North East **LHIN** | **RLISS** du Nord-Est

North East Local Health Integration Network

2015/16 Annual Report

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

Table of Contents

Cover Photo

North Bay's 86-year-old Vivianne Frankish demonstrates her use of Telehomecare and how the technology is helping her to self-manage her lung disease (Chronic Obstructive Pulmonary Disease – COPD) from the comfort of her own home. Vivianne is one of close to 2,000 Northerners who have used Telehomecare to manage their COPD or Heart Failure. The NE LHIN continues to support the use of this technology as a means for Northerners to access the care they need closer to where they live. Most recently, EMS providers in many parts of the region are collaborating with Telehomecare and caring for people in their homes, including patient referral, assessment, enrolment and home visits.

NE LHIN

555 Oak Street East
3rd Floor
North Bay
P1B 8E3

264 McNabb St.
2nd Floor
Sault Ste. Marie
P6B 1Y6

Rainbow Centre
40 Elm Street, Suite 247
Sudbury
P3C 1S8

681 Algonquin Blvd. East
Suite 3
Timmins
P4N 7E5

Telephone: (705) 840-2872 Toll free: 1-866-906-5446 Fax: (705) 840-0142
E-mail: engagingwithyou@lhins.on.ca www.nelhin.on.ca

ISSN 1911-2955 Annual Report 2015/16, North East Local Health Integration Network.

Message from the Board Chair and CEO

June 30, 2016

Louise Paquette, Chief Executive Officer

The final year of our 2013-2016 Integrated Health Service Plan (IHSP) was spent advancing our priorities and engaging with fellow Northerners. We listened with interest to Northerners' thoughts on how to strengthen Northeastern Ontario's health care system and improve the patient experience.

Our IHSP had four priorities: increase access to primary care; strengthen transitions of care; make mental health and addictions services more accessible; and better target the needs of Francophone and Aboriginal people living in our LHIN. Advancement of these priorities was well supported by the enablers of technology, system integration, and health human resources.

Through more than 2,000 survey responses, 110 engagements, and thousands of comments, Northerners played an active role in continuing to build an integrated system of care over this past year, and their input further informed our 2016-2019 IHSP.

Danielle Bélanger-Corbin, Board Chair

This annual report speaks to the progress made collectively with our many partners, both within health care and beyond, including:

- Holding our first-ever **Housing Forum** with close to 150 Northerners from a wide range of the public and private sectors – who came together to explore creative solutions to better meet the region's future housing needs. Following the forum, we established a NE LHIN **Housing/Health Expert Panel** that is now leading the development of a housing strategy for Northeastern Ontario**.**
- Through the leadership of our Critical Care Lead, Dr. Derek Manchuk, a unique made-in-the-North solution known as a **Virtual Critical Care (VCC)** received the Minister of Health's Medal -- the top prize honouring excellence in health quality and safety. VCC virtually links critically ill patients in our region's smaller hospitals to a team of intensive care practitioners at our regional hospital.
- Six **Health Links** are underway and providing medically complex patients with coordinated care plans.
- A **Patient Flow Strategy and ALC Work Plan** was developed that builds on previous work to help Northerners receive the right care in the right place and be in hospital only when their health determines the need for acute care.
- In collaboration with our Local Aboriginal Health Committee (LAHC), an advisory committee to our Board of Directors, we began work on a **Northeastern Ontario Aboriginal Health Care Strategy and Reconciliation Plan**, which will be completed by the Fall of 2016.
- We celebrated **400 years of French presence in Ontario** and the designation of 42 of our health care providers – the highest number of designated health care organizations amongst LHINs.
- We held educational sessions in five communities and trained over 100 physicians, nurses and social workers in **end of life and palliative care**.

As the NE LHIN moves forward, we will continue to invite Northerners to be part of the important conversation to build a more integrated system of care in Northeastern Ontario.

Danielle Bélanger-Corbin

Louise Paquette

Welcome to the NE LHIN

Mission

To advance the integration of health care services across Northeastern Ontario by engaging our local communities.

« Favoriser l’intégration des services de santé dans le Nord-Est de l’Ontario en engageant nos communautés locales. »

Enkiichigaadeg waazhi maajiishkaang maamwizwin eni zhischigaadeg wii minoyaang naadmaadwin. Giiwednowaabnong nikeya dinokiiwning ni zhischigaadeg wii minwaabminaagog endnokiishnang

ᐧᐊᑐᒋᑲᑌᐠ
ᑭᒋ ᒥᐧᓇᔑᑕᓂᐧᐊᐠ ᐁ ᒪᒪᐧᐃᓂᑲᑌᑭ ᒥᓄ ᐱᒪᑎᓯᐧᐃ ᐸᒥᐃᐧᐁᐧᐃᓇ
ᓴᐧᐸᐢᑲᒥᐠ ᑭᐧᐁᑎᓄᐠ ᐧᐊᐸᓄᐠ ᐅᐣᑌᓇᐅ ᐁ ᓇᑕᒪᐧᐊᑯᐠ ᑭᐟ ᐃᑕᐧᐃᓂᓇᐧᐊ᙮

Vision

Quality health care, when you need it.

Des services de santé de qualité au moment voulu.

Ezhi gshkitoong go waani zhi mino yang naadgo wendming pii ndo wendaagog.

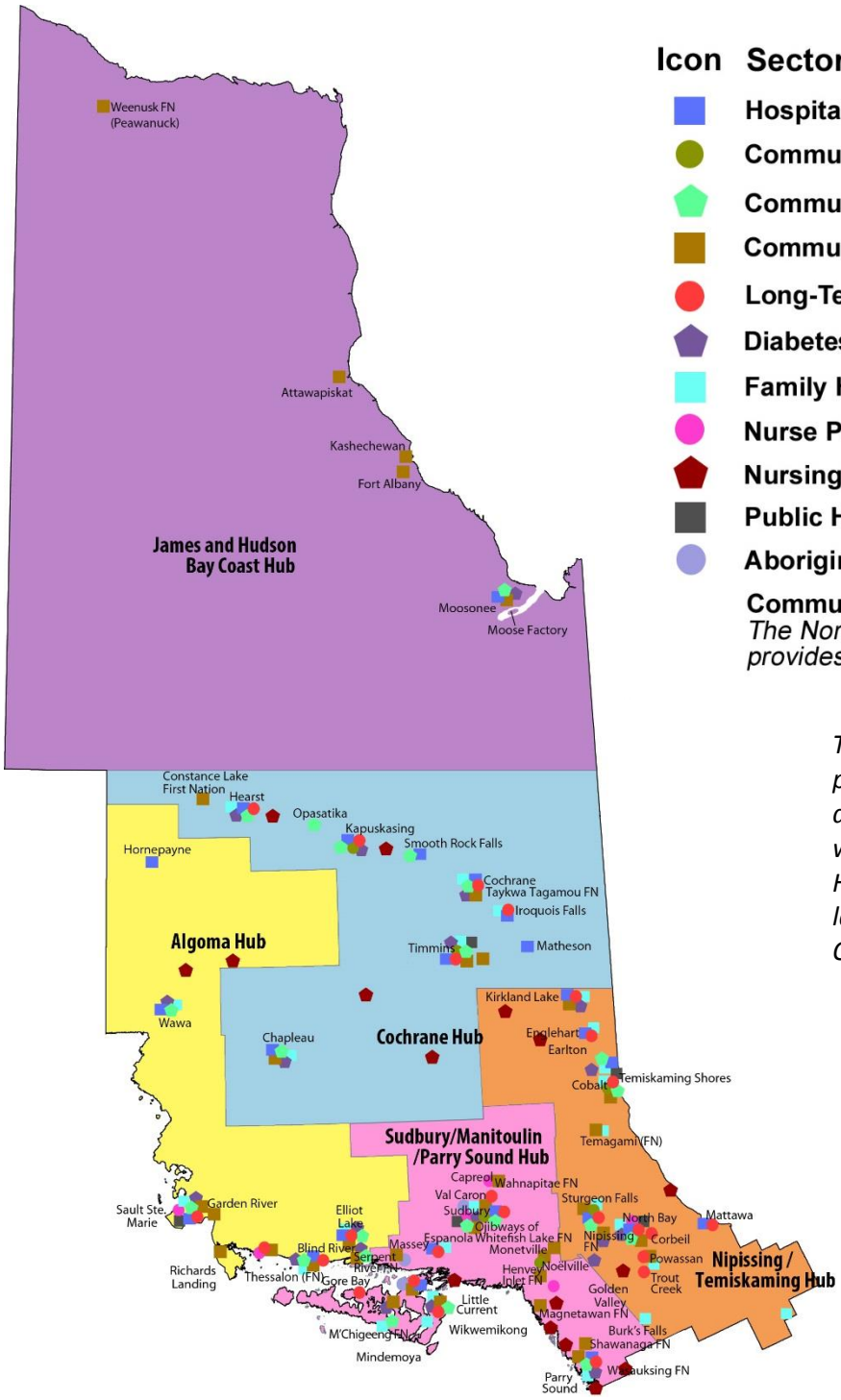
ᐧᐊ ᐅᑎᓴᐸᒋᑲᑌᐠ
ᐁ ᒥᐧᓇᔑᐠ ᒥᓄ ᐱᒪᑎᓯᐧᐃ ᐸᒥᐃᐧᐁᐧᐃᐣ ᐃᐢᐱ ᑲ ᐣᑕᐧᐁᓂᑕᒪᐣ

Dr. Derek Manchuk with Renée Fillier, RN, Coordinator, Virtual Critical Care (VCC) Program at Health Sciences North are shown at centre stage receiving a Minister of Health’s Medal in the fall of 2015 for the NE LHIN’s Virtual Critical Care unit. Through the leadership of Dr. Manchuk, the NE LHIN’s Critical Care Lead, this unique made-in-the-North solution is increasing access for critically ill patients to an intensive care team. Based out of Health Sciences North, the VCC now has 23 of our region’s 25 hospitals participating in the technology.

The NE LHIN Region

Delivering health care across a vast geography like Northeastern Ontario has its challenges. The NE LHIN covers 44% of Ontario's land mass, and is home to 4% of the province's population. Our population is both declining and aging. Northerners live in some of the province's most remote and rural communities and can be many kilometres away from the closest health service provider. In communities along the James and Hudson Bay coast, access is only possible via ice roads or air.

Our large geography is divided into five hub planning areas to help ensure localized quality health care delivery and priority setting.



Icon	Sector/Providers
	Hospitals (25)
	Community Health Centres (6)
	Community Mental Health & Addictions (44)
	Community Support Services (70)
	Long-Term Care Homes (41)
	Diabetes Education Centres (21)
	Family Health Teams (27)
	Nurse Practitioner Led Clinics (6)
	Nursing Stations (16)
	Public Health Units (5)
	Aboriginal Health Access Centres (3)
	Community Care Access Centre (1) *The North East Community Care Access Centre provides services across the NE LHIN region*

This map shows the NE LHIN's "Hub" planning areas. Planning areas have been determined by hospital referral patterns within the LHIN region. The designation of Hub areas helps the NE LHIN manage the large geographic area of Northeastern Ontario, from four community offices.

