

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

Minutes of the Business Meeting of the Board of Directors March 30, 2016

A meeting of the Board of Directors of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) was held on March 30, 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
Helen Mulligan, Member
Laurie Ryan-Hill, Member
Bill Thompson, Member
Dominic Ventresca, Member

Regrets: 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. Peter Bieling, Director-Mood and Anxiety Services, Geriatric Services,
and Quality and Evaluation (Mental Health and Addictions), St. Joseph's
Healthcare Hamilton

A. Convening the Meeting

A.1 Call to Order

A quorum was present.

A.2 Approval of the Agenda

MOVED: Bill Thompson

SECOND: Dominic Ventresca

That the agenda of March 30, 2016, be adopted, as circulated.

CARRIED

A.3 Declaration of Conflicts

No conflicts were identified at this time.

B. Education Session

B.1 Mental Health & Addictions Early Intervention Update (Presentation provided (Appendix 1) appended to original set of minutes).

Key Points of Discussion:

- An overview was provided on the objectives of an early intervention, youth-focused service.
- It was noted that the developmental period of young individuals is critical in terms of social and emotional wellbeing.
- Data indicating the types of treatments was provided for individuals under 25 years of age. The treatment types included, Anxiety Treatment and Research Centre, Community Psychiatry, Eating Disorders, among others.
- The Youth Wellness Centre located in Hamilton opened in 2015, and see youth ages 17 to 25, who are struggling with mental health and substance use concerns.
- Access to the services at the Youth Wellness Centre is mainly via online self-referral, family or friend, and provider referral.
- It was confirmed that the Youth Wellness Centre is currently treating approximately 50 individuals per month with a capacity to treat 100 individuals per month.
- Expansion of this program throughout the LHIN will be developed within the next year.

C. Minutes of the Last Meeting

C.1 Approval of the Minutes of February 24, 2016

MOVED: Mervin Witter
SECOND: Helen Mulligan

That the minutes of the Board Meeting – Business of February 24, 2016, be adopted as circulated.

CARRIED

D. Reports

D.1 Report of the CEO

MOVED: Laurie Ryan-Hill
SECOND: Bill Thompson

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

CARRIED

Key Points of Discussion:

- It was noted that the HNHB LHIN Draft Annual Business Plan was approved at the February Board Meeting and would be sent to the ministry in March. On March 14, the ministry advised a process changed for this year and the Draft Annual Business Plan is not required. The Final Annual Business Plan is due May 1 to the ministry. No changes will be made to the Annual Business Plan that was approved by the Board of Directors in February and the same one will be submitted to the Ministry of Health and Long Term Care for May 1, 2016.

- An acknowledgement was provided regarding the recent media attention about the Niagara Health System capital plan. An update on the progress of the Niagara Health System capital plan will be provided at the April 27, 2016 HNHB LHIN Board of Directors Meeting Education Session. The HNHB LHIN Board has approved the Niagara Health System pre-capital submission. It was identified by the Ministry of Health and Long-Term Care that the process time for a Stage 1A submission can be 18 months. The HNHB LHIN received the Niagara Health System Stage 1A submission in December 2015.
- As part of the March 11, 2016 announcement from the Ministry of Health and Long-Term Care regarding the establishment of the Ontario Palliative Care Network, the initial priority of the Ontario Palliative Care Network is the allocation of 200 new residential hospice beds (to be implemented over three years). On March 14, 2016, the HNHB LHIN was informed that the allocation for HNHB LHIN is 11 beds. Of these 11 beds, four beds were identified for immediate implementation (2016/17). The HNHB LHIN is responsible for recommending where the four beds are to go to by March 24, 2016. In order to determine which provider would receive the beds the HNHB LHIN considered the following:
 - Current distribution of beds
 - Readiness to accept immediately
 - Recommendation from the HNHB LHIN Palliative Care Council
 - Operational efficiency
- As a result of the above is was determined that Stedman Community Hospice in Brantford would be recommended to receive the four beds. This would increase their current capacity of six to ten beds.

