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BOARD MEETING MINUTES

January 23, 2019

Meeting Start time: 12:00 p.m.
1900 City Park Drive, Suite 500

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

Regrets: Randy Reid, Mindy McHardy

Executive Leadership Team Members in Attendance & LHIN Staff Presenters: Chantale LeClerc (CEO), Catherine Butler, Elaine Medline, Richard Wilson, James Fahey, Allison Lampi

1 Call to Order

The meeting was called to order at 12:00 p.m.

2 Conflict of Interest Declarations

No conflict of interest was declared.

3 Approval of agenda

With no objection, the agenda was approved with the following modifications:

- A joint Chair and CEO Report will take place from 12:55 p.m. to 1:30 p.m.
- The consent agenda and Quarterly Performance Report will be addressed at the end of the meeting.

Moved: G. Taylor / Seconded: A. Engdasaw

All in favour

Carried

4 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

To receive confidential information relating to:

4.1 Approval of confidential minutes of November 28, 2018 and December 12, 2018

4.2 Chair and CEO's Report

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

Chantale LeClerc

Catherine Butler

Elaine Medline

Patrice Connolly

Richard Wilson

James Fahey

Amber Kayed (recorder)

Moved: N. Busing / Seconded: W. Nicklin

All in favour

Carried

MOTION to move out of camera:

Moved: D. Hupé / Seconded: B. Foulds

All in favour

Carried

5 Welcome and Introduction

Chair and CEO's Report

The Chair welcomed Board members and guests and outlined the Champlain LHIN's rules for engagement at public Board meetings. Attendees were invited to introduce themselves.

In-camera report:

In advance of the public session, the Board met in camera. There were no decisions to report.

Chair and CEO's Report:

The Chair set the stage for the meeting by emphasizing the importance of the LHIN's work in areas such as home and community care, expanding community-based services to reduce hospital pressures, and providing high quality, efficient, and sustainable health care. The Champlain LHIN is an extremely lean organization, with 99% of its budget dedicated to direct patient services. In the most recent fiscal year, the Champlain LHIN reduced its own annual management and administration costs by \$1.4 million (12%). Despite this, the LHIN has used innovation to successfully find local solutions to local problems. The document, [*Pathways Forward to Better Patient Care - Strategies and Integration Successes*](#), was tabled and outlines the financial and qualitative cost-benefit analysis of seven recent, major LHIN initiatives. These programs exemplify how services can be tailored to better meet local needs, improve access to and quality of health services, and produce significant savings that have been reinvested to meet growing demand for health services.

The LHIN's recent presence in several media reports was acknowledged. The Chair noted that, at this time, the Champlain LHIN is not privy to any additional information than what was reported in the

media. As a crown corporation, the Champlain LHIN recognizes the government’s prerogative to set policy and transform the health care system. The LHIN shares in the desire to improve the quality and efficiency of health care in Ontario and will work with the Ministry to do this. Despite recent reports, the Champlain LHIN remains committed to supporting patients in all areas of the health care system, including home and community care.

The Chair commented on the following critical areas which should be considered while planning for future transformation of Ontario’s health care system:

1. **A commitment to patients and transformation:** The Champlain LHIN’s first priority is ensuring that patients receive quality care and continue to do so, regardless of what changes to the health care system may come.
2. **Local/regional tailoring:** Ontario is a large and diverse province. The health needs of its population vary. Centralizing governance and decision-making risks the implementation of “one-size-fits-all” solutions. Having local people involved in and accountable for local decisions about healthcare is crucial to person-centred care.
3. **Health care is a complex system that requires cohesiveness:** There is a complex array of programs, services, and providers that were each created at different times and under different policy directions. No one provider is accountable for a patient beyond his or her organization or throughout the patient’s lifespan. There is a need for someone to oversee and coordinate all these different parts to create a cohesive and comprehensive whole for the benefit of patients. LHINs have a unique vantage point and act as air traffic controllers to ensure the smooth functioning of many individual parts. The LHIN does this by convening patients, families, providers, and other partners to diagnose problems and identify solutions.
4. **Home care is one of the keys to sustainable, quality health care:** While the Champlain LHIN currently provides service to over 65,000 patients per year, the demand for service is expected to rise 85% (to approximately 120,000 patients requiring home and community care services) by 2038. Home care is a complex business involving LHIN staff, contracted service providers, and thousands of individual health care workers. If home-care patients in the Champlain region were to receive service in hospitals or long-term care homes, it would cost an additional \$130 million every year, requiring about 260 extra acute-care hospital beds, roughly 1,500 added long-term care home beds, and 100,000 more hospital emergency room visits. Structural changes to this sector should not interrupt the services that individuals receiving home and community care need.

