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Champlain LHIN Board Meeting - Approved Minutes

September 28, 2016

Champlain LHIN Boardroom, 1900 City Park Drive, Suite 500

Board Members in Attendance: Jean-Pierre Boisclair (Chair), Randy Reid, Pierre Tessier, Diane Hupé, Nick Busing, Elaine Ashfield* (*joined via teleconference at 4:30 p.m.)

Regrets: Marie Biron, Guy Freedman

Guest Speakers:

Dr. Kathryn Downer, National Director, Pallium Canada

Dr. Jose Pereira, Chief Scientific Officer, Pallium Canada

Jacinthe Desaulniers, Executive Director, Le Réseau des services en français de l'est de l'Ontario.

1 Call to Order

The meeting is called to order at 11:00 noon.

2 Conflict of Interest Declarations

There is no conflict of interest declared.

3 Motion to move in-camera:

11:00-
12:15

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 July 27 and August 24, 2016

4.2 Chair's Report

4.3 CEO's Report

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

Chantale LeClerc

Sylvie Bleau

Cal Martell

Eric Partington

Glenn Alexander

Moved: Randy Reid / Seconded: Nick Busing

All in favour

Carried

BREAK

4 Approval of Agenda

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

- The item related to Bruyère Continuing Care Performance Improvement will be tabled at 16:30 to ensure quorum.

Moved: Randy Reid / Seconded: Pierre Tessier

All in favour

Carried

5 Welcome and Introduction

Chair's Report & In-Camera Report

The Board Chair welcomed members and guests. Guests were 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 were asked to introduce themselves.

In-Camera Report:

The Board Chair reported on the business conducting during the in-camera. The Board does not take decision during the in-camera, but approved confidential minutes, received confidential

information from the CEO and discussed the risk report. The Board also discussed future director's recruitment.

Chair's Report:

Jean-Pierre Boisclair previously distributed his monthly report on activities. He indicated that it is a busy time as the LHINs contemplate the new legislation. He shared an update on the planning process taking place to ensure LHINs will be ready to assume additional responsibilities, should the legislation be approved.

6

CEO's Report

Chantale LeClerc provided a high level summary of her monthly report and answered questions. The following points are noted:

- She participated in five of the six consultation sessions held across Champlain to hear firsthand feedback from participants (stakeholders, community members and health service providers) regarding the establishment of the proposed sub-regions.
- Champlain LHIN received funding to further support programs and services for people with challenging behaviour as a result of dementia (in long-term care and hospital settings, as well as in the community). It is noted that the Provincial Government will be launching consultations on the provincial strategy for dementia. **ACTION: Chantale LeClerc will share with the Board further details on this launch.**
- The CEOs of The Royal and Hôpital Montfort have been asked by the LHIN to co-lead the development of a capacity plan for hospital in-patient mental health services. One of the goals of this exercise is to ensure appropriate distribution of services across all hospitals providing mental health care. The Board will receive regular progress report on this initiative.
- The LHIN recently increased marketing and outreaching to improve the use of a program, funded by the LHIN. This program provides cultural interpretation services for medical appointments. This service is available to people who do not speak English or French. Although very beneficial and appreciated, the program is underutilized.
- Infrastructure renewal funding for hospitals and for community agencies was received and dispersed. Also, funding for innovation and transformative initiatives for small hospitals was received and dispersed.
- The Hospice Palliative Program in Champlain developed advance care planning material to support people in achieving their goal for end of life. Once this material is available, it will be shared with the Board.
- Algonquin College Future of Health Care Breakfast Speakers Series resumed in September. Board Members are encouraged to attend or refer to the archived series available on-line.
- Champlain LHIN eConsult continues to grow and was featured in the Ottawa Life Magazine.
- LHIN Staff is preparing for the next round of negotiations of health service providers accountability agreements. At the meeting in October, LHIN staff will engage the Board in a

discussion around local obligations that will be embedded in accountability agreements for the next fiscal year to drive the LHIN's transformation and integration agenda.

MOTION:

That the Board approve the CEO Report for period of July 16 to September 16, 2016.

