Champlain Local Health Integration Network: Transforming Health Care: One Person at a Time

2010-2011 Annual Business Plan

July 23rd, 2010

Transmittal Letter from the Interim Board Chair

July 23rd, 2010

Mr. Ken Deane, Assistant Deputy Minister
Health System Accountability and Performance Division
Ministry of Health and Long Term Care
80 Grosvenor Street, 5th floor, Hepburn Block
Toronto, ON, M7A 1R3

Mr. Deane,

Please find attached the Champlain LHIN's 2010-2011 Annual Business Plan which has been endorsed by the Board of Directors. The plan outlines the goals and objectives we will be working to achieve this coming fiscal year as we move towards our vision of creating healthy and caring communities today and for the future and support the Ministry of Health and Long-Term Care in the attainment of provincial priorities. The business plan is based on the information currently available to our LHIN and will be adjusted as further information, particularly as it relates to funding for health services and LHIN operations is obtained.

The business plan is aimed at helping our LHIN advance its three strategic directions:

- Improving the health of residents of Champlain
- Improving Champlain residents' experience with the health system
- Improving the performance of a sustainable and accountable health system in our region

The 2010-2011 Annual Business Plan seeks to be responsive to local issues while addressing the priorities of the Ministry of Health and Long Term Care, namely to reduce Alternate Level of Care and emergency room pressures, implementing the provincial diabetes strategy and developing a comprehensive mental health strategy. This year, the LHIN will continue to seek opportunities for integration in view of creating a comprehensive health care system within its region.

The Champlain LHIN's business plan is ambitious but its achievement is integral to meeting the expectations laid-out in the Integrated Health Services Plan and to living-up to our MLAA commitments.

Sincerely,

Michael Lemay
Champlain LHIN Interim Board Chair

Mandate and Strategic Directions

Under the Local Health Services Integration Act of 2006, Local Health Integration Networks (LHINs) are obligated to produce an Integrated Health Service Plan (IHSP). The IHSP is a three-year plan that outlines the priorities the LHIN has mapped-out to achieve its vision and meet its mandate of integrating the health care system at the local level. Champlain's IHSP was released in November 2009 after several months of consultation with the local community, that is, health service providers, health provider boards, consumers of health care services, and the general public. Bilingual copies are available at the Champlain LHIN offices or on line at www.champlainlhin.on.ca

The Ministry-LHIN Accountability Agreement (MLAA) signed yearly by both parties, lays-out the expectation that the LHINs will produce an Annual Service Plan (ASP). The ASP is the more detailed plan that makes explicit the specific strategies and initiatives the LHIN will implement in a 12-month period to achieve the commitments of its IHSP and meet its MLAA commitments. The Annual Business Plan is a component of the ASP.

The 2010-2011 Annual Business Plan is driven by the Champlain LHIN's mission:

> Linking services that help people stay healthy by building a coordinated, integrated, and accountable health system for people where and when they need it

