North West **LHIN** | **RLISS** du Nord-Ouest

Advancing Transformation Through Innovation and Collaboration

2014 - 2015 Annual Report

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

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MESSAGE FROM THE CHAIR AND CEO

On behalf of the Board, management, and staff of the North West Local Health Integration Network (LHIN), we are pleased to provide you with the 2014-2015 Annual Report.

Local Health Integration Networks are just that: local. We plan, fund, and integrate the health care system by listening to health service providers and communities, humanizing the data that often drive the decisions we make as we lead transformation. At a time when health care costs continue to grow and services transformed, we are steadfast in our commitment to keep people at the heart of the decisions we make.

Reflecting on the past year brings to mind many advances in health care in Northwestern Ontario. Innovation is something that is often bred of necessity in a rugged, geographically-vast area, and we have seen a welcoming and acceptance of expanded telemedicine services that provide access to timely care in the community. Read on to learn more about telepsychiatry, tele-mental health, tele-wound care, and new virtual intensive care unit services. Coordination of care is improving by leaps and bounds, enabled by technology such as a common hospital information system, implemented by all hospitals in Northwestern Ontario, and the adoption of electronic medical records in primary care settings, along with resource matching and referral systems that facilitate transitions between care providers. Together with health service providers, we are continually adding what are known as "common order sets" which are ways to ensure consistency in documenting and administering care across multiple organizations and agencies. These are just a few examples of how we are ensuring the right care, by the right provider, in the right place, as close to home as possible.

Collaboration extends beyond working with health care providers because we know that there are many other determinants that impact health and well-being. The North West LHIN works closely with other key partners including municipal, provincial, and federal government agencies as well as allied service providers such as emergency services, and community leaders, both at the operational and board levels, to build relationships and increase awareness and understanding of the communities and people we serve.

In developing the Health Services Blueprint, a 10-year integration plan to reshape and transform health care in Northwestern Ontario, we recognized a fragmented system that needed to be improved. In fact, there were 44 key recommendations for building an integrated health care system that offers opportunities to improve health outcomes. As of year three of its implementation, all 44 recommendations have been initiated, and a solid foundation for health system transformation has been laid for the next phase of integration.

We have the privilege of working with health system leaders who are committed to transforming the delivery of care, from the board level, to management, and front-line providers. The case for change and innovation is well understood, and we are continually learning and benefitting from local expertise as we work together to deliver locally-designed, locally-informed care in service to the people of Northwestern Ontario.

This has been an exciting and inspiring year, and we look forward with anticipation to our continuing health system journey in the years to come.

Joy Warkentin
Chair

Laura Kokocinski
CEO

BOARD OF DIRECTORS – AGENCIES AND APPOINTMENTS DIRECTIVE

Introducing the North West LHIN's Board of Directors

The North West LHIN is governed by a nine-member Board of Directors who are selected by the Lieutenant Governor in Council and appointed through Order in Council. The Board is skills-based, drawing on individuals from across Northwestern Ontario with a variety of experiences and expertise. Board members represent the regional voice as they live and work in the very communities that they serve, and they place people at the very heart of the decisions made in service to the region.

After serving as board members, the North West LHIN Board of Directors wishes to thank Anne Krassilowsky, Reg Jones, Dianne Loubier, and Dianne Miller for their contribution to the health and well-being of the residents of Northwestern Ontario. The Board welcomes four new members: Gil Labine, Tim Berube, Darryl Allan, and Herb ZoBell.

Appointments:

Joy Warkentin

Role: Chair
Resident of Thunder Bay
Date of first appointment: January 27, 2010
End of current term of appointment: January 26, 2016

Tina Copenace

Role: Board Member
Resident of Kenora
Date of first appointment: October 18, 2012
End of current term of appointment: October 17, 2015

Cathy Farrell

Role: Board Member
Resident of Thunder Bay
Date of first appointment: April 24, 2013
End of current term of appointment: April 23, 2016

Dennis Gushulak

Role: Board Member
Resident of Ear Falls
Date of first appointment: July 28, 2010
End of current term of appointment: July 27, 2016

Dan Levesque

Role: Board Member
Resident of Geraldton
Date of first appointment: April 18, 2011
End of current term of appointment: April 17, 2017

Gil Labine

Role: Board Member
Resident of Thunder Bay
Date of first appointment: November 5, 2014
End of current term of appointment: November 4, 2017

Tim Berube

Role: Board Member
Resident of Thunder Bay
Date of first appointment: March 25, 2015
End of current term of appointment: March 24, 2018

Darryl Allan

Role: Board Member
Resident of Fort Frances
Date of first appointment: March 18, 2015
End of current term of appointment: March 17, 2018

Herb ZoBell

Role: Board Member
Resident of Thunder Bay
Date of first appointment: March 25, 2015
End of current term of appointment: March 24, 2018

OUR STRATEGIC DIRECTIONS

Through the Chair to the Minister of Health and Long-Term Care, the Board is accountable for the LHIN's use of public funds, for the achievement of results through the execution of its strategic directions, and for the performance of the local health system.

This is the second year of the Board's three-year plan, the 2013-2016 North West LHIN Board Strategic Plan: Transforming and Building an Integrated Health System. Concurrent with the North West LHIN 2013-2016 Integrated Health Services Plan, the strategic plan outlines four strategic directions:

1. Improved health outcomes resulting in healthier people;
2. Access to health care that people need, as close to home as possible;
3. Continuous quality improvement; and
4. A system-wide culture of accountability.

Our Mission

Develop an innovative, sustainable, and efficient health system in service to the health and wellness of the people of the North West LHIN.

Our Vision

Healthier People, a strong health system – our future.

Our Values

1. Person-Centred
2. Culturally Sensitive
3. Sustainable
4. Accountable
5. Collaborative
6. Innovative

INTRODUCTION

Planning for Better Health Care Services

The North West Local Health Integration Network, or LHIN, is one of 14 Ontario LHINs, and is responsible for local planning, funding, and integration activities centred around the populations they serve. The health and well-being of the residents of Northwestern Ontario are the top priority of health system design, as we transform from a series of fragmented programs and services to a system that is centred on the needs of the population - the people - of the region.

Population health is dynamic. It is influenced by many determinants, the effects of which are seen quantitatively in terms of data such as emergency department use or wait times for care. It is also seen qualitatively, and can be heard in the stories people tell about their care experience as they navigate the health system. Both are important, and together the data and the stories help us to understand the patient experience to address changing needs and establish priorities and strategies to build a system that will lead us to the right care, at the right time and in the right place while ensuring value for health system dollars invested.

Ministry Strategic Plan
Ontario's Action Plan for Health Care sets the direction for the health care system provincially.

Ministry Priorities Include:
- Keeping Ontario healthy
- Faster Access and a Stronger Link to Family Health Care
- Right Care, Right Time, Right Place

North West LHIN Strategic Plan
The LHIN Board of Directors' Strategic Plan sets the direction for the health care system in Northwestern Ontario.

North West LHIN Board Priorities Include:
- Improved health outcomes resulting in healthier people.
- Access to health care that people need, as close to home as possible
- Continuous quality improvement
- A syste-wide culture of accountability

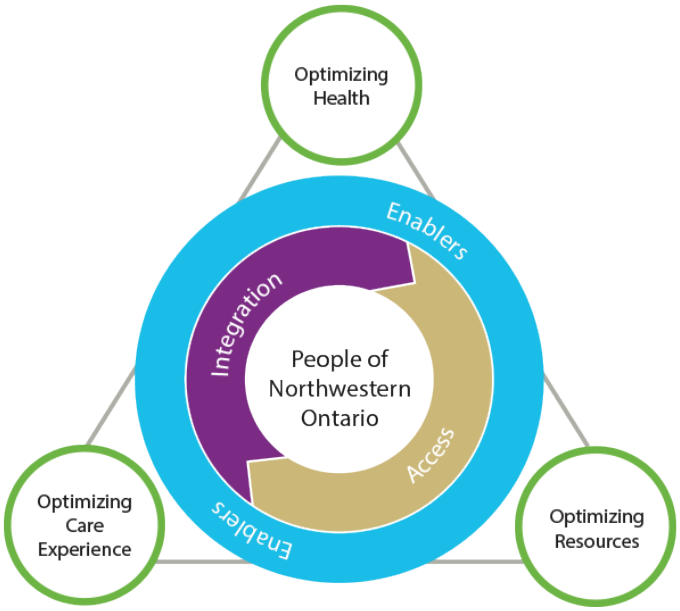
Integrated Health Services Plan (IHSP)
The LHIN planning document that broadly identifies and describes priorities and directions over a three-year period.

North West LHIN Priorities Include:
- Building an Integrated Health Care System
- Building an eHealth Framework
- Improving Access to Care
- Enhancing Chronic Disease Prevention and Management

Annual Business Plan
Plan that describes the annual activities and associated spending plans that will be conducted in order to implement the IHSP for the next three years, with emphasis on the upcoming fiscal year.

This year's annual report clearly demonstrates how technology is making real change possible, presenting opportunities for providers, patients to connect in new and innovative ways for improved health care service delivery. Examples include work on telemedicine/telehome care, electronic intensive care unit (eICU) and virtualized care. These are just a few highlights of the North West LHIN activities in 2014-2015. The North West LHIN continues to lead transformation through technology and other enablers.

