Central East **LHIN**

Caring For Our Communities

Engaged Communities. Healthy Communities.

Central East LHIN 2017/18 Annual Report

Ontario
Local Health Integration Network

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Message from the Board Chair and Interim CEO

This year's Annual Report is titled "Caring for our Communities" and is reflective of the expanded mandate of the renewed Central East Local Health Integration Network (Central East LHIN) that took effect with the passing of the *Patients First Act, 2016*.

The Act enabled structural changes to make the system more integrated and accessible, including transferring responsibility for the management and delivery of home and community care services from the Community Care Access Centres to the LHINs. In addition, the implementation of the *Patients First Act, 2016* equipped LHINs to support their expanded mandate through the creation of Sub-regions as the focus for care integration, planning and performance.

"Caring for our Communities" articulates the Central East LHIN's progress related to Year Two of its 2016-19 Integrated Health Service Plan (IHSP), its 2017/18 Annual Business Plan (ABP) and the 2017/18 Mandate Letter received from the Minister of Health and Long-Term Care. This document also highlights how important legislative changes have enhanced the LHIN's ability to improve patient care as it continues in its role as the single point of accountability for local health system planning at the regional and Sub-regional levels.

Again this year, the Central East LHIN has continued to work with its stakeholders – patients, caregivers, health service providers, and other local organizations, community leaders, local residents and the Ministry of Health and Long-Term Care (MOHLTC) – to create an integrated, sustainable health care system by leading its communities in the achievement of excellence in health.

By promoting health equity, respecting the diversity of its communities, strengthening local engagement and leading co-design and co-management initiatives, the LHIN has focused its system, Sub-region and organizational efforts on the achievement of the four Strategic Aims contained in the Central East LHIN 2016-19 Integrated Health Service Plan:

- Continue to support frail older adults to live healthier at home by spending 20,000 fewer days in hospital and reducing Alternate Level of Care days for people age 75+ by 20% by 2019.
- Continue to improve the vascular health of people to live healthier at home by spending 6,000 fewer days in hospital and reducing hospital readmissions for vascular conditions by 11% by 2019.
- Continue to support people to achieve an optimal level of mental health and live healthier at home by spending 15,000 fewer days in hospital and reducing repeat unscheduled emergency department visits for reasons of mental health or addictions by 13% by 2019.
- Continue to support palliative patients to die at home by choice and spend 15,000 fewer days in hospital by increasing the number of people discharged home with support by 17% by 2019.

Our work was also informed by the *Patients First Act, 2016* and the Minister of Health and Long-Term Care's Mandate Letter, further focusing our efforts to: improve the patient experience; address the root cause of health inequity; improve access to primary care and reduce wait times for specialist care, mental health and addictions, home and community care, and acute care; break down silos to ensure seamless transitions for patients; support innovation by delivering new models of care and digital solutions; and reduce the burden of disease and chronic illness.

The LHIN Board and leadership team is honoured to work with so many patients and caregivers, health service providers, physicians, nurses, front line providers, community leaders and other organizations, to ensure that the health care system is effectively managed and that timely, accessible home and community services are delivered and received.

LHINs and other partners will continue to play a critical role as the *Patients First Act, 2016* transforms and improves the health care system.

The Central East LHIN team looks forward to continuing to build locally-driven solutions around the people and populations in its seven Sub-regions and engaging its communities and individuals in future health care design and delivery.

Original Signed By

Louis O'Brien,
Chair

Original Signed By

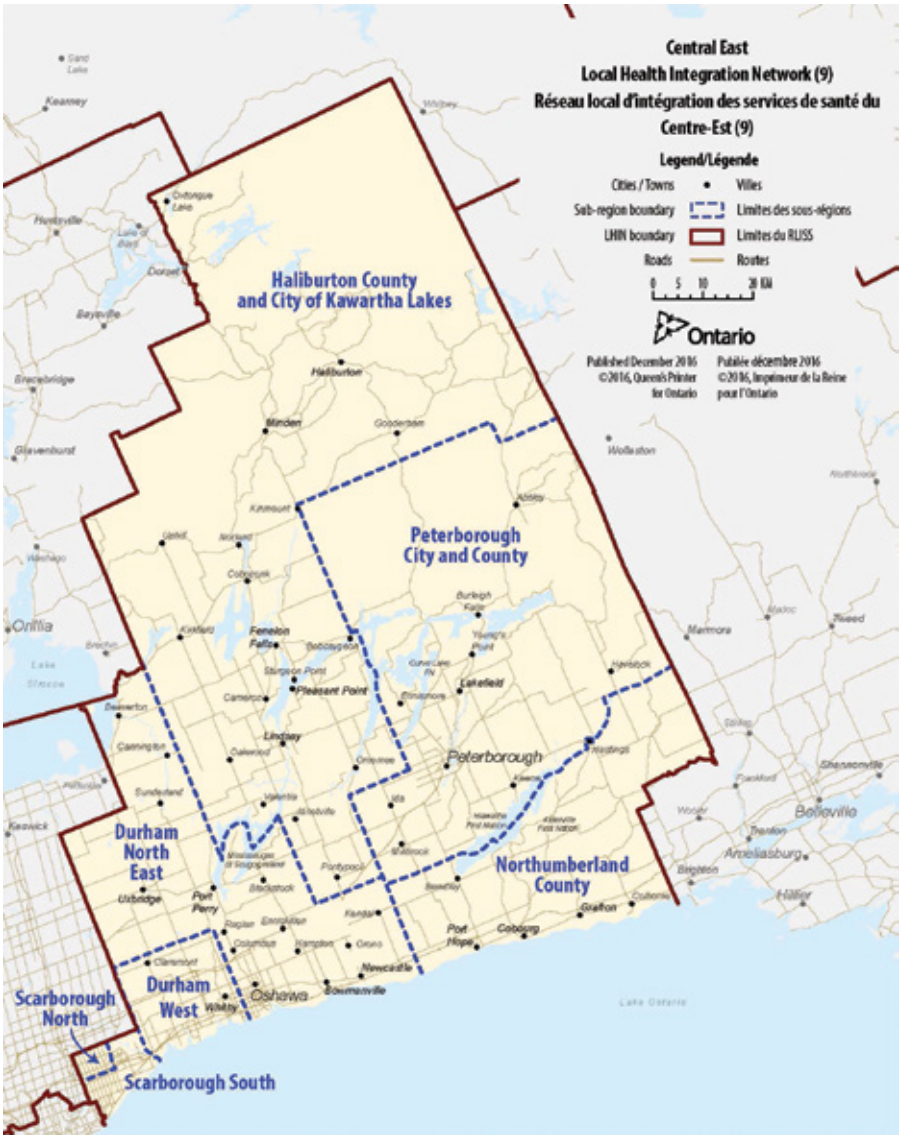
Dr. Barry Guppy,
Interim Chief Executive Officer

Welcome to the Central East Local Health Integration Network (Central East LHIN)

The *Local Health System Integration Act* was passed in March 2006 to provide an integrated health system to improve the health of Ontarians through better access to high quality health services, coordinated health care and effective and efficient management of the health system at the local level by Local Health Integration Networks (LHINs). LHINs are responsible for planning, integrating and funding health care providers (hospitals, long-term care homes, community support services, community health centres, and community mental health and addictions agencies) in their specific geographic areas.

As of June 21, 2017 all home care services and staff from the Central East Community Care Access Centre (CCAC) transferred to the Central East LHIN. This was the result of the passing of the *Patients First Act, 2016*, which expanded the LHINs' mandate to include accountability for the delivery of Home and Community Care services, strengthened local planning and increased collaboration between LHINs, Primary Care and Public Health.

The Central East LHIN is comprised of seven Sub-region planning areas (shown below).



For more information about LHINs, including frequently asked questions, visit the Central East LHIN web site at ***www.centraleastlhin.on.ca.***

Mission, Vision, Values and Strategic Directions

To support the transition of the Central East Community Care Access Centre into the Central East LHIN, staff of the two legacy organizations worked together in 2017/18 to develop a new Mission statement and Values for the renewed LHIN which were then approved by the LHIN Board and are aligned with the ongoing Vision and Strategic Directions of the renewed organization.

Scheduled to be effective as of May 1, 2018, the Vision, Mission, Values and Strategic Directions will better reflect the evolving accountabilities of the renewed LHIN organization and the health service providers who deliver services in the Central East region.

Mission

To lead our communities in the achievement of excellence in health.

Vision

Engaged Communities. Healthy Communities.

Values

Focused on Patients

We are focused on our patients, their families and caregivers. We make a positive, lasting impact on them in all our interactions.

Respecting People

We embrace the rich diversity of our population and treat everyone with dignity, compassion and respect, while offering and supporting access to equitable, culturally appropriate care.

Partnering with Purpose

We build collaborative relationships to support shared goals that lead to better health outcomes in our communities.

Accountability for Results

We are responsible to achieve results and make decisions grounded in equity, trust, and transparency.

Embracing Innovation

We courageously pursue excellence as we innovate and actively seek out opportunities for continuous quality improvement.

Strategic Directions

Transformational Leadership

The Central East LHIN Board will continue to lead the transformation of the health care system into a culture of interdependence.

Health Service Providers will:

- Actively participate in all collaborative service delivery, administrative and governance decision making opportunities.
- Self-organize to solve problems.
- Bring forward integration opportunities aligned with the IHSP.

The LHIN will:

- Demonstrate accountability and systems-thinking in all decision-making and leadership actions.
- Reward innovation which is aligned with the IHSP.
- Model fair, transparent, and honest interaction with one another and with HSPs.

Quality and Safety

The Central East LHIN Board defines health care as being patient-centred, safe and of high-quality.

Health Service Providers will:

- Meet defined standards and targets for safety and quality of services.
- Deliver high-quality and safe care informed by patient experience.
- Demonstrate ongoing improvement in the quality and safety of services and care.

The LHIN will:

- Hold providers accountable for safety and quality of services in accordance with their Service Accountability Agreements.
- Consider quality, safety and patient experience as criteria for evaluation and decision-making.
- Ensure that actions or decisions positively impact the quality and safety of the health system.

Service and System Integration

The Central East LHIN Board will work with all partners to integrate the health care delivery system to better meet the current and future needs of patients, caregivers and communities.

Health Service Providers will:

- Align their service and strategic plans to the IHSP goals and objectives.
- Participate in LHIN–facilitated integration activities and support implementation.
- Pursue integration opportunities that provide the best system of care within available resources.

The LHIN will:

- Support the creation and implementation of provincial and LHIN strategic plans, such as the IHSP, that guide local decision-making.
- Engage stakeholders to identify integration opportunities to enhance the health care experience.
- Openly review all proposed integrations that improve the system of care.

Fiscal Responsibility

Resource investments made by the Central East LHIN Board will put people and patients first.

Health Service Providers will:

- Use the best available evidence and proven best clinical practices to resource care.
- Use funding to deliver sustainable services based on defined system standards and targets for safety and quality.
- Develop short- and long-term resource investment plans that address risks to quality service and fiscal sustainability at the organizational and local health system levels.

The LHIN will:

- Prioritize high quality and high performance when allocating funding.
- Invest in initiatives that lead to patient-centred care across the care continuum, greater coordination of care, and quality outcomes.
- Promote a population needs-based approach to system resource planning and management.

These Strategic Directions are consistent with the expectations for all Central East LHIN health service providers as detailed in their annual Service Accountability Agreements which require them to:

- align their strategic and service planning within the overall LHIN framework, with specific reference to the priorities identified in the current IHSP;
- participate in LHIN planning exercises and provide the input and necessary information for the development of LHIN plans;
- identify integration opportunities and demonstrate continuous improvement in service integration, coordination and quality; and,
- implement the directions for integration laid out in the accountability agreements with LHINs.

Members of the Board

The governance structure for the LHINs is set out in the *Local Health System Integration Act, 2006*. LHINs operate as not-for-profit organizations governed by a board of directors appointed by the province. The role of the LHIN Board of Directors is to oversee, advise on and govern the strategic direction and priorities of the LHIN. Directors are appointed by the Lieutenant Governor in Council through a process administered by the Public Appointments Secretariat for a term of up to three years, and may be appointed for one further term. The Chair and the Directors are appointed based on their expertise, experience, leadership skills and the needs of the LHIN and are accountable, through the Chair, to the Minister of Health and Long-Term Care for the LHIN's use of public funds and for its results in the local health system. The board may pass by-laws and resolutions and may establish committees. Certain by-laws may require the Minister's approval. Details on the Central East LHIN Board of Directors can be found on the Central East LHIN web site at **www.centraleastlhin.on.ca**.

