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BOARD MEETING MINUTES

December 13, 2017

Public Meeting Start time: 13:00

1900 City Park Drive, Suite 500

Board Members in Attendance: Jean-Pierre Boisclair (Chair), Diane Hupé, Wendy Nicklin, Abebe Engdasaw, Gregory Taylor, Anne MacDonald, Randy Reid, Nick Busing, Mindy McHardy

Regrets: Barb Foulds, Pierre Tessier, Guy Freedman

Executive Leadership Team Members in Attendance & LHIN Staff Presenters: Chantale LeClerc (CEO), Cal Martell, Patrice Connoly, Wendy Grimshaw, Catherine Butler, Elaine Medline

Guests Speakers: Dr. Jack Kitts, President & Chief Executive Officer, The Ottawa Hospital

1 Call to Order

The meeting was called to order at 12:00pm

2 Conflict of Interest Declarations

No conflict of interest was declared.

3 In-Camera Session

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
- X Labour Relations

To receive confidential information relating to:

- 3.1 Approval of confidential minutes October 25, 2017 & October 31, 2017**
- 3.2 Chair's Report**
- 3.3 CEO's Report**
- 3.4 Minister's Mandate Letter 2018-19**

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

**Chantale LeClerc
Amber Kayed**

**Moved: Diane Hupé / Seconded: Anne MacDonald
All in favour
Carried**

BREAK (5 minutes) & return to public session

4

Welcome and Introduction

Chair's Report & In-Camera Report

The Board Chair welcomed attendees and reminded them of the LHIN public Board meeting rules of engagement. Guests were asked to introduce themselves and invited to engage with Board members during meeting breaks.

Chair's Report:

The Chair had no verbal report to table.

In-Camera Report:

- The Chair provided a briefing on confidential information discussed during the in-camera session. Topics included the approval of confidential minutes, an update on the collective bargaining process, and the Minister of Health and Long-Term Care's mandate letter with the LHIN. The letter will be shared publically once the LHIN is authorized to do so.

5

Approval of agenda

There being no amendment, the agenda was approved as distributed.

**Moved: Diane Hupé / Seconded: Abebe Engdasaw
All in favour
Carried**

6

Consent Agenda

There being no concern or question expressed by members of the Board regarding the item listed under the consent agenda, the following item was approved as distributed:

- 6.1 Minutes of October 25, 2017

Moved: Wendy Nicklin / Seconded: Anne MacDonald

All in favour

Carried

NEW BUSINESS

7 **Plan to address demand for services at The Ottawa Hospital**

Catherine Cotton, Board Chair of The Ottawa Hospital, and Dr. Jack Kitts, President and CEO of The Ottawa Hospital, were introduced to the Board.

Ms. Cotton commended the strong collaboration between The Ottawa Hospital and the LHIN and the commitment of the hospital's Board to oversee the financial management and performance monitoring processes of the organization.

Mr. Kitts provided an overview of the pressures faced by The Ottawa Hospital. The pressures were attributed to three forces: an increased demand for service, a lag in capacity increases, and the inability of Health System Funding Reform (HSFR) funding to match inflation levels. A continuous and high demand for service following the winter 2017 surge period led to an increased use of resources.

A budget recovery plan was provided to the LHIN and pre-circulated to Board members. It included several strategies to reduce overall costs by \$18 million, including a reduction in service delivery of non-urgent surgery cases.

Chantale LeClerc, the LHIN CEO, recognized that TOH's submission is a short-term plan to allow the hospital to achieve a balanced budget in the current fiscal year. Management believes that the proposed strategies are reasonable and will achieve the targeted efficiencies, despite some risk in achieving certain aspects. Furthermore, the hospital targeted areas of efficiencies that would have the least amount of impact on patients and the overall healthcare system. An overview of the LHIN's considerations was provided and the pros and cons of each were discussed:

- 1) To approve the plan as presented. This is not recommended as it will result in service reductions and have an impact on patients and the overall system.
- 2) To reject the plan as presented. This is not recommended as the plan contains elements that would reasonably reduce costs.
- 3) To accept some components of the plan, but reject the proposed service reductions. LHIN staff were not able to identify other opportunities for savings before the end of the fiscal year, so this would result in a \$4M deficit for the hospital.
- 4) To accept some components of the plan, but reject the proposed service reductions and seek help from the MOHLTC. There is a preference for the LHIN to locally manage the issue under the expanded LHIN mandate, rather than seeking provincial aid.
- 5) To accept the elements dealing with efficiencies and maximizing revenues, but reject the proposed service reductions and utilize surplus funds accrued by the LHIN in the 2017-18 home and community care budget to ensure that service

levels are maintained by The Ottawa Hospital. This option will not have an impact on home and community care services that the LHIN is responsible for. Management is recommending this option.