NE LHIN Facts, Stats and Figures

Understanding Northerners -- where they live and their health care needs -- together with available health services and how they are being used, helps to ensure resources are allocated appropriately and investments are made wisely.

Who are we?

- Second largest LHIN – about 400,000 square kilometres – 44% of Ontario's land mass.
- An estimated population of 565,000 – about 4% of Ontario's population.
- 60% of people live within the boundaries of four cities: Greater Sudbury, Sault Ste. Marie, North Bay and Timmins.
- An aging population -- by 2026, one in four residents will be 65 or older.
- 23% of Northerners are Francophone
- 11% of Northerners are Indigenous and identify as Aboriginal, First Nation, or Métis.

Health Service Providers

The NE LHIN funds 144 health service providers within six sectors: some organizations provide services in more than one sector and may be counted twice below:

- Hospitals (25 – including one complex continuing care centre)
- Community Health Centres (6)
- Community Mental Health & Addictions (44)
- Community Support Services (70)
- Long-Term Care Homes (41)
- Community Care Access Centre (1)
- There are 2,109 hospital beds in the NE LHIN, including 154 specialized mental health beds.
- There are 5,048 long-term care beds across the region, the highest supply of LTC beds per capita
    - 105 beds for every 1,000 people aged 75 and over, as compared to 82 beds/1,000 people aged 75 and over in Ontario.

Primary Care

- 431 primary care physicians
- 27 family health teams
- 6 nurse practitioner-led clinics
- 6 community health centres
- 6 nursing stations
- 3 Aboriginal Health Centres
- Health Care Connect helps better connect Northerners with primary care providers.
    - From March 2015 to March 2016, close to 84% of patients were successfully connected to a primary care provider, compared to 80% the previous year.

Population Health

Overall, compared to the province, the North East LHIN has a higher:

	North East LHIN	Ontario*
Proportion of people with Aboriginal Identity	11%	2%
Proportion of Francophones	23%	4%
Proportion of people living in rural areas	30%	14%
Proportion of people over the age of 65*	20%	16%
Unemployment rate for ages 15+	10%	8%
Proportion of people aged 25-64 who do not have post-secondary education	14%	11%
Percentage of smokers	21%	18%
Percentage of drinkers who report heavy drinking	22%	17%
Percentage of adults (age 18+) who are overweight or obese	62%	54%
Prevalence of high blood pressure	22%	18%
Percentage of residents with multiple chronic conditions	21%	15%

The North East LHIN region is also associated with a lower:

	North East LHIN	Ontario*
Proportion of the population who have a regular medical doctor	85%	91%
Proportion of the population who rate their health as very good or excellent	57%	60%
Proportion of the population reporting physical inactivity	43%	46%

**Ontario percentages also include Northeastern Ontario percentages.*

Peer Support Navigators from North Bay's PEP (People for Equal Partnership in Mental Health) are in the North Bay Regional Health Centre's emergency department to offer 'soft' supports to people in crisis. Arif Majeed of PEP's management team (left) joins Kyle Larente, Peer Support Navigator outside the hospital's emergency department.

NE LHIN Board of Directors

Our Board of Directors is an active board with engaged and committed members who bring a wide variety of expertise to the governance table including accounting, medicine, management, and geriatric care. Directors bring the face of the communities we serve to our decision-making. As as we seek new board members, this breadth of skills and expertise continues to be sought.

Danielle Bélanger-Corbin
Chair
Temiskaming Shores

Term: September 29, 2010 to September 29, 2013; renewed to September 28, 2016

Rick Cooper
Vice-Chair
Manitoulin Island

Term: October 23, 2013 to October 22, 2016

Dawn Madahbee
Manitoulin Island

Term: September 8, 2014 to September 8, 2017

Santina Marasco
Sudbury

Term: August 15, 2012 t o August 15, 2015; renewed to August 14, 2018

Dr. Colin Germond
Sudbury

Term: April 21, 2010 to April 21, 2013; renewed to April 20, 2016

Denis Bérubé
Moonbeam

Term: November 5, 2014 to November 5, 2017

Toni Nanne-Little
Sault Ste. Marie

Term: February 11, 2015 to February 11, 2018

John Febbraro
Sault. Ste. Marie

Term: December 2, 2015 to December 2, 2018

Gary Scripnick
Timmins

Term: February 10, 2016 to February 9, 2019

Board Advisory Committees

Our Board of Directors has two advisory committees: Health Professionals Advisory Committee (HPAC) and Local Aboriginal Health Committee (LAHC). Both committees meet face-to-face twice per year and provide system-level advice to the Board.

Health Professionals Advisory Committee (HPAC)

HPAC serves as a collective voice for health professionals and has the important responsibility of providing advice to the NE LHIN Board on: how to achieve patient-centred health care and further develop the leadership role of health professionals in promoting integrated health care delivery; effective ways and means to move forward with IHSP priorities; and considerations in the development of integrated models of care across Northeastern Ontario.

HPAC members (left to right): Rick Cooper, Robert Silvestri, Allyson Campsall, Roger Pilon (Chair), Mary Schofield-Salmon, Cynthia Stables, Renée-Ann Wilson, Jennifer Fournier, Diane Stringer (Vice-Chair), Danielle Bélanger-Corbin, Dr. David McPhee, Stephanie Doni and Linda Rankin.

HPAC Members

- **Roger Pilon (Chair),** Laurentian University Faculty and Nurse Practitioner, Centre de santé communautaires du grand Sudbury
- **Diane Stringer (Vice-Chair),** Director of Care, MICs Group of Health Services, Cochrane
- Pam Williamson, Executive Director, Noojmowin-Teg Health Centre, Little Current
- Allyson Campsall, Registered Practical Nurse, Temiskaming Hospital
- Deb Hill, Vice President of Patient Care & Chief Nursing Executive, Weeneebayko Area Health Authority, Moose Factory
- Stephanie Doni, Dietitian, Sudbury District Nurse Practitioner Clinics
- Renée-Ann Wilson, Advanced Practice Physiotherapist, North East Joint Assessment Centre
- Jennifer Fournier, Primary Healthcare Nurse Practitioner, Adjunct Professor, School of Nursing, Laurentian University
- Maggie Gareau, Pharmacy Manager, Drug Basics Pharmacy
- Sandra Linton, Manager, Temiskaming Home Support
- Dr. Paul Preston, Physician, Blue Sky Family Health Team and North Bay Regional Health Centre, North Bay
- Dr. David McPhee, Chief Psychologist, Outpatient Mental Health Program, Sault Area Hospital
- Linda Rankin, Director of the Northern Ontario Postpartum Mood Disorder (PPMD) Project
- Mary Schofield-Salmon, Manager, Patient Flow Mental Health, North Bay Regional Health Centre
- Robert Silvestri, Lead Researcher, Northern Ontario Assessment and Resource Centre, Cambrian College
- Rick Cooper, Member of the NE LHIN Board of Directors
- Louise Paquette, Chief Executive Officer, NE LHIN (ex officio)
- Cynthia Stables, NE LHIN Senior Director, Communications, Community Engagement, Cultural Diversity

Roger Pilon, HPAC Chair

Local Aboriginal Health Committee (LAHC)

The LAHC advises the NE LHIN Board on health service priorities within Aboriginal (First Nations, Métis, urban, rural) communities, as well as on opportunities for the integration and coordination of health care services. The LAHC and the NE LHIN work collaboratively to identify initiatives that lead to outcomes that support enhanced access to care for Northeastern Ontario Aboriginal people.

LAHC Members

Gloria Daybutch, LAHC Chair

- **Gloria Daybutch (Chair),** Health Director, Mamaweswen North Shore Tribal Council, Cutler
- Rachel Cull, Executive Director, Misiway Milopemahtesewin Community Health Centre, Timmins
- Dale Copegog, Director of Health and Social Service, Wasauksing First Nation, Parry Sound
- Sally Dokis, Health Director, Dokis Health Centre, Monetville
- Julie Morin, Operational Director, Mnaamodzawin Health Centre, Little Current
- Giselle Kataquapit, Health Director, Peetabeck Health Centre, Fort Albany
- Veronica Nicholson, Executive Director, Timmins Native Friendship Centre, Timmins
- Angela Recollet, Executive Director, Shkagamik-Kwe Health Centre, Sudbury
- Janice Soltys, Chief Information Officer, WAHA, James and Hudson Bay
- Mary Jo Wabano, Health Services Director, Wikwemikong Health Centre, Manitoulin Island
- Pam Williamson, Executive Director, Noojmowin-Teg Health Centre, Little Current
- Tyler Twarowski, Program Manager, CMHA Cochrane Timiskaming Branch, Timiskaming
- Dawn Madahbee, Member of the NE LHIN Board of Directors
- Louise Paquette, Chief Executive Officer, NE LHIN (ex officio)
- Cynthia Stables, NE LHIN Senior Director, Communications, Community Engagement, Cultural Diversity
- Natalie Atkinson, NE LHIN Aboriginal Lead

LAHC held its spring 2016 meeting on Manitoulin Island. Discussions centred on the development of a Northeastern Ontario Aboriginal Health Care Strategy and Reconciliation Plan.

Ministry-LHIN Performance Agreement (MLAA)

One of the ways the success of our LHIN performance is measured is through our accountability agreement with the Ministry of Health and Long-Term Care, known as the Ministry-LHIN Accountability Agreement, or MLAA. Embedded in our MLAA are 14 performance indicators, seven monitoring indicators, and two indicators which are under development. Indicators are updated every quarter; for an up-to-date status report on indicators, please contact the NE LHIN or visit www.nelhin.on.ca.