Louis O'Brien, Chair
Term of office:
October 5, 2016 – October 4, 2019

Debbie Doherty, Member
Term of office:
February 2, 2017 – February 1, 2020

Amorell Saunders N'Daw, Vice-Chair
Term of office:
April 2, 2014 – April 1, 2017 (first term)
April 2, 2017 – April 1, 2020 (second term)

David Barlow, Member
Term of office:
March 8, 2017 – March 7, 2020

S. Gopikrishna, Member
Term of office:
October 22, 2014 – October 21, 2017
(first term)
October 22, 2017 – October 21, 2020
(second term)

Michael Nettleton, Member
Term of office:
March 8, 2017 – March 7, 2020

Aileen Ashman, Member
Term of office:
May 18, 2016 – May 17, 2019

Patrick Connolly, Member
Term of office:
May 1, 2017 – April 30, 2020

Glenn Rogers, Member
Term of office:
May 30, 2016 – May 29, 2019

Elaine Aimone, Member
Term of office:
September 13, 2017 – September 12, 2020

Bonnie St. George, Member
Term of office:
November 2, 2016 – November 1, 2019

Central East LHIN – Facts, Stats and Figures

The Central East LHIN is the second largest LHIN in population (1,550,531 people) in the province and is projected to remain so over the next 10 years. Between Census 2011 and Census 2016, it grew at a rate slightly below the provincial average at 3.5% vs. 4.6% for Ontario (2016). The Central East LHIN is the sixth largest LHIN in land area at 16,673 km2.

Geography and health care referral patterns and utilization practices are used to organize the LHIN into (for purposes of health system planning and integration) three large service cluster areas - Scarborough, Durham and North East - and seven Sub-regions.

Cluster	Scarborough		Durham		North East		
Sub-region	Scarborough North	Scarborough South	Durham West	Durham North East	Northumberland County	Peterborough City and County	Haliburton County and City of Kawartha Lakes
Land Area (km²)	42.4	138.3	449.1	2,172.1	1,776.9	4,215.2	7,893.8
Population Density (persons per km²)	4,139	3,064	757	141	42	33	12
Population							
Population (Census 2016)	175,510	423,720	339,830	306,040	73,760	138,235	93,490
Population 65+	36,095	65,940	43,105	49,695	18,810	31,545	25,000
Population 75+	18,130	29,940	17,385	21,595	7,945	13,975	10,350
% Population 65+	20.6%	15.6%	12.7%	16.2%	25.5%	22.8%	26.7%
% Population 75+	10.3%	7.1%	5.1%	7.1%	10.8%	10.1%	11.1%
Language, Census 2016							
% who include English as their mother tongue	31.1%	55.7%	77.8%	89.0%	94.0%	93.6%	94.2%
% who include French as their mother tongue	0.9%	1.4%	1.9%	2.0%	1.5%	1.3%	1.3%
% with no knowledge of English or French	17.6%	3.6%	1.1%	0.4%	0.2%	0.2%	0.2%
Immigration, Census 2016							
% who are immigrants	66.9%	53.2%	31.8%	14.5%	10.6%	8.4%	8.1%
% who arrived within 5 years	8.3%	6.4%	2.3%	0.9%	0.3%	0.6%	0.2%
Visible minorities and identity, Census 2016							
% who are visible minorities	85.3%	69.9%	41.2%	11.5%	3.5%	4.4%	2.0%
% who self-identify as Indigenous	0.2%	1.0%	1.3%	2.7%	2.8%	4.6%	2.8%

Data source: 2016 Census Profile_LHINs and Sub-regions (2018-03-08)_HAB Final, MOHLTC

The Central East LHIN holds accountability agreements with, and provides funds, for 121 health service providers within six sectors. (Note that some organizations provide services in more than one sector and may be counted twice below.)

- Hospitals (8)
- Community Health Centres (6)
- Community Mental Health & Addictions (8)
- Home and Community Care Services (31)
- Long-term Care Homes (68)

The Central East LHIN provides Home and Community Care services to over 42,000 people across the LHIN's seven Sub-regions on any given day through collaborative partnerships between its care coordinators, physicians, nursing professionals, physiotherapists, occupational therapists, speech language pathologists, rehabilitation assistants, social workers, dietitians and others. In addition, Central East LHIN front-line staff manage eligibility and admissions to long-term care homes, short stay respite, assisted living and adult day programs.

To support the delivery of Home and Community Care, the Central East LHIN holds contracts with service provider organizations (21), medical equipment, supplies and infusion vendors (3) and laboratory companies (2) who help to deliver care to the residents of the Central East LHIN.

Ministry-LHIN Accountability Agreement (MLAA)

The **Ministry/LHIN Accountability Agreement (MLAA)** outlines the obligations and responsibilities of both the LHIN and the Ministry over a defined period of time with respect to planning, integrating and funding local health care services, and includes a number of schedules regarding Community Engagement; Planning and Integration; Local Health System Management; Financial Management; and Local Health System Performance and Reporting. The MLAA is mirrored in the Service Accountability Agreements that LHINs negotiate with all health service providers. The MLAA includes thirteen (13) performance indicators and seven (7) monitoring indicators.

Performance targets are based on best practice and (where possible) clinical evidence. LHINs must report to the Ministry on their performance against these targets on a quarterly and annual basis.

Monitoring targets often provide important supplemental or explanatory information about the performance measures.

For up-to-date status reports on indicators, please visit **www.centraleastlhin.on.ca** and click on "Accountability – Performance."

No.	Indicator	Provincial target	Provincial				LHIN					
			2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	2016/17 Fiscal Year Result	2017/18 Fiscal Year Result	2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	2016/17 Fiscal Year Result	2017/18 Result (Year to Date)	Change in performance 2014/15 to 2017/18	Current LHIN Status (Progress)
1. Performance Indicators												
1	Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services*	95.00%	85.39%	85.36%	89.86%	88.50%	87.88%	88.69%	90.64%	90.10%	< 10% improvement	⇨
2	Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services*	95.00%	93.71%	94.00%	96.07%	96.21%	95.67%	95.84%	96.83%	96.35%	< 10% improvement	⇨
3	90th Percentile Wait Time from community for Home Care Services - Application from Community Setting to first Home Care Service (excluding case management)*	21 days	29.00	29.00	30.00	29.00	23.00	30.00	49.00	35.00	Decline	⇩
4	90th Percentile Wait Time from Hospital Discharge to Service Initiation for Home and Community Care*	TBD	7.00	7.00	7.00	7.00	13.00	10.00	9.00	9.00	NA	
5	90th percentile emergency department (ED) length of stay for complex patients	8 hours	10.13	9.97	10.38	10.75	9.62	9.47	10.33	11.00	Decline	⇩
6	90th percentile emergency department (ED) length of stay for minor/uncomplicated patients	4 hours	4.03	4.07	4.15	4.38	4.02	3.92	4.08	4.33	Decline	⇩
7	Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	90.00%	81.51%	79.97%	78.47%	77.99%	95.63%	94.27%	91.86%	91.97%	Decline	⇩
8	Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	90.00%	79.76%	79.14%	75.02%	73.72%	94.03%	90.70%	88.67%	86.52%	Decline	⇩
9	Percentage of Alternate Level of Care (ALC) Days*	9.46%	14.35%	14.50%	15.69%	15.18%	16.84%	15.22%	18.40%	20.01%	Decline	⇩
10	ALC rate	12.70%	13.70%	13.98%	15.19%	15.49%	18.13%	17.79%	23.62%	22.64%	Decline	⇩
11	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	16.30%	19.62%	20.19%	20.67%	20.97%	19.63%	19.58%	21.45%	23.26%	Decline	⇩
12	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	22.40%	31.34%	33.01%	32.50%	32.25%	25.18%	26.03%	27.30%	29.16%	Decline	⇩
13	Readmission within 30 days for selected HIG conditions**	15.50%	16.60%	16.65%	16.74%	16.41%	16.69%	17.33%	16.95%	16.88%	Decline	⇩
2. Monitoring Indicators												
14	Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery	90.00%	91.93%	88.09%	85.01%	83.95%	98.03%	95.10%	95.53%	96.71%	Decline	⇩
15	Percent of priority 2 and 3 cases completed within access target for MRI scans	90.00%	59.47%	62.58%	67.57%	69.77%	67.95%	74.31%	80.98%	84.67%	> 10% improvement	⇧
16	Percent of priority 2 and 3 cases completed within access target for CT scans	90.00%	78.25%	78.18%	82.11%	84.73%	84.62%	88.04%	95.10%	97.78%	> 10% improvement	⇧
17 (a)	Wait times from application to eligibility determination for long-term care home placements: from community setting**	NA	14.00	14.00	13.00	14.00	21.00	20.00	17.00	20.00	< 10% improvement	⇨
17 (b)	Wait times from application to eligibility determination for long-term care home placements: from acute-care setting**	NA	8.00	7.00	7.00	7.00	10.00	10.00	8.00	7.00	> 10% improvement	⇧
18	Rate of emergency visits for conditions best managed elsewhere per 1,000 population*	NA	19.56	18.47	17.12	12.06	14.85	14.52	12.82	9.12	> 10% improvement	⇧
19	Hospitalization rate for ambulatory care sensitive conditions per 100,000 population*	NA	320.78	320.13	321.18	243.31	322.50	317.86	308.07	236.22	> 10% improvement	⇧
20	Percentage of acute care patients who had a follow-up with a physician within 7 days of discharge**	NA	46.09%	46.61%	47.43%	47.31%	47.54%	47.32%	48.17%	47.90%	< 10% improvement	⇨

* FY 2017/18 is based on the available data from the fiscal year (Q1-Q3, 2017/18)
** FY 2017/18 is based on the available data from the fiscal year (Q1-Q2, 2017/18)

Legend

The LHIN result has met its target	
The LHIN result is within 10% of its target	
The LHIN result is more than 10% from its target	
⇧	LHIN has improved by more than 10% since 2014/15
⇨	LHIN has improved by less than 10% since 2014/15
⇩	LHIN has declined since 2014/15

Report on MLAA Performance Indicators

The following pages outline the performance on each indicator and provide context for what each indicator measures.

Home and Community Care – monitored by three performance indicators associated with services provided by the Central East LHIN as per below.

- ***Indicator #1:*** *Personal Support Services (PSS): Percentage of home care clients with complex needs who received their PSS visit within 5 days of the date in which they were authorized for services.* At 90.1%, performance is close to the target (95%) and shows an improvement as compared to 2014/15. Going forward, the Central East LHIN will continue to work with partners to implement solutions to improve the performance of this indicator, based on available funding.
- ***Indicator #2:*** *Nursing: Percentage of home care clients who received their nursing visit within 5 days of the date they were due for nursing services.* At 96.35%, performance is better than the target (95%). The Central East LHIN is always working to improve processes and communication with its contracted service providers to improve wait times.
- ***Indicator #3:*** *Wait for Service: 90th Percentile Wait Time for Home Care Services - Application from Community Setting to first Home Care Service (excluding case management).* At 35 days, performance is not meeting target (21 days), however performance did improve from the previous fiscal year of 49 days wait time. A number of wait time improvement strategies have been introduced to improve this indicator based on legislated Levels of Care and the focus remains on decreasing wait times.

The following performance indicator does not have an assigned target as yet:

- ***Indicator #4:*** *Hospital Discharge Service Initiation: 90th Percentile Wait Time from hospital discharge to service initiation for home and community care.* At 9 days, performance is not meeting the provincial experience of 7 days but has decreased as compared to the previous performance of 13 days in 2014/15. As noted above, the focus remains on decreasing wait times.

Transitions in Care – monitored by four performance indicators associated with services provided in collaboration with system partners.

- ***Indicator #5:*** *ED Performance: 90th percentile ED length of stay for complex patients.* At 11 hours, performance is above the target time (8 hours). Two patient groups are key to this indicator, including complex patients admitted to hospital and those discharged from the ED. Of these two groups, patients requiring admission to hospital after the ED physician has determined their disposition are driving performance above target. This patient back-log is the result of high inpatient occupancy exceeding 100% and a high number of patients designated as Alternate Level of Care (ALC). Improving patient flow from the ED to inpatient units is key to performance improvement. A number of initiatives are underway to improve patient flow including the ongoing deployment of the Home First ALC Avoidance Strategy and the identification of patients who can be safely discharged home with enhanced Home and Community Care services while they wait for long-term care home placement, dependent on the agreement of family caregivers.
- ***Indicator #6:*** *ED Performance: 90th percentile ED length of stay (LOS) for minor/uncomplicated patients.* At 4.33 hours, performance is slightly above the provincial target of 4 hours. The Central East LHIN supports several strategies to improve ED LOS, including a Pay for Results Action Plan, which is a focused performance improvement in applicable hospitals. Another initiative is Geriatric Emergency Management nurses who support discharge from the ED for frail seniors who need additional supports after physician assessments are completed. As well, the Central East LHIN's NPSTAT (Nurse Practitioners Supporting Teams Averting Transfers) Program provides on-call support to residents of local long-term care homes by sending nurse practitioners to the home, which in many cases prevents a trip to the hospital. Performance in 2017/18 was challenged by high volumes of patients in the ED who required admission to hospital but could not be moved to inpatient floors in a timely way. This ED backlog had an impact on the flow of non-admitted patients as, in some hospitals, a high percentage of ED stretchers

were occupied by patients requiring admission. Improving patient flow from the ED to inpatient units will improve ED backlog for non-admitted patients and thus improve performance.