A question period followed and clarification was provided on specific elements of the plan. There was acknowledgement that some of the proposed efficiencies may take time to implement and that a longer term plan will be needed for next fiscal year.

The Board Chair introduced the motion and provided additional context to its elements.

MOTION:

Whereas:

- **The Ottawa Hospital has advised the Champlain LHIN of an apprehended deficit of \$18 million for the year-ending March 31, 2017, and**
- **The apprehended deficit of \$18 million is attributed by The Ottawa Hospital to very high occupancy rates (consistently over 100%) that have prevailed all year which have required that additional beds be opened and staffed, and**
- **In order to serve the health care needs of the Champlain region population, the requisite additional beds have been opened and staffed resulting in increased staffing, supply and equipment costs in order to support the care given to these additional patients, and**
- **The Ottawa Hospital was directed by the LHIN to submit a Performance Improvement Plan to remediate the above noted apprehended deficit, and**
- **The Ottawa Hospital Board has approved and submitted the required Performance Improvement Plan, and**
- **The major portion (\$14 million) of the Plan submitted provides for the remediation of the apprehended deficit through measures that are not expected to reduce the capacity of the Hospital to deliver quality care in the short to medium term, and**
- **A portion (\$4 million) of the Plan submitted provides for the remediation of the apprehended deficit by reducing the current level of important health care services being delivered to the population of the Champlain region, and**
- **It is recognized that the provision of health care services is under pressure from growing demand and that occupancy rates are currently above their optimal levels, and**
- **The implementation of the service level cuts contained in The Ottawa Hospital Plan will further reduce service care levels and introduce a further level of risk to quality care, and**
- **High occupancy rates, occasioned by growing health-care service demands and high levels of occupancy by patients who would be best served by being treated in alternate levels of care, require urgent remediation, and**
- **The Champlain LHIN currently has sufficient resources to mitigate the proposed service level reductions of \$4 million without adversely affecting service and delivery of other elements of health care services under the purview of the Champlain LHIN and most notably, the provision of home and**

community care (current home care wait list challenges are attributable to a shortage of qualified clinicians and caregivers)

Therefore, be it resolved and it is hereby approved that it is in the public interest of the Champlain LHIN population to ensure the continuity of current service levels of health care provided by The Ottawa Hospital by:

- 1) Approving those portions of the Performance Improvement Plan for the year-ending March 31, 2018 submitted by The Ottawa Hospital and which in aggregate amount to \$14 million of cost reductions pertaining to administrative savings and capital purchase deferrals and additional revenue generation measures; and
- 2) Withholding approval of those portions of the Performance Improvement Plan for the year-ending March 31, 2018 submitted by The Ottawa Hospital and which in aggregate amount to \$4 million of cost reductions pertaining to the reduction of service levels;
- 3) Approving an amount of up to \$4,000,000 (four million) in one-time additional funding to The Ottawa Hospital for the year ending March 31, 2018 to be used for the exclusive purposes of mitigating the service level reductions anticipated in the Performance Improvement Plan submitted by the Hospital; and
- 4) Requesting that the hospital provide further detail of how it will meet the performance obligations contained in its Hospital Service Accountability Agreement with the Champlain LHIN, and provide monthly statements of operations including full year forecast.

Be it further resolved that:

The Board of Directors of the Champlain Local Health Integration Network acknowledges and expresses its appreciation for:

- 1) The diligence and timeliness of The Ottawa Hospital Board and its CEO and management in responding to the development of a Plan to remediate the full amount of its forecasted deficit; and
- 2) The reciprocal commitment of the Ottawa Hospital CEO to support the efficacy of the Champlain region health care system generally and in particular, to provide leadership to identify, bring forward and participate in the implementation of transformative and systemic change designed to respond to the negative impacts of high ALC rates on both patients and health care institutions.

Moved: Gregory Taylor / Seconded: Diane Hupé
All in favour
Carried

8 Annual Business Plan 2018-19 Highlights

Chantale LeClerc provided a high-level overview of the 2018-19 Annual Business Plan (ABP). Board approval was sought to submit the draft plan to the Ministry, with the final

business plan to be presented to the Board in February. The plan will be finalized following the release of the provincial budget. James Fahey, Director of Health System Planning at the LHIN, was recognized for his leadership in pulling the plan together.

