

Central West LHIN | RLISS du Centre-Ouest

MINUTES OF THE BOARD OF DIRECTORS' MEETING

WEDNESDAY, APRIL 25, 2018

Commencing at 5:00 P.M.

199 County Court Boulevard – 'Brampton/Caledon Room'

Brampton, Ontario

Board Members Present:	Carmine Domanico (Board Chair), Jeff Payne (Vice Chair), Adrian Bitá (Member), Neil Davis (Member), Moyra Vande Vooren (Member), Hugh O'Brodovich (Member), Anita Gittens (Member), Peter Harris (Member), Angel Rebelo (Member), Ashish Kemkar (Member), Heather Picken (Member)
LHIN Staff Present:	Scott McLeod (CEO), Brock Hovey, (V.P.), Kimberley Floyd (V.P.), Kim Delahunt (V.P.), Tamara Wallington (V.P.), Jas Rai (EA to CEO & Board Liaison)
Regrets:	Marla Krakower (V.P.)
Guests:	Sub-Region Clinical Leads – Dr. Natasha Kaur Gill (Dufferin), Dr. Nihal El Khoully (Bolton-Caledon), Dr. Caroline Collins (Bramalea), Dr. Brian Klar (North Etobicoke-Malton-West Woodbridge), Clinton Baretto (Brampton)

1.0 CALL TO ORDER

Adrian Bitá, assumed the role of Meeting Chair (at the request of the Chair and Vice Chair who were delayed) and called the Board Meeting to order at 5:05 p.m. He welcomed the Sub-Region Clinical Leads to the meeting, Dr. Natasha Gill, Dr. Brian Klar, Dr. Nihal El Khoully, Dr. Caroline Collins and Clinton Baretto and noted they will be more formally introduced as part of the agenda.

1.1 Approval of Agenda

Mr. Bitá asked if there were any additional agenda items to be added. No additional items were added to the agenda.

MOVED by Peter Harris and SECONDED by Neil Davis, that the Regular Agenda for the Central West LHIN Board of Directors' Meeting of Wednesday, April 25, 2018 be approved, as circulated.

CARRIED

1.2 Conflict of Interest

Adrian Bitá reminded members of the Conflict of Interest Guidelines and asked if any members had any conflicts to declare.

There were no declarations of Conflict of Interest.

2.0 CONSENT AGENDA

Adrian Bitá reminded Members that the process is that they can ask questions and seek clarification on items within the Consent Agenda, but should further discussion be required, the item will be pulled and added to the Regular Agenda. Scott McLeod advised that all action items in the March minutes are either underway or completed.

MOVED by Angel Rebelo and SECONDED by Anita Gittens, that the Consent Agenda be approved, as presented.

CARRIED

3.0 PATIENT STORY

Tamara Wellington introduced the Clinical Leads

- Dr. Nihal El Khouly (Bolton-Caledon)
- Dr. Caroline Collins (Bramalea)
- Dr. Brian Klar (North Etobicoke, Malton, West Woodbridge)
- Dr. Natasha Gill (Dufferin)
- Clinton Baretto (Brampton)

She asked Clinton Baretto, Nurse Practitioner, to share a patient story.

Mr. Baretto presented a case of a South Asian male referred from William Osler to his Family Health Team due to complex care needs. The team, which included a dietitian and pharmacist, worked with the patient to stabilize his INR¹ levels and reduce his weight while also focusing on preventative care, including screening tests due to his occupational history. He is currently also enrolled in a pilot project between the Family Health Team and a community based Kinesiologist to further reduce his weight and increase his exercise levels. This case demonstrates the value of the inter-professional / comprehensive care for complex patients within the community setting which is the basis of Health Links and the recently approved inter-professional care team expansions.

Hugh O'Brodovich asked Mr. Baretto what access he and his colleagues have to translators in the sub-region. Clinton indicated that in the family practice setting they don't have access to translation services, but at the hospital level a translation services is available. Kimberley Floyd advised Members that Home and Community Care have a contract for 24/7 translator services and this may be a good opportunity for Family Health Teams and Home & Community Care to work together. It was agreed that staff would explore the opportunity to extend translation services to other providers in the community.

ACTION: Scott McLeod

Adrian Bitá thanked Clinton Baretto for sharing the story.

¹ INR - international normalized ratio provides a standard score and is used to monitor the performance of blood-clotting medication such as warfarin.

