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Champlain LHIN Board Approved Minutes

April 27, 2016

In-Camera meeting: 11:30 to 12:30 -- Public Meeting: 13:00
Champlain LHIN Office – 1900 City Park Drive, suite 500

Board Members in Attendance: Jean-Pierre Boisclair (Chair), Marie Biron (Vice-Chair – arrived at 12:10), Guy Freedman, Randy Reid, Alexa Brewer, Elaine Ashfield, David Somppi (at 11:45), Pierre Tessier.

Staff Members in Attendance: Chantale LeClerc, Cal Martell, Eric Partington, Glenn Alexander, Linda Ramsey.

Guest Speakers:

Rosemary Bickerton, Clinical Manager, University of Ottawa Eye Institute, The Ottawa Hospital
Dr. Steve Gilberg, Chairman and Head, Department of Ophthalmology, The Ottawa Hospital
Dr. Bernie Hurley, Vitreo-Retinal Surgeon, The Ottawa Hospital

1 **Call to Order**

The meeting is called to order at 11:40

2 **Conflict of Interest Declarations**

David Somppi declares a potential conflict of interest regarding Pricewaterhouse Coopers.

3 **Approval of Agenda**

There being no objection, the agenda is approved as distributed.

Moved: Randy Reid / Seconded: Alexa Brewer

All in favour

Carried

4

11:35-12:30

Motion to move in-camera:

THAT members attending this meeting move into a Closed Session pursuant to the following exceptions of LHINS set out in s.9(5) of the Local Health Integration Act, 2006:"

X Personal or public interest

To receive confidential information regarding the following items:

4.1 Approval of confidential minutes: March 23, 2016

4.2 Chair's Report

4.3 CEO Report

AND further that the following individuals be permitted to attend for these items;

Chantale LeClerc

Sylvie Bleau

Cal Martell

Elaine Medline

Eric Partington

Also to address the topic listed below, and that the following individual be permitted to attend for this item;

Chantale LeClerc

4.4 CEO Performance Evaluation and Compensation Committee

Moved: Elaine Ashfield / Seconded: David Somppi

All in favour

Carried

12:40-13:05

BREAK

5

Welcome and Introduction

Chair's Report and Report of In-Camera Session

The Board Chair welcomes everyone. Observers are reminded about the rules of engagement for the LHIN's public board meetings and the scheduled break providing members of the public a chance to engage with Board Directors and senior managers as well as with each other. Participants are asked to introduce themselves.

Jean-Pierre Boisclair provides a high level summary of activities that have taken place since the last board meeting. These include regular monthly meetings with CEOs and a few board members of the Community Care Access Centre and the Champlain LHIN to discuss issues related to the potential change to the LHIN's mandate. The Chair mentions that he is developing a map, aligned with our Integrated Health System Plan, provincial priorities and the Board's mandate, that will include important topics to be

addressed by the Board in their deliberation at board meetings, retreats and education sessions over the next two years. This document will be shared with the board once it is finalised.

The Chair reports on business conducted during the in-camera session held earlier, at the beginning of the meeting:

- The approval of the confidential minutes has been postponed until the next Board Meeting in May.
- Received confidential information related to people and organizations covered under the CEO and Chair's reports.
- Received confidential information related to the CEO Performance Evaluation and Compensation Committee.

The Board also agrees that it is in the best interest of the Champlain LHIN that the remainder of the business conducted and actions taken during the in-camera session are not to be reflected in the public minutes.

6

CEO's Report and Approval of Attestations Fourth Quarter

Chantale LeClerc indicates that several planning projects are nearing completion and will be tabled at board meetings over the spring and summers months.

Sub-Acute Care Capacity Plan: This major piece of work is approaching completion. The plan will ensure we have the proper scope and mix of services in the right locations in Champlain to ensure we have a good flow of patients out of acute care hospitals when transitioning to their home or to another setting.

Health Links Update: The last two health links in Champlain have completed and submitted to the Ministry their readiness assessment and will move on to develop their business plans. The other eight health links are operational and have over 320 patient care plans in place.