The Annual Business Plan outlines the LHIN's yearly goals and aligns them with the LHIN's Integrated Health Service Plan and the Minister of Health and Long-Term Care's mandate letter for the LHIN. The 2018-19 draft contains several initiatives that will continue on from the previous year, including sub-acute care realignment and Health Links. Highlights of the 2018-19 plan include:

- The alignment of Health Links and service planning and delivery with sub-regions;
- An emphasis on primary care, including the expansion of inter-disciplinary teams and the alignment of care coordinators in primary care practices;
- An increase in initiatives to reduce ALC rates and improve patient flow;
- The modernization of home and community care

Board members were invited to ask questions about the information presented. One Board member stated the need to include language that encourages collaboration between health service providers and promotes innovative and interdisciplinary approaches to system-wide issues. Other topics of discussion included the impact of human resource strategies (i.e. PSW resource constraints) on other strategies in the plan; the need to emphasize the LHIN's mandate to address health equity throughout the plan; and strategies that integrate primary care into planning within the larger system. The Board requested an outline of how the roles and responsibilities of LHIN employees promote the primary care strategy.

Action: Chantale LeClerc

The board was supportive of the elements presented in the LHIN's draft of the 2018-19 Annual Business Plan and encouraged the LHIN to submit the draft to the Ministry when ready.

Attendance update: Abebe Engdasaw left the meeting at 2:30 PM

BREAK (10 minutes)

9 **Board Obligations re: Accessibility for Ontarians with Disability Act (AODA)**

Martin Hajek, Director of Human Resources at the LHIN, presented an overview of the Accessibility for Ontarians with Disabilities Act (AODA). Boards of Public Agencies are required to be educated on the Act and aware of how their organizations are meeting the obligations outlined.

Under the Act, the LHIN has obligations as an employer, as a provider of goods and services, and as a provider of information and communications. Further, it was explained that accomodation assessments for employees are conducted by the LHIN on an individual basis by a designated LHIN employee.

The organization is responsible for filing a declaration of compliance with the Act at the end of each year. An overview was provided on the current state of compliance to the Act. The LHIN is currently compliant with all aspects of the Act.

A question period followed. Inquiry was raised about the opportunity to perform client surveys to ensure that individual needs are met. It was also suggested that information on AODA be included in the onboarding process of new Board Directors. **Action: to be further discussed at a Governance Committee meeting.**

12 Board committee stewardship reports and matters arising therefrom:

12.1 Governance

The next meeting will take place on January 10, 2018. Members were reminded to respond to the email surveys regarding the Board's use of LHIN mobile devices and the possibility of holding Board Education sessions on the same day as Board meetings in the upcoming year.

12.2 French Language Services

Jean-Pierre Boisclair provided an update on the Chair of the French Language Service Committee. As a result of time constraints, Pierre Tessier will be stepping down as Chair of the committee but will continue to be a member of the committee. Diane Hupé was recommended as the new Chair of the committee.

MOTION:

That the French Language Services Committee recommends that the Board approve the appointment of Diane Hupé as Chair of the Committee, effective immediately.

Moved: Wendy Nicklin / Seconded: Nick Busing

All in favour

Carried

12.3 CEO Performance Evaluation & Compensation

The committee has not met since November 9, 2017 and its next scheduled meeting will be January 22nd, 2018. The Board Chair indicated that the LHIN's draft executive compensation framework as required under the Broader Public Sector Executive Compensation Act was submitted to the Ministry prior to the November 29th deadline. The LHIN has not yet received a response from the Ministry, but an update will be provided when available.

12.4 Finance & Audit

The committee has not met since November 20, 2017. Clarification was provided on the October financial reports that were pre-distributed to Board members. There was a suggestion to include more detailed hospital information in future reports. An update was given on the LHIN's surplus and the approval from the Ministry to reallocate funding to other pressures in the community health sector. The LHIN will reallocate unused funds to community-based investments such as: community paramedicine to support flu-season efforts; additional adult-day programs spaces, home-making, and respite services; palliative care for the homeless; and additional orthopedic surgeries. The next scheduled meeting is January 29, 2018.

12.5 Quality

No update was provided. The Committee will meet on January 16, 2018.

13 Other Business

No other business was tabled.

14 Adjournment of Meeting

Motion to Adjourn:

Moved: Anne MacDonald / Seconded: Randy Reid

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

Chantale LeClerc
CEO
Champlain Local Health Integration Network