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BOARD MEETING MINUTES

October 25, 2017

Public Meeting Start time: 13:00

Eastern Ontario Health Unit – Conference Room, 1000 Pitt Street, Cornwall, Ontario

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

Regrets: Wendy Nicklin, Guy Freedman, Barb Foulds

Staff Members in Attendance: Chantale LeClerc, Elaine Medline, Wendy Grimshaw, Cal Martell, Catherine Butler, Allison Lampi, Brian Schnarch, Elizabeth Woodbury, Leah Bartlett, Jeanne Bonnell

Guests Speakers:

Shirley Racine, President, Limoges Health Hub Volunteer Committee (item #10)

Louise Simmons, Manager, Planning & Evaluation, Eastern Ontario Health Unit (item #9)

1 Call to Order

The meeting was called to order at 12:00.

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

3 **To receive confidential information regarding the following items:**

3.1 Chair's Report

3.2 CEO's Report

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

Chantale LeClerc

Elaine Medline

Wendy Grimshaw

Cal Martell

Patrice Connolly

Moved: Mindy McHardy / Seconded: Nick Busing

All in favour

Carried

LUNCH BREAK (30 minutes) & return to public session

4 **Welcome and Introduction**

Chair's Report & In-Camera Report

1:02 The Board Chair welcomed Board Members and guests. Guests were reminded about the rules of engagement for the LHIN's public board meetings. Members of the public were informed that they would have a chance to engage with Board Directors and senior managers, as well as with each other during the break and the end of the meeting. Participants were asked to introduce themselves. Jean-Pierre Boisclair also thanked the Chair of the Eastern Ontario Health Unit, Mr. Gerry Boyce, for hosting the LHIN Board meeting in its Cornwall office.

Chair's Report:

The Chair distributed a comprehensive written report of his activities for the period of June 27 to October 24, 2017. He also provided brief highlights of his monthly activities that focused mainly on work taking place at the LHIN Chairs Leadership table and at the Champlain LHIN regarding the implementation of the Broader Public Sector Executive Compensation Act.

5 **Approval of Agenda**

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

Moved: Nick Busing / Seconded: Anne MacDonald

All in favour

Carried

6 **CEO's Report – Quarterly Attestation (Q2)**

Chantale LeClerc provided additional comments from her monthly report, previously distributed to the Board, regarding a few activities to advance our strategies:

- **Patient Advisory Committee:** Details were provided regarding the recruitment process for the committee. Thirteen of the fifteen members on the committee have been recruited. It was noted that some members come from the CCAC Legacy Patient and Family Advisory Council. Membership has representation from patients, caregivers and all members have experience with home and community care services. For the remaining two positions the LHIN would like to recruit a new immigrant and a person that will have experience with addictions. An official communiqué will be issued when recruitment has concluded. The first meeting of the committee will take place on October 26th.
- **Opioid Crisis Update:** Some additional funding has been announced by the Ministry of Health and Long Term Care to help LHINs and partners with this crisis. New funding for partners in community in the amount of \$1.6M will be distributed by the LHIN. New funds will be directed to existing services to help people access services more quickly. These services will focus on youth and families, as well as homeless and indigenous peoples; it will also focus on relieving pressure points in the system such as community case management – therapists – mental health and addictions – counselling – navigation and primary care. The LHIN is also working in partnership with Ottawa Public Health. It was noted that public health will also be dispersing funding towards prevention, education and harm reduction services already in place. Also, as part of the Ministry strategy, funding will be available for the distribution of naloxone kits to self-injection sites. It was noted that the provincial task force is also considering other options, in case strategies in place are not helping with the crisis situation.

The CEO read her Attestation prepared in accordance with section 14 of the *Broader Public Sector Accountability Act*. The LHIN is in compliance with all of its obligations and has no known exceptions to report to the Board.

MOTION:

That the Board of Directors approves the CEO's monthly report for the period of September 16 to October 13 as distributed; and the Quarterly Attestation for the Second Quarter for the period of July 1 to September 30, 2017 as distributed.

Moved: Nick Busing / Seconded: Greg Taylor

All in favour

Carried

7 Consent Agenda

The approval of the minutes for September 27, 2017 was deferred to the next meeting.

NEW BUSINESS

8 Performance and risk report (Q1)

Allison Lampi, Senior Performance Specialist at the LHIN, presented the Champlain LHIN performance report for the first quarter of 2017-2018 (April to June). ([Slides are available in the board meeting package](#)). The report included elements of the system's performance and the corporate's performance. For the performance of the system, the presentation focused on a few of the Champlain LHIN's target indicators (from the Ministry LHIN Accountability Agreement), mainly: emergency visits for substance use; alternative level of care and key interventions; hospital occupancy and home and community care wait times. For the performance of the organization, the presentation focused on the annual business plan and the enterprise risk management framework, as well as an assessment of some of the risks and mitigation strategies.