4.0 BOARD EDUCATION / GENERATIVE DIALOGUE

4.1 – Sub-Region Clinical Leads

Tamara Wallington provided a brief overview of the role of Clinical Leadership in the LHIN, which is one of the fundamental pillars of the *Patients First Act*, and is aligned to sub-regions. Tamara Wallington noted that primary care, in system planning, is critical and essential to improve the system, quality of care, and the transformation agenda.

At this point Tamara invited each of the Clinical Leads to introduce themselves and provide any observations since taking on the role of Clinical Lead.

Dr. Nihal El Khouly informed Members that she is the Clinical Lead for the Bolton Caledon area and has been a primary care physician for the last ten years in Bolton. Dr. El Khouly indicated that there are 25 family physicians in Bolton who work in silos and she saw this role as an opportunity to get them to work together by bringing new learnings to Bolton, as many physicians did not know what other services were available.

Dr. El Khouly indicated that there was some skepticism of this new role from her peers, but she noted that with a more bottom up approach, this is an opportunity for her peers to make it more about the patients. Dr. El Khouly also noted that she has two patients on PFAC, who talk about what they learned and share information widely, promoting the work.

Dr. Caroline Collins informed members that she is the Clinical Lead for Bramalea and area and has been a family physician in Brampton for the last 11 years with the Brameast practice.

Dr. Collins indicated that she has devoted the last 11 years to a high quality family practice, and felt that the Clinical Lead role provided an opportunity to broadly contribute to the health of an entire population. Dr. Collins noted that 20% of the LHIN is Punjabi speaking, and language is a major daily issue.

Dr. Collins noted that her colleagues were more pragmatic about this role, a “go for it” approach, as we need to be voices for our patients. She noted that she and her colleagues are constantly learning about new resources available to them and other Primary Care physicians in this role.

Clinton Baretto informed Members that he is the Clinical Lead for Brampton and is a Nurse Practitioner at the North Peel Family Health Team and has been practicing in Brampton for the last five years. He indicated that he felt this role provided a good opportunity to put his Public Policy degree to good use, and a chance to make sure the health care families receive is at the standard he practices.

At 5:40 pm, Carmine Domanico thanked Adrian for assuming the role of the Chair in his absence and resumed his role as Chair of the meeting.

Dr. Natasha Gill informed Members that she is the Clinical Lead for Dufferin and Area. Dr. Gill started practicing in 2014 at the Brampton Civic Hospital in Obstetrics and then decided to settle in Shelburne as a Primary Care Physician. She indicated that in this role, she wants to make a difference to patient’s lives and break down system silos. Dr. Gill noted that in Dufferin there is a disparity of services to actively make a

change, and there is so much opportunity to improve equity across the LHIN. Dr. Gill noted that primary care physicians are talking to each other and are becoming part of the feedback loop and keen to be a voice of change.

Scott McLeod informed Members that Shelburne is a success story with reference to the Mel Lloyd Family Health Team (FHT). Scott Noted that a number of years ago, the LHIN was asked by the Mel Lloyd FHT Board to help them transform the FHT into an organization that operated as the FHT was envisioned. He noted that within six months the FHT had a roster of six physicians providing full comprehensive care in Shelburne. Finally, Scott noted that the Mel Lloyd centre is an excellent example of a community hub with many diverse providers located there.

Dr. Gill agreed, and noted that there is good access now, with seven physicians and 6,400 rostered patients, servicing almost the entire area.

Dr. Brian Klar informed Members that he is the Clinical Lead for the North Etobicoke, Malton, West Woodbridge sub-region and is the lead physician at Woodbridge Family Health Team. In this role as Clinical Lead, Dr. Klar indicated he wanted to make a difference and address system issues that go beyond what is done in clinics, break down silos, and bring insight to structure system and to communicate better. Dr. Klar noted that his FHT is a hub of many services that plays a central role and this role provides an opportunity to scale up the benefit to the community.

Dr. Klar indicated that digital health is an important priority that will be an enabler to enable providers across the system to connect and share information.

Scott McLeod informed Members and the Leads that there is a provincial Digital Health Strategy which includes ensuring that physician EMRs are able to connect to the broader system.

Dr. Tamara Wallington noted that each sub region has its own set of challenges and diversity and each Lead is responsible for their local quality initiative and also to collaborate to improve care, working closely with the LHINs and primary care physicians to achieve provincial performance metrics. Dr. Wallington reminded Members that the Leads started in November, and have participated in robust orientation sessions which included sessions with Health Quality Ontario (HQO) and Cancer Care Ontario, as well as participation in the University of Toronto IDEAS training program in quality improvement, along with the sub-region collaborative teams.

