Champlain **LHIN**

Measuring Our Accomplishments

Board Report
Fourth Quarter: 2009 - 2010

Jan – Mar 2010

Ontario
Local Health Integration Network

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Preamble

This past quarter has seen a number of improvements in wait times, particularly for long-term care home placement, cancer surgery, knee replacement surgery, and MRI scans. Nevertheless, wait times for CT scans and hip replacements continue to be a concern.

Of particular significance during the quarter was the issuance of a required integration decision for maternal-newborn services in our region, the provision of funds to support the implementation of the Eastern Ontario Regional Laboratory Association, and the purchase of vehicles to enhance non-urgent transportation.

Champlain LHIN staff extensively reviewed hospital plans and worked with the region's hospitals to finalize extensions of Hospital Service Accountability Agreements (H-SAAs).

In addition, Centretown Community Health Centre was approved as the Regional Coordinating Centre for diabetes, two hospitals went live with the Diagnostic Imaging repository, and two interim long-term care bed pilot projects were implemented.

1) Performance Scorecard

A) Champlain LHIN Performance Overview: MLAA Schedule 10 Indicators

For Reporting Period: 2009 / 2010 Q3 (as of January 31, 2010)

Performance perspective		Performance Indicator	Unit	Provincial Target	LHIN Rank (out of 14)	LHIN Performance Target	Result Q3 2008/09	Result Q4 2008/09	Result Q1 2009/10	Result Q2 2009/10	Result Q3 2009/10	Status	IHSP priority
Health Services		90th Percentile Wait Time for Cancer Surgery [1]	days	84	12	61	61	62	63	69	62	Doing well in or below corridor & below starting point	Access
		90th Percentile Wait Time for Coronary Artery Bypass Surgery [1]	days	182	9 (out of 9 LHINs)	182	25	30	43	66	76	Doing well in or below corridor & below starting point	Access
		90th Percentile Wait Time for Cataract Surgery [1]	days	182	14	170	159	134	133	131	135	Doing well in or below corridor & below starting point	Access
		90th Percentile Wait Time for Hip Replacement [1]	days	182	13	232	291	250	276	320	311	Attention - Above Corridor	Access
		90th Percentile Wait Time for Knee Replacement [1]	days	182	11	252	266	238	268	259	233	Doing well in or below corridor & below starting point	Access
		90th Percentile Wait Time for Diagnostic MRI Scan [1]	days	28	9	165	273	240	176	136	109	Doing well in or below corridor & below starting point	Access
		90th Percentile Wait Time for Diagnostic CT Scan [1]	days	28	14	58	61	67	85	97	129	Attention - Above Corridor	Access
		Median Wait Time to Long-Term Care Home Placement - All Placements [2]	days	50	12	183	215	161	199	237	144	Doing well in or below corridor & below starting point	Access

1) Performance Scorecard *(continued)*

A) Champlain LHIN Performance Overview: MLAA Schedule 10 Indicators

For Reporting Period: 2009 / 2010 Q3 (as of January 31, 2010) *(continued)*

Performance perspective		Performance Indicator	Unit	Provincial Target	LHIN Rank (out of 14)	LHIN Performance Target	Result Q3 2008/09	Result Q4 2008/09	Result Q1 2009/10	Result Q2 2009/10	Result Q3 2009/10	Status	IHSP priority
Health Services		Percentage of Alternate Level of Care (ALC) Days -by LHIN of Institution [2]	%	9.46	6	13.2	14.4	12.6	15.4	n/a	13.3	Doing well in or below corridor & below starting point	Access
		Proportion of Admitted patients treated within the LOS target of <=8 hours [1]	%	90		42			32.2	38.9	38.3	n/a	Access
		Proportion of Non-admitted high acuity (CTAS I-III) patients treated within their respective targets of <=8 hours for CTAS I-II and <=6 hour for CTAS III [1]	%	90		84			77.12	78.9	79.7	n/a	Access
		Proportion of Non-admitted low acuity (CTAS IV & V) patients treated within the LOS target of <= 4hours [1]	%	90		82			75.24	78.0	80.6	n/a	Access

Note

1 = The latest Performance value is from Q3 2009/10 (Oct, Nov, & Dec 2009)

2 = The latest Performance value is from Q2 2009/10 (Jul, Aug, & Sep 2009)

Source: Local Health System Performance Dashboard, Jan 31, 2010 Release

Explanation

For MLAA Schedule 10 Indicators (quantitative indicators)

Doing Well	in or below corridor & below starting point
Monitor	in corridor & above LHIN starting point
Attention	Attention - Above Corridor

B) Variance Reporting for Performance Indicators

Introduction

The Performance Reporting is now being provided in a format consistent with our reporting structure, which we provide to the Ministry of Health and Long-Term Care each quarter. It is presented in tabular format (pages 7 – 8). The report is based on the following five areas:

1) **Performance Indicator(s)**: completed for each indicator where a plan is required as per LHIN Scorecard (pgs 4 - 5). In this report, we have two indicators that require explanation. These are indicated by "Attention - Above corridor" and the red symbol: ■.

2) **Current Performance**: the indicator performance of quarter being reported

3) **Last Quarter's Performance**: the indicator performance of last quarter reported

4) **Description of the Issue**: a brief description of the context related to this quarter's variance and describe any particular challenges related to why a variance has been identified.

5) **Performance Improvement Plan**: a brief description of what is the plan for the next two quarters to improve the performance associated with the performance indicator.

B) Variance Reporting for Performance Indicators

Description

Performance Indicator(s)	Current Performance	Last Quarter's Performance	Description	Performance Improvement Plan
90th Percentile Wait Time for Hip Replacement	320 days	311 days	Across the Champlain LHIN, the 90th percentile wait time for hip replacement has, for the last 2 quarters, exceeded the provincial target of 182 days. The wait times vary markedly by hospital; for Q4, wait times ranged from 145 days at Queensway Carleton Hospital to 418 days at The Ottawa Hospital (TOH). TOH is the *only* hospital in our region where the wait list for hip replacement surgery exceeds the provincial target. Three surgeons at TOH have been identified as having particular wait list challenges, in part due to their particular subspecialties, which are not widely available in the LHIN.	In January 2010, the Central Intake process for the Champlain Regional Hip & Knee Replacement Program became operational. This new process will reduce wait times in several ways: • To determine candidacy for surgery, patients are assessed by a trained assessor, rather than waiting for a surgeon's assessment; • Patients deemed as not appropriate surgical candidates are connected with alternative clinical services, instead of referred for a surgical consult. The candidate is linked to services and surgeon time is opened up; and • Patients are offered the choice of a referral to the first available surgeon. Results from the first quarter of this program are promising:. • 1,061 patients were referred to the program; • 1,000 patients have already had their assessments completed. • 25% of those assessed were determined to not require a surgical consultation. • Of the patients deemed to be surgical candidates, 24% of patients chose to be referred to the first available surgeon. While long waits are still expected for particular surgeons with unique subspecialties, the new central intake and assessment process should help to redistribute the patient load between available surgeons, and reduce the overall regional wait time at the 90th percentile.