- ***Indicator #7:*** *Percent of priority 2, 3 and 4 cases completed within access target for hip replacement* and ***Indicator #8:*** *Percent of priority 2, 3 and 4 cases completed within access target for knee replacement.* At 91.97% for hip replacement (provincial target of 90%) and 86.52% for knee replacement (provincial target 90%), the Central East LHIN is continuing to work with its hospitals and surgical clinicians to improve these wait times in order to keep up with the increasing demand. The Central East LHIN continues to focus its improvement efforts on surgeons' wait lists, monthly monitoring of surgical volumes and getting the most appropriate patients to surgery by using the Central East LHIN's SUBMIT surgical booking software. The development of a centralized intake model for hip, knee and spine surgery was launched by the LHIN in 2017/18 and sees surgeons and other partners actively co-design an innovative, efficient and effective solution to improve patient care.
- ***Indicator #9 and #10:*** *Alternate Level of Care (ALC) including Percent ALC Days and ALC rate:* The ALC "rate" focuses on patients who have completed their phase of hospital treatment and await the availability of their next care level or "alternate level of care." The number of ALC days is a proportion of the total length of stay in acute care. At 20.01% ALC days and 22.64% for ALC rate, performance has not met targets (9.46% and 12.7% respectively). Patients designated as ALC are people who remain in hospital after the acute portion of their care is completed, but their next destination is unavailable. Their hospital stay is thus prolonged waiting for an "alternate level of care." A higher volume of patients designated ALC across all hospitals in the Central East LHIN has had an impact on this performance target. Continuing factors that impact the Central East LHIN's performance include limited Long-Term Care (LTC) bed capacity and inadequate supportive housing and community-based supports for people with complex needs. These include individuals with Mental Health and Addictions issues, responsive behaviours, dementia, forensics involvement, dual diagnosis, and other issues requiring a high degree of monitoring and supervision. In the Central East LHIN, ongoing strategies to move performance toward the provincial target include the NPSTAT program providing direct clinical care to LTC residents to help reduce unscheduled hospital transfers, Adult Day and Assisted Living programs supporting frail seniors and those with behavioural issues to remain in the community, and the new Geriatric Transitional Care Unit at Ontario Shores Centre for Mental Health Sciences supporting ALC patients with behavioural challenges to transition to appropriate care destinations.

Mental Health - monitored by two performance indicators associated with services provided in collaboration with system partners.

- ***Indicator #11:*** *Repeat unscheduled visits to the ED within 30 days for Mental Health:* At 23.26%, performance is not meeting the provincial target of 16.3%. Key Central East LHIN strategies to support people with mental health conditions and reduce revisits include: supportive housing initiatives and rental subsidies; maximizing technology to support virtual psychiatric consultations using Ontario Telemedicine Network (OTN); supporting investments in counselling treatment and case management; focusing resources on smaller communities not previously well served; more coordinated care planning for people with mental health conditions (Health Links); and investments in collaborative partnerships between mental health workers and emergency responders, including police services, to support safe diversion from the ED to community services. The Central East LHIN, in partnership with Ontario Shores Centre for Mental Health Sciences and Lakeridge Health is developing a regional Mental Health and Addictions Plan to improve system performance.
- ***Indicator #12:*** *Repeat unscheduled visits to the ED within 30 days for Substance Abuse:* At 29.16%, performance is not meeting the provincial target of 22.4%. In addition to the Central East LHIN strategies referenced above, the 2017/18 launch of Rapid Access Addiction Medicine (RAAM) clinics and the development of the Central East LHIN Opioid Strategy is expected to improve the delivery of care for people with substance abuse challenges and mitigate re-visits to the ED.

Sustainability and Quality - monitored by one performance indicator associated with services provided in collaboration with system partners.

- ***Indicator #13:*** *Hospital Readmissions within 30 days for selected Health Based Allocation Model Inpatient Grouper (HIG) conditions:* At 16.88%, performance is improving but is above the provincial target of 15.5%. Central East LHIN initiatives include the Central East Regional Cardiovascular Rehabilitation and Secondary Prevention (CRSP) Program which provides a regional integrated service utilizing harmonized referral criteria, centralized referral, acceptance and booking for patients with established vascular disease at high risk for cardiovascular complications; Telehomecare support for patients with congestive heart failure and chronic obstructive pulmonary disease; and the development of Coordinated Care Plans based on the Health Links philosophy. The implementation of a new Vascular Health governance structure by the Central East LHIN in 2017/18 will ensure access to best practice care in clinical areas related to vascular health including: cardiac, stroke, renal, diabetes, vascular surgery and respiratory care. Action plans will be developed for each clinical area to ensure care is provided in accordance with best practice guidelines. The strategies which will emerge are expected to show a decrease in readmission rates.

Monitoring Indicators

- ***Indicator #14:*** *Percent of priority 2 (42 days), Priority 3 (84 days) and Priority 4 cases (182 days) completed within access target for cataract surgery:* At 93.71% performance is better than the target (90%).
- ***Indicator #15:*** *Percent of priority 2 and 3 cases completed within access target for MRI scans:* At 84.67%, performance is below target (90%) but is continuing to improve year over year. The Central East LHIN Diagnostic Imaging Working Group is a collaborative forum where members share best practice and innovation to enhance access, improve utilization and wait times, as well as investigate cost reduction strategies related to diagnostic service modalities.
- ***Indicator #16:*** *Percent of priority 2 and 3 cases completed within access target for CT scans:* At 97.78%, the Central East LHIN has exceeded the provincial target of 90%. The funding of additional CT hours and the collaborative partnerships between hospitals to meet patient demand has led to this result.

The following monitoring indicators do not have assigned targets as yet:

- ***Indicator #17a:*** *Wait times from application to eligibility determination for long-term care home placements: from community setting* - Performance at 20 days is not meeting the provincial experience of 14 days. This is indicative of the Central East LHIN having the longest long-term care wait lists in the province and its ongoing work with the Ministry to ensure the equitable allocation of new long-term care bed capacity based on assessed need.
- ***Indicator #17b:*** *Wait times from application to eligibility determination for long-term care home placements: from acute-care setting* - Performance at 7 days is aligned with the provincial experience at 7 days and reflects the Central East LHIN's focus on supporting its hospital partners by prioritizing hospital discharge to support patient transition and flow.
- ***Indicator #18:*** *Rate of emergency visits for conditions best managed elsewhere per 1,000 population:* The Central East LHIN's rate at 9.12 visits per 1,000 residents compares to 12.06 per 1,000 residents across Ontario. The Central East LHIN, through its Primary Care Sub-region physician leads, is continuing to work with its diverse primary care partners to develop a system of primary care that will see all residents of the Central East LHIN have equitable access to primary care.
- ***Indicator #19:*** *Hospitalization rate for ambulatory care sensitive conditions per 100,000 population:* The Central East LHIN rate of 236.22 hospitalizations per 100,000 residents compares favourably to 243 hospitalizations per 100,000 across Ontario. While lower than the average, the Central East LHIN is challenged with a lack of some specialized community-based care which can result in patients being admitted to the hospital. The Central East LHIN is continuing to work with its health care providers and community partners to recruit these specialists in order to continue to reduce the rates of hospitalization for ambulatory care sensitive conditions.
- ***Indicator #20:*** *Percentage of acute care patients who had a follow-up with a physician within 7 days of discharge:* The Central East LHIN rate of follow-up after discharge from hospital is 47.9%, which is slightly above the provincial rate of 47.31%. Improving the use of electronic medical records (EMR) has been a key initiative in the Central East LHIN and across the province to ensure that physicians receive timely hospital discharge summaries and can continue to support patients in their health care journey.

Community Engagement Activities

Community Engagement is the foundation of all activity at the Central East LHIN. Being more responsive to local needs and opportunities requires on-going dialogue and planning with those who use and deliver health services. Since 2005, board members and LHIN staff have actively engaged with local community residents, health service providers, provincial associations, local government leaders and many other organizations and individuals on how to improve and enhance the public health system.

Community engagement also refers to the methods by which LHINs interact, share and gather information from and with their stakeholders. Stakeholders are individuals, communities, political entities or organizations that have a vested interest in the outcomes of the initiative. They are either affected by, or can have an effect on, the project. Anyone whose interests may be positively or negatively impacted by an initiative or anyone who may exert influence over the initiative or its results is considered a project stakeholder.

The purpose of community engagement is to inform, educate, gather feedback, consult, involve and empower stakeholders in health service planning and decision-making processes to improve the health care system.

In 2017/18 the Central East LHIN began work on reviewing and revising its legacy external engagement structures with the goal of identifying opportunities to ensure they are aligned with system priorities, Sub-region development and our expanded mandate as the renewed Central East LHIN. This work is ongoing, with the goal of implementing the new external engagement structure in 2018/19.

Some of the Central East LHIN's community engagement structures and activities in 2017/18 included:

Patient and Family Advisory Committee (PFAC)

Established in February 2017, the Central East LHIN Patient and Family Advisory Committee (PFAC) began meeting formally in 2017/18. Based on its Terms of Reference, the 11-member PFAC both advises and collaborates with the Central East LHIN, its leaders, health service providers and staff regarding system-level policies, practices, and strategy, planning, and delivery of patient-and family-centred care within the Central East LHIN region.

Sub-region Planning Tables

Central East LHIN Sub-region Planning Tables bring together stakeholders, including patients and caregivers, from diverse sectors to engage in collaborative planning for a local population within a defined geography. The seven Central East LHIN Sub-region Planning Tables were officially launched in October 2017 and meet on a monthly basis with a mandate to foster joint accountability for innovative, integrated system redesign to address health and service gaps, advance quality, and improve patient experience and outcomes. The Sub-region Planning Tables are accountable to the Sub-region Steering Committee, which provides direction and oversight to support the work of the Planning Tables by advancing Planning Table recommendations to the Central East LHIN.

Partnership with Public Health

In the Central East LHIN, quarterly meetings are held with the Medical Officers of Health (MOH) from the four Public Health Units in the region – Toronto Public Health, Durham Region Health Department, Peterborough County-City Health Unit and Haliburton, Kawartha, Pine Ridge District Health Unit. Chaired by the LHIN CEO, the group discusses many topics of mutual concern in promoting health and preventing disease.

Physician Engagement

The Central East LHIN has recognized engagement of physicians as a critical success factor in fulfilling its mandate of integrated care. Ensuring strong physician engagement provides the Central East LHIN with the opportunity to continue to build on current efforts to involve physicians, nurse practitioners and other health care professionals. The development and implementation of Sub-region Planning Tables to support local health system planning and the provincial priority to expand access to Inter-professional Primary Care were major areas of focus for physician engagement in the Central East LHIN in 2017/18. Through committees like the Central East LHIN Emergency Care Steering Committee, the Regional Clinical Quality Committee, the Central East LHIN Critical Care Network and the Medical Leadership Group, targeted physician engagement will continue into 2018/19.

Seniors Care Network

The Central East LHIN is committed to building a network of services to meet the needs of its rapidly growing and aging population of seniors. This direction is being achieved in part through a LHIN-wide regional approach to coordinating, organizing and governing existing and new specialized geriatric services in partnership with the Seniors Care Network. Comprised of a group of senior health care leaders representing hospitals, community service providers, seniors' advocates and others from across the Central East LHIN, the Seniors Care Network is working along with health service providers on the development, delivery and monitoring of an integrated regional system of Specialized Geriatric Services for frail seniors.

Central East LHIN Mental Health and Addictions Leadership Structure

The Central East LHIN, in partnership with Ontario Shores and Lakeridge Health, engaged a third party to review the current state of the Mental Health and Addictions (MHA) system, examine best practices, and explore opportunities for tangible system improvement in service design and delivery. As part of their report, there were six recommendations that proposed guiding principles for the development of a MHA Strategy fostering transformative change and the development of a regional mental health system. One of the six recommendations included the implementation of a leadership structure that will lead the transformative work of the mental health and addictions system. This leadership structure includes: a) an Executive Committee, with direct accountability to the Central East LHIN Board, b) an Advisory Committee, c) Action Groups, and d) a Clinical/Administrative Lead.

Vascular Health Strategic Aim Coalition

First established in May 2010, coalitions were formed to provide leadership to the achievement of the LHIN's Strategic Aims. The Vascular Health Strategic Aim Coalition's membership includes representation from primary care, acute care, community services, supporting programs (i.e., Ontario Telemedicine Network, Self-Management Program) as well as a patient perspective. To meet the needs of the region, the Coalition continued to develop and implement a Vascular Health Strategy for the Central East LHIN, including vascular, diabetes and stroke care as it began to transition into a co-design and co-management governance structure.