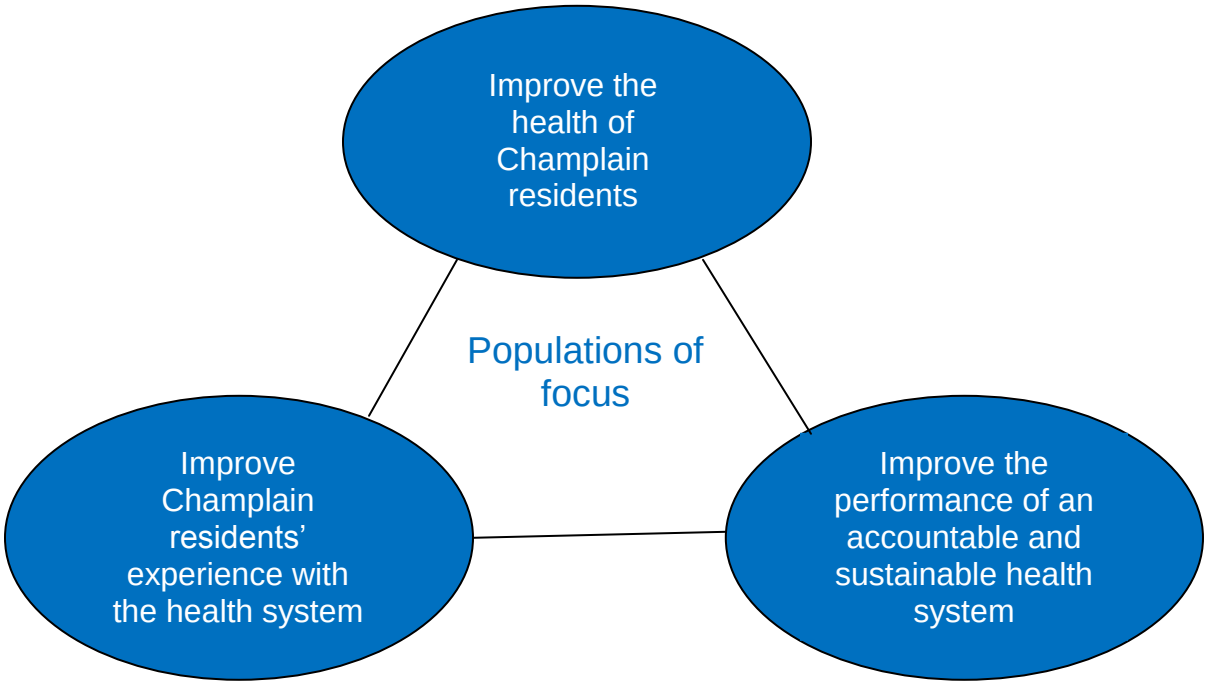
and supports the achievement of its vision of:

> Healthy, caring communities supported by quality health services that achieve results – today and for the future

The Champlain LHIN will serve its mission and achieve its vision by living its values:

- Integrity
- Accountability
- Respect
- Transparency
- Trust

Over the next twelve months, The Champlain LHIN will implement a number of initiatives that are aimed at advancing three broad strategic directions:



Overview of Current and Forthcoming Programs/Activities

The Champlain LHIN funds 210 health service providers across seven sectors (hospitals, long term care homes, Community Care Access Centre, community mental health services, community health centres, community support services and community addictions services). These partners will work with the Champlain LHIN to improve the health of specific groups of people, improving their experience with the health system, as well, as improving the performance of the services that meet their needs. While we will work to achieve results for all residents of Champlain, over the coming three years, we will focus particular attention on:

- Persons with pre-diabetes or diabetes
- Persons with mental health issues and/or problematic substance use
- Persons with complex health conditions

The exact nature of the services each of the health service providers in the Champlain LHIN will deliver will likely change over time as we reconfigure the distribution and coordination of services and programs across our region.

Environmental Scan

The Champlain LHIN's 2010-2011 Annual Business Plan is informed by the characteristics of our local community and the major trends that are impacting the local, provincial and national scene. This section of the ABP highlights a few of these factors as they provide the context for the ABP and drive its planning assumptions. A more detailed environmental scan can be found on our website (www.champlainlhin.on.ca) in the following documents:

- 2010-2013 Integrated Health Service Plan
- Community of Care profiles

The Champlain Region and its Inhabitants

The Champlain region covers a large geographic area of almost 18,000 square kilometers with a population of more than 1.2 million (approximately 9% of the total population of Ontario). One of its challenges resides in the fact that over 70% of its inhabitants live in the general area of the city of Ottawa. This means that about a third of the residents of Champlain live away from the larger urban centre, are spread across a large area, and therefore, may have challenges in accessing health care services either due to lack of proximity or lack of transportation. This geographical spread also poses the risk of duplication of services and threats to efficiency due to the need to decentralize services so that they may be provided closer to home.

