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BOARD MEETING MINUTES

March 28, 2018

Public Meeting Start time: 1:00 p.m.

1900 City Park Drive, Suite 500

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

Regrets: Diane Hupé, Guy Freedman

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

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 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:

3.1 Approval of confidential minutes of February 28, 2018

3.2 Chair's Report

3.3 CEO's Report

3.4 Writ Period

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

Chantale LeClerc

Cal Martell

Patrice Connolly

Wendy Grimshaw

Catherine Butler

Amber Kaye

Moved: B. Foulds / Seconded: A. Engdasaw

All in favour

Carried

MOTION to move out of camera:

Moved: R. Reid / Seconded: G. Taylor

All in favour

Carried

BREAK (15 minutes) & return to public session

4 Welcome and Introduction

Chair's Report & In-Camera Report

The Chair welcomed attendees and outlined the Champlain LHIN's rules of engagement at public Board meetings. Guests were invited to introduce themselves.

Chair's Report:

No report was tabled.

In-Camera Report:

In advance of the public session, the Board met in-camera and a report on the proceedings was provided. There were no decisions to be brought to the public's attention.

5 Approval of agenda

The agenda was approved as distributed.

Moved: N. Busing / Seconded: A. Engdasaw

All in favour

Carried

6 CEO's Report

The CEO provided the following highlights from the report that was pre-circulated to Board members:

- Indigenous Health: Several staff and Board members attended the Indigenous Health Circle Forum's *Now Now Now Conference* on March 7-8, 2018. The conference focused on Indigenous health equity, with youth and mental health being areas of key focus.
 - The CEOs of each LHIN recently met with Grand Council Chief Patrick Madahbee of the Chiefs of Ontario to discuss engagement with Indigenous communities.
- The LHIN's Primary Care Congress was held on March 7, 2018. Over 100 physicians and stakeholders attended the conference.
- Sub-regions: The sub-region leads have been holding meetings, by sub-region and as a whole, to identify initial priorities and responsibilities. Each sub-region team is composed of integration, clinical, and home and community care leads.
- Accountability Agreements: The process of renegotiating agreements with health service providers (HSPs) and contracted service providers is underway. To date, 90% of health service provider agreements have been negotiated for 2018-19. The additional 10% have been granted a three-month extension to allow for sufficient negotiations.
- Patient and Family Advisory Council: The LHIN PFAC has identified its areas of focus: home and community care delivery, health links, and transitions in care. The Council recently provided input on projects relating to self-administered IV antibiotics and hospital discharge planning.

7 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 February 28, 2018
- 7.2 2017-18 Annual Review Committee Reports

Moved: A. MacDonald / Seconded: M. McHardy

All in favour

Carried

NEW BUSINESS

8 Health Links

Health Links program focuses on coordinating the services for those with multiple, complex health needs. As a result of increased coordination, Health Links can also reduce the number of unnecessary hospital and emergency room visits.

Attendance update: Pierre Tessier joined the meeting at 1:38 p.m.

Cal Martell, VP of Integration at the Champlain LHIN, provided the progress to date and outlined a plan for the upcoming year. In the past, the approach was to empower and support health service providers in adopting the Health Links Approach. In order to meet the 4,400 person goal for 2017-18, the strategy was revised to align the health links approach with the sub-regions. By the end of 2017-

18, there will be 2,900 people receiving care via the Health Links approach, with 200 staff and 80 organizations providing care coordination services.

