Champlain **LHIN**

Annual Report

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Ontario
Local Health Integration Network

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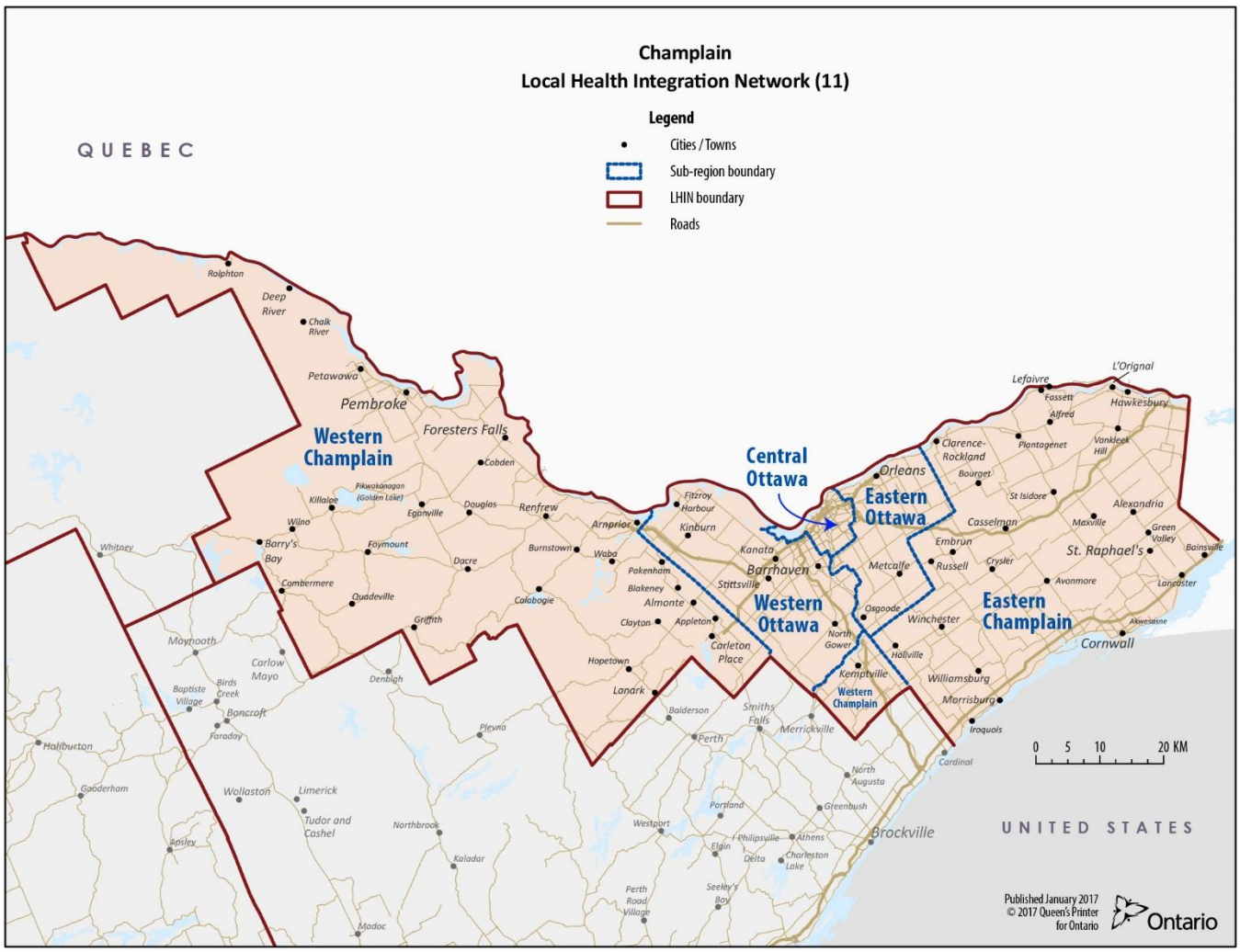
Welcome to the Champlain LHIN

The aim of the LHIN is to help coordinate health services so that people receive care in a timely way, in the most appropriate setting for their needs.

Our mandate is to ensure the services are well organized, appropriately funded and meet the needs of residents of all ages. The Champlain LHIN does this by planning, coordinating and funding health services in hospitals, home and community care, addictions and mental health agencies, community support (such as Meals on Wheels), community health centres, and long-term care homes.

With the passage of the *Patients First Act, 2016*, the LHIN's mandate was expanded to include the delivery of home and community care services.



Population Characteristics

Champlain is Ontario's easternmost LHIN, covers a large geography, and shares a 465-km border with Quebec. As of the 2011 census, these are some unique characteristics of the 1.3 million people who call this region home:

- *One in five live in a rural area.*
- *One in five is a Francophone.*
- *One in seven report using a language other than English and French (most commonly, Arabic, Mandarin, Spanish, Cantonese and Italian).*
- *One in eight have low income.*
- *One in twenty-four are unemployed.*
- *One in four seniors live alone.*

Compared with Ontario, Champlain has higher rates of people with:

- *Mental health / addiction conditions*
- *Hospitalizations for chronic conditions*
- *Fall-related emergency visits among seniors, and*
- *Emergency visits for intentional self-harm.*

Sub-Regions

The Champlain LHIN consists of five geographic sub-regions. Focusing on smaller areas to plan health service delivery makes sense: our region is very large, and health needs vary among people living in different parts of our region. Below are some highlights, by and among Champlain sub-regions[1].

Western Champlain

- *Most western and rural sub-region, with a population of approximately 155,000*
- *Includes the Pikwàkanagàn First Nation, Arnprior, Carleton Place, Kemptville, Pembroke and Petawawa.*
- *Self-reported health is lower, and a higher proportion of people with risk factors, including people who are physically inactive, and those who are smoking. Similarly, Western Champlain has higher hospitalization rates for chronic conditions, patients with complex needs, and cancer.*
- *Rates of emergency department visits for opioid-related harm and intentional self-harm are higher.*

Western Ottawa

- *Includes Kinburn, Carp, Kanata, Stittsville, Barrhaven and Manotick.*
- *Fastest growing sub-region, and has about 300,000 people*
- *Population is relatively healthy with the highest life expectancy, highest rates of good/excellent self-reported health and relatively high socioeconomic status[2]. The pre-term birth rate, however, is higher than other sub-regions.*

Central Ottawa

- *Most culturally diverse, urban sub-region, and most populated, with 416,000 people*

[1] From a comprehensive profile of the sub-regions, available on the Champlain LHIN website.

[2] Indicated by income and employment rates.

- *Includes downtown Ottawa, Bayshore, Nepean, Vanier, and Riverside South.*
- *Highest proportion of lone-parent families, people with low income, seniors living alone, and seniors living alone with low income.*

Eastern Ottawa

- *Extends around the city from Cumberland to Osgoode. About half of its 213,000 people live in Orléans, and almost one-third speak French as their mother tongue.*
- *Population is relatively healthy, with the second highest life expectancy and lowest rate of physical inactivity.*
- *Rates of hospitalization for chronic conditions are higher than for the other two Ottawa sub-regions (Western and Central).*

Eastern Champlain

- *Spans the rural area east of Ottawa and borders the United States and Québec.*
- *Includes Akwesasne, the second most populous First Nation community in Canada. More than 40 per cent of its population of 200,000 speak French as their mother tongue*
- *Population has the lowest life expectancy, compared to other sub-regions. It also has the highest rates of smoking, overweight/obesity, people requiring help with daily activities, and incidents of self-harm (emergency department visits, hospitalizations and deaths). Rates of hospitalization for common chronic conditions are also the highest.*

Message from the Chair and CEO

The year 2017-18 marked a significant milestone in the history of the Champlain LHIN: we began delivering home and community care services to clients, including a wide range of health care services and resources at home or in the community.

For more than a decade, we have planned, integrated, and funded the health system for the 1.3 million people who live and work in the rural and urban areas that comprise the Champlain region. Our expanded mandate means we now also offer nursing, therapies, and personal support services. Through the tremendous efforts of our own clinical staff and contracted providers, we treated wounds, assisted people with post-stroke rehabilitation, and helped with bathing, among many other interventions. Our work allows people to remain safely in their homes for as long as possible.

The LHIN was given this expanded mandate through the *Patients First Act*, passed by the provincial government in late 2016. The legislation involved a merger with the former home-care agency, the Champlain Community Care Access Centre. As a result of this integration, the Champlain LHIN became a larger and even more dynamic organization, with roughly 800 staff and a total operating budget of approximately $232.4 million.

Every day, we provide compassionate and quality care to thousands of clients in their homes, clinics, and schools. We reached diverse populations with unique needs, including seniors with dementia, adults with physical challenges, youth with mental-health needs, and medically fragile children.

As the population ages and people live longer with complex conditions, home care is playing an ever-increasing role in creating healthier people and communities.

This year, the LHIN provided direct home and community care to more than 62,000 people, totaling almost 4 million clinical encounters. We increased care-coordinator visits and client assessments. The number of nursing, therapy and personal support visits rose by more than 114,000 compared to the year before. An expansion of home and community care has meant smoother transitions for patients discharged home from hospital, more respite

for dedicated yet overburdened caregivers, and reduced pressures on hospitals.

In addition, the Champlain LHIN continued to establish innovative programs with the goal of building a more coordinated and accountable health system.

The story of Jim Lamure of Chalk River (see page 10), described in this report, exemplifies our endeavours to improve access to high-quality care in homes and communities. Struggling with numerous chronic health conditions, Jim is dependent on a ventilator to help him breathe. He's now a client of the new complex respiratory care program created and funded by the Champlain LHIN, in partnership with a community health centre. Without access to these at-home services, Jim would have no choice but to live in a hospital far from home and his family.

Teri Hansen's experiences (see page 17) also reflect the LHIN's transformation of community-based health care. A Carleton Place resident who frequently visited the hospital due to an alcohol addiction, Teri received services at the Maison Gilles Chagnon women's residential treatment program. Thanks to the supports she received, Teri has been sober for 14 months, feels more confident, and has reconnected with family and friends. The LHIN worked with partners and provided funding to make this stabilization program a reality.

Enhancing community-based programs in our region has lessened the strain on hospitals. Two performance measures have shown significant progress in this area. In fact, we have seen a reduction in the rate of emergency room visits and of hospitalizations for health conditions that would be better managed in a community setting. This means more people are receiving care in the right place, and from the right provider.

You will see many other examples of LHIN achievements in 2017-18 in this report, including the:

- *Launch of the Champlain LHIN's Patient and Family Advisory Committee, a clear sign of our commitment to patient-centered care. The committee determined its priorities this year and gave valuable advice in the development of a number of health programs and innovative models of care.*
- *Focus on Indigenous health issues. The LHIN expanded culturally appropriate services for Indigenous Peoples, including mental-health outreach to Indigenous youth and health-system navigation support for Indigenous clients with diabetes. As well, LHIN staff and providers continued to take part in cultural safety training activities in a spirit of truth and reconciliation.*
- *Continued expansion of Health Links, an approach that targets patients with multiple health conditions and who help compose their own coordinated care plans. Health Links is the single-most important initiative to improve the way care is delivered and to ensure a more sustainable health system.*
- *New and expanded programs for people with opioid addictions. Responding to a crisis experienced nation-wide, we worked with partners to develop and fund a range of services targeting different populations and*

addressing prevention, early intervention, stabilization, treatment, and harm reduction.

In terms of governance, four new members joined the Board of Directors this year, rounding out an experienced group driving a high-performing organization. Six of the twelve members have medical or nursing experience, and others bring extensive financial, economic, communications, and legal expertise to the table, as well as personal experience.

We would be remiss if we didn't recognize the dedication of our staff members to the care of patients, clients, and caregivers, as well as to the improvement of the health system itself.

Lastly, and most importantly, we would like to sincerely thank patient and family advisors, health providers, clinical leads, and other partners for their professionalism, responsiveness, and collaboration over the past 12 months. You made a positive difference to the people of Champlain, and we feel honoured to work with you. Without your caring and diligence, it would have been impossible for us to accomplish our collective goals.

Chantale LeClerc, RN, MSc
Chief Executive Officer

Jean-Pierre Boisclair, FCPA, FCA
Board Chair

Home and Community Care Highlights

In May 2017, following the implementation of Ontario's *Patients First Act*, the Champlain LHIN became responsible for the home and community care services previously delivered by the Champlain Community Care Access Centre (CCAC).