B) Variance Reporting for Performance Indicators
Description *(continued)*

Performance Indicator(s)	Current Performance	Last Quarter's Performance	Description	Performance Improvement Plan
90th Percentile Wait Times for Diagnostic CT Scan	97 days	129 days	In Q1, and in an attempt to better manage the intake of MRI requests, The Ottawa Hospital (TOH) established specific protocols that would have seen MRI spines (meeting specific conditions) redirected to CT. This initiative, coupled with revised business processes provided the MRI Program improve its wait times for P4 cases. The redirection of MRI cases to CT in Q1 created a significant CT intake issue in that a backlog of P4 (~3K) was created. This, coupled with the influx of "snow birds" return to Ottawa, contributed to the increase of the backlog. In Q3, TOH, as part of the Ministry's MRI Process Improvement Coaching Project, redesigned its booking procedures. New processes were implemented which provided greater flexibility in accepting MRI requests. In addition, the third MRI unit (implemented in Jan 2009) provided much needed access or capacity to its referral base. P4 wait times have shown a "down trend" whereby its wait times in MRI ~200 days less. This improvement has prompted the Hospital to revisit its management of MRI spines to CT.	The Champlain LHIN and the Champlain DI Network have been working on a number of initiatives that will improve reporting and management of CT wait time. Over the past months, the groups have: • Agreed on a data collection standard and implemented it. This was done to set the ground for efficiency studies and ensure comparability of information. • Completed a study of Champlain LHIN hospital efficiency. This allowed the LHIN to compare our hospital efficiencies with others in Ontario. TOH, our most efficient hospital, is ranked near the top in Ontario. Our worst ranked hospital performed well against its peers in Ontario. It was above average. • TOH, Montfort, Queensway and CHEO underwent a rigorous business process reengineering effort in the MRI in order to improve their overall productivity. Given that only a few hospitals in Ontario have undergone such a review, this improved their performance relative to other hospitals in Ontario. As expected, Queensway improved the most. TOH saw small incremental improvements because of their high level of efficiency. These learnings were applied to CT. • A Central Intake Initiative was started. Thus far the group has agreed on a standard intake form and a common intake process to be used by the planned Central Intake group. In addition, Radiologists have begun to develop standardized protocols in order to ensure previous scans can be reused. Finally, Radiologists have begun to research best practices related to "appropriateness" in order to reduce unnecessary scans. • Where funding has allowed new shifts have been added to hospital schedules including a new evening shift for TOH and an additional 12.4 hours per week of scanning at Montfort. • The hospitals have counted the number of scanning requests that they receive and the number that they perform. This is the final measure of capacity. Thus far, the number of scans requested is higher than the number processed suggesting that more capacity is needed. As this is in the early stages, monitoring will continue.

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
1) ACCESS *(To provide the right health services at the right place and right time, by the right provider)*	a) Build a regional hospital system to enable citizens across Champlain to reach necessary, integrated, quality health care services as close to home as possible	Engage Communities of Practice and other working groups to develop and implement regional service plans in the following sectors:				
		Rehabilitation	1) Sign statement of relationship with RNOC outlining clear deliverables and expectations	Nov 09	❒ in progress ❒ planning stage ❒ completed ❒ no action ☑ no longer required	• Decision made by Senior Management to defer development of a regional program for rehabilitation services at this time. • Alternative strategy could include the review of these services within clinical services planning in each sub-region. To this end, the Eastern Counties Medicine working group is examining rehabilitation services within the scope of their work. • RNOC will have a new chair as of Jan 2010 given reassignment of current chair to the Acting CEO position for the CCAC.
			2) Recommendations of rehab review implemented	Mar 2010		
			3) Plan developed for integration of specialized rehab services	Mar 2010		
		Maternal Newborn	1) Plan for integration of maternal-newborn services developed	Oct 2009	❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	Agreements signed with Montfort and QCH for operations of 8 new level 2 nursery beds.
			2) Champlain LHIN Board issued a required integration decision for maternal-newborn hospital services in Jan 2010.	In stages, beginning Apr 2010	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Champlain LHIN Board issued a required integration decision for maternal-newborn hospital services in Jan 2010. • Restructuring of PPPESO into Regional Maternal-Newborn Council is in progress. • Chief of Neonatal services hired: to start in Sep 2010. • Joint planning for pre-capital phase of new Maternal-Newborn centre initiated.

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report *(continued)*

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
1) ACCESS *(To provide the right health services at the right place and right time, by the right provider)* *- cont'd*	a) Build a regional hospital system to enable citizens across Champlain to reach necessary integrated health care services to quality as close to home as possible	Engage Communities of Practice and other working groups to develop and implement regional service plans in the following sectors:				
		Diagnostic Imaging	Kemptville supported by QCH	Apr 2010	❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	• Upgraded voice recognition • Integrated QCH and Kemptville PACS • Transferred imaging reading to QCH Radiologists. • Upgraded reading station • Integrated Kemptville and QCH Radiology information systems
		Laboratory Services (EORLA)			❒ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• 2009-10 One-Time Funding provided to EORLA ($1.17M + $0.55M) to support implementation of EORLA • 2010-11 HSAA Amendment conditions for EORLA hospitals developed.
		Palliative Care	Plan for regional palliative care program developed	May 2010	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Working groups have completed their work. Draft document completed and currently circulating for initial feedback. Project on target to table recommendations to Champlain LHIN Board in May 2010. • Plan in development for divestment of Palliative Education funding from MOHLTC to LHIN.
		Orthopaedics			☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	Revision of Champlain LHIN Transfer Back Policy to facilitate tracking hospital compliance and development of Champlain LHIN care maps for Acute and inpatient Rehab Hip Fracture care.

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report *(continued)*

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
1) ACCESS *(To provide the right health services at the right place and right time, by the right provider)* *- cont'd*	a) Build a regional hospital system to enable citizens across Champlain to reach necessary integrated health care services to quality as close to home as possible *- cont'd*	Engage Communities of Practice and other working groups to develop and implement regional service plans in the following sectors:				
		Dialysis	Renfrew Regional Dialysis Capital Plan		☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	In dialogue with priority programs to increase capacity in Renfrew program by nine dialysis patients.
		Develop a regional hospital clinical services distribution plan	1) Project charter completed	Dec 2008	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Working groups have completed their deliverables. Steering committee finalizing directional recommendations for community engagement. On track for presentation of plan to Champlain LHIN Board in May 2010. • Citizens' Advisory Panel established and meeting as planned. • Meeting with western partners held Jan 2010. Follow-up conversations with individual CEOs in progress. Data collection initiated.
			2) Clinical services distribution plan completed (on paper)	May 2010		
			3) Framework for western LHIN region planning developed	Jan 2010		
		Develop a capital investment plan aligned with the regional hospital clinical services distribution plan	Develop plan.		❒ in progress ❒ planning stage ❒ completed ☑ no action ❒ no longer required	No action at this time, as the capital investment plan will be driven by the clinical services plan.