Champlain Region

- 18,000 km^2
- 1.2 million inhabitants
- 70% pop in Ottawa area
- 20% francophones
- 32,000 aboriginals living off-reserve
- 15% visible minority
- Diversity across sub-regions
- Population growth ~1%/year for the next 20 yrs
- Aging population

A further challenge rests in the fact that the demographic characteristics of the population of Champlain vary across its various sub-regions. For instance, there is a higher proportion of elderly people living in Renfrew County than in other parts of the region while in Eastern Counties, the proportion of francophones is more pronounced. These population differences mean that implementation strategies need to be sensitive to the local realities of the various communities that comprise the Champlain region.

The population of Champlain is expected to grow at a similar rate to that of the rest or Ontario, that is, approximately 1% every year for the next 20 years. However, some communities within Champlain are growing more rapidly than others meaning pressures on local health service providers to keep up with growing demand. As with the rest of Ontario and Canada, the elderly continue to be the fastest growing population across our region growing at a rate of approximately 3% per year over the next 20 years.

The Champlain region borders with Quebec which has significant health planning implications. Approximately 5% of our hospital services for example are accessed by residents of our neighbouring province. For this reason, the Champlain LHIN will be required to work closely with l'Agence de santé et des services sociaux de l'Outaouais over the coming years to better understand the impact of this close proximity and identify policy issues related to the delivery of health care services within both provinces.

Health Care Services

There are 210 health service providers that receive funding from the Champlain LHIN to deliver health care services to our residents. The sheer number poses challenges to effective monitoring and can contribute to the establishment or maintenance of silos, duplication, redundancy, poor transition points, inefficiencies and lack of integration and coordination. Over the coming year, the Champlain LHIN will increasingly focus on opportunities to build a seamless coordinated health system within its region.

The distribution of health care expenditure can also pose a challenge to transforming the health care system. Although hospitals account for only 10% of the health service providers funded by the LHIN, they receive over 70% of the total health care budget. Although the Champlain LHIN staff and Board of Directors support the need to improve the overall health of its citizens by shifting resources from institutions to community-based services, traditional ideologies within the health system render this shift challenging.

Finally, the increasing rates of chronic diseases and their associated risk factors such as diabetes, heart and lung disease and obesity to name but a few, are increasingly putting pressure on health care resources. These pressures are challenging to address within the current health system management structure. The majority of primary care services, where early identification of risk for chronic conditions and their appropriate management are best handled, fall outside of the LHIN's scope of accountability. In spite of the fact that the Champlain LHIN continues to engage and partner with primary care physicians and other primary health service providers, creating an integrated and responsive health system is challenged with the current fragmentation and multiple reporting streams.

Health Human Resources

The Champlain LHIN, like many other jurisdictions, is feeling the effects of the shortage of health care professionals. The shortage is magnified in our region given that the pool from which to recruit these professionals is reduced due to the need for those working in Champlain to deliver care in both official languages.

The shortage of health professionals will require radical changes to the utilization of these human resources. Although the concept of interprofessional models of care has been heralded as a potential solution to human resource shortages, there still exist legislative and many other barriers to its full implementation. The inappropriate utilization of health professionals and the limitations to various scopes of practice is challenging to overcome given traditional service delivery models that continue to be reinforced. The LHIN will work

with its engagement structures and partners to identify innovative strategies to address these issues.

Other Trends and Considerations

The economic downturn currently experienced in Ontario presents both a challenge and an opportunity. Many recognize that current levels of health care expenditure are not sustainable particularly given that they have not yielded satisfactory returns on investment if one considers health outcomes compared to other industrialized nations. Despite this recognition, changes in the delivery of health services have been slow to come. A heightened emphasis on cost containment and rationalization of services may foster a greater focus on efficiency and effectiveness. Increasingly, the Champlain LHIN will be encouraging its health service providers to leverage existing funds to transform and improve the health care system.