No.	Indicator	Provincial target	Provincial			LHIN		
			2014/15 Fiscal Year Result	Most Recent Quarter	2015/16 Result (year-to-date)	2014/15 Fiscal Year Result	Most Recent Quarter	2015/16 Result (year-to-date)
1. 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%	86.55%	85.28%	86.06%	85.24%	83.86%
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%	93.21%	93.66%	93.61%	93.49%	93.85%
3	90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	21 days	29	29	30	70	44	50
4	90th percentile emergency department (ED) length of stay for complex patients	8 hours	10.13	10.48	9.97	8.20	8.73	8.47
5	90th percentile emergency department (ED) length of stay for minor/uncomplicated patients	4 hours	4.03	4.28	4.07	3.95	4.08	3.92
6	Percent of priority 2, 3 and 4 cases completed within access target for MRI scans	90%	41.75%	40.37%	38.41%	49.82%	49.77%	47.21%
7	Percent of priority 2, 3 and 4 cases completed within access target for CT scans	90%	77.77%	74.08%	74.60%	78.29%	79.64%	76.07%
8	Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	90%	81.51%	79.63%	79.97%	72.26%	86.50%	87.08%
9	Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	90%	79.76%	78.18%	79.14%	71.13%	88.22%	84.16%
10	Percentage of Alternate Level of Care (ALC) Days*	9.46%	14.35%	14.15%	14.16%	23.17%	25.12%	28.03%
11	ALC rate	12.70%	13.70%	14.12%	13.98%	21.03%	19.76%	19.45%
12	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	16.30%	19.62%	20.33%	20.28%	17.56%	16.64%	18.05%
13	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	22.40%	31.34%	33.39%	33.42%	31.29%	29.62%	33.96%
14	Readmission within 30 days for selected HIG conditions**	15.50%	16.60%	16.62%	16.51%	17.84%	17.76%	17.15%
2. Monitoring Indicators								
15	Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery	90%	87.02%	86.56%	88.03%	89.08%	89.81%	92.59%
16	Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery	90%	96.01%	94.00%	95.00%	98.93%	99.00%	100.00%
17	Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery	90%	91.93%	87.37%	88.09%	90.52%	91.25%	91.90%
18 (a)	CCAC wait times from application to eligibility determination for long-term care home placements: from community setting**	NA	14	15	14	8	10	8
18 (b)	CCAC wait times from application to eligibility determination for long-term care home placements: from acute-care setting**	NA	8	7	8	7	7.50	8
19	Rate of emergency visits for conditions best managed elsewhere per 1,000 population*	NA	19.56	4.58	12.86	55.29	13.37	38.50
20	Hospitalization rate for ambulatory care sensitive conditions per 100,000 population*	NA	320.78	80.87	235.64	626.00	156.83	457.70
21	Percentage of acute care patients who had a follow-up with a physician within 7 days of discharge**	NA	46.09%	45.55%	46.58%	36.41%	37.73%	37.57%

*FY 2015/16 is based on the available data from the fiscal year (Q1-Q3, 2015/16)

**FY 2015/16 is based on the available data from the fiscal year (Q1-Q2, 2015/16)

Report on MLAA Performance Indicators

It is important to note that all provincial targets have been established with a three-year timeframe for LHINs to meet them. Year one is 2015/16.

Home and Community

Home and community care is monitored by three performance indicators associated with services provided by the Community Care Access Centre (CCAC) as per below.

Personal Support: Percentage of home care clients with complex needs who received their personal support visit within five days of the date in which they were authorized for personal support services. At 83.86% performance is below target (95%). This performance indicator captures approximately 230 patients each quarter out of more than 10,000 served by the CCAC. Approximately 20 patients per quarter are not receiving service within target and of these, half did not because the patient/family indicated that they were unavailable to receive service within the five day target. In some cases, system challenges such as a shortage of personal support workers in some communities has led to delays in receiving care.

Nursing: Percentage of home care clients who received their nursing visit within five days of the date they were authorized for nursing services. At just under 94%, performance is slightly below target (95%). Over 3,000 patients receive nursing visits each quarter. Of the group of patients that did not receive services within five days, a number of patients/families indicated their unavailability within the five day target. Taking this small cohort of patients into account each quarter means that over 95% of patients received care within the target. The NE CCAC is working to improve processes and communication with its contracted service providers as a means to reach additional improvements.

Wait for Service: 90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management). At 50 days, performance is not meeting target (21 days). A CCAC-led wait time improvement strategy was deployed in 2015/16 with the goal of reducing the wait time to service. By the end of Q3 2015/16 performance improved by 40% compared to the

David McNeil, past president of RNAO; Tim Lenartowych, RNAO's Director of Nursing & Health Policy; Nurse Practitioner Jennifer Clement; and NE LHIN CEO Louise Paquette gather at the launch of the RNAO's Report on Rural, Remote and Northern Nursing in Ontario -- a report co-authored by David and Louise in the spring of 2015.

previous year with work yet to do to get to the overall target of 21 days. Performance has improved with a focused effort to reduce wait time to therapy services such as occupational therapy, physiotherapy and other therapies. A number of key strategies were used including, referral process improvements, focused recruitment to fill vacant therapy positions, maximizing use of therapy assistants and enhancing technology to enable mobile workforce. Focus remains on decreasing wait times for this service.

System Integration and Access

System Integration and Access is monitored by performance in the Emergency Department (ED), surgery and diagnostic imaging, and managing patients who have been designated as requiring an alternate level of care (ALC).

ED Performance: 90th percentile emergency department (ED) length of stay for complex patients. At 8.47 hours, performance exceeds target (8 hours) by just under 30 minutes. Two patient cohorts are key to this indicator including complex patients admitted to hospital and those discharged from the ED. Of these two cohorts, patients requiring admission to hospital are driving performance above target. In two of four of the NE LHIN's Hub hospitals, the ED length of stay exceeds 25 hours for those patients requiring admission to hospital after the ED physician has determined their disposition. This patient backlog is the result of high inpatient occupancy and a high number of patients designated as alternate level of care (ALC). (Please see comments under ALC.)

ED Performance: 90th percentile emergency department (ED) length of stay (LOS) for minor/uncomplicated patients. At 3.92 hours, performance is better than the provincial target of 4 hours. The NE LHIN supports several strategies to improve ED LOS, including the Pay for Results Action Plan, which is a focused-performance improvement plan for the four Hub hospitals. Other initiatives such as Geriatric Emergency Management (GEM) nurses who support discharge from the ED for frail seniors who need additional assessment and supports after physician assessments are completed. As well, the ED Outreach Service in Sudbury provides on-call support to residents of local long-term care homes by sending ED nurses to the home, which in many cases prevents a trip to the hospital's ED.

Lesly-Ann Humphrey does physiotherapy at the Timmins and District Hospital after her hip replacement surgery, joined by Ginette Fournier (left), Rehabilitation Aide, and Brad Duclos, Physiotherapist.

Diagnostic Imaging – MRI Scans: Percent of priority 2, 3 and 4 cases completed within access target for MRI scans. At 47%, performance is below target (90%) and the same as the previous year. However, overall, the NE LHIN performance was ranked fourth amongst the 14 LHINs indicative of the performance gap across the province. In the NE LHIN, the least urgent MRI scans, priority 4 scans, represent over 85% of all scans. There remains a gap between the funded-volume of scans and the demand for scans. The NE LHIN continues to support a second MRI scanner for the regional teaching hospital in Sudbury as a key strategy to improve wait time performance across the region.

Diagnostic Imaging – Computed Tomography (CT) Imaging: Percent of priority 2, 3 and 4 cases completed within access target for CT scans. At 76%, performance is below target (90%) but improved from last year's performance (71%). High demand for CT scans is a key factor

in driving wait time performance. A new efficiency dashboard being released in 2016/17 will enable comparative analysis of CT scanners across all hospitals in Ontario and provide an opportunity to improve performance.

Surgery, Hip Replacement: Percent of priority 2, 3 and 4 cases completed within access target for hip replacement. At 87%, performance is just below target (90%). The NE LHIN's focus on improving wait times for hip and knee replacements has resulted in performance improvement from 82% in 2014/15 to 87% in 2015/16. Two years ago, the NE LHIN ranked 12th of 14 LHINs in performance on hip replacement and it is now ranked third. The NE LHIN achieved this remarkable improvement through a focus on surgeons' wait lists, monthly monitoring of surgical volumes and getting the most appropriate patients to surgery by utilizing the NE LHIN's centralized assessment program -- North East Joint Assessment Centres.

Surgery, Knee Replacement: Percent of priority 2, 3 and 4 cases completed within access target for knee replacement. At 84%, performance was just below target (90%). A few years ago the NE LHIN ranked 14th of 14 LHINs in performance and is now ranked fifth. The key strategies employed by the NE LHIN are identified under hip replacement.

Alternate Level of Care (ALC): At 19.45%, performance is above target (12.7%). Through a focused approach on ensuring patients get the right care in the most appropriate setting, the NE LHIN has achieved a remarkable decrease in ALC days, from +40% to half of that in recent years. Patients designated as ALC are people who remain in hospital after the acute portion of their care is completed, but their next destination is unavailable. Their hospital stay is thus prolonged waiting for an "alternate level of care." While 95% of hospital patients do not accumulate ALC days, 5% are delayed getting to their next level of care due to system challenges. The NE LHIN, in collaboration with the multi-sectoral North East Health System Advisory Committee, is in the process of implementing a new three-year patient flow/ALC strategy for the region. The intent is to provide a renewed focus on ALC both at the regional and Hub levels in order to drive performance improvement. Capacity in the community support service sector is also key to the successful transitioning of patients from hospital, and the NE LHIN continues to invest in key strategies such as assisted living for high risk seniors, behavioural supports for long-term care residents, assess and restore beds, and a commitment to the "home first" philosophy.

Health and Wellness of Ontarians – Mental Health

Repeat unscheduled visits to the ED within 30 days for Mental Health: At 18%, performance is above target (16.3%). Key NE LHIN strategies to support people with mental health conditions and reduce revisits include: supportive housing initiatives and rental subsidies; maximizing technology to support virtual psychiatric consultations using the OTN; coordinating/facilitating virtual referrals for Family Health Teams; supporting investments in counselling and treatment as well as case management; focusing resources on small rural communities not previously well served; more coordinated care planning for people with mental health conditions (Health Links); and training of EMS to support safe diversion from the ED to community services.

NE LHIN Healthy Change Champion Jennifer Amyotte, City of Greater Sudbury Paramedicine Service Commander of Community Paramedicine and Professional Standards, uses paramedicine to help people with complex conditions, as well as those in crisis.

Repeat unscheduled visits to the ED within 30 days for Substance Abuse: At 33.96%, performance is above target (22.4%). Key NE LHIN strategies to support people with substance abuse conditions include: a focus on supportive housing initiatives and rental subsidies; supporting investments as possible in counselling and treatment as well as case management; training of EMS to support safe diversion from the ED to community services; initiatives to address a small high-user cohort of alcohol addicted residents with an ambulatory program of harm reduction; and improving assessment tools (GAIN) that are anticipated to improve the timeliness of screening and assessment.

Sustainability and Quality

Hospital Readmissions within 30 days for selected HIG conditions: At 17.15% performance is above target (15.5%). Key NE LHIN initiatives include: a congestive heart failure clinic and care transitions unit at Health Sciences North, focusing on the patient's journey in hospital and supporting care after discharge; the placement of CCAC case managers in selected family health teams who contribute to earlier identification and treatment for the frail elderly; deployment of rapid response nurses to focus on the frail elderly with complex conditions and high risk of readmission to hospital; Telehomecare support for patients with congestive heart failure and chronic obstructive pulmonary disease; and the implementation of Health Links and other models of care.