The merger was a major undertaking and allowed the LHIN to grow from a small organization of about 50 staff members to a much larger agency employing approximately 800 people. The Champlain LHIN is now the second-largest provider of health services in the Champlain region after The Ottawa Hospital. In fact, this year, the Champlain LHIN served 62,221 unique patients.

The integration has led to stronger connections between home care and the rest of the health system, benefitting patients and clients as they transition from one part of health care to another (e.g. from hospital to home) or when they receive services from different health sectors at the same time (e.g. primary care from their family physician, as well as home care from the LHIN).

The LHIN now offers direct patient services and resources at home, in clinics, and for children in schools, both with LHIN staff and contracted providers, including:

- *specialized nursing care (e.g. wound care, care for stable patients undergoing cancer treatment)*
- *personal support (e.g. bathing and getting dressed)*
- *therapies and other professional health services (physiotherapy, occupational therapy, speech and language therapy, dietetics, social work)*
- *specialized services (e.g. stroke recovery, respite for caregivers, palliative care, and providing general information and support for medical assistance in dying)*
- *care at school including professional services such as nursing, occupational and speech therapy, physiotherapy, nutrition counselling, as well as mental health and addiction nursing services*
- *care coordination*
- *information and referral services*

The Champlain LHIN provided more services in 2017-18 compared to previous years. In total, there were over 220,000 face-to-face visits and telephone encounters with care coordinators, an increase of more than 14,000 visits and encounters (a roughly 7 per cent increase) compared to the previous year.

In addition, the number of client assessments rose this year by almost 4,000 clients (a 6.5 per cent increase) when compared to the previous year, reaching a total of about 64,000 client assessments in 2017-18.

More specifically, the number of LHIN personal support, nursing and therapy visits was roughly 3,922,000 in 2017-18, an increase of approximately 114,000 visits (a 3 per cent increase) from the year before.

Client Experiences: Bringing Health Care Home

"If Dad couldn't come home to be with his family and see his wife every day and his kids and grandkids, I think he would give up."

~ Mary O'Gorman, daughter and caregiver to Jim Lamure

Left to right: Lyndsay Couture, home care nurse; Emily McMullen, respiratory therapist; Mary O'Gorman, daughter and caregiver; Jim Lamure, patient and CRCP client; and Lorraine Lamure, spouse and caregiver.

Jim Lamure, 65, has lived in the small community of Chalk River for the past 25 years. He and his wife Lorraine Lamure have been married for 47 years and have three children and five grandchildren. In the past decade, Jim has struggled with a number of serious health conditions, including heart disease, Amyotrophic Lateral Sclerosis (ALS), and lung cancer. Earlier this year, Jim underwent a tracheotomy procedure and now relies on a ventilator because he can no longer breathe independently.

Jim receives services from a new Champlain LHIN program called the Complex Respiratory Care Program, which was launched in 2017 and is delivered region-wide by Somerset West Community Health Centre. The program helps clients with complex breathing issues integrate back into the community after they have been discharged from hospital. Without it, Jim would have no choice but to live in a large hospital far from home.

A registered respiratory therapist conducts assessments, in-home trach tube changes, and training and education to medically stable clients. The respiratory therapist also works with the discharging hospital to promote a safe and successful transfer back to the community. Ongoing support and follow-up care are also provided to clients and families, including phone calls, routine visits, and urgent visits.

Jim Lamure, patient and CRCP client, and Emily McMullen, respiratory therapist

"The program provides so much quality care for the patients," says Emily McMullen, Jim's respiratory therapist. "It allows for better care and just a safer environment for patients. We have brought patient care back to patients."

Jim's daughter Mary O'Gorman agrees. "If Dad couldn't come home to be with his family and see his wife every day and his kids and grandkids, I think he would give up. Mom and I would not be able to do it without the respiratory therapist and the home care nurses that come in," she said.

In addition to services from the respiratory program, Jim receives other Champlain LHIN services, including care from health professionals on weekdays and weekends. Jim's wife Lorraine says she is grateful for the support. "They give me the break that I need. For example, one will come in and bathe my husband. The other one would come and do therapy with him. Last night I had to call a nurse and she came all the way from Eganville just to help me understand what to do, because I didn't know what to do."

As an increasing number of people are aging with multiple, complex health conditions, the LHIN and its partners are developing a number of innovative programs. As well, the LHIN has expanded care in the home. The approach is making a significant and positive difference to individuals and their families, as evidenced by the Lamure family's experience.

"My parents are two amazing people and they have been together since my mother was sixteen and dad was nineteen," concludes Jim's daughter Mary. "Here they are together. This program allows us to be with Dad. There are good days and bad days. Mom and Dad are here and we are allowed to have days when he is laughing, smiling. And let me tell you that those are the best moments. So if it wasn't for this program, I know my Dad, he would give up and he would not try anymore. Without this program, it wouldn't be the same."

In 2017-18, LHIN staff conducted transformational work in two key areas of home care: stroke rehabilitation services and caregiver support.

Community-Based Stroke Rehabilitation Services

The Champlain LHIN expanded its community-based stroke rehabilitation model to deliver specialized stroke services over a larger geographic area. The aim was to reach patients who historically lacked access to outpatient stroke rehabilitation.

This innovative model of care was the first in Ontario to provide a combination of in-home and clinic-based services, with the majority of clients receiving both.

The program has resulted in more timely and more appropriate levels of rehabilitation services for people. It gives more support to clients and offers more coordinated care due to an interdisciplinary approach. Clinician expertise in the area of stroke care is another key component, which has supported patient self-management, better communication between providers, patients, and caregivers, and excellent patient-reported outcomes.

The program has operated since 2016 in areas of the Eastern Champlain sub-region (Stormont, Dundas, Glengarry and Akwesasne), serving roughly 75 people. As a result of its success, the program was expanded to areas of the Western Champlain sub-region.

Respite Services for Caregivers

Respite care recognizes the integral role of the family and caregiver in providing health services. Its focus is to offer some temporary relief to caregivers from their responsibilities of providing care at home.

Flexible Respite

In late 2017, and to align with the Ministry of Health and Long-Term Care's goals of expanding supports for patient caregivers, the LHIN began offering a service called the Caregiver Distress Program. Eligible caregivers can now schedule respite related to personal support services in a more flexible way that works better for them. In 2017-18, 265 families benefitted from this program.

Introduction of Self-Managed Care

When appropriate, the Family-Managed Care Program allows LHIN patients and families to select and hire home care staff themselves, including personal support workers and nurses, or to work with an agency to do the selection. Because certain tools for the program were being finalized provincially to support full implementation, the program was in its early days in 2017-18. Nevertheless, five patients and their families were able to participate, and 17 additional patients and families attended an information session. It is expected family-managed home care will grow significantly in 2018-19.

Elder Mediation

Care coordinators with advanced skills in mediation, also known as elder mediators, help caregivers determine and self-direct their respite needs. This service is often required when a caregiver is at acute risk of burnout, or when they have care-related issues that are unresolvable through usual means. In 2017-18, 204 caregivers received mediation through this program. Due to a recent, significant rise in demand for the service, the LHIN began exploring ways to expand access to the program in the coming year.

Delivering Results on our Integrated Health Service Plan

The *Integrated Health Service Plan (IHSP) 2016-19* outlines how the Champlain LHIN is creating a person-centred regional health care system. It has three strategic directions, and each strategic direction includes person-centred goals and strategic priorities.

Integration

Improve the patient and family experience across the continuum of care.

Person-Centred Goals

- *People who need multiple services receive more coordinated home, community and primary care.*
- *People experience a smooth transition from hospital to home.*

Strategic Priorities

- *Integrate community and home care services.*
- *Evolve primary care networks.*
- *Integrate mental health and addiction services.*

Access

Ensure health services are timely and equitable.

Person-Centred Goals

- *People can access quality care no matter who they are or where they live.*
- *People are able to access priority health services when they need them.*

Strategic Priorities

- *Provide for culturally and linguistically appropriate care.*
- *Implement strategies to achieve performance targets.*
- *Expand use of enabling technologies to bring care closer to home.*

Sustainability

Increase the value of our health system for the people it serves.

Person-Centred Goals

- *People can get service in the most appropriate setting.*
- *People receive efficient and effective care.*

Strategic Priorities

- *Continue implementing funding reform and innovative models of care.*
- *Enhance palliative care in settings of choice.*
- *Fast-track implementation of Health Links.*

In this report, you will read stories about patients and clients that focus on just some of the Champlain LHIN's work this year. The stories reflect the experiences of real people living in the region, and exemplify how the LHIN is improving health care for diverse communities. This report also concentrates on LHIN's specific successes in mental health services as well as end-of-life care.

Emphasis on Mental Health and Addictions Services

In 2017-18, the Champlain LHIN advanced a number of priorities to improve mental health and addictions services so that people could receive more coordinated care.

Housing Support

For many people with severe and persistent mental health problems, unstable housing situations are a significant barrier to their recovery. To help address this need, the Champlain LHIN led addictions and community mental health partners in each sub-region to work together to provide new supports to clients with the highest-needs through a single, coordinated access process. As a result, 84 more individuals are receiving rent supplements to ensure safe, stable and affordable housing, along with intensive case management and supportive counselling.

Inpatient Services

For some individuals with acute, persistent mental health problems, hospital-based (inpatient) services are essential. After significant patient engagement conducted by hospital leaders, the LHIN and its partners completed the Champlain LHIN Inpatient Mental Health and Addictions Capacity Plan, which forms the basis of a new regional program. The program facilitates hospital transfers and manages surges in hospital admissions for people with mental health issues and addictions.

Expanding Addictions Treatment

Across the region, the LHIN increased treatment services in 2017-18 to meet the growing needs of people with opioid addictions. These expanded services include:

- *a program for pregnant and parenting women*
- *support for people in hospital emergency rooms*
- *opioid treatment training and organizational capacity-building*
- *other programs for harm reduction, prevention and health promotion*

As a result, 1,000 more people received quicker access to opioid case management and treatment.

To better coordinate people's access to mental health and addiction services, and in the midst of the opioid crisis, the Champlain LHIN worked with addictions providers to implement rapid triage, screening, assessment, and access to treatment services within 24 to 48 hours. For youth and families facing opioid-related challenges, four rapid-access opioid treatment locations were set up across Ottawa, in partnership with Rideauwood Addiction and Family Services and Montfort Renaissance. Nearly 1,100 people and their families accessed this enhanced approach to care.

The Champlain LHIN provided funding to expand the Rapid Access Addictions Medicine (RAAM) Clinic at Sandy Hill Community Health Centre, and add a new RAAM Clinic at the Royal Ottawa Mental Health Centre. These clinics offer services for individuals who need assistance with alcohol and opioid use challenges. Since these individuals often go to Ottawa hospital emergency rooms, channels were established so that patients could be immediately referred to the clinics. People can also access the clinics through walk-in services at the Sandy Hill and The Royal locations.

More than 700 people benefitted from these services in 2017-18.

The LHIN also supported the expansion of the Managed Opioid Program for homeless and street-involved adults at Ottawa Inner City Health. This program offers addiction treatment, opioid overdose prevention and harm reduction services in a primary care environment. As a result, nearly 100 people received these intensive and timely services.

Improving Care with More Pathways to Primary Care Providers

Improved integration between providers of primary care and mental health and addictions services is crucial to ensure people who have addictions and mental health challenges get the help they need. The LHIN addressed this need by funding a new nurse practitioner at Montfort Renaissance's Ottawa Addictions Access and Referral Service. This means that clients could receive opioid-substitution treatment during their first contact, often within 24 to 48 hours. Having the nurse practitioner also meant increased access to this kind of addictions medicine support for individuals needing residential addiction treatment by providing primary care services on site and even before admission.

In addition, the LHIN:

- *Created a Primary Care Resource Map for Addictions and Mental Health to help primary care providers in the region better support their clients.*
- *Shared new provincial resources:*
  - *New quality standards for major depression.*
  - *Online resources Big White Wall and Bounce Back to support thousands of Champlain residents struggling with mild to moderate depression and anxiety.*

Client Experiences: Increasing Access to Community-Based Addictions Services for Women

"I love my life now. I feel well, strong, healthy, and clear in the head. I am just in good shape. There is no real comparison. It is like night and day."

~ Teri Hansen, client of Maison Gilles Chagnon, stabilization program for women in Ottawa.

Teri Hansen used to visit the emergency room at Carleton Place and District Memorial Hospital frequently due to alcohol addiction and its resulting complications—ending up in the ER more than half a dozen times due to pancreatitis, falls or dehydration in the space of one year.