The chair outlined the objectives of the Board’s deliberations, which will focus on identifying key elements of home and community care that would be central to modernization. The LHIN is committed to putting the needs and interest of patients first and improving all key elements of the health care system. The term “modernize” was chosen to identify a range of transformative directions, which have the potential, individually, or in combination, to increase the quality and efficiency of the home and community care sector. A document, entitled [*Modernizing Home Care*](#), was distributed to Board Members and attendees and outlined various aspects of home and community care that would be under discussion.

NEW BUSINESS

6 Modernizing Home and Community Care

Patient experience:

LHIN Board members welcomed Indongesit Inyang and her husband, Ubong, who gave a presentation about their experiences with home-care services in Ottawa. In 2013, Mrs. Inyang experienced a cardiac event, which resulted in long-term hospitalization. With the support of her family and the LHIN's services, Mrs. Inyang was able to recover at home and continues to receive home and community care services from the Champlain LHIN. Mrs. Inyang's LHIN care coordinator, Lyne Lalonde, who has played a key role in assessing Mrs. Inyang's needs and organizing her home and community care services, was also present for the session.

The couple recognized the work of Line Lalonde, the LHIN, and the home and community care sector, as a critical part of Mrs. Inyang's recovery. Despite their positive experiences, Mrs. and Mr. Inyang identified several opportunities that could improve the home and community care experience for themselves and other patients. These included:

- Improving communication between the LHIN and its contracted service providers. A greater focus should be placed on parallel, real-time communication to a patient's entire care team to ensure that patients receive appropriate care and up-to-date information.
- Clients should be periodically evaluated to determine whether their needs have evolved and services need to be adjusted accordingly.
- A greater consideration should be placed on the needs of the caregiver. Caregivers require appropriate resources and support to prevent injury, burnout, and other issues that may influence their ability to participate in their loved one's care.
- There are inconsistencies in the level of knowledge and degree of compassion among service providers, in particular personal support workers. This could be improved through more comprehensive customer-service training.
- There is a need to ensure reliable and consistent services. Missed visits by personal support workers have an impact on the quality of care that a patient receives and can have financial, physical, and emotional impacts on caregivers.

Members of the Board engaged in a discussion period with Mrs. Inyang, Mr. Inyang, and Ms. Lalonde. During the discussion, the Board noted the critical role that patients and caregivers play in improving the health outcomes of patients and in enhancing the overall health care system. The need to reinforce the importance of personal support workers was also emphasized. As demand increases and the health issues that affect people become more complex, the role of the personal support worker will need to be optimized to allow for continuous and sufficient support for patients. Mr. and Mrs. Inyang's experiences also solidified the important role that the home environment can have on a person's health and well-being.

The Board thanked Mr. and Mrs. Inyang for their sharing their valuable insights, which will help inform future priorities and activities.

Strategic Discussion:

Catherine Butler, Vice-President of Home and Community Care at the LHIN, provided an overview of the current home and community care system in the Champlain region. The presentation included a projection of anticipated demand for home and community care services in the next 20 years and a

summary of key transformation initiatives that the LHIN has put in place in the past 5 years. A cost-benefit analysis that outlined the value of receiving care in the home versus in hospitals or long-term care facilities was also provided. Reflecting on the patient experience that was shared, the Board noted value in considering and quantifying the benefits to patients of receiving care in the home environment. The Board also suggested that cost-benefit analysis, along with several of the examples of the recent home and community care transformation initiatives that were described be included in the next iteration of the document, [*Pathways Forward to Better Patient Care - Strategies and Integration Successes*](#).

Board members engaged in a discussion period, guided by the public document, [*Modernizing Home Care*](#). The objective of the discussion was to identify and consider a range of transformative directions, which have the potential, either individually, or in combination, to increase the quality and efficiency of the home and community care sector. A summary outlining the areas of discussion is provided below.

- **Unlocking the value of people:** The role of care coordinators and personal support workers needs to evolve to meet the changing demands of the system. The role of the family caregiver cannot be underestimated. The following question was posed for consideration: “What actions should be taken to nurture and protect this [family caregiver] critical human resource?”
- **Unlocking the value of the system:** This includes the evolution of approaches, systems, and instruments in the sector. For example, this could involve the improvement of care coordination practices, discharge practices, service contract models, service contractor competitiveness, and quality oversight and contractor performance/compliance.
- **Streamlining a complex system:** With over 130 organizations delivering diverse and often interdependent services in the region, there may be opportunities to streamline the system through mergers or service reallocations. Many of these services have an impact on home and community care services.
- **Simplifying system navigation:** It is the LHIN’s responsibility to ensure the health system can not only be navigated easily, but also that patients and their families have an appropriate level of navigation support. There is a need to determine the appropriate level of navigation support that is required.