Central East Regional Palliative Care Steering Committee

The Central East Regional Palliative Care Steering Committee (CERPCSC) is a disease-agnostic network designed to support a coordinated, standardized approach for the delivery of hospice palliative care services in the Central East region. With a mandate to provide collaborative leadership to advance high quality, integrated, patient-centred hospice palliative care across all sectors based on best practices in accordance with Ontario Palliative Care Network direction, and in alignment with both the Central East LHIN Integrated Health Service Plan (IHSP) and the Central East Regional Cancer Program (CERCP) Strategic Plan, the CERPCSC is jointly accountable to the Central East LHIN Chief Executive Officer (CEO) and the CERCP Regional Vice President (RVP). The CERPCSC provides leadership to ensure accountability and alignment of activities to local, regional and provincial direction.

Health Equity Working Group

The Central East LHIN Health Equity Working Group supports and guides the development of a Central East LHIN health equity framework, to be integrated into the organization's day-to-day practices and Sub-region planning infrastructure. With a focus on the social determinants of health, health disparities and on identifying best practices related to health equity, the working group participated in engagement across the Central East LHIN with the goal of improving health outcomes and the patient experience.

Central East Executive Council (CEEC)

Senior Administrators from all Central East LHIN hospitals and the Central East LHIN meet on a monthly basis to review shared projects and initiatives that support the "Living Healthier at Home" aim outlined in the 2016-19 IHSP as well as the Ministry of Health priorities. Guided by a Terms of Reference, the Council also considers programs, service, and back office alignment that would decrease cost, increase quality or improve patient access for service, and collectively develop human resource capacity and the opportunity to share experience.

Sector-Based Providers

Targeted engagement with sector-based providers in the Central East LHIN supports the sharing of information

as the LHIN works with hospitals, community based agencies and long-term care homes on completing annual service accountability agreements. Information shared at these sessions is posted on the Central East LHIN website so that stakeholders from across the LHIN can see the work being done by these providers to ensure accessible, efficient and quality health care services.

Open Board Meetings

Board meetings and board committee meetings (Audit and Finance Committee, Governance, Quality and Community Nominations Committees) are held on a regular basis so that information can be reviewed and discussed by the Board to assist the decision-making process as it supports the work of the staff of the Central East LHIN. Materials from all the meetings are posted to the Central East LHIN website.

Regional, County and Municipal Councils

The Central East LHIN visits all regional, county and municipal councils to provide updates to local elected officials on the work being done to improve the local delivery of health care services to their residents and constituents.

MPP Engagement

In 2017/18, meetings between LHIN leadership and the Members of Provincial Parliament from all Central East ridings continued to ensure that these provincial leaders were aware of LHIN initiatives that would benefit their local constituents. Constituency staff continued to regularly contact LHIN staff to support any health care related inquiries.

Speakers' Bureau/Community Education and Outreach

LHIN staff and board members attended a number of third-party events in 2017/18. These included health service providers' Annual General Meetings, public announcements and speaking engagements, such as Seniors events hosted by local elected officials. This provides the LHIN with an opportunity to hear from local stakeholders on local issues and opportunities for improvement, but also an opportunity for the LHIN to inform the public and stakeholders about its role and the services it supports.

Priority Populations

In the Central East LHIN, certain patient groups are recognized as priority populations, including the Francophone community, Indigenous Peoples and new immigrants. Through its work, the LHIN continued to engage with these priority populations to identify any high risks and work with them and other partners including public health and other health service providers to implement targeted interventions to improve access to appropriate and culturally sensitive care, within each of its Sub-regions.

In undertaking this mandate, the Central East LHIN continues to promote health equity by reducing health disparities and inequities, respecting the diversity of communities in planning, design, delivery and evaluation of services and continuing to strengthen engagement with both the Francophone and Indigenous communities.

Indigenous Engagement

In 2010/11, the Alderville First Nation, Curve Lake First Nation, Hiawatha First Nation, Métis Nation of Ontario, Mississaugas of Scugog Island First Nation and the Central East LHIN established a significant partnership to benefit the health, communities and the future of First Nations, Métis, Inuit and Non-Status people.

Since that time, through two advisory groups, the First Nations Health Advisory Circle and the Métis, Inuit, and Indigenous Peoples' Health Advisory Circle, the Central East LHIN has continued to receive advice on a variety of topics related to provincial and Central East LHIN priorities and how they pertain to the Indigenous Peoples represented. Membership has steadily grown and, through the respectful sharing of experiences and stories, closer relationships between the Central East LHIN and the Indigenous communities within its borders have developed.

Annually, the two Health Advisory Circles meet with Central East LHIN senior leadership. The 2017/18 Joint Indigenous Health Advisory Circle meeting occurred on October 26, 2017. Initial joint priorities identified for further examination included:

- Finalization of each Circle's Action/Work Plans;
- Continued expansion of cultural safety training;
- Identification and expanded use of Indigenous-specific Health Assessment tools;

- The development of a Journey/Care Map to guide the Circles and health service providers in delivery of support to Indigenous people with mental health or addictions needs.

The Central East LHIN is committed to working with all Indigenous communities to align health services with existing regional, provincial and federal health planning, health programming and service delivery systems to improve health outcomes.

Starting in 2016/17, the MOHLTC has funded Indigenous Cultural Safety (ICS) Training for health service providers across the province. The ICS Training focuses on providing the learner with knowledge, awareness and skills to work effectively with Indigenous people within the Ontario health care system. Over the last two fiscal years, the Central East LHIN was allotted 532 seats for the training. In 2017/18, this allocation was again distributed to health service providers focusing on front-line providers in hospitals, mental health and addictions agencies, primary care and home and community care. Central East LHIN Board, management and staff have also participated in the training.

The Central East LHIN hosted a visioning day on March 24, 2018 in Peterborough. This gathering acted as a day for healing for health service providers and community members. The day included teachings from elders and brought a focus back to the community level. This event was very well attended and received positive feedback.

Francophone Engagement

Through a 2017/18 Joint Action Plan, the Central East LHIN and Entité 4, continued to implement initiatives and projects to better support health care access for the 27,065 Francophones of the Central East LHIN.

In 2017/18, the Alzheimer Society of Durham received funding from the Central East LHIN to support the "Living Well with Dementia in Francophone Communities" initiative in the Durham region. By extending the services of a Francophone Outreach Worker and Educator into the Francophone community, individuals living with dementia were better supported to stay engaged as active participants in their communities.

The Canadian Mental Health Association-Durham Branch received funding in 2017/18 for Mental Health and Addictions Outreach for Francophones across the Central East LHIN. In this role, CMHA-Durham was accountable for organizing and facilitating education sessions on mental health within the community, and for directing Francophone patients with acute needs towards appropriate services.

The *Identification* process includes the selection of health service providers, by the LHIN, for the purpose of planning and delivering high quality services in French. The objective of the *Identification* of health service providers is to enable the Francophone population to have access to the full spectrum of health services in French, during all hours of operation. In 2017/18, the Central East LHIN identified TAIBU Community Health Centre (TAIBU CHC) as a French Language Services (FLS) Provider. This recognition highlighted the CHC's continued dedication and commitment to supporting local Francophone populations in Scarborough and for the provision of primary health care services in French. The primary health care service is supported by an interdisciplinary team of health professionals including a Francophone Nurse Practitioner, a Health Promoter, a Community Health Worker, and a bilingual social worker.

Ministry and LHIN Initiatives

The following section of the Central East LHIN 2017/18 Annual Report highlights the intiatives undertaken by the LHIN in 2017/18 to advance the priorities, activities and accountability obligations/responsibilities related to its legislative and policy requirements.

IHSP4

In 2016/17, the Central East LHIN released its fourth Integrated Health Service Plan (IHSP). Entitled Living Healthier at Home, IHSP4 is a strategic planning document that, from 2016 to 2019, is used to guide and direct the ongoing transformation of how health services are delivered in the Central East LHIN and inspire health system change.

The strategies and improvements outlined in IHSP4 are rooted in the vision and priorities of the MOHLTC, pan-LHIN imperatives, as well as in evidence-based and leading-edge practice in the planning and delivery of health services.

The strategies and improvements also build on the three preceding IHSPs that, since 2007, have engaged providers and patients in the shared creation of an integrated system:

IHSP #1 – 2007-2010

Engaged Communities. Healthy Communities.

Improving the health of communities through an integrated health care delivery system focused on wellness, equitable and timely access to care that delivers high quality outcomes.

IHSP #2 – 2010-2013

Save 1 Million Hours – Save 10,000 Days

Supporting hospitals and community organizations to integrate service to reduce emergency department use for all residents, and hospital admissions and length of stays for people with vascular conditions.

IHSP #3 – 2013-2016

Community First

Creating an integrated community-based health system, so that Central East LHIN residents spend more time in their homes and their communities, and fewer days in hospitals and long-term care homes.

Based on an extensive environmental scan, a robust community engagement strategy, and in alignment with provincial directions, the LHIN developed an overarching goal for IHSP4 and four strategic aims:

Overarching Goal: *Living Healthier at Home – Advancing integrated systems of care to help Central East LHIN residents live healthier at home.*

Strategic Aim #1: Continuing to support frail older adults to live healthier at home by spending 20,000 fewer days in hospital and reducing Alternate Level of Care days for people age 75+ by 20% by 2019

Currently over 16% of the Central East LHIN population consists of seniors aged 65+. By 2020, it is projected that approximately 32,700 Central East LHIN residents will be living with dementia, the second highest in Ontario.

In 2017/18, the Central East LHIN remained committed to caring for frail seniors through projects and investments, which have contributed to and will continue to contribute to achieving our Seniors Aim, including:

Adult Day Programs (ADP)

ADPs play a key role in supporting individuals and their caregiver(s) in leading active and meaningful lives. A key benefit of ADPs includes caregiver respite and support, such as social activities, meals, and health care assistance. In 2017/18, the Central East LHIN supported the ongoing delivery of ADP programs offered in numerous languages, including French, for over 2,800 frail, at risk individuals across its Sub-regions by investing $9,980,923 in annual base funding. Through an additional $306,000 in one-time funding, the Central East LHIN was able to support enhancements to community dementia programs. This funding was directed to support efforts within ADPs to increase the overall inventory of spaces and reduce barriers to participation.

Assisted Living Services for High Risk Seniors (ALS-HRS)

ALS-HRS hubs in Scarborough North and South, Durham West and North East, Haliburton County and the City of Kawartha Lakes, Peterborough City and County and Northumberland County continued to operate successfully in 2017/18 as the Central East LHIN and Community Support Service Providers worked together to address the needs of over 1,500 high risk seniors. With an annual base

funding investment of over $15 million for ALS-HRS, high risk seniors were supported to reside at home through the assistance of both scheduled and non-scheduled personal support, homemaking, security checks, and reassurance services on a 24/7 basis.

Exercise and Falls Prevention Classes

In the Central East LHIN, free Exercise Classes focus on helping seniors stay active and improve and maintain balance, strength, and mobility. Additionally, free Falls Prevention classes are taught by a physiotherapist or other health professional to share information on preventing falls. In 2017/18, the Central East LHIN provided $1.2 million in base funding to support 248 exercise and 634 falls prevention classes across the seven Sub-regions.

Ontario Shores Geriatric Transitional Unit (GTU)

In February 2018, through funding from the MOHLTC and the Central East LHIN, Ontario Shores Centre for Mental Health Sciences officially opened a new 20-bed inpatient unit that provides specialized services for older adults with dementia, presenting with complex behaviours, who are currently in an acute care hospital and require specialized mental health care treatment to support their return to the community. The GTU provides assessment, stabilization, treatment and management of dementia-related behaviours with the goal of timely community reintegration so that patients can successfully transition to long-term care or the referring organization.

Behavioural Supports Ontario (BSO)

BSO provides trained health professionals and focused programming help older people with challenging behaviours that result from complex mental health, addictions, dementia and other neurodegenerative issues. In 2017/18, an additional 1,703 front-line staff were trained in BSO techniques in order to provide care to over 4,000 long-term care home residents and support for 2,796 caregivers. Over 400 community-based patients with challenging behaviours were supported so that they could live healthier at home.

Geriatric Assessment and Intervention Network (GAIN)

A network of 12 hospital and community-based health professional teams continued to provide comprehensive assessments and created care plans with seniors and families to optimize function and independence and keep older people living at home. In 2017/18, nearly 250 new patients were added to the list of over 6,900 patients receiving ongoing care and case management. Through 30,520 visits, 921 people with moderate to severe dementia were supported to live healthier in their own homes and 1,536 people with advanced frailty were served.

Geriatric Emergency Management (GEM) Nurses

The GEM program sees nurses working in the emergency departments who conduct assessments and provide support to older people experiencing acute health concerns, with a focus on trying to reduce unnecessary hospital admissions. In 2017/18, 4,418 patients were seen and, through targeted assessments, referred to alternate sources of care. This resulted in over 50% of these patients being safely discharged from the hospital emergency departments instead of being admitted to an inpatient bed.

Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT)

The NPSTAT Program sees Nurse Practitioners responding to residents of Long-Term Care (LTC) facilities experiencing acute health concerns, helping to avoid transfers to hospital. In 2017/18, over 5,000 patients were seen in LTC homes resulting in less than 1.7% transfer rate. The NPSTAT team held over 200 capacity building activities with their LTC partners and helped to facilitate 123 repatriations from hospital back to long-term care.