There was no further question from the Board for Ms. Lampi. The Board thanked and commended all staff members involved in preparing the quarterly report for the Board.

MOTION:

Be it resolved that the Board of Directors approves the first Quarterly Performance Report as presented.

Moved: Randy Reid/ Seconded: Diane Hupé

All in favour

Carried

9 Review health profile of Champlain LHIN citizens in sub-region

The LHIN Board received a presentation about a new resource, mainly the *Sub-Region Population Health Profiles for Champlain*, from Louise Simmons, Manager of Foundational Standards at the Eastern Ontario Health Unit, and Brian Schnarch, Special Advisor and Manager, Health System Performance at the Champlain LHIN. The report provided key indicators that impact the health of Champlain LHIN residents. ([Slides are available in the board meeting package](#))

There are five sub-regions in Champlain: Western Champlain, West Ottawa, Central Ottawa, East Ottawa, and Eastern Champlain. The goal of the report is to provide baseline information that helps identify each sub-region's strengths, challenges, and needs. It supports priority setting and planning, and is intended to be a general resource for stakeholders. The report includes information on population characteristics and health status, distribution and capacity of health service providers, and system performance.

During the question period comments were made and clarification provided. The top key messages from the Board were identified as ensuring equity regarding the distribution of services at the sub-region level, as well as equity within and across sub-regions for specific populations with challenges. Another comment noted was the fact that the engagement process of the sub-regions report will help the LHIN bring to life underlying issues, as well as some solutions.

Finally, details were provided regarding sub-regional planning and the community engagement process that will follow in the coming weeks.

The Board acknowledged LHIN staff and partners involved in the development of this report that will help the LHIN make evidence-based decision about our health care system.

10 Profiling the community health hub in Limoges

Shirley Racine, President of the Limoges Health Hub Volunteer Committee, presented to the LHIN Board and provided a summary of the development process and official opening of the Limoges Health Hub that took place on October 13, 2017. She explained how a local group brought the vision of a health hub to life in their community. ([Slides are available in the board meeting package](#)) The Hub provides a wide range of services, including primary care, dental care, pharmacy, mental health, social services, diabetes care, and more.

During the question/comment period the Board commended and congratulated Ms. Racine and all involved for the establishment of the Health Hub in Limoges. Also, further details were provided regarding their catchment area.

BREAK (10 minutes)

11 Overview of the community stroke rehabilitation program in Cornwall

Champlain LHIN Senior Integration Specialist, Leah Bartlett and Clinical Care Manager, Jeanne Bonnell, provided the LHIN Board with highlights of the community stroke rehabilitation program in Eastern Champlain that started in April 2016. ([Slides are available in the board meeting package](#)) The program is the result of the collaborative efforts of multiple stakeholders, including the LHIN, Centre de santé communautaire de l’Estrie, Seaway Valley Community Health Centre, Cornwall Community Hospital, Glengarry District Memorial Hospital, Champlain Regional Stroke Network, and the Life After Stroke Support Group in Alexandria. Historical background was also provided when in 2014 the LHIN discussed the need for stroke rehabilitation with stakeholders and the LHINs effort to look into the data and study options to make the best use of our resources to meet patient needs.

During the question period comments and clarifications were provided and touched on the following topics: cost savings from receiving services through this program instead of through a hospital; facts regarding the types of stroke patients admitted to the community stroke rehabilitation program and services they receive; engagement with patients for continued improvements of services. As far as next steps, it was mentioned that an expansion of the community stroke-rehabilitation program is being reviewed as part of the implementation of the LHIN’s Sub-Acute Capacity Plan.

12 Local obligations – Service accountability agreements

Elizabeth Woodbury, Director of Health System Accountability, provided an overview of the planning around 2018-2019 service accountability agreements, as well as an update on alignment of service accountability agreements with LHIN priorities. ([Slides are available in the board meeting package](#)) Following the introduction of suggested local indicators and obligations to be included in the accountability agreements for next year, LHIN staff sought input regarding some proposed changes. Some of the comments provided by the Board included: The need to continue to strengthen our levers to achieve LHIN priorities; the need to add a certain degree of rigour and discipline to the agreements; the need for service agreements to have a certain degree of clarity and specificity vis-à-vis our obligations.

