

Central West LHIN | RLISS du Centre-Ouest

**MINUTES OF THE BOARD OF DIRECTORS' MEETING**

**WEDNESDAY, MARCH 23, 2016**

**Commencing at 5:00 p.m.**

**Central West LHIN Office, 8 Nelson Street West, Suite 300**

**Brampton, Ontario**



<b>Board Members Present:</b>	Maria Britto (Board Chair), Ken Topping (Member), Suzan Hall (Member), Pardeep Singh Nagra (Member), Adrian Bitá (Member), Jeff Payne (Member)  <b>Via Teleconference:</b> John McDermid (Vice Chair)
<b>LHIN Staff Present:</b>	Scott McLeod (CEO), David Colgan, Brock Hovey, Michele Williams, Elizabeth Salvaterra  <b>Via Teleconference:</b> Tom Miller
<b>Regrets:</b>	Gerry Merkley (Member), Lorraine Gandolfo (Member)
<b>Guests:</b>	John Ronson, Practice Leader, Telus Health Transformation Services

**1.0 Call to Order**

Maria Britto, Board Chair, called the Board Meeting to order at 5:00 p.m. She advised that regrets had been sent from Board Members Gerry Merkley and Lorraine Gandolfo. She acknowledged and welcomed the two Observers in attendance, Dr. Dean Roehl, a family physician with Rexdale CHC and Janet Daghish, Director of Community Partnerships, Bayshore HealthCare.

**1.1 Approval of Agenda**

**MOVED** by Ken Topping and **SECONDED** by Jeff Payne, that the Regular Agenda for the Central West LHIN Board of Directors' meeting of Wednesday, March 23, 2016 be approved, as circulated. **CARRIED**

**1.2 Conflict of Interest**

Maria reminded Members of the need to declare a Conflict of Interest with respect to any items that could potentially place them in a conflict situation. There were no declarations. She requested that all cell phones be turned off or muted during the meeting.

## 2.0 Consent Agenda

Maria reminded Board Members that the process is that they can ask questions for clarification from the Consent Agenda, but if further discussion is required, the item will be pulled from the Consent Agenda and added to the Regular Agenda.

Scott noted that all actions items as noted in the minutes of Wednesday, February 24, 2016 had been addressed. He advised that the next Governance & Leadership Forum has been scheduled for Tuesday, April 26, 2016 with Mitch Hagins and Bonnie Cochrane of the Studer Group. He advised that he would be putting together a draft Agenda for this session which will also include the local experiences of Headwaters Health Care Centre, William Osler Health System and the Central West CCAC.

**MOVED by Suzan Hall and SECONDED by Jeff Payne, that the Central West LHIN Board of Directors approves the Consent Agenda, as circulated.**

**CARRIED**

## 3.0 Report of the Board Chair and Chief Executive Officer

### 3.1 Report of the Board Chair

Maria provided a brief overview of the meetings and events she had attended over the month noting that she would speak to additional items during her In-Camera Report.

### 3.2 Report of the Chief Executive Officer

Scott referenced the CEO report that was included in the Board package and highlighted the following key items:

#### **Integration of Peace Ranch and Supportive Housing in Peel (SHIP)**

Scott advised that the facilitate integration is moving forward well, He noted that he and Suzanne Robinson attended a recent Joint Board Meeting on March 16<sup>th</sup> where the detailed Integration Plan and timelines were presented. The Central West LHIN can expect to receive the full submission and financial implications sometime in June. The Executive Director of Peace Ranch has recently resigned his position due to personal reasons. The LHIN has offered what support they can.

#### **Behavioural Supports Ontario (BSO)**

The Provincial Budget included increased funding for BSO but no specific details have been received to date on the process. The LHIN hopes to benefit from increased BSO support in our Long Term Care Homes.

#### **Patients' First Update**

The results of the various consultations that were conducted in January and February have been submitted to the Ministry of Health and Long Term Care and a summary has been posted to the Central West LHIN website.

### **Clinical Quality Lead Recruitment**

A total of three applications have been received for the position of Clinical Quality Lead for the Central West. The LHIN in partnership with HQO, will begin the interview process leading ultimately to the selection of a Co-Chair for this new role.