Scott McLeod noted that the Clinical Sub Region leads, along with the Sub Region Admin Directors and the Directors of Home and Community Care form a core team to lead the transformation at the sub-region level.

Carmine Domanico encouraged the Leads to bring their ideas to the Board and in six months to share their experiences and successes with the Board. Carmine Domanico thanked the Clinical Leads for the discussion and insights and appreciated a great presentation and the opportunity to meet them.

The Clinical Leads left the meeting.

Carmine Domanico asked about an opportunity to take out a page in the local paper in the healthcare section to talk about the Leads, LHIN successes, and giving back to the community. Scott McLeod indicated that from past experience local papers have not shown much interest but that LHIN staff will reach out to explore the idea.

Action Item: Scott McLeod / LHIN Communications

It was noted that all of the Clinical Leads were “graduates” of the Central West Rotman Leadership Development Program which has clearly had an impact on their level of interest. It was requested that staff prepare a Briefing Note providing an overview of the program for LHIN Board members

Action Item: Kim Delahunt.

5.0 REPORTS OF THE BOARD CHAIR, BOARD MEMBERS, AND CHIEF EXECUTIVE OFFICER

5.1 Report of the Board Chair

Carmine Domanico provided an update on the following items:

- **Chairs Council Meeting** – Carmine Domanico informed Members that the Board Evaluation Work Group continues to work on developing a Board Evaluation Survey with support from HSSO. Carmine noted that he expects a draft Whole Board and Individual Board Member Assessment surveys to be completed in the fall to be administered in the spring of 2019. He also noted that the Ministry has provided the LHINs with an exemption to the required Board assessments for 2018/19.
- **Institute of Corporate Directors** – Carmine Domanico noted that this is a not-for-profit peer group. Mr. Domanico attended the ICD Ontario GTA Chapter’s Inaugural Not-For-Profit Chair Peer Forum on April 10th. He noted that there were approximately 43 participants, bringing together governors, chairs and past chairs for a peer to peer coaching session. Carmine indicated that membership is on a subscription basis with 20-25 people in each group. Mr. Domanico noted that this is separate from LHIN work, but other LHINS have expressed an interest in joining and this will be presented at the next Chairs Council Meeting.
- **"Embracing Atlas": A Mind Forward Caregiver Services Celebration Event** – Carmine Domanico along with Kim Delahunt attended this event. Mind Forward is a Health Service Provider funded by the LHIN to provide services to support Acquired Brain Injury patients. Carmine noted that Minister Kevin Flynn (Labour) and Minister Charles Sousa (Finance) were also in attendance. Carmine spoke on behalf of the LHIN.
- **Funding Letters** – Carmine Domanico was pleased to report that the LHIN received a number of significant funding letters which were even better than expected.

5.2 Board Member Updates

- Angel Rebelo informed Members that she attended the Public Appointments Training and was impressed with the breadth of governors that participated from various Agencies, Boards and Commissions.

5.3 Report of the CEO

- **Home & Community Care Funding** – Scott McLeod informed Members that the LHIN has received over \$14M for Home and Community base funding. He noted that this represents a 9.7 percent increase, one of the highest in the province driven largely by the equity funding part of the formula. Kimberley Floyd noted that staff are working on plans to allocate the new funding for care as well as internal capacity to support the delivery of services.
- **Long-Term Care Beds** – Scott McLeod noted that based on the open call related to the first wave of 5,000 LTC beds Central West LHIN will only get 98 beds. He also noted that one home under redevelopment has been approved for 40 additional beds. Scott noted that he had followed up with the Ministry and the Deputy Minister to express his concerns about the methodology used to allocate the first tranche of beds and had suggested opportunities to improve the methodology. He noted that the Ministry was receptive to the suggestions and will work with Central West to ensure that the next round results in increased allocations.
- **LHIN Audit** – Scott informed Members that the LHIN year-end Audit is well underway and we expect to see a small surplus.
- **One-Year LHIN Anniversary** – Scott McLeod reminded Members that May 31st is the LHIN one-year anniversary. Scott noted that an invite has gone out to all staff and Board to hold the date for a celebration event to be held on May 30th. Scott indicated we would also be recognizing the long service awards for staff. Paper is the traditional 1-year anniversary theme and Scott noted that all staff will receive a quality improvement booklet called “the memory jogger” along with a bookmark with the LHINs new Mission, Vision and Values.
- **Brampton University** – Scott McLeod shared a good news story for Brampton that the Ryerson University campus has been approved for downtown Brampton.
- **Infographic** – Scott McLeod informed Members that the Infographic developed to provide some key facts about Central West and our immediate priorities has been circulated widely in Central West LHIN. Scott noted that feedback has been positive on the information presented on the infographic.