Integrated Health Services Priorities

The following sections describe our priorities for the next three fiscal years with an emphasis on the 2010-2011 year.

IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
Residents of Champlain
IHSP Priority Description:
The Champlain LHIN will work to ensure that its residents lead healthy lives, have access to an integrated network of health services and receive health services that are safe, efficient and effective.
Current Status
The Champlain LHIN has 210 health service providers to support the health related needs of its 1.2 million residents. Although several health service providers work in partnership with each other, much has yet to be done to create a truly integrated and seamless system that places the needs of the person first above all else. Details of the current challenges facing our region can be found in our 2010-13 Integrated Health Service Plan. Over the past three years, we have made great progress at integrating health services in our region. For instance, some community support service organizations have merged, we have laid the foundation for a regional maternal-newborn program, a regional laboratory system and regional intake programs for certain medical procedures to name but a few. Over the next three years, we will continue to create such regional programs and will more clearly define the roles of all our health service providers and where they fit in the overall plan for our region. In addition, we will leverage information technology to support our integration initiatives. Details of the specific initiatives we will implement can be found in our 2010-2013 eHealth Strategic Plan.

GOALS and ACTION PLANS

Goal (s)

The Champlain LHIN has three broad goals for its residents:

- Champlain residents lead healthy lives
- Champlain residents access an integrated network of health services
- Champlain residents receive health services that are safe, efficient, and effective

Consistency with Government Priorities:

These goals align specifically with the Government's priority to reduce wait times, particularly wait times in emergency departments.

Action Plans/Interventions

Action Plans/ Interventions:	Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column.		
	2010-11	2011-12	2012-13
Support the Champlain Cardiovascular Prevention Network to implement The Ottawa Model of Smoking Cessation in all hospitals	34%	33%	33%
Increase the proportion of healthy food choices in all Champlain hospitals	40%	30%	30%
Support the Champlain Cardiovascular Prevention Network public awareness campaign related to salt	50%	50%	0%
Implement an integrated system for non-urgent transportation across the Champlain LHIN	34%	33%	33%
Reduce the wait time in emergency departments for admitted patients by implementing innovative capacity solutions in Champlain hospitals	30%	40%	30%
Reduce the wait time in emergency departments for non-admitted patients by implementing patient flow best	60%	20%	20%

practices in Champlain hospitals			
Work with partners to plan and implement emergency department diversion initiatives across Champlain	10%	40%	50%
Implement a Champlain Home First approach to hospital discharges	20%	70%	10%
Reduce wait times for orthopaedic surgery across Champlain through: 1. Implementation of a central intake and assessment centre for persons requiring elective hip and knee replacement 2. Determination of the possibility of implementing a central intake and assessment centre for persons requiring elective foot and ankle surgery 3. Implementation of best practice hip fracture care pathway across Champlain	80% 100% 50%	20% 0% 50%	0% 0% 0%
Reduce wait times for targeted procedures in alignment with the priorities of the Ministry of Health and Long-Term Care and the LHIN targets specified in the Champlain Ministry-LHIN Performance Agreement	40%	30%	30%
Develop clinical services distribution plans in all regions of the Champlain LHIN in line with the overall vision for health system integration in Champlain	40%	40%	20%
Implement hospital integration initiatives as per clinical services distribution plan in Eastern Counties	40%	60%	0%
Implement the regional integrated maternal-newborn program	66%	34%	0%
Implement the regional palliative care program	40%	30%	20%
Implement a regional laboratory service	50%	50%	0%

through the Eastern Ontario Regional Laboratory Association			
Implement an integrated health care delivery system in Barry's Bay	50%	50%	0%
Open the Orleans Family Health Hub	30%	60%	10%
Sign and monitor accountability agreements with all health service providers within Champlain	100%* *All health service providers will have a signed accountability agreement in place	100%*	100%*
Implement a performance scorecard to monitor the MLAA and IHSP	100%	0%	0%
Implement a web-based viewer for provincial laboratory test results and drug history data at The Ottawa Hospital, selected hospitals and primary care practices in Champlain	10%	40%	50%
Integrate Champlain hospitals into the regional Diagnostic Imaging Repository	10%	90%	0%
Implement a pilot electronic consultation process enhancing interaction between family physicians and specialists to improve patient care	100%	0%	0%
Implement a central intake system for MRI and CT test requests	50%	30%	20%
Implement a process for collecting information on linguistic preference in all health service providers	30%	30%	40%