### **HAST Audit**

In 2014/15 the Ministry's Internal Audit division conducted a HAST audit at Central West focused on procurement and Governance. The Audit report resulted in some internal improvements and we have provided quarterly updates. The Ministry's Internal Audit Division recently conducted a post audit review to seek evidence of compliance with their recommendations. Scott reported that the HAST Team were pleased to note that with one minor exception, their random audit confirmed that all identified issues have been addressed.

### **Operating Pressures**

The Central West LHIN has been able to support both Headwaters Health Care Centre and William Osler Health System with one-time funding to support the mitigation strategies they have implemented to address the significant Emergency Department pressures they have been experiencing through February and March. Scott noted that the CCAC has also stepped up to support early discharge to maintain flow. This has put additional pressure on them as well. Notwithstanding, they are all projecting a balanced budget.

## **4.0 Board Education/Generative Dialogue**

### **4.1 Generative Dialogue – Health Care Trends, Patterns and Directions (John Ronson, Telus)**

Maria Britto welcomed and introduced John Ronson, Practice Leader at Telus Health Transformation Services, a respected strategist, facilitator, governance and public policy expert with over 30 years' experience as a lawyer and management consultant. John has led a number of engagements for the Government of Ontario that have driven substantive improvements in how healthcare is planned and delivered in Ontario and has facilitated the LHIN CEO Strategy Retreats for the last 2 ½ years. John presented an overview of health care trends, patterns and directions globally and how Canada / Ontario's system compares. While Canada and Ontario perform well on some dimensions, there is no question that there are significant opportunities for improvement. It was apparent that key initiatives related to Patients First were relevant to improving local performance.

An excellent generative discussion followed John's presentation. There was a suggestion that it may be worthwhile inviting John back to a future meeting.

## **5.0 Strategy Dialogue**

### **5.1 2015-2016 Balanced Scorecard – Winter Cycle**

Elizabeth Salvaterra provided an overview of the Balanced Scorecard Dashboard for the Winter Cycle of 2015-2016, noting that indicators requiring investigation this cycle included:

Indicator #2 – 90<sup>th</sup> percentile ED length of stay for high acuity patients

Indicator #10 – Repeat unscheduled emergency visits for substance abuse conditions

Indicator #19 – Proportion of wait time indicators achieving target

She noted that Indicators #2 and #10 were red for the last three years and that Indicator #19 has been red in every quarter since July 2013.

Indicator #2: The sub-set of the high acuity population that drives the performance in this indicator is the relatively small number of patients who are admitted to an inpatient bed from the emergency department. At the 90<sup>th</sup> percentile, these patients spent 37.2 hours in Central West emergency departments in Q3, more than a full day, and more than 4 times the maximum time that any patient should spend in any emergency department. The emergency departments with the greatest struggle in this area are the Osler sites, where the barrier to discharge from the emergency department is simply inpatient capacity, which is not sufficient to meet the need of the Central West community. As part of the 2016/17 Pay-for-Results program, the LHIN is soliciting proposals that have the effect of increasing inpatient capacity or decreasing demand.

Indicator #10: For more than 80% of the repeat emergency department visits within 30 days for substance abuse in the Central West LHIN, the substance in question is alcohol. The LHIN's Decision Support Unit has completed analysis that shows that there is a relatively small number (fewer than 30) of patients who have repeat visits every quarter, and who account for more than half of the repeat visits each quarter. The LHIN portfolio leads for substance abuse and for Health Links are working with providers to identify these people and provide them with services to break this cycle.

Indicator #19: This indicator is the roll-up of the six wait time indicators in the MLAA, five of which did not attain target performance. For cataract surgeries, the LHIN missed the provincial performance target by only 2.3 percentage points. Sub-optimal performance in this indicator is due to the availability of a shared ophthalmologist at Headwaters.

For knee replacement surgeries and MRI scans, the funded volumes available to the LHIN are simply not sufficient to meet the demand in the community. A substantial increase in investment would be required to achieve target performance in these two measures.