The Annual Primary Care Congress held in April was an extremely successful event. It brought together primary care physicians and clinicians and other partners in Champlain together to discuss how to deliver better primary care services focused on patients. The round table discussions also involved patients and exhibitors that provided good exchanges and learnings. The Champlain LHIN produced and released a video at the congress on innovative practices to support primary care physicians in various practices/groups. This video demonstrates the benefits of using a coach (quality practice facilitator) to work on initiatives to improve their services.

During the question period clarifications are provided regarding a project regarding mental health central intake. Details requested regarding diabetes pathway and hospital participations in Champlain will be shared with the Board via email – **ACTION: Chantale LeClerc will follow up.**

MOTION:

That the Board approval the CEO Report for period of March 12 to April 15, 2016.

Moved: Pierre Tessier / Seconded: Randy Reid
All in favour
Carried

Chantale LeClerc reads the attestation of compliance for the period of January 1 to March 31, 2016. The only exception noted pertains to the procurement of the LHINs' liability insurance. Work is in progress to resolve this situation for all LHINs.

MOTION: That the Board approval of Attestation for the fourth quarter as presented.

Moved: Marie Biron / Seconded: Alexa Brewer
All in favour
Carried

7

Consent Agenda Items

There being no question or objection previously expressed by members of the Board, the items listed under the consent agenda are approved:

7.1 Approval of draft minutes -- March 23, 2016

Moved: David Somppi / Seconded: Elaine Ashfield
All in favour
Carried

8

Performance Accountability

8.1 Approval of Mississippi River Health Alliance

In working towards a more integrated system, Chantale LeClerc presents to the Board details regarding a proposed integration between Almonte General and Carleton Place and District Memorial hospitals. These hospitals have worked together for several years to better coordinate their services. Over the past several months, the LHIN has been involved in helping them further this partnership. The proposed integration is aligned with the LHIN's Integrated Health Service Plan and it is believed that it is in the best interest of the community.

The hospitals have entered into an alliance agreement that will establish the Mississippi River Health Alliance. Under this alliance agreement, the hospitals will share a single CEO (who will be the current CEO of Almonte General Hospital given that the CEO of Carleton Place and District Memorial Hospital is retiring at the end of August 2016) and will establish a committee to oversee the shared CEO and identify further opportunities to integrate hospital services.

The hospitals are aware that depending on the nature of future integrations they wish to pursue, these could trigger additional requirements under the Local Health System Integration Act (2006) or the Public Hospitals Act. The Champlain LHIN Board will

therefore have an opportunity to assess the merits of any future integration activity between the two hospitals.

Representatives from both hospitals, Paul Virgin, Chair, Almonte General Hospital and Marcel Pinon, Chair of the Carleton Place and District Memorial Hospital, were invited to say a few words. They both expressed gratitude for the guidance of the Champlain LHIN CEO.

The motion is tabled, discussion follows and the following comments are noted:

Board members express their support and extend congratulations for the hospitals' leadership and continued efforts to best serve their respective communities.

Clarification is provided that both hospitals' service accountability agreements still stand.

Motion:

Be it resolved that the Champlain LHIN Board of Directors issues an integration decision pursuant to s. 25 (2) (a) of the Local Health System Integration Act (2006) establishing the Mississippi River Health Alliance; and be it further resolved that the Champlain LHIN Board will make copies of the decision available to the parties to the decision and to members of the public at its offices

Moved: David Somppi / Seconded: Elaine Ashfield

All in favour

Carried

8.2 Approval of Third Quarterly Report on Performance

Brian Schnarch, Director, System Performance & Analysis at the LHIN, presents a high level summary of the third quarterly report on the Champlain LHIN performance (the slide deck is available in the [meeting package](#) and [quarterly report on performance](#) will be posted on the web once translated). Clarification is provided that there is a lag in the data for certain indicators. The biggest challenges for our region remain CT and MRI wait times and wait times for the first home care visit. In both instances, LHIN staff and service providers involved are working to improve these wait times.

The motion is tabled and further discussion ensues. The following points are noted:

- **MRI Wait Times:** The Board will receive an update in May on the work in progress to improve these wait times. Clarification is provided there are opportunities available to continue to improve and become more efficient, such as improving scheduling processes and looking at best practice of scans needed for certain conditions.
- **LHIN Operating Costs:** It is noted that the LHIN's resources are well managed with a very small staff. A suggestion is made to highlight this fact in the quarterly report. It is also suggested that this knowledge should be better communicated to the community.

