

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

Minutes of the Business Meeting of the Board of Directors May 28, 2014

A meeting of the Board of Directors of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) was held on May 28, 2014, 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
Bob Lawler, Vice Chair
Ruby Jacobs, Member
Helen Mulligan, Member
Laurie Ryan-Hill, Member

Regrets: Mervin Witter, Member

In Attendance: Steve Isaak, Acting Chief Executive Officer (CEO) and Director, Health System Transformation, HNHB LHIN
Jo-Ann Mattina, Corporate Coordinator, Recording Secretary, HNHB LHIN
Dr. Jennifer Everson, Physician Lead, Health System Transformation, HNHB LHIN
Trish Nelson, Director, Communications and Corporate Services, HNHB LHIN
Rosalind Tarrant, Director, Access to Care, HNHB LHIN
Derek Bodden, Director, Finance, HNHB LHIN

Guests: Dr. Madhu Natarajan, Interventional Cardiologist at Hamilton Health Sciences (HHS) and Professor of Medicine at McMaster University
Vickie Baird, HNHB LHIN Community Transitional Wellness Program Lead

A. Convening the Meeting

A.1 Call to Order

A quorum was present.

The Chair noted the CEO's regrets for the meeting and introduced Steve Isaak, Acting CEO.

A.2 Approval of the Agenda

MOVED: Laurie Ryan-Hill

SECOND: Helen Mulligan

That the agenda of May 28, 2014, be adopted, as circulated.

CARRIED

A.3 Declaration of Conflicts

No conflicts were identified at this time.

B. Education Session

B.1 AMI/Stemi Presentation/Results

Key Points of Discussion:

- Dr. Natarajan presented on the AMI/Stemi Results. A copy of the presentation will be posted on the LHIN's website.
- High risk procedures are redirected to the appropriate cardiac centre for care.
- Dr Natarajan noted the capacity for Paramedics to read and transmit ECG has resulted in faster patient transfers to the appropriate hospital site. Hospitals and EMS are interested in increasing the EKG training to more of their paramedics.
- For persons in Brantford, if they are on Hamilton side of Brantford they come directly to Hamilton for treatment. If they are on the opposite side, they go to Brant Community Health System first, where an Emergency Room Physician will do the initial diagnosis and transfer the patient to Hamilton for care. (do we need to include this)
- Dr Natarajan and the Board noted the need for increased public awareness and education regarding the warning signs of Heart Attacks.

B.2 Community Transitional Wellness Program

Key Points of Discussion:

- Vickie Baird presented the Community Transitional Wellness Program. A copy of the presentation will be posted on the LHIN's website.
- Hamilton Public Health has expressed interest in pursuing the concept of a public health campaign to educate the community on alternative health care strategies.
- The Board noted that this populations has been identified as a priority in the LHIN's Strategic Health System Plan and the Annual Business Plan, as there is a 2.4% projected increase in the senior population.
- LHIN staff will be connecting with Ministry of Municipal Affairs and Housing Service Managers for the HNHB LHIN to discuss opportunities for a collaborative relationship

C. Minutes of the Last Meeting

C.1 Approval of the Minutes of April 30, 2014

MOVED: Ruby Jacobs

SECOND: Laurie Ryan-Hill

That the minutes of the Board Meeting – Business of April 30, 2014, be adopted as circulated.

CARRIED

D. Consent Agenda

D.1 Consent Agenda of May 28, 2014

MOVED: Bob Lawler

SECOND: Laurie Ryan-Hil

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network adopt the Consent Agenda of May 28, 2014, consisting of:

- Draft Annual Business Plan.

CARRIED

E. Reports

E.1 Report of the CEO

MOVED: Michael P. Shea

SECOND: Ruby Jacobs

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

CARRIED

Key Points of Discussion:

- The Acting CEO reviewed the precirculated report.
- The Ontario Stroke Network's Evaluation and Quality Committee released the 2012/13 annual stroke report card in May 2014. It was noted that there was improvement in 13 of the 19 indicators on the 2012-13 report card from the 2011-12 report card, and for most of the indicators, there were significant improvements across the LHIN.

E.2 Report of the Chair

MOVED: Helen Mulligan

SECOND: Laurie Ryan-Hill

That the Report of the Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Chair reviewed the pre-circulated report.
- The Chair thanked the Vice-Chair for attending the LHIN-Leadership Meetings and Charing the April 30, 2014, Board Meeting, in his absence.
- Over the past few years all LHINs have been undergoing internal audits by the Health Audit Service Team of the Ontario Internal Audit Division Ministry of Finance. On May 13, 2014, the CEO received a message from the Ministry of Health and Long-Term Care that our LHIN will be next to undergo the internal audit process as part of the Ministry's 2014-15 Internal Audit Plan. While the exact timing has not been known, this audit has been expected and is not a surprise.