In addition to these areas, the Board also noted the following important considerations:

- The term “modernization” implies that the old system was not working. Based on the information shared about successful transformation initiatives, the Board suggested using another term, such as “evolution”. Modernization also invokes the notion of technology. Many of the components outlined are person-related elements.
- There was an interest in better integrating and incorporating care coordinators into primary care environments.
- Improving communication between patients, care providers, the LHIN, and other involved providers.
- Consideration should be given to collaborating with academic institutions on the research and evaluation of these components.

With the areas for consideration agreed upon, the Board will address each element separately at its future Board meetings. Catherine Butler was thanked for her participation in the discussion.

7 Second Quarter Performance Report

The *Second Quarterly Performance Report* (to be posted [here](#) once translated) was pre-circulated. In the interest of time, a summary of the report was not provided. The Board was encouraged to send any questions regarding the report to the Board Chair.

MOTION:

Be it resolved that the Board of Directors approve the Second Quarterly Performance Report 2018/19 (January 2019) as presented.

Moved: G. Taylor / Seconded: A. MacDonald

All in favour

Carried

8 Consent Agenda

There being no concern or question expressed by members of the Board, the following items were approved as distributed:

- 7.1 Approval of minutes of November 28, 2018 and December 12, 2018
- 7.2 Compliance Attestation for Q3 2018-19
- 7.3 Approval of 2019-2022 Integrated Health Services Plan
- 7.4 Integration of vision care services (CNIB and Vision Rehab Loss Canada)
- 7.5 Approval of SAA local obligations
- 7.6 Employee benefits contract renewal

Moved: N. Busing / Seconded: B. Foulds

All in favour

Carried

9 Board Committee Stewardship Reports and Matters Arising Therefrom:

9.1 Governance

The Committee met on January 9, 2019. The annual evaluation process for Committees was discussed and a template report was provided to Committee Chairs. Each Committee will perform a verbal evaluation based on meeting the obligations outlined in its terms of reference. Template for annual Committee evaluations. Review of survey on Board education sessions. The Committee also reviewed the results of a survey on Board education sessions that was distributed to Board members in November 2018 and a recommendation was tabled for Board approval. An in-camera meeting evaluation at the end of each Board meeting was discussed and will be incorporated into the agendas of future meetings. The next Committee meeting will take place on March 6, 2019.

MOTION:

That the Governance Committee recommends to the Board the approval of the 2019-2020 Board and Committee meeting schedule.

Moved: N. Busing / Seconded: D. Hupé

All in favour

Carried

MOTION:

That the Governance Committee recommends to the Board that education sessions will, to the extent possible, be aligned with the Champlain LHIN's strategic objectives. If possible, education sessions will be held on the same day as Board meetings, with additional time allocated as required.

Moved: A. MacDonald / Seconded: A. Engdasaw

All in favour

Carried

Attendance update: B. Foulds left the meeting.

9.2 French Language Services

A report was provided the last Board meeting. The Committee's next meeting is scheduled for March 11, 2019.

MOTION:

That the French Language Services Committee recommends that the Board approve the revised designation plan of the Eastern Ottawa Resource Centre.

Moved: D. Hupé / Seconded: A. MacDonald

All in favour

Carried

9.3 CEO Performance Evaluation & Compensation

The next meeting will take place on January 28, 2019.

9.4 Finance & Audit

The next meeting will take place on January 28, 2019.

9.5 Quality

A meeting was held on January 15, 2019. Areas of discussion included the development of the 2019-20 Quality Improvement Plan (QIP), performance indicators relating to the 2019-2022 Integrated Health Services Plan, an update on accreditation, and review of the Health, Safety, and Wellness report. The Committee's terms of reference and workplan were reviewed and the revised versions will be recommended for approval at the next Board meeting.

MOTION:

Be it resolved that the Quality Committee recommend to the Board of Directors that the organization pursue a sequential survey with Accreditation Canada in February 2020.

Moved: W. Nicklin / Seconded: G. Taylor

All in favour

Carried

10 Other Business

No other business was tabled.

11 Adjournment of Meeting

The meeting adjourned at 5:10 p.m.

Motion to Adjourn:

Moved: A. MacDonald / Seconded: D. Hupé

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

Chantale LeClerc
CEO
Champlain Local Health Integration Network