Expected Impacts of Key Action Items

To measure the impacts of key action items, the Champlain LHIN will measure the following:

% who smoke
% who have high blood pressure
% who are satisfied with health services in Champlain
% health service providers that meet the terms & conditions of their accountability agreements

% Ministry-LHIN performance agreement wait times indicators met % Alternative Level of Care days Hospital Patient Safety Indicators – Hand hygiene compliance, C.difficile rates and hospital standardized mortality ratios % who do not have a primary care provider (family physician or nurse practitioner)
What are the risks/barriers to successful implementation?
The risk exists that not all initiatives will be implemented within the 3-year timeframe due to evolving priorities, the number of partners involved and other competing priorities. In additional, it may be challenging to recruit individuals to key leadership positions within newly created regional programs.

IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
People with pre-diabetes or diabetes
IHSP Priority Description:
The Champlain LHIN and its partners will work together to ensure a greater emphasis is placed on preventing pre-diabetes and diabetes. In addition, efforts will be directed at ensuring people with these conditions receive services that meet national standards and that are provided in a comprehensive and integrated manner. Furthermore, people with pre-diabetes and diabetes will be supported to learn how to best care for themselves. These efforts will help prevent complications and the impacts of this serious health issue.
Current Status
Currently, only 11.3% of the 68,000 people diabetes in Champlain are receiving care for their condition that would meet national standards. People with diabetes do not always know where to get help to manage their diabetes. Services for people with diabetes may not be available in their own community and are often not coordinated. These gaps in care are very concerning as the number of people with diabetes in Champlain has nearly doubled over a ten year period. Furthermore, an ever-growing body of evidence has demonstrated that Type 2 diabetes can be delayed and/or prevented in those with pre-diabetes.

GOALS and ACTION PLANS
Goal (s)
The Champlain LHIN and its partners will work to achieve three goals for persons with pre-diabetes or diabetes. People with pre-diabetes or diabetes will: • Manage their condition within target • Access a coordinated network of health services within their community • Be identified, monitored and supported

Consistency with Government Priorities:

The Ontario government is implementing a diabetes strategy across the province. The Champlain LHIN is well aligned with this broader strategy and in fact, has been an early adopter for several initiatives.

Action Plans/Interventions

Action Plans/ Interventions:	Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column.		
	2010-11	2011-12	2012-13
Complete community engagement with persons with diabetes to identify opportunities to integrate diabetes care across Champlain	100%* *Targeted engagement will occur in 2010-11 and ongoing engagement will continue in subsequent years	0%*	0%*
Implement common standardized referral tool and process between primary care practitioners and specialists	0%	50%	50%
Implement an early screening model in primary care providers	34%	33%	33%
Support the implementation and linking of diabetes education teams throughout Champlain	80%	20%	0%

Participate as a delivery partner in the implementation of an electronic health record for people with diabetes	34%	33%	33%
Implement a chronic disease self-management and peer-support program	70%	20%	10%
Implement performance measure reporting mechanisms in diabetes	50%	25%	25%
Complete the High Risk Ethnic Population Pilot Project	70%	30%	0%
Implement a standardized regional care map spanning ante-natal to post-natal care in gestational diabetes	100%	0%	0%

Expected Impacts of Key Action Items

The Champlain LHIN will monitor its progress at achieving its goals and objectives by tracking the following measures:

% who are within target ranges for blood glucose, HA1C (glycated haemoglobin A1C), blood pressure and low-density lipoprotein cholesterol (LDL-C)