Monitoring Indicators

The three remaining monitoring indicators do not as yet have targets assigned to them.

Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery: At 92.59% performance exceeds target (90%).

Percent of priority 2, 3 and 4 cases completed within access target for cardiac bypass surgery: At 100% performance exceeds target (90%).

Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery: At 91.9% performance exceeds target (90%).

NE LHIN Mental Health Lead Mike O'Shea with presenter Lise St. Marseille at the NE LHIN's inaugural Building for the Future Housing Forum in the fall of 2015. Recognized as a social determinant of health, the NE LHIN has struck a Regional Expert Panel to look at innovative ways of supporting vulnerable populations.

Community Engagement

Engagement is integral to every aspect of the NE LHIN organization and outcomes inform LHIN decision-making. Engagements incorporate the cultural diversity of our region and include: one-on-one discussions with health service providers and Northerners; teleconferences; online surveys; presentations; regular meetings with stakeholder-based committees; and two-way discussions at community events.

More than 110 engagements were held in the 2015-16 fiscal year. Additionally, more than 65 working groups, advisory and steering committees met on a regular basis to discuss ways and means to enhance the patient experience. Some examples include:

- **Health Professionals Advisory Committee** meetings
- **Local Aboriginal Health Committee** meetings
- Partnership efforts with the **Réseau du mieux-être francophone du Nord de l'Ontario**

Louise Paquette chats with Kagawong Mayor Austin Hunt, 89, at the annual conference of the Federation of Northern Ontario Municipalities (FONOM) where she presented on NE LHIN priorities in the spring of 2015.

- **43 IHSP specific engagements** to help inform the 2016-2019 IHSP, and **815 survey responses**
- Regular **engagements with health service providers** to discuss collaboration opportunities
- **IT Integration and Alignment Council (IAC)** includes 25 hospital CEOs and CIOs to provide advice and solutions to increase efficiency, standardization, and shared purchasing/procurement
- **eHealth Advisory Council** which provides a system-level perspective on information and communication technology (ICT) and eHealth needs, priorities and initiatives across the region
- **Regional Steering Committee for Stay on Your Feet (SOYF)** which provides advice and leadership to the SOYF strategy to prevent falls among older adults
- **Local Partnership Group,** co-chaired by the NE LHIN with hospitals and the home and community care sector, to foster a change management environment, as well as implementation of Health System Funding Reform and NE LHIN's Clinical Services Review
- **Diabetes Advisory Committee,** health service providers, administrators and patients meet quarterly to improve care coordination, education and prevention of diabetes
- **North East Regional Community Support Services Network,** senior leaders from community support service organizations, work on strategies to help people live independently at home

Gary Scripnick, NE LHIN Board Director, chats with Velma Kauhala and her sister Vieno, at a patient engagement in Timmins in February 2016.

- **Regional Primary Care Council,** primary care practitioners meet regularly to help increase system-wide collaboration to better support the patient journey

- **North East Hospice Palliative Care Steering Committee,** providers involved in delivering palliative care services and education

- **North East Health System Advisory Committee,** provides system-level strategic and operational advice and perspectives to the North East LHIN

  The NE LHIN undertook comprehensive engagements in February 2016 to seek input on the provincial paper, ***Patients First: A Proposal to Strengthen Patient-Centred Health Care*****.** Engagements were held with health service providers, primary care providers and the public in six communities: Sudbury, Sault Ste. Marie, North Bay, Timmins, Temiskaming Shores and Kirkland Lake. In addition to these sessions:

  - An online survey received close to 600 responses
  - More than 40 written submissions
  - Francophone engagements were held jointly with the Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO) in addition to a Francophone provider webinar
  - Aboriginal engagements included a special meeting of the NE LHIN's LAHC, a face-to-face session, and a webinar
  - Discussions with the LHIN's clinical care leads, meetings with area physicians, and one-on-one discussions with health service providers, including the five public health units.

Community Engagement with Aboriginal/First Nations/Métis People

The NE LHIN is committed to an engagement process with Aboriginal/First Nations/Métis people that is respectful of language, nationhood, culture and spiritual beliefs.

The LHIN continues to focus on building meaningful relationships in an effort to improve the services and health status of Aboriginal people whose health care needs are significant in scope and magnitude. Efforts continue to enhance health outcomes by aligning existing Aboriginal/First Nations/Métis regional, provincial and federal health planning and service delivery structures.

Engagements held in 2015/16 include:

- **Local Aboriginal Health Committee:** LAHC members travelled from their communities to attend two full-day in-person meetings in April and September to hear the latest health care developments and provide their input on moving forward with strategies to enhance the care of Aboriginal people.

- **LAHC** is engaged in the development of a ***Northeastern Ontario Aboriginal Health Strategy Reconciliation Action Plan***, which is slated for completion in fall 2016.

- **Pan-LHIN Aboriginal Leads Network:** In May 2015, the NE LHIN hosted senior leadership from the 14 LHINs over two days. Known as PALN (Pan-LHIN Aboriginal Leads Network), the event included cultural learnings, presentations from keynote speakers from across the country, and an opportunity for fulsome discussions to better meet the needs of Ontario's Aboriginal people.

- **Coastal communities:** To encourage awareness and dialogue, the NE LHIN developed a newsletter, in partnership with the Canadian Red Cross and the North East Specialized Geriatric Centre.

- Close to 150 Aboriginal people responded to an online survey in February 2016 on how to improve the patient experience and strengthen the system of care in Northeastern Ontario.

Gloria Antoine of Zhiibaahaasing First Nation with her grandchildren Sage, Emily, David, and Johnny provided her thoughts on enhanced care for Aboriginal people at a community engagement held on Manitoulin Island in the summer of 2015.

Community Engagement with Francophones

The NE LHIN works in partnership with the Réseau du mieux-être francophone du Nord-Est de l'Ontario (RMEFNO) to engage with Francophone Northerners on greater access to care in their language of choice.

Engagements held in 2015/16 include:

- Ten sessions to help inform the IHSP. Engagements were held in: Sault Ste. Marie, Timmins, Hearst, Kapuskasing, Smooth Rock Falls, North Bay, New Liskeard, Kirkland Lake, Sudbury and Sudbury East.
- Increasing the awareness of the importance of "**Active Offer**" across the LHIN.
- Support for active participation of the **RMEFNO in various Health Service Provider tables** across the region.
- **Facilitated Francophone roundtable discussions** at nine engagements held in February 2016, as well as a webinar.

Monique Lapalme, NE LHIN French Language Services Coordinator, listens as Paul-Andre Gauthier, a volunteer from Maison Vale Hospice, discusses health care access for Northeastern Ontario Francophones.

Ministry and LHIN Initiatives

Progress Report on the Four NE LHIN Priorities

Priority #1: Increase Primary Care Coordination

Primary care is the first point of entry to the health care system, focusing on services related to health promotion, illness and injury prevention, as well as the diagnosis, assessment, treatment and management of chronic conditions. Primary care providers play a central role in helping patients navigate the system and improve transitions between care settings, particularly for seniors or people with complex needs. Greater involvement of primary care providers to improve system integration contributes to a more appropriate use of other care settings by helping people get the right care, in the right place, at the right time.

Goal: Improve access to high quality primary care for Northerners.
Work to date:

- Health Care Connect helps people find a family health care provider. From March 2015 to March 2016, close to 84% of patients were successfully connected to a primary care provider, compared to 80% the previous year.

- 11.8% of people in Northeastern Ontario do not have a primary care provider. In the past year, several communities lost physicians due to retirement. The NE LHIN continues to work with the ministry, HealthForceOntario Marketing Recruitment Agency, the Northern Ontario School of Medicine (NOSM), and other organizations to assist retiring physicians transition out of practice, and better understand how we can support recruitment and retention efforts.

- The NE LHIN is one of the highest users of telemedicine with 298 sites – increasing by over 150% in 2015/16 from the previous year. For patients, telemedicine's two-way videoconferencing means care closer to home, less travel, and an increase in the types of care available.

- The NE LHIN continues to champion the Telehomecare program for patients with COPD and heart failure, to help them self-manage their chronic conditions, with now over 1,900 enrolled. Telehomecare nurses coach patients in their own home, to actively manage their condition.

- About 82% of physicians in Northeastern Ontario are using electronic health records (EHRs) - a 6% increase from 2014/15. With the use of an EHR, physicians and nurse practitioners have the infrastructure to implement Physician Office Integration (POI) which sends electronic reports, including discharge summaries, diagnostics and laboratory results to primary care. Impressively, almost 550 providers are using POI and nearly 3.5 million patient discharge summaries, diagnostic imaging and lab reports have been submitted using this solution.

- eConsult occurs when a primary care provider electronically sends a clinical question about a specific patient to a specialist. An evaluation of the pilot in 2015 showed that 99% of primary care providers and specialists believe that eConsult improves patient care. The average response time

for eConsult was three days and there was a 40% reduction in referrals deemed unnecessary. The expansion phase in 2016/17 will target both referring and specialist providers across the region.

Goal: Increase integration of primary care in the broader continuum of care. *Work to date*:

- Dr. Paul Preston, the NE LHIN's Primary Care Clinical Lead, participated in a provincial forum to help build linkages between primary care providers and the NE CCAC and facilitate continued communications between home care providers, hospital, and primary care providers.

- The NE LHIN has six Health Links, with work underway to ensure 100% geographic coverage of Health Links across the region. More than 30,000 patients in the NE LHIN are potentially eligible for individualized, coordinated care plans.

- Rural Health Hubs, similar to Health Links, aim to provide high quality, coordinated care for patients, through shared governance and/or funding through a community hospital. The LHIN is working with small hospitals to determine where this model will best serve people living in smaller communities.

Dr. Paul Preston, NE LHIN Primary Care Lead

Goal: Engage and collaborate with primary care providers to better support the patient journey. *Work to date*:

- The NE LHIN has five health care leads who work with the LHIN to help better connect primary care providers with each other as well as with other parts of the health care system, such as home and community care. Their valuable work supports the NE LHIN's goal of having patients receive faster access to the quality care they need in a more coordinated manner.

- In November 2015, the NE LHIN engaged with the region's 25 hospitals' chiefs of staff at a Medical Leaders' Conference in Sault Ste. Marie. Discussions focused on how to support hospitals in resolving long ED wait times and educating the public on the different care options available. In addition, the NE LHIN sends regular communiqués to hospital chiefs of staff and primary care providers to keep them apprised of work underway to support better patient care and provide opportunity for input on system improvements.

- The NE LHIN funded five Learning Essentials Approaches to Palliative and End-of-Life Care (LEAP) training sessions for primary care providers in North Bay, Greater Sudbury, Manitoulin Island, Timmins, and Sault Ste. Marie.