She would stay in a hospital bed for withdrawal management, go home, and find herself back in hospital again. "Every time I was at the hospital, I would say 'I am not going to drink anymore,' but I returned home and I was alone with my grief and I would start drinking again," says the 48-year-old mother of two.

In the spring of 2017, Teri was admitted to a residential stabilization program in downtown Ottawa called La Maison Gilles Chagnon (MGC), which serves women with mental health and addictions issues who are motivated to improve their health. With partners, the LHIN developed the program and provides annual funding. MGC is operated by Montfort Renaissance, a community-based agency. Accommodating 10 residents at a time, the program teaches basic life skills, boosts self-confidence, and promotes the importance of a daily routine.

Teri Henson, a former client of the La Maison Gilles Chagnon (MGC), in her apartment at Carleton Place, Ontario

"I didn't know the difference between day and night when I was sick. The curtains were always closed and I was laying down on my couch. If it wasn't for the TV, I didn't know what time of the day it was," Teri says, adding, "I learned my sleep schedule at MGC."

Stabilization is a crucial step along the healing journey between withdrawal management (sometimes known as "detox") and longer-term treatment. Michael Caruso, a coordinator at Montfort Renaissance who manages the stabilization program, explains the gap in

stabilization services had been discussed by local health leaders for about 20 years before MGC was created. “Hats off to the LHIN for having come through with that,” Michael says.

After Teri completed the stabilization program, she moved to Brockville for the next stage of treatment. But it was at MGC that she started to turn her life around. “I learned that there are people who loved me even when I don’t love myself. I learned that women can come together and support each other through almost anything. I learned that I could have a second chance, really. I learned that my story wasn’t over yet. I had my 47th birthday there. The party that they threw for me and the card I got just made me feel special.”

Teri has been sober for more than a year. She feels more confident, loves her life, and has reconnected with family and friends. Since she has completed treatment, she has been in hospital once for a knee surgery and several times to visit her elderly mother. Not long ago, Teri was in the hospital after becoming a grandmother for a second time.

“When the hospital staff saw me, they all hugged me and told me I looked great,” she recalls. “It is kind of nice because they tried very hard to help me, but the hospital can only provide so much. I don’t know what I would have done without MGC there.”

Left to right: client Jessica Nilsson; Mental Health & Addiction Counsellor Farah El-Abbas; client Brittney West; and Counsellor Dominique Lessard at La Maison Gilles Chagnon (MGC), a transitional group home, a stabilization program for women with mental health and addictions issue.

Emphasis on End-of-Life Care Palliative Care

The Champlain LHIN funded a successful pilot project in 2017-18 to improve palliative care for both the homeless and those at high risk of homelessness in Ottawa. Ottawa Inner City Health played a key role.

One part of this nine-month project took place in the neighbourhood of Somerset West, where there is a high concentration of rooming houses. The initiative, which relied on peer-to-peer support, provided training to 12 people living in rooming houses who themselves had experienced homelessness, mental illness and substance use. The peers, in fact, had already been providing informal care to others.

Peers were formally trained to conduct simple needs assessments, identify and support people facing a life-limiting illness in need of care, and facilitate links to health providers.

Participants said they appreciated receiving training to increase access to health services for their fellow rooming house residents. They felt they were able to bridge the gap between clients of the program and health service providers.

A short documentary was created to profile this and related initiatives. The objective of the film was to broaden the mainstream perspective of what palliative care is, and who should be receiving it. Producers are proceeding with a feature documentary, which was accepted for showing at Ottawa's One World Film Festival.

A men's and women's peer support group was created at Somerset West Community Health Centre from this pilot project, and therefore the original peers continued to provide support in the community after the pilot ended.

Medical Assistance in Dying

After the Canadian government passed legislation related to medical assistance in dying, the Champlain LHIN provided funding to The Ottawa Hospital to lead a review of practices in the Champlain region and provide recommendations on how to improve the current service approach.

The resulting recommendations were based on insights received from extensive consultations across the region with health service providers such as acute-care hospitals, sub-acute hospitals, long-term care homes, retirement homes, hospice, pharmacy, home and community care, and palliative care. Importantly, patients and families were consulted, as well as conscientious objectors. The Champlain LHIN also reached out to other LHINs in the province for feedback.

The next step is to review the recommendations with an aim of building a more comprehensive regional model of care for people requesting medical assistance in dying.

Emphasis on Innovation, Health Technologies and Digital Health

The Champlain LHIN is committed to using technology to improve health services. This year, the LHIN made important advances on a number of innovation and digital health initiatives that advance our three strategic priorities—to make care more accessible, integrated and sustainable. Here are some examples:

Expanding and Adopting Clinical Systems

eNotification Expansion: The eNotification system notifies home and community care, community support services agencies, and primary care physicians when patients present to emergency departments, or are admitted or discharged from hospitals. By year end, this system was expanded significantly: seven hospitals were fully operational, and four others completed most of the work to go live early in 2018-19. This brings the coverage to 55 per cent of Champlain hospitals including 5 of the 6 largest hospitals in the region.

ConnectingOntario Clinical Viewer: This tool is the province's electronic health record. This year, the LHIN reached a critical and long awaited milestone: clinicians in the Champlain region are using this tool to readily access more comprehensive information about their patients, such as lab results, imaging reports, specialist visits, and home and community care services. Internally, the LHIN has also trained its own clinical staff to use this tool, including rapid response nurses, palliative nurse practitioners, Health Links care coordinators, geriatric assessors, and mental health and addictions nurses.

Enabling Technologies for Health Links: The Client Health and Related Information System (CHRIS) was selected as the platform to support the Health Links approach. The project allows clients' coordinated care plans to be shared with health care providers. This year, the platform was expanded to more than 50 providers across the region.

In addition, Champlain Health Links groups in and around the Arnprior region, Ottawa West and Winchester partnered with Women's College Hospital in Toronto to initiate a pilot project that gives patients the ability to connect with their care coordinator, or other members of the care team, through a software and mobile platform. The project also allowed Health Links clients to access their own coordinated care plan electronically. The goal is to evaluate the effectiveness of the platform technology. This initiative was supported by a technology grant from the Ministry's Office of the Chief Health Innovation Strategist.

eConsult and eReferral

eConsult: The Champlain BASE (Building Access to Specialists through eConsultation) eConsult service is a secure, web-based tool that provides physicians and nurse practitioners with quick access to specialty care for their patients, often avoiding unnecessary long waits for patients to be seen in person by a specialist. Through eConsult, a primary care provider can submit a non-urgent, patient-specific question to a specialty (i.e., dermatology). The request is then electronically routed to an available specialist who is expected to respond within one week.

This year, Champlain BASE eConsult service processed over 13,000 new cases across

111 different specialties. The number of registered providers surpassed 1,600, including 1,326 physicians. On average, specialists responded within two days, resulting in avoidance of unnecessary referrals. In fact, primary-care providers indicated that only one-third of eConsult cases led to an in-person appointment with a specialist. Collaboration continues with provincial partners (Ministry of Health and Long-Term Care, Ontario Telemedicine Network and OntarioMD) to replicate and extend the Champlain BASE model across Ontario.

eReferral: The LHIN also achieved a significant milestone with the completion of the development and testing phase of electronic referral submissions from the Champlain Regional Collaboration Space into the provincial Inter-professional Spine Assessment and Education Clinics (ISAEC) platform. While other regions have been receiving referrals via fax, Champlain set the goal of launching the new assessment centres for low-back pain with electronic submissions from the outset, a first across the province.

IMPACTT Centre for home and community care innovation

The LHIN operates the IMPACTT Centre (Innovation eMpowering Patients And Caregivers Through Technology), which supports innovation, investigation and evaluation. In only its third year of operation, three key projects made significant strides:

- ***Falls Screening:*** *Early in the year, the IMPACTT Centre launched its Seniors Ambulation and Falls Evaluation (SAFE) STEP project, funded by the Ministry's Office of the Chief Health Innovation Strategist. The SAFE STEP uses technology to assess a person's risk of falling to intervene early and prevent falls. By the end of the year, the team completed falls screening for over 1,000 seniors at a number of seniors' fairs, community programs and seniors-living sites across the Champlain region. Preliminary results indicate some success towards preventing falls: 62 per cent of participants were unaware of their falls risk; 40 per cent were surprised by their level of personal risk; and 85 per cent indicated they would speak with a health professional about their results.*
- ***Stroke Recovery Tele-Rehabilitation Technology:*** *This technology provides a means of delivering rehabilitation in the home, remotely, to people recovering from a stroke. Using computers, TVs, and tablets, it enables patients to engage in instructor-led rehabilitation exercises at any time, in the comfort of their own home. The project has the potential to transform the stroke rehabilitation experience and service delivery model.*
- ***Smart Home Dementia Wandering Detection and Diversion Project****: This project is a joint research initiative with Bruyère Research Institute and Carleton University. Technology consisting of off-the-shelf 'internet of things' (sensors, speakers and control gateways) is intended to detect when people with dementia wander during the night. The solution helps light pathways to bathrooms for increased safety, hopes to divert them back to bed, and alerts the family caregiver if they attempt to exit their homes. This type of support aims to help the caregivers handle the stress and lack of sleep often associated with the worry that their loved one may wander at night.*

- *Patient-driven technology configurations are designed and have been deployed by the IMPACTT Centre into a number patients' homes, ramping up to the completion of the research and evaluation in 2018-19. The project was nominated for the Health Shared Services Ontario "Systems Partnership" award, which acknowledges efforts of collaboration with system partners that are engaged in a one-time or extended project on a local, provincial or national level.*

Client Experiences: Helping People Reduce Their Risk of Falls with Technology

"I found out that I have to be more cautious. The things that cause the falls need to be fixed."

~ Karen Mears, participant, Safe Step Screening Project, IMPACTT Centre, Champlain LHIN.

Clients Karen Mears (left) and Gary Mears with their screener Laurie Utton attend a safe step screening at the Carlingwood Retirement Residence. The screening helps identify risk factors for falls, and to provide participants with strategies to avoid falls.

Falls are a leading cause of injury for older adults, resulting in a significant number of emergency room visits and hospitalizations. In fact, more than one in five seniors experience at least one fall each year resulting in eighty-five per cent of injury-related hospitalizations and roughly $55 million in health-related costs in the Champlain region alone every year.

In 2017-18, the Champlain LHIN, in partnership with GE Healthcare Canada, launched a new screening tool to reduce the rate of falls among

seniors. The project was intended for independent seniors who aren't usually screened for falls. The goal was to identify their risks and provide participants with strategies to avoid falls. The project, supported by Ontario's Health Technologies Fund, also provides valuable data to assist health-care teams in developing effective falls prevention strategies for the future.

The Champlain LHIN's Innovation eMpowering Patients and Caregivers Through Technology (IMPACTT) Centre, which drives innovation in home and community care, led the local falls screening project by partnering with health providers and seniors' social and wellness centres to offer screening opportunities.

Two of those screened were Gary and Karen Mears, both in their seventies. The couple, living in the suburb of Orléans, has four children who have their own families. Karen suffers from dementia and Gary has Parkinson's disease. Karen does a lot of walking, both inside and outside her house. She says that she was surprised by her screening results. "I thought I was much better. I really did! And I thought I had nothing to worry about when I sat down. Guess what? I have to worry about things."

For his part, Gary recently completed a drug trial and attended exercise classes for his Parkinson's disease. He also attends other exercise classes specifically designed for falls prevention. Gary was one of the original participants of the new screening tool, and is pleased to see an improvement in his score after he participated in a second screening six months later.

Quick Facts on QTUG™

Why does length of time matter in the QTUG™ test?

It has been proven that there is high correlation with the length of time taken to complete the Time Up and Go test and risk of falls. A score of 14 seconds or more has shown to indicate a high risk of falls.

What is the difference between low, medium, high and very high risk of a fall?

	Low risk	0% to <50% - results are considered within the normal range.
	Medium risk	50% to <70% results may indicate a parameter (e.g. step length or time) is unusual compared to the population average.
	High risk	70% to <90% results indicate parameters values are different to the population average.
	Very high risk	90% to 100% results are significantly different and may indicate a specific mobility impairment.

What do the sensors measure?

The sensors measure

- Time and balance between each step
- Time between each Step
- Average Step Time, Length and variability
- Time Taken to Stand, to Turn, to Sit Down
- Number of Steps in Turn, and many more

All this information is compared to people of your age to calculate a Falls Risk Estimate Score.

