

A.2 Approval of the Agenda

MOVED: Janine van den Heuvel

SECOND: Bill Thompson

That the agenda of April 25, 2018, be adopted, as circulated.

CARRIED

A.3 Declaration of Conflicts

No conflicts were identified at this time.

B. Education/Generative Discussion

B.1 Centralized Intake

Key Points of Discussion:

- Director, Strategic Priorities presented to the Board of Directors (Board) on centralized intake.
- The presentation was pre-circulated within the Board meeting package as well as available within the package posted on the LHIN website.
- Mandate from Minister of Health and Long-Term Care (Minister's) letter was to have centralized intake up & running effective April 1, 2018.
- LHIN staff noted that wait times for patients who request a specific surgeon are still captured in the wait times reports.
- The HNHB LHIN has a localization index of approximately 92%. This means that 92% of people within the HNHB LHIN receive care from HNHB LHIN Health Service Providers (HSPs).
- The provincial benchmark for a patient's appointment for assessment at the assessment clinic is four weeks. This model requires change management with physicians and surgeons, and continues to be a work in progress. It was noted, hospitals will not be paid for surgery if they have not followed the Musculoskeletal (MSK) Central Intake and Assessment Centres (CIAC) model.
- The HNHB LHIN currently has four assessment centres.
- Staff noted that any person who had an urgent or emergent situation would not go through the centralized intake model.
- The basic foundation of the centralized intake model can be replicated outside of the MSK area.
- Physiotherapists are employees of Hamilton Health Sciences and work out of each assessment centre.
- A plan is currently being developed to scale and spread the low back program across the HNHB LHIN. It is currently only operating in Hamilton.
- A suggestion was made to monitor the use of Opioids
- Other areas for potential use of the Central Intake model were identified by board members as mental health, diagnostic imaging, cataract surgery and diabetes.

C.1 Consent Agenda

MOVED: Paul Armstrong

SECOND: Shelley Moneta

That the Board of Directors adopts the consent agenda of April 25, 2018 consisting of:

- i. Minutes of the Board of Directors – Business meeting of March 28, 2018
- ii. Communications Update

CARRIED

D. Reports

D.1 Report of the CEO

MOVED: Dominic Ventresca

SECOND: Saqib Cheema

That the Report of the Chief Executive Officer (CEO) be received and filed.

CARRIED

Key Points of Discussion:

- The CEO provided the following verbal updates:
 - In response to a recent media article regarding ‘cut backs’ in a long term care home in Brantford, it was confirmed that the per diem rates, have increased for 2018/19.
 - It was noted that if occupancy of a long term care homes is 97% or higher, the home receives 100% funding. However, if occupancy drops to 96% then funding reduces to 96%.
 - Every year homes do assessments on all residents to identify their level of ‘acuity’. It is referred to as Case Mix Index (CMI). A reduction in CMI will result in a reduction in funding. An increase in CMI will result in an increase in funding.
- The Government announced 5,000 new Long-Term Care Home (LTCH) beds throughout the province by 2022. HNHB LHIN received 888 of these beds.
- The legacy Community Care Access Centre (CCAC) signage has been taken down from the Hamilton office.
- There was an article in the Hamilton Spectator regarding code zero in Hamilton. A code zero is a time when no ambulances are available to respond. There were 34 times a code zero was declared in January, 21 times in February, and only one in March and April. The difference was not with number of or acuity of patients. What has changed are some changed communications and having all participants working together.
- Code orange is practiced routinely.

D.2 Report of the Chair

MOVED: Shelley Moneta

SECOND: Saqib Cheema

That the Report of the Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Board Chair spoke to the Minister's announcements attended by the LHIN for Long-Term Care Home bed allocation
- Plans for the Governance to Governance sessions will be upcoming. More details of these sessions will be brought forward to the Board in June through the Governance Working Group.
- The Ministry-LHIN Accountability Agreement (MLAA) approval is currently on hold. The Board will not see anything more come forward until further notice is given by the Ministry of Health and Long-Term Care (ministry).
- Board Chair congratulated Bill Thompson and Dominic Ventresca on the reappointment. Because of the election, these reappointments will expire in December 2018.
- There is an opening for an internally elected Vice Chair on the Board. If anyone is interested, please reach out to the Board Chair. This will come forward to a future meeting.
- In light of recent events, the Board will participate in a learning session for major emergency events, which will include information on codes & emergency procedures and how the LHIN works together as a system. This learning session will come forward in the fall.

D.3 Report of the Audit Committee Chair

MOVED: Dominic Ventresca

SECOND: Bill Chopp

That the Report of the Audit Committee Chair be received and filed.

CARRIED

Meeting of April 25, 2018

An Audit Committee meeting was held on April 25, 2018.

Consent Agenda

MOVED: Bill Thompson

SECOND: Marianne Knight

That the consent agenda of April 25, 2018 be received and filed.

CARRIED

HNHB LHIN Operations – Monthly Financial Update

MOVED: Bill Thompson

SECOND: Madhuri Ramakrishnan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the February 28, 2018 financial update for LHIN operations.

CARRIED

E. New Other Business

E.1 Addictions Strategy

MOVED: Shelley Moneta

SECOND: Dominic Ventresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the update on the draft HNHB LHIN Addictions Services Strategy.

CARRIED

Key Points of Discussion:

- VP, Health System Strategy and Integration presented to the Board on an Addictions Strategy for the HNHB LHIN.
- The presentation was pre-circulated with the Board meeting package and is also available on the LHIN website.
- The purpose of the strategy is to improve access to high quality addiction services within the HNHB LHIN and incorporate the voice of the person with lived experience in planning services.
- Addictions is a significant issue in the health system and the HNHB Addictions Strategy will provide a clear focus and direction to inform the work of the HNHB LHIN and the HNHB Mental Health & Addiction (MHA) Advisory Committee over the next three years.
- It was clarified that the reference to the programs listed under Mississauga Halton (MH) LHIN in the presentation refers to two health service providers located in MH LHIN that provide Addiction services to residents in Burlington.
- While alcohol remains the largest substance abuse issue among people, opiates has had the most drastic increase, in a short amount of time. It is important that a focus is on all substance use, and not specifically focused on one or the other.

F. Adjournment

MOVED: Janine van den Heuvel

SECOND: Paul Armstrong

The Board of Directors – Business meeting be adjourned at 4:11p.m.

CARRIED

Original signed by

Janine van den Heuvel, Chair

Date

Original signed by

Donna Cripps, Corporate Secretary

Date