Priority #2: Enhance Care Coordination and Transitions to Improve the Patient Experience

Focus on improving the patient journey within the health care system by enhancing the coordination and transitions of care between individual HSPs, organizations and sectors. Enhanced care for our growing seniors' population is a focus that weaves its way through each of the LHIN's priorities. The NE LHIN continues to facilitate change with providers to ensure seniors and the frail elderly benefit from a more coordinated continuum of care.

Goal: Improve access and quality through greater service coordination.

Work to Date:

- With the support of the LHIN, a new website, www.northeastcss.ca, is connecting Northerners to the home and community care services they need to stay healthy and independent at home. Users can also access this new site through *Healthline* at www.northeasthealthline.ca

- Close to 24,000 Northerners have been assessed at a North East Ontario Joint Assessment Centre (NE JAC) since 2010. Located in five communities, NE JACs are successfully reducing wait times and provide more care options to people suffering from knee, hip or shoulder ailments.

- More coordination of group hospital purchases and shared services, such as pharmacy, is enhancing the level of care smaller hospitals provide while supporting more efficient operations.

- A detailed review of the implementation of Quality Based Procedures (QBP) best practices was completed in the summer of 2015. NE LHIN scorecards have been created for COPD and hip fractures to help both the LHIN and health service providers in monitoring the implementation of clinical best practices as well as patient outcomes. This collaborative work has resulted in improvements in monitored quality indicators over the past year.

- Planning is underway to support the implementation of the Northeastern Ontario Stroke Strategy recommendations focusing on patient centred integrated models of care which incorporate best practices as outlined in the Stroke QBP handbook.

- eNotification technology is being used by 23 hospitals to notify the NE CCAC when a patient is admitted to hospital and then discharged home. There was also an early introduction of eNotification into select primary care practices in 2015/16, giving primary care providers early notice of changes.

Goal: Improve client transitions between HSPs along the continuum of care.

Work to Date:

- In 2014, regulatory changes came into effect to allow LHINs to fund designated approved community support service (CSS) organizations to deliver personal support services. The NE LHIN began to implement change in 2015 by transitioning a small group (77) of low acuity clients from the CCAC to one of four CSS providers in the Greater Sudbury-Manitoulin area. The goal is to increase care coordination and ensure people are more quickly connected to the care they need.

Cindy Croteau with the NE CCA , and Jennifer Del Papa with the March of Dimes, work together to develop processes to help low acuity clients.

- Priority Assistance to Transition Home (PATH) workers drive frail elderly patients home from hospital making sure they arrive safely and have everything they need to recover -- including medications, community support services, and food in the fridge. In the past two years, 1,800 seniors have taken 'the PATH' home. PATH is now available in five communities with plans to expand to 24 communities by the fall of 2016.

- Work with *Community Care Information Management* ensured an expansion of Integrated Assessment Records in long-term care homes. This application allows authorized users to view multiple community-based assessments for a single patient.

- A Stroke Community Navigator helps connect people who have suffered a stroke with their caregivers. The program has been expanded from Sudbury to include Sault Ste. Marie, North Bay, Timmins, Temiskaming Shores and Parry Sound. In the past year, about 400 Northerners have used stroke navigation services, with close to 5,000 visits made by Navigators.

- Resource Matching and Referral (RM&R) is a patient-focused system that enables efficient client transitions from one sector to another. It began with clients from acute care linking them to the most appropriate level of care using a standardized provincial electronic referral form. During the past year, 22 hospitals successfully implemented the eReferral solution from acute to CCAC.

- Investment in a regional approach to Patient Order Sets (an electronic software tool of checklists) for 24 hospitals. Order Sets are being implemented for hip fractures and COPD to ensure patients receive treatment based on evidence and best practices.

Goal: Enhance targeted service capacity where required.
Work to Date:

- North East Hospice Palliative Care Steering Committee has been working to oversee the implementation of the province's policy document, *Advancing High Quality and High Value Palliative Care in Ontario: A Declaration of Partnership and Commitment to Action*, as well as increase access to residential hospice beds.

- An Algoma Shared Care Team of palliative care experts is now available 24/7 to assist primary care providers in supporting their patients dying at home, in a retirement home, long-term care and/or a residential hospice.

- More than 2,100 older adults participated in 300 free exercise and falls prevention classes. The NE LHIN continues to work with the region's five health units to implement a *Stay On Your Feet* model across the region.

- The NE LHIN's Virtual Critical Care Unit (VCC) was awarded the top prize – a Minister of Health's Medal – in the fall of 2015. Through the leadership of Dr. Derek Manchuk, the NE LHIN's Critical Care Lead, this unique made-in-the-North solution is increasing access for critically ill patients to an intensive care team. Based out of Health Sciences North, the VCC now has 23 of our region's 25 hospitals participating in the technology.

Dororthy Latimer, 89, hugs her exercise instructor, Rhonda Croghan, at a LHIN-funded Stay On Your Feet (SOYF) exercise class.

- The Northern Postpartum Mood Disorder (PPMD) Strategy (Linda Rankin) was recognized as an honour roll applicant during the Health Minister's Medal Awards. This strategy is helping Northerners who are experiencing postpartum mood disorders after a baby's birth or the adoption of a child. The NE LHIN supported the project by sponsoring two educational videos.

- Over the past year, assisted living services for older adults expanded, enabling more than 50 seniors to receive support at home or provider-run residences thanks to new investments by the LHIN.

- The NE LHIN continued to support efforts to improve non-urgent inter-facility transfers across the region.

- To help decrease gaps in our workforce, the NE LHIN worked closely over the last year with:
  - HealthForceOntario, to help develop joint strategies to ensure sustainable coverage of physicians and specialists through locum programs and to recruit new community physicians;
  - MOHLTC to recommend communities that are underserviced for primary care services for the province's Managed Entry Program;
  - Other LHINs, the Ministry, HealthForceOntario and the International Credential Evaluation Service, to develop a process to identify physicians whose practices show signs of retiring, in order to better facilitate planning and transfer of patients to new physicians or nurse practitioners;
  - North East LHIN Community Support Service providers to develop strategies about the recruitment and retention of personal support workers.

Priority #3: Make Mental Health and Addictions Treatment Services More Accessible

This priority fits well within the second phase of the MOHLTC's Mental Health and Addictions Strategy which sets out five pillars for achieving better mental health and addictions recovery: (1) Promote resiliency & well-being in Ontarians; (2) Ensure early identification & intervention; (3) Expand housing, employment, supports and diversion and transitions from the justice system; (4) Right service, right time, right place; and (5) Fund based on need and quality.

Goal: Improve access and system navigation for consumers and their families. *Work to date:*

- A standardized mental health and addiction referral form has been developed to assist primary care providers and other organizations and individuals seeking treatment support.
- The NE LHIN continues to monitor and evaluate success of Centralized Access program in Algoma where people can access the mental health and addictions services and information they need by calling one number or visiting the Canadian Mental Health Association (CMHA).
- The NE LHIN supported the completion of three service reviews: 1) a joint Health Sciences North/North Bay Regional Health Centre review of regional mental health services; 2) CMHA Sudbury Branch and HSN review of mental health services in Sudbury/Manitoulin; and 3) A region-wide addictions services environmental scan and review. The goal of the reviews is to identify opportunities to improve access for Northerners, build better collaboration between partners, and ensure system sustainability.
- As part of the RM&R project, the NE LHIN is collaborating with mental health and addictions providers and North East Healthline, to develop a new mental health and addictions mini-site.

Goal: Increase community capacity to provide more care options for Northerners while decreasing acute sector pressures. *Work to date:*

- The NE LHIN worked with the NW LHIN and the Centre for Addiction and Mental Health to establish a Tele-psychiatry coordinator position to assist family health teams with consultations for their clients with mental health and/or addictions issues.
- The NE LHIN collaborated with CAMH and community addictions treatment providers to implement new screening and assessment tools in NE LHIN-funded treatment settings.
- The CMHA in partnership with the Sault Ste. Marie District Social Services Administration Board and City of Sault Ste. Marie Housing opened a 10-unit residence which provides around the clock support for clients with mental illness.
- Through a NE LHIN investment, CMHA Sudbury-Manitoulin provided additional services to 180 clients to support their mental health and addiction challenges, and help them maintain and/or sustain their housing.
- Through new funding, Transitional Community Support Workers and Peer Support Workers made an additional 2,000 client visits.
- The NE LHIN provided one-time funding to the Fetal Alcohol Spectrum Disorder Clinic at Health Sciences North (HSN) so more children could be treated and the wait list reduced.

Goal: Enhance care supports for people with complex issues through increased collaboration. *Work to date*:

- The NE LHIN supported the first Managed Alcohol Program (Harm Reduction Home) in Sudbury for individuals who are homeless and impacted by chronic substance abuse, with mental health challenges. Currently it is offered as a day program by the CMHA until a residence is secured.

- Forty mental health & addiction rent supplement housing units were established across the region.

- The NE LHIN is a participant on a provincial working group to develop a new framework to assist communities in the work to support individuals with both developmental and mental health issues (dual diagnosis).

- The NE LHIN is collaborating with mental health and addiction providers across the region to implement the Ontario Client Perception of Care Tool.

- Community Mobilization and Rapid Response Tables have been established in Sault Ste. Marie, North Bay and Sudbury. The tables bring together representatives from various sectors to respond collectively to individuals and families at acutely elevated risk.

- Support was provided to the CMHA Sudbury/Manitoulin to work with a group of community agencies to create a hub where clients can access services.

- In partnership with the NE LHIN, providers have worked together to expand services for clients served by Sudbury's Corner Clinic.

- In Sudbury, 150 paramedics received mental health training through a one-time LHIN investment.

- The NE LHIN invested in a unique case management model involving Algoma Public Health, the Canadian Mental Health Association (CMHA) Sault Ste. Marie, and the Sault Area Hospital to support people with mental illnesses/addictions as they transition from the hospital to community.

- The NE LHIN supported the Phoenix Rising Women's Centre to find a more accessible site and increase staff hours at its drop-in centre in downtown Sault Ste. Marie that is helping women with mental illness or addictions.

Robert Snow proudly tends to his garden in front his North Bay home. Former long-stay patients have successfully transitioned from hospital to Percy Place Transitional Residence, where they can stay for up to a year while they acquire the skills needed to move to independent living, or into permanent community housing for people like Robert, who are living with Acquired Brain Injury (ABI).

Priority #4: Target the Needs of Culturally Diverse Population Groups

Aboriginal

The NE LHIN continues to support the advancement of Aboriginal/First Nations/Métis health initiatives to enhance access and improve coordination of health programs and services for Aboriginal people. The NE LHIN's Local Aboriginal Health Committee (LAHC), advises the LHIN Board of Directors on health service priorities and opportunities for increased access to care for Aboriginal Northerners.