Members were asked to reflect on this presentation and report further comments to Jean-Pierre Boisclair. To help members with this task, LHIN staff will share a document that will provide a list of the strategies behind local obligations. **ACTION: LHIN staff.** Board Members comments will be consolidated by Jean-Pierre Boisclair and submitted to the CEO and LHIN staff.

The final local obligations will be tabled again at a later date for Board approval.

13 **Update on home and community care**

Catherine Butler, Champlain LHIN Vice President of Home & Community Care, provided an update on home and community care. ([Slides are available in the board meeting package](#)). Ms. Butler mentioned that the home and community care management and care coordination teams have been aligned to support each of the five sub-regions. She also explained that efforts are being made to modernize the existing home care model in an effort to provide better services to patients and families in Champlain, as well as to better address the complex care patients that we serve. Research is ongoing into what the new model would look like. So far, it shows the new model will need to be more holistic and include a focus on wellness. The next steps are to develop a concept paper, which will be brought to the LHIN's executive leadership team for review and discussion. The Board will receive updates of this new model as it evolves over the coming months.

14 **Strategic discussion – Follow up to Board Retreat**

The Board Chair mentioned the success of the strategic discussions held at the Board Retreat on October 13th. At the next retreat, the Board will discuss the LHIN's organizational capacity to achieve strategic goals identified and how the Board will support the CEO.

15 **Board committee stewardship reports and matters arising therefrom:**

15.1 Governance

The next committee meeting will be November 1st and the Board will receive a report from the committee chair on November 22nd. There was nothing further to report.

15.2 French Language Services

The next meeting will be October 30th and the Board will receive a report from the committee chair on November 22nd. There was nothing further to report.

15.3 CEO Performance Evaluation & Compensation

A verbal report was provided from the October 23rd meeting of the committee. Minutes of this meeting will be shared with members of the Board in the board meeting package next month. It was reported that work is progressing regarding the Broader Public Sector Executive Compensation Framework. The Board will hold a special in-camera meeting on October 31 to brief Board Members on the progress to date and the upcoming steps to be taken by all LHINs and by the Champlain LHIN in order to comply with this new provincial directive. Another issue tabled by the committee was the approach/process for the CEO performance evaluation process for fiscal year 2017-2018. The committee recommended to continue the practice of conducting interviews with a smaller number of health service providers/stakeholders, including service provider organizations from home and community care services. Questionnaires will continue to be used to survey Board Members, Vice-Presidents, as well as a sample of Directors. The committee will seek better tools/questionnaires to be used for interviews, as well as for the electronically administered surveys. The Board was in agreement with this proposal.

15.4 Finance & Audit

The Chair offered a verbal report on the October 23rd meeting (minutes of this meeting will be shared in the board meeting package next month) and reported the following findings:

- The administrative savings required post-transition have been achieved, based on the guidelines provided by the Ministry;
- The LHIN is presently operating in a surplus position;
- The LHIN has a wait list of patients that we are unable to serve due to human resource shortages in our region. LHIN staff is working with service provider organizations to alleviate this situation;
- Staff will continue to work at filling vacancies, as well as work on improving the forecasting model to better identify demand for home care services in Champlain and ascertain our capacity to respond to this demand.

The Board received, for their information, the August financial statements. Members of the committees approved a new format for the disclosure of our financial information. The Board will receive in November the first operational data and to accompany the financial report. On a quarterly basis, the Board will also receive a more comprehensive package of operational data with the financial report.

15.5 Quality

Highlights of the October 17th meeting was reported and included the following elements (minutes of this meeting will be shared in the board meeting package next month):

- The committee reviewed the CCAC legacy policy related to Medical Assistance in Dying (MAiD) and received some background information related to this practice. The committee members also provided guidance to staff to develop a revised MAiD policy for the LHIN taking into account the scope of practice of the nurse practitioner. This latter will be tabled next month for the committee’s input and will be tabled later for approval by the Board;
- The committee also received an update on the wait list for home and community care services and work associated with improving this situation;
- The committee also received the first performance report and discussed several issues relating to indicators and the committee’s role. The committee is proposing to further discuss how it can help the organization in terms of strategies to deal with some of the issues identified through the analysis of the indicators/data;
- The committee also received a presentation, followed by a discussion, regarding occupational health and safety of LHIN staff (policies, practices, etc.). A recommendation was made that the committee should receive a report on key issues relating to: compliance with legislative requirements, problematic occurrences, and where possible demonstrate how the Champlain LHIN compares to other organizations.

16 Other Business

No other business was tabled.

17 Adjournment of Meeting

The meeting adjourned at 5:10 p.m.

Moved: Mindy McHardy

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

Chantale LeClerc
CEO
Champlain Local Health Integration Network