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report *(continued)*

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
1) ACCESS *(To provide the right health services at the right place and right time, by the right provider)* *- cont'd*	b) Build a health system capacity to manage a potential second wave of pandemic H1N1	Work with regional public health units on planning strategies for alternate model of influenza assessment, treatment and referral	Identify Health Service providers to establish flu assessment, treatment and referral centres	Aug 2009	❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	• H1N1 survey completed by Champlain LHIN and submitted to Ministry's Emergency Operations Centre. • Ministry goal was to gather information on lessons learned and best practices.
		Work with the LHIN Critical Care Lead and Health Service Providers to prepare for moderate surge event	1) Engage Health Service Providers where needed in the planning and implementation of flu centres	Oct 2009	❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	
			2) Finalize ventilator inventory and examine needs/gaps re: critical care technology in Champlain region			
	c) Implement a coordinated non-urgent transportation system across the Champlain region to bring clients without transportation alternatives to and from required health care services.	Develop, implement and evaluate a prototype model for non-urgent transportation in Eastern Counties	1) Central intake system in place in Renfrew County	Mar 2010	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Inventory of existing vehicles completed. Three new vehicles purchased with in-year surpluses. • Project in Renfrew County underway and progressing as expected. • Decision tree, protocol for use of Aging at Home vans and data collection tool to be developed by Sep 2010.
			2) Develop and test common protocol for the use of Aging at Home vans			
			3) Common decision-tree for non-urgent transportation in place			
			4) Data collection tool in place			
			5) Complete inventory of transportation assets throughout Champlain	Feb 2010		

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report *(continued)*

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
1) ACCESS *(To provide the right health services at the right place and right time, by the right provider)* *- cont'd*	d) Develop strong and vibrant engagement structures for local planning	Identify deliverables for the Health Human Resources Council	Key deliverables will be identified: framework and template for helping with human resource issues related to integration	Mar 2010	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• HR Council has identified a deliverable and is currently working towards its achievement. • Group reviewing its mandate and structure. Review to be completed in 1st quarter 2010-11.
		Identify deliverables for the Primary Health Service/Public Health Council	Key deliverables will be identified	Dec 2008	❒ in progress ❒ planning stage ❒ completed ☑ no action ❒ no longer required	This committee has not met this quarter. The intent is to withdraw LHIN participation and instead, seek physician and public health involvement in individual projects.
		Identify expectations and deliverables of Communities of Practice networks linked to 2008-2010 LHIN strategic objectives	New statements of relationships signed for key groups	Mar 2010	❒ in progress ❒ planning stage ❒ completed ☑ no action ❒ no longer required	No action this quarter as role of COPNs will be discussed in context of LHIN office reorganization, alignment with priorities and reassignment of staff.
		Refine the role of Community of Care Advisory Forums	1) Role of CCAFs clarified and communicated	Nov 2008	❒ in progress ❒ planning stage ❒ completed ☑ no action ❒ no longer required	No action this quarter as role of CCAFs will be discussed in context of LHIN office reorganization, alignment with priorities and reassignment of staff.
			2) Revise guidelines	Dec 2008		
			3) Revised statements of relationships signed	Jan 2009		
	e) In accordance with legislation, ensure equitable access to health care services for francophones and aboriginals across Champlain	Identify Strategic priorities to advance collaboration with l'Agence de santé et des services sociaux de l'Outaouais	1) Report completed and shared with SM and LHIN staff	Jun 2009	☑ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	• Met with representative from l'Agence to discuss next steps. • Progress slowed due to changes in government on Quebec side. • Plan to align representatives with some of our key working groups where there is mutual interest.
			2) Cross border (ON-QC) issues identified	Dec 2009		
			3) Agreement of key areas to actions collaboratively	Feb 2010		

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report *(continued)*

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
1) ACCESS *(To provide the right health services at the right place and right time, by the right provider)* *- cont'd*	e) In accordance with legislation, ensure equitable access to health care services for francophones and aboriginals across Champlain *- cont'd*	Formalize working relationship with Le Réseau des services de santé en français de l'est de l'Ontario	Agreement or MOU signed with Le Réseau	Dec 2009	☑ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	• Regular meetings held with ED le Réseau. Partnership agreement between LHIN and Réseau signed December 2009. Public announcement in January 2010. • Meeting of joint liaison committee held. Annual work plan developed. • Participated in review and selection committee for $1.5M funding enveloped from Société Santé en Français.
		Identify access barriers to addictions and mental health care services for aboriginal populations	Strategies and implementation plan document developed by the Aboriginal Health Circle Forum	Mar 2010	❒ in progress ☑ planning stage ❒ completed ❒ no action ❒ no longer required	Discussions still being held with Forum. No significant action this quarter.
	f) Ensure accountability, effectiveness and sustainability of existing health care services in all sectors, throughout the transformation of the health care system	Implement the findings of the Champlain CCAC operational review to improve service to the community	1) Complete review and implementation of report recommendations 2) Monthly Board Status Report. 3) Participate in realigning CCAC priorities		☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• CCAC ended FY 2009-10 in a balanced position based on service reductions and financial assistance from LHIN ($2.0M) This is in addition to the $1.7M service stabilization issued to CCAC in Dec 2009. • Memorandum of Understanding completed and signed by all three parties • Weekly meetings are held between ED CCAC and LHIN Staff on issues management • MSAA Amendment completed for 2010/11 to reflect budget adjustments and correct errors in original submission (MIS coding and volumes). • ED presented recovery plan to LHIN Board April 28th with an update on KPMG report • Substantive improvement on financial reporting and case management oversight of budget has been achieved • Vertical Integration of key clinical areas being examined with hospital partners (TOH, Bruyére and CHEO. Areas include palliative, dialysis, wound care and paediatrics)
		Implement an integration fund	Implement the 2009-10 Integration Fund		❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	Integration fund allocated to integration projects through a transparent process with balance allocated as surplus to CCAC.

