to HSP	3,020,298	(7,255,381)
Due to MOHLTC	41,313	48,133
Due to LHIN Shared Services Office	(4,547)	(5,974)
Due to Health Shared Services Ontario	5,215	-
Prepaid expenses	2,373	41,790
	182,271	236
Capital transaction		
Acquisition of tangible capital assets	-	-
Financing transaction		
Capital contributions received (Note 5)	-	-
Net change in cash	182,271	236
Cash, beginning of year	562,817	562,581
Cash, end of year	745,088	562,817

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, 2017

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 Accountability Agreement ("MLAA"), which describes budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to 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.

Champlain Local Health Integration Network

Notes to the financial statements

March 31, 2017

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.

Champlain Local Health Integration Network

Notes to the financial statements

March 31, 2017

3. Funding repayable to the MOHLTC

In accordance with the MLAA, 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	2,632,357,165	2,632,357,165	-
LHIN Operations	4,972,484	4,925,236	47,248
Amortization	68,458	68,458	-
Enabling Technologies	2,040,000	2,040,000	-
Regional Coordination of Diabetes Services	824,475	739,113	85,362
Emergency Department Physician Lead	75,000	75,000	-
Indigenous Engagement	35,000	33,829	1,171
Emergency Room/Alternate Level of Care	100,000	100,000	-
French Language Services	106,000	106,000	-
FLHPE - Réseau des services de santé en français de l'Est de l'Ontario	993,837	993,837	-
Patients First Transition Planning and Implementation	180,000	180,000	-
Primary Care LHIN Lead	75,000	72,000	3,000
Critical Care LHIN Lead	75,000	73,397	1,603
	2,641,902,419	2,641,764,035	138,384

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

	2017	2016
	\$	\$
Due to MOHLTC, beginning of year	145,204	97,071
Amount recovered during the year	(97,071)	-
Funding repayable to the MOHLTC related to current year activities	138,384	48,133
Funding repayable to the MOHLTC on behalf of the LHIN Enabling Technologies Cluster (other LHINs)	-	-
Due to MOHLTC, end of year	186,517	145,204

Champlain Local Health Integration Network

Notes to the financial statements

March 31, 2017

4. Related party transactions

LHIN Shared Service Office, LHIN Collaborative and Health Shared Services Ontario

The LHIN Shared Services Office (the "LSSO") was a division of the Toronto Central LHIN and was subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs was responsible for providing services to all LHINs until February 28, 2017. The full costs of providing these services was billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN as at February 28, 2017 were recorded as a receivable (payable) from (to) the LSSO. This was done pursuant to the shared service agreement the LSSO has with all the LHINs. In addition, the LSSO periodically incurred additional expenses on behalf of the LHINs and charged the appropriate LHINs to recover these costs. The amount contributed by the LHIN to LSSO for fiscal 2017 was \$335,573 (2016 - \$381,664). These costs were shared by the LHIN Operations, Enabling Technologies and Regional Coordination of Diabetes Services Programs in fiscal 2017.

The LHIN Collaborative ("LHINC") was formed in fiscal 2010 to support the LHINs in fostering engagement of the health service provider community in support of collaborative and successful integration of the health care system; their role as system manager; where appropriate, the consistent implementation of provincial strategy and initiatives; and the identification and dissemination of best practices. LHINC was a LHIN-led organization and accountable to the LHINs. LHINC was funded by the LHINs with support from the MOHLTC until February 28, 2017. The amount contributed by the LHIN to LHINC for fiscal 2017 was \$47,500 (2016 - \$47,500). These costs were shared by the LHIN Operations, Enabling Technologies and Regional Coordination of Diabetes Services Programs in fiscal 2017.