For hip replacement surgeries and CT scans, there is not the same clear mismatch between supply and demand as there is for knee replacements and MRI scans. The hospitals and the LHIN are working on cleaning up wait lists to ensure accuracy, and also on increased efficiencies to shorten the time between approval of a procedure and that procedure taking place.

## **5.2 2015-2016 Enterprise Risk Management (ERM) Report**

Board Members received an overview of the 2015-2016 – Q4 Enterprise Risk Management Report. Key changes between Q3 (October to December 2015) and Q4 (January to March 2016) were highlighted as follows:

- It was noted that the number of risks have been reduced from 31 to 30.
- A newly-identified risk has been added in current reporting and is included in the category of top risks: Risk ID # 82 – Home and Community Care Renewal (priority ranking score of 12)
- Risk I.D. # 14 (William Osler Health System) has been closed as Osler was allocated \$5 million in 2015/2016 to manage growth pressures from an operational perspective in terms of maintaining access to services by Central West LHIN residents.
- Risk I.D. # 81 (Headwaters Health Care Centre) has been closed as the risk, in terms of the hospital not being able to sustain operations due to inflationary pressures resulting in reduce service volumes, did not materialize in 2015/2016.

Scott advised that an additional risk will be added regarding the implications regarding new Board Member Appointments. A brief discussion followed and it was agreed that this item would be raised at the next LHIN Leadership Council meeting.

**ACTION:** Maria Britto / Scott McLeod

**MOVED by Pardeep Singh Nagra and SECONDED by Adrian Bitu, that the Central West LHIN Board of Directors approves the 2015/2016 – Q4 Enterprise Risk Management Report, as circulated.**

**CARRIED**

### **5.3 2016-2017 Central West LHIN Annual Business Plan**

David Colgan noted that following the presentation of the Annual Business Plan (ABP) at the February Board Meeting, no feedback/ input had been received from the Board. He further noted that with the exception of a few minor grammatical and/or formatting changes, the draft Business Plan is being presented for Board approval to be submitted to the Ministry of Health and Long-Term Care by March 28, 2016. There were two minor suggestions requested. It was noted that the Budget needs to reflect the changes made at the Finance and Audit Committee.

**ACTION:** Brock Hovey / David Colgan

**MOVED by Adrian Bitu and SECONDED by Suzan Hall, that the Central West LHIN Board of Directors approves the 2016-2017 Annual Business Plan to be submitted to the Ministry of Health and Long-Term Care by March 28, 2016.**

**CARRIED**

Maria thanked David and his team for their good work in preparing this year's Annual Business Plan.

She then took the opportunity to remind Board Members that David's resignation is effective April 15, 2016 and therefore, this would be his last Board Meeting. She and the Board extended their sincere appreciation to David for his excellent work on behalf of the Central West LHIN over the past ten years and wished him all the best in his future endeavours.

#### **5.4 Ontario Palliative Care Network**

Scott referenced the document that had been included in the board package entitled 'Palliative and End-of-Life Care Provincial Roundtable Report' for information, noting that the Ontario Palliative Care Network was formally launched on March 11, 2016 by Parliamentary Assistant MPP John Fraser. Teams from across Ontario's 14 LHINs attended the meeting.

On March 14, 2016 members of the Central West LHIN's Palliative Care Network met to reconstitute the work of the local Network, consistent with provincial direction. Scott advised that he and Dr. Craig McFadyen, Vice President, Patient Care Services and Chief of Oncology at Trillium Health Partners, will Co-Chair the Central West LHIN Palliative Care Network. He noted that locally, we are in a very good position to drive our strategy forward. Further confirmation has been received that the Ontario Palliative Care Network will be recommending to the Ministry that the Central West be approved for an additional residential hospice beds which will most likely be located in Brampton. There is an expectation that these beds be developed over the next three years which will present an additional challenge.