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report *(continued)*

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
1) ACCESS *(To provide the right health services at the right place and right time, by the right provider)* *- cont'd*	f) Ensure accountability, effectiveness and sustainability of existing health care services in all sectors, throughout the transformation of the health care system *- cont'd*	Negotiate and sign accountability agreements with hospitals	H-SAA 2010 -11 Amendment signed.	31 Mar 2010	❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	• Following extensive review of hospital plans and negotiations, the extension agreements is signed with all 20 hospitals. • The HSAAs include local performance obligations to advance the LHIN's Integrated Health Service Plan (IHSP)
		Negotiate and sign accountability agreements with long-term care homes	1) LSAA 2010-13 signed.	30 Jun 2010	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• LSAA template agreement and schedules are approved by Champlain LHIN Board • LTCH planning submissions have been reviewed.
			2) Ongoing review and monitoring of existing accountability agreements			Review quarterly reports.
			3) Allocate Health Infrastructure Renewal Fund (HIRF) 2009 funding		❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	All HIRF submissions reviewed and approved; funding flowed.
		Implement a prototype surveillance system to monitor LHIN-health service provider accountability agreements	1) Q3 Report on WERS submitted on time			• Timely submission of Q3 Reports on WERS increased. Letters were sent to all health service providers with late/incomplete submissions and/or forecasted performance issues. • Community sector surplus identified, recovered and reallocated to maximize use of resources throughout the system.
			2) Surplus identified and reallocated through the system.			
			3) Information system capable of collecting and storing community-sector financial and statistical data on a quarterly basis. The system should be capable of analyzing data across multiple HSPs and time periods.			
			4) Participate in the provincial development of the Community Analysis Tool (CAT)			• Acted as regional lead for four LHIN's for CAT tool development. Participated in developing requirements, pilot prototypes, troubleshooting, system documentation, technical training, and implementation. • Developed training materials, and provided training sessions with all HSPs • Participated as member of provincial steering committee. • Currently providing high-level information sessions
			5) Develop a regional plan to convert the CHC sector reporting system to MIS.			

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report *(continued)*

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
1) ACCESS *(To provide the right health services at the right place and right time, by the right provider)* *- cont'd*	f) Ensure accountability, effectiveness and sustainability of existing health care services in all sectors, throughout the transformation of the health care system *- cont'd*	Monitor the implementation of the ROHCG recovery plan to ensure it stays on schedule and achieves the expected results	1) Plan progress monitored. 2) External review of the ROHCG process and structure to implement the restructuring plan completed and forwarded to the Ministry.		☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Closure of first unit of Brockville transitional services is complete, and of first 16 bed conversions at ROP is progressing as expected. • Review of the ROHCG process and structure to implement the restructuring plan completed, indicating that ROHCG is following best practices, and forwarded to the Ministry. • Discussions with SE LHIN ongoing.
		Implement the findings of the Cornwall Hospital operational review, and the Winchester validation to bring them back to sustainable operating positions			☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Funding request for Cornwall Hospital has been approved by the MOH for $5M. • H-SAA will be signed for Cornwall with a 2% waiver. (H-SAA includes the implementation of operational review recommendations). • H-SAA will be signed for Winchester without a waiver since they received significant PCOP funding. • Discussions are ongoing between Cornwall Hospital, St-Joe's, and Glengarry regarding rehab and ALC solutions.
		Develop the Champlain LHIN framework and scorecard to monitor the MLAA and the Integrated Health Service Plan (IHSP) priorities	Training provided to Audit Committee		❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	• First iteration of the e-scorecard is complete. • Overview has been provided to the Board. • Training has been provided to the Board Audit Committee.
	g) Ensure timely access to priority health services	Implement central intake models	Orthopaedics		❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	A central intake model has been implemented for hip & knee replacement procedures

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report *(continued)*

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
1) ACCESS *(To provide the right health services at the right place and right time, by the right provider)* *- cont'd*	g) Ensure timely access to priority health services *- cont'd*	Meet emergency wait times and P4R targets			☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Continuing to work with P4R working group to monitor progress toward targets and assess effectiveness of implemented initiatives. • Facilitated completion of ED P4R section of Q2 Stocktake Report. • Liaise with sites that will be joining the P4R program in 2010-11 (CHEO, QCH, PRH) to provide information and advice toward developing ED improvement plans. Liaising with MOHLTC to gather required information regarding Year 3 changes to the program. Currently facilitating completion of 2010-11 Action Plan to outline ED initiatives to be implemented in P4R sites. • Organized and held an ED Symposium (March 22, 2010) to share success stories of ED process improvement initiatives. • Added one new LTC home and Valley stream to the Nurse Led Outreach initiative.
		Develop and implement a strategy to divert current non-urgent unscheduled emergency visits to alternate settings	1) Develop with CCAC new criteria for CCAC Service Maximum Funding to have more impact on ED/ALC		☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	CCAC Service Maximum Funding currently represents $5.2M in base allocation. There is a commitment to maintain current service levels for patients at $3.1M this fiscal year. The use of the remaining funds will be determined within 1st quarter, FY 2010-11 (ALC).
			2) Develop a model to team LTC homes with hospitals.			Work ongoing with CCAC and "Corridors of Access" subcommittee.

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report *(continued)*

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
1) ACCESS *(To provide the right health services at the right place and right time, by the right provider - cont'd*	g) Ensure timely access to priority health services *- cont'd*	Implement and evaluate targeted strategies to reduce percentage of ALC days across Champlain to meet provincial targets	1) Maintain and relocate the Community Supportive Care Program	Dec 2009	❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	• Bridge funding for pilot projects approved for projects and flowed to QCH. • Valley Stream Pilot Project operational and start up funding approved and flowed. Project implemented. • Marianhill Pilot Project operational funding and start-up funding approved and flowed. Project implemented. • Evaluation tool set up in SharePoint for data collection from all project partners involved in the Valley Stream project; first data collection March 15; plan to set up similar tool for Marianhill project.
			2) Review strategy	Sep 2010	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	ED-ALC Champlain LHIN strategy and reporting structure currently under review and to be completed Q1 2010/11; plan for ED-ALC Steering Committee to develop 2010/11 work plan May 10, 2010; evaluation tool to be developed in alignment with work plan.
			3) Undertake operational assumption review for the St. Patrick's Home Project.		☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Completed: Approval of Phase 1 LTCH Renewal • KPMG completed deliverable. Report provided to the Ministry and the LTCH.
		Ensure data quality in the Wait Times Information System (WTIS) for hip and knee replacement.	Capture accurate wait time data in WTIS for hip and knee replacement.		☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Working with surgeons across the region to ensure accurate information is captured.
	h) Assist Champlain residents in solving challenges related to the regional health-system	Respond to concerns and complaints from patients/clients/family members.	Written records of responses to concerns/complaints	Ongoing	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	27 concerns / complaint files handled since last reporting period.