Effective March 1, 2017 pursuant to a transfer agreement between Toronto Central LHIN and Health Shared Services Ontario (HSSO) responsibility for the shared services previously provided by the LSSO and the LHINC was transferred to HSSO. HSSO is a provincial agency established January 1, 2017 by O. Reg. 456/16 made under LHSIA with objects to provide shared services to LHINs in areas that include human resources management, logistics, finance and administration and procurement. HSSO as a provincial agency is subject to legislation, policies and directives of the Government of Ontario and the Memorandum of Understanding between HSSO and the Minister of Health and Long Term Care. The amount contributed by the LHIN to HSSO for fiscal 2017 was \$5,215 (2016 - \$0). Additional funding of \$31,806 for fiscal 2017 (2016 - \$0) was removed from the LHIN budget and redirected to HSSO. These costs were shared by the LHIN Operations, Enabling Technologies and Regional Coordination of Diabetes Services Programs in fiscal 2017.

Beginning in 2013-14, the Champlain LHIN has operated a regional Translation Program on behalf of the LHINs. The full costs of providing these services are billed to the LHINs. Any portion of the Translation Program operating costs overpaid (or not paid) by the LHINs at year end are recorded as a receivable (payable) to (from) the Champlain LHIN. This is done pursuant to the Shared Service Agreement with all the LHINs.

5. Deferred capital contributions

	2017	2016
	\$	\$
Balance, beginning of year	94,034	167,733
Capital contributions from MOHLTC	-	-
Amortization for the year	(68,458)	(73,699)
Balance, end of year	25,576	94,034

Champlain Local Health Integration Network

Notes to the financial statements

March 31, 2017

6. Tangible capital assets

			2017	2016
	Cost	Accumulated amortization	Net book value	Net book value
	\$	\$	\$	\$
Computer equipment	128,202	128,202	-	-
Computer software	58,832	58,832	-	8,357
Office equipment	259,183	244,201	14,982	36,376
Furniture and fixtures	426,055	420,430	5,625	12,640
Leasehold improvements	1,351,908	1,346,939	4,969	36,661
	2,224,180	2,198,604	25,576	94,034

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 as included in the signed MLAA.

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

			2017	2016
	Initial	Announcements	Total	Total
	\$	\$	\$	\$
HSP Transfer Payments	2,586,660,300	45,696,865	2,632,357,165	2,557,158,981
LHIN Operations	5,004,290	(31,806)	4,972,484	5,004,290
Enabling Technologies programs	510,000	-	510,000	510,000
Regional Coordination of Diabetes Services	824,475	-	824,475	824,475
Other programs	1,234,837	405,000	1,639,837	1,459,837
	2,594,233,902	46,070,059	2,640,303,961	2,564,957,583

Champlain Local Health Integration Network

Notes to the financial statements

March 31, 2017

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 2017 and 2016 as follows:

	2017	2016
	\$	\$
Operations of Hospitals	1,675,913,304	1,638,542,984
Grants to compensate for Municipal Taxation		
Public Hospitals	355,650	355,650
Long-Term Care Homes	354,206,854	348,124,798
Community Care Access Centres	257,788,280	236,484,027
Community Support Services	47,954,385	45,677,863
Acquired Brain Injury	2,599,537	2,584,076
Assisted Living Services in Supportive Housing	24,163,783	23,266,386
Community Health Centres	65,762,807	62,432,199
Community Mental Health Program	72,873,302	71,194,900
Addictions Program	24,932,329	25,169,111
Specialty Psychiatric Hospitals	104,477,162	102,418,141
Grants to compensate for Municipal Taxation		
Psychiatric Hospitals	27,975	28,425
	2,631,055,368	2,556,278,560
Long-Term Care Homes prior year settlements	1,301,797	880,421
	2,632,357,165	2,557,158,981

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, Health Shared Services Ontario and LHIN Collaborative (see Note 4). The expenses incurred are as follows:

	2017	2016
	\$	\$
Program based		
Salary and benefits	3,780,594	3,760,955
Consulting and LHIN-based projects	25,667	36,019
Other program costs	221,686	240,366
	4,027,947	4,037,340
Occupancy	427,166	420,094
LHIN Shared services	233,100	328,612
Health Shared Services Ontario	25,109	-
LHIN Collaborative	37,500	40,897
Governance per diems	114,725	106,400
Office equipment and supplies	47,244	55,424
Other	12,445	11,856
	4,925,236	5,000,623
Amortization	52,264	53,133
	4,977,500	5,053,756

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9. LHIN Operations (continued)

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:

	2017	2016
	\$	\$
Chair per diems	66,150	59,500
Other Board member per diems	48,575	46,900
Other	21,280	18,744
	136,005	125,144

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

Enabling Technologies

In fiscal 2016, 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, 2017 was \$2,040,000 (2016 - \$2,040,000).