Strategic Aim #2: Continue to improve the vascular health of people to live healthier at home by spending 6,000 fewer days in hospital and reducing hospital readmissions for vascular conditions by 11% by 2019

Vascular diseases are major causes of illness, disability, hospitalization and death in the Central East LHIN and across Canada. Despite reductions in the number of people who die each year from vascular diseases, it remains the number one threat to the health of Canadians.

In 2017/18, the Central East LHIN remained committed to improving the vascular health of people through projects and investments which have contributed to and will continue to contribute to achieving our Vascular Aim, including:

Regional Cardiovascular Rehabilitation and Secondary Prevention Program (CRSP)

The Cardiovascular Rehabilitation and Secondary Prevention (CRSP) program provides a regional, integrated service utilizing referral criteria, centralized referral, acceptance and booking for patients with vascular disease (including those with diabetes, chronic renal disease, stroke, cardiac disease, congestive heart failure and peripheral vascular disease) who are at high risk for cardiovascular complications and/or hospital readmissions. In 2017/18, CRSP serviced 3,728 patients and a total of 54,624 participants attended various cardiovascular rehabilitation-related programs, including supervised exercise, education and counseling.

Centralized Diabetes Intake (CDI) and Referral

The Centralized Diabetes Intake and Referral program provides accessibility to both health care providers and those living with or at risk of developing diabetes. Central East LHIN Home and Community Care Coordinators assess a client's eligibility and provide them with access to 18 Diabetes Education Programs (DEPs) and 3 Centres for Complex Diabetes Care (CCDC) as well as linking them to other services as required. In 2017/18, Central East LHIN Centralized Diabetes Intake Care Coordinators assessed and referred over 2,360 patients to DEPs and the CCDC.

Diabetes Education Programs

Diabetes Education Programs (DEPs) provide basic-to-intermediate-level diabetes education and management services through a model that is needs-based and community-based. DEPs are staffed by multidisciplinary teams of trained health professionals that include Registered Nurses and Registered Dieticians. In 2017/18, 1,679 referrals were made to the DEPs through the Central East LHIN Centralized Diabetes Intake service.

Centres for Complex Diabetes Care (CDCC)

The Centres for Complex Diabetes Care (CCDC) deliver programs for patients living with complex diabetes and who need more contact, more resources and more follow-up across the healthcare and social service systems. Patients are provided with a shared model of care by an inter-professional team consisting of nurse practitioners, registered dietitians, social workers, registered nurses and pharmacists. In 2017/18, the three Central East LHIN CCDC sites - located in Scarborough, Oshawa and Peterborough - saw a total of 559 patients.

Telehomecare

The Central East Telehomecare (THC) program launched on February 16, 2016. The focus of the program is to support patients with mild to moderate Chronic Obstructive Pulmonary Disease (COPD) or Congestive Heart Failure (CHF) through remote health monitoring and coaching by trained Telehomecare Clinicians. Patients are provided with easy-to-use in-home monitoring equipment and engage in six months of health coaching aimed at improving self-management for chronic conditions. In 2017/18, through an annual investment of $750,413, a total of 925 patients were referred to the Central East THC program and 226 were enrolled.

Central East LHIN Self-Management Program

The Central East Self-Management Program is one of 14 Self-Management Programs across the Province of Ontario that offers training and workshops to participants, caregivers and health care professionals. The Central East LHIN Self-Management Program is led by LHIN staff and supported by approximately 200 volunteers who lead workshops and training sessions to empower participants and caregivers to develop the skills to improve the management of chronic conditions and take control of their health. In 2017/18, the Central East LHIN Self-Management Program hosted workshops and training sessions and provided mentorship to more than 600 health professionals. In addition, 444 individuals across the Central East LHIN attended a peer support/coaching workshop in 2017/18.

Total Contact Casting

Total Contact Casting (TCC) is an innovative treatment modality for treating Diabetic Foot Ulcers. TCC is a below-knee cast that incorporates the whole lower limb and foot and redistributes the patient's weight throughout the foot and lower leg. With TCC, patients experience wound closure within an average of 5.3 weeks. It is estimated that there is a total cost savings of $3,176 per patient as compared to conventional wound care treatment. In December 2016, the Central East LHIN became the first LHIN in Ontario to offer TCC at no cost to patients with Diabetic Foot Ulcers. Since program inception, 125 patients have benefitted from the TCC treatment modality.

Strategic Aim #3: Continue to support people to achieve an optimal level of mental health and live healthier at home by spending 15,000 fewer days in hospital and reducing repeat unscheduled emergency department visits for reasons of mental health or addictions by 13% by 2019

Mental health and/or substance abuse issues can be very disruptive to individual and family lives. When interventions are less disruptive and focused on connecting individuals with the right care, outcomes are improved. With approximately 20% of Canadians experiencing a mental illness during their lifetime, and the remaining 80% affected by an illness in family members, friends or colleagues, a continuing focus on those with mental health and addictions (MHA) issues by the Central East LHIN and its stakeholders is paramount.

In 2017/18, the Central East LHIN remained committed to supporting people living in the Central East LHIN to achieve an optimal level of mental health through projects and investments which have contributed to and will continue to contribute to achieving our Mental Health and Addictions Aim, including:

Central East LHIN Opioid Strategy

Developed by the Opioid Strategy Action Group and presented to the Central East LHIN Board of Directors in March 2018, the Central East LHIN Opioid Strategy included 21 recommendations based on the Four Pillars Model of Prevention, Treatment, Harm Reduction and Enforcement. The Opioid Strategy builds on recent investments by the Central East LHIN to help people impacted by opioid addiction and overdose. An Action Plan detailing how the recommendations can be implemented will be introduced in 2018/19.

Rapid Access Addictions Medicine (RAAM) Clinics

RAAM Clinics offer barrier-free access to care on a walk-in basis, without an appointment or physician referrals. RAAM Clinics provide people with immediate and ongoing addiction treatment, counseling and other mental health supports. In 2017/18, RAAM Clinics were established at Scarborough and Rouge Hospital, Lakeridge Health and Peterborough Regional Health Centre and quickly began caring for patients. Central East LHIN RAAM clinics have been recognized for their provincial leadership in terms of the quality of the model and its strong foundation in evidence-based practice.

Housing Now Rent Supplements

In February 2017, Ontario announced its plan to build on previous investments and create up to 1,150 new, permanent supportive housing units through a combination of rent supplements and support service funding to help reduce and prevent homelessness, unnecessary hospital admissions and involvement with the criminal justice system. The Central East LHIN will receive $1,008,000 in supportive housing services in a staged approach over fiscal year 2017/18 (Year 1) and 2018/19 (Year 2). In 2017/18, the Central East LHIN successfully funded CMHA-Toronto, Durham Mental Health Services and FourCAST-Northumberland to carry out this important work.

Community Paramedicine (CP) Program

CP programs proactively track frequent 911 callers and offer connections with local home and community care services. The program supports home visits, provides on-site education and monitors patients with complex needs, helping residents to live independently longer and reduce avoidable Emergency Department visits. In 2017/18, the Central East LHIN funded two lead organizations to support CP programs within their communities: Hong Fook Mental Health Association in Scarborough, where the CP program focuses on individuals living in isolation in need of MHA support, and Haliburton Highlands Health Services, where the CP program focuses on frail seniors living in isolation.

Housing and Homelessness

In 2017/18, the LHIN continued to partner with municipalities on Housing and Homelessness Strategies in coordinating the planning, implementation and evaluation of housing supports for the vulnerable and complex residents residing in the Central East LHIN. This included the allocation of 21 Year 3 rent supplement and intensive case management units, directed by Ministry policy to be allocated to those who are either homeless or precariously housed, and are intended as permanent housing offered from a Harm Reduction model. The largest number of supplements and supports were directed to Scarborough (16 units), with Durham (4 units) and Haliburton (1 unit) receiving a proportionate number of units.

Strategic Aim #4: Continue to support palliative patients to die at home by choice and spend 15,000 fewer days in hospital by increasing the number of people discharged home with support by 17% by 2019

Palliative and end-of-life care is a philosophy of care aimed at relieving suffering and improving the quality of life for people living with a life-limiting illness. It focuses on achieving comfort and ensuring respect for the person nearing death and maximizing quality of life for the patient, family and loved ones. Palliative and end-of-life care is holistic in nature and aims at addressing peoples' physical, psychological, social, spiritual and practical issues and their associated expectations, needs, hopes and fears; preparing people for and to manage self-determined life closure and the dying process; and helping them cope with loss and grief during the illness and bereavement.

In 2017/18, the Central East LHIN remained committed to supporting palliative patients to die at home by choice through projects and investments which have contributed to and will continue to contribute to achieving our Palliative Care Aim:

Central East Regional Palliative Care Strategic Priorities

In 2017/18, the Central East Regional Palliative Care Steering Committee, in consultation with stakeholders, and based on best practices in accordance with Ontario Palliative Care Network (OPCN) direction, the Central East LHIN IHSP and the CERCP Strategic Plan, developed four strategic priorities to support the achievement of the Palliative Strategic Aim. The priorities included:

- **Priority #1:** Establish common and consistent palliative care terminology to be utilized across the Central East LHIN Sub-regions
- **Priority #2:** Establish a purposeful and deliberate coordination of care process at points of transition across all care settings
- **Priority #3:** Establish and implement an Advanced Care Planning Strategy
- **Priority #4:** Review and continue implementation of an education strategy for health service providers

Palliative Care Community Teams

Six Palliative Care Community Teams (PCCT) currently provide service across the Central East LHIN. These interdisciplinary team-based models provide clinical and non-clinical community-based care to palliative and end-of-life patients and their caregivers, allowing patients to remain in their homes for as long as possible and die at home by choice. Through partnerships between hospitals, the Central East LHIN, Family Health Teams, Community Health Centres and Palliative Pain and Symptom Management Consultants, and through an annual investment of $1.9M, over 1,200 unique clients received 6,482 visits (face-to-face or by phone) in 2017/18.

Residential Hospice Strategy

The LHIN released its Residential Hospice Strategy in 2016/17 with the goal of expanding options available to palliative patients in the Central East LHIN by increasing the number of operational residential hospice beds to 56 by 2019. The Central East LHIN continues to pursue the development of beds across LHIN Sub-regions and to advance collaborative multi-sector partnerships to make best use of public investment. In addition to the announcement of three beds in 2016/17, announcements for additional residential hospice beds in 2017/18 included 20 new hospice beds at three new sites in Port Perry, Clarington and Durham West; 10 new hospice beds in Peterborough; 6 new hospice beds in Northumberland County; and 10 new hospice beds in Scarborough. The development of these additional residential hospice sites, most of which are slated to open in 2019, were all significant highlights as the LHIN and its partners worked toward the 56 bed goal.

Choice and Dignity in Death (CANDID)

Choice and Dignity in Death (CANDID) is a pilot program funded by the MOHLTC and launched in 2017/18 that provides palliative and end-of-life care to the homeless and vulnerably housed. In partnership with the Canadian Mental Health Association – Durham Branch, a dedicated Central East LHIN Home and Community CANDID Care Coordinator and contracted service provider agency work together with the CANDID Outreach Team to identify eligible patients and coordinate Home and Community Care services. The program incorporates early diagnosis, access to expert pain and symptom management, support for advance care planning and facilitation of end-of-life care.

Minister's Mandate Letter

As per the requirements of the Agencies and Appointments Directive, the **Minister's mandate letter** set out expectations of the Minister of Health and Long-Term Care for the Central East LHIN in the 2017/18 fiscal year based on collective key priorities:

- Improve the patient experience by putting the patient voice at the centre of health care planning and by delivering care that is responsive to patients' needs, values and preferences.
- Address the root causes of health inequities by strengthening the social determinants of health, investing in health promotion, and reducing the burden of disease and chronic illness.
- Create healthy communities by improving access to primary care and reducing wait times for specialist care, mental health and addictions services, home and community care and acute care for patients when they need it, which will reduce variation in access across the province.
- Break down the silos between our health care sectors and providers to ensure seamless transitions for patients, and to ensure that providers work together to provide patient-centred care.
- Support innovation by delivering new models of care and digital solutions to make accessing care easier for patients and more efficient for health care providers.

The Central East LHIN's progress against the 2017/18 Minister's mandate letter priorities can be viewed below and throughout this report:

Transparency and Public Accountability

- *Continue to be accountable for outcomes and report on your progress toward achieving health system performance targets.*
- *Collaborate with the Ministry to develop performance targets to measure the success of transformational activities and publicly report on progress and outcomes.*
- *Effectively manage all operational, strategic, and financial risks encountered by the LHIN while ensuring alignment with government priorities and achievement of business objectives.*

(See Ministry-LHIN Accountability Agreement (MLAA) - page 10)

Improve the Patient Experience

- *Establish and engage your Patient and Family Advisory Committee(s) to ensure patients and families are involved in health care system decision-making.*
- *Work towards improving transitions for patients between different health sectors so that patients receive seamless, coordinated care and only tell their story once.*
- *Support patients and families by implementing initiatives that reduce caregiver distress.*

As previously outlined on page 14, the Central East LHIN Patient and Family Advisory Committee (PFAC) was established in February 2017. During 2017/18, the PFAC and other patients and caregivers became members and participated in strategic co-design and co-management activities at LHIN Steering Committees and the seven Sub-region Planning Tables. The PFAC also began sponsoring Patient Stories that are presented at the beginning of every Central East LHIN Board meeting.