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report *(continued)*

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
2) CHRONIC DISEASE PREVENTION & MANAGEMENT *(To build a comprehensive approach to reducing the burden of chronic disease within the Champlain region)*	a) Reduce common risk factors for heart disease, stroke, diabetes and kidney disease	Work with Champlain Cardiovascular Disease Prevention Network to implement a public awareness campaign focused on reducing the intake of salt, a risk factor for hypertension leading to heart disease and stroke.	1) Test effectiveness of advertising messages with English and French focus groups	30 Jun 09	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Stage 1 bilingual regional media and community outreach campaign completed. • Evaluation of first stage conducted; planning for Stage 2 of campaign in progress.
			2) Launch bilingual mass media campaign	17 Aug 09		
			3) Initiate community activities to support the "Give Your Head a Shake / Secouez-vous" message.	Fall 09 and ongoing		
	b) Enhance the management of diabetes and vascular disease in Champlain	Implement Diabetes Strategy components in alignment with MOHLTC	1) Service analysis	31 Mar 09	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Champlain region to receive 5 new Diabetes Teams in 09/10 and an additional 2 .5 teams in 2010-11. • Centretown CHC approved as Regional Coordinating Centre. Regional coordinator currently being recruiting. LHIN participating in interviews. • Diabetes Primary Care Coordinator and administrative support in place until March 31st, 2010. • Community Engagement with MD completed. • Funding received from MOHLTC for two projects for high-risk populations (gestational diabetes and new immigrants). Secondments secured and projects underway.
			2) Service expansion (diabetes education teams)			
			3) Complete CE			
			4) Complete pecialist/primary care interface analysis			
		Implement a coordinated self-management program for Champlain	Lead agency identified, funding secured and allocated, coordinator hired, train the trainer sessions offered, peer-led groups operational	March 2010	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	Project underway. LHIN currently monitoring progress. Linking with MOHLTC to secure sustainability funding.
	c) Assist Champlain residents in self-managing their lung health	Provide a bilingual patient guide for people with asthma and COPD (Chronic Obstructive Pulmonary Disease	Distribute guide to Family Health Teams, Family Health Groups, and other family physicians across Champlain for distribution to patients and family members	30 Nov 09	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Send-out of French and English guides resumed with focus on health service providers. • Recipients included Champlain CCAC, North Lanark CHC, West Carleton Family Health Team, and hospitals such as Pembroke Regional and Bruyère Continuing Care.

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report *(continued)*

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
3) ELDERLY WITH COMPLEX & CHRONIC CONDITIONS *(To ensure elderly persons with complex and chronic conditions are able to age safely and with dignity, in the location of their choice).*	Provide supportive, affordable and integrated services to allow elderly people with complex and chronic conditions to remain in their homes	Plan, implement and evaluate the Aging at Home strategy	1) Year 3 planning completed and approved by Board	Dec 09	❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	• Plan for year 3 Aging at Home completed and endorsed by Board. • One Aging at Home project cancelled. Currently developing mitigation strategy for some essential services. • Based on analysis of Q3 reports, LHIN recovered over $930K of in year AAH surplus to be redirected to Champlain CCAC. • AAH agreements that expire March 31, 2010 were renewed. • AAH Q4 reports produced.
			2) Evaluation of year 1 completed	Dec 09		
			3) Affordable supportive housing report received and reviewed	Sep 09		
			4) Participate in Balance of Care study	Jul 09		
		Ensure an adequate range of residential options for seniors	1) Range of residential options pre-post AAH analyzed	Sep 09	❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	• Call for Supportive Housing proposals completed. Proposals retained for funding. Finalizing budgets and deliverables for submission to MOHLTC. Will create over 600 new supportive housing spaces across Champlain • Joint letter prepared and sent by all LHINs to Minister for Seniors. Ministry preparing draft regulations for the sector.
			2) Gaps identified			
			3) Recommendations for realignment or future investments			
			4) Drafted Policy Letter re: Regulations for Retirement Homes			
		Build on "Care for the Long Term" study to more accurately predict long-term care bed capacity requirements across the Champlain region	Member of Provincial Assisted Living for ALC Seniors' Policy Working Group.		❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	Complete. Provincial Group prepared a policy framework that has been adopted by the Ministry.
		Conduct long-term and transitional bed capacity study	1) Mapping of transitional capacity across Champlain completed	Jun 09	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Responsibility for project transferred to Suzanne Dionne. • Modelling project initiated with Jonathan Patrick at University of Ottawa. • Working group was created to help develop scenarios and monitor project.
			2) Recommendations for realignment or future investments			

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report *(continued)*

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
4) PRIMARY HEALTH SERVICES for HEALTHY COMMUNITIES *(To create sustainable communities of care)*	Integrate services within communities of care to ensure a continuum of primary health services	Identify, support, facilitate, and evaluate the integration of primary health services, functions, processes, and organizations	1) IHSP for 2010-13 developed	Nov 2009	❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	• IHSP completed, approved by Champlain LHIN Board of Directors, submitted to MOHLTC and posted on LHIN website. Soft launch planned for April 2010.
			2) Voluntary or LHIN-directed integrations undertaken	31 Mar 2010	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Back-office integration of Olde Forge and Western Ottawa Community Resource Centre completed. Expected savings of 15K yearly. • Rideau-Osgoode and Western Ottawa Community Resource Centre currently completing analysis to determine integration opportunities • 8 projects retained for funding through integration fund. Services agreements in place.
5) ADDICTIONS & MENTAL HEALTH *(Establish a coordinated and integrated delivery of services wherever people with mental health and addictions disorders seek help)*	Enhance range and integration of services for persons with mental health and addiction conditions	Open supportive housing units across the Champlain LHIN for persons recovering from substance addictions or with concurrent disorders	36 housing units occupied by appropriate target population	Mar 2009	❒ in progress ❒ planning stage ❒ completed ☑ no action ❒ no longer required	Funding still on hold however, clients and housing spaces identified.
		Open 5 francophone & 15 anglophone residential drug treatment spaces for youth aged 13-17 (Youth Residential Drug Treatment Centre)	1) Identify land/building sites 2) Work with partners to operationalize centres based on a new clinical model 3) Explore integration between Dave Smith Youth Treatment Centre and Alwood Treatment Centre.		☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• New Anglophone youth addictions residential site in Carp: o Lease signed between the Royal Ottawa Health Care Group and Dave Smith Youth Treatment Centre o Renovations of Carp site in final stages – outstanding issues include roof repair, furnace repair, and window caulking/painting • Facilitated integration – Dave Smith Youth Treatment Centre and Alwood Treatment Centre o Champlain LHIN Board approved facilitated integration at March 24, 2010 public meeting • New Francophone youth addictions residential site at Maison Fraternité o Functional plan in development (based on clinical model approved by LHIN Board) o Architect relying on functional planning to develop floor plan

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report *(continued)*

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
5) ADDICTIONS & MENTAL HEALTH *(Establish a coordinated and integrated delivery of services wherever people with mental health and addictions disorders seek help)* *- cont'd*	Enhance range and integration of services for persons with mental health and addiction conditions *- cont'd*	Develop strategies to meet the needs of people with concurrent disorders by improving alignment of mental health and addiction services	1) Mental health and addictions stakeholders sign statement of agreement to uphold collaborative principles	Dec 09	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	Statement signed by 75% of organizations.
			2) Common screening tool for concurrent disorders adopted by mental health and addictions HSP	Dec 09		Training sessions with health service providers still underway. Last 2 of 9 sessions to be completed mid-April 2010.
			3) Creation of an integrated network of mental health and addictions service providers	Nov 09		Joint Addictions and Mental Health Coordinating Body operational.
			4) Implementation of a coordinated access service/bed registry across Champlain	31 Mar 2010		Funding secured for implementation. Implementation begun. Project coordinator secured
			5) Implementation of a coordinated access service/bed registry across Champlain	31 Mar 2010		Funding secured for implementation. Implementation begun. Project coordinator secured