First Home Visit by the Community Care Access Centre: Because of a lag in the data when the quarterly report was produced, and because more recent data is showing improvement in this particular wait time, it is suggested that the quarterly report include an annotation indicating the improvement made.

Emergency Visits for Mental Health and Addictions Conditions: It is mentioned that better indicators are being developed at the provincial level for this sector.

Vicky Walker and Brian Schnarch are commended for their work in writing and presenting the quarterly reports. It is a unique way of presenting the LHIN's performance results. It is suggested that the report be brought to the attention of the community.

Motion:

That the Board approve the performance report for the third quarter as presented.

Moved: Pierre Tessier / Seconded: Randy Reid

All in favour

Carried

14:24-14:30

BREAK

8.3.1 Approval of Annual Business Plan

James Fahey, Director of Planning at the LHIN, presents highlights of the 2016-17 Annual Business Plan for Board approval. The plan reflects year one of the Integrated Health Service Plan 2016-19. It lists specific interventions the LHIN and its partners will engage in to achieve system change and outcomes. Some interventions were already underway in 2015/16 and some are new in 2016/17 (see slide deck available in the board [meeting package](#) posted on our Website). The plan will be available on our website once approved by the Ministry of Health and Long Term Care.

The motion is tabled and during the question period clarifications are provided and the following points are noted:

- Proposed amendment to the Annual Business Plan and motion: Suggestions was made to make one change in the plan and the transmittal letter to provide a higher profile in the LHIN's priorities of the work of the Indigenous Health Circle Forum and the LHIN's leadership to address several calls to action from the Truth and Reconciliation Commission of Canada.
- Chantale LeClerc, on behalf of the senior management team, responds to questions paused by the Chair:
 - Given the risks identified, the plan is ambitious but achievable. Some extra time/resources was also built in to address unforeseen demands from provincial priorities. For some projects, the LHIN leadership will be handing off to networks or providers, when a certain degree of maturity has been reached. The LHIN will continue to monitor these projects but will limit the degree of its involvement.

- Relative to the three-year Integrated Health Service Plan (IHSP), the Annual Business Plan 2016-17 will demonstrate reasonable progress after its first year against the set performance targets.
- The service accountability agreements signed with health service providers incorporate appropriate indicators and local obligations for the LHIN to be able to achieve the set targets.
- More work on the part of the senior management team needs to take place to forecast the impact of the plan and to determine how the plan will bring us closer to the three-year plan laid out in the IHSP.
- The Board asked the CEO and the management team to include in quarterly reports to the Board, charts demonstrating the progress made on the Annual Business Plan.
ACTION: Chantale LeClerc and Senior Management Team.

Motion (with amendment):

That the Board of Directors approve the 2016-17 Champlain LHIN Annual Business Plan distributed subject to incorporating the proposed suggestions relating to the LHIN's leadership in improving the health of indigenous peoples.

Moved: Guy Freedman / Seconded: Alexa Brewer

All in favour

Carried

8.3.2 Approval of Revised LHIN Scorecard Metrics

Brian Schnarch, Director, System Performance & Analysis at the LHIN, presents for the Board's approval, the performance metrics for that will be used to monitor the performance of our health system and of the LHIN over the course of the next 3 years (see backgrounder document and list of proposed scorecard indicators and targets in the [meeting package](#)). The new metrics will be more focused and targeted and better aligned with the priorities of the Integrated Health Service Plan 2016-19. The LHIN's scorecard is moving from 45 indicators to 31 indicators. It is noted that some targets will be reached over a two year period. Further clarifications are provided during the question period.

Motion:

Be it resolved that the Champlain LHIN Board of directors approves the indicators, targets and domains proposed for use in the LHIN scorecard and performance reports as presented.