Moved: Pierre Tessier / Seconded: Nick Busing

All in favour

Carried

7 Consent Agenda Items

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

6.1 Approval of minutes of July 27 and August 24, 2016

6.2 Finance & Audit Committee/Motions for the approval of the following reports:

- **Cash Advance (2016-17 Q1)**
- **Capital Planning (2016-17 Q1)**
- **Health Service Provider Allocation (2016-17 Q1)**

Moved: Randy Reid / Seconded: Pierre Tessier

All in favour

Carried

NEW BUSINESS

8 Presentation by Pallium Canada

Dr. Kathryn Downer, National Director and Dr. Jose Pereira, Chief Scientific Officer of Pallium Canada presented an education session on palliative care. Champlain LHIN was the first in Ontario to establish a regional palliative care program in 2010 and Dr. Pereira congratulated the LHIN for its leadership role in supporting this effort. The goal of Pallium Canada is to educate healthcare professionals about palliative care and to accelerate the integration of palliative care in Canadian communities and healthcare systems ([see slide deck included in the board meeting package](#)). Only 15% to 30% of Canadians have access to palliative care. Pallium's goal is to ensure palliative care is available to all. Dr. Pereira summarized the strategy to reach this goal and provided details regarding the facilitator training program implemented across Canada (LEAP: Learning Essential Approaches to Palliative Care), as well as the successes achieved in Champlain.

During the question period clarification is provided and the following points are noted:

- Progress continues in Champlain and across the country to encourage medical schools and other health professional training programs to include palliative care training in their curriculum.
- Pallium is looking for the Champlain LHIN to maintain its leadership role and to encourage health professionals and others in our community to promote palliative care training at all level so it becomes available to all citizens. Another objective is to encourage the LHIN to ensure the infrastructure to support palliative care is in place.

The Board Chair thanks Pallium guests for their presentation and their work.

9 Overview of Health Needs of Francophones in Champlain

The Board Chair invites Jacinthe Desaulniers, Executive Director of Le Réseau des services de santé en français de l'est de l'Ontario, to present a picture of the accessibility of health services offered to the francophone population in Champlain. The LHIN has made it a priority to ensure health services are timely and equitable and the LHIN works with partners such Le Réseau to achieve this goal ([see slide deck included in the board meeting package](#)).

Le Réseau has identified a number of pressing needs among Francophones. They include information and coordination of French language services (in particular, access to mental health and additions) home and community care, palliative care and specialized services. To address these needs, the LHIN and Le Réseau have focused on the French language service designation of health service providers. Designation serves as a way of ensuring “permanent, quality French language services.

The LHIN has set local obligations in service accountability agreements with providers related to designation. In addition, health service providers are increasingly aware of language as a social determinant of health. As a result, there is a growing motivation and more organizations in Champlain are actively involved in the designation process.

The Linguistic Variable Pilot Project, involving hospitals across two LHINS (Champlain and South-East), collects linguistic data and will be able to deliver results for the current fiscal year. With this data the LHIN will be able to better understand where Francophones are receiving care, and the type of care. This information will lead to better planning for their health care needs.

The Board Chair thanked Jacinthe Desaulniers for presenting this report. The Board looks forward to inviting Le Réseau to provide a progress report at a later date.

BREAK (15 min – 14:05 to 14:20)

10

Bruyère Continuing Care Improvement Plan (TIMED ITEM AT 4:30)

Attendance Update:

- Board Director Nick Busing was excused from the meeting for this agenda item and returned after the vote on the motion.
- Board Director Elaine Ashfield teleconferenced in for the remainder of the meeting.