6) eHEALTH *(To enable and support the Champlain LHIN Integrated health Service Plan [IHSP] and align with the provincial e-health strategy and vision)*	a) Clinical staff have information that allows them to participate in an integrated health enterprise	Complete the SSHA network upgrades to the 42 remaining sites in the LHIN			☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• All sites have now been transferred on to the new infrastructure • Bandwidth upgrades on the new infrastructure complete for 38 sites

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report *(continued)*

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
6) eHEALTH *(To enable and support the Champlain LHIN Integrated health Service Plan [IHSP] and align with the provincial e-health strategy and vision)* *- cont'd*	a) Clinical staff have information that allows them to participate in an integrated health enterprise *- cont'd*	Complete the implementation of a Drug Profile Viewer in hospital sites across Champlain			❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	All hospital sites have access to the drug profile viewer according to plan
		Extend Laboratory viewer to hospitals across Champlain	Limited Production Rollout	Dec 2010	❒ in progress ☑ planning stage ❒ completed ❒ no action ❒ no longer required	• Proposal to eHealth Ontario approved • Transfer Payment Agreement with The Ottawa Hospital negotiated and signed • Limited production rollout schedule under development
		Complete the implementation of the DI-r PACS repository and move hospitals to a filmless environment	1) Enable EMPI links to Sun and GE patient registry	Jan 2010	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Queensway Carleton Hospital and Carleton Place District Hospital went live in March • EMPI technical issue resolved • Network connectivity problem resolved • One-time funding for this project is adequate for implementation phase through fiscal 2011/12
			2) Queensway Go-Live	Feb 2010		
			3) Deep River Go-Live	Mar 2010		
	2) Information is shared among authorized stakeholders, and the shared information is aggregated to support chronic disease management and health system surveillance	Increase absolute number of users and breadth of health service providers using the tool	1) Identify groups of people who might benefit by having access to a collaboration space	Mar 2010	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Project went live June 2009 and number of users increased through the summer hitting 500 in October • User base has grown to 1086 (as of March 31) • Number of different organizations using collaboration space has grown to 124 (as of March 31) • Project went live June 2009 and number of users increased through the summer hitting 500 in October • User base has grown to 1086 (as of March 31) • Number of different organizations using collaboration space has grown to 124 (as of March 31)
			2) Increase number of users to 1000			
			3) Identify groups of people who might benefit by having access to a collaboration space			
			4) Increase number of users to 1000			

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report *(continued)*

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
6) eHEALTH *(To enable and support the Champlain LHIN Integrated health Service Plan [IHSP] and align with the provincial e-health strategy and vision)* *- cont'd*	3) Information is shared among authorized stakeholders, and the shared information is aggregated to support chronic disease management and health system surveillance *- cont'd*	Initiate eConsultation Pilot	1) Obtain funding for eConsultation expansion	Mar 2010	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Proposal submitted to eHealth Ontario • Proposal supported by the board of eHealth Ontario in November • Funding letter for eConsultation expansion received March 22 • Recruitment of physicians started
			2) Increase number of eConsultation users to 40 physicians and 5 specialties			
		Develop eReferral Strategy for the LHIN	Agreed and approved strategy for eReferrals in the LHIN	Dec 2010	❒ in progress ❒ planning stage ❒ completed ☑ no action ❒ no longer required	
		Develop LHIN surveillance and data warehouse strategy:				
		1) Develop Champlain Decision Support Strategy	Regional Decision Support Strategy	Jun 2010	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Subcommittee of Decision Support Network established to create Decision Support Strategic Plan • Draft of Strategic Plan developed and reviewed with the network
		2) Increase access to and dissemination of key statistical information and data to support planning.	Develop and post reports, analyses and other statistics of broad interest on the LHIN website.	Q1 2010-11		
		3) Development of a scan of health data utilization in Champlain	Health Data Utilization Scan report	Aug 09		
		4) Coordinate the Champlain Decision Support Network	Increased coordination, collaboration.	Ongoing		

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report *(continued)*

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
7) LHIN OPERATIONS *(To establish an efficient workplace of choice)*	Develop a highly functioning and efficient LHIN office	Establish a staff training and development plan	Staff training policy	Fiscal 2010/11	❒ in progress ☑ planning stage ❒ completed ❒ no action ❒ no longer required	Hired Office Manager who is responsible for development of the plan
		Develop a project management strategy and infrastructure	1) Expansion of the collaboration space to include project management office services 2) Selection of project management tool 3) Acquisition of project management methodology	End of Fiscal 2010/11	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Proposal submitted to eHealth Ontario • eHealth Ontario board approved the project and funding released March 31, 2010 • Detailed schedule being developed
		Finalize and formalize the decision-making framework			❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	Complete.
		Ensure timely reconciliation of funding decisions			❒ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Regular reconciliation of MLAA and SAP reports to payments made through APTS. • Facilitated spending of 2009-10 LHIN funding in accordance with IHSP and LHIN priorities and worked to minimize recoveries at year-end. • Enabled funding to CCAC to eliminate the deficit.
		Ensure sound financial processes are in place			❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	• Development and approval of seven new policies around HSP financial practices to ensure greater accountability and transparency. • LHIN Operations forecasting improved to ensure minimal surplus at year-end • Completed transfer of SAP from CGI to in-house.

2) Champlain LHIN Integrated Health Service Plan (IHSP) Report *(continued)*

Link to Strategic Direction	Goal	Objective	Deliverables	Due Date	Status	Actions Taken to Date
7) LHIN OPERATIONS *(To establish an efficient workplace of choice)* *- cont'd*	Develop a highly functioning and efficient LHIN office *- cont'd*	Implement an internal communication strategy		Fiscal 2010/11	☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	• Office Manager hired. • Office manager responsibilities include internal communication strategy
		Develop internal and external reporting plans				• Quarterly reports submitted to Ministry, Audit committee and Board. • eScorecard phase 1 completed and currently being disseminated • SAP transferred in-house
		Develop process and framework for risk management				• Completed numerous FIPPA requests. • Worked with colleagues from other LHINS to develop a cross-LHIN framework and policy for risk management.
		Ensure timely payment of funding to HSPs				Ongoing reconciliation of funding announcements, HSP sign backs, and funding flowed through APTS
		Develop an HR plan to include: compensation, recruitment & retention, performance mgt, staff dev, succession planning		Fiscal 2010/11	❒ in progress ❒ planning stage ❒ completed ☑ no action ❒ no longer required	
		Address workload issues by prioritizing projects	1) Work plans developed by all LHIN staff and SM	Sept. 09	❒ in progress ❒ planning stage ☑ completed ❒ no action ❒ no longer required	• Work plans for 2009-10 for PICE / PAC teams completed. All LHIN staff using work plan template as of Sep 09. • Two-day staff retreat held in Nov 09 to identify strategies to mitigate workload issues and plan priorities for upcoming year. • LHIN office reorganization underway.
			2) Strategic objectives prioritized by SM		☑ in progress ❒ planning stage ❒ completed ❒ no action ❒ no longer required	