6.0 STRATEGIC DIALOGUE

6.1 Integrated Health Service Plan (IHSP)

Kim Delahunt provided a brief overview of the planning process beginning to develop the next IHSP for the LHIN.

Kim Delahunt reminded Members that the IHSP (April 1, 2019 to March 31, 2022) is the LHIN's strategic plan which is mandated and part of the Local Health System Integration Act (LHSIA). Kim informed Members that the draft IHSP is due to the Ministry by October 29th. She noted that staff are currently recruiting external support to assist in the community engagement, facilitation and development of the IHSP. The successful candidate would facilitate the June 1st Board retreat focused on strategic planning.

Kim Delahunt noted that over the summer staff will work with our stakeholders to draft the plan that will come back to the Board prior to going to an early fall Governance and Leadership Forum for validation.

Following discussion regarding the tight timelines for Board it was suggested that an August session with the Board be scheduled to provide additional input into the draft.

ACTION: Scott McLeod / Kim Delahunt

Carmine Domanico asked about the level of engagement allowable during the Writ period. Scott McLeod noted that the LHIN will continue with normal operations, engaging the community through sub-region collaboratives and HSP community meetings, but we cannot place public ads.

7.0 FIDUCIARY DIALOGUE

7.1 Report of the Governance Committee Meeting, Special meeting Friday, April 20, 2018

Jeff Payne, Committee Chair, provided an overview of the Committee's discussions regarding moving from the Personalysis Tool to the Brantas tool.

Jeff Payne indicated that Brantas was invited to the Committee meeting to provide a presentation on the proposed tool. Mr. Payne noted that many elements of the Brantas tool are similar to Personalysis, however, the Brantas tool has an interactive evolving tool. Jeff Payne noted that after a good discussion the Committee reached a consensus to do one cycle with Brantas for a period of one-year.

Mr. Payne advised Members that they will need to complete an on-line survey which is followed by a 90 minute debrief with the Brantas coaches. Members will need to allocate 3-4 hours each in advance of the Board Retreat

MOVED by Jeff Payne, and SECONDED by Heather Picken, that the Central West LHIN Board of Directors approves the move from the Personalysis tool to the Brantas tool for a one-year trial period and not to exceed \$35,000.00, as recommended by the Governance Committee.

CARRIED

Staff will work with Brantas to finalize a contract and schedule them to attend the May 31 Board retreat.

Action: Scott McLeod / Kim Delahunt

Carmine requested that all Board members complete the survey and the debrief with Brantas in advance of the May 31st Retreat.

ACTION: Board Members

7.2 CEO Attestation – 2017-18 – 4th Quarter (Q4)

Scott McLeod highlighted the same exception which has been noted for the last two years as it relates to Healthcare Insurance Reciprocal of Canada (HIROC). He noted that this is an exception for all 14 LHINs and that a business case has been submitted to the MOHLTC requesting an exemption

MOVED by Neil Davis and SECONDED by Angel Rebelo, that the CEO Quarterly Attestation for 2017/18 4th Quarter (Q4) for the period January 1, 2017 to March 31, 2018, be approved, as submitted.

CARRIED

8.0 IN-CAMERA SESSION

MOVED by Peter Harris and SECONDED by Adrian Bitá, that the Central West LHIN Board of Directors consider matters: related to Personnel, Solicitor-Client Privilege, Personal and Public Interest in a closed session to pursuant to s.9(5)(a) or s 9(5.1) of the Local Health Integration Act, 2006

CARRIED

MOVED by Moyra Vande Vooren and SECONDED by Ashish Kemkar, that at 7:30 p.m., the Central West LHIN Board of Directors' meeting be moved Out-of-Camera and back into the Regular Session.

CARRIED

MOVED by Adrian Bitá and SECONDED by Anita Gittens that the Central West LHIN Board of Directors approve the business conducted during the Closed Session and that the actions taken during the Closed Session should not be reported in the minutes.

CARRIED

9.0 ADJOURNMENT OF BOARD MEETING

MOVED by Jeff Payne and SECONDED by Peter Harris, that there being no further business for discussion, that the Central West LHIN Board of Directors' Meeting of Wednesday, April 25, 2018 be adjourned at 7:30 p.m.

CARRIED

Carmine Domanico, Board Chair

Scott McLeod, CEO