Health providers conducting screenings have seen the benefits. Laurie Utton, with CBI Health, was engaged by the Champlain LHIN to conduct falls screening for clients. She strongly believes that the safe step screening project helps people make informed decisions about falls prevention. "Knowledge is definitely power. A lot of residents feel they are at low risk and when they get their results, they find out that they are in high or very high risk categories. So this information will help them be more cautious and get more engaged in falls prevention programs," she said.

Laurie Utton of the Champlain LHIN safe step screening project attach sensors to Karen Mears to screen her for potential risks of falls.

In only seven months since the project began, IMPACTT conducted safe step screening for 1,500 participants. Preliminary data showed that for almost 1,000 participants screened, 62 per cent were unaware of their falls risk. Forty per cent were surprised by their personal risk score, and 85 per cent indicated that they would talk to their health providers about their results.

At a time when the population is aging, this innovative technology is playing a key role in creating healthier communities.

See the previous page for the Quantitative Timed Up and Go (QTUG™) score chart used in this program.

Community Engagement

Patient and Family Advisory Committee

In October 2017, the Champlain LHIN launched its 13-member Patient and Family Advisory Committee (PFAC), an important step toward providing and promoting more patient-centred care. Members of this committee are essential partners in the LHIN's work and have experience in health-care settings as patients and caregivers.

Led by co-chairs Stephanie Paravan and Anita Manley (see side bar to learn more about Anita's experience as a patient advisor), members of the PFAC help shape the LHIN's programs, services and initiatives.

The committee began its work on three main priorities this year: expanding the benefits of Health Links to those who need it; improving patient transitions from hospital and home; and enhancing communications and working relationships between patients/caregivers and their care coordinators.

Members of the committee also gave advice on a number of health initiatives like the self-administration of intravenous antibiotics pilot program, and provided input at events such as an ethno-cultural seniors' forum.

Anita Manley at the Shirley Greenberg Resource Centre for Women where she volunteers as a peer facilitator helping women with mental health issues.

Focus on Patient Advisors

Anita Manley joined the Champlain LHIN's Patient and Family Advisory Committee (PFAC) because she wanted to provide advice on improving mental-health services. Anita understands what it's like to live with mental illness. Her challenges started in her twenties and peaked two decades later. Her marriage fell apart. She was ostracized by friends. And then she became homeless.

Passionate about the need to fight the stigma associated with mental illness, Anita isn't afraid to share her experiences. "In each LHIN meeting, we are able to share our stories with the

members of the PFAC and I believe that my story can't be told without talking about the stigma involved—and how basically my entire support network disappeared when I was experiencing delusions. Because people can't relate, they didn't know what to do, so they just walked away."

Today, the 53-year-old Ottawa resident is doing well, thanks in part to the services she received in our region. She has reconnected with family, made new friends, and is in a positive relationship. She is also a volunteer, peer facilitator, and former member of the Client Advisory Council at The Royal. In 2015, she was awarded The Royal's Inspiration Award.

"I received mostly good care," she says. "However, there were some points that could have been improved. And I think it is important for the LHIN to know how things could be done well and what needs improvement. That is why I see the need to get involved and be the voice of mental health and addictions."

PFAC Members during the period of October 2017 to March 31, 2018

- *Stephanie Paravan, co-chair*
- *Anita Manley, co-chair*
- *Carl Broughton*
- *Dee Campbell*
- *Cathy Doolan*
- *Sharon Haig*
- *Scott Johnston*
- *Michèle Le Saux*
- *Kelsey Lett*
- *Russ Morton*
- *Claude Paquette*
- *Roger Pharand*
- *Doreen Rocque*
- *Shailja Verma*

The Champlain LHIN thanks volunteers of the PFAC and other patient advisors on additional committees for their professionalism, responsiveness, and collaboration over the past 12 months.

Sub-Region Consultations

In early 2018, LHIN staff conducted 20 stakeholder sub-region consultations across the region with over 400 participants. The goal was to engage with health service providers, primary care providers, patients, clients, and caregivers to discuss each sub-region's population health profile and key findings, and gather to input to identify and inform local priorities.

Public Outreach

Throughout the year, LHIN staff attended 25 events to raise awareness of the organization's programs and services, and to help people navigate the health system.

Examples include presentations to clients and caregiver support groups of the Société Alzheimer Society in Cornwall, as well as LHIN information booths at Recovery Day Ottawa (hosted by the Community Addictions Peer Support Association) and at Brain Injury Awareness Day (organized by Vista Centre).

Speakers Series

Since 2015, Algonquin College and the Champlain LHIN have co-hosted the "Future of Health and Wellness Speaker Series." The College and the LHIN play critical roles in ensuring that the health workforce and institutions are prepared for the needs of tomorrow. This speaker series brings together key leaders and influencers for insights into the changes and shifts that are affecting the future of health care.

Keynote speakers come from regional, provincial, national, and sometimes international settings. This year's speakers included André Picard (Globe and Mail health reporter and columnist); James Schlegel (President and CEO, Schlegel Health Care, long-term care home provider); Senator Art Eggleton; and Don Drummond (economist known for his contributions to public policy in Canada).

Traditional and New Media Engagement Tools

In addition to traditional communications, the LHIN was active in social media, refering the public to LHIN and other resource websites, like the Champlainhealthline.ca, which empowers consumers to find the health and community services they need close to home.

Compared to 2016-17, Champlainhealthline.ca and the LHIN's public website saw increases in traffic in 2017-18, both in terms of page views and number of users. For example, page views for the LHIN's public website and its Champlainhealthline.ca increased 47 and 8 per cent, respectively. In addition, the LHIN's Twitter account and YouTube channel remained popular, and were used by LHIN staff to share information with the public about health services.

Equity

One of the LHIN's strategic priorities is to provide for culturally and linguistically appropriate care. The LHIN engages with Indigenous Peoples, Francophones, and newcomers to ensure health services are equitable.

Indigenous Peoples

The Champlain LHIN's Indigenous Health Circle Forum (known as The Circle) continues to provide a venue for Indigenous service providers (First Nations, Métis and Inuit) in the region to voice their concerns and provide advice to the LHIN. The Circle represents the LHIN's ongoing commitment to improving health outcomes among the Indigenous population who call this region of Ontario home.

Circle members act as a conduit between their communities and the LHIN, relaying information to support upstream investments in culturally-grounded service provision. Most importantly, the Circle has been instrumental in identifying health service gaps and building Indigenous service provider capacity to better meet community needs.

During 2017-18, the Circle continued work on its previously identified priorities: chronic disease; mental health and addictions; community wellness; and cultural safety training.

Chronic Disease / Diabetes

The LHIN provided funding for capacity support for diabetes navigation in Pikwàkanagàn First Nation and at the Pembroke Regional Hospital. This was in response to recommendations from a recent needs-assessment conducted in Renfrew County. The goal is to increase access to culturally safe services, provide home and hospital visits, and ensure more consistent follow-up care. Clients are connected to available services so that their condition can be better managed.

Mental Health and Addictions

Funding was provided to the Wabano Centre for Aboriginal Health to support Indigenous youth with substance use challenges. A youth addictions outreach worker and traditional knowledge keeper were hired to complement Wabano's existing mental health team, serving this very complex, high-needs client base. In addition, supplementary supports were provided to the Bear Medicine program that works to prevent overdose and death from opioid addiction by fostering connections to culture and community.

Indigenous Cultural Safety

The LHIN provided funding for 513 staff at health organizations to complete the online San'yas Indigenous Cultural Safety (ICS) training program. ICS training helps ensure LHIN staff provide health services in a culturally-grounded approach. This represents a significant increase in the participation of 295 trainees the previous year.

Additionally, the LHIN supported the Wabano Centre for Aboriginal Health to build on its work in cultural safety training. The LHIN provided funds to support the development and implementation of an ICS training model that will build on the current online content.

Focus on Cultural Safety Training

Dr. Aaron Livingstone has practised family medicine in the Ottawa region for the past two and a half years. He works at Wabano Centre for Aboriginal Health and Bruyère Continuing Care. One of the many physicians to receive Indigenous cultural safety training through the Champlain LHIN, he believes it is essential for health care practitioners to understand the impacts of colonization on Indigenous Peoples' health.

"The training was invaluable," he says. "It helped me recognize that standard intake questions, for example, can be triggering for some Indigenous People. Learning how to navigate these situations can make a big difference in how an individual perceives and responds to their health care provider, and the health care system more broadly."

The purpose of the training is to equip health professionals and administrators with the tools they need to recognize their own biases, how these biases may have had unintentional impacts on service delivery, and learn how to adjust their interactions with Indigenous clients, explains Erin Corston, Indigenous Engagement Specialist for the Champlain Indigenous Health Circle Forum.

"The ICS training is high quality and comes at very little cost, aside from the time it takes to

Dr. Aaron Livingstone with his patient Joseph Theriault during a medical appointment at the Wabano Centre for Aboriginal Health.

participate," says Erin, who was born and raised in Chapleau Cree First Nation, located in north-eastern Ontario. "The content is applicable to everyday life, and the teachings are transferable to a variety of situations."

People have reported experiencing epiphanies after taking Indigenous Cultural Safety training. In some cases, it affirms what individuals already know, but in most cases, it creates new knowledge and greater context on the issues.

Dr. Livingstone said that his past work in First Nations communities gave him a solid basis of knowledge of Indigenous cultures and the legacy of residential schools, but prior to taking the training, he had no idea about Indian hospitals, as they were then called.

"The idea that Canada created a separate health care system for Indigenous Peoples was shocking to me. It is not widely known nor has it ever been publicized, yet it is an equally dark part of the relationship our health care system has with Indigenous peoples. We, as health care practitioners, need to be aware of what has shaped that relationship," says Livingstone.

There were 29 racially segregated hospitals that operated in Canada up until 1981. Originally built to isolate Indigenous tuberculosis patients from the general population, they were ultimately expanded to include all other illnesses. Like residential schools, many were church-run, and were places were physical, psychological, emotional, cultural and sexual abuses occurred. Indian hospitals are in part responsible for creating the ongoing distrust Indigenous Peoples have of the health care system.

Community Wellness

The Circle hosted its annual "culture as treatment" symposium. This year's two-day event focused on health equity and child and youth mental health. The LHIN-funded report Now, Now, Now: Mental Wellness for Indigenous Youth in the Champlain Region was a focal point of the event. It is the first in a series of work intended to showcase what culturally-informed mental health care for Indigenous youth should offer.

Francophones

Access to quality French-language health services directly impact the health of the more than 250,000 Francophones in Champlain.

The LHIN continued to expand its relationships with several community organizations. Highlights include:

- *Opening of the Limoges Health Centre, which provides a number of health services to the more than 4,000 residents of Limoges in Prescott-Russell, an area of the Eastern Champlain sub-region. The Champlain LHIN provided additional annualized funding to the Centre de santé communautaire de l'Estrie (a community health centre) to set up a new site in the Limoges centre. Previously, Francophone clients in this area of the Champlain region lacked sufficient linguistically appropriate access to primary health services.*
- *Celebrating the Centretown Community Health Centre's new French-language service designation, which has resulted in increased access to the roughly 850 Francophone clients served by the agency annually. The Centre's full designation was achieved through support from the LHIN and the French Language Health Services Network of Eastern Ontario (Le Réseau).*

Louise Shires (centre) a client of the Limoges Health Hub during an exercise class with Audrey Beauséjour, health promoter and registered kinesiologist, during an exercise class provided by the Limoges Health Centre. Also in the photo (left) is fellow classmate, Jacqueline Dazé.

- *Collaborating with Le Réseau to launch a new provincial reporting tool. It allows health service providers and LHINs to analyze needs, gaps in services, and priorities for Francophone patients. The tool is used to collect quantitative data on French-language health services, including home and community care.*

In addition, all LHIN-funded health service providers submitted their French-language services annual reports to the LHIN. These reports provide important insight into French-language human resource capacity in provider organizations, helping the LHIN and partners plan for the future.

Focus on Primary Care Services for Francophones

Étienne Grandmaître Saint-Pierre knows the importance of offering French-language health services to Franco-Ontarians. Manager of a recently opened primary-care health site in Limoges, Étienne says receiving services in French is especially important for Francophone patients with memory loss, confusion, or who are in pain.

Going to a medical appointment is not like dropping by the corner store, he insists. "You want to explain the situation so that your health professional understands what is going on, and provides the right diagnosis. And you need to understand the instructions that are given to you in order to improve your health situation."

This year, the Champlain LHIN provided year-after-year funding to Le Centre de santé communautaire de l'Estrie to open a new satellite site in Limoges, located within a health hub offering a number of other services such as dental and pharmacy.