Goal: Enhance access to health care services that are linguistically and culturally appropriate. *Work to date:*

- A Behavioural Supports Ontario Aboriginal Strategy was implemented and resulted in 96% of community staff and 64% of long-term care staff trained in online cultural safety. More than 500 staff from Aboriginal communities participated in the training.
- Canadian Red Cross continued to roll out its certified Personal Support Worker (PSW) course that reflects the cultural needs of people living in coastal communities. In 2015/16, courses were delivered in Peawanuck and Kashechewan with 11 students slated to graduate in the spring 2016.
- North East Specialized Geriatric Centre (NESGC) continued to provide clinics along the coast. In 2015/16, a team of geriatricians did follow-up clinics in Fort Albany, Moosonee and Moose Factory. NESGC also did preliminary work to roll out clinics in Peawanuck and Attawapiskat.
- The NE LHIN is working in collaboration with the LAHC to develop a Northeastern Ontario Aboriginal Health Care Strategy and Reconciliation Plan which will be completed in fall 2016.

Goal: Increase system navigation, service coordination and access to care. *Work to date:*

- The NE LHIN facilitated value stream mapping sessions with Maamwesying North Shore Community Health Services, First Nation communities, and Aboriginal health service providers on Manitoulin Island to create local plans for community palliative care services.
- With support from the NE LHIN, the Weeneebayko Area Health Authority (WAHA) implemented an integrated discharge program through key partnerships with service providers in all the coastal communities to facilitate discharges from hospital to coastal communities.
- The NE LHIN continues to develop strong relationships with the federal government through joint quarterly Health Canada/FNIHB/NE LHIN meetings. Topics discussed include home care, diabetes, Health Services Integration Fund (HSIF), palliative care, and Inter RAI CHA/IAR project.

Goal: Increase access to mental health and addictions services. *Work to date:*

- The NE LHIN led a regional addictions review which included an assessment of withdrawal management services along the James Bay Coast. A report outlined the need to develop a culturally appropriate withdrawal management program at WAHA.
- NE LHIN staff had ongoing participation in meetings in conjunction with Health Canada, First Nations, AHACs, FHTs, and Manitoulin Health Centre to ensure short-term continuation and sustainable long-term provision of methadone clinics on Manitoulin Island.
- LHIN staff actively participated in a Mental Health Crisis Forum organized by Nishnawbe Aski Nation (NAN) with attendance from various federal and provincial government departments, NW LHIN, MOHLTC, and Aboriginal health and social service agencies to develop recommendations to address processes and management of multiple stakeholder participation when crises occur, particularly in northern Aboriginal communities.

Francophone

The NE LHIN currently has 42 HSPs officially designated under the *French Language Services Act* and has identified 57 others who are planning for the provision of French Language Services (FLS). In partnership with the French Language Health Planning Entity (FLHPE), the NE LHIN worked to increase access to health care services in French by actively working with providers to develop designation submissions and ensure that the needs of Francophones are considered in LHIN planning activities.

Goal: Enhance access to health care services that are linguistically and culturally appropriate. *Work to date:*

- Two new providers were designated in 2015/16: North East Community Care Access Centre (NE CCAC) and the North Bay Regional Health Centre. In addition, Maison Vale Hospice submitted a designation request which was supported by the NE LHIN and forwarded to the Ministry for consideration and a revised designation plan was received from CMHA Nipissing.
- The NE LHIN implemented a new evaluation process for existing designations, developed by the Office of Francophone Affairs. Seventeen designated health service providers have been targeted for this process this year, with the remainder to be evaluated over the next two years.
- Through the NE LHIN's *Stay on Your Feet* partnership, products were created and distributed in French, including a television commercial, a "Staying Independent Checklist," and a poster. Exercise classes and falls prevention classes continue to be offered in French.
- A number of presentations and workshops were held with providers on the Active Offer approach for the provision of FLS, in partnership with the RMEFNO. This included a Community Support Services Summit and two groups of Francophone nursing students.
- In November 2015, a celebration was held in partnership with the RMEFNO to highlight the 400th anniversary of French presence in Ontario and recognize health service providers that are designated under the French Language Services Act. The celebration linked five communities through OTN technology. Each participant received a plaque celebrating the date of their designation.

To mark the 400th year of Francophones in Ontario (fall of 2015), providers designated under the French Language Services Act received plaques from the NE LHIN and the Réseau du mieux-être francophone du Nord de l'Ontario at five locations throughout the region.

- A review of primary care needs of Francophones in Timmins is underway under the direction of a Timmins-based steering committee. The results will help guide the LHIN's planning of primary care services for Francophones.

- A review of the long-term care sector was started to ensure the appropriate number of identified and designated long-term care homes are offering services in French.

Goal: Increase system navigation, service coordination and access to care.
Work to date:

- The NE LHIN led the development of a FLS Support Guide for the Personal Support Service (PSS) Regulation Work. This guide was shared with all LHINs through the provincial network of FLS coordinators and will be shared with the PSS Provincial Work Group.

- With the NE CCAC receiving designation under the FLS Act, the result will be improved access to home and community care services for Francophones within the NE LHIN.

- The RMEFNO participated in local and regional community support services, bringing forward the Francophone perspective. This resulted in the creation of a Cultural Diversity Working Group that will develop actions regarding FLS, such as education and awareness, and a needs analysis.

- The RMEFNO participates in Health Links to provide the Francophone and FLS perspectives.

- Support was provided for the creation of a bilingual community support services mini site, including a common referral form, to provide information on services available in French.

Goal: Increase access to mental health and substance abuse services.
Work to date:

- Tele-psychiatry provides access to French-speaking psychiatrists.

- CMHA Nipissing revised its designation plan submission to improve equitable access to services in French.

- The Regional Warm Line, provided by Northern Initiative for Social Action, provides pre-crisis telephone support services to individuals with mental health issues. The warm line has increased its capacity to provide services in French by hiring four additional bilingual workers and ensuring Francophone capacity is maintained at all times.

Key Provincial Priorities

Alternate Level of Care (ALC) Strategies and Solutions

Hospital patients designated as ALC have needs that are better met in alternate settings such as long-term care, rehabilitation, assisted living or home. Having more home care and community services enables ALC patients to leave the hospital sooner, live independently in their setting of choice, and make more beds available to patients who are waiting to be admitted to hospital for acute care.

Five years ago, the rate of ALC patients in our acute care hospital beds was 35%. In 2015/16, it is down to 25%. The NE LHIN continues to keep health service providers fully engaged on this important system issue through a number of local ALC working groups that tie into a multi-sectoral health system advisory committee that focused on patient flow and ALC. The NE LHIN has developed a Patient Flow Strategy and 2016/17 ALC work plan grounded in ensuring Northerners receive the right care in the right place and moving seven of our MLAA indicators forward.

The NE LHIN continues its focus on bringing down the rate of ALC patients by enhancing community investments and building community capacity such as: additional assisted living for high risk seniors, more integrated discharge planning processes, assess and restore programming, behavioural supports for long-term care homes, and fall prevention programming.

Emergency Department (ED) Wait Times

The region's four Hub hospitals continue to participate in the provincial ED Pay for Results program which supports a range of ED performance projects. Although there is a degree of variability among hospitals' performance, the region's overall ED performance is close to or below provincial wait time targets for non-admitted ED patients. Overall, NE LHIN ED wait times performance for admitted patients continued to be an area for improvement in 2015/16 related to issues of alternate level of care challenges, community capacity and ED volume increases.

Pay for Results initiatives, which have demonstrated success in the North East hospitals include: ED triage nurses, a clinical decision unit, patient flow navigators, "see and treat" clinicians, and dedicated lab and pharmacy technicians in the ED.

Strengthening Homecare Service Delivery

In response to recommendations in the NE CCAC/NE LHIN Collaborative Capacity Analysis of 2014, the NE LHIN co-led a project to identify and address service delivery improvements in homecare services for patients in rural and northern communities. A working group was formed to look at creative solutions in response to local needs as well as enhancing collaboration between CCAC and health service providers. A phased approach was taken and four communities (Hearst, Kapuskasing, Chapleau and Smooth Rock Falls) were selected based on data demonstrating need, interest and capacity for the project. Phase one of this work was completed in June 2015. Across the communities there were some common improvements made including:

- The establishment of monthly Joint Care Conferences involving care coordinators, nurses, physicians, nurse practitioners and other health providers.
- Partnerships to maximize human resources between agencies; for example a shared CCAC hospital discharge planning position in Smooth Rock Falls.

- The creation of a “physician cheat sheet” to facilitate patient referrals to home care and nursing clinic care developed in Hearst that has been shared with physicians across the LHIN.

Phase two community work with Hornepayne, Matheson, Iroquois Falls, Cochrane began in September 2015 and will be complete by fall 2016.

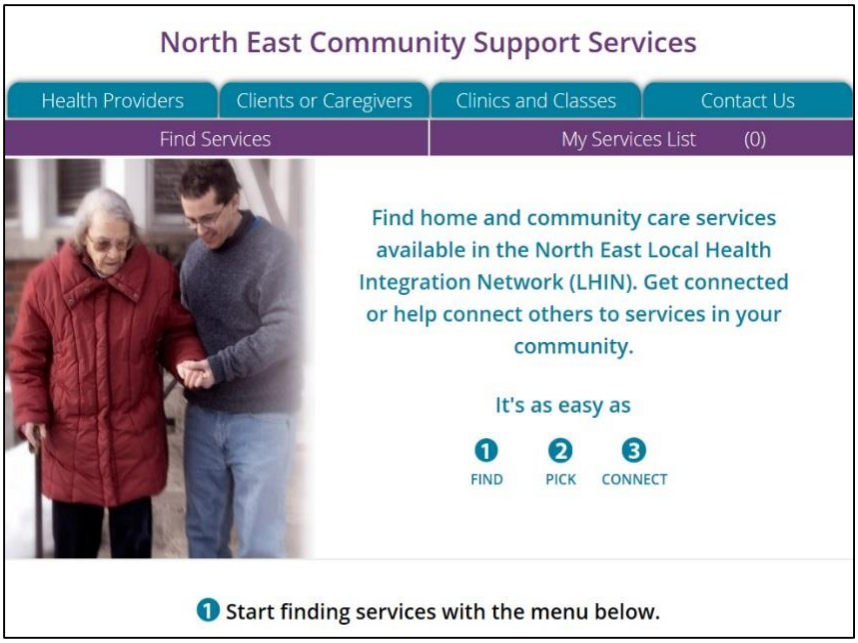
Home and Community Care Supporting Seniors

The NE LHIN continues to make targeted investments to provide more programs and services to allow people to be cared for at home or in community and only in an institution when needed. In 2015/16, the NE LHIN flowed about $291 million to fund community services; a 35% increase since 2009. With approximately 70 community-based service providers in the North East, patients being discharged from hospital (or who are otherwise seeking services in the community) are challenged to navigate a broad range of services, catchment areas, and eligibility requirements. As noted on pages 22 to 24, the NE LHIN has several initiatives underway to help enhance coordination and transitions to community or home-based care to improve the patient experience, including:

- Investments in assisted living for an additional 50 high-risk seniors across the region in the past year, an Assisted Living Review, an examination of work that occurred since the introduction of the revised policy in 2011, and a gap analysis to help inform future decision making.