Using the Health Links approach, the LHIN hopes to support an additional 3,500 patients in 2018-19, and another 3,600 patients in 2019-20. Cal Martell provided an overview of lessons learned in the pilot phase of the project. To ensure success in the following years, the Board was asked to consider the following recommendations:

1. Increase capacity by hiring 76 full-time equivalents (FTE) of dedicated care coordination resources (30 embedded within health service providers (dedicated funding), 46 from the LHIN (in-kind)). These have been embedded in the funding agreements with lead organizations.
2. Dedicate management and coaching resources to support the continued implementation of Health Links in the sub-regions. The responsibility to drive implementation has been delegated to the sub-region leadership teams. Emphasis will be placed on community mental health organizations, community health centres, primary health groups, and assisted living services.
3. Increase the spread of public awareness and education in understanding the Health Links approach. This should be done in partnership with patients, caregivers, and patient advocacy groups. Engagement sessions with patients, families, and caregiver groups will occur in April, in tandem with the launch of the centralized intake system.
4. The implementation of a centralized intake system. This tool will be launched in April 2018 and will serve as a single point of contact to those involved in the care coordination of a patient.
5. Receipt of the phase 2 evaluation of the Health Links report. Data sharing agreements have been signed with hospitals, with an aim to capture an increased amount of outcome-based data relating to the project.

Board members were invited to ask questions and the following points were noted from the question period:

- Physicians and nurse practitioners should be seen as an integral part of the care coordination team. The sub-region clinical leads will need to establish a method of engaging with primary care providers in a way that aligns with how they provide care and with how they manage their businesses.
- When the coordination of services and access to care have been stabilized, a patient's established circle of care will continue maintaining care via the Health Link coordinated care plan.
- The role of the care coordinator is to teach a patient's existing interprofessional healthcare team how to work more efficiently together.
- The Board discussed rate limiting factors for an increased uptake of the Health Links approach. Historically, the capacity for intensive care coordination played a large role.
- There needs to be a mechanism in place that allows a patient to enter and exit into the Health Links program and initiate the care coordination cascade, as needed (i.e. when an exacerbation occurs).
- Over time, the number of patients requiring Health Links will escalate as the age and complexity of patients continues to grow.

- The approach employs a care plan, crafted by the patient and Health Links care coordinator, in which the patient's goals are outlined. The common care plan lets health care providers know what is needed of them to meet the goal and promotes accountability. This strategy transcends the patient's illness and promotes team-based, continuous care rather than episodic treatment.
- The current focus is on educating health care professionals in the field. In order to promote a sustainable culture shift, the LHIN should consider engaging with local educational institutions to develop a teaching model for Health Links so that professionals are engaged early on in their careers.
- The LHIN will need to ensure that the Health Links can be explained in a way that is clear and understandable to the public. Those who have received care coordination services under the program may be a great asset for public dissemination.
- Health Links and coordinated care approaches should be positioned as a standard of practice in the region, not an optional program.

The Board acknowledged the work of those involved in planning and delivering the Health Links approach and thanked staff for preparing the update. Cal Martell was invited to come back to the Board with an update on Health Links at a future meeting.

MOTION:

Whereas the Ministry of Health and Long Term Care launched the Health Links initiative in 2012;

Whereas the Champlain LHIN has ensured that the Health Links approach is available to patients with complex needs across its region;

Whereas early evaluations of the Health Links approach have identified the positive impact the approach is having on patients and families and the use of health care services;

Whereas the spread and scale of the Health Links approach to care is a key strategic priority of the Champlain LHIN;

Whereas the Champlain LHIN has dedicated 20 full-time care coordinators from its Home and Community Care team to care for clients receiving the Health Links approach;

Whereas funding for further implementation of the Health Links approach has been built into the Champlain LHIN's Annual Business Plan for 2018-19 which has been endorsed by the LHIN's Board of Directors;

Be it resolved that the Champlain LHIN Board of Directors:

- **Continue to promote the importance of spreading the Health Links approach through Board to Board and senior executive interactions;**
- **Endorse a vision that the Health Links approach will be the standard of care for complex patients by:**
 - **Supporting stable and steady Health Links scaling in the short-term such that the cumulative target of 10,000 patients will be achieved by the end of 2019/20;**
 - **Harnessing the leadership of the sub-region leadership teams to drive implementation within each sub-region;**

- Modernizing the LHIN's own care coordination model and resources to respond to the changing needs of this high needs population;
- Support the continued expansion of the Health Links approach until the desired steady state is achieved based on the evaluation of patient needs and outcomes demonstrated through this approach.
- Support the socialization of the Health Links approach as a standard of practice within the community, including but not limited to, working with regional institutions to expand the availability of appropriate education resources.
- Support the development of a communications strategy to inform the public about the Health Links approach to care and its availability in the Champlain region.