By setting up a site in Limoges, l'Estrie has improved access to primary-care services for a growing community within Prescott-Russell, an area of the Champlain region where the majority of residents speak French.

Louise Shires, a Francophone patient at the health centre, appreciates the new services, which are located just a 10-minute walk from her home. "It makes a big difference," says Louise, who has a synthetic aortic valve in her heart. "A lot of people don't speak English at all, and it helps them to receive services in French, particularly older people."

Francophone client Louise Shires and Élisa Bourdeau, RPN, during a routine blood exam at the Limoges Health Centre.

Newcomers

Significant progress was made by the LHIN this year to improve the health of immigrants and refugees through community engagement, partnerships and funding. Specifically, the LHIN:

- *Contributed to the Ottawa Local Immigration Partnership (OLIP), by participating in its council and co-chairing its health sector table. OLIP is a community network designed to build local capacity to attract, settle, and integrate immigrants. Its health sector table involves providers from a number of sectors including health, settlement, and youth services. This year, OLIP discussed a range of health topics such as the need for interpretation services, mental-health services, and employment opportunities for immigrants in the health sector.*
- *Co-sponsored OLIP's fourth biennial Ottawa Immigration Forum. The event was part of the LHIN's commitment to contribute to OLIP's educational initiatives related to newcomer health and well-being.*

Zhanyuan Han (foreground) travels in a Good Companions van on his way to get groceries. The 85-year-old, who lives alone and is not able to speak English, is grateful for the transportation service, especially because it helps him connect with other seniors. "I don't see other people very often, even from my own building. So it is a good opportunity to know more people and socialize with them," he says, through interpreter Lu Chen. Others in the photo are Jinhao Zhou (front seat) and Zhongying Zhang (back seat).

- *Funded the report, Understanding Immigrant Seniors' Needs and Priorities for Health Care, which was released this year. The work involved consultation sessions with seniors and caregivers in ethno-culturally diverse communities, interviews with isolated seniors, and dialogue with providers. This year, based on the report's recommendations, the LHIN expanded non-urgent transportation services for seniors who speak Mandarin, Cantonese, and Arabic. The program, led by Carefor Health and Community Services and involving several other community-based agencies, assists clients in getting to their medical appointments and to grocery stores.*
- *Collaborated with partners to understand the needs of refugees who have experienced significant trauma, such as having witnessed violence from war or being subjected to torture. Such work has set the stage for the development of future LHIN initiatives in the area of mental health support for refugees.*

Lu Chen assists Zhanyuan Han with groceries. Originally from China, Lu speaks Mandarin and English and works as a client coordinator. She agrees that these types of services reduce isolation among seniors. "The program fosters their independence to stay at home for longer instead of going to long-term care homes or retirement homes," she says. "Clients meet through this program and later they reconnect with each other, go for coffee, play cards, and socialize."

Other Activities and Results

Building Healthy Communities Informed by Population Health Planning

Planning within sub-regions is an important way to achieve the LHIN's mission of building a coordinated, integrated and accountable health system for people where and when they need it. While Champlain residents may get health care wherever they need it, focusing on smaller areas to plan health service delivery makes sense: our region is very large, and health needs vary among people living in different parts of our region.

With the goal of improved patient and client health outcomes, five sub-regions were formed to be the focal point for integrated health service planning and delivery (see map below). Sub-regions were established in Ontario as a key component of the *Patients First Act, 2016*.

This year, the Champlain LHIN and health system partners, including public health, hospitals, and community health-service providers, collaborated to develop helpful data for each sub-region. The result of these efforts, the *Sub-Region Population Health Profiles Report* provides key indicators that impact the health of Champlain LHIN residents. The goal of the report is to provide baseline information that helps identify each sub-region's strengths, challenges, and needs. The report supports priority setting and planning.

Leadership teams were established in each sub-region, consisting of people with administrative, clinical, home and community care and public health expertise. Together, these leadership teams form the Champlain LHIN Sub-Region Leadership Council, which guides sub-region development.

Primary Care

The Health Links approach creates seamless care coordination by ensuring people living with chronic and complex needs are better able to manage all of their health care services and supports. Each Health Links patient receives a coordinated care plan, ongoing care coordination and a care team supporting their goals.

In 2017-18, more than 2,900 people in the Champlain region received better coordinated care due to the Health Links approach. The number of primary care providers (family doctors and nurse practitioners) involved in this new way of working to support patients is growing: 83 per cent of care teams include at least one primary care provider, compared to 72 per cent in 2016-17.

To improve linkages between primary care and the rest of the health system, it is critical for the LHIN to meaningfully engage with primary care providers. An example of LHIN engagement with primary care includes the Champlain Primary Care Congress. This annual engagement and knowledge-exchange event took place in March 2018, in partnership with the University of Ottawa, Faculty of Medicine's Office of Continuing Professional Development.

Over 100 participants (clients, families, caregivers, clinicians, community organizations,

researchers, planners, and decision-makers) engaged in discussions about how to work together within the recently developed sub-regions, with the goal of improving patient and client health outcomes.

Quality Improvement, Consistency and Outcomes-Based Delivery

In 2017-18, the Champlain LHIN continued to enhance public reporting through its Quarterly Performance Report, which provides a view of progress or status on the key health system indicators that the LHIN is accountable for. Additionally, with the introduction of the Board Quality Committee, the Champlain LHIN provides monthly reports related to home and community care wait lists. This promotes discussions related to access to care and equity within home and community care services, and the health system as a whole.

In 2017-18, the Champlain LHIN submitted a Quality Improvement Plan (QIP) on home and community care services to Health Quality Ontario. The QIP included nine indicators addressing effective care, patient-centred care, timely care, and safe care.

Improvements included:

- *Partnerships with a rural health hub to improve access to cardio-pulmonary rehabilitation services for patients with Chronic Obstructive Pulmonary Disease.*
- *Collaboration with a hospital partner to create and administer an evaluation tool to assess patients' experiences with their transition from hospital to home.*
- *Palliative care education on advanced care planning education for care coordinators.*

In addition, the Champlain LHIN utilizes patient experience survey data, safety reporting data, and feedback from patients and their caregivers to inform improvement efforts

Formal Integration Activity

These are the two formal integrations that were approved by the LHIN Board in 2017-18:

- ***Community Support Services in Eastern Champlain*** *(July 2017)*
  In December 2016, the Canadian Red Cross (Cornwall Branch) informed the LHIN it would no longer be a provider of LHIN-funded community support services. Since then, extensive work took place to transfer the provision of these services to Carefor Health and Community Services (Eastern Counties), with minimal disruption to the nearly 1,250 impacted clients, On April 1, 2018, the transfer of services to Carefor was complete, and Canadian Red Cross Cornwall Branch ceased to be a Champlain LHIN-funded health service provider.
- ***The Royal's Hospital Information System*** *(November 2017)*
  The Royal's Hospital Information System (HIS) requires updating to better serve the needs of its patients and clinicians. The Champlain LHIN Board of Directors supported the voluntary integration of the HIS between The Royal, and the Ontario Shores Centre for Mental Health Sciences and the Waypoint Centre for Mental Health.

Progress on Infrastructure Projects

The Champlain LHIN reviews capital project proposals from LHIN-funded health service providers to ensure that they align with local health needs. After receiving LHIN endorsement, each project is considered for approval by the Ministry of Health and Long-Term Care.

This year, the LHIN endorsed the program and service elements outlined in these projects and were then approved by the Ontario Government or Ministry:

- *The Ottawa Hospital's plan to build a new Civic Hospital: the LHIN endorsed the Master Program for the siting of services across The Ottawa Hospital's campuses and the preliminary service profile for a new Civic Hospital to be located in the Carling Avenue and Preston Street area.*
- *The Queensway Carleton Hospital's plan to redevelop its mental health program space.*
- *Pembroke Regional Hospital's plan to redevelop its surgical services and related areas: the LHIN endorsed the Stage 2 submission for the scope and sizing of the surgical services.*
- *Arnprior Regional Health's plan (Stage 2) to modernize its central sterile reprocessing department.*

In addition, the LHIN worked with health service providers to advise the Ministry on investments to enhance health services infrastructure, including:

- *Hospital Infrastructure Renewal Fund: Champlain LHIN hospitals received approximately $11 million to address urgent infrastructure needs such as water, electrical, and fire protection systems.*
- *Hospital Energy Efficiency Program: 14 hospitals in the LHIN received a total of $3.6 million to improve energy efficiency through replacement or retrofitting of heating and air conditioning, lighting and refrigeration systems.*
- *Community Infrastructure Renewal Fund: Six community health service providers received a total of $466,600 to upgrade buildings and building systems to ensure safety and accessibility.*
- *Long-Term Care Homes: LHIN staff were engaged in the implementation of Aging with Confidence – Ontario's Action Plan for Seniors. The Ministry supported applications from 13 proponents to develop 637 new beds across the region by 2022.*

Transparency & Public Accountability

In 2017-18, the Champlain LHIN allocated more than $2.46 billion to support 243 programs across 6 sectors (see below).

For the list of LHIN-funded health service providers and their accountability agreements, please visit our website.

Programs and Allocation by Sector (2017-18)

Programs	Sector	Annual Allocation	% of total
20	Hospitals	$1,818,071,173	73.8%
60	Long-Term Care Homes	$363,641,729	14.8%
1	Champlain LHIN Home & Community Care*	$36,620,754	1.5 %
68	Community Mental Health and Addiction Services	$100,625,134	4.1%
83	Community Support Services	$76,048,129	3.1%
11	Community Health Centres *(including satellites)*	$66,733,068	2.7%
243		**$2,461,739,987**	**100%**

**On May 24, 2017, funding for the Home and Community Care sector transferred to the Champlain LHIN operating budget.*

Overall, service volumes continued to increase. The LHIN distributed more funding (roughly $5 million) to community-based agencies compared to 2016-17.

The LHIN negotiated agreements with providers in all sectors (see table above). In the agreements, the LHIN and providers established financial and operational targets, as well as targets for service volumes and wait times. The LHIN worked with providers, monitoring results and when needed, taking actions to optimize performance at the individual and system levels.

During the year, additional funding was provided in Champlain to support increased hospital service volumes, including quality-based procedures and provincial priority programs.

Quality-based procedures are generally high volume procedures for which common clinical guidelines are applied. Examples include hip and knee replacement surgery and rehabilitation, cataract surgery, Chronic Obstructive Pulmonary Disease treatment, congestive heart failure treatment and stroke care.

Provincial priority programs are highly specialized, lower-volume services delivered by a small number of hospitals across the province. Examples include advanced cardiac care, critical care, specialized neurosciences procedures and bariatric care.

Bundled Care

The Champlain LHIN worked to improve musculoskeletal services in the region, specifically hip and knee replacements, through a new funding model called Bundled Payments.

The approach, to be launched in early 2018-19, supports adoption of best clinical practices, a seamless journey of patients from one level of care to another, and increased health-system efficiency. It involves pre-operative services, surgery, and post-operative rehabilitation. The Queensway Carleton Hospital and Hôpital Montfort have taken on lead roles. It is expected that more than 2,000 patients will be part of this initiative in its first year of operation.

Local Health System Performance

The Ministry-LHIN Accountability Agreement (MLAA) defines the relationship between the Ministry of Health and Long-Term Care and the Champlain LHIN in the delivery of local health care programs and services. It establishes a mutual understanding and outlines respective performance indicators for the region, within a pre-defined period. Below, provincial and Champlain LHIN results on the 20 indicators are grouped by Performance (1-13) and Monitoring (14-20).

Performance Indicators

Champlain LHIN Performance on MLAA Targets: 2017-18

Indicators		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)
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%	78.86%	77.03%	77.33%	72.54%
After rising client demand resulted in a wait list increase in 2016-17, the LHIN received increased funding for home care services at the end of 2016-17 and beginning of 2017-18. The LHIN swiftly increased services and prioritized patients with complex needs; however, after ramping up the level of service available in the first half of 2017-18, the LHIN began to experience the effects of a significant provincial shortage of personal support workers. To address the resulting service shortages and mitigate the impacts of limited capacity, the LHIN has been working with contracted providers, local colleges, paramedics and other non-contracted provider organizations. To better utilize available personal support resources, we conducted a trial of the provincial "Client Partnered Scheduling" initiative, where clients who have some scheduling flexibility can receive personal support services when more workers are available.									
2	Percentage of home care clients who received their nursing visit within five days of the date they were authorized for nursing services*	95.00%	93.71%	94.00%	96.07%	96.21%	91.70%	93.48%	96.04%	96.04%
Almost all home-care patients receive a nursing visit within five days, which means the LHIN has met the Ministry-LHIN access target for nursing services for two consecutive years. The prioritization of nursing services over the years has allowed contracted service providers to develop and maintain adequate capacity for nursing service when needed. Efficient processes for intake, referral and scheduling between the LHIN and contracted service providers has meant the Champlain LHIN has maintained virtually no waiting list for nursing services.										