In the Central East LHIN, the Health Links approach to Coordinated Care Planning brings together local health care networks consisting of patients, caregivers, health care providers (including primary care physicians and physician groups who are voluntarily participating) that are committed to working better together to effectively identify patients with complex health care needs and improve their health outcomes. These organizations cover a variety of sectors and include hospital, primary care, mental health and addictions, community and social services, supportive housing and assisted living, and long-term care representatives. These organizations actively collaborate in teams, along with patients and their caregivers, to develop Coordinated Care Plans (CCPs) for patients with complex care needs. The development of CCPs has also extended into Central East LHIN region-wide programs such as the Geriatric Assessment and Intervention Network (GAIN) program supporting frail seniors; Hospital to Home community teams supporting Mental Health and Addictions clients; and Palliative Care Community Teams (PCCTs) supporting palliative patients to die in their own homes.

In 2017/18, this LHIN-led Coordinated Care Planning initiative for improving transitions for patients between different health sectors resulted in the initiation of 4,502 new, basic CCPs across the LHIN's seven Sub-regions:

- Scarborough North: 1,052
- Scarborough South: 1,494
- Durham West: 613
- Durham North East: 426
- Northumberland County: 447
- Peterborough City and County: 91
- Haliburton County and City of Kawartha Lakes: 379

Building Healthy Communities Informed by Population Health planning

- *With input from patients, caregivers and partners, assess local population health needs, patient access and wait times and the capacity of health providers to serve the community.*
- *Through Sub-regional (community level) planning, identify how providers will collaborate to address health gaps, and improve patient experience and outcomes.*

Planning for the population needs at the Sub-region level was a key area of focus for the Central East LHIN in 2017/18. On October 16, 2017, the Central East LHIN held its inaugural Sub-region Planning Tables Kick-off Event with over 70 individuals in attendance, representing unique perspectives including patients, caregivers, Indigenous, Francophone, new immigrant, primary care providers, specialists, hospital, public health units, municipal services, community health centres/family health teams, community support services, long-term care, mental health and addictions sector. The event started with a 90 minute "State of the Health Care System" and provided an overview of the renewed Central East LHIN, an overview of Central East LHIN Sub-region Planning including Health Links next steps. It introduced the updated Sub-region Profiles and Data tools, and introduced the Sub-region Planning Table members. The Planning Tables allow the full continuum of stakeholders from diverse sectors to come together with patient and caregiver representatives to improve the health of the population within a Sub-region geography. In subsequent monthly meetings held throughout the fiscal year, the seven Sub-region Planning Tables assessed the local needs of their communities, the availability of capacity to meet those needs and early collaborative projects that could meet specific health needs.

Equity, Quality Improvement, Consistency and Outcomes-Based Delivery

- *Work with the sectors to both enhance existing and develop new performance and quality measurement frameworks that are consistent and flexible to address regional priorities.*
- *Work with local clinicians at a community level to support implementation of quality standards in partnership with Health Quality Ontario.*
- *Promote health equity and recognize the impact of social determinants of health to reduce or eliminate health disparities and inequities in the planning, design, delivery and evaluation of services by:*
  - *Identifying high-risk populations and working with public health and local community partners on targeted interventions to improve access to appropriate and culturally sensitive care, and improve health outcomes, including through sub-region planning.*
  - *Ensuring engagement with Indigenous leaders, providers and patients to guide investments and initiatives.*
  - *Assessing the capacity of health service providers within LHIN Sub-regions and the extent to which Francophone citizens are provided with an active offer of health services in French, and develop a plan to strengthen health services in French.*

In the 2017/18, the LHIN continued to work with its health service providers, clinical leaders and patients and caregivers to improve wait times for key surgical services and procedures through its Wait Time Strategy Working Group (WTSWG) and its Diagnostic Imaging Working Group (DIWG). The WTSWG launched a project to review the timelier utilization of operating rooms across Central East LHIN hospitals with the goal of offering better access to patients and caregivers. A number of DIWG members introduced new software into their local operations that has resulted in timelier reporting of diagnostic imaging results, more efficient scheduling and fewer cancellations of appointments.

The Central East LHIN supports the advancement of a health care system that is capable of delivering the highest quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity. In 2017/18, this support continued to include diversity and cultural competency education and awareness training for HSPs and the development of

performance indicators that support diversity and build cultural competency.

- Through its Sub-region Planning Tables the LHIN worked with public health and local community partners to identify high-risk populations and to implement targeted interventions to improve access to appropriate and culturally sensitive care within each of our Sub-regions. This has included the increased number of Syrian refugees being resettled in the Central East LHIN and the continued welcoming of new immigrants to our communities.
- The Central East LHIN is honoured to partner with the Central East LHIN First Nations Health Advisory Circle and the Central East LHIN Métis, Inuit and Indigenous Peoples Health Advisory Circle at its Sub-region Planning Tables. Through the respectful sharing of experiences and stories, closer relationships between the Central East LHIN and the Indigenous communities within its borders have developed a number of initiatives focussed on improving the health and well-being of Indigenous people living in our LHIN, specifically in the areas of diabetes care and better access to mental health services.
- In 2017/18, the Central East LHIN identified TAIBU Community Health Centre (TAIBU CHC) as a French Language Services (FLS) Provider. This recognition highlights the CHC's continued dedication and commitment to supporting local Francophone populations in Scarborough.

Primary Care

- *Continue to build primary care as the foundation of the health care system and work with health care providers to develop Sub-region plans that:*
  - *Use an equity lens to assess the number and proportion of primary care providers based on the needs of the local population.*
  - *Improve access to primary care providers, including family doctors and nurse practitioners.*
  - *Facilitate effective and seamless transitions between primary care and other health and social services.*
  - *Improve access to inter-professional health care providers to ensure comprehensive care.*
  - *As a priority, develop and implement a plan with input from primary care providers, patients, caregivers and partners that embeds care coordinators and system navigators in primary care to ensure smooth transitions of care between home and community care and other health and social services as required.*
  - *Support the integration of Health Links into sub-regional planning with input from primary care providers.*

Since its inception, the Central East LHIN has recognized the valuable role that physicians play in the development and implementation of activities that will lead to an integrated and sustainable health care system. Primary Care Physician Leads are Co-Chairs of the Sub-region Planning Tables and are members of the LHIN-wide Sub-region Steering Committee. The Primary Care Physician Leads collaborate with the Vice-President Clinical and the system-level Specialty Physician Leads to provide advice on system transformation through the Medical Leadership Group.

In the Central East LHIN, seven Sub-region Primary Care Physician Leads are collaborating with their physician colleagues, other health service providers and patients and caregivers to foster joint accountability for innovative, integrated system redesign; address health and service gaps; advance quality; and improve patient experience and outcomes in their local communities.

To support enhanced collaboration amongst the network of health service providers within a Sub-region and other stakeholders, an environmental scan of demographics, population health, social determinants of health and health system information at the LHIN Sub-region level was developed to support decision-making. In 2017/18, these Sub-region profiles were made available through an interactive tool that includes data for specific neighbourhoods, information about Sub-regions and the types of services provided, high-level maps, documents, pictures, and videos. This tool supports the assessment of primary care capacity and provides a foundation for the development of additional digital tools that, in 2018/19, will streamline communication with and between primary care providers in the Central East LHIN. Visit **www.centraleastlhin.on.ca** and click on the **Central East Sub-regions** link for more information.

In 2017/18, strengthening the delivery of coordinated care through the development of coordinated care plans, to achieve the goals set in partnership with primary care providers, care coordinators, complex patients and their families, continued to be the focus of the Central East LHIN Health Links approach to coordinated care. Through the standardization of processes and formalization of partnerships between organizations, seamless ways of delivering care were developed are

now fully integrated into Sub-regions and Sub-region Planning Tables.

In 2017/18, Central East LHIN staff made a strong start compiling data and information to support planning to improve access to primary care services and to coordinate primary care services within Sub-regions. In support of the provincial priority to expand access to Inter-professional Primary Care, the Central East LHIN and its Primary Care Leads engaged with system partners to submit multiple proposals for provincial consideration to expand access to Inter-professional Primary Care within those Sub-regions identified by the province for enhancement.

The Central East LHIN and its Primary Care Physician Leads continue to work with the Ministry and the Health Care Connect program to implement strategies to increase the number of patients who have access to primary care.

Hospitals and Partners

- *E.g. working with system partners to improve the patient journey through hospitals, and supporting hospitals to adopt innovations like bundled care.*

In 2017/18, as in previous years, the Central East LHIN once again established a Holiday Surge table to prepare for increased holiday-related patient volumes and the perennial rise of Influenza-Like Illness (ILI) that impact the delivery of emergency and acute care services at all of our Central East LHIN hospitals. Supported by the Ministry of Health and Long-Term Care's Emergency Management Branch, and with membership from the LHIN's Primary Care, Emergency Department and Critical Care physician leads, LHIN staff, clinical and administrative representatives from all local hospital organizations, Community Health Centres and LHIN colleagues from Public Health, local paramedic services and local immigrant settlement agencies, the Central East LHIN Holiday Surge table works to ensure appropriate emergency preparedness and response procedures are in place to maintain access to the health care system. Throughout this collaborative effort, a number of measures to support improved patient flow through the health care system were implemented, including:

- the allocation of 108 hospital surge beds across the Central East LHIN to respond to increased capacity pressures such as ILI activity;
- a Non-Emergency Medical Services page was created on the CentralEastHealthline.ca to provide information about the availability of health care options and services when non-emergency care is required, and supporting patients who no longer required acute care, and;
- who were waiting in the hospital for a long-term care bed to become available, to wait at home with enhanced home and community care services.

In 2017/18, Central East LHIN staff began collaborating with three hospitals (Peterborough Regional Health Centre, Ross Memorial Hospital and Lakeridge Health) to support the advancement of bundled payments for hip and knee joint replacement Quality-Based Procedures. Going forward, Central East LHIN staff will work with the identified hospital partners to integrate all aspects of associated acute and community care. Patients will be supported to receive post-acute care within the hospital systems, either through inpatient rehabilitation programs or ambulatory physiotherapy clinics. Central East LHIN Home and Community Care staff will also support patients to receive their care at home where required. Advancing integrated funding models, such as bundled care, will support improved coordination between hospitals and Central East LHIN Home and Community staff and will improve the patient journey through transition from hospital to home.

Specialist Care

- *E.g. working with providers to enable communications and improve appropriate care for people suffering from musculoskeletal (MSK) pain and mood disorders.*

Since its inception, the LHIN has recognized the valuable role that physicians play in the development and implementation of activities that will lead to an integrated and sustainable health care system. In 2017/18, seven system-level Specialty Physician leads continued to provide system leadership for key clinical areas including Clinical Quality, Mental Health and Addictions, Seniors Care, Emergency Medicine, Palliative Care and Critical Care.

In 2017/18, the LHIN launched a strategic co-design and co-management approach to support the development of innovative shared care models between collaborative partners for musculoskeletal (MSK) services, starting with knee, hip, and spine. The LHIN also worked with local, regional and provincial Mental Health and Addictions leadership and people with lived experience to launch new innovative online Mental Health services for people struggling with anxiety and depression.

Home and Community Care

- *E.g. reducing home and community care wait times and improving coordination and consistency with input from patients, caregivers and partners*
- *E.g. implementing the initiatives in Patients First: A Roadmap to Strengthen Home and Community Care.*

(See Home and Community Care - page 11)

Mental Health and Addictions

- *E.g. working with partners to expand access to services including structured psychotherapy and supportive housing, supporting the provincial opioid strategy and connecting patients with high-quality addictions treatment.*

(See MHA - page 12)

Innovation, Health Technologies and Digital Health

- *E.g. support the ministry's Digital Health Strategy including HIS, virtual and digital models of care, and referral processes.*

In 2017/18, the Central East LHIN worked to leverage information management and information technology investments at the Sub-region, system and provincial levels to enable health care transformation in support of the Central East LHIN's 2016-19 IHSP and the Ministry of Health and Long-Term Care's Digital Health Strategy recommendations and guidelines. The current work in the Central East LHIN includes local and provincial initiatives, as well as those that are multi-LHIN or cluster-based, and align to the strategic directions of the Central East LHIN and the Central Ontario Electronic Health System Cluster.