3) Champlain LHIN MLAA Funding Allocation & Expenditures Fourth Quarter 2009 – 2010

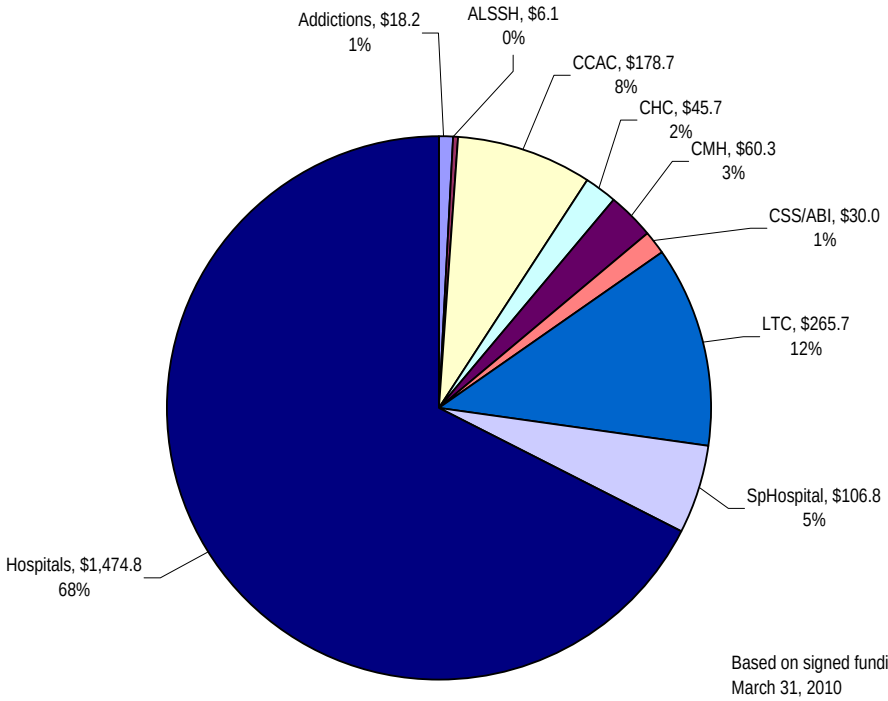
A) Funding by Sector
Funding Allocation by Sector at March 31, 2010

Sector	Opening Base	Stabilization / Funding Formula Base	PCOP Base	Other Base Funding	AAH Base	Urgent Priorities Fund Base	Urgent Priorities Fund One Time	AAH One Time	Wait Time Strategies / One Time	FY 09/10 Total Allocation
Addictions	15,277,355	219,838	-	85,074	-	-	47,700	-	-	15,629,967
ALSSH	6,057,264	89,546	-	-	-	-	-	-	-	6,146,810
Community Care Access Centre	167,013,350	4,999,900	-	2,690,200	92,950	-	610,113	1,452,722	2,062,500	178,921,735
Community Health Centre	44,422,507	637,063	-	972,881	-	-	-	(47,200)	-	45,985,251
Community Mental Health	59,516,044	827,507	-	(92,150)	20,000	-	-	-	-	60,271,401
Community Support Services & ABI	28,505,413	357,106	-	407,533	2,963,257	-	64,426	(54,278)	-	32,243,457
Long Term Care Homes	254,566,356	6,527,913	-	4,336,192	244,150	-	477,363	464,069	-	266,616,043
Psych Hospitals	104,532,700	2,090,000	-	-	586,859	-	235,000	(209,096)	-	107,235,463
Hospitals	1,404,144,572	36,681,000	19,933,100	12,465,979	839,023	190,000	1,295,850	1,343,004	23,208,325	1,500,100,853
Total	2,084,035,561	52,429,873	19,933,100	20,865,709	4,746,239	190,000	2,730,452	2,949,221	25,270,825	2,213,150,980

A) Funding by Sector

Funding Allocation by Sector at March 31, 2010 *(continued)*

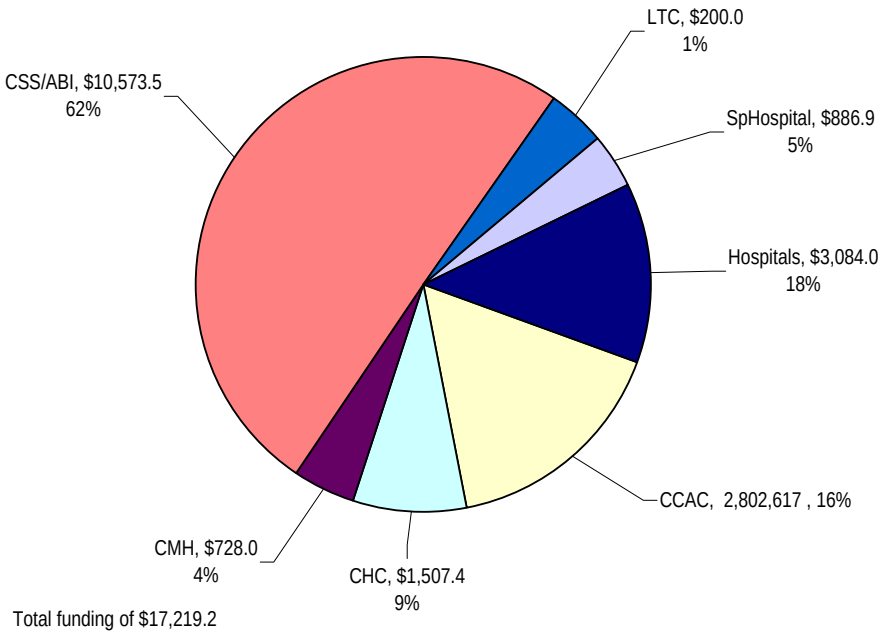
Fiscal Year 2009/10 Health Service Provider
Funding Allocation By Sector ($in millions)