Moved: David Somppi / Seconded: Alexa Brewer

All in favour

Carried

8.4 Overview of Service Accountability Agreements

Chantale LeClerc provides a high level summary of the work accomplished around executing the service accountability agreements for long-term care homes, community sector and hospitals (see slide deck available in the board [meeting package](#) posted on our Website). The Board received updates throughout the annual process that is now complete. A couple of exceptions are mentioned for long-term care homes and community sector agencies that require some follow-up prior to signing their agreements. These pertain to the timing of administrative process and the LHIN staff is confident the agreements will be fully executed shortly. Also, waivers were issued for three hospitals that will need to submit to the LHIN a plan for a balanced budget for this fiscal year.

The Board will receive later in the meeting an update on Health System Funding Reform (HSFR) that affects funding for hospitals in our region.

Chantale LeClerc acknowledges Eric Partington and the accountability team for their dedication in completing this annual work: Elizabeth Woodbury leads the team with Colleen Taylor, Sam Malek and Chahinez Bendou.

8.5 Approval of Pre-Capital Proposal to Renovate the Mental Health Program Space at the Queensway Carleton Hospital

Paul Caines, Senior Accountability Specialist at the LHIN, provides an overview of the project and proposal for the re-development of a 24-bed mental health department at the hospital (see slide deck available in the board [meeting package](#) posted on our Website).

Some of the points noted from the presentation:

- The project will be moving the current beds (24) to the former Acute Care of the Elderly Unit;
- The project includes the addition of an Acute Day Hospital program (2,300 visits per year).
- The plan will be aligned with the Champlain LHIN Integrated Health Service Plan and regional mental health plan.
- The plan is consistent with Queensway-Carleton Hospital's Strategic and Master Redevelopment Plans.
- LHIN endorsement at the pre-capital stage indicates that there is sufficient rationale to warrant further planning.

The motion is tabled and discussion follows. The following points are noted:

- The group agrees to amend the motion as stated below;
- Tom Schonberg, President and CEO at the Queensway Carleton Hospital confirms and fully endorses that the hospital will ensure that its mental program will be aligned with a future regional mental health plan and confirms that the hospital will also be a partner in the development of the regional plan.

Motion (including amendment underlined):

Whereas the LHIN staff has reviewed the Queensway Carleton Hospital's pre-capital submission for the redevelopment of the Mental Health Department;

Whereas the program and services elements of the pre-capital proposal are aligned with the Champlain LHIN's Integrated Health Services Plan and regional mental health services;

Whereas the Queensway Carleton Hospital has agreed to ensure that its mental health program will be aligned with the plan for a regional in-patient mental health program that will be developed over the course of 2016-17;

Be it resolved that the Champlain LHIN Board of Directors endorses the program and service elements outlined in the Queensway Carleton Hospital Pre-Capital Submission for the redevelopment of its Mental Health Department.

Moved: Pierre Tessier / Seconded: Randy Reid

All in favour

Carried

8.6 Approval of Annual Attestation

A briefing note and the attestation were previously distributed to the Board explaining this new annual attestation for all Crown Agencies. The motion is tabled and there is no further comments or questions.

Motion:

That the Champlain LHIN Board of Directors approve the 2015-16 Attestation for Agencies & Appointment Directive as presented and that the signed attestation be submitted to the Ministry of Health and Long Term Care.

Moved: Marie Biron / Seconded: Guy Freedman

All in favour

Carried

16:09-16:47 8.7 Approval of Vision Care Plan

Eric Partington introduces the guest speakers from The Ottawa Hospital who will present the plan: Rosemary Bickerton, Clinical Manager, University of Ottawa Eye Institute, Dr. Steve Gilberg, Chairman and Head, Department of Ophthalmology and Dr. Bernie Hurley, Vitreo-Retinal Surgeon.

- The Champlain LHIN Vision Care Network Committee assessed the current state and future needs of the delivery of eye care in our region. In the spring of 2015, medical and administrative leads from each of the hospitals providing ophthalmic care came together to acquire data, discuss current status and needs, and look to the future for managing the growing population that we serve. Key findings and recommendations from the vision care plan are presented to the Board (see slide deck available in the board [meeting package](#) posted on our Website). It is noted that following Board approval, the next steps will be to submit the plan to the Ministry of Health and Long Term Care; for the LHIN to evaluate the scope, cost and human resource requirements of the recommendations pertaining to the LHIN; as well as to consider recommendations to be integrated into the LHIN's annual business plan. The Regional Vision Care Network will reconvene after formal review of the plan to provide advice on the implementation of the recommendations.