MOVED: Michael Shea
 SECOND: Helen Mulligan

That the Hamilton Niagara Haldimand Brant Local Health Integration Network recommend to the Ministry of Health and Long-Term Care the assignment of four beds to Stedman Community Hospice in Brantford based on the capacity of the entity, needs of the community, and assessment of the entire HNHB LHIN geographic area.

CARRIED

- It was noted that the Sunshine List was released on March 24, 2016 and the report reflected a total of 27 pay periods for all LHINs. The previous years' report reflected 26 pay periods.

D.2 Report of the Chair

MOVED: Dominic Ventresca
 SECOND: Mervin Witter

That the Report of the Chair be received and filed.

CARRIED

Key Points of Discussion:

- An overview was provided including the following meetings held in February and March.
- On February 25, 2016, there was a meeting held with the CCAC Board Chair, CCAC CEO, HNHB LHIN Board Chair, and HNHB LHIN CEO. The purpose of the meeting was to discuss the Patients First Discuss Paper.
- On February 26, the Board Chair met with MPP McMeekin and MPP McMahon regarding the post budget announcement. The Board Chair had a conference call with the Public Appointments Secretariat office and discussed Board vacancies and specific needs with regards to skills and geographic representation. Discussion was also held regarding the Vice Chair vacancy.
- On February 27, the Board Chair did the Board Evaluation Review and drafted a response letter to the Minister. The Board Chair attended the Hamilton Health Sciences function at the Hamilton Convention Centre. The HNHB LHIN was acknowledged as an important partner and funder along with the Provincial government.
- On February 28, the Board Chair reviewed and discussed the LHIN Board Succession Plan with the CEO and attended a function honouring Dr. Kevin Smith, St. Joseph's Healthcare Hamilton.
- On March 1, the Board Chair attended a conference call with the Public Appointments Secretariat office.
- On March 4, the Board Chair attended the Joseph Brant Hospital Mock-Up Room Tour. This tour provided an excellent opportunity to review the actual room set ups of the new hospital. Frontline staff were able to make recommendations that actually change the design to assist in their practical work. A Board and Committee agenda review planning meeting was held with the Board Chair and CEO.
- On March 8, the Board Chair attended a LHIN Chair Council teleconference. The discussion focused on the Board Evaluation process and a Patients First Discussion Paper.
- On March 14, there was a meeting of the Nominating Committee and the Board members met to say farewell to Ruby Jacobs whose term ended in March.
- On March 15, the Board Chair signed a number of accountability agreements.
- On March 23, the Board Chair attended the HNHB LHIN Audit Committee Meeting, the Governance Working Group Meeting and the Quality and Safety Committee Meeting.
- On March 30, the Board Chair signed a number of Long-Term Care Service Accountability Agreements and Hospital Service Accountability Agreements and attended the HNHB LHIN Board of Directors meeting.

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: Bill Thompson

That the minutes of the Audit Committee meeting of February 24, 2016, be received and filed.

CARRIED

D.3(b) Consent Agenda

The Audit Committee reviewed the consent agenda of March 23, 2016, consisting of:

- i. Quarterly Posting of Expenses
- ii. Confirmation of Funding Received
- iii. 2015-16 Mental Health & Addictions Supportive Housing Funding
- iv. Health Link Funding Reallocation
- v. Participation House
- vi. Funding Definitions

MOVED: Laurie Ryan-Hill
SECOND: Bill Thompson

That the consent agenda of March 23, 2016 be received and filed.

CARRIED

D.3(c) New/Other Business

D.3(c)(i) Community Care Access Centre

At the end of the third quarter (December 2015), the Community Care Access Centre (CCAC) forecasted a year-end deficit of \$6.98 M. Mitigation strategies implemented by CCAC during fiscal 2015-16 have reduced the CCAC's Health Based Allocation Model overspend by 11.6%, however the CCAC is anticipated the noted year-end deficit.

For three consecutive fiscal years (2013-14 to 2015-16) CCAC has received a negative Health Based Allocation Model allocation totaling \$5,186,200.

In 2014-15 two initiatives were implemented to help address hospital patient flow and CCAC financial pressures:

- Community Transitional Bed Program
- CCAC – Community Support Services (CSS) Home and Community Collaborative

The LHIN has identified \$7M that is available for reallocation on a one-time basis to the CCAC. The funding is from community investment funds due to timing of when programs were approved, the funding is available on a one-time basis.

MOVED: Bill Thompson
SECOND: Helen Mulligan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to \$7M one-time funding to the HNHB Community Care Access Centre to support services provided to clients returning home from hospital or being supported in their homes.

CARRIED

Key Points of Discussion:

- It was noted that there is not a guarantee for additional funding every year as it is based on the provincial budget.

D.3(c) Community Investments:

D.3(c)(i) Victorian Order of Nurses Canada – Ontario Branch, Hamilton, Social and Congregate Dining

The current Social and Congregate Dining Program has been in operation since October 1, 2013, utilizing one-time funding from the Hamilton Niagara Haldimand Brant Local Health Integration Network. The program's focus is the active engagement of participants in their own health and wellness.

Based on 2015-16 Q3 reporting, the program has exceeded its targets for individuals served and attendance days. The Hamilton Niagara Haldimand Brant Local Health Integration Network is now asking for approval to support this program with base funding beginning in the fiscal year 2016-17.

MOVED: Laurie Ryan-Hill
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve base funding of \$77,000 for the South Asian Social and Congregate Dining Program beginning fiscal year 2016-17.

CARRIED

D.3(c)(ii) Extension of Mental Health & Addictions Early Intervention and Concurrent Disorders Project Implementation Coordinator Positions

Early Intervention in Mental Health & Addictions refers to services initiated early in life or early in the course of mental illness or addiction as a way of reducing the risk of escalation of the disease. Concurrent Disorders refers to individuals who experience co-occurring mental health and addiction conditions.

Concurrent Disorders has been identified by the ministry as a key component within the priority of developing the right care in the right place at the right time. The HNHB LHIN Mental Health and Addiction Advisory Committee has identified both Early Intervention and Concurrent Disorders as key priorities in our local HNHB Mental Health & Addictions strategy.

Continued funding for the Early Intervention Implementation Coordinator position and the Concurrent Disorders Implementation Coordinator position will ensure continued impact and successful outcomes for both programs.

MOVED: Bill Thompson
SECOND: Dominic Ventresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve an extension of one-time funding to St. Joseph's Healthcare Hamilton for the Early Intervention Implementation Coordinator position, including \$75,000 for 2015-16 and \$150,000 for 2016-17; and, an extension of one-time funding to St. Joseph's Healthcare Hamilton for the Concurrent Disorders Implementation Coordinator position, including \$150,000 for 2016-17.

CARRIED

D.3(c) New/Other Business:

Integrated Comprehensive Care 2.0 Integrated Funding Model – Bundle Reconciliation Between Project Partners

Staff did a presentation (Appendix 1) appended to original set of minutes. The Hamilton Niagara Haldimand Brant Integrated Comprehensive Care (ICC) 2.0 model is currently being implemented across all HNHB LHIN acute care hospital sites for hospitalized patients with a diagnosis of Chronic Obstructive Pulmonary Disease and Congestive Heart Failure who are discharged home and/or designated Alternate Level of Care awaiting discharge home.

These patients are followed for 60 days post discharge by the Integrated Comprehensive Care team, when patients are at greatest risk of readmission.

An additional component of the HNHB ICC 2.0 model of patient care is the integrated funding model where a 'bundled fund' is created from existing hospital and home care budgets to provide both hospital and community care for specific patient groups. The 'bundled' fund exists to allow funding to follow the patient/client in the most efficient and patient centered manner across the integrated continuum.

Patient care under the HNHB ICC 2.0 model is delivered and reimbursed within the current hospital and home care funding allocations.

MOVED: Laurie Ryan-Hill
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network endorses the process for the Integrated Comprehensive Care 2.0 integrated funding model bundle reconciliation and directs staff to implement this funding model between project partners.

CARRIED

D.3(c) Haldimand War Memorial Hospital Funding

Haldimand War Memorial Hospital has requested base funding to support a new System Integrator position to support better integration of services between the hospital and community providers to improve patient experience and access to acute care services.

The System Integrator position will promote system transformation by developing strategies for effective partnerships with community agencies, primary care and other providers.

This new role would organize and implement new processes that will continue to improve key performance indicators such as reducing readmissions, emergency department avoidance, decreasing inpatients lengths of stay, and reducing Alternate Level of Care days.

MOVED: Laurie Ryan-Hill
SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve \$125,000 base funding for a System Integrator at the Haldimand War Memorial Hospital beginning in 2016-17.

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 March 23, 2016. The minutes of the Governance Working Group meeting of December 2, 2015, were approved by the Governance Working Group for receipt by the Board of Directors.

MOVED: Helen Mulligan
SECOND: Laurie Ryan-Hill

That the minutes of the December 2, 2015 meeting be received and filed.

CARRIED

D.4(b)(i) Proposed Committee Working Group Membership

The Committee and Working Group Membership has been reviewed and revised to reflect a new board member and board members whose terms are ending, taking into consideration skill mix and work load.

The Committee/Working Group Membership was amended to add Bill Thompson, Board Member to the Nominating Committee and the CEO Performance and Compensation Working Group. A new copy of the committee membership is in your blotter today.

MOVED: Helen Mulligan
SECOND: Laurie Ryan-Hill

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approves the proposed changes, as amended, to the committee working group membership.

CARRIED

D.4(b)(ii) Skills Matrix

The Skills Matrix form has been revised to remove past Board member Ruby Jacobs and add new Board member Madhuri Ramakrishnan.

Upon review the areas with the lowest concentration of skills/representation of our current Board of Directors include: Francophone, Indigenous persons, persons with health care clinical expertise. It was noted that geographical representation should also be a consideration when reviewing potential Board members, i.e. Haldimand Norfolk and Brant.

MOVED: Helen Mulligan
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network consider the following skill set/representation when reviewing potential board members: Francophone and Indigenous persons and health care clinical expertise and that the Board is continually mindful of geographical representation.

CARRIED

D.4(b)(iii) Vice Chair

Effective March 19, 2016, Ruby Jacobs 2nd term Order in Council ended. Ruby held the position of Vice Chair since December 1st, 2014.

MOVED: Helen Mulligan
SECOND: Dominic Ventresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network appoint Mervin Witter, Member as Vice Chair.

Mervin Witter abstained from the vote.

CARRIED

Vice Chair

It was advised that the HNHB LHIN is awaiting confirmation from the Public Appointments Secretariat for the appointment of Laurie Ryan-Hill as Vice Chair.

A unanimous decision was made to appoint Laurie Ryan-Hill as Second Vice Chair under Current HNHB LHIN By-Law No. 1, Sections 6.01 and 6.03.

MOVED: Helen Mulligan
SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network appoint Laurie Ryan-Hill, Member as Second Vice Chair.

Laurie Ryan-Hill abstained from the vote.

CARRIED

D.4(b)(iv) Strategic Health System Plan Quarterly Update

Staff presented an update on the Strategic Health System Plan (SHSP) Year End Update (circulated in your meeting materials).

The presentation highlighted specific examples of how the work undertaken over the past year has made a difference to individuals in the HNHB LHIN, moving us towards dramatically improving the patient experience through quality, integration and value.

MOVED: Helen Mulligan
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Strategic

CARRIED

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

MOVED: Michael Shea
SECOND: Bill Thompson

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 March 23, 2016. The minutes of the Quality and Safety Committee meeting of December 2, 2015, were approved by the Quality and Safety Committee for receipt by the Board of Directors.

MOVED: Laurie Ryan-Hill
SECOND: Bill Thompson

That the minutes of the Quality and Safety Committee meeting of December 2, 2015, be received and filed.

CARRIED

D.5(b) Consent Agenda

That the Quality and Safety Committee adopts the consent agenda of March 23, 2016 consisting of:

- i. Hamilton Urban Core Update
- ii. Complaints Report
- iii. Quality Guidance Council Update

MOVED: Mervin Witter
SECOND: Dominic Ventresca

That the consent agenda of March 23, 2016 be received and filed.

CARRIED

D.5(c)(i) Ministry-LHIN Performance Indicators Report

Staff presented a detailed slide presentation (circulated in your meeting materials) providing an overview of current Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) performance.

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: Laurie Ryan-Hill

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(c)(ii) Risk Report

The Board of Directors and staff of our LHIN share a responsibility for identifying and reporting in a timely manner any potential risks that may have an impact on patient safety, patient services, the health system, the LHIN, other LHINs, the Ministry of Health and Long-Term Care (ministry) and the health and wellbeing of Health Service Providers (HSP) and LHIN staff.

There are two main risk reports regularly submitted to the ministry. One addresses local Health Service Provider or system risk, and the other addresses agency level risks faced by the LHIN.

On February 2, 2015, a new Agencies and Appointees Directive came into effect. This directive will require ministries to report agency risks quarterly with full reporting of risk in February and August.

As of the February 12, 2016 report, the HNHB LHIN identified thirteen risks. One of the risks were identified as low risk, ten as moderate risk, and two assessed as high risk.

Board and staff continue to identify risks based on the likelihood and severity of impact on client safety, client services, the health system, the HNHB LHIN, other LHINs, the ministry and the health and wellbeing of Health Service Providers and LHIN staff.

MOVED: Mervin Witter
SECOND: Helen Mulligan

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

CARRIED

D.5(c)(iii) Benevolent Society Heidehof for the care of the Aged Update

In August 2015, Heidehof was placed on a six month Performance Improvement Plan related to their therapeutic pool program. This was initiated in response to reporting inaccuracies uncovered during the Auditor General of Ontario's testing of reliability data.

The Performance Improvement Plan was extended until March 31, 2016 to allow for further evaluation and monitoring. At this time, Heidehof has met the conditions of the Performance Improvement Plan. Data reporting is more accurate and a patient survey on outcomes and experience was conducted.

It was determined that Heidehof needs to improve efficiency and capacity within the pool program. Based on the prevalence of conditions such as arthritis and an ongoing aging population, it is anticipated that there may be additional individuals in the St. Catharines community that could benefit from this type of pool program. Heidehof should actively collaborate with primary care providers and other community service agencies in the St. Catharines community.

Correspondence sent to Heidehof would signal the need for further improvement in the program and that continued funding is contingent upon meeting effectiveness and efficiency obligations and targets.

MOVED: Mervin Witter
SECOND: Dominic Ventresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network maintain base funding for the therapeutic pool program at Benevolent Society Heidehof for the Care of the Aged and require this program to demonstrate increased participant numbers and attendances. The results of the annual review of this therapeutic pool program will be reported to the Board of Directors in 2017.

CARRIED

E. New/Other Business

E.1 2015-16 Board-Governed Agency Attestation

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 Ministry 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 is in substantial compliance with all applicable legislation, regulations, directives, and policies; has maintained an effective system of internal controls; and has established and maintained a system of internal controls that supports the integrity and reliability of our financial reports.

CARRIED

Key Points of Discussion:

- A risk assessment tool was provided and completed by the senior leadership team at the HNHB LHIN. As a result, of the assessment tool the HNHB LHIN is not identifying any exceptions.
- It was noted that during HNHB LHIN orientation new staff are provided with information regarding compliance. Staff are also updated during the year regarding new directives.

F. Closed Session

MOVED: Michael Shea
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network move to a closed session at 5:53 p.m. to review/approve the closed minutes of February 24, 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: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network moved to a closed session at 5:53 p.m. to review/approve the closed minutes of February 24, 2016, to discuss a matter of personal and public interest and returned to an open session at 7:10 pm.

CARRIED

G.2 Adjournment

The Board of Directors – Business meeting be adjourned at 7:13 p.m.

Original Signed by:

April 27, 2016

Michael P. Shea, Chair

Date

Original Signed by:

April 27, 2016

Donna Cripps, Corporate Secretary

Date