% who report a positive experience with their diabetes care

% people screened for diabetes

% who use diabetes education programs

% people with diabetes who are admitted to hospital via the Emergency Department

Average length of stay in hospital for people with diabetes admitted via the Emergency Department

% who do not have a primary care provider (family physician or nurse practitioner)

What are the risks/barriers to successful implementation?
Given that the provincial diabetes strategy is in its early stages of implementation, there is a risk that goals may not be achieved within the 3-year time frame. There is a risk that the diabetes registry may not be implemented within the proposed period due to changes in leadership and management at the provincial level. Furthermore, it may be a challenge to obtain 100% uptake of the diabetes registry by health professionals. It may also be a challenge to secure the resources (both human and financial) to achieve all the strategies listed above given the current economic reality.

IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
People with Mental Health Issues and/or Problematic Substance Use
IHSP Priority Description:
Integrate services for persons with mental health issues and or problematic substance use in a manner that facilitates entry, screening, assessment, treatment and follow-up.
Current Status
People with early symptoms of mental health issues and/or problematic substance use, people who have already been diagnosed, and people who care for them are often unable to get the help they need at the time they may need it most. When services are available, they are often structured in a way that makes it difficult for the person with a problem or family members to get the help they need. Some people do not know where to get help. Without supports, people may end up in an emergency department or hospitalized. Sometimes, individuals who are in the hospital wait to be moved to a more appropriate setting, or are discharged and sent home without the support they or their families require. Health surveys have shown that 40-80% of people with mental health issues and/or problematic substance use do not receive treatment at all.

GOALS and ACTION PLANS
Goal (s)
The Champlain LHIN and its partners will work collaboratively to achieve the following three goals for persons with mental health issues and/or problematic substance use: • Those with early symptoms will manage their health condition • Persons with mental health issues and/or problematic substance use will have access to coordinated services along the continuum of care • Care will be available were and when it is needed

Consistency with Government Priorities:

The government of Ontario is set to launch a 10-year strategy to address the needs of individuals that experience a mental health or addiction problem. The Champlain LHIN's actions will be aligned to this evolving strategy.

Action Plans/Interventions

Action Plans/ Interventions:	Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column.		
	2010-11	2011-12	2012-13
Implement transitional and supportive housing spaces for persons recovering from a mental health issues or problematic substance use	43%	38%	19%
Implement mental health and addiction services adapted to the need of children and youth	33%	33%	33%
Open a youth treatment center for 15 anglophone and 5 francophone youth in Champlain	50%	25%	25%
Standardize service definitions, admission criteria, tools and practices for early identification and intervention	40%	60%	0%
Implement a screening tool for concurrent disorders in all hospitals and mental health and addiction agencies in Champlain	85%	15%	0%
Implement the Ontario Common Assessment of Need tools in 3 pilot sites in Champlain to assess feasibility of a	100%	0%	0%

region-wide roll-out and partner with 3 other LHINs to implement an OCAN and RAI-MH centralized viewer capability through CCIM integrated assessment record			
Implement coordinated entry and transition points for mental illness and substance abuse services, in particular, redesign entry into addictions treatment centres	50%	40%	10%
Pursue integration opportunities of mental health and addiction services for francophones in Eastern Counties	40%	40%	20%
Implement Royal Ottawa Health Care Group recovery plan	75%	20%	5%
Implement targeted strategies for aboriginals with mental health issues and/or problematic substance use	33%	33%	33%

Expected Impacts of Key Action Items

The Champlain LHIN will measure its success at achieving its goals for persons with mental health issues and/or problematic substance use by tracking the following:

% admitted to hospital

Rate of hospital readmissions

Rate of hospitalizations for those receiving community services

% reporting a satisfactory experience with mental health and/or substance use services

Wait time for initial assessments

Wait time for treatment

Number of emergency department visits for people with mental health issues and/or problematic substance use

% alternative level of care days for people with mental health issues and/or problematic substance use

% that do not have a primary care provider (family physician or nurse practitioner)
What are the risks/barriers to successful implementation?
There are challenges to implementing all of the initiatives due to fragmentation between mental health and addictions providers. Another risk exists in the need for involving multiple partners from other sectors and ministries.

IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
People with Complex Health Conditions
IHSP Priority Description:
The Champlain LHIN and its partners want to ensure that people with complex health conditions receive the right level of coordinated care in the setting that is most appropriate for them.
Current Status
People with complex health conditions have one or more chronic health condition (including dementia) *and* require significant assistance with activities of daily life (including with instrumental and activities of daily living) *and* who need to use the health system often or are dependent on technological devices. People with complex health conditions may be on a slow progressive decline and the chronic conditions they have are likely not reversible. People with complex health conditions and their caregivers are often trying to cope with many issues at any given time. Family, friends and volunteers play a key role in the care people with complex health conditions require. Often, people with complex health conditions and their loved ones do not know where and how to access services. Their care requires a multitude of caregivers but often there is no one person with the overview of the person's health or plan of care.
GOALS and ACTION PLANS
Goal (s)
Over the next three years, the Champlain LHIN and its partners will work together to ensure that people with complex health conditions: • Optimize their current level of health • Receive coordinated health services • Receive the right level of care in the most appropriate setting
Consistency with Government Priorities:

This priority is consistent with the government of Ontario's desire to reduce the wait times in emergency departments and the number of people that are awaiting an Alternate Level of Care. Improving the health of persons with complex health conditions and the coordination and integration of the multitude of services they require will directly impact on government priorities.

Action Plans/Interventions

Action Plans/ Interventions:	Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column.		
	2010-11	2011-12	2012-13
Implement 2 new Community Support Capacity Developers in Champlain to support the integration of home and community services	100%	0%	0%
Assign a lead case manager for persons receiving care from multiple agencies	40%	60%	0%
Expand the number of assisted living services for high risk seniors housing units available throughout Champlain	80%	20%	0%
Implement multi-agency shared care plans	0%	50%	50%
Implement care coordination for children with complex health conditions	80%	20%	0%
Increase the availability of community-based outreach services	0%	45%	55%

Expected Impacts of Key Action Items
The Champlain LHIN will monitor its progress at achieving its goals and meeting its objectives by monitoring the following measures for persons with complex health conditions: % admitted to hospital % visiting an emergency department Average length of stay in hospital % reporting a positive experience with their health care % Alternative Level of Care days % that do not have a primary care provider (family physician or nurse practitioner) Average length of stay in Long Term Care Homes % of high resource clients (RAI MDS) in Long Term Care Homes
What are the risks/barriers to successful implementation?
Involvement of multiple ministries and levels of government (MCYS, MCSS, MOHLTC, municipal government) as well as multiple partners may pose a barrier to successful implementation due to the differing processes and policies between agencies.