In 2017/18, LHIN staff continued to make progress with respect to eNotifications, physician access to aggregated patient information, and the number of eConsult with Central East LHIN clinicians sending out 466 eConsults, exceeding the expected annual target of 450. Large scale and provincially driven initiatives began to gain traction in 2017/18, including a common Hospital Information System to be procured by all Central East LHIN hospitals, the Ontario Laboratories Information System, and the roll-out of the Electronic Canadian Triage and Acuity Scale, with six out of seven Central East LHIN hospitals now live with the solution.

Home and Community Care

As accountability for the delivery of home and community care was transferred from the Central East Community Care Access Centre to the Central East LHIN in 2017/18, a key focus was maintaining the continuity of patient care for individuals and families, including children, across the LHIN, while ensuring residents have access to equitable and quality home and community care services across the seven Sub-regions.

Prioritized activities in 2017/18 included implementation of the provincial Statement of Values at the local level, implementation of a Levels of Care Framework across all Sub-regions, initial development of an updated Self-Directed Care program, and supporting hospitals to enable the adoption of innovations in patient care, such as a "Bundled Care" integrated funding model.

The Central East LHIN provided home and community care services to an average of 44,892 patients each day in 2017/18. Central East LHIN patients were supported to live healthier at home with over 6 million in-home nursing visits and more than 31 million hours of personal support services provided. Through more than 1 million visits to a Central East LHIN Home and Community Care Nursing Clinic, patients were able to receive nursing services, including wound care and IV maintenance, at a time most convenient to them through booked appointment times. More than 48,000 hours of service were provided by Palliative Care Nurse Practitioners to relieve suffering and improve the quality of life for people living with a life-limiting illness. Family caregivers were supported through the provision of over 700,000 respite hours.

Many of the Central East LHIN's home and community care initiatives during 2017/18 focused on the implementation of strategies and programs that would improve the patient and family experience by reducing wait times and improving coordination and consistency of home and community care, and supporting the delivery of digital solutions to improve patient access and navigation.

Name, Occupation, Duty (NOD)

The Central East LHIN recognizes the value of listening to the voice of patients and their family/caregivers. Taking action on the lived experience of patients and their caregivers has resulted in the establishment of new programs and improvements to existing services. A

consistent theme in the feedback received from patients and caregivers is a sense of confusion around the roles and responsibilities of the various individuals involved in their care. We often hear that patients have a difficult time distinguishing their Nurse from their Personal Support Worker and from their Care Coordinator. The Name, Occupation, Duty (NOD) initiative was established to improve the patient experience through a simple, yet effective, method. The idea is for front-line staff at the LHIN and at our contracted Service Provider Organizations to clearly identify their name, their occupation, and their duty as it relates to the patient in every single interaction whether it is over the phone or in person. This simple approach improves clarity for the patient and their family/caregiver and helps to remove any concern regarding who they are interacting with.

ED Diversion

The Central East LHIN, in collaboration with our contracted Service Provider Organizations and other health service provider partners, developed an Emergency Diversion protocol to identify and support patients who access Central East region Emergency Departments two or more times in a 90-day period. The goal of the protocol is to reduce hospital emergency room visits, improve communication and collaboration with our hospital partners, Family Health Teams, hospital palliative care units and family doctors across the Central East LHIN region. The Emergency Diversion Protocol streamlines actions to prevent admissions to Emergency Departments and assists Central East LHIN Home and Community Care Coordinators to promote service plans that will enhance the independence and self-management philosophy, link patients to Central East LHIN programs and/or Community Support Services, allow our Palliative patients to receive the proper pain and symptom management, and also support and improve health outcomes for our patients. In addition, where needed, a Coordinated Care Plan will be completed to improve service delivery and help prevent future ED visits.

LHIN Home and Community Care Nursing Clinics

The Central East LHIN offers Home and Community Care nursing services in community-based locations for referred patients. In November 2017, a brand new Home and Community Care Nursing Clinic in the Town of Ajax began serving local patients. The opening of the Ajax clinic expanded the number of Home and Community Nursing Clinics in the Central East LHIN region to six. Through nursing clinics in Ajax, Oshawa, Scarborough (2), Peterborough and Lindsay, teams of nurses provide patients with services such as wound care and IV maintenance. The team also provides teaching and training to help patients and their family members learn how to manage their ongoing care. The wheelchair accessible Nursing Clinics are open seven days a week (including holidays) and offer booked appointment times, free parking and easy access. They are conveniently located next to other community services such as banking and shopping.

Telewound Care Pilot Project

The Telewound Care Pilot Project is an innovative treatment method that utilizes technology to aid in the assessment and treatment of wounds while improving collaboration and communication between contracted Service Provider Nurses, the LHIN's Home and Community Care Coordinators and wound care specialists. In partnership with the Ontario Telemedicine Network (OTN), the Central East LHIN Telewound Care pilot project aims to improve patient health outcomes and the patient and family experience through enhanced collaboration between patients, providers and specialists through the promotion of best practices in wound treatment. The pilot has been extended into March 2019.

Telehomecare

Telehomecare (THC) supports patients with mild to moderate Chronic Obstructive Pulmonary Disease (COPD) or Congestive Heart Failure (CHF) to receive care in their homes through easy-to-use in-home monitoring equipment. With an emphasis on health teaching and fostering self-management for chronic conditions in order to reduce acute care utilization, the Central East LHIN is targeting 360 patients per year to receive six months of coaching from trained THC Clinicians. Telehomecare is supported by the Ontario Telemedicine Network.

Analysis Of Central East LHIN Operational Performance

In 2016/17 the Central East LHIN Transition Renewal Program was established in advance of the passage of the *Patient's First Act*, *2016*, which officially expanded the mandate of all 14 LHINs across the province to include primary care planning and performance improvement, home and community care service delivery and formal relationships with public health. Under the Act, the assets, liabilities, rights, obligations and employees of the Community Care Access Centre were to be transferred to the LHIN that shares the same geographic boundaries.

The Central East LHIN Transition Renewal Program was in place from October 24, 2016 to June 21, 2017. The program's main objective was to lead the local work associated with the first of two phases of LHIN renewal. Transition was the first phase; transformation is the second, ongoing phase of LHIN renewal.

The Central East LHIN Renewal Transition Program structure was designed to support change management by facilitating information sharing between the legacy LHIN and legacy CCAC, learning about each other's business and management processes, and to further develop the good working relationships between the two organizations. The structure of the Central East LHIN Transition Renewal Program included representation from the LHIN and the CCAC at all tables, including committees, support teams and the two main project teams: the CCAC Transition to the LHIN project, and the Sub-region project. The CCAC Transition to the LHIN Project was the larger of the two projects and addressed the majority of provincially mandated transition requirements.

The specific scope of the CCAC Transition to the LHIN project consisted of:

- Integrating both organizations' workforces, including: Transferring and continuing current bargaining unit agreements and contractual obligations
  - Payroll and benefits continuing in an effective manner
  - Implementing the new management organizational structure
- Providing conditional employment offers to all non-union staff and management
- Providing management and staff with the education, orientation and training necessary to ensure a smooth transition, including:
  - Compliance with existing legislation (e.g., *Accessibility for Ontarians with Disabilities Act* [AODA] Standards, Code of Conduct), legal matters (current and potential litigations)
  - Familiarity with Central East CCAC leases and facilities, and some cross-staff presence in various offices
  - Access and understanding of all Central East CCAC contracts to be transferred on Transition Day
- Implementing common procurement practices
- Integrating Finance and Operations, focusing on the key requirements for a single entity
- Identifying potential financial risks
- Aligning policies, procedures and guidelines
- Completing an inventory of Central East LHIN and CCAC internal and external committees
- Ensuring regular communication and engagement with staff, management and other stakeholders was occurring throughout the transition period

In April 2017, with the receipt of the Minister of Health and Long-Term Care's Transfer and Dissolution Order, the official Central East LHIN Transition Day was confirmed as June 21, 2017. The Central East LHIN Transition Renewal Program fully achieved its two key goals. The first goal, securing the Ministry's endorsement of LHIN-proposed Sub-regions, was realized well in advance of the achievement of the second goal, which was the successful transition of the legacy Central East CCAC into the Central East LHIN on June 21, 2017. The process was seamless for patients and home care clients and there was no disruption to care.

A major accomplishment of the Central East LHIN Renewal Transition Program was the development of a new integrated management structure that brought together the functions of the legacy CCAC and the legacy LHIN to support the expanded mandate of the renewed organization and the ongoing delivery of patient care and system leadership.

The renewed Central East LHIN organization is comprised of six divisions:

1. **Clinical** - accountable for improving clinical integration and the achievement of Sub-region strategic objectives, performance metrics and quality goals;

2. **Home and Community Care** - accountable for the development, implementation, and evaluation of home and community care programs and services;

3. **Health System Strategy, Integration, Planning and Performance** - accountable for providing strategic leadership, direction and oversight of the development, implementation and evaluation of: Health system strategies and plans; Integration, performance, accountability and quality improvement frameworks; Strategies, initiatives, metrics, monitoring and reporting; and Sub-region alignment;

4. **Finance and Corporate Services** - accountable for financial and business planning, financial controllership and management, information management and technology and facilities management;

5. **Human Resources and Organizational Development** - accountable for the development, implementation, and evaluation of all human capital and organizational development strategies;

6. **Strategic Communications and Stakeholder Relations** - accountable for the development, implementation and evaluation of communications strategies and plans, community and stakeholder engagement strategies and communications services and products.

The innovative and seamless transition of the Central East Community Care Access Centre into the Central East LHIN saw no disruption in patient care, an 8% reduction in management/administrative costs that was reinvested into patient care, the introduction of best practices for labour relations, policy harmonization and the development of a strong organizational foundation to support the organization in its ongoing leadership of health system transformation and improved patient experience.

Independent Auditor's Report

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Independent Auditor's Report

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

We have audited the accompanying financial statements of the Central East Local Health Integration Network (the "LHIN"), which comprise the statement of financial position as at March 31, 2018, and the statements of operations and changes in net assets, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the LHIN as at March 31, 2018, and the results of its operations, changes in its net assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants
Licensed Public Accountants
June 27, 2018

Statement of financial position

Central East Local Health Integration Network

Statement of financial position

As at March 31, 2018

	Notes	2018	2017
	3	$	$
Assets			
Current assets			
Cash		**42,669,834**	354,998
Due from Ministry of Health and Long-Term Care ("MOHLTC")	14	**2,343,736**	2,458,900
Accounts receivable		**2,812,047**	65,951
Prepaid expenses		**665,772**	25,539
		48,491,389	2,905,388
Capital assets	7	**2,075,599**	83,787
		50,566,988	2,989,175
Liabilities			
Current liabilities			
Accounts payable and accrued liabilities		**42,483,364**	307,298
Due to Health Service Providers ("HSPs")	14	**2,343,736**	2,458,900
Due to Ministry of Health and Long-Term Care ("MOHLTC")	4	**3,420,078**	84,268
Due to Central West LHIN	5	**12,534**	51,584
Due to Health Shared Services Ontario		**—**	3,338
Deferred operating contributions		**231,677**	—
		48,491,389	2,905,388
Deferred capital contributions	8	**2,075,599**	83,787
		50,566,988	2,989,175
Commitments	9		
		—	—
Net assets		**50,566,988**	2,989,175

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

Approved by the Board

ORIGINAL SIGNED BY Director

Amorell Saunders N'Daw, Vice Chair

ORIGINAL SIGNED BY Director

Louis O'Brien, Chair

Statement of operations and changes in net assets

Central East Local Health Integration Network

Statement of operations and changes in net assets
Year ended March 31, 2018

	Notes	2018 Actual	2017 Actual
	3		
		$	$
Revenue			
MOHLTC funding - transfer payments	14	**2,100,877,092**	2,288,396,677
MOHLTC funding - Operations and Initiatives		**255,860,074**	6,245,899
Interest income		**523,172**	—
Amortization of deferred capital contributions	8	**725,061**	74,826
Other revenue		**1,886,781**	—
		258,995,088	6,320,725
Total revenue		**2,359,872,180**	2,294,717,402
Expenses			
HSP transfer payments	14	**2,100,877,092**	2,288,396,677
Operations and Initiatives			
Contracted out			
In-home/clinic services		**151,002,240**	—
School services		**10,617,259**	—
Hospice services		**315,000**	—
Salaries and benefits		**68,418,396**	3,417,881
Medical supplies		**14,753,212**	—
Medical equipment rental		**3,805,571**	—
Supplies and sundry		**3,884,436**	2,526,592
Building and ground		**3,782,365**	301,426
Amortization		**725,061**	74,826
Repairs and maintenance		**1,691,548**	—
		258,995,088	6,320,725
Total expenses		**2,359,872,180**	2,294,717,402
Excess of revenue over expenses before the undernoted		**—**	—
Net liabilities assumed on transition	12	**—**	—
		—	—
Net assets, beginning of year		**—**	—
Net assets, end of year		**—**	—

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

Statement of cash flows

Central East Local Health Integration Network

Statement of cash flows

Year ended March 31, 2018

	Notes	2018	2017
	3	$	$
Operating activities			
Excess of revenue over expenses		—	—
Cash received on transition	12	**33,185,980**	—
Less amounts not affecting cash			
Amortization of capital assets		**725,061**	74,826
Amortization of deferred capital contributions	8	**(725,061)**	(74,826)
		33,185,980	—
Changes in non-cash working capital items	11	**9,128,856**	(166,952)
		42,314,836	(166,952)
Investing activities			
Purchase of capital assets		**(275,959)**	(46,247)
Financing activities			
Increase in deferred contributions		**275,959**	46,247
Net change in cash		**42,314,836**	(166,952)
Cash, beginning of year		**354,998**	521,950
Cash, end of year		**42,669,834**	354,998

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

Notes to the financial statements

1. Description of business

The Central East Local Health Integration Network was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the *Local Health System Integration Act*, *2006* (the "Act") as the Central East Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

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

The mandate of the LHIN is as follows:

a) Plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers Durham North East, Durham West, Halliburton County and the City of Kawartha Lakes, Northumberland County, Peterborough City and County, Scarborough North and Scarborough South. The LHIN enters into service accountability agreements with health service providers.