Funding of \$1,530,000 (2016 - \$1,530,000) was allocated to other LHIN's within the cluster who incurred eligible expenses of \$1,530,000 (2016 - \$1,530,000). A summary of Enabling Technologies funding and expenses are as follows:

			2017	2016
	Funding allocated	Eligible expenses	Excess funding	Excess funding
	\$	\$	\$	\$
Champlain LHIN	510,000	510,000	-	23,794
South East LHIN	510,000	510,000	-	-
North East LHIN	510,000	510,000	-	-
North West LHIN	510,000	510,000	-	-
	2,040,000	2,040,000	-	23,794

Expenses incurred by the LHIN are:

	2017	2016
	\$	\$
Salaries and benefits	465,896	465,595
Other program costs	44,104	20,611
	510,000	486,206
Amortization	1,102	1,313
	511,102	487,519

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11. Regional Coordination of Diabetes Services

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:

	2017	2016
	\$	\$
Salaries and benefits	488,784	608,438
Other program costs	250,329	213,799
	739,113	822,237
Amortization	15,092	19,253
	754,205	841,490

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.

Indigenous Engagement

The MOHLTC provided funding for Indigenous community engagement. The LHIN allocated the funds to support the Indigenous Health Circle Forum and community engagement activities to improve Indigenous 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 equitable 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 (LHSA)) and to implement provincial priorities with respect to French Language Services at the regional and local levels.

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12. Operations of LHIN - Project Funds (continued)

FLHPE - Réseau des services de santé en français de l'Est de l'Ontario

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. On December 5, 2015, the Minister of Health and Long-Term Care reselected the Réseau des services de santé en français de l'Est de l'Ontario to continue as the French language planning entity for the geographic areas of Champlain Local Health Integration Network and South East Local Health Integration Network. The Champlain and South-East LHINs and the Réseau entered another five-year funding and accountability agreement.

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 includes participation as Lead with the Critical Care Secretariat and incorporating 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.

Patients First Transition Planning and Implementation

In anticipation of the implementation of the Patient's First Act in 2017-18, the LHIN received one time funding for 2016-17. This funding was used for staffing costs associated with the work required to prepare the LHIN for the transition.

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

	2017	2016
	\$	\$
Salaries and benefits	392,827	201,913
Professional services	1,209,837	1,210,318
Mail, courier and telecommunications	1,580	1,208
Other	29,819	27,964
	1,634,063	1,441,403

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13. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of 50 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 2017 was \$395,820 (2016 - \$418,135) 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, 2016. 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 2021 related to office space and to 2018 related to equipment. Minimum lease payments due are as follows:

	\$
2018	495,045
2019	494,266
2020	494,266
2021	247,133

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:

	\$
2017	2,700,116,822
2018	356,004,188

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 long term care providers that have been renewed until March 31, 2019. The agreements with hospitals and community sector providers expire on March 31, 2018 respectively. Renewal of accountability agreements for all providers is anticipated.

16. Subsequent event

On April 7, 2017 the Minister of Health and Long-Term Care made an order under the provisions of the Local Health System Integration Act, 2006, as amended by the Patients First Act, 2016 to require the transfer of all assets, liabilities, rights and obligations of the Champlain Community Care Access Centre the (CCAC), to the LHIN, including the transfer of all employees of the CCAC.

Effective May 24, 2017 the LHIN will assume the responsibility to provide health and related social services and supplies and equipment for the care of persons in home, community and other settings and to provide goods and services to assist caregivers in the provision of care for such persons, to manage the placement of persons into long-term care homes, supportive housing programs, chronic care and rehabilitation beds in hospitals, and other programs and places where community services are provided under the Home Care and Community Services Act, 1994 and to provide information to the public about, and make referrals to, health and social services.

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