#### **5.5 Mental Health & Addictions Services in Dufferin County**

Scott provided a brief refresh on discussions that have taken place regarding the exploration of partnership opportunities up to and including transfer of services being provided in Dufferin County from one CMHA branch to the other and some of the options that had been considered. He noted that there is a recommendation for the Board's consideration and approval. A brief discussion followed with the following motion

**MOVED by Ken Topping and SECONDED by Pardeep Singh Nagra, that the Central West LHIN amend the Multi-Sector Accountability Agreement with Canadian Mental Health Association – Peel Branch (CMHA-Peel) by:**

- **Accepting \$833,544 from the Waterloo Wellington LHIN for the transfer of funding to provide community mental health and addictions services in Dufferin County;**
- **Upon receipt of the 2016-2017 Community Sector funding announcement letter, allocating up to \$220,000 in annual base funding to ensure these services continue at a level currently provided;**
- **Making available up to \$128,000 on a one-time basis to address data migration, systems/equipment and policy harmonization, expansion of information technology network, software licenses, update promotional/outreach materials, and issues related to legal due diligence.**

**CARRIED**

## 6.0 Fiduciary Dialogue

### 6.1 Verbal Report of the Quality Committee

As Acting Committee Chair, Jeff Payne provided an overview of discussions that had taken place at the Quality Committee meeting of March 7, 2016, noting that it had been an excellent meeting held at 'The Exchange', part of Caledon Community Services. He advised that excellent presentations had been made by Caledon Community Services, CANES Community Care and Dufferin County Community Support Services regarding the oversight of quality and safety within their respective organizations.

Maria and John both thanked Jeff for stepping in as Acting Committee Chair for that meeting and there was agreement by all in attendance that the organizations were extremely proud of the work they are doing around quality and safety. John advised that this would be the last of the 'travelling meetings' for now but that overall, it had been a very positive experience for members of the Quality Committee to meet with the health service provider organizations.

### 6.2 Verbal Report of the Finance & Audit Committee

As Acting Committee Chair, Adrian provided an overview of discussions that had taken place at the March 21<sup>st</sup> Finance & Audit Committee meeting, noting that the Committee had recommended approval of the 2016-2017 Operating Budget, based on the assumptions that had been previously presented (and amended) at the February 24<sup>th</sup> Board Meeting. He advised that the Committee had also reviewed the 3<sup>rd</sup> Quarter Procurement Report as well as an update on the final allocations for the 2015-2016 Community Funding. He noted that Committee Members had acknowledged the efforts of staff to allocate the bulk of the remaining funds as quickly and efficiently as possible. After a further brief discussion the following motion resulted:

**MOVED BY Adrian Bitá and SECONDED by Pardeep Singh Nagra, that the Central West LHIN Board of Directors approves the 2016-2017 Central West LHIN Operating Budget, as presented.**

**CARRIED**

### 6.3 2015-2016 Board-Governed Attestation

Brock Hovey advised that this is a new and additional process that the Ministry has requested be undertaken by all LHINs on an annual basis. He advised that there had been no major issues identified in the preparation of the Attestation, which is due to the Ministry by April 6, 2016. The document requires Board approval and it will then be signed by the Chair and submitted to the Ministry of Health and Long-Term Care by April 6, 2016.

**MOVED** by Jeff Payne and **SECONDED** by Pardeep Singh Nagra, that the Central West LHIN Board of Directors approves the 2015-2016 Board-Governed Agency Attestation for signing by the Board Chair, CEO and Senior Director, Health System Performance, for submission to the Ministry of Health and Long-Term Care by April 6, 2016.

**CARRIED**

**7.0 In-Camera Session**

**MOVED** by John McDermid and **SECONDED** by Suzan Hall that, at 7:40 p.m., the Central West LHIN Board of Directors consider Matters of Public Interest in a Closed Session as set out by the Local Health Integration Act, 2006, s.9(5)(a), and further, that Staff Members in attendance be invited to stay for this portion of the meeting.

**CARRIED**

**MOVED** by John McDermid and **SECONDED** by Suzan Hall that at 8:30 p.m., the Central West LHIN Board of Directors' meeting be moved Out-of-Camera and back into the Regular Session.

**CARRIED**

**8.0 Adjournment of Board Meeting**

**MOVED** by Adrian Bita and **SECONDED** Jeff Payne, that there being no further business for discussion, that the Central West LHIN Board of Directors' Meeting of Wednesday, March 23, 2016 be adjourned at 8:30 p.m.

**CARRIED**

---

Maria Britto, Board Chair

---

Scott McLeod, CEO