	Indicators	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)
Performance Indicators										
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	62.00	55.00	34.00	55.00
The LHIN received increased funding for home care services at the end of 2016-17 and beginning of 2017-18. After quickly ramping up services, the LHIN began to experience contracted service provider capacity limitations due to human resources shortages, particularly for personal support workers, occupational therapists, and speech therapists. Wait lists and wait times for home care services are monitored closely, and the LHIN worked with contracted service providers to ensure timely, continuous and comprehensive care for patients requiring home care services. Planned internal process improvements are expected to assist in improving this metric next fiscal year.										
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	7.00	7.00	7.00	8.00
The 90th percentile wait time from hospital discharge to home care service increased by one day in the past year to eight days. The increase was related to growth in the overall home care wait list through 2016-17. In addition, a subset of hospital patients with less urgent needs wait longer, adversely impacting the wait time measure. The LHIN received and has been implementing increased funding for home care services throughout 2017-18, and the wait time is expected to return to seven days during the next fiscal year. The LHIN also actively worked with hospital partners to improve communication regarding discharge planning to ensure a more seamless and timely transition to community services.										
5	90th percentile emergency department (ED) length of stay for complex patients	8 hours	10.13	9.97	10.38	10.75	10.68	10.38	11.22	11.68
The 90th percentile time spent in the emergency room for patients with complex needs has been increasing over the past two years. Patients with complex needs spend more time in the emergency department, as they often require more services such as tests and consultations with specialists. Patients who need to be admitted to hospital wait the longest, and that time is extended when the hospital is over capacity. The Champlain LHIN has been experiencing ongoing occupancy challenges since 2016-17, especially in Ottawa and Cornwall. With additional funding, this year, the LHIN put in place initiatives to prevent or reduce the number of avoidable emergency-room visits, especially during the peak season. For example, the LHIN and a number of partners in the region, including public health and paramedics, worked collaboratively to reduce or divert seasonal emergency visits in innovative ways, with early positive results. The LHIN also implemented strategies to decrease the number of people waiting for an alternate level of care with an aim of providing more appropriate services and freeing up hospital beds for patients in the emergency room awaiting admission. In the fourth quarter, the growth of Champlain emergency room patient volumes was lower than the overall provincial growth.										

Indicators		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)
Performance Indicators										
6	90th percentile emergency department (ED) length of stay for minor/uncomplicated patients	4 hours	4.03	4.07	4.15	4.38	4.52	4.58	4.77	5.03
The 90th percentile time spent in the emergency room for patients with minor or uncomplicated needs has been increasing over the past two years, particularly in the fourth quarter of 2017-18. Delays in the emergency department that occur for complex patients (detailed above) also affected the length of stay for uncomplicated needs. In addition, the Champlain LHIN experienced an earlier and worse influenza season than the previous year, and an overall increase in emergency volumes, particularly in the fourth quarter. Two hospitals had longer 90th percentile lengths of stay for uncomplicated needs than the rest of the region. The 90th percentile time in the emergency department is longer for people who present to the emergency room after 10:00 p.m. compared to the daytime, when tests and specialist consultations are more available. Champlain hospitals continued to work to improve emergency department flow, such as matching staffing levels to peak times. At the same time, the LHIN and a number of partners, including public health, nurse-led outreach teams, and paramedics, worked collaboratively to reduce or divert seasonal volumes of emergency visits in innovative ways, with early positive results in terms of public education, immunizations/vaccinations, assessing and providing care or referrals in the community, and reduced transports.									
7	Per cent of priority 2, 3 and 4 cases completed within access target for hip replacement	90.00%	81.51%	79.97%	78.47%	77.99%	81.96%	85.27%	90.84%	89.76%
The percentage of priority 2,3 and 4 hip replacements that occurred within the Ministry-LHIN access target has improved substantially since 2014-15, and had remained close to target for two years, as a result of the implementation, maintenance and continued monitoring of a central intake process for both hip and knee replacements. The Hip and Knee Central Intake model has been recognized by the Ministry as a model for orthopedic central intake to be emulated in other LHINs. The Champlain Regional Orthopedic Network will expand the current hip and knee central intake model to other musculoskeletal conditions beginning in 2018-19. Additional funded volumes also helped to improve the region's success in meeting provincial targets. In the last quarter of 2017-18 the Champlain LHIN's result of 90.10% was well above the provincial average rate of 78.32%, a positive result.									
8	Per cent of priority 2, 3 and 4 cases completed within access target for knee replacement	90.00%	79.76%	79.14%	75.02%	73.72%	85.02%	88.02%	86.19%	89.16%
The percentage of priority 2,3 and 4 knee replacements that occurred within the Ministry-LHIN access target has improved substantially since 2014-15, and had remained close to target for two years, as a result of the implementation, maintenance and continued monitoring of a central intake process for both hip and knee replacements. The Hip and Knee Central Intake model has been recognized by the Ministry as a model for orthopedic central intake to be emulated in other LHINs. The Champlain Regional Orthopedic Network will expand the current hip and knee central intake model to other musculoskeletal conditions beginning in 201819. Additional funded volumes also helped to improve the region's success in meeting provincial targets. In the last quarter of 2017-18 the Champlain LHIN's result of 93.80% was the best result since 2013, and well above the provincial average rate of 72.99%, a positive result.									

Indicators		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)
Performance Indicators										
9	Percentage of Alternate Level of Care (ALC) Days*	9.46%	14.35%	14.50%	15.69%	15.18%	12.10%	12.70%	14.20%	14.11%
The number of days that patients who waited in acute hospital beds for an alternate level of care, as a proportion of the total inpatient days, has been at an increased level for the past two years in Champlain, though remaining below the provincial rate. The LHIN continued to work with hospital and community partners to ensure patients received care in the right location. Initiatives to reduce the number of days waiting for an alternate level of care include: changes to sub-acute capacity, initiatives to expedite the transfer of patients to long-term care (including a Preferred Accommodation Supplement for low-income patients, and a new model of community care, Enhanced Assisted Living, that has diverted patients waiting for placement into long-term care homes to a supported community option), a "Sub-acute for the Frail Elderly" unit, and “Home First”. In recent quarters, there has been a decrease in the number of people waiting in acute beds for long-term care, a positive development. A regional approach to standardize to leading practices in discharge planning is being implemented to target the 53% of patients waiting for an alternate level of care who were waiting less than eight days; it is expected to be implemented before the next influenza season (third and fourth quarter of 2018-19).									
10	ALC rate	12.70%	13.70%	13.98%	15.19%	15.68%	12.13%	12.64%	13.94%	14.47%
The number of days that people spend waiting in acute and sub-acute hospital beds for an alternate level of care (as a proportion of the total inpatient days in the same period), has been increasing for the past four years, though remaining slightly lower than the provincial rate. A patient flow report was published daily by the LHIN to support hospitals in identifying system capacity and enhancing patient flow with their partners. Additionally, during the fourth quarter, the LHIN held daily calls with hospitals to further support flow. The LHIN also participated in daily calls with the Ministry of Health and Long-Term Care. The LHIN continued to work with system partners on initiatives such as community-based alternatives to long-term care, sub-acute system capacity planning and developing new strategies to address the needs of people with complex needs who wait in hospital for a very long time.									
11	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	16.30%	19.62%	20.19%	20.67%	20.97%	18.02%	17.72%	18.19%	17.87%
The proportion of repeat unscheduled emergency visits within 30 days for people with mental health conditions has been fairly stable around 18% for the past four years, which is better than the provincial average, but still higher than the target of 16.3%. Significant hospital pressures have been identified with respect to mental health emergency department visits and admissions. Hospital leaders met to problem-solve and develop collective solutions. For example, initial meetings were held among hospital leadership to establish a regional program for inpatient mental health and addictions services. Recent initiatives included the deployment of new online provincial resource aimed at supporting people with moderate mental health issues—the Canadian Mental Health Association’s “Bounce Back" and the Ontario Telemedicine Network’s "Big White Wall." Bounce Back offers telephone coaching upon referral from a primary care practitioner. Big White Wall is a self-care community moderated by trained "Wall Guides". Both initiatives, when fully implemented, should have a positive impact on this indicator for individuals with moderate depression and anxiety.									

	Indicators	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)
Performance Indicators										
12	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	22.40%	31.34%	33.01%	32.50%	32.25%	27.02%	27.41%	25.02%	24.74%

The proportion of repeat unscheduled emergency visits within 30 days for substance use conditions has improved slightly in the past two years—better than the provincial average, but still higher than the target. The Champlain LHIN met the 22.4% target in two quarters during the past year.

The LHIN piloted and then funded the Alcohol Medical Intervention Clinic, with plans to spread the focus to substances other than alcohol. Located at the Royal Ottawa Mental Health Centre, the clinic provides assessment, treatment, triage, and transitions to appropriate levels of care (sometimes rapid admission to medically managed inpatient beds), and navigation to other addiction services, including connection to a primary care provider if needed. Before this program was created, wait times for medical withdrawal management in the Champlain LHIN were long and access was much more limited.

Though most substance-related emergency visits still pertain to alcohol use, a growing proportion are due to other substances. The LHIN deployed a comprehensive opioid strategy (including rapid access to treatment, harm reduction, public education, and the wide distribution of naloxone) which has likely had a positive impact on this component of re-visits to the emergency department in Champlain.

13	Readmission within 30 days for selected HIG conditions**	15.50%	16.60%	16.65%	16.74%	16.41%	16.11%	16.84%	16.35%	15.46%

The Champlain 30-day readmission rate for selected conditions met the provincial target, remains the fourth best result across the LHINs, and is lower than the provincial average. The percentage of patients readmitted within 30 days has decreased for the past two years. The number of re-admissions reported in Q2 2017-18 (567) was the lowest since 2013. In particular, there was a reduction in the readmissions for pneumonia, heart failure and diabetes.

The Health Links approach continued to spread and scale across the region. At the end of fourth quarter 2017-18, over 2,900 people with complex and chronic conditions had received the health link approach to coordinated care. Preliminary Health Link results show reduced hospital use.

In addition, a number of targeted initiatives and investments, at various stages of implementation, have improved access to outpatient and community services for people with chronic conditions. The LHIN's diabetes education programs increased their caseloads by 9% and Diabetes Central Ottawa (a one-access point intake and referral program for community education and support in Ottawa and Kemptville) processed 12% more referrals in 2017-18, compared to the previous year. As part of the LHIN's Regional Heart Failure Strategy, regional clinics were established in Renfrew and Cornwall to provide services closer to home. The Heart Failure Transitional Care Program supported over 400 clients to transition successfully from hospital to home and 120 clients were served by the rapid intervention clinic helping to avoid hospital admissions. The Complex Respiratory Care program (see page 10 to read a client story on this initiative), provides outreach services, training and ongoing support to clients with complex needs in the community, and has now supported over 18 clients and their caregivers as they transition home.