   The LHIN has also entered into an accountability agreement with the Ministry of Health and Long Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

   All funding payments to LHIN managed Health Service Providers are flowed through the LHIN's financial statements. Funding payments authorized by the LHIN to Health Service Providers, are recorded in the LHIN's Financial Statements as revenue from the MOHLTC and as transfer payment expenses to Health Service Providers.

b) Effective June 21, 2017, the LHIN assumed the responsibility to provide community services legislated in the Home Care and Community Services Act, 1994. These services include health and related social services, medical supplies and equipment for the care of persons in home and community settings and to provide goods and services to assist caregivers in the provision of care for such persons, to manage the placement of persons into long-term care homes, supportive housing programs, chronic care and rehabilitation beds in hospitals, and to provide information to the public about, and make referrals to, health and social services. See note 12 for further details.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations including the 4200 series standards, as issued by the Public Sector Accounting Board. Significant accounting policies adopted by the LHIN are as follows:

Revenue recognition

The LHIN follows the deferral method of accounting for contributions. Contributions from the MOHLTC represent externally restricted contributions which must be spent within the fiscal year provided. Unspent contributions from the MOHLTC are set up as repayable to the MOHLTC at the end of the year. Unrestricted contributions are recognized when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

2. Significant accounting policies (continued)

Ministry of Health and Long-Term Care Funding

The LHIN is funded by the Province of Ontario in accordance with the Ministry-LHIN Accountability Agreement ("MLAA"), which describes budgetary arrangements established by the MOHLTC. The Financial Statements reflect funding approved by the MOHLTC to support LHIN managed Health Services Providers and the operations of the LHIN. The LHIN cannot authorize payments in excess of the budgetary allocation set by the MOHLTC in the MLAA. Due to the nature of the Accountability Agreement, the LHIN is economically dependent on the MOHLTC.

Transfer payment amounts to Health Service Providers are based on the terms of the Health Service Provider Accountability Agreements with the LHIN, including any amendments made throughout the year. During the year, the LHIN authorizes the transfer of cash to the Health Service Providers. The cash associated with the transfer payment flows directly from the MOHLTC to the Health Service Provider and does not flow through the LHIN bank account.

LHIN Financial Statements includes only transfer payment funds and LHIN operating funds included in the Ministry-LHIN Accountability Agreement.

Capital assets

Purchased capital assets are recorded at cost. Repairs and maintenance costs are charged to expense. Betterments, which extend the estimated life of a capital asset, are capitalized. Capital assets are amortized on a straight-line basis based on their estimated useful life as follows:

Computer equipment and software	3 years
Furniture and equipment	10 years
Leasehold improvements	Over the term of the lease
Medical equipment	10 years

For capital assets acquired or brought into use, during the year, amortization is provided for one half of a year.

Deferred capital contributions

Contributions received for the purchase of capital assets are deferred and are amortized to income at the same rate as the corresponding capital asset.

Adoption of PSAS 3430 – Restructuring transactions

The LHIN has implemented Public sector Accounting Board ("PSAB") section 3430 Restructuring Transactions. Section 3430 requires that the assets and liabilities assumed in a restructuring agreement be recorded at the carrying value and that the increase in net assets or net liabilities received from the transferor be recognized as revenue or expense. Restructuring is an event that changes the economics of the recipient from the restructuring date onward. It does not change their history or accountability in the past, and therefore retroactive application with restatement of prior periods permitted only in certain circumstances. The impact of this policyon the current year is detailed in note 12.

Financial instruments

Financial assets and liabilities are measured at amortized cost, with the exception of cash that is measured at fair value. Financial instruments measured at amortized cost are initially recognized at cost, and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets. Transaction costs related to financial instruments in the amortized cost category are added to the carrying value of the instrument.

Write-downs on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision, and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the write-down being recognized in the Statement of operations and changes in net assets.

2. Significant accounting policies (continued)

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Significant estimates include depreciation rates for capital assets and certain accruals. Actual results could differ from those estimates.

3. Change in accounting policy

As a result of the transition of responsibility for the delivery of home and community care services as described above, there has been a significant change in the operations of the LHIN over the prior year. As a result of these changes, the LHIN has determined that the adoption of Canadian public sector accounting standards for Government not-for-profit organizations is appropriate. Previously the LHIN followed Canadian public sector accounting standards. The adoption of this policy has no impact on numbers previously reported. The impact of the change is limited to presentation only, and as a result the prior year figures presented for comparative purposes have been reclassified to conform with the current year's presentation.

4. Funding repayable to the MOHLTC

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

The amount due to the MOHLTC at March 31 is made up as follows:

	2018	2017
	$	$
Due to MOHLTC, beginning of year	**84,268**	137,108
Due to MOHLTC transferred from CCAC	**4,476,745**	—
Funding repaid to MOHLTC	**(4,331,348)**	(81,715)
Funding repayable to the MOHLTC related to current year activities	**3,190,413**	28,875
Due to MOHLTC, end of year	**3,420,078**	84,268

5. Enabling technologies for integration project management office

Effective April 1, 2013, the LHIN entered into an agreement with Central, Central West, Toronto Central, Mississauga Halton and North Simcoe Muskoka LHINs (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Under the agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The LHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies for Integration Project Management Offices for its cluster and related expenses. During the year the LHIN received one-time funding from Central West LHIN of $317,250 (2017 - $383,000). The LHIN incurred eligible expenses of $304,896 (2017 - $370,646). The unspent amount of $12,354 (2017 - $51,854) is reported as due to Central West LHIN on the statement of financial position.

6. Related party transactions

Health Shared Services Ontario ("HSSO")

HSSO is a provincial agency established January 1, 2017 by O. Reg. 456/16 made under the Local Health System Integration Act, 2006 with objects to provide shared services to LHINs in areas that include human resources management, logistics, finance and administration and procurement. HSSO as a provincial agency is subject to legislation, policies and directives of the Government of Ontario and the Memorandum of Understanding between HSSO and the Minister of Health and Long-Term Care.

7. Capital assets

	Cost	Accumulated amortization	2018 Net book value	2017 Net book value
	$	$	$	$
Computer equipment and software	**3,947,484**	**3,434,679**	**512,805**	43,105
Leasehold improvements	**5,208,038**	**4,090,394**	**1,117,644**	13,156
Furniture and equipment	**4,441,229**	**4,355,113**	**86,116**	27,526
Medical equipment	**1,562,600**	**1,203,566**	**359,034**	-
	15,159,351	**13,083,752**	**2,075,599**	83,787

8. Deferred capital contributions

The changes in the deferred capital contributions balance are as follows:

	2018	2017
	$	$
Balance, beginning of year	**83,787**	112,366
Capital contributions received during the year	**275,959**	46,247
Capital contributions transferred from CCAC	**2,440,914**	—
Amortization for the year	**(725,061)**	(74,826)
Balance, end of year	**2,075,599**	83,787

9. Commitments

The LHIN has commitments under various operating leases as follows:

	$
2019	4,406,596
2020	3,253,205
2021	1,028,759
2022	605,021
2023	40,500

10. Contingencies

The LHIN enters into accountability agreements with Health Service Providers which include planned funding targets. The actual funding provided by the LHIN is contingent on the MOHLTC providing the funding.

The LHIN has been named as defendants in various claims. Based on the opinion of legal counsel as to the realistic estimates of the merits of these actions and the LHINs potential liability, management believes any liability resulting from these actions would be adequately covered by existing liability insurance.

11. Change in non-cash working capital balances

	2018	2017
	$	$
Due From Ministry of Health and Long Term Care	**115,164**	(852,552)
Accounts receivable	**(233,879)**	(39,120)
Prepaid expenses	**298,590**	8,806
Accounts payable and accrued liabilities	**18,931,733**	(130,919)
Due to Health Service Providers	**(115,164)**	852,552
Due to Central West LHIN	**(39,050)**	51,584
Due to Health Shared Services Ontario	**(3,338)**	3,338
Due to LHIN Shared Services Office	**—**	(7,801)
Due to Ministry of Health and Long Term Care	**(1,140,935)**	(52,840)
Deferred Operating contributions	**(8,684,265)**	—
Total change in non-cash working capital items	**9,128,856**	(166,952)

12. Transition of Central East Community Care Access Centre

On April 3, 2017 the Minister of Health and Long-Term Care made an order under the provisions of the *Local Health System Integration Act, 2006*, as amended by the *Patients First Act, 2016* to require the transfer of all assets, liabilities, rights and obligations of the Central East Community Care Access Centre the ("CCAC"), to the Central East LHIN, including the transfer of all employess of the Central East CCAC. This transition took place on June 21, 2017. Prior to the transition, the LHIN funded a significant portion of the CCACs operations via HSP transfer payements. Subsequent to transition date, the costs incurred for the delivery of services previously provided by the CCAC were incurred directly by the LHIN and are reported in the appropriate lines in the Statement of operations and changes in net assets.

The LHIN assumed the following assets and liabilities, which were recorded at the carrying value of the CCAC.

	$
Cash	33,185,980
Accounts receivable	2,512,217
Prepaid expenses	938,823
Tangible capital assets	2,440,914
Total assets	39,077,934

	$
Accounts payable and accrued liabilities	23,244,333
Due to Ministry of Health and Long Term Care	4,476,745
Deferred Capital contributions	2,440,914
Deferred operating contributions	8,915,942
Total liabilities	39,077,934
Net assets assumed	-

13. Pension plan

The LHIN contributes to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 1,020 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2018 was $5,070,893 (2017 - $354,366) for current service costs and is included as an expense in the 2018 Statement of operations and changes in net assets. The last actuarial valuation was completed for the plan as of December 31, 2017. At that time, the plan was fully funded.

14. Transfer payment to HSPs

The LHIN has authorization to allocate funding of $2,100,877,092 to various HSPs in its geographic area. The LHIN approved transfer payments to various sectors in 2018 as follows:

	2018	2017
	$	$
Operations of hospitals	**1,271,065,991**	1,232,517,651
Grants to compensate for municipal taxation – public hospitals	**280,275**	280,275
Long-Term Care Homes	**462,151,199**	453,784,761
Community Care Access Centres	**65,156,226**	311,112,562
Community support services	**58,961,189**	55,845,293
Assisted living services in supportive housing	**15,967,680**	15,968,925
Community health centres	**32,181,932**	30,520,928
Community mental health addictions program	**68,111,801**	66,738,936
Specialty psychiatric hospitals	**125,275,626**	120,003,326
Acquired brain injury	**1,698,848**	1,597,695
Grants to compensate for municipal taxation – psychiatric hospitals	**26,325**	26,325
	2,100,877,092	2,288,396,677

The LHIN receives funding from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2018, an amount of $2,343,736 (2017 - $2,458,900) was receivable from the MOHLTC, and was payable to HSPs. These amounts have been reflected as revenue and expenses in the Statement of operations and changes in net assets and are included in the table above.

Pursuant to note 12, effective June 21, 2017 the LHIN assumed the assets, liabilities, rights and obligations of the Central East CCAC. Current year amounts reported in respect of the CCAC in the table above represent funding provided to the CCAC up to the date of transfer.

15. Board expenses

The following provides the details of Board expenses reported in the Statement of operations and changes in net assets:

	2018	2017
	$	$
Board Chair per diem expenses	**36,225**	35,050
Other Board members' per diem expenses	**75,475**	50,675
Other governance and travel	**37,406**	31,251
	149,106	116,976

16. Financial risk

The LHIN through its exposure to financial assets and liabilities, has exposure to credit risk and liquidity risk as follows:

Credit risk relates to the potential that one party to a financial instrument will fail to discharge an obligation and incur a financial loss. The maximum exposure to credit risk is the carrying value reported in the statement of financial position. Credit risk is mitigated through collection practices and the diverse nature of amounts with accounts receivable.

Liquidity risk is the risk that the LHIN will not be able to meet all cash flow obligations as they come due. The LHIN mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and cash flow analysis.

17. Guarantees

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

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

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