Moved: N. Busing / Seconded: A. MacDonald

All in favour

Carried

9 Board Committee Stewardship Reports and Matters Arising Therefrom:

9.1 Governance

The Committee met on March 5, 2018 and the draft minutes were distributed. Topics of discussion included the Committee's 2018-19 work plan, Board education topics, and the Board Charter. The schedule for Board and Committee meetings for 2018-19 was provided to Board Members and includes the revised timing of Board Education sessions.

MOTION: The Governance Committee recommends to the Board of Directors that Board Education Sessions will be held on the third Wednesday of each month, from 12:00pm-2:00pm. When possible, sessions will be reduced to one hour or occur bi-monthly.

Moved: J.P. Boisclair / Seconded: W. Nicklin

All in favour

Carried

MOTION: That the Governance Committee recommends the approval of the Board Charter, as revised.

Moved: P. Tessier / Seconded: G. Taylor

All in favour

Carried

MOTION: That the Governance Committee recommends the approval of the annual board education session program for 2018-19.

Moved: A. Engdasaw / Seconded: W. Nicklin

All in favour

Carried

9.2 French Language Services

In place of Committee Chair, Diane Hupé, an update on the revision of the Committee's 2018-19 work plan was provided by Jean-Pierre Boisclair. Once approved the Committee, the work plan

will be recommended to the Board for approval. The next meeting will be held on April 16, 2018.

Pierre Tessier also provided an update on his recent attendance at the launch of the Federal Government's Action Plan for Official Languages.

9.3 CEO Performance Evaluation & Compensation

In place of Committee Chair, Guy Freedman, a verbal update was provided by Greg Taylor. The Committee is participating in CEO performance interviews with external candidates. A survey has also been distributed to Board Members and select LHIN staff. An update on the results will be provided after the Committee's next meeting on May 23, 2018.

9.4 Finance & Audit

The minutes of the February 26, 2018 meeting were pre-circulated to Board Members. At the March 26, 2018 meeting, the Committee reviewed the draft 2018-19 LHIN budget, which will be finalized after the release of the 2018-19 provincial budget. The Committee's Terms of Reference were also revised.

MOTION: That the Finance & Audit Committee recommend the approval of 2018-19 budget, as presented.

Moved: J.P. Boisclair / Seconded: P. Tessier
All in favour
Carried

MOTION: That the Finance & Audit Committee recommend the approval of the Finance & Audit Committee Terms of Reference, as revised.

Moved: M. McHardy / Seconded: P. Tessier

9.5 Quality

The Committee met on March 20, 2018 and a verbal update was provided. The Committee received updates on the LHIN's accreditation and the LHIN's Patient and Family Advisory Council. A discussion on how the patient voice can be incorporated in Board and Committee meetings was also discussed. The minutes of the February 13, 2018 were circulated to Board Members.

1.5.1 Quality Improvement Plan

The Committee reviewed the LHIN's Home and Community Care Quality Improvement Plan, which is to be submitted to Health Quality Ontario on April 1, 2018. The LHIN's Annual Business Plan acts as the organization's Quality Improvement Plan, with this report serving as a piece of that.

MOTION: That the Quality Committee recommends the approval of the 2018-19 Quality Improvement Plan, as presented and authorizes LHIN staff to submit the report to Health Quality Ontario by April 1, 2018.

Moved: A. Engdasaw / Seconded: M. McHardy
All in favour
Carried

BREAK (10 minutes)

10 Other Business

No other business was tabled.

11 Adjournment of Meeting

The meeting adjourned at 4:20pm.

Motion to Adjourn:

Moved: G. Taylor / Seconded: A. MacDonald

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

Chantale LeClerc
CEO
Champlain Local Health Integration Network