Indicators		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)
Monitoring Indicators										
14	Per cent of priority 2, 3 and 4 cases completed within access target for cataract surgery	90.00%	91.93%	88.09%	85.01%	83.95%	89.84%	88.91%	85.86%	81.70%
Percentage of priority 2, 3, and 4 cataract-surgery cases within the access target has mirrored provincial results, worsening slightly since 2014-15. The LHIN initiated a Vision Care Committee in 2014-15, which developed recommendations and a work plan. Since 2016-17, the Vision Care Committee created a patient survey and a LHIN scorecard for vision care, provided an analysis of cataract surgery capacity, and developed a proposal for clinic expansion and additional operating room cases for pediatric strabismus. In 2018-19, the Ministry will be providing one-time funding to alleviate wait times for cataract surgery and pediatric strabismus.									
15	Per cent of priority 2 and 3 cases completed within access target for MRI scans	90.00%	59.47%	62.58%	67.57%	69.77%	52.32%	56.84%	77.55%	73.60%
The Magnetic Resonance Imaging (MRI) scan wait times for priority 2 and 3 cases worsened slightly compared to the previous year. A number of machine renovations and replacements in the region may have slightly impacted the rate. MRI service providers continued to work together to optimize efficiency and balance the volumes. For example, the University of Ottawa Heart Institute entered into a Ministry-approved arrangement with the Royal Ottawa Health Care Group to use the Royal's research MRI unit for clinical care while the Heart Institute's renovations of diagnostic imaging space were undertaken. In the fourth quarter of 2017-18, some incremental hours were reallocated from Hôpital Montfort to Queensway Carleton Hospital and Cornwall Community Hospital, while Hôpital Montfort was in the process of replacing a unit. A regional centralized intake plan and model are being finalized for implementation in 2018-19.									
16	Per cent of priority 2 and 3 cases completed within access target for CT scans	90.00%	78.25%	78.18%	82.11%	84.73%	81.30%	75.52%	83.28%	83.18%
The percentage of priority 2 and 3 cases completed within the access target for Computerized Tomography (CT) scans has improved in the past two years. Although results are very good for urgent Priority 1 (100% throughout the period) and for Priority 2 (96%), results for less urgent Priority 3 and 4 cases continued to be below the target. Providers collaborated to optimize performance and balance the volumes. Of particular concern was the wait time at one hospital for Priority 4 cases where demand exceeded capacity; that hospital is referring some CT cases to other hospital CT providers. A regional centralized intake plan and model are being finalized for implementation in 2018-19.									
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	20.00	21.00	24.00	24.50
Wait times from application to eligibility determination for long-term care placements for clients in the community setting are longer in Champlain, compared to the province as a whole. People who are in crisis situations are always assessed on a priority basis as soon as possible. The LHIN will seek opportunities to reduce the number of days through engagement with primary care physicians who conduct assessments, and will continue to improve care coordinator visit planning.										

Indicators		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)
Monitoring Indicators										
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	11.00	10.00	9.00	13.00
Wait times from application to eligibility determination for long-term care placements from acute-care settings are also longer in Champlain compared to Ontario as a whole. People who are in crisis situations are always assessed on a priority basis as soon as possible. Improving processes as outlined above will help mitigate this challenge.										
18	Rate of emergency visits for conditions best managed elsewhere per 1,000 population*	NA	19.56	18.47	17.12	12.06	21.94	20.23	18.66	13.48
Visits to emergency departments for conditions best managed in the community showed significant improvement over the last two years. Several LHIN initiatives are likely contributing to these positive results. A growing number of people with chronic and complex conditions are receiving better coordinated care and support in the community through the Health Links approach. Other initiatives such as improving access to primary care, community paramedicine, chronic disease programs, mental health and addictions programs, nurse practitioner supports for long-term care, and a coordinated strategy to address seasonal increases in people seeking care in emergency departments made a positive difference. The Quality Practice Facilitation program, funded by the LHIN, focused on projects to improve access, office efficiency and chronic disease management in primary care practices with a potential impact on over 60,000 patients across the region. The LHIN, in collaboration with partners, also developed and implemented communications and diversion strategies to assist people in accessing appropriate care for patients with flu-like symptoms.									
19	Hospitalization rate for ambulatory care sensitive conditions per 100,000 population*	NA	320.78	320.13	321.18	243.31	297.25	305.79	303.84	213.46
The Champlain LHIN performance on this indicator has been consistently better than the provincial average over the last four years. Initiatives in the region supporting people with chronic conditions in the community may be contributing to the positive results. Examples of programs with potential impact include chronic disease programs in lung health and stroke rehabilitation. In addition, the Health Links initiative continued to scale with over 2,900 people in our region with complex and chronic conditions receiving better coordinated care in the community through this approach as of the end of the fourth quarter of 2017-18.										
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%	42.31%	42.08%	43.03%	42.67%
Transitions of care between hospitals and primary care providers may be impacted by a number of factors, thus requiring varied solutions. The LHIN continued to focus on the implementation of the Health Links approach to care coordination, which connected unattached patients with complex needs to primary care providers when needed, and facilitated better communication between hospital providers and other health professionals. Family Health Teams and Community Health Centres prioritized this indicator by including it in their formal Quality Improvement Plans. Development of chronic disease pathways, such as for Chronic Obstructive Pulmonary Disease (COPD), helped to improve connections between hospitals and primary care. Hospital eNotification systems were also beneficial, as they informed primary care and home care providers of patient discharges.									

* = Fiscal Year (FY) 2017-18 is based on the available data from the FY (Q1, Q2, Q3, 2017-18) ** = FY 2017-18 is based on the available data from the FY (Q1 and Q2, 2017-18)

Operational Performance

In 2017-18, the LHIN continued to plan and coordinate programs and projects aligned with the *Integrated Health Services Plan 2016-19*, and worked with providers and partners to ensure sustainability of the region's health services. The LHIN's mandate also grew this year to include the provision of home care services beginning May 24, 2017.

Throughout this transition, the Champlain LHIN has kept operational and project costs to a minimum and effectively managed its annual budget, meeting the Minister's direction to reduce non-clinical management and related administrative and operational expenditures by 8 per cent. The LHIN office ended the year with a $1.3 million surplus, representing 0.55 per cent of the total operating budget of $232.4 million. Contracted out clinical services made up the bulk of expenses, representing 66.6 per cent of the total. Salaries and benefits of $57.56 million represented 24.8 per cent of total expenditures. Board expenses decreased slightly by 4.4 per cent over 2016-17 expenses, as membership stabilized and the transition was completed.

In 2017-18, the LHIN received funding for a number of initiatives, including:

- *The French Language Health Services Network of Eastern Ontario (French Language Planning Entity for the Champlain and South East LHINs);*
- *Physician Leads for Critical Care, Emergency Department, Primary Care and Chronic Disease Management; and,*
- *Sub-Regional Clinical Leads.*

Funding for Enabling Technologies was distributed using a cluster approach. The Champlain LHIN continued in its role as the "cluster lead", coordinating funding on behalf of the South East, North East and North West LHINs.

The Champlain LHIN also continued to lead and operate the Pan-LHIN Translation Service, which provided translation and revision services to all 14 LHINs and Health Shared Services Ontario.

In 2017-18 the LHIN received the final installment of one-time funding of $180,000 to support the *Patient's First* transition.

Board of Directors – Member Appointments

(Biographies available at www.champlainlhin.on.ca)

Jean-Pierre Boisclair, FCPA, FCA Chair
Re-appointed March 4, 2018, for a second three-year term

Elaine Ashfield
Re-appointed June 2, 2014, for a second three-year term (ended June 1, 2017)

Marie Biron
Re-appointed June 2, 2014, for a second three-year term (ended June 1, 2017)

Nick Busing
Appointed on June 30, 2016, for a three-year term

Abebe Engdasaw
Appointed on February 15, 2017 for a three- year term

Barbara Foulds
Appointed on April 5, 2017 for a three-year term

Guy Freedman
Appointed on November 4, 2015 for a three-year term

Diane Hupé
Appointed on June 30, 2016 for a three-year term

Anne MacDonald
Appointed on June 2, 2017 for a three-year term

Mindy McHardy
Appointed on June 14, 2017 for a three- year term

Wendy Nicklin
Appointed on October 5, 2016 for a three-year term

Randy Reid, Vice-Chair
Re-appointed August 28, 2016 for a three-year term

Gregory Taylor
Appointed on April 12, 2017 for a three-year term

Pierre Tessier
Re-appointed on April 22, 2018 until December 31, 2018

As Chair and ethics executor for the Board, I confirm that the Champlain LHIN Board has complied with the conflict of interest policy, in accordance with the Local Health System Integration Act, 2006.

Jean-Pierre Boisclair
Chair, Board of Directors

Report of Management

The management of the Champlain Local Health Integration Network (LHIN) is responsible for the preparation and presentation of the accompanying financial statements in conformity with Canadian public sector accounting standards. In preparing these financial statements, management selects appropriate accounting policies and uses its judgment and best estimates to ensure that the financial statements are presented fairly, in all material respects.

The LHIN maintains a system of internal accounting controls designed to provide reasonable assurance, at a reasonable cost, that assets are safeguarded and that transactions are executed and recorded in accordance with the LHIN's policies for doing business. This system is supported by written policies and procedures for key business activities; the hiring of qualified, competent staff; and by a continuous planning and monitoring program.

Deloitte LLP, the independent auditors appointed by the Board of Directors, have been engaged to conduct an audit of the financial statements in accordance with generally accepted auditing standards, and have expressed their opinions on these statements. During the course of their audit, Deloitte LLP reviewed the LHINs system of internal controls to the extent necessary to render their opinion on the financial statements.

The Board of Directors is responsible for ensuring that management fulfills its responsibility for financial reporting and internal control, and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Finance and Audit Committee. The Committee met ten times in 2017-18 to review audited and unaudited financial information. Deloitte LLP has full and free access to the Finance and Audit Committee.

Management acknowledges its responsibility to provide financial information that is representative of the LHIN's operations, is consistent and reliable, and is relevant for the informed evaluation of the LHIN's activities.

Chantale LeClerc
Chief Executive Officer

Richard Wilson
Interim Vice President
Performance, Accountability, Corporate Services and CFO

May 31, 2018

Audited Financial Statements

Financial statements of

Champlain Local Health Integration Network

March 31, 2018

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Independent Auditor's Report

To the Members of
The Board of Directors of the
Champlain Local Health Integration Network

We have audited the accompanying financial statements of the Champlain Local Health Integration Network, 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 Champlain Local Health Integration Network as at March 31, 2018, and the results of its operations, changes in 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
May 31, 2018

Champlain Local Health Integration Network

Statement of financial position

As at March 31, 2018

	Notes	2018	2017
		$	$
Assets	3		
Current assets			
Cash		**15,489,893**	745,088
Due from Ministry of Health and Long-Term Care		**11,252,159**	12,791,240
Due from other LHINs - Enabling Technologies		**65,674**	—
Due from other LHINs - Translation		**82,712**	—
Due from Health Shared Services Ontario		**407,468**	—
Accounts receivable		**2,388,437**	42,741
Prepaid expenses		**8,018**	11,746
		29,694,361	13,590,815
Capital assets	7	**1,190,724**	25,576
		30,885,085	13,616,391
Liabilities			
Current liabilities			
Accounts payable and accrued liabilities		**15,028,715**	607,843
Due to Health Service Providers		**10,924,234**	12,791,240
Due to Ministry of Health and Long-Term Care	4	**3,633,517**	186,517
Due to other funders		**99,195**	—
Due to Health Shared Services Ontario		**8,700**	5,215
		29,694,361	13,590,815
Deferred capital contributions	8	**1,190,724**	25,576
		30,885,085	13,616,391
Commitments and contingent liabilities	9 and 16		
Net assets		**—**	—
		30,885,085	13,616,391

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

Approved by the Board

Board Chair

Audit Committee Chair

Champlain Local Health Integration Network

Statement of operations and changes in net assets

Year ended March 31, 2018

	Notes	2018 Actual	2017 Actual
		$	$
Revenue			
MOHLTC funding - transfer payments	13	**2,461,739,987**	2,632,357,165
Operations, initiatives and amortization			
MOHLTC funding - operations and initiatives		**231,382,029**	9,476,796
Interest income		**272,211**	—
Amortization of deferred capital contributions	8	**326,913**	68,458
Other revenue		**3,156,297**	—
Less			
Enabling Technology funding allocated to other LHINs		**(1,464,326)**	(1,530,000)
Funding repayable to MOHLTC		**(1,172,512)**	(138,384)
Funding repayable to other funders		**(99,195)**	—
		232,401,417	7,876,870
		2,694,141,404	2,640,234,035
Expenses			
HSP transfer payments		**2,461,739,987**	2,632,357,165
Operations, initiatives and amortization			
Contracted out			
In-home/clinic services		**146,264,074**	—
School services		**3,218,105**	—
Hospice services		**5,300,700**	—
Salaries and benefits		**57,559,368**	5,419,866
Medical supplies		**9,168,034**	—
Medical equipment rental		**3,189,713**	—
Supplies and sundries		**3,411,979**	767,390
Building and ground		**2,555,128**	490,924
Amortization		**326,913**	68,458
Repairs and maintenance		**265,527**	390
Professional services		**918,026**	—
Board costs		**129,969**	136,005
Le Reseau Program costs		**993,370**	993,837
		233,300,906	7,876,870
		2,695,040,893	2,640,234,035
Excess of revenue over expenses before the undernoted		**(899,489)**	—
Net assets assumed on transition	11	**899,489**	—
Excess of revenue over expenses		**—**	—
Net assets, beginning of year		**—**	—
Net assets, end of year		**—**	—

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

Champlain Local Health Integration Network

Statement of cash flows

Year ended March 31, 2018

	Notes	2018	2017
		$	$
Operating activities			
Excess of revenue over expenses		—	—
Cash received on transition	11	10,400,623	—
Net assets assumed on transition	11	(899,489)	—
Less amounts not affecting cash			
Amortization of capital assets		326,913	68,458
Amortization of deferred capital contributions		(326,913)	(68,458)
		9,501,134	—
Changes in non-cash operating working capital items	10	5,243,671	182,271
		14,744,805	182,271
Investing activities			
Purchase of capital assets		(573,077)	—
Increase in deferred capital contributions		573,077	—
		—	—
Net increase in cash		14,744,805	182,271
Cash, beginning of year		745,088	562,817
Cash, end of year		15,489,893	745,088

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

1. Description of Business

The Champlain 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 Champlain 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 Renfrew County, the City of Ottawa, Prescott & Russell, Stormont, Dundas & Glengarry, North Grenville and four parts of North Lanark. Most people live in the Ottawa area. Cornwall, Clarence-Rockland and Pembroke/Petawawa are also large communities. The LHIN enters into service accountability agreements with Health Service Providers (HSP).