E.3 Report of the Audit Committee Chair

MOVED: Michael P. Shea
SECOND: Helen Mulligan

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

CARRIED

Key Points of Discussion:

- At the Audit Committee meeting held on May 28, 2014, the minutes of the Audit Committee meeting of March 26, 2014, were approved by the Audit Committee for receipt by the Board of Directors.

MOVED: Bob Lawler
SECOND: Laurie Ryan-Hill

That the minutes of the Audit Committee meeting of March 26, 2014, be received and filed.

CARRIED

Presenation of Audit Results

MOVED: Bob Lawler
SECOND: Helen Mulligan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the Post Audit Report from Deloitte LLP.

CARRIED

Key Points of Discussion:

- Steve Stewart, Engagement Partner, Deloitte LLP joined the Committee to present the 2013-14 Year-end Communication Report following the 2013-14 Audit conducted by Deloitte LLP representatives in April 2014.
- There is nothing contingent within the report. Deloitte intends to issue an unmodified report on the financial statements to the LHIN for the year ending March 31, 2014, upon approval from the Board of Directors.

Annual Report on Use of Consultants

MOVED: Bob Lawler
SECOND: Helen Mulligan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve that the 2013-14 Use of Consultants Report is an accurate reflection of the procurement contracts undertaken in 2013-14.

CARRIED

Key Points of Discussion:

- Reporting requirements under the *Broader Public Service Accountability Act, 2010*, requires Local Health Integration Networks (LHIN) to report on their use of consultants.
- The report, for the period of April 1, 2013 to March 31, 2014, is due to the Ministry of Health and Long-Term Care (ministry) by June 30, 2014.
- The Audit Committee reviewed the report and is recommending that the Board of Directors approve the report for submission to the Ministry of Health and Long-Term Care

Working Funds

MOVED: Bob Lawler

SECOND: Laurie Ryan-Hill

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network grant signing authority of Hospital Working Funds Initiative Quarterly Report – Norfolk General Hospital to the Board Chair and Chief Executive Officer of the Hamilton Niagara Haldimand Brant LHIN contingent on the reports undergoing review by LHIN staff and following confirmation by staff that all requirements as set out by the Ministry of Health and Long-Term Care have been met.

CARRIED

Key Points of Discussion:

- Only St. Joseph's Healthcare Hamilton and Norfolk General Hospital in Simcoe have qualified for working funds relief in HNHB LHIN.
- The HNHB LHIN staff will review the quarterly reports provided to the LHIN by Norfolk General Hospital and ensure that the reports indicate that the hospital is in compliance with Accountability Framework that has been agreed to for Working Fund Relief. LHIN staff will recommend that the reports are signed by the HNHB LHIN CEO and Board Chair and sent to the ministry within the specified time frame.

Hospital Service Accountability Agreement

MOVED: Bob Lawler

SECOND: Ruby Jacobs

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network authorizes the Board Chair and Chief Executive Officer to execute the proposed Hospital Service Accountability Agreement Amending Agreement (Appendix A) made as of July 1, 2014, amending the 2008-13 Hospital Service Accountability Agreement by extending its term to March 31, 2015, including updating current schedules.

CARRIED

Key Points of Discussion:

- It is a requirement of the *Local Health System Integration Act (LHSIA)*, 2006 that each Local Health Integration Network (LHIN) have a Service Accountability Agreement in place with each Health Service Provider that it funds. The current Hospital Service Accountability Agreements will expire on June 30, 2014.
- Previously, the Provincial Hospital Service Accountability Agreement Steering Committee decided to issue a three month Hospital Service Accountability Agreement extension in March 2014 based on discussions with the Ontario Hospital Association while continuing to pursue focused discussions on a multi-year Hospital Service Accountability Agreement.
- On recommendation of the Steering Committee, the LHINs will now extend the terms and conditions of the current Hospital Service Accountability Agreement to March 31, 2015.

F. Adjournment

MOVED: Helen Mulligan
SECOND: Ruby Jacobs

The Board of Directors – Business meeting be adjourned at 5:37 p.m.

CARRIED

<Original Signed by>

June 25, 2014

Michael P. Shea, Chair

Date

<Original Signed by>

June 25, 2014

Donna Cripps, Corporate Secretary

Date