Triple Aim Framework:



Legend

Access to and Integration of Services
- Emergency Department and Alternate Level Care
- Primary Care
- Specialty and Diagnostic Services
- Chronic Disease Prevention and Management
- Long-Term Care Services
- Mental Health and Addictions Services

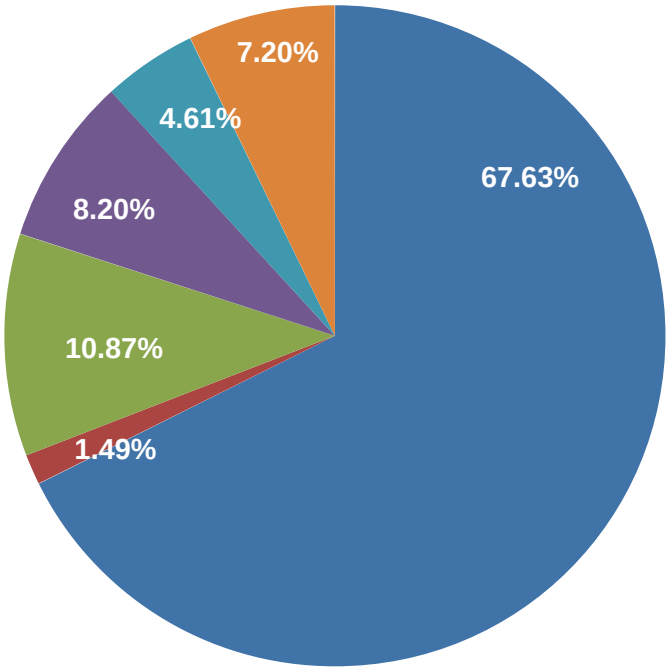
Enablers
- Health Human Resources
- eHealth
- Integration of Services along the Continuum of Care

Triple Aim Framework

People of Northwestern Ontario
- Aboriginal Health Services
- French Language Health Services

Develop an innovative, sustainable, and efficient health system in service to the health and wellness of the people of the North West LHIN.

NORTH WEST LHIN 2014-2015 FUNDING ALLOCATION BY SECTOR



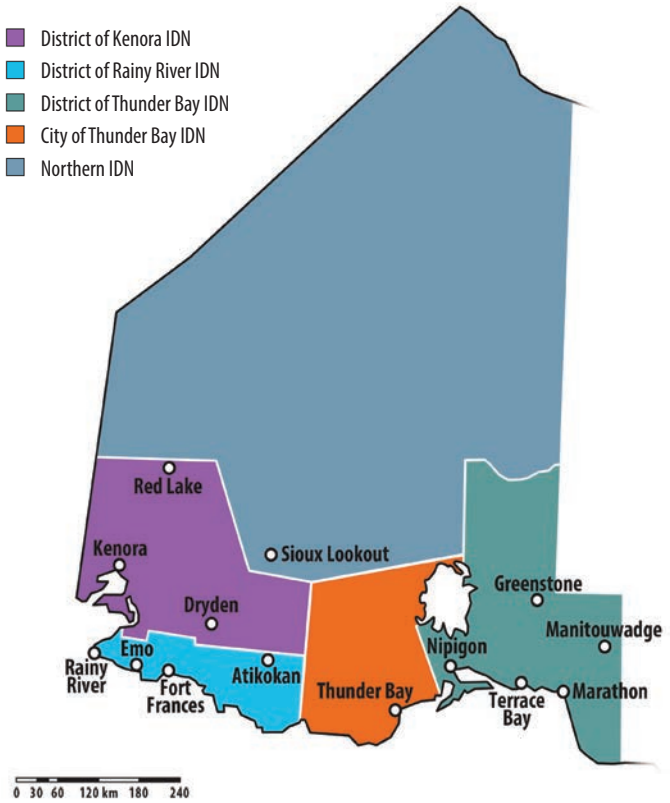
- Hospitals (13)
- Community Health Centres (2)
- Long-Term Care Homes (14)
- Community Care Access Centre (1)
- Community Support Services (60)
- Community Mental Health and Addictions Services (35)

Total number of Health Service Provider (HSP) programs or operations:	**125**
Total number of HSP organizations:	**92***
Total allocation of Funding:	**$ 653,330,781**

*Note: This represents the number of individual Health Service Providers (HSP) funded by the North West LHIN as of March 31, 2015. Some HSP funded by the North West LHIN provide service in multiple sectors.

PROFILE OF THE LHIN

The Vast Area We Serve



Our Geography

The North West LHIN covers nearly 47% of the province's total landmass, with a population density of 0.5 people per square kilometer. Less than 2% of the province's total population call Northwestern Ontario home.

Approximately two-thirds of communities served by the North West LHIN do not have year-round road access, and many are accessible only by air or by ice road in winter. Those communities extend from Hudson Bay in the north to the United States border in the south, and from the Manitoba border in the west to just prior to White River in the east.

Our Population

With a total population of slightly more than 231,000 people residing in Northwestern Ontario, there are some trends that are similar to the overall population of the province. For instance, the percentage of seniors aged 65 and over will increase over the next 10 years, consistent with the rest of the province. An important key difference for Northwestern Ontario is that the population is shrinking, having decreased by 1.7% from 2006.

Another characteristic of the North West LHIN is that more than 50% of the population are concentrated in one urban centre – the City of Thunder Bay.

Looking at the North West LHIN by Integrated District Networks (IDNs), we can see that:

- The majority of persons who identify themselves as Aboriginal (81.3%) live in the Northern IDN;
- The majority of persons who identify themselves as Francophone (13.0%) reside in the District of Thunder Bay IDN; and
- With four IDNs comparatively similar between 14-17%, the Northern IDN has the lowest percentage of seniors age 65 or over at 5.5%.

Table: 2011 Census Population Characteristics[1]

IDN	Total Pop.	% Age 65+	% Aboriginal Ident. [2]	% Franco-phone
Northern IDN	21,815	5.5	81.3	0.5
District of Kenora IDN	43,130	15.6	25.5	2.9
District of Rainy RIver IDN	20,370	17.2	22.3	1.8
City of Thunder Bay IDN	127,975	17.1	9.9	2.7
District of Thunder Bay IDN	17,830	13.9	32.4	13.0
North West LHIN*	231,120	15.5	21.5	3.4
IDN Minimum	17, 830	5.5	9.9	0.5
IDN Maximum	127,975	17.2	81.3	13.0

Sources: 1. Statistics Canada. 2011 Census. 2. Statistics Canada. 2011 National Household Survey. The non-response rate for the Aboriginal Identity question in the NHS was approximately 30% for North West LHIN residents with significant variation between communities.

Population Health

Compared to the provincial numbers, the North West LHIN has a higher portion of people who:

- Are heavy drinkers;
- Are obese (age 18 and over);
- Are smokers; and
- Have high blood pressure.

Residents of the North West LHIN have higher than provincial average rates of hospitalizations for injuries and for many chronic conditions including mental health and substance use conditions, diabetes, chronic obstructive pulmonary disease, and ischemic heart disease. Many emergency department visits and hospitalizations are for conditions that could be prevented or avoided if alternate services were available in Northwestern Ontario.

We also know that Northwestern Ontarians report being higher than the provincial average in terms of physical activity in leisure time, have perceived a strong sense of community belonging, and have very good or excellent perceived mental health.

HEALTH SERVICES BLUEPRINT

In March 2012, the North West LHIN launched the Health Services Blueprint, a 10-year plan to transform health care in Northwestern Ontario. Through extensive analysis and consultation, the report recommends that a key priority of the North West LHIN is to build an integrated health care system that offers opportunities to improve health outcomes while delivering the right care, at the right place, at the right time, as close to home as possible.

The focus over the past 12 months has shifted along the continuum from building a foundation awareness and knowledge among health service providers and their boards to clinical integration across sectors with a spotlight on high users of the health care system.

Highlights of the 44 recommendations of the Blueprint that have been initiated include:

- Established foundation of an integrated service delivery model;
- Increased access across the region to community services, community mental health services, and community addictions services;
- Increased access to innovative services closer to home through virtual care, clinical integrations, and regional programs;
- Improved access to health information across the region to providers through an integrated eHealth framework; and
- Established regional Project Management and Decision Support office through the North West Health Alliance, enabled through investment from the Small, Rural, and Northern Hospital Transformation Fund.

Over the past year, the North West Community Care Access Centre and all 13 hospitals across the region have partnered with the North West LHIN to develop future models of care, with controlled pilot projects to take place in 2015-2016. Much of this work has been made possible through funding from the Small, Rural, and Northern Hospital Transformation Fund. Through these transformation efforts, coalition-building and collaborative planning have positioned providers across the North West LHIN creating a readiness for change in transforming the health care system.

HEALTH LINKS

Health Links in the North West LHIN and the Health Services Blueprint align geographically, and both initiatives focus on improving access to care, quality of care and patient outcomes through enhanced integration, collaboration, and coordination between care providers.

As reported last year, the North West LHIN has launched Health Links in three of the five identified Integrated District Networks (IDN):

- City of Thunder Bay IDN Health Link
- District of Thunder Bay IDN Health Link
- District of Rainy River IDN Health Link

In each of the above IDNs, over 70% of primary care providers actively support the Health Links. Across the three Health Links, there are a total of 68 signed Health Link Cooperation Agreements, including 17 primary care organizations.

HEALTH LINKS: A CLIENT'S STORY

These are early days in Health Links, yet we are already hearing stories from people about how interdisciplinary care is making a difference for high-users of the health care system. The following client story is just one example of the impact that coordinated person-centred care is having on the well-being of people in the North West LHIN.

"Health Links came at the right time to help me in many ways. I was referred to an Enhanced Care Team of doctors and have very thorough medical appointments, sometimes half an hour, and they continue to keep close tabs on me. Getting to my appointments used to be a challenge but with the referral to Red Cross Transportation, I can now attend all of my doctors appointments.

I'm stronger and can do more at home because of the referral to physiotherapy and occupational therapy. To help with coping with some things, I'm now being connected to a social worker. It certainly has helped me."