- Creation of an Expert Housing Panel and work to underway to develop a regional housing strategy with the help of Northern Ontario Service Deliverers Association (NOSDA).

- The roll-out of the PATH program from six hospitals to 24. Through this program, at-risk seniors are driven home by PATH workers who ensure that they have the medication, food, and support services in place to begin recuperating.



The home and community care website is available for use by Northerners looking for services for themselves or a loved one, as well as health care providers looking for support services for their patients.

- The creation of a new Home and Community Care website (supported and linked to the Northeast Healthline) so that seniors, their family members and providers can find support services to help seniors remain independent at home. It also contains a new common referral form.
- The expansion of the North East Specialized Geriatric Centre (NESGC) to improve access to geriatric care with 750 new referrals (both at the main clinic in Sudbury and through outreach clinics across the region). The NESGC is instrumental in supporting memory assessment training for primary care practitioners across the region.

- Training sessions and five Learning Essentials Approaches to Palliative and End-of-Life Care for primary care providers in North Bay, Greater Sudbury, Manitoulin Island, Timmins, and Sault Ste. Marie.

- Work to strengthen processes between Community Support Service (CSS) providers and the CCAC to transition low acuity clients to the CSS providers to increase capacity in the system, improve coordination, and bring the home and community sector together.

Diabetes Care

Diabetes Education Programs (DEPs) in the NE LHIN focused on three priorities in 2015/16: Increasing equitable access, effectively managing diabetes and preventing secondary complications, and supporting best practice and clinical capacity. DEPs worked on a variety of projects appropriate to their community on these priorities. Some examples include:

- Collaborations with seniors' organizations, First Nations organizations and pharmacies to provide mentoring and training of staff to better support their patients; providing blood pressure and screening clinics at seniors' centres; and providing outreach and Living Well Clinics to First Nations communities and centres.

- Creation of foot care strategies in DEPs to foot care screening and foot care services.

- Involvement of patients in their own care, through patient surveys to improve the DEP experience, and self-management training.

- Organizing professional education for health service providers in the community, such as physicians, nurses and hospital staff, to understand diabetes management principles.

Health System Funding Reform

The NE LHIN Local Partnership Group analyzes the implications of Health System Funding Reform (HSFR) across the NE LHIN. Part of the group's role is to work with a subcommittee that examines performance indicators associated with QBPs such as wait times and volume to increase access for patients. The group meets quarterly and reviews data as part of its efforts to ensure best quality care practices are used throughout the region.

The group also briefs the Ministry of Health and Long-Term Care on issues that affect the implementation of HSFR in our LHIN. Membership is representative of hospitals across the North East, and the NE CCAC (North East Community Care Access Centre). Within the NE LHIN in 2015/16, there were eight HSFR-participating hospitals.

Analysis of LHIN Operational Performance

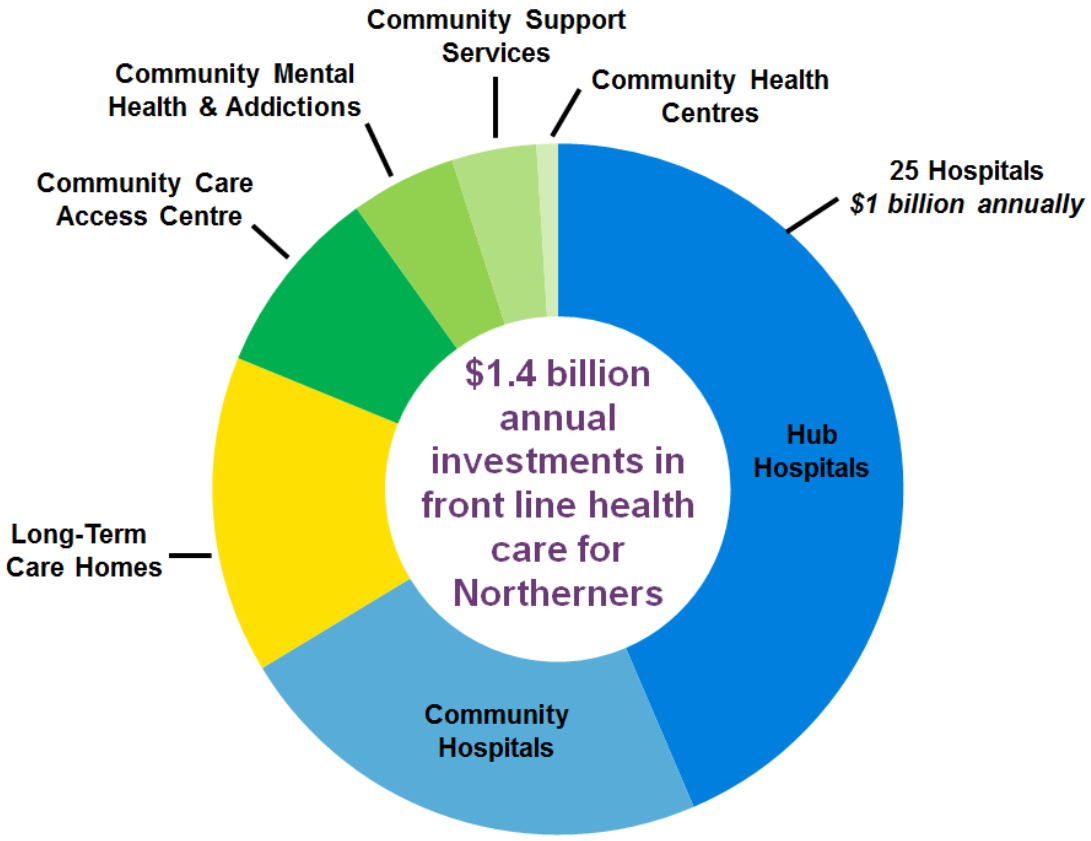
The NE LHIN ended the 2015/16 year in a balanced position. In 2015/16, the NE LHIN provided $1.4 billion dollars to about 150 HSPs who deliver more than 200 programs and services across Northeastern Ontario.

The NE LHIN is geographically one of the largest of 14 LHINs, coordinating care for 565,000 people across an estimated 400,000 square kilometres.

Local offices in North Bay, Sault Ste. Marie, Sudbury and Timmins enable the NE LHIN team to meet regularly with people in their home community. Through the negotiation and monitoring of accountability agreements with health care partners, the NE LHIN is able to direct funding to initiatives to improve patient care and advance a more integrated and efficient delivery of services at the community level.

The NE LHIN has established nine clinical leads with a focus on critical care, EDs, primary care and chronic disease management. Their contribution and insight are assisting the NE LHIN in making decisions to improve the quality of care and access to care for Northerners.

Funding by Sector, 2015/16



- 25 Hospitals
- 41 Long-Term Care Homes
- 44 Community Mental Health & Addictions
- 70 Community Support Services
- 6 Community Health Centres
- 1 Community Care Access Centre

Financial statements of

North East Local Health Integration Network

March 31, 2016

North East Local Health Integration Network

March 31, 2016

Table of contents

Deloitte LLP
5140 Yonge Street
Suite 1700
Toronto ON M2N 6L7
Canada

Tel: 416-601-6150
Fax: 416-601-6151
www.deloitte.ca

Independent Auditor's Report

To the Members of the Board of Directors of the
North East Local Health Integration Network

We have audited the accompanying financial statements of the North East Local Health Integration Network (the "LHIN"), which comprise the statement of financial position as at March 31, 2016, 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, 2016, 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.

Chartered Professional Accountants
Licensed Public Accountants
June 9, 2016

North East Local Health Integration Network

Statement of financial position
as at March 31, 2016

	2016	2015
	$	$
Financial assets		
Cash	**418,629**	319,024
Accounts receivable	**24,166**	17,158
HST receivable	**26,496**	35,137
Due from MOHLTC-Health Service Providers ("HSP") (Note 7)	**24,187,382**	3,485,239
	24,656,673	3,856,558
Liabilities		
Accounts payable and accrued liabilities	**483,268**	402,456
Due to MOHLTC (Note 10b)	**-**	-
Due to the LHIN Shared Services Office (Note 3)	**37**	7,438
Due to Health Service Providers ("HSP") (Note 7)	**24,187,382**	3,485,239
Deferred capital contributions (Note 4)	**209,231**	186,407
	24,879,918	4,081,540
Net debt	**(223,245)**	(224,982)
Commitments (Note 13)		
Non-financial assets		
Prepaid expenses	**14,014**	38,575
Tangible capital assets (Note 5)	**209,231**	186,407
	223,245	224,982
Accumulated surplus	**-**	-

Approved by the Board

_____ Director

_____ Director

The accompanying notes to the financial statements are an integral part of this financial statement.

North East Local Health Integration Network

Statement of operations
year ended March 31, 2016

	Budget (Note 6)	2016 Actual	2015 Actual
	$	$	$
Revenues			
MOHLTC funding			
HSP transfer payments (Note 7)	**1,455,090,400**	**1,475,183,814**	1,456,998,541
Operations of LHIN	**4,752,782**	**5,070,965**	4,735,727
Project Initiatives			
Enabling technologies	**-**	**510,000**	510,000
French Language Health Service	**296,800**	**296,800**	296,800
Réseau du mieux-être francophone du Nord de l'Ontario	**796,159**	**796,159**	796,159
Emergency Department Lead	**-**	**75,000**	75,000
Critical Care Lead	**-**	**75,000**	75,000
Aboriginal Engagement	**100,000**	**100,000**	100,000
Emergency Room/Alternate Level of Care	**100,000**	**100,000**	100,000
Primary Care Lead	**-**	**75,000**	75,000
Diabetes Regional Coordinating Centre	**1,087,560**	**1,065,809**	1,087,560
Amortization of deferred capital contributions (Note 4)	**86,235**	**102,869**	135,895
	1,462,309,936	**1,483,451,416**	1,464,985,682
Funding repayable to MOHLTC (Note 10)	**-**	**-**	-
	1,462,309,936	**1,483,451,416**	1,464,985,682
Expenses			
Transfer payments to HSPs (Note 7)	**1,455,090,400**	**1,475,183,814**	1,456,998,541
General and administrative (Note 8)	**4,752,782**	**5,070,965**	4,735,727
Project Initiatives Note 9)			
Enabling technologies	**-**	**510,000**	510,000
French Language Health Service	**296,800**	**296,800**	296,800
Réseau du mieux-être francophone du Nord de l'Ontario	**796,159**	**796,159**	796,159
Emergency Department Lead	**-**	**75,000**	75,000
Critical Care Lead	**-**	**75,000**	75,000
Aboriginal Engagement	**100,000**	**100,000**	100,000
Emergency Room/Alternate Level of Care	**100,000**	**100,000**	100,000
Primary Care Lead	**-**	**75,000**	75,000
Diabetes Regional Coordinating Centre	**1,087,560**	**1,065,809**	1,087,560
Amortization of tangible capital assets	**86,235**	**102,869**	135,895
	1,462,309,936	**1,483,451,416**	1,464,985,682
Annual surplus and accumulated surplus, end of year	**-**	**-**	-

The accompanying notes to the financial statements are an integral part of this financial statement.

