Hamilton Niagara Haldimand Brant
Local Health Integration Network

Minutes of the Business Meeting of the Board of Directors October 28, 2015

A meeting of the Board of Directors of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) was held on October 28, 2015, at the Boardroom, Hamilton Niagara Haldimand Brant Local Health Integration Network, 264 Main Street East, Grimsby, Ontario, and beginning at 4:00 p.m.

Present: Michael P. Shea, Board Chair
Ruby Jacobs, Vice Chair
Laurie Ryan-Hill, Member
Mervin Witter, Member
Helen Mulligan, Member
Bill Thompson, Member
Dominic Ventresca, Member

HNHB LHIN Staff in Attendance: Donna Cripps, CEO
Helen Rickard, Corporate Coordinator, Recording Secretary
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: Eric Vandewall, President & CEO, Joseph Brant Hospital
Susan Wannamaker, Senior Vice President, Joseph Brant Hospital
Cheryl William, Vice President Patient Care Service, Joseph Brant Hospital
Dr. Wesley Stephen, Chief of Staff, Joseph Brant Hospital
Don Dalicandro, Chair, Board of Governors, Joseph Brant Hospital

A. Convening the Meeting

A.1 Call to Order

A quorum was present.

A.2 Approval of the Agenda

MOVED: Mervin Witter
SECOND: Helen Mulligan

That the agenda of October 28, 2015, be adopted, as circulated.

CARRIED

A.3 Declaration of Conflicts

No conflicts were identified at this time.

B. Education Session

B.1 Joseph Brant Hospital Emergency Department Coaching Report Update

(**Appendix 1** appended to original set of minutes)
Presenters:
Eric Vandewall, President & CEO, Joseph Brant Hospital
Dr. Wesley Stephen, Chief of Staff, Joseph Brant Hospital
Don Dalicandro, Chair, Board of Governors, Joseph Brant Hospital

Key Points of Discussion:

- In 2013-14, the LHIN in collaboration with the LHIN's Emergency Services Steering Committee identified a number of targeted initiatives to improve LHIN emergency department performance, including piloting an Emergency Department Coaching Team model at one LHIN hospital.
- Joseph Brant Hospital is one of two LHIN hospitals that had been particularly challenged to improve emergency department length of stay for the admitted patient population, volunteered as the pilot site.
- A team from North York General Hospital reviewed information provided by Joseph Brant Hospital and spent 1.5 days on-site conducting interviews. Recommendations were made and an action plan developed.
- High priority given to reducing the emergency department length of stay
- As of November 2015, the emergency physician schedule will include five medical doctors per day.
- Receiving positive feedback from public.

C. Minutes of the Last Meeting

C.1 Approval of the Minutes of September 30, 2015

MOVED: Bill Thompson
SECOND: Laurie Ryan-Hill

That the minutes of the Board Meeting – Business of September 30, 2015, be adopted as circulated.

CARRIED

D. Consent Agenda

D.1 Consent Agenda of October 28, 2015

MOVED: Dominic Ventresca
SECOND: Ruby Jacobs

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network adopts the consent agenda of October 28, 2015 consisting of:

- Communications Update

CARRIED

E. Reports

E.1 Report of the CEO

MOVED: Michael Shea
SECOND: Ruby Jacobs

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

CARRIED

Key Points of Discussion:

- The HNHB LHIN is the recipient of the United Food and Commercial Workers Canada award for outstanding contributions of individuals and organizations for making exceptional contributions to the farm workers' struggle.
- As a result of the June Audit the LHIN has received a confidential draft report from the Office of the Auditor General of Ontario. The four LHIN's that were audited will be responding to the confidential draft report. The report will be made public in December, 2015.

E.2 Report of the Chair

MOVED: Mervin Witter
SECOND: Bill Thompson

That the Report of the Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Chair highlighted the meetings attended during October.
- Board Members attended the Niagara Health System Community Vision Sessions held on October 6, October 7, and October 8. It was noted that although attendance was low the engagement of the participants was high.

E.3 Report of the Audit Committee Chair

MOVED: Michael Shea
SECOND: Mervin Witter

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

CARRIED

- The Audit Committee held a meeting on October 28, 2015. The minutes of the Audit Committee meeting of September 23, 2015, were approved by the Audit Committee for receipt by the Board of Directors.

MOVED: Laurie Ryan-Hill
SECOND: Bill Thompson

That the minutes of the Audit Committee meeting of September 23, 2015, be received and filed.

CARRIED

Community Investment Funding Allocation
2015-16 Mental Health & Addictions Supportive Housing Funding
As part of the Provincial Poverty Reduction Strategy, the Ministry of Health and Long-Term Care has announced dedicated funding for mental health and addictions supportive housing. Provincially there will be $16M for 1,000 new supportive housing units that will be rolled out over three years and will be annualized by year three.

Supportive housing is a critical component of the recovery of individuals with mental illness and/or addictions issues, and is necessary for efficient flow within the mental health and addictions system.

At the request of the ministry, the LHIN was responsible for selecting the agencies to deliver the housing, and supports program. The HNHB LHIN met with all supportive housing providers and worked through an objective methodology, based on measures of supply, demand and socio-demographic characteristics, with a heavier weighting given to demand.

The funding will allow the Health Service providers to expand case management support for individuals with serious mental illness who will be accessing the 54 new rent supplement units.

To date, confirmation of funding from the ministry has not yet been received. It is anticipated that confirmation will be received by the end of the third quarter and possibly before the next HNHB LHIN Board Meeting scheduled in December.

In order to avoid any further delay in flowing funding to the Health Service Providers, we are seeking approval so that funding can be flowed as soon as possible, given that we are in the third quarter of the 2015-16 fiscal year.

MOVED: Bill Thompson
SECOND: Helen Mulligan

1. That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to $567,000 in base funding to be allocated as per Table 2. Funding will be allocated to provide the case management support in relation to the 2015-16 allocation of 54 rent supplement units by the Ministry of Health and Long-Term Care, pending confirmation of funding from the Ministry of Health.
2. That, as part of this allocation, the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the transfer of up to $84,000 from the HNHB LHIN to the Mississauga Halton LHIN for the provision of case management support for Burlington residents, pending confirmation of funding from the Ministry of Health.

Table 2

Year 2 (2015-2016)	# rent supplement units	Support dollars per agency
Good Shepherd Non-Profit Homes Inc.	4	$42,000
CMHA Brant,	8	$84,000
CMHA Haldimand Norfolk	2	$21,000
CMHA Hamilