

**Hamilton Niagara Haldimand Brant  
Local Health Integration Network**

Minutes of the Business Meeting of the Board of Directors June 29, 2016

A meeting of the Board of Directors of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) was held on June 29, 2016, at the Boardroom, Hamilton Niagara Haldimand Brant Local Health Integration Network, 264 Main Street East, Grimsby, Ontario, beginning at 4:00 p.m.

Present: Michael P. Shea, Board Chair  
Mervin Witter, Vice Chair  
Laurie Ryan-Hill, Vice Chair  
Bill Thompson, Member  
Dominic Ventresca, Member  
Madhuri Ramakrishnan, Member

HNHB LHIN Staff  
in Attendance: Donna Cripps, Chief Executive Officer  
Helen Rickard, Corporate Coordinator, Recording Secretary  
Derek Bodden, Director, Finance  
Steve Isaak, Director, Health System Transformation  
Jennifer Everson, Physician Lead  
Rosalind Tarrant, Director, Access to Care  
Emily Christoffersen, Director, Quality & Risk Management  
Linda Hunter, Director, Health Links and Strategic Initiatives  
Trish Nelson, Director, Communications, Community Engagement and  
Corporate Services

Guests: Dr. Ralph M. Meyer, MD, FRCP-C VP, Oncology and Palliative Care,  
Hamilton Health Sciences Regional VP, Cancer Care Ontario  
Carol Rand, Director, Regional Cancer Programs and Clinical Leads,  
Regional Cancer Program Juravinski Cancer Centre

**A. Convening the Meeting**

**A.1 Call to Order**

A quorum was present.

**A.2 Approval of the Agenda**

MOVED: Mervin Witter

SECOND: Bill Thompson

That the agenda of June 29, 2016, be adopted, as circulated.

CARRIED

**A.3 Declaration of Conflicts**

No conflicts were identified at this time.

**B. Education Session**

**B.1 Ontario Palliative Care Network** (Presentation provided (Appendix 1) appended to original set of minutes).

Presenters:

Dr. Ralph M. Meyer, MD, FRCP-C VP, Oncology and Palliative Care,  
Hamilton Health Sciences Regional VP, Cancer Care Ontario  
Donna Cripps, Chief Executive Officer, Hamilton Niagara Haldimand Brant Local  
Health Integration Network

Key Points of Discussion:

- The Ontario Palliative Care Network (OPCN) is a partnership of community stakeholders, health service providers and health system planners accountable to the Ministry of Health and Long-Term Care.
- The Ontario Palliative Care Network is responsible for the implementation of a provincial strategy for palliative care services
- The Regional Palliative Care Programs are accountable to the LHIN CEO and Regional Vice President, Cancer Care Ontario and work within a standardized accountability model, set by the province.

**C. Minutes of the Last Meeting**

**C.1 Approval of the Minutes of May 25, 2016**

MOVED: Dominic Ventresca

SECOND: Bill Thompson

That the minutes of the Board Meeting – Business of May 25, 2016, be adopted as circulated.

CARRIED

**D. Reports**

**D.1 Report of the CEO**

MOVED: Mervin Witter

SECOND: Laurie Ryan-Hill

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

CARRIED

Key Points of Discussion:

- The CEO attended the Alzheimer Society of Niagara Annual General Meeting on June 21, 2016. It was noted that the feedback received was focused on the need for increased caregiver relief programs
- The CEO advised the Board of an issue with the forensic psychiatrists at St. Joseph's Healthcare Hamilton. Because the hospital did not receive adequate funding from the Ministry of Health and Long Term Care in their Post Construction Operating Plan they are not able to continue to admit patients to the forensic psychiatry program. The Ministry has been made aware of this situation and they are working with the hospital on solutions.

- An overview of the Medical Assistance in Dying legislation that received Royal Assent on June 17, 2016 was provided by the HNHB LHIN physician lead.
- It was noted that a Medical Assistance in Dying Education Session will be scheduled for a future HNHB LHIN Board Meeting.
- The CEO presented a Technical Briefing on the proposed Bill 210, Patients First Act, 2016 (circulated in the Board meeting materials).
- If passed Bill 210 will achieve a number of legislative changes that would align with four main categories:
  - Local Health Integration Network Governance and Mandate – effective integration of services and greater equity
  - Primary Care – timely access to, and better integration of Primary Care
  - Home and Community Care – more consistent and accessible home and community care
  - Public Health – stronger links to population and public health
- If passed Bill 210 would allow the LHINs an expanded mandate including authority to deliver home care services currently provided by the Community Care Access Centres and to coordinate community services, as well as to promote health equity and reduce health disparities and inequities in planning, design, and delivery of evaluation of health services.
- If passed Bill 210 would allow the LHINs the authority to plan primary care services but not negotiate physician contracts.
- If passed Bill 210 would give the Minister of Health and Long-Term care the authority to order the transfer of Community Care Access Centre staff and assets to the LHINs. The Minister of Health and Long-Term care would then have the authority to dissolve Community Care Access Centres once staff and assets have been transferred to the LHINs.
- If passed Bill 210 would require the LHIN and Boards of Health to work together on planning for health services within a region.
- An update on the planning that is taking place at the LHIN with regards to Bill 210 will be provided to the Board at the August board meeting.

## **D.2 Report of the Chair**

MOVED: Madhuri Ramakrishnan

SECOND: Bill Thompson

That the Report of the Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Board Chair advised Board Members and distributed a copy of a letter received from Brain Injury Services of Hamilton and Brain Injury Community Re-entry (Niagara) Inc. The Board was advised that at the August 31, 2016 Board of Directors Meeting, Brain Injury Services of Hamilton and Brain Injury Community Re-entry (Niagara) Inc. will be on the agenda as Delegation to the Board.
- May 26, 2016: The Chair attended the Wayside House Board Meeting.

- May 27, 2016: The Chair spoke attended a conference call with the Public Appointments Secretariat office regarding Board Chair and Board Member postings.
- May 30, 2016: The Board Chair and HNHB LHIN CEO presented to the West Haldimand General Hospital Board Meeting.
- June 1, 2016: The Chair attended a conference call with the Ministry, and LHIN CEOs regarding the proposed Bill 210.
- June 2, 2016: The Chair attended the LHIN Board Chair Council Meeting in Toronto.
- June 3, 2016: The Chair and HNHB LHIN CEO had an agenda review meeting.
- June 6, 2016: The Chair advised that Board Member Dominic Ventresca brought greeting on behalf of HNHB LHIN to the 5th Canadian Clubhouse Conference in Niagara Falls. A summary of the conference was provided.
- June 6 & 7, 2016; The Chair and Vice Chair Mervin Witter attended the OACCAC Achieving Excellence Conference in Toronto.
- June 8, 2016: The Chair attended a conference call with Deputy Minister Bob Bell and Nancy Naylor to discuss the HNHB LHIN readiness regarding Patients First.
- June 10, 2016: It was noted that Board Member Bill Thompson attended the Echo Funding Announcement at Hospice Niagara in St. Catharines.
- June 10, 2016: The Board Chair attended a webinar presented by Deputy Minister Bob Bell regarding the proposed Bill 210.
- June 14, 2016: The Board Chair attended the LHIN Board Chair Council Meeting.
- June 14, 2016: The Board Chair attended the Echo Funding Announcement at Stedman Hospice in Brantford.
- June 15, 2016: The Board Chair attended a meeting with the Dr. Bob Kemp Hospice in Hamilton.
- June 16, 2016: The Board Chair and CEO attended the Dr. Bob Kemp Hospice Breakfast with MPP Ted McMeekin.
- June 16, 2016: The Board Chair brought greetings at the Dundas Community Services Annual General Meeting.
- June 18, 2016: The Board Chair advised that Laurie Ryan-Hill Vice Chair, attended the Quest Annual BBQ in St. Catharines. A summary of the event was provided.
- June 22, 2016: The Board Chair attended the HNHB LHIN Audit Committee, Governance Working Group, and Quality and Safety Committee Meetings.
- June 23, 2016: The Board Chair advised that Mervin Witter Vice Chair, attended the Wayside House Annual General Meeting in Hamilton. A summary of the event was provided.
- June 27, 2016: The Board Chair attended a funding announcement by Minister Hoskins at the David Braley Health Sciences Centre in Hamilton.
- June 27, 2016: The Board Chair met with Laurie Ryan-Hill Vice Chair.
- June 28, 2016: The Board Chair attended a LHIN Board Chair Council conference call regarding Patients First priorities.

### **D.3(a) Report of the Audit Committee Chair**

MOVED: Michael Shea  
SECOND: Dominic Ventresca

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

CARRIED

MOVED: Laurie Ryan-Hill  
SECOND: Dominic Ventresca

That the minutes of the Audit Committee meeting of May 25, 2016, be received and filed.

CARRIED

### **D.3(b) Consent Agenda**

The Audit Committee Chair removed Item C.1.(ii) Health Service Provider Waivers from the consent agenda and placed it on the regular agenda as item D.4 for consideration.

The Audit Committee reviewed the consent agenda of June 22, 2016, consisting of:

- i. Confirmation of Funding

MOVED: Laurie Ryan-Hill  
SECOND: Bill Thompson

That the consent agenda of June 22, 2016 be received and filed.

CARRIED

### **D.3(c) New/Other Business**

#### **D.3(c)(i) Quarterly Report – Q1**

The Ministry-LHIN Performance Agreement requires LHINs to provide a board approved financial forecast for each quarter by the last day of the quarter.

Employee Benefit expenses are trending slightly unfavourable but are expected to balance out as the year continues. There is a year-to-date variance in the Governance per diem account. This is based on the fact that HNHB is budgeting on a full Board compliment for 2016-17.

MOVED: Dominic Ventresca  
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the First Quarter Report.

CARRIED

### **D.3(c)(ii) Six Nations Grand River Traditional Medicine**

Six Nations Health Services is proposing the development of a Traditional Medicine Program that would function under the guidance of the Six Nations Traditional Medicine Advisory Council and Six Nations Health Services to increase access to an array of services that support wholistic health and wellness of patients, families and the community.

Services offered would include one-on-one visits, group ceremonies as well as access to various specialties of Traditional Medicine such as Diagnosis Specialist, Medicine Men/Woman, Healers, Traditional Counsellors, Faith Keepers, and other Ceremonialists.

The development of this program will improve access to Traditional Medicine.

MOVED: Laurie Ryan-Hill

SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to \$199,471 base funding prorated to \$132,981 funding in fiscal 2016-17 and up to \$6,200 one-time funding in 2016-17 to Six Nations of the Grand River to increase access to Traditional Medicine resources.

CARRIED

### **D.3(c)(iii) Good Shepherd Centre Hamilton Emmanuel House**

An update was provided during the June 22 Audit Committee Meeting to advise the Audit Committee that on June 15, after the Audit Briefing Note had been submitted the HNHB LHIN received notification of new funding for approved Residential Hospices. This approval included additional base funding of \$150,000 for Emmanuel House.

Additional information received provided support to continue to move forward with the recommendation for one-time funding for GSCH. This included:

- the Ministry of Health and Long-Term Care's (ministry) recent approval of new base funding allows RHs to redirect funding that exceeds the total costs for nursing and personal support services to support other costs associated with meeting the medical needs of patients and caregivers in RHs, including:
  - social work services
  - care coordination services
  - medical supplies and equipment; and
  - training

Emmanuel House has experienced challenges with maintaining occupancy, the increased base funding recently approved by the ministry would allow Emmanuel House to increase their nursing resources allowing them to accommodate residents with high care needs. Emmanuel House has also reached out to community service provider to support volunteer palliative visiting services.

The additional base funding would provide Emmanuel House with resources to increase their nursing capacity and medical supplies to accommodate residents with high care needs and potentially to develop and support a volunteer palliative visiting service.

With this funding Emmanuel House would be expected to maintain an occupancy rate of greater than or equal to 80%.

MOVED: Madhuri Ramakrishnan  
SECOND: Dominic Ventresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve \$55,630 one-time funding for up to a maximum of two years (2016-17 and 2017-18) to Good Shepherd Centre Hamilton - Emmanuel House Assisted Living Program so that they can continue to operate all 10 beds while they address the required capital upgrades to be compliant with Ontario Regulation 150/13 of the Fire Code.

CARRIED

#### **D.3(c)(iv) Health Service Provider Waivers**

Staff provided an overview explaining the waiver process and addressing concerns regarding the submission of Balanced Budget Waivers for five hospitals within the HNHB LHIN.

All hospitals will be reporting their 2015/16 year end financials to the LHIN by June 30, 2016, which will reflect their final year position.

It was noted that the Hospital Service Accountability Agreement requires that hospitals run a balanced budget. The hospitals that have a deficit status are required to develop a plan that outlines steps to balance within the following fiscal year.

MOVED: Laurie Ryan-Hill  
SECOND: Mervin Witter

That the Board of Directors receive and file the update on Health Service Provider Waivers.

CARRIED

#### **D.4(a) Report of the Governance Working Group Chair**

MOVED: Michael Shea  
SECOND: Laurie Ryan-Hill

That the Report of the Governance Working Group Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Governance Working Group Chair reviewed the circulated report.
- The Governance Working Group held a meeting on June 22, 2016. The minutes of the Governance Working Group meeting of March 23, 2016, were approved by the Governance Working Group for receipt by the Board of Directors.

MOVED: Dominic Ventresca

SECOND: Laurie Ryan-Hill

That the minutes of the March 23, 2016 meeting be received and filed.

CARRIED

**D.4(b) New/Other Business**

**D.4(b)(i) Strategic Health System Plan Implementation Update**

Staff presented an update on the Strategic Health System Plan Implementation (circulated in your meeting materials). The presentation focused on supporting the proposed Bill 210, Patients First Act, 2016.

The HNHB LHIN is currently involved in planning and development of sub-regions. Further engagement will be taking place and will include primary care physicians.

The development of provincial work stream projects have been initiated in conjunction with the LHINs and the ministry. CEO leads and ministry leads have been identified for each work stream. The work stream groups will develop a model that is consistent for all LHINs.

Locally, the HNHB LHIN will develop plans in alignment with the provincial work streams. It was noted that all ongoing current LHIN mandates and operations will continue through the development and planning phase into the transition phase if Bill 210 is passed.

The HNHB LHIN is assisting staff by providing a suggestion box, conducting a change management meeting with our employee assistance provider, participation on work groups, regular communication and updates.

Regular quarterly updates will be provided to the HNHB LHIN Board or more frequently as required.

MOVED: Dominic Ventresca

SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Strategic Health System Plan Implementation Update.

CARRIED



#### **D.5(a) Report of the Quality and Safety Committee Chair**

MOVED: Michael Shea  
SECOND: Dominic Ventresca

That the Report of the Quality and Safety Committee Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Quality and Safety Committee Chair reviewed the circulated report.
- The Quality and Safety Committee held a meeting on June 22, 2016. The minutes of the Quality and Safety Committee meeting of March 23, 2016, were approved by the Quality and Safety Committee for receipt by the Board of Directors.

MOVED: Mervin Witter  
SECOND: Laurie Ryan-Hill

That the minutes of the Quality and Safety Committee meeting of March 23, 2016, be received and filed.

CARRIED

#### **D.5(b) New/Other Business**

##### **D.5(b)(i) Ministry-LHIN Performance Indicators Report\***

Staff presented a detailed slide presentation (circulated in your meeting materials). The presentation focused on the Ministry LHIN Accountability Agreement Performance Indicators.

Compared with the previous quarter, performance on five indicators improved and nine indicators declined. In some cases the change was not significant.

Joseph Brant Hospital was acknowledged for achieving a 30% improvement in the Emergency Department wait time indicator.

It is anticipated that over time with the implementation of the Mobile Crisis Rapid Response Teams that results will improve in the priority Repeat Emergency Department Visit for Mental Health and Substance Abuse Conditions.

Results from some indicators currently reflect significant variance from the provincial target. Achievement of these targets will be challenging, however the HNHB LHIN and Health Service Providers are committed to improving the performance indicators.

MOVED: Mervin Witter  
SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the Ministry-LHIN Accountability Agreement Performance Indicators Quarterly Update.

CARRIED

#### **D.5(b)(ii) Brant Community Health System**

Staff provided an update on the Board on the Brant Community Healthcare System (BCHS) hospitals (Brantford General Hospital and The Willett Hospital).

A number of significant challenges and pressures were identified that are currently impacting Brant Community Healthcare System's finances, performance, and organizational stability.

It was also identified that the HNHB LHIIN received nine complaints regarding BCHS from June 1, 2015 – May 31, 2016. Six of the complaints were related to delivery of care and services.

BCHS has participated in two operational reviews. The first was done in 2014-15 and focused on the Inter-Professional Collaboration model, and new strategic directions. The second review was to find improvement opportunities in operations and management, and identify efficiencies and savings and/or revenue to ensure financial stability.

The operational review conducted by Ernst & Young identified potential savings of approximately \$22 million.

It was noted that the HNHB LHIN CEO will be meeting with the BCHS' CEO to examine the operational review report and request regular updates on progress in improvement.

#### **D.5(b)(iii) Hospital Performance on Ministry-LHIN Accountability Agreement (MLAA) Indicators**

Staff provided an update on the Hospital Performance on Ministry-LHIN Accountability Agreement (MLAA) Incremental Target and Performance that was approved at the September 30, 2015 HNHB LHIN Board of Directors Meeting.

As of June 2016, the HNHB LHIN is not meeting any of the performance indicators targets.

In March 2016, all hospitals received formal letters regarding their current results on the MLAA and Hospital Service Accountability Agreement (HSAA) performance indicators.

Three of the nine HNHB LHIN hospitals that were meeting performance targets on priority indicators received letters that encouraged them to maintain their performance and/or continue improvement.

Six hospitals received letters formally identifying their current results on the specific HSAA indicators as a Performance Factor as per HSAA clause 9.2. Hospitals were advised that the HNHB LHIN would be continuing to monitor performance and asked to submit a report on current efforts and timelines for improving the identified performance indicators. It was noted that one hospital did not submit the requested report by the April 30, 2016 due date. The last submission was received on June 10, 2016.

The HNHB LHIN will continue to closely monitor performance. If improving trends are not seen on the identified performance indicators, the HNHB LHIN will employ escalating interventions with the hospital.

Key Points of Discussion:

- The escalation process was provided to the Board.
- It was noted that it is too early to tell at this time if improvements have been realized. The HNHB LHIN will be meeting with hospitals in July for the fourth quarter reviews.

## **E. New/Other Business**

### **E.1 Quarterly Declaration of Compliance**

MOVED: Michael Shea

SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network authorizes the Board Chair to declare to the Minister of Health and Long-Term Care that upon due enquiry of the Chief Executive Officer and other appropriate LHIN officers and personnel, and subject to any exceptions identified on Schedule A, to the best of the Board's knowledge and belief, the LHIN has:

1. the LHIN's compliance with the "Principles for LHIN-Managed Quality Based Procedure (QBP) Volume Movement", per the QBP Volume Management Instructions and Operational Policies for Local Health Integration Networks that are issued by the ministry;
2. the completion and accuracy of reports required of the LHIN, pursuant to section 5 of the Broader Public Service Accountability Act (BPSAA), on the use of consultants;
3. the LHIN's compliance with the prohibition, in section 4 of the BPSAA, on engaging lobbyist services using public funds;
4. the LHIN's compliance with all of its obligations under applicable directives issued by the Management Board of Cabinet;
5. the LHIN's compliance with its obligations under the Memorandum of Understanding with the Ministry of Health and Long-Term Care; and
6. the LHIN's compliance with its obligations under the Ministry LHIN Accountability Agreement in effect, during the Applicable Period of April 1, 2016 to June 29, 2016.

CARRIED

**F. Closed Session**

MOVED: Bill Thompson  
SECOND: Madhuri Ramakrishnan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network move to a closed session at 5:43 p.m. to review/approve the closed minutes of May 25, 2016, to discuss a matter of personal and public interest.

CARRIED

**G.1 Report of the Chair on the Closed Session**

During the closed session, the Board discussed a matter of personal and public interest.

MOVED: Michael Shea  
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network moved to a closed session at 5:43 p.m. to review/approve the closed minutes of May 25, 2016, to discuss a matter of personal and public interest and returned to an open session at 6:22 pm.

CARRIED

**G.2 Adjournment**

The Board of Directors – Business meeting be adjourned at 6:23 p.m.

Original Signed by: \_\_\_\_\_

**Michael P. Shea, Chair**

August 31, 2016  
\_\_\_\_\_

**Date**

Original Signed by: \_\_\_\_\_

**Donna Cripps, Corporate Secretary**

August 31, 2016  
\_\_\_\_\_

**Date**

# Ontario Palliative Care Network

Presentation to the  
Hamilton Niagara Haldimand Brant Local Health Integration Network  
Board of Directors  
June 29, 2016

Donna Cripps, CEO, HNHB LHIN  
Dr. Ralph M. Meyer, MD, FRCP-C VP, Oncology and Palliative Care, Hamilton Health Sciences  
Regional VP, Cancer Care Ontario

# Ontario Palliative Care Network (OPCN) Background

- Announced on March 11, 2016
- The OPCN is a **partnership** of community stakeholders, health service providers and health system planners accountable to the Ministry of Health and Long-Term Care (ministry).
- The OPCN will implement a provincial strategy and set provincial standards for palliative services, in alignment with the ministry's strategy prioritizing greater patient choice for disease agnostic.



# A Foundation for Quality Palliative Care in Ontario



The Quality Hospice Palliative Care Coalition of Ontario brings together organizations, universities and research institutions

**ADVANCING  
HIGH QUALITY,  
HIGH VALUE  
PALLIATIVE CARE  
IN ONTARIO**

The Declaration of Partnership and Commitment to Action report outlines transformation priorities



Hospice Palliative Care Provincial Steering Committee formed as a result of the Declaration

# Groundwork for Change

## ADVANCING HIGH QUALITY, HIGH VALUE PALLIATIVE CARE IN ONTARIO

A Declaration  
of Partnership  
and Commitment  
to Action

December 2011

## Patients First

A Roadmap to Strengthen Home and Community Care



2 0 1 5

 Ontario

## Palliative and End-Of-Life Care Provincial Roundtable Report

A Report from Parliamentary Assistant John Fraser to the Minister of  
Health and Long-Term Care

March 2016

 Ontario



# The Pathway to Change

## October 2014

The Steering Committee tasks the LHINs and CCO with developing a business plan to propose creation of a new provincial structure to address palliative care priorities

## October 2014-January 2015

Business plan development, engagements with key partners, build on work already underway

## February 2015

Business case was shared with the Deputy Minister, and a formal plan was submitted for consideration



**Creation of the  
Ontario  
Palliative  
Care Network**

# The Mandate of the OPCN



## **Be a principal advisor**

to government for  
quality, coordinated,  
palliative care in Ontario



## **Be accountable**

for quality improvement, data  
and performance measurement  
and system level coordination of  
palliative care in Ontario



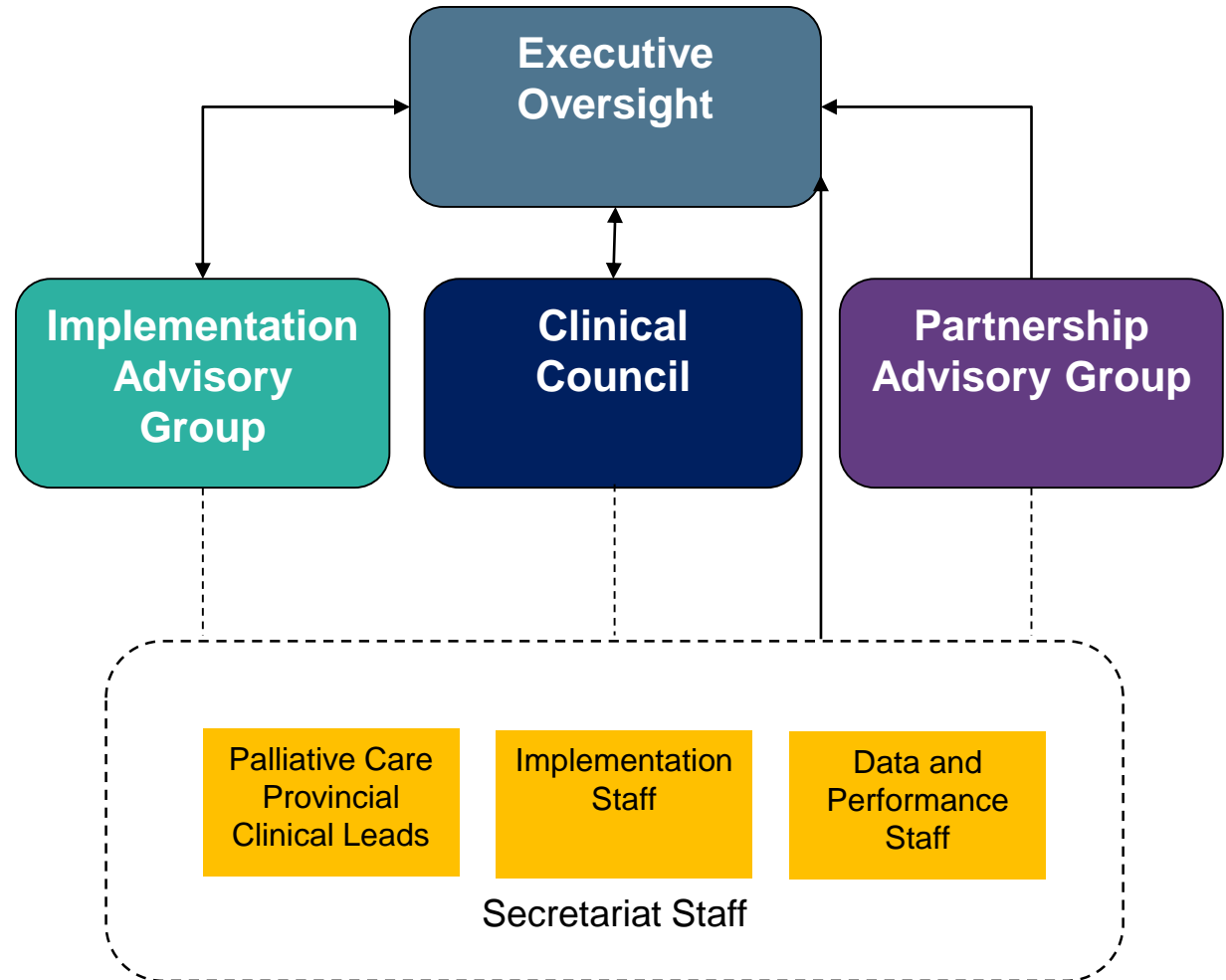
## **Support regional implementation**

of high-quality, high-value  
palliative care

# New Governance Structure Introduced

Palliative care accountable to the ministry under leadership of:

- LHINs
- Cancer Care Ontario (CCO)
- Health Quality Ontario (HQO)
- Health Quality Palliative Care Coalition of Ontario



# Provincial Level Network Accountability

- At the provincial level, the Executive Oversight of the network will be accountable to the ministry through the CCO Master Accountability Agreement
- The success of the network is the responsibility of the four partners including the LHINs, CCO, HQO and the Coalition will be formalized through agreements



# Working Together

## LHINs bring:

- Expertise in planning, community engagement, integrating and funding local health care
- System leadership in holding local providers accountable
- Staffing and resources to support operational and tactical activities
- Health system design expertise to improve access, coordination and quality

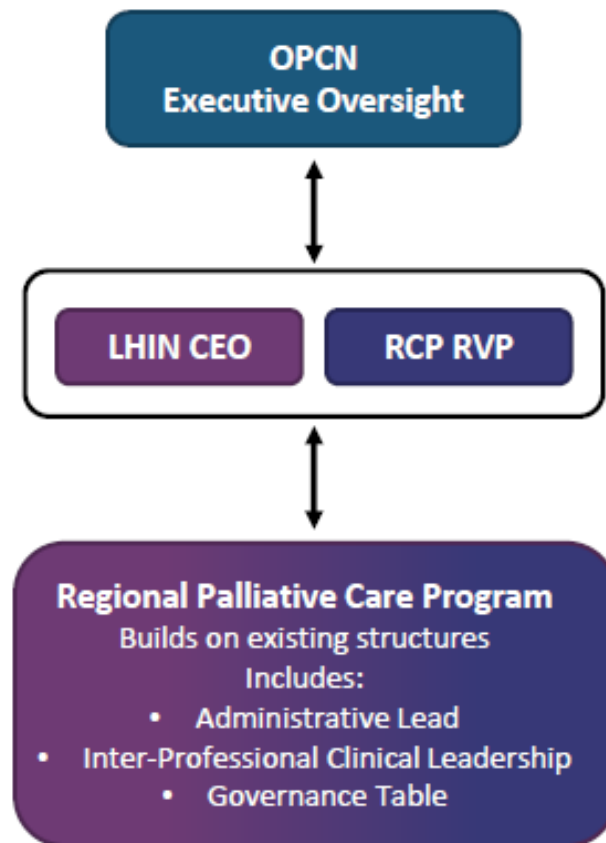
## CCO brings:

- Expertise in driving improvements in the regional cancer programs
- Staffing and resources to support operational and tactical activities
- Data, clinical engagement and strength in provincial strategic planning

# Regional Palliative Care Programs

Regional Palliative Care Programs are expected to work within the following framework:

- Joint accountability to LHIN CEO and Regional Vice President (RVP)
- Standardized accountability model
- A governance model of mixed leadership
- Joint reporting on network activities to LHIN CEO and RVP
- Inter-disciplinary clinical and administrative leaders for provincial tables
- Build on what is already in place in the regions



# How Will the OPCN Benefit Ontarians?

- **High-Quality Care:** Every Ontarian will receive care that is based on the best science and focused on the best outcomes.
- **Sustainable:** Public healthcare for future generations will be protected through measurement and continuous improvement of outcomes and value.
- **Accessible:** Every Ontarian will have access to a healthcare provider in a timely fashion. This applies equally to everyone regardless of income level, location or health status.
- **Continuous:** Care received at one point in time from one provider will be coordinated with the care received at other times – including care from other providers and across care settings.
- **Person-Centred:** Individuals and families will be involved in developing their care plans and have the information they need to help them make informed decisions about care. These plans take into account their quality of life, care goals, personal and cultural preferences and wishes.

# Successes to Date

## Operationalizing the OPCN

- Executive Oversight in place
- Developed Terms of Reference for governance groups
- Implementation Advisory Group and Program Advisory Group in place
- Provincial Clinical Co-Leads hired

## Moving toward 14 Regional Palliative Care Programs with inter-professional clinical leadership

- IAG proposed draft Common Elements
- A draft of the Common Elements were shared with Regions for feedback
- Draft Common Elements introduces the idea of inter-professional clinical co-leads

## Advancing performance measurement

- Completed critical appraisal of initial set of palliative care provincial indicators
- Implemented caregiver voices survey in hospices
- Developed plan for caregiver voices survey in CCACs
- Confirmation of palliative care indicators for HQO QIPs

## Hospice Capacity Planning

- Phase 1 Capacity Planning Working Group in place
- Surveyed regions to understand existing and planned hospice capacity
- Recommendations to Executive Oversight

## Building Health Service Provider Skills

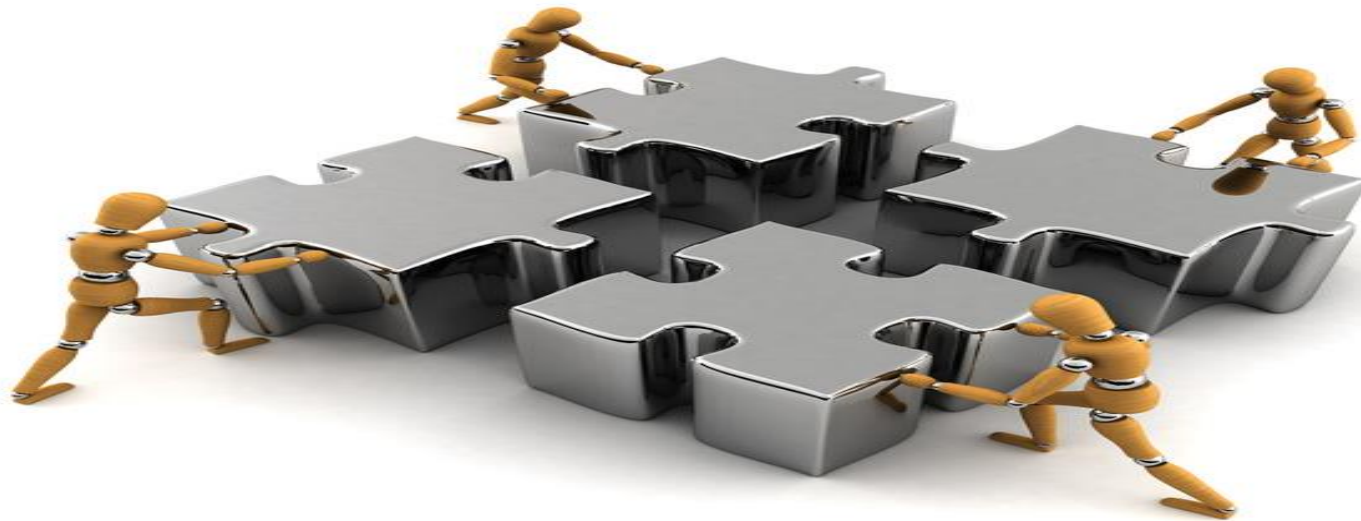
- Leveraged existing provincial ACP work
- an inventory of HCC ACP activities, projects/initiatives and resources





## Next Steps

- Initiative recruitment process for the two HNHB clinical lead positions
- Evolve HNHB Regional Palliative Care Program Council to align with the new governance and leadership model
- Continue to advance the 2016-17 Regional Palliative Care Program Council Work Plan



“It’s amazing what you can accomplish if you do not care  
who gets the credit”

Harry S. Truman