Based on signed funding agreements as at March 31, 2010

B) Aging at Home Funding Cumulative

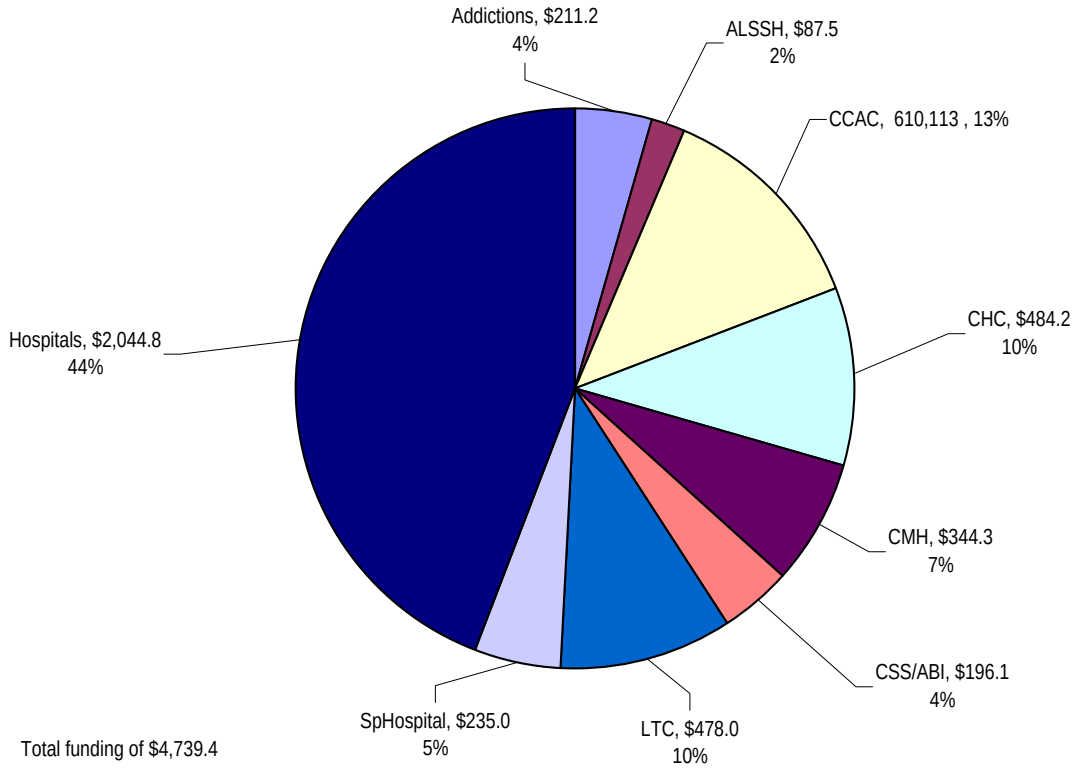
2009-10 Aging at Home Funding Allocation, by Sector
as at March 31, 2010 ($000)



Total funding of $17,219.2

C) Urgent Priority Fund

2009-10 Urgent Priorities Funding Allocation as at March 31, 2010 ($000)



4) Champlain LHIN Financial Report: Fiscal 2010 ~ Year Ended March 31

UNAUDITED

LHIN OPERATIONS	April 1 - June 30, 2009			July 1 - Sept 30, 2009			Oct 1 - Dec 31, 2009			Jan 1 - March 31, 2010			Fiscal 2010		
	Actual	Budget -	Variance Under (Over)	Actual	Budget -	Variance Under (Over)	Actual	Budget -	Variance Under (Over)	Actual	Budget -	Variance Under (Over)	Actual	Budget -	Variance Under (Over)
Salaries & Benefits	866,614	855,929	(10,685)	787,901	939,914	152,013	903,999	871,219	(32,780)	932,988	862,523	(70,465)	3,491,502	3,529,585	38,083
Direct Operating Costs	143,642	138,062	(5,580)	141,001	171,838	30,837	164,412	244,638	80,226	177,519	230,481	52,962	626,574	785,019	158,445
Governance Costs	35,632	31,500	(4,132)	19,746	32,800	13,054	39,588	43,500	3,912	39,235	44,010	4,775	134,201	151,810	17,609
Other Fixed Costs	147,046	152,830	5,784	136,294	136,295	1	136,293	136,294	1	201,101	166,295	(34,806)	620,734	591,714	(29,020)
	1,192,934	1,178,321	(14,613)	1,084,942	1,280,847	195,905	1,244,292	1,295,651	51,359	1,350,843	1,303,309	(47,534)	4,873,011	5,058,128	185,117
e-Health Absorption	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1,192,934	1,178,321	(14,613)	1,084,942	1,280,847	195,905	1,244,292	1,295,651	51,359	1,350,843	1,303,309	(47,534)	4,873,011	5,058,128	185,117
Capital	0	11,000	11,000	10,946	0	(10,946)	0	9,000	9,000	289,504	111,763	(177,741)	300,450	131,763	(168,687)
TOTAL	1,192,934	1,189,321	(3,613)	1,095,888	1,280,847	184,959	1,244,292	1,304,651	60,359	1,640,347	1,415,072	(225,275)	5,173,461	5,189,891	16,430
E-HEALTH															
Salaries & Benefits	120,814	126,638	5,824	103,330	106,315	2,985	113,925	130,425	16,500	111,074	143,433	32,359	449,143	506,811	57,668
Direct Operating Costs	35,866	56,675	20,809	5,729	12,264	6,535	11,004	11,875	871	69,823	12,375	(57,448)	122,422	93,189	(29,233)
	156,680	183,313	26,633	109,059	118,579	9,520	124,929	142,300	17,371	180,897	155,808	(25,089)	571,565	600,000	28,435
Transfer to LHIN Operations		0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	156,680	183,313	26,633	109,059	118,579	9,520	124,929	142,300	17,371	180,897	155,808	(25,089)	571,565	600,000	28,435
Other eHealth Programs															
eHealth Implementation & Adoption	0	0	0	0	0	0	0	0	0	38,916	40,000	1,084	38,916	40,000	1,084
eHealth Alternate Level of Care / Resource Matching & Referral	0	0	0	0	0	0		200,000	200,000	70,924	(120,000)	(190,924)	70,924	80,000	9,076
OTHER FUNDED PROGRAMS															
Diabetes Strategy	5,386	0	(5,386)	6,291	72,000	65,709	3,099	0	(3,099)	22,971	0	(22,971)	37,747	72,000	34,253
High Risk Populations	0	0	0	0	0	0	0	0	0	8,564	10,000	1,436	8,564	10,000	1,436
Self Management	0	0	0	0	0	0	0	0	0	0	35,000	35,000	0	35,000	35,000
Diabetes Registry	3,003	0	(3,003)	116	0	(116)	(3,119)	0	3,119	0	0	0	0	0	0
French Language Services	0	0	0	0	0	0	0	0	0	0	100,000	100,000	0	100,000	100,000
Emergency Department Physician Leader	12,590	0	(12,590)	22,053	25,000	2,947	11,326	25,000	13,674	23,705	19,674	(4,031)	69,674	69,674	0
Aboriginal Engagement	2,883	8,748	5,865	1,541	8,748	7,207	1,063	8,748	7,685	4,502	4,197	(305)	9,989	30,441	20,452
Emergency Room / Alternate Level of Care	306	0	(306)	42,103	33,333	(8,770)	19,965	33,334	13,369	26,035	23,962	(2,073)	88,409	90,629	2,220
Capital Review Project	0	0	0	0	0	0	0	0	0	10,782	25,000	14,218	10,782	25,000	14,218