INITIATIVES UNDERTAKEN TO ADVANCE THE INTEGRATED HEALTH SERVICES PLAN PRIORITIES

2014-2015 marked the midway point for the North West LHIN's 2013-2016 Integrated Health Services Plan, or IHSP. The IHSP identifies four priority areas for the local health system:

Priority One — **Building an Integrated Health Care System**

Priority Two — **Building an Integrated eHealth Framework**

Priority Three — **Improving Access to Care**
- **Enhancing Access to Primary Care**
- **Reducing Wait Times**
- **Reducing Percentage of Alternate Level of Care Days**
- **Improving Access to Specialty Care and Diagnostic Services**
- **Improving Access to Mental Health and Addictions Services**

Priority Four — **Enhancing Chronic Disease Prevention and Management**

Priority One — Building an Integrated Health Care System

The North West LHIN continued to advance the work of its Health Services Blueprint, a plan that provides strategic directions for health and care in the region. The Health Services Blueprint outlines an integrated service delivery model with services at the Local, District, and Regional levels aimed at improving access, timeliness, and effectiveness of health care.

The focus of the Health Services Blueprint in 2014-2015 was on clinical integration across sectors, as well as the implementation of best practices and shared models of care. Programs underway that directly impact quality of care include the implementation of common assessment tools which will reduce variability in clinical practice and support seamless transitions between care settings. Evidence-based pathways, which are designed to improve the efficiency in the use of resources as well as to re-centre the focus on the person's overall journey through the health system, have been developed and are being implemented for both Chronic Obstructive Pulmonary Disease and for diabetes care. There are also a number of health service providers across the North West LHIN that are exploring full integration.

2014-2015 saw the release of three new guiding plans for the North West LHIN to better coordinate care across the region:

- North West LHIN Vision Care Plan;
- Informing Care for Seniors in the North West LHIN; and

- North West LHIN Regional Palliative Care Plan: Support. Quality. Coordination.

Throughout this report, examples of integration activities can been seen from the introduction of the region-wide virtual intensive care unit (eICU), to the telemedicine fracture clinic at Dryden Regional Hospital, to the development of future models of care across multiple health service providers.

Priority Two Building an Integrated eHealth Framework

The North West LHIN has established itself as a leader and innovator in using technology to deliver services and improve access to care. Concurrent with the Integrated Health Services Plan, the North West LHIN's eHealth Services Plan 2013-2016 lays out three overarching priorities to advance and improve the state of eHealth within the North West LHIN:

1. **Integrate regional Electronic Health Records (EHRs) to improve person-centred care;**
2. **Build regional capacity to accelerate the adoption of eHealth systems and technologies to gain system-wide benefits as rapidly as possible; and**
3. **Advance the use of innovative technology solutions to improve access to care and health outcomes, resulting in healthier people.**

Every hospital in the North West LHIN is using a shared hospital information system, and all 13 hospitals have implemented electronic documentation. This means that all hospitals can seamlessly share hospital patient information among clinicians, share common procedures, and participate in other provincial initiatives to enable the sharing of patient information. In the western portion of the region, four hospitals have now implemented Community-Wide Scheduling and Operating Room Management.

In 2013-2014, a common Chief Information Officer was appointed for all hospitals in Northwestern Ontario. Through LHIN funding, a common Project Management Office and Decision Support was established through the Northwest Health Alliance, an organization designed to integrate providers through shared services. Work is currently underway to standardize information technology (IT) infrastructure and develop a common IT service delivery model within all hospitals. Anticipated outcomes include increased infrastructure reliability, reduced duplication, and improved readiness of hospitals to be able to share patient information with clinicians throughout the region.

The North West LHIN continues to advance planning and change readiness for the Connecting Northern and Eastern Ontario (cNEO) project, creating the platform that will give health care providers access to electronic patient health information across the continuum, no matter where care is received within the province.

Through initiatives such as Resource Matching and Referral (RM&R), the North West LHIN is finding ways to help people move seamlessly from one care setting to another. Harmonizing with provincial referral standards, RM&R will benefit patients, health service providers, and health system planners through increased collaboration, standardized referrals, and a shared commitment to success. The North West LHIN is concentrating on transitions from acute care, such as a hospital after surgery, to the next phase in a patient's care. 2014-2015 saw much of the groundwork put in place with providers, including selection of a common electronic platform. In fact, the pathway from Acute Care to Long-Term Care was launched in March 2015, with three additional care pathways to follow.

Within Northwestern Ontario, 38% of specialists and more than 80% of family physicians have adopted electronic medical records, or EMRs. These EMRs will make possible the near real-time transmission of clinical information from the shared hospital information system to the clinician.

EXPANSION OF THE FIRST NATIONS CLIENT REGISTRY

As described on their website, the Kenora Chiefs Advisory (KCA) is an organization committed and dedicated to providing culturally-appropriate health and social services which address the needs and enhance the well-being and capacity of community members of affiliated First Nations. KCA has developed a First Nations Client Registry, an electronic registry to collect individual and community information to be used by Band offices and KCA. The registry does not contain health information, but rather, it contains demographic information such as name, date of birth, gender, Indian Status information, and contact information. It also contains other important information like traditional name and/or clan membership.

Recognizing the benefits of matching First Nations clients to electronic health records in the provincial system, KCA and the North West LHIN entered into a funding agreement to conduct a feasibility study for expansion of the registry to communities across the North West LHIN. The study follows the First Nations Principles of OCAP (ownership, control, access and possession), in developing and coordinating a First Nations-owned client registry that can support the province's eHealth system.

The project, when complete, is expected to realize tremendous benefits in terms of providing a comprehensive view of the health status of First Nations communities, and will lead to improved planning, delivery, and measurement of effectiveness of health services.

Priority Three Improving Access to Care

To improve access to care, the North West LHIN has identified five key priority areas:

i. Enhancing Access to Primary Care
ii. Reducing Wait Times
iii. Reducing Percentage of Alternate Level of Care Days
iv. Improving Access to Specialty Care and Diagnostic Services
v. Improving Access to Mental Health and Addictions Services

Because of its vast geography, access to care in the North West LHIN looks different from community to community. To create equitable access, the North West LHIN and its health service provider partners look for new and innovative ways to provide services. Some are unique to this region, leveraging mobile services, technology, and community capacity to provide care to the residents of Northwestern Ontario.

REGIONAL CRITICAL CARE RESPONSE: VIRTUAL CARE ACROSS NORTHWESTERN ONTARIO

A critically ill patient at a small hospital site in Northwestern Ontario is being cared for by a team of health care professionals as the patient awaits transportation to Thunder Bay Health Sciences Centre. What's different is that, in this story, the members of the health care team are separated by over 400 kilometers.

Dr. Michael Scott, Critical Care Physician Lead for the North West LHIN, had a vision to improve patient care and decrease transfer times for people requiring Intensive Care across the Region. Funded through the North West LHIN's Small, Rural and Northern hospital transformation fund, the Regional Critical Care Response (RCCR) program is essentially a virtual intensive care unit which brings specialized critical care resources to the bedside. Combining videoconferencing and electronic medical records, both sites are able to see and share information in real time, bringing timely treatment and support to patients until they are able to be transported to Thunder Bay. With RCCR, the receiving hospital has already been a part of the patient's care team and effectively "seen" the patient, improving the consistency of care.

This is good news for the residents of Northwestern Ontario, because earlier intervention can mean better health outcomes or shorter hospital stays. Regional hospitals are able to access the services of specialists such as an ICU nurse, respiratory therapist, critical care pharmacist, dietician, and Intensivists, doctors that specialize in critical care, for consultations.

At the time of this report, RCCR is now active at Sioux Lookout Meno Ya Win Hospital, Dryden Regional Health Centre, Fort Frances La Verendrye Hospital, and Lake of the Woods District Hospital in Kenora. Training is underway at the remaining regional hospitals, with full implementation anticipated in 2015.

North West LHIN CEO Engagement – September 5th, 2014 – health system leaders from across Northwestern Ontario meet with LHIN CEO Laura Kokocinski, and Senior Directors Susan Pilatzke and Brian Ktytor.

NORTH WEST LHIN INITIATIVES IN SUPPORT OF MINISTRY PRIORITIES

Behavioural Supports Ontario (BSO)

The North West LHIN has undertaken a number of activities to advance the Behavioural Supports Ontario (BSO) model of care. The specialized Behavioural Support Unit (BSU) saw its first year at full capacity and has demonstrated a 15% reduction in transfer to hospital for inpatient stays since 2011-2012. An additional psychogeriatric resource consultant has been added to support the District of Thunder Bay Integrated District Network. BSO programs have also been expanded in both the Rainy River IDN and District of Thunder Bay IDN to better support individuals with responsive behaviours.

NORTH WEST LHIN INITIATIVES IN SUPPORT OF MINISTRY PRIORITIES

Expansion of Physiotherapy and Exercise and Falls Prevention Classes

In April of 2013, the Ministry of Health and Long-Term Care announced that more seniors and residents across Ontario would benefit from improved access to physiotherapy, exercise classes and falls prevention classes.

In 2014-2015, the North West LHIN saw:

- 5,939 exercise classes delivered to 1,404 individuals
- 995 falls prevention classes delivered to 1,367 individuals

Classes were delivered in 14 communities across the region, and proved to be important both for physical well-being

i. Enhancing Access to Primary Care

Within its mandate, the North West LHIN is continually seeking ways to enhance primary care. As of February 2015, more than 55% of clients registered with the North West Community Care Access Centre's (CCAC) Health Care Connect program have been referred to a primary care provider. While that number remains consistent with last year, it is important to note that during the six month period between August 2014 and February 2015, the number of registrants increased by more than 17%. More people are registering for this valuable service, and importantly, placements are being found. Through expansion of nursing services in palliative care and mental health, the North West CCAC has also extended access to these specialized services across the North West LHIN.