Jean-Pierre Boisclair presented a summary of the developments that lead to today's decision, whether to accept or not the performance improvement plan submitted by Bruyère Continuing Care:

- The Champlain LHIN strongly values the programs and services provided by Bruyère Continuing Care and the importance to sustain these programs and services on the short and long-term basis.
- A brief description is presented of various steps taken since the fall of 2015, when the plan was first submitted to the Champlain LHIN. Between the fall of 2015 and the summer of 2016, several discussions and meetings have occurred at various levels (Board and staff). A revised plan was delivered to the LHIN in the summer 2016.
- Last month, the Chair and Chief Operating Officer of Bruyère Continuing Care were invited to present to the Champlain LHIN Board the revised performance improvement plan and responded to the Board's questions;
- Following this presentation, the Board reflected on the proceedings of the meeting and on the plan. Board members did their due diligence and are prepared to bring closure to this situation. A motion was drafted and is tabled:

MOTION:

Be it resolved that the Champlain LHIN Board of Directors:

- **Accepts the elements of Bruyère Continuing Care's Performance Improvement Plan that pertain to initiatives intended to produce administrative efficiencies, in light of the fact that these initiatives had already been put in place by Bruyère Continuing Care in fiscal year 2015/16;**
- **Does not support the element of Bruyère Continuing Care's Performance Improvement Plan that pertains to the Behavioral Support Program and requires Bruyère Continuing Care to deliver this program as outlined the letter May 11, 2012 which amended the organization's Hospital Service Accountability Agreement;**
- **Is not satisfied that Bruyère Continuing Care's Performance Improvement Plan provides for sufficient strategies to position the organization for a balanced financial position in 2017/18, to redress the organization's working capital deficit, or to pursue implementation of an electronic health record in partnership with other hospitals in the Champlain LHIN;**

- **Will determine the form of support to be provided to Bruyère Continuing Care to redress its performance issues and ensure compliance with the conditions and obligations contained in its Hospitals Service Accountability Agreement.**

Moved: Randy Reid / Seconded: Pierre Tessier

There is no question to be addressed, but during the deliberation period the following comments are noted:

- It has been a long process and a difficult situation to address. Bruyère Continuing Care has done a lot of work to address the short-term deficit situation, but the initiatives listed in the performance improvement plan do not fully address the current financial challenges and do not address the long-term sustainability of the services provided by the organization. The Board is concerned that if these are not addressed by the organization, they will impact the quality, safety of services and the sustainability of the organization. Therefore the Board can only accept part of the performance improvement plan.
- Board members did not support a proposal by Bruyère to repurpose funds directed to caring for patients with challenging behaviours as a result of dementia or other conditions.
- Next Steps: Further discussions between the LHIN and the hospital will follow.

VOTE:

All in favour

Carried

11 **Approval of Champlain LHIN Sub-Regions**

Jean-Pierre Boisclair provided background information that led to today's decision regarding the approval of sub-regions in Champlain. The Ministry of Health and Long-Term Care asked all LHINs to identify sub-regions by the end of September. The goals of establishing these regions are to better support health system planning and integrated services delivery at a local level. James Fahey, Director of planning at the LHIN, presented the proposal of the sub-regions ([see slide deck included in the board meeting package](#)).

The LHIN hosted several community engagement sessions. The first was to provide advice on the engagement process and the draft sub-regions. Five consultations sessions were held across the region and a targeted consultation was held with members of the Indigenous Health Circle Forum followed. Participants provided insightful feedback which led to significant changes to the first draft of the potential sub-regions. Existing geographies such as public health boundaries, Health Link areas and current networks were also considered.

Sub-regions will enable the LHIN to achieve its mission: better understanding the needs of local residents; planning for more defined populations; and focusing on population health equity issues.

The LHIN will review initiatives in its Annual Business Plan and Integrated Health Service Plan and will align these plans with the sub-regions.

During the deliberation period, clarification was provided that planning will continue to be done by the LHIN, but in concert with partners/stakeholders in regions. Also, while sub-regions are an important tool for population health planning, they will not act as barriers to care for patients, nor negatively affect primary care referral patterns. With sub-regions, people will continue to access care where they choose and the LHIN's communication strategy around sub-regions will address this point.