North East Local Health Integration Network

Statement of change in net debt
year ended March 31, 2016

	Budget	2016	2015
	$	$	$
Annual surplus	**-**	**-**	-
Acquisition of tangible capital assets	**(92,700)**	**(125,693)**	(17,495)
Amortization of tangible capital assets	**86,235**	**102,869**	135,895
Decrease (increase) in prepaid expenses, net	**-**	**24,561**	(19,725)
Decrease (increase) in net debt	**(6,465)**	**1,737**	98,675
Net debt, beginning of year	**(224,982)**	**(224,982)**	(323,657)
Net debt, end of year	**(231,447)**	**(223,245)**	(224,982)

The accompanying notes to the financial statements are an integral part of this financial statement.

North East Local Health Integration Network

Statement of cash flows
year ended March 31, 2016

	2016	2015
	$	$
Operating transactions		
Annual surplus	-	-
Items not affecting cash		
Amortization of tangible capital assets	102,869	135,895
Amortization of deferred capital contributions (Note 4)	(102,869)	(135,895)
Changes in non-cash working capital		
Accounts receivable	(7,008)	(15,935)
HST Receivable	8,641	28,181
Due from MOHLTC-Health Service Providers	(20,702,143)	1,383,952
Accounts payable and accrued liabilities	37,745	(409,781)
Due to MOHLTC	-	(15,090)
Due to the LHIN Shared Service Office	(7,401)	2,483
Due to Health Service Providers	20,702,143	(1,383,952)
Prepaid expenses	24,561	(19,725)
	56,538	(429,867)
Capital transaction		
Acquisition of tangible capital assets net of change in accounts payable related to capital asset acquisitons	(82,626)	(216,169)
Financing transaction		
Increase in deferred capital contributions (Note 4)	125,693	17,495
Net increase (decrease) in cash	99,605	(628,541)
Cash, beginning of year	319,024	947,565
Cash, end of year	418,629	319,024

(See additional information presented in Note 5.)

The accompanying notes to the financial statements are an integral part of this financial statement.

1. Description of business

The North East 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 North East Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

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 the area of Northeastern Ontario. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with Ministry-LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed Health Service Providers ("HSP") in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2016.

The LHIN statements do not include any MOHLTC 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 assets.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as tangible capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under “revenue” in the statement of operations, is in accordance with the amortization policy applied to the related tangible capital asset recorded.

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 tangible capital assets contributed 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 asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Furniture and fixtures	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method

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

3. Related party transactions

LHIN Shared Services Office, LHIN Collaborative

The LHIN Shared Services Office (the "LSSO") and the LHIN Collaborative (LHINC) are divisions of the Toronto Central LHIN and are subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO and LHINC, on behalf of the LHINs, are responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portions of the LSSO/LHINC operating costs overpaid (or not paid) by the LHIN at the year-end are recorded as a receivable from (payable to) the LSSO/LHINC. This is all done pursuant to the agreement the LSSO/LHINC has with all the LHINs.

Enabling Technologies for Integrated Project management Office

In fiscal 2014, the LHIN entered into an agreement with the Champlain, South 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 LHINs Project Management Offices to advance eHealth, information management and information technology initiatives as outlined in the ETI PMO Toolkit Business Case approved by the MOHLTC.

The LHIN's financial statements reflects its share of the MOHLTC funding for ETI PMO for its Cluster and related expenses. During the year the LHIN received of $510,000 (2015 - $510,000).

4. Deferred capital contributions

	2016	2015
	$	$
Balance, biginning of year	**186,407**	304,807
Capital contributions received	**125,693**	17,495
Amortization	**(102,869)**	(135,895)
Balance, end of year	**209,231**	186,407

5. Tangible capital assets

			2016	2015
	Cost	**Accumulated amortization**	**Net book value**	Net book value
	$	**$**	**$**	$
Furniture and fixtures	**215,060**	**186,646**	**51,734**	44,476
Computer equipment	**267,227**	**215,494**	**28,413**	18,519
Leasehold improvements	**1,235,980**	**1,106,896**	**129,084**	123,412
	1,718,267	**1,509,036**	**209,231**	186,407

Non-cash transactions

During the year, tangible capital assets were acquired at an aggregate cost of $125,693 (2015 - $17,495) of which $43,067 (2015 - $ Nil) were paid after year-end and $82,626 (2015 - $17,495) were paid during the year.

6. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported on the statement of operations reflect the initial budget at April 1, 2015. The figures have been reported for the purposes of these statements to comply with PSAB reporting principles. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The total HSP funding budget of $1,475,183,814 is made up of the following:

	$
Initial HSP Funding budget	**1,455,090,400**
Adjustment due to announcements made during the year	**20,093,414**
	1,475,183,814

The total operating budget of $8,164,733 is made up of the following:

Initial budget	**7,133,301**
Additional funding received during the year	**1,157,125**
Amount treated as Capital Contribution	**(125,693)**
Total budget	**8,164,733**

7. Transfer payments to HSPs

The LHIN has authorization to allocate the funding of $1,475,183,814 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors as follows:

	2016	2015
	$	$
Operation of Hospitals	**950,979,622**	946,543,719
Grants to compensate for Municipal Taxation - Public Hospitals	**211,725**	211,725
Long-term Care Homes	**223,277,091**	219,412,436
Community Care Access Centres	**135,563,964**	132,359,143
Community Support Services	**37,623,196**	34,785,603
Acquired Brain Injury	**3,028,649**	2,983,649
Assisted Living Services in Supportive Housing	**22,892,242**	20,715,195
Community Health Centres	**18,384,080**	19,352,638
Community Mental Health	**60,754,003**	57,799,582
Substance Abuse and Gambling Problem	**22,469,242**	22,834,851
	1,475,183,814	1,456,998,541

The LHIN receives funding from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2016, an amount of $24,187,382 (2015 - $3,485,239) was receivable from the MOHLTC and was payable to the HSPs. These amounts have been reflected as revenue and expenses in the statement of operations and are included in the table above.

8. General and administrative expenses

The statement of operations presents the expenses by function; the following classifies these same expenses by object:

	2016	2015
	$	$
Salaries and wages	**3,256,005**	2,954,194
HOOPP	**295,501**	277,759
Other benefits	**403,421**	366,950
Staff travel	**135,273**	141,368
Governance Travel	**24,693**	11,546
Communications	**135,160**	144,631
Accommodation	**216,846**	259,396
Advertising	**6,051**	6,939
Consulting fees	**45,795**	80,364
Equipment rentals	**9,792**	9,876
Board Chair per diems	**17,500**	9,575
Other Governance per diems	**20,637**	23,922
Insurance	**6,287**	6,762
LHIN Shares Services Office	**260,956**	225,091
LHIN Collaborative	**47,500**	47,500
Other meeting expenses	**35,643**	27,685
Other governance expenses	**7,095**	4,733
Printing and translation	**80,739**	44,849
Staff development	**18,123**	38,630
IT equipment	**15,267**	26,102
Office supplies and equipment	**30,055**	23,804
Other	**2,626**	4,051
	5,070,965	4,735,727

9. Program initiatives

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

	2016	2015
	$	$
Salaries and benefits	**1,814,477**	1,814,434
Professional services	**223,871**	220,680
Shared services	**120,708**	130,000
Occupancy	**77,568**	73,500
Public relations and community engagement	**29,367**	38,071
Supplies	**9,541**	9,042
Mail, courier and telecommunications	**10,937**	13,450
Other operating expenses	**807,299**	816,342
	3,093,768	3,115,519

9. Program initiatives (continued)

Diabetes strategy operational expenses included in the project initiative expenses above are as follows:

	Budget 2016	**Actual 2016**	Actual 2015
	$	**$**	$
Salaries and benefits	**877,620**	**877,620**	877,620
Other operating expenses	**209,940**	**188,189**	209,940
	1,087,560	**1,065,809**	1,087,560

10. Funding repayable to the MOHLTC

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

a) The amount repayable to the MOHLTC is made up of the following components:

			2016	2015
	Funding received	**Eligible expenses**	**Excess funding**	Excess funding
	$	**$**	**$**	$
Transfer payments to HSPs	**1,475,183,814**	**1,475,183,814**	**-**	-
LHIN operations	**5,070,965**	**5,070,965**	**-**	-
Amortization of capital assets	**102,869**	**102,869**	**-**	-
Enabling technologies	**510,000**	**510,000**	**-**	-
French Language Health Services	**296,800**	**296,800**	**-**	-
Reseau du mieux-etre franophone du Nord l'Ontario	**796,159**	**796,159**	**-**	-
Emergency Department Lead	**75,000**	**75,000**	**-**	-
Critical Care Lead	**75,000**	**75,000**	**-**	-
Aboriginal Engagement	**100,000**	**100,000**	**-**	-
Emergency Room/Alternate Level of Care	**100,000**	**100,000**	**-**	-
Primary Care Lead	**75,000**	**75,000**	**-**	-
Diabetes Regional Coordination Centre	**1,065,809**	**1,065,809**	**-**	-
	1,483,451,416	**1,483,451,416**	**-**	-

b) The amount due to the MOHLTC is made up of the following components:

	2016	2015
	$	$
Opening balance	**-**	15,090
Funding recovered by the MOHLTC	**-**	(15,090)
Funding repayable to the MOHLTC (Note 10a)	**-**	-
Closing balance	**-**	-

11. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 49 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 to HOOPP for fiscal 2016 was $432,307 (2015 - $416,562) 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 at December 31, 2015. At that time the plan was fully funded.

12. 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 the favor 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.*

13. Commitments

The LHIN has commitments under various operating leases related to building and equipment. Minimum lease payments due under the building and equipment lease are as follows:

	$
2017	201,292
2018	175,208
2019	179,792
2020	179,792
2021	95,948
Thereafter	136,000
	968,032

The LHIN also has funding commitments to HSPs associated with accountability agreements. As of March 31, 2016 the LHIN had signed Accountability Agreements with all Hospitals, Long-Term Care Home and Community Agencies. The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from MOHLTC.

North East **LHIN** | **RLISS** du Nord-Est

Ontario

Local Health Integration Network

Réseau local d'intégration des services de santé