Template B: LHIN Operations Spending Plan					
LHIN Operations Sub-Category ($)	**2009/10 ~~Actuals /~~ Forecast**	**2009/10 Budget ~~Allocation~~**	**2010/11 Planned Expenses**	**2011/12 Planned Expenses**	**2012/13 Planned Expenses**
Salaries and Wages	2805678	2899348	3030000	3084000	3140000
Employee Benefits					
HOOPP	257013	262744	273000	276000	283000
Other Benefits	321042	352493	333000	339000	345000
Total Employee Benefits	***578055***	***615237***	***606000***	***617000***	***628000***
Transportation and Communication					
Staff Travel	69516	92000	92000	92000	92000
Governance Travel	28748	30000	30000	30000	30000
Communications	54280	64000	64000	64000	64000
Other Benefits	26129	33250	33250	33250	33250
Total Transportation and Communication	***178873***	***219250***	***219250***	***219250***	***219250***
Services					
Accomodation	263829	266714	340000	340000	340000
Advertising	28530	50000	50000	50000	50000
Banking	1138	1200	1200	1200	1200
Community Engagement	0		0	0	0
Consulting Fees	449338	413331	145630	80630	13630
Equipment Rentals	14120	14000	14000	14000	14000
Governance Per Diems	109850	115000	130000	130000	130000
LSSO Shared Costs	328000	300000	358000	358000	358000
Other Meeting Expenses	52642	66000	66000	66000	66000
Other Governance Costs	7225	6810	6810	6810	6810
Printing & Translation	55303	97000	97000	97000	97000
Staff Development	42492	45000	45000	45000	45000
Total Services	***1352467***	***1375055***	***1253840***	***1188840***	***1121640***
Supplies and Equipment					
IT Equipment	16682	15000	15000	15000	15000
Office Supplies & Purchased Equipment	47389	36000	36000	36000	36000
Total Supplies and Equipment	***64071***	***51000***	***51000***	***51000***	***51000***
LHIN Operations: Total Planned Expense	4978944	5159890	5159890	5159890	5159890
Annual Funding Target					
Variance			5159890	-5159890	-5159890
CAPITAL	210946	30000	30000	30000	30000

90/10 Forecast is based on Dec 31 submision to MOH (altho some account line items are different)

Future year forecasts

* Salary increases based on 1.5% for Sr. Management, and 2% for staff
* LSSO changed to be FY10 and FY11 actuals
* Increased per diems based on full Board, all claim ($9K*7; $45K Chair; $20K vice chair)

Template C: CHAMPLAIN LHIN Staffing Plan (Full -Time Equivalents)					
	2008/09 Actual as at March 31	2009-2010 Forecast	2010-2011 Forecast	2011-2012 Forecast	2012-2013 Forecast
	Number of FTE				
LHIN OPERATIONS					
Chief Executive Officer	1	1	1	1	1
Senior Director, Performance, Contract and Allocation	1	1	1	1	1
Senior Funding Consultant	1	1	1	1	1
Senior Consultant, Performance & Contracts	1	1	1	1	1
Funding and Performance Consultant	4	4	4	4	4
Senior Director, Planning, Integration, and Community Engagement	1	1	1	1	1
Senior Planner, Community Engagement	1	0	0	0	0
Senior Planner	5	7	7	7	7
Senior Epidemiology & Decision Support Consultant	1	1	1	1	1
Epidemiology & Decision Support Consultant	1	1	1	1	1
Information Systems Developer	0	1	1	1	1
Communications and Special Projects	1	1	1	1	1
Communications Officer	1	1	1	1	1
Communications Specialist	1	1	1	1	1
Controller & Business Support Manager	1	1	1	1	1
Junior Accountant	1	1	1	1	1
Executive Assistant	3.5	4	4	4	4
Office Manager	0	1	1	1	1
Office Coordinator	1	1	1	1	1
Administrative Assistant	1	0	0	0	0
Program Assistant	2	2	2	2	2
Receptionist	1	1	1	1	1
TOTAL LHIN OPERATIONS	**30.5**	**33**	**33**	**33**	**33**
e-HEALTH					
Chief Information Officer	1	1	1	1	1
Executive Assistant	0.5	1	1	1	1
e-Health Coordinator	1	0	0	0	0
Senior Project Manager	0	1	1	1	1
Senior Coordinator	0	0	1	1	1
TOTAL e-Health	**2.5**	**3**	**4**	**4**	**4**

Communications Plan

The Champlain LHIN's Annual Business Plan will be made available in English and French to the public, health service providers, and other partners by posting it on our bilingual website. Printed copies will also be circulated upon request. We will communicate the availability of the plan broadly through our Community of Care advisory Forums, our Community of Practice Networks and our Expert Councils. In addition, notice of the plan's adoption by the Champlain LHIN Board of Directors will be communicated through our regularly published Board Highlights newsletter.