MOTION:

That the LHIN Board approves the proposed sub-regions as presented

Moved: Pierre Tessier / Seconded: Randy Reid

All in favour

Carried

12

First Quarterly Report 2016-2017 on Health System Performance

Brian Schnarch, Director of System Performance and Analysis at the LHIN, presented highlights of the fourth quarter report on health system performance in Champlain. The report includes an overview of the LHIN's progress over the course of the three-year Integrated Health Services Plan (2016-2019) and of our performance against the Annual Business Plan for 2016-2017 ([see slide deck included in the board meeting package](#)). The performance report will be available on our website once received by the Board and translated.

New indicators introduced this year include those related to: primary care, Indigenous cultural competency, use of telemedicine, palliative care and Health Links. Of the 30 indicators included in the report, 14 are determined by the Ministry of Health and Long-term Care and shared by all LHINs. For these 14 indicators, during the first quarter of 2016-17, Champlain LHIN was 83 per cent of the way to achieving the Ministry targets. This an improvement of three per cent from last year at the same period.

During the discussion/question period the following comments are noted: Achieving the target for MRI wait times for persons with non-urgent conditions continues to be difficult. This trend is seen across the province. There was an improvement from the previous quarter that was largely due to additional one-time LHIN funding to increase operating hours. The LHIN continues to work with health service providers on strategies to reduce MRI wait times, such as establishing a central intake system, and developing clinical protocols to guide when MRI scans should be ordered.

MOTION:

That the LHIN Board approves the quarterly report as presented

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

13 Health Links – Scaling and Sustainability

Jean-Pierre Boisclair provides introductory remarks and described challenges the LHIN is facing to achieve the established target for Health Links. The goal is to reach out to 10,000 clients by the end of fiscal year 2019. Cal Martel, Senior Director of Health System Integration at the LHIN, presented the LHIN's action plan on the expansion and sustainability of Health Links in the region ([see slide deck included in the board meeting package](#)).

At present, 560 patients with high-needs are participating in Health Links and this number is intended to increase to 1,325 patients by the end of the year. The target to reach 10,000 by 2019 translates to a growth of approximately 300 per cent each year. To scale up Health Links sustainably, the LHIN will largely use existing resources, focusing on health care providers already doing care coordination. The LHIN will approach providers who already serve potential Health Links clients to take on more active care coordination. Engaging primary care is also a critical factor.

Discussion follows the presentation and clarification is provided to the Board. The following comments are noted:

- To meet the goal of 10,000 patients, the number of primary care practitioners participating in Health Links will need to increase to 900 family physicians within three years (presently 156 are participating).
- The LHIN's Primary Care Engagement Working Group identified four key strategies to accelerate the involvement of primary care in Health Links: a review of existing billing codes to recognize physician time in case conferencing, communication and marketing, physician champions and tasking Health Link primary care physicians to recruit a colleague.
- The commitment of all Health Link partners is key to its success.
- The Board is looking forward to receiving regular progress report on this project.

14 Patients First Update

Jean-Pierre Boisclair presented a progress report on Patients First, specifically regarding the governance work steam and the planning around the recruitment to meet the additional number of board members, if and when the legislation is approved (LHIN membership would increase from nine to twelve members). The appointment process is lengthy and the goal will be to develop a pool

of interested candidates to be considered. Members of the CCAC across the Province received a letter from the Deputy Minister inviting them to express their interest in joining LHIN Boards.

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

French Language Services

There was no meeting over the last month and there is no update at this time.

Governance – no meeting will review membership

There was no meeting over the last month and there is no update at this time.

CEO Performance Evaluation & Compensation

There was no meeting over the last month and there is no update at this time.

Finance & Audit

Randy Reid provides a brief report on the meeting of August 15 and tabled the following motion:

MOTION:

That the Finance and Audit Committee recommends the Board approve the following reports:

- **LHIN Operation Report (2016-17 Q1), as amended**
- **Use of Consultant Report (2016-17 Q1), as presented**

Moved: Randy Reid / Seconded: Nick Busing

All in favour

Carried

16 **Other Business**

There is no additional item tabled.

17

Adjournment of Meeting

There being no other business, the meeting adjourned at 16:50.

Moved: Pierre Tessier

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

Chantale LeClerc
CEO
Champlain Local Health Integration Network