The motion is tabled and during the question period the following clarifications were noted: The Board is approving the recommendations to be submitted to the Ministry of Health. The recommendations are not yet ready for implementation as the LHIN will evaluate their scope, costs, resources, etc. However, they will serve as a guide for the LHIN as it identifies initiatives to move forward. It is noted also that other LHINs have submitted their vision care plans. The LHINs vision plans demonstrate some commonality such as establishing a strategy to achieve better value for money and better quality assessment. The Board commends the committee for its work and for producing a valuable report.

Motion:

Be it resolved that the Board approve the Champlain LHIN Plan for Vision Care and requests that the plan be submitted to the Ministry of Health and Long-Term Care for its consideration of the recommendations.

Moved: Pierre Tessier / Seconded: Elaine Ashfield

All in favour

Carried

8.8 Update on Patients First Proposal

Jean-Pierre Boisclair indicates that there is no further comments to be addressed as they were discussed under the Chair's and the CEO's report.

8.9 Update: Health System Funding Reform

Eric Partington, Senior Director of Health System Performance presents an update on the hospital funding reform (see slide deck available in the board [meeting package](#)

posted on our Website). Health System Funding Reform (HSFR) applies to hospital and Community Care Access Centre funding and is about redesigning the system to allow for more flexible delivery models which promote access and quality and allow for services to be provided in a fiscally sustainable manner. A component of HSFR is Health Based Allocation Model (HBAM) whose primary objective is to enable government to equitably allocate available funding to local health services based on the populations they serve. It is noted that small hospitals are not included in the funding reform and are still funded based on a global budget. A preliminary evaluation of HSFR was conducted by the Institute for Clinical Evaluative Sciences. In its conclusion it indicates a number of positive results, including an increased number of patients treated and a decrease in the cost per case.

During the question period the following point is noted: The impact of the funding transformation, as it pertains to hospitals and boundaries with the South East LHIN and with the province of Quebec, will be examined by LHIN staff.

9 **Board Committee Stewardship Reports and Matters Arising Therefrom**

9.1 Community Nominations: There was no meeting of the committee over the last month and no further comments to be shared at this time.

9.2 French Language Services: The committee met a few days ago and will present a full report and share minutes with the Board in May.

9.3 Governance: Randy Reid provides a summary of the last meeting (draft minutes are available in the board [meeting package](#)). One decision is tabled for approval by the board related to policies reviewed and approved by the committee. The Board previously received a briefing note on the revisions for each policy and for the newest policy tabled for adoption. There being no further question the motion is tabled.

Motion:

The Governance Committee recommends the Board approves the following policies as presented:

- **Communications (revised)**
- **Occupational Health and Safety (revised)**
- **Governance Code of Conduct (revised)**
- **Social Media (new)**

Moved: Randy Reid / Seconded: David Somppi

All in favour

Carried

9.4 CEO Performance Evaluation & Compensation: David Somppi reports that the CEO's annual performance evaluation survey is taking place and will conclude in early May. The Board will receive a report in-camera in June. All documents related to the Committee's annual review and the CEO's report against objectives were received earlier during the in-camera session.

9.5 Finance & Audit: There was no meeting of the committee over the last month and no further comments to be shared at this time.

10 **Other Business**

17:00 **10.1 Departure of Board Member:**

Jean-Pierre Boisclair recognizes Alexa Brewer for her tenure over the past six years as a LHIN Board Member. During her tenure she assumed the role of chair of the CEO Performance Evaluation and Compensation committee and lately she chaired the Community Nominations Committee. Members share comments and thank Alexa for her contribution, for her wise counsel and astute comments and questions shared with the group over many projects and decisions tabled by the Board during her term.

11 **Round Table** – No item tabled.

12 **Adjournment of Meeting**

The meeting adjourned at 17:15 p.m.

Moved: Alexa Brewer

Jean-Pierre Boisclair
Chair, Board of Directors
Champlain Local Health Integration Network

Chantale LeClerc
CEO
Champlain Local Health Integration Network