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 HSP.

(b) Effective May 24, 2017, the LHIN assumed the responsibility to provide health and related social services and supplies and equipment for the care of persons in home, community and other 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 other programs and places where community services are provided under the *Home Care and Community Services Act*, *1994,* and to provide information to the public about, and make referrals to, health and social services. See Note 11 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 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 MLAA, 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 MLAA 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.

Capital assets

Purchased capital assets are recorded at cost. Repairs and maintenance costs are charged to expense. Betterments, which extend the estimated life of an asset, are capitalized.

Capital assets are amortized on a straight-line basis based on their estimated useful life on the following terms:

Furniture and equipment	10 years
Computer and communication equipment	3 years
Computer software	3 years
Leasehold improvements	5 years

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

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as capital asset are recorded as deferred capital contributions and are recognized as revenue over the estimated useful life of the asset reflective of the provision of its services. This amortization revenue is in accordance with the amortization policy applied to the related 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 its history or accountability in the past, and therefore retroactive application with restatement of prior periods is permitted only in certain circumstances. The impact of this policy on the current year is detailed in Note 11.

2. Significant Accounting Policies (continued)

Financial instruments

Financial assets and financial 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.

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 certain services related to home care 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 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.

4. Funding repayable to the MOHLTC (continued)

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

	2018	2017
	$	$
Due to MOHLTC, beginning of year	**186,517**	145,204
Surplus funding received for PSW training repayable to MOHLTC	**61,457**	—
Funding repaid to MOHLTC	**(247,974)**	(97,071)
Funding repayable to MOHLTC transferred on May 24, 2017	**2,461,005**	—
Funding repayable to MOHLTC related to current year activities	**1,078,691**	138,384
Funding repayable to MOHLTC related to current year ETI PMO Cluster activities	**93,821**	—
Due to MOHLTC, end of year	**3,633,517**	186,517

5. Enabling Technologies for Integration Project Management Office

In fiscal 2016, the LHIN entered into an agreement with the South East, North East and North West LHINs (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. 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 Champlain LHIN is designated the Lead LHIN with this agreement and as such holds the accountability over the distribution of the funds and manages the shared Integration Project Management Office. In the event that the Cluster experiences a surplus, the Lead LHIN is responsible for returning those funds to the MOHLTC. The total Cluster funding received for the year ended March 31, 2018, was $2,040,000 ($2,040,000 in 2017).

Funding of $1,530,000 ($1,530,000 in 2017) was allocated to other LHINs within the Cluster who incurred eligible expenses of $1,464,326 ($1,530,000 in 2017). The LHIN has set up a payable to the MOHLTC for $93,821.

The following provides condensed financial information for the ETI PMO funding and expenses for the Cluster:

			2018	2017
	Funding allocated $	Eligible expenses $	Excess funding $	Excess funding $
Champlain LHIN	**510,000**	**481,853**	**28,147**	—
South East LHIN	**510,000**	**444,326**	**65,674**	—
North East LHIN	**510,000**	**510,000**	**—**	—
North West LHIN	**510,000**	**510,000**	**—**	—
	2,040,000	**1,946,179**	**93,821**	—

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 *Local Health System Integration Act* (LHSIA) with objects to provide shared services to LHINs in areas, that include human resource 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 Ministry of Health and Long-Term Care.

Board costs

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	**59,325**	66,150
Other Board members' per diem expenses	**49,856**	48,575
Other governance and travel	**21,696**	21,280
	130,877	136,005

7. Capital Assets

			2018	2017
	Cost	**Accumulated amortization**	**Net Book value**	Net Book value
	$	**$**	**$**	$
Furniture and equipment	**3,449,401**	**2,513,198**	**936,203**	20,607
Computer and communication equipment	**4,676,439**	**4,467,298**	**209,141**	—
Computer software	**58,832**	**58,832**	**—**	—
Leasehold improvements	**4,749,874**	**4,704,494**	**45,380**	4,969
	12,934,546	**11,743,822**	**1,190,724**	25,576

8. Deferred Capital Contributions

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

	2018	2017
	$	$
Balance, beginning of year	**25,576**	94,034
Capital contributions assumed on May 24, 2017	**918,984**	
Capital contributions received during the year	**573,077**	—
Amortization for the year	**(326,913)**	(68,458)
Balance, end of year	**1,190,724**	25,576

9. Commitments

Facilities

The LHIN has entered into lease agreements for multiple facilities. Annual lease payments for the next five years at their current rates are as follows:

	$
2019	2,491,298
2020	2,290,044
2021	2,021,194
2022	1,753,575
2023	1,707,830

Operations

The LHIN has entered into operating lease commitments for equipment rental with varied conditions. Annual lease payments for the next four years are as follows:

	$
2019	464,865
2020	411,489
2021	42,081
2022	27,112

Health Service Providers

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. Minimum commitment to Health Service Providers, based on the current accountability agreements, is as follows:

	$
2019	2,386,535,383
2020	1,783,526,480

10. Additional information to the statement of cash flows

	2018	2017
	$	$
Changes in non-cash operating working capital items		
Due from MOHLTC	**1,867,006**	(3,020,298)
Due from other LHINs	**(148,386)**	—
Due from HSSO	**(407,468)**	—
Accounts receivable	**(1,781,942)**	55,449
Prepaid expenses	**60,188**	2,373
Accounts payable and accrued liabilities	**3,971,599**	83,136
Due to Health Service Providers	**(1,867,006)**	3,020,298
Due to MOHLTC	**3,546,195**	41,313
Due to HSSO	**3,485**	—
	5,243,671	182,271

11. Transition of Champlain Community Care Access Centre

On April 3, 2017, the Ministry 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 Champlain Community Care Access Centre (CCAC), to the Champlain LHIN, including the transfer of all employees of the CCAC. This transition took place on May 24, 2017. Prior to the transition, the LHIN funded a significant portion of the CCAC's operations via HSP transfer payments. 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.

	2018	2017
	$	$
HSP transfer payments to CCAC	**36,091,031**	257,788,280
Other income sources	**453,716**	2,951,718
Costs of providing services previously provided By CCAC		
Contracted out services	**(24,362,668)**	(174,212,606)
Salaries and benefits	**(9,275,299)**	(60,687,247)
Medical supplies	**(1,337,823)**	(10,126,515)
Medical equipment rental	**(524,506)**	(3,998,419)
Supplies and sundries	**(379,564)**	(5,233,252)
Building and ground	**(345,383)**	(2,342,734)
Amortization	**(50,353)**	(389,174)
Repairs and maintenance	**(146,694)**	(291,008)
Professional services	**(121,488)**	(1,604,950)
Board costs	**(969)**	(6,024)
	—	1,848,069

11. Transition of Champlain Community Care Access Centre (continued)

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

	$
Cash	**10,400,623**
Accounts receivable	**891,679**
Tangible capital assets	**918,984**
Prepaid expenses	**56,460**
Total assets	**12,267,746**
Accounts payable and accrued liabilties	**10,449,273**
Deferred capital contributions	**918,984**
Total liabilities	**11,368,257**
Net assets assumed	**899,489**

The net asset resulting from this transaction is recorded as revenue in the statement of operations and changes in net assets.

As a result of the transition, the LHIN also assumed the contingent liablities (note 16), and contractual obligations of the CCAC.

Commitments

The CCAC finalized a new lease agreement for its 4200 Labelle Street location in 2016-2017. Annual lease payments for the next five years, including tax maintenance and tax apportionments at their current rates, for the next five years are as follows:

	$
2018	1,885,544
2019	2,122,200
2020	1,919,172
2021	1,899,365
2022	1,879,456
	9,705,737

The CCAC has entered into operating lease commitments for equipment rental with varied conditions. The contracts have terms extending to 2019-2020. Annual lease payments for the next four years are as follows:

	$
2018	353,646
2019	176,998
2020	123,622
2021	14,968
	669,234

11. Transition of Community Care Access Centre (continued)

During the year, transition costs of $147,680 were incurred and have reported as follows:

	$
Salaries and Benefits	147,585
Travel	95
	147,680

Funding of $147,680 received from the Province to offset these transition costs is included in the MOHLTC funding – operations and initiatives in the statement of operations and changes in net assets.

12. Pension Plan

The LHIN contributes to the Healthcare of Ontario Pension Plan (HOOPP), which is a multi-employer plan, on behalf of approximately 755 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 $4,089,744 ($395,820 in 2017) for current service costs and is included as an expense in the statement of operation 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.

13. Transfer Payment to HSPs

The LHIN has authorization to allocate funding of $2,461,739,987 to various HSPs in its geographic area. The LHIN approved transfer payments to various sectors in 2018 as follows:

	2018	2017
	$	$
Operations of Hospitals	**1,710,129,636**	1,675,913,304
Grants to compensate for Municipal Taxation – Public Hospitals	**355,650**	355,650
Long-Term Care Homes	**363,641,729**	355,508,651
Community Care Access Centres	**36,620,754**	257,788,280
Community Support Services and Acquired Brain Injury	**51,265,043**	50,553,922
Assisted Living Services in Supportive Housing	**24,783,086**	24,163,783
Community Health Centres	**66,733,068**	65,762,807
Community Mental Health and Addictions Programs	**100,625,134**	97,805,631
Specialty Psychiatric Hospitals	**107,557,912**	104,477,162
Grants to compensate for Municipal Taxation – Psychiatric Hospitals	**27,975**	27,975
	2,461,739,987	2,632,357,165

The LHIN receives funding from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2018, an amount of $10,924,234 ($12,791,240 in 2017) 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 11, effective May 24, 2017, the LHIN assumed the assets, liabilities, rights and obligations of the Champlain 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.

14. 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.

15. 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*.

16. Contingent Liabilities

Litigation

Prior to the transfer of the CCAC to the Champlain LHIN, the CCAC was involved in litigation arising from a contract award from a predecessor CCAC. Although the claimant has asserted a claim of approximately $12 million, on March 22, 2017, the judge issued a reason for decision, which found in favor of the CCAC. On April 21, 2017 the decision was appealed.
On June 6, 2017, the judge issued a costs endorsement, which ordered the claimant to reimburse the CCAC $1,864,000 for the recovery of legal costs. On April 27, 2018, the Champlain LHIN received a reimbursement cheque from the claimant directed to the Minister of Finance. As the expenses were incurred in a prior fiscal year, the full amount of the settlement is payable directly to the Province of Ontario. This matter is considered resolved.

Operations

Due to the nature of its operations, the LHIN is susceptible to claims from clients, employees, suppliers and past service provider agencies. Management has recorded its best estimate of the outcome of these claims in these financial statements.

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 is a member of the Healthcare Insurance Reciprocal of Canada (HIROC), which is a pooling of the liability insurance risks of its members. Members of the pool pay annual premiums that are actuarially determined. HIROC members are subject to reassessment for losses, if any, experienced by the pool for the years in which they are members, and these losses could be material. No reassessments have been made to March 31, 2018.

Should these result in additional revenues or costs, the difference will be recorded in the year of settlement.

16. Contingent Liabilities (continued)

GST/HST on Personal Support Services

The 2014 federal budget proposed to formally expand the tax exemption for homemaker services to include personal support services. This treatment is in line with current provincial and territorial practices. Starting March 22, 2013, personal support services are HST exempt. However, services provided before this date remain taxable. It is unclear at this time if the Canada Revenue Agency will proceed with the audit and reassessment of personal support service providers. While the LHIN believes this course of action is unlikely, such exposure could represent a significant financial liability for the LHIN. The LHIN has not recorded any liabilities with respect to this matter.

Champlain **LHIN**

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