To build better linkages and relationships between the North West LHIN and primary care providers, 2014-2015 saw the establishment of the Regional Primary Care Council and the City of Thunder Bay Primary Care Council. These Councils identify and develop specific recommendations to advance access to high-quality primary care across Northwestern Ontario, and ensure primary care involvement in LHIN planning activities.

2014-2015 was first full calendar year of expanded urgent care access through the NorWest Community Health Centres' (CHC) Urgent Care Clinic. Through continued funding of this valuable service by the North West LHIN, the Urgent Care Clinic saw over 2,100 evening and weekend visits. Patient evaluation results indicated that more than half of the patient visits were first time users of the NorWest CHC's Urgent Care Clinic.

More than 53% of patients surveyed indicated that they would have gone to the emergency department if they were not able to access the NorWest CHC's Urgent Care Clinic. Over 1,000 unnecessary emergency department visits were avoided through this program.

Primary care can take on many forms, and for people living with Diabetes, foot care is especially important. 2014-2015 saw expanded foot care services to rural First Nations in the District of Thunder Bay through LHIN funding provided to Dilico Anishinabek Family Care. A full-time Diabetes Coordinator was hired, and was able to train 11 health care providers to deliver basic foot care for people living with diabetes.

Over the past year, 150 clients in nine rural First Nations communities have received foot care in their community.

The NorWest CHC's Diabetes Mobile Unit services were enhanced to include an additional 150 clients per year, which equates to 1,800 additional visits in 10 rural communities in Northwestern Ontario. Concurrently, the NorWest CHC received additional funding to expand foot care in the evenings and on weekends, targeting persons living with diabetes who have no primary care provider.

North West LHIN Engages with Primary Care Physicians in Kenora May 26, 2014

ii. Reducing Wait Times

The North West LHIN has maintained gains with respect to emergency department wait times, and has performed well provincially. Similar to the rest of the province, there is a trend of increasing acuity in emergency department visits; however, the North West LHIN differs from the province in that overall volumes have decreased over the past two years.

According to data collected in 2013-2014 by the National Ambulatory Care Reporting System, the total number of emergency department visits in the North West LHIN decreased by 3.7% from the previous year. Of the total emergency department visits, more than half were seen at the only regional tertiary hospital, Thunder Bay Regional Health Sciences Centre (TBRHSC), and preliminary data indicate 1.2% decrease in low acuity visits at TBRHSC.

But what does this data mean? Fewer low acuity visits mean that care needs have been met outside the hospital, in the right place and right time by the right provider, avoiding unnecessary visits to the emergency department. Nine out of 10 patients seen in the emergency department with minor or uncomplicated conditions have completed their care in less than four hours, well within provincial targets. For persons with complex conditions, nine out of 10 patients seen in the emergency department are receiving the care that they need in under seven hours, which is below the provincial target of eight hours. For patients requiring admission to hospital, nine out of 10 patients waited 30.5 hours or less, which is slightly above the North West LHIN target of 28 hours. Addressing this complex system challenge requires improvement across the entire health care system over the short and long term - improvements have been implemented or are in progress, and are described throughout this report.

TBRHSC continues to participate in the Provincial Emergency Department Pay-for-Results program for the fifth year, with initiatives over the past year targeting emergency department length of stay. This included the introduction of a Rapid Assessment Zone for high-acuity patients, enhanced phlebotomy (collection of blood for testing) support, new software to optimize patient flow (movement between treatment levels and areas), and increased medical short-stay beds.

iii. Reducing Percentage of Alternate Level of Care Days

Alternate Level of Care (ALC) is when a patient is occupying a bed in a hospital while awaiting their next care setting. This could be in the community or to home with supports, to supportive housing, or even to long-term care.

As at December 31, 2014, over 80% of current patients whose status was classified as Alternate Level of Care, or ALC, were over the age of 65. Within the North West LHIN, data tell us that the number of seniors age 65 and over is increasing. Since 2009-2010, the North West LHIN has invested more than $31 million dollars in new funding for increased and enhanced community-based services for seniors in the Community Support Services, Assisted Living Services for High-Risk Seniors, and Community Care Access Centre sectors. Approximately, 70% of this investment has focused on the highest area of demand, which is the City of Thunder Bay.

Some highlights of investments over the 2014-2015 fiscal year include:

- Ten interim long-term beds in the City of Kenora;
- A five-bed community-based respite unit in the City of Thunder Bay, allowing individuals residing in long-term care to move to a more appropriate care environment;
- 34 additional units of Assisted Living Services for High Risk Seniors in Fort Frances, Marathon, Nipigon, Atikokan and Thunder Bay; and
- Additional Assess and Restore services for seniors in Northwestern Ontario.

ADDRESSING HEALTH SYSTEM CAPACITY PRESSURES IN THE CITY OF THUNDER BAY TO IMPROVE PATIENT FLOW

The North West LHIN and the region's many health system leaders meet regularly to plan for and deliver high quality health care to the people of Thunder Bay and across Northwestern Ontario. This is a unique region as more than 50% of residents live in a single city: the city of Thunder Bay. For that reason, Thunder Bay is a natural hub for health care in the Northwest, and occasionally, unique pressures can arise from unique circumstances.

Recognizing that capacity pressures existed, the North West LHIN, along with Thunder Bay Regional Health Sciences Centre, St. Joseph's Care Group, the North West Community Care Access Centre, and other community and regional partners came together to form a plan to improve transitions between care settings and build capacity to meet the needs of residents. Within organizations, services were optimized to increase capacity. Across system partners, ways to improve transitions and work differently were explored and solutions were implemented. These efforts led to increased patient flow, but there was opportunity to do better. Working jointly, a plan was developed to address what has been called overcapacity pressures in the City of Thunder Bay, and last March, the Minister of Health and Long-Term Care announced an additional investment of $11 million dollars to the North West LHIN to implement the plan in 2014-2015.

Over the past year, many enhancements were made. They include:

- 17 additional units of supportive housing, providing individuals residing in hospital settings to return to the community with supports;
- 10 new flexible acute care beds at Thunder Bay Regional Health Sciences Centre;
- 26 bed Transitional Care Unit at St. Joseph's Care Group for individuals who have completed the acute phase of illness and are awaiting transition to their next care environment;
- Increased comprehensive Assess and Restore services assisting approximately 400 at-risk seniors in moving from hospital to the community by providing the necessary rehabilitation and ongoing supports to return home safely;
- Expanded services through the North West Community Care Access Centre for 500 seniors and people with complex care needs to remain in the community; and
- Enhanced assessment and treatment in long-term care settings by Nurse-Led Outreach Teams, resulting in the avoidance of approximately 1,300 emergency department visits by providing timely care closer to home.

HIGHLIGHTING INNOVATION IN ACCESS TO SPECIALTY CARE: DRYDEN TELEMEDICINE FRACTURE CLINIC

Before the Telemedicine Fracture Clinic, most fracture patients in the Dryden area had to travel over 700km round trip to Thunder Bay for consultation services. Thanks to innovation and telemedicine video connection, patients are able to connect to an orthopaedic specialist without leaving their community.

FAST FACTS

Introduced in July 2013, the clinic has seen:

4 urgent consultations

35 routine follow-ups

270 patient appointments

This is an example of integration between a small hospital and a specialist centre, an avoidance of travel, and an opportunity to receive care in the community. Or, put simply: the right care, in the right place, at the right time as close to home as possible.

GROW YOUR OWN ULTRASOUND TECHNOLOGIST PROGRAM

SMALL, RURAL, AND NORTHERN HOSPITAL FUND

In the past, Red Lake Margaret Cochenour Memorial Hospital – located 567km northwest of Thunder Bay - has relied on locum coverage for ultrasound services. Through the progressive thinking of this regional health service provider, and training of a local technologist enabled by funding through the North West LHIN and the Small, Rural and Northern Hospital Fund, the residents of Red Lake and surrounding area are able to access ultrasound services in a timely, cost-effective manner in the community.

iv. Improving Access to Specialty and Diagnostic Care Services

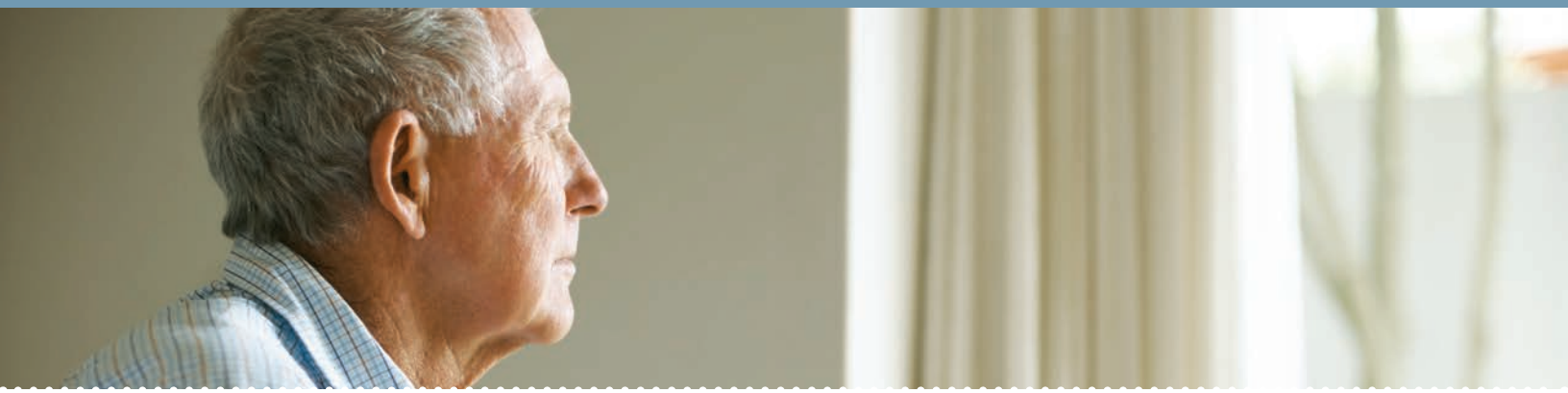
Enhancements to telemedicine are improving access to specialty care closer to home for residents across Northwestern Ontario, with increased usage in most categories as at the third quarter of this year:

Therapeutic Area of Care (Selected)	Number of Clinical Events in the North West LHIN 2013-2014	Number of Clinical Events in the North West LHIN as of Q3 2014-2015
Mental Health	857	1,077
Primary Care	147	203
Oncology	329	341
Neurology	271	321
Respirology	294	299
Endocrinology	268	255
Palliative Care	223	232
Gastro-enterology	187	210
General Surgery	189	198
Physical Medicine and Rehab	178	192
Cardiology	217	180
Nephrology	172	175
Infectious Disease	220	169
Urology	166	163
Orthopaedic Surgery	128	140

In 2014-2015, wait times for computerized tomography (CT) scans improved by more than 10% over the previous year, with 95% of priority IV patients served within the 28 day target. This is due in large part to the application of best practices and lessons learned from a highly-successful program that saw a 260% improvement in magnetic resonance imaging (MRI) wait times in 2013-2014.

The Inter-professional Spine Assessment and Education Clinic (ISAEC), a pilot project first introduced in the North West LHIN in 2012-2013, continued to demonstrate strong outcomes by allowing advanced access for individuals suffering from low back pain to access a well-established pathway. This clinic provides patients with much quicker access to assessment and a decision regarding the appropriateness of diagnostic imaging and surgical consultation. Early intervention means better patient outcomes, and the program is anticipated to reduce unnecessary diagnostic scans and surgical consultations, decreasing wait times for orthopaedic surgeons.

In alignment with the recommendations of the Orthopaedic Expert Panel (2013), the North West LHIN achieved a further 2% improvement in 2014-2015 with respect to inpatient length of stay and proportion of patients discharged to the community with supports following total hip and knee replacement. This means that 90% of patients are now discharged within the recommended timeframes, a 34% increase since 2011-2012.



v. Improving Access to Mental Health and Addictions Services

Innovative locally-grown programs continue to demonstrate success in the North West LHIN. Below are a few examples of local success stories.

In February of 2013, the North West LHIN announced funding for a pilot program at St. Joseph's Care Group's (SJCG) Balmoral Withdrawal Management Centre. Developed in partnership between the North West LHIN, SJCG, and the City of Thunder Bay's Emergency Management Services, the program augmented withdrawal management and crisis stabilization while reducing reliance on emergency department and inpatient mental health beds. Early indicators showed promising results as the program was brought into inception in 2013-2014. This level 3 medically-supported withdrawal management service became a permanent program because of its proven successes, including:

- A 20% reduction in unplanned repeat emergency department visits related to substance use at TBRHSC;
- A 30% reduction in hospital admissions for substance use-related conditions at TBRHSC;
- Assistance of more than 850 unique individuals since inception; and
- A 42% reduction in arrests for public intoxication and Liquor Licence Act charges.

Furthermore, protocols were adapted to reduce length of stay in acute care, helping individuals move to more appropriate care within the community. Direct transfer protocols with Emergency Management Services were established to reduce pressures on the emergency department and on first responders.

The Suboxone Program at Dennis Franklin Cromarty High School, funded by the North West LHIN, assists First Nations youth from remote communities in receiving treatment and support to manage opiate addiction and support academic success. Fifteen students participated in the program in 2014-2015, which includes pharmacotherapy and wrap-around support services that combine cultural and mainstream approaches such as counselling, Elder support, psychoeducation, and emotional supports. A further ten students accessed non-pharmacological supports for addictions. The inaugural students enrolled in the program graduated from high school in May 2014.

Thunder Bay Regional Health Sciences Centre's Urgent Care Clinic for Mental Health and Addictions provides appropriate mental health and addictions care in the acute setting and facilitates earlier referral to required programs and community supports. Since its inception in September 2014, the program has:

- Provided service to 355 unique individuals through 4,686 visits;
- Over a 28-week period, provided 28 patients with psychiatric care via videoconferencing to the United Kingdom; and
- Shown a reduction in 30-day repeat emergency department visits.

The Peer Support Program in Acute Care, which commenced in November of 2014, extends the successful Transitional Discharge Model research pilot program at Thunder Bay Regional Health Sciences Centre. Working with a coordinator, peer support volunteers engage with admitted mental health inpatients to develop peer relationships that support discharge and provide bridging services until support services with waitlists are in place. There have been 400 individual contacts, as well as 68 groups with more than 500 overall participants.

The Integrated Pregnancy Program at Sioux Lookout Meno Ya Win Health Centre provides care to pregnant opiate-dependent women and their partners to prevent neonatal abstinence syndrome and support healthy infants and families. Serving over 400 patients through more than 4,000 visits since inception, the program eliminated neonatal abstinence syndrome in newborns this year.

Sioux Lookout Meno Ya Win Health Centre also saw the implementation of crisis intervention services in the emergency department to provide assessment and outpatient follow-up to residents of northern communities.

Care for mental health and addictions require a multipronged approach. Instrumental in the region are enhancements to telemedicine services made in 2014-2015, including the addition of telepsychiatry services for transitional-aged youth with dual disorders, and increased tele-mental health services for Treaty 3 residents.

Priority Four

Enhancing Chronic Disease Prevention and Management

THINKING AHEAD: A REGIONAL PLAN FOR DIABETES AND FOR WOUND CARE

Stakeholders from across the region gathered in Thunder Bay for a Wound Care Planning Session on March 27, 2015. This was an opportunity for 30 wound care providers to network and discuss integration opportunities and standards of care. With this important foundational gathering, a Regional Diabetes Plan and Regional Wound Care Services Plan are being drafted to include a regional service delivery model of care for diabetes, foot, and wound care at the local, district and regional levels. Both plans will facilitate integrations across providers and support the implementation of standardized, quality-based care. It will also lead to the implementation of a common referral platform piloted and evaluated in 17 Diabetes Education Programs across the region. To the patient, they can expect to see better system coordination and integrated care processes, as well as improved access through more equitable distribution of health resources: the right care in the right place, as close to home as possible.

Remarkable progress was made in 2014-2015 across the North West LHIN in chronic disease prevention and management. Some highlights include:

- Development and piloting of a common referral form among Diabetes Education Programs and primary care clinicians across Northwestern Ontario to help support an evidence-based standardized approach to diabetes care;
- Telemedicine services continued to be used extensively at Centres for Complex Diabetes Care and Diabetes Education Programs to provide diabetes monitoring and diabetes education; and
- Community Health Assessments by Marathon Paramedicine Service, known as CHAMPS, provided home visits by paramedics to older adults with congestive heart failure, chronic obstructive pulmonary disease, or diabetes as well as to those identified as having significant health risks. This program helps to educate and care for people in their homes through a medical directive framework with support from local primary care providers.

DIABETES POINT-OF-CARE TESTING PILOT PROGRAM

Funded by the North West LHIN and coordinated by St. Joseph's Care Group, the Diabetes Point-of-Care pilot program saw the deployment of 17 point-of-care testing (POCT) units at 14 organizations to deliver testing both on-site and to rural and remote First Nations Communities.

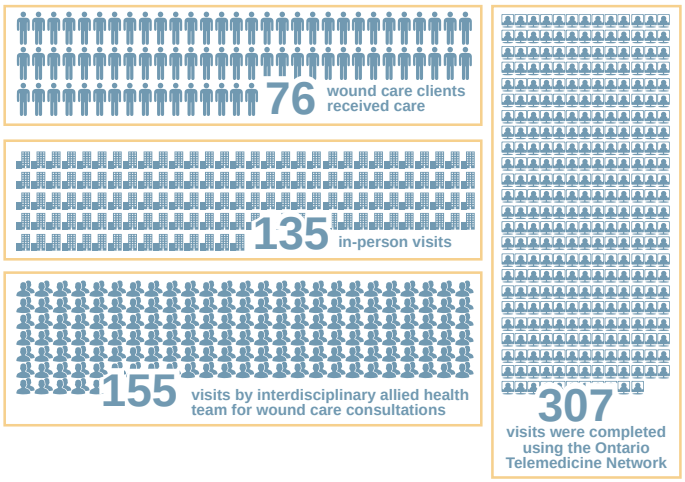
POCT allows Health Directors and other trained clinicians to offer individual diabetes counselling and collaborative planning at a single visit in clinic or in an individual's home by delivering HbAIC levels (a marker for diagnosing and monitoring diabetes) within six minutes. Without POCT, individuals waited approximately two to three weeks for lab results and required two patient visits for diagnosis and/or evaluation of the effectiveness of care plans.

The past year has seen the introduction of the Foot Care Self-Management Program to the self-management cadre of care. In the first half of 2014-2015 alone, more than 190 self-management programs were delivered in communities throughout Northwestern Ontario. There are presently 9 active Master Trainers and 148 active Peer Leaders across the North West LHIN.

Telewound services were introduced at four sites in 2014, with three more that came online in 2015. This service allows wound care specialists at St. Joseph's Care Group's Regional Wound Care Clinic to provide evidence-informed consultations to health care providers in the region to enable best-practice wound care. This service is anticipated to reduce healing time and improve outcomes through earlier access to care, closer to home.

Featured stats of Telewound

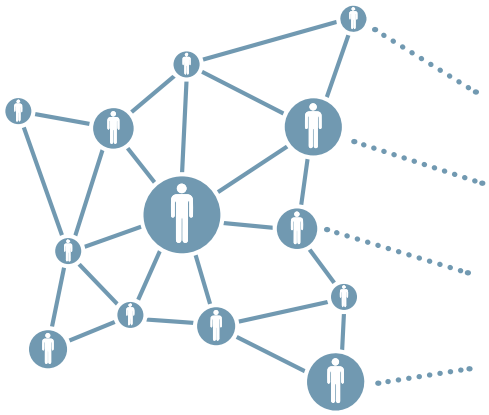
As of the third quarter of 2014-2015:



Through earlier interventions, better coordination of care, and supports to stay healthy, the North West LHIN strives to reduce reliance on acute services for chronic disease through care in the community – right care, right time, in the right place, as close to home as possible.

ENGAGING OUR COMMUNITIES

Community Engagement at the North West LHIN is guided by four key objectives:



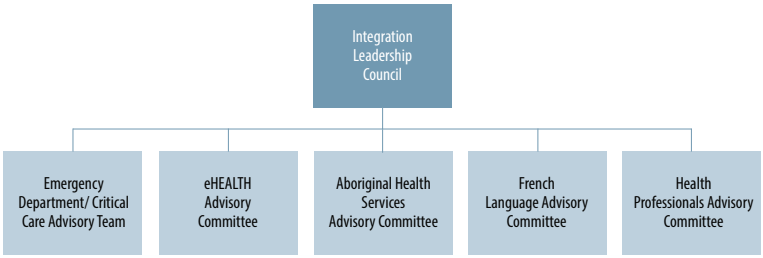
- To provide community stakeholders with balanced and objective information
- To obtain information on what is working well and what can be improved upon, what service gaps exist, and what opportunities exist for service coordination and integration
- To ensure that stakeholders have a forum to voice concerns, and that stakeholder concerns and ideas are considered in decision-making and priority-setting activities
- To build and maintain partnerships within and across sectors and communities.

VIRTUAL ENHANCING ACCESS TO DIABETES EDUCATION FOR FRANCOPHONES IN NORTHWESTERN ONTARIO

This year saw the launch of a new partnership with the Francophone Community Health Centre in Niagara/ Hamilton, the North West Community Care Access Centre, and the Réseau du mieux-être francophone du Nord de l'Ontario. Diabetes education sessions, delivered in French, are available to Francophone residents at five sites across Northwestern Ontario. Sessions include interactive cooking classes hosted by dieticians, as well as classes on learning how to live well with type 2 diabetes.

Connected by the Ontario Telemedicine Network, participants are able to access self-management strategies and interact with health care professionals to increase understanding of diabetes, and share experiences with peers to live well and

We engage with Communities of Professional Practice formally though 6 standing committees:



We also inform planning in a number of ways including:

- Board of Directors in Governance to Governance sessions;
- Engaging with stakeholders including the public, health service providers, community leaders, and others;
- Through working groups and advisory committees comprised of subject matter experts and community representatives; and
- Forums to bring together key stakeholders in a way that fosters relationship-building and coordination for the delivery of care to the populations we serve.

To be effective in meeting the needs of residents, and validate the data by understanding the story of care from provider and patient perspectives, the North West LHIN engages in a broad spectrum of consultation. Through the use of information provided by those who best know and understand their communities, priorities are set and decisions made based on the unique needs of the communities that comprise Northwestern Ontario. Consultation is key to advancing the priority areas defined in the Integrated Health Services Plan, priorities established by the very people we serve.

In 2014-2015, the North West LHIN met with 11, 537 individuals at 1,403 meetings and events across the region. Included in that number are consultations with LHIN-funded and non LHIN-funded organizations both through Board of Governors and non LHIN-funded organizations allied in care that impacts the social determinants of health, as well as through the work of Health Links. There were also two Forums hosted by the North West LHIN to bring together individuals and health care providers from across the region to engage in planning, share knowledge, and discover opportunities to integrate services:

- North West LHIN Aboriginal Health Services Forum – Designing Integrated Systems of Care Together
- North West LHIN Annual Diabetes Forum – Exercising and Evidence: Moving Diabetes Care Forward

North West LHIN Aboriginal Health Services Forum took place on February 19, 2015, and brought together more than 100 health directors, program directors, and senior health executives from LHIN-funded and non LHIN-funded First Nations communities and health service providers.

Over 60% of health service providers have submitted cultural diversity plans, with that number representing 92% of mainstream providers. Cultural competency and patient satisfaction indicators have been incorporated into all Service Accountability Agreements, raising awareness, and improving access to and quality of care for individuals from diverse backgrounds.

Aboriginal Community Engagement

The geography of the North West LHIN is vast, and it is home to 72 First Nation communities. As noted earlier, two-thirds of communities do not have year-round access by road, with access only by aircraft or ice roads in winter. Even with continued improvements, there are still gaps in available infrastructure that pose challenges to delivering health care services. Building strong relationships is essential to designing collaborative, innovative, and local solutions to deliver culturally-sensitive and culturally-appropriate health care programs and services.

The North West LHIN's goal is to work collaboratively with the Aboriginal community and federal and provincial agencies to improve access to culturally-sensitive and culturally-appropriate health care programs and services.

Our objectives are to:

1. Establish mutually respectful relationships with the Aboriginal community;
2. Improve the delivery of services for Aboriginal peoples across the continuum of care;
3. Enable the Aboriginal communities to have greater input into health planning that affects their communities;
4. Improve the cultural and linguistic accessibility of local and regional health services; and
5. Support the Aboriginal community to effectively manage and report on LHIN-funded programs and services.

The North West LHIN Aboriginal Health Services Advisory Committee is comprised of membership from Ontario Native Women's Association, Métis Nation, Ontario Federation of Friendship Centres, Thunder Bay Regional Health Sciences Centre, Aboriginal Health Access Centres, Lakehead University, Elders, and First Nation Health Directors. Through its diverse membership, the committee provides advice to the North West LHIN regarding the health needs and priorities of Aboriginal peoples and communities, as well as health service delivery issues affecting Aboriginal people and communities in the northwest.

In 2014-2015, over half of the North West LHIN staff and board members completed the eight-week online Indigenous Cultural Competency (ICC) training module, with the remainder scheduled over the months to come. Through the Small, Rural, and Northern Hospital Transformation Fund, investment continues for providing cultural competency training to LHIN-funded health service providers across the region.

Evacuations due to fire and flood are something that communities across Northwestern Ontario face annually. Remote and isolated First Nations communities often travel far from home during an evacuation, and meeting the health care needs, particularly for elderly and vulnerable individuals, is crucial during these stressful events. The North West LHIN continues to play a system coordination role, establishing referral hubs and maintaining updated lists of regional service providers to support individuals evacuated from their home community.

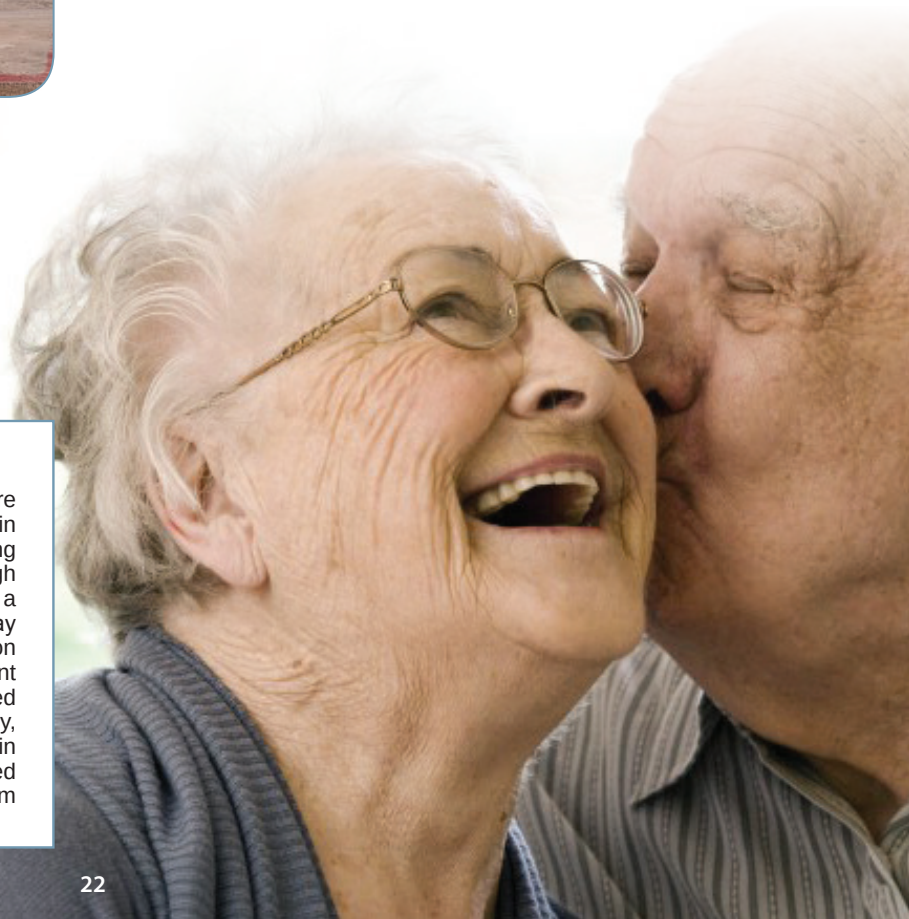
North West LHIN staff visit Kingfisher, Sachigo and Eabametoong First Nation

Francophone Community Engagement

Increased collaboration and partnerships are leading to better access to health care services in French for Francophone residents of Northwestern Ontario. Through the ongoing engagement of the Carrefours santé, which met with 143 Francophone residents at 16 meetings, planning at the North West LHIN continues to be informed through the Francophone lens and lived experiences in navigating the health care system.

The Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO) continues to meet with health service providers across the region to increase awareness of the need for French language services, and build awareness of RMEFNO resources to conduct Francophone community engagement.

This year marks the third annual Joint Action Plan developed in partnership with the North West LHIN, North East LHIN, and the French Language Health Planning Entity. The Entity has put forward a number of recommendations to support health service providers in providing high-quality health care services for Francophone residents.



NORTH WEST LHIN INITIATIVES IN SUPPORT OF MINISTRY PRIORITIES

Palliative Care in the North West LHIN

Implementation of the Regional Palliative Care Plan, with SJCG announced as lead organization in December 2014. The program focuses on reducing the number of deaths occurring in hospital through the provision of palliative care in the community with a focus on end-stage chronic conditions. Whitefish Bay First Nation is the site of a provincial demonstration project supported by the North West LHIN to implement a community-based palliative care model designed by Dr. Mary Lou Kelley of Lakehead University, which supports residents who would like to remain in community and die at home rather than be transferred to hospital over an hour away. Early feedback from affected families has been positive.

REPORT ON MINISTRY-LHIN PERFORMANCE AGREEMENT INDICATORS

NORTH WEST LHIN PERFORMANCE INDICATORS

2014-2015 ANNUAL REPORT

May 12, 2015 Release

PI No.	Performance Indicator	2015 Starting Point	2014-2015 Performance Target	Quarter 2014-2015 LHIN Performance	2015 LHIN Annual Result
1: Access to healthcare services					
1	90th percentile ER length of stay for admitted patients	31.00	28.00	34.55	31.37
2	90th percentile ER length of stay for non-admitted complex (CTAS I-III) patients	6.78	6.50	6.88	6.77
3	90th percentile ER length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients	3.93	3.95	3.92	3.88
4	Percent of priority IV cases completed within access target (84 days) for cancer surgery	97.00%	90.00%	95.08%	95.26%
5	Percent of priority IV cases completed within access target (90 days) for cardiac by-pass surgery	NA	NA	NA	NA
6	Percent of priority IV cases completed within access target (182 days) for cataract surgery	97.00%	90.00%	94.94%	94.44%
7	Percent of priority IV cases completed within access target (182 days) for hip replacement	75.00%	80.00%	89.58%	75.54%
8	Percent of priority IV cases completed within access target (182 days) for knee replacement	61.00%	80.00%	61.90%	64.20%
9	Percent of priority IV cases completed within access target (28 days) for MRI scans	17.00%	30.00%	34.57%	50.08%
10	Percent of priority IV cases completed within access target (28 days) for CT scans	69.00%	80.00%	64.29%	79.35%
2: Integration and coordination of care					
11	Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution*	16.53%	17.50%	21.56%	21.39%
12	90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	32.00	32.00	28.00	35.00
3: Quality and improved health outcomes					
13	Readmission within 30 Days for Selected CMGs**	16.87%	16.00%	15.72%	17.24%
14	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	17.50%	16.60%	15.55%	16.83%
15	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	29.30%	26.60%	43.50%	40.65%

*FY 2014/15 is based on most recent four quarters of data (Q4 2013/14 - Q3 2014/15) due to availability **FY 2014/15 is based on most recent four quarters of data (Q3 2013/14- Q2 2014/15) due to availability

Indicator	Report on North West LHIN Performance
Emergency Room Length of Stay	There is a trend of increasing acuity in emergency department visits both provincially and here in Northwestern Ontario. While still slightly above target, the North West LHIN is maintaining the gains that have been made with respect to emergency department wait times.Recent investments to enhance community and hospital sector services, as well as enacting of the Surge Capacity Plan for the City of Thunder Bay (2nd year of the plan) are believed to have contributed to maintaining the gains.
Cancer Surgery Wait Times	Wait times for cancer surgery continue to be among the lowest in the province. In the North West LHIN, the regional cancer program, in conjunction with the hospitals, place emphasis on ensuring timely access to care, ensuring high-quality patient outcomes. As a result of this coordination and cooperation among system partners, the North West LHIN continues to be a provincial leader in this area.
Cataract Wait Times	Through gains achieved in past investment, the North West LHIN continues to ensure timely access to care with virtually all patients being served within the best practice clinical access target. The North West LHIN remains a top performer in the province.
Hip and Knee Replacement	Improvements are being made in alignment with the recommendations of the Orthopaedic Expert Panel (2013) which have led to a decrease in inpatient length of stay following total hip and knee replacement. The work of the Regional Joint Assessment Centre continues, though many patients continue to opt to wait for specific surgeons affecting the performance target at the 90th percentile. Ongoing planning and development of a LHIN-wide Orthopaedic Services delivery model has led to a number of developments over the past several months including the expansion of telemedicine (Dryden Fracture Clinic) and development of a service delivery model by stakeholders from across Northwestern Ontario.
Diagnostic MRI Scans	Through enhancements made in 2013-2014, the North West LHIN continued to hold the gains made and once again exceeded the performance target for MRI wait times.
Diagnostic CT Scans	Replicating lessons learned through 2013-2014 service enhancements to MRI, CT scans are now within target for the North West LHIN.
Alternate Level of Care	Alternate Level of Care (ALC) rates continued to rise in within the North West LHIN. See page 16 to learn more about strategies to reduce ALC rates.
North West CCAC Wait Times	As anticipated following a spike in 2013-2014, CCAC wait times in the North West LHIN have returned to close to target. The total annual result for 2014-2015 was slightly above the 32 day target, with system capacity pressures in the City of Thunder Bay influencing wait times. See page 15 to learn more about mitigation strategies to address these system pressures.
Readmission Rates	Readmission rates in the North West LHIN are slightly above the target of 16.00%, with an annual result of 17.24% in 2014-2015. Through enablers such as quality improvement plans (QIPs), the North West LHIN works closely with health service providers to improve patient outcomes, reducing the need for readmission.
Rate of Repeat Emergency Department Visits for Mental Health Conditions	Readmission rates for mental health conditions decreased in 2014-2015 to 16.83%, an improvement of 0.67% over last year. This gain is likely attributed enhanced access to mental health services, including the expansion of telepsychiatry. For further information on North West LHIN initiatives, see page 18.
Rate of Repeat Emergency Department Visits for Substance Abuse	The MLPA target of 26.6% repeat unscheduled ED visits within 30 days for substance abuse was exceeded in the fiscal year 2014-2015. The actual rate of 40.65% is attributed to the fact that fewer people with lower acuity needs are now utilizing the ED for substance abuse services and the population currently served at the ED have higher acuity needs and are therefore more likely to have repeat visits. The North West LHIN is continuously monitoring this emerging trend to ensure the effectiveness of current programs and plan for future needs of the population. See page 18 to learn more about North West LHIN initiatives to improve access to mental health and addiction services.

Financial statements of

North West Local Health Integration Network

March 31, 2015

North West Local Health Integration Network

March 31, 2015

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Independent Auditor's Report

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

We have audited the accompanying financial statements of North West Local Health Integration Network, which comprise the statement of financial position as at March 31, 2015, and the statement 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 in our audit 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 North West Local Health Integration Network as at March 31, 2015 and the results of its operations, change in its net debt, and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
May 26, 2015

North West Local Health Integration Network

Statement of financial position
as at March 31, 2015

	2015	2014
	$	$
Financial assets		
Cash	514,910	657,412
Due from Ministry of Health and Long Term Care ("MOHLTC") Health Service Provider ("HSP") transfer payments (Note 9)	2,405,758	2,527,739
Accounts receivable	107,274	54,201
	3,027,942	3,239,352
Liabilities		
Accounts payable and accrued liabilities	510,863	413,665
Due to HSPs (Note 9)	2,405,758	2,527,739
Due to MOHLTC (Note 3)	126,790	291,334
Due to the LHIN Shared Services Office (Note 4)	12,775	6,614
Deferred capital contributions (Note 5)	170,781	178,805
	3,226,967	3,418,157
Net debt	(199,025)	(178,805)
Commitments (Note 6)		
Non-financial assets		
Tangible capital assets (Note 7)	170,781	178,805
Prepaid expenses	28,244	-
	199,025	178,805
Accumulated surplus	-	-

Approved by the Board

Director

Director

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

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North West Local Health Integration Network

Statement of operations
year ended March 31, 2015

	Budget (Note 8)	2015 Actual	2014 Actual
	$	$	$
Revenue			
MOHLTC funding			
HSPs transfer payments (Note 9)	608,976,186	652,454,696	636,139,370
Operations of LHIN	4,779,592	4,625,906	4,771,864
Project Initiatives			
Aboriginal Community Engagement	160,000	160,000	160,000
Emergency Department ("ED") LHIN Lead	-	75,000	75,000
Critical Care ("CC") LHIN Lead	-	75,000	75,000
Emergency Room/Alternative Level of Care ("ER/ALC") Performance Lead	-	100,000	100,000
Primary Care ("PC") LHIN Lead	-	75,000	75,000
French Language Health Services	106,000	106,000	106,000
Diabetes Regional Coordination Centre	1,063,570	1,063,570	1,063,570
Enabling Technologies for Integration Project Management Office	-	510,000	580,000
Amortization of deferred capital contributions	-	161,710	127,121
	615,085,348	659,406,882	643,272,925
Funding repayable to the MOHLTC (Note 3)	-	(126,790)	(291,334)
	615,085,348	659,280,092	642,981,591
Expenses			
Transfer payments to HSPs (Note 9)	608,976,186	652,454,696	636,139,370
General and administrative (Note 10)	4,779,592	4,731,846	4,821,735
Project Initiatives (Note 11)			
Aboriginal Community Engagement	160,000	154,770	143,479
Enabling Technologies for Integration Project Management Office (Note 4)	-	510,000	480,742
ED LHIN Lead	-	74,721	75,000
CC LHIN Lead	-	75,000	72,425
Emergency Room/Alternative Level of Care ("ER/ALC") Performance Lead	-	100,000	100,000
Primary Care ("PC") LHIN Lead	-	73,518	73,396
French Language Health Services	106,000	106,000	106,000
Diabetes Regional Coordination Centre	1,063,570	999,541	969,444
	615,085,348	659,280,092	642,981,591
Annual surplus and accumulated surplus, end of year	-	-	-

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

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North West Local Health Integration Network

Statement of change in net debt
year ended March 31, 2015

	2015	2014
	$	$
Annual surplus	-	-
Acquisition of tangible capital assets	(153,686)	(35,072)
Amortization of tangible capital assets	161,710	127,121
Prepaid expenses incurred	(28,244)	-
(Increase) decrease in net debt	(20,220)	92,049
Net debt, beginning of year	(178,805)	(270,854)
Net debt, end of year	(199,025)	(178,805)

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

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North West Local Health Integration Network

Statement of cash flows
year ended March 31, 2015

	2015	2014
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of tangible capital assets	**161,710**	127,121
Amortization of deferred capital contributions (Note 5)	**(161,710)**	(127,121)
Changes in non-cash operating items		
Prepaid expenses	**(28,244)**	-
Due from MOHLTC - HSPs transfer payments	**121,981**	3,482,174
Accounts receivable	**(53,073)**	1,625
Accounts payable and accrued liabilities	**97,198**	34,476
Due to HSPs	**(121,981)**	(3,482,174)
Due to MOHLTC	**(164,544)**	(49,355)
Due to LHIN Shared Services Office	**6,161**	(4,934)
	(142,502)	(18,188)
Capital transaction		
Acquisition of tangible capital assets	**(153,686)**	(35,072)
Financing transaction		
Increase in deferred capital contributions (Note 5)	**153,686**	35,072
Net decrease in cash	**(142,502)**	(18,188)
Cash, beginning of year	**657,412**	675,600
Cash, end of year	**514,910**	657,412

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

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North West Local Health Integration Network

Notes to the financial statements
March 31, 2015

1. Description of business

The North West Local Health Integration Network was incorporated by Letters Patent on June 16, 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 West 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 Districts of Thunder Bay, Rainy River and most of Kenora. 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, 2015.

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 capital assets.

North West Local Health Integration Network

Notes to the financial statements
March 31, 2015

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 historic cost. Historic 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. Computer software is recognized as an expense when incurred.

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

Office furniture and fixtures	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Web development	3 years straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Segmented information

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 disclose information for 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.

North West Local Health Integration Network

Notes to the financial statements
March 31, 2015

3. Funding repayable to the MOHLTC

LHIN Shared Service Office and LHINC Collaborative

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

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

The amount repayable to the MOHLTC related to the current year activities is made up of the following components:

	Funding	Eligible expenses	2015 Funding excess	2014 Funding excess
	$	$	$	$
Transfer payments to HSPs	652,454,696	652,454,696	-	-
LHIN operations	4,787,616	4,731,846	55,769	77,250
Aboriginal Community Engagement	160,000	154,770	5,231	16,521
Enabling Technologies for Integration Project Management Office	510,000	510,000	-	99,258
ED LHIN Lead	75,000	74,721	279	-
Critical Care ("CC") LHIN Lead	75,000	75,000	-	2,575
ER/ALC Performance Lead	100,000	100,000	-	-
PC LHIN Lead	75,000	73,518	1,482	1,604
French Language Health Services	106,000	106,000	-	-
Diabetes Education	1,063,570	999,541	64,029	94,126
	659,406,882	659,280,092	126,790	291,334

The continuity of the amount due to the MOHLTC at March 31 is as follows:

	2015	2014
	$	$
Due to MOHLTC, beginning of year	291,334	340,689
Funding repaid to MOHLTC	(291,334)	(340,689)
Funding repayable to the MOHLTC related to current year activities	126,790	291,334
Due to MOHLTC, end of year	126,790	291,334

4. Related party transactions

LHIN Shared Services Office and LHINC

The LHIN Shared Services Office (the "LSSO") and the Local Health Integration Network Collaborative (the "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 portion of the LSSO operating costs overpaid (or not paid) by the LHIN at year end is recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all LHINs.

North West Local Health Integration Network

Notes to the financial statements
March 31, 2015

4. Related party transactions (continued)

Enabling Technologies for Integration Project Management Office

Effective February 1, 2012, the LHIN entered into an agreement with South East LHIN, North East LHIN and Champlain LHIN (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Under the agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The LHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies for Integration Project Management Offices for its Cluster and related expenses. During the year, the LHIN received funding from Champlain LHIN of $510,000 (2014 - $580,000).

5. Deferred capital contributions

	2015	2014
	$	$
Balance, beginning of year	**178,805**	270,854
Capital contributions received during the year	**153,686**	35,072
Amortization for the year	**(161,710)**	(127,121)
Balance, end of year	**170,781**	178,805

6. Commitments

The LHIN has commitments under various operating leases related to building and equipment extending to 2020. Lease renewals are likely. Minimum lease payments due in each of the next five years are as follows:

	$
2016	154,432
2017	75,842
2018	54,813
2019	52,718
2020	48,725
	386,530

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

	$
2016	628,405,427
2017	130,910,302
	759,315,729

The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

North West Local Health Integration Network

Notes to the financial statements
March 31, 2015

7. Tangible capital assets

	Cost	Accumulated amortization	2015 Net book value	2014 Net book value
	$	$	$	$
Office furniture and fixtures	392,570	350,198	42,372	56,878
Computer equipment	109,648	90,387	19,261	11,938
Leasehold improvements	835,427	726,279	109,148	109,989
	1,337,645	1,166,864	170,781	178,805

8. Budget figures

The budget was approved by the Government of Ontario. The budget figures reported in the statement of operations reflect the initial budget. 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 final HSP funding budget of $652,454,696 is derived as follows:

	$
Initial HSP funding budget	608,976,186
Adjustment due to announcements made during the year	43,478,510
Final HSP funding budget	652,454,696

The final LHIN budget, excluding the HSP funding, of $6,790,476 is derived as follows:

	$
Initial budget	6,109,162
Additional funding received during the year	
E-Health	510,000
Critical Care Lead	75,000
ER/ALC Lead	100,000
ED LHIN Lead	75,000
Primary Care Lead	75,000
Amount treated as capital contributions made during the year	(153,686)
Final budget	6,790,476

North West Local Health Integration Network

Notes to the financial statements
March 31, 2015

9. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $652,454,696 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors as follows:

	2015	2014
	$	$
Operation of hospitals	441,657,628	434,144,678
Grants to compensate for municipal taxation - public hospitals	105,375	105,375
Long term care homes	71,169,619	69,857,609
Community care access centres	52,851,858	52,178,133
Community support services	15,896,203	14,566,428
Acquired brain injury	1,047,400	1,817,346
Assisted living services in supportive housing	13,149,211	9,042,001
Community health centres	9,723,533	9,653,216
Community mental health program	31,116,875	30,219,856
Addictions program	15,736,994	14,554,728
	652,454,696	636,139,370

The LHIN receives funding from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2014, an amount of $2,405,758 (2014 - $2,527,739) was receivable from the MOHLTC, and $2,405,758 (2014 - $2,527,739) was payable to HSPs. These amounts have been reflected as revenue and expenses in the Statement of operations and are included in the table above.

10. General and administrative expenses

The statement of operations presents expenses by function. The following classifies general and administrative expenses by object:

	2015	2014
	$	$
Salaries and benefits	3,205,785	3,333,357
Occupancy	200,071	211,801
Amortization	161,710	127,121
Equipment and maintenance	58,268	51,838
Shared services	393,662	341,662
Public relations and community forums	35,851	46,382
Professional fees	14,800	14,800
Travel	136,982	115,017
Staff development and recruitment	122,757	121,981
Consulting services	23,764	72,942
LHIN collaborative	47,500	47,500
Supplies, printing and office	76,001	81,900
Other board member per diems	43,541	61,428
Board chair per diems	23,645	23,800
Other governance and travel costs	129,381	103,920
Mail, courier and telecommunications	58,128	66,286
	4,731,846	4,821,735

North West Local Health Integration Network

Notes to the financial statements
March 31, 2015

11. Project Initiatives

The Statement of operations presents project initiative expenses for each individual initiative, the following classifies project initiative expenses by object:

	2015	2014
	$	$
Salaries and benefits	1,427,709	1,437,117
Professional services	337,493	286,821
Travel	89,797	71,604
Accomodations	78,138	75,438
Computer	40,544	21,201
Meeting/Public Relations	38,980	22,487
Staff development and recruitment	24,676	47,584
Translation services	17,571	23,462
Supplies - printing and office	15,180	17,772
Mail, courier and telecommunications	13,461	7,000
Shared Services	10,000	10,000
	2,093,549	2,020,486

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

	Budget 2015	Actual 2015	Actual 2014
	$	$	$
Salaries and benefits	890,000	840,000	814,487
Other expenses	173,570	159,541	154,957
	1,063,570	999,541	969,444

12. Pension agreements

The LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 44 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 2015 was $363,096 (2014 - $356,413) for current service costs and is included as an expense in the Statement of operations. The last actuarial valuation was completed for the plan in December 31, 2014. At that time, the plan was fully funded.

13. Guarantees

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

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

14. Comparative figures

Certain of prior years' comparatives figures have been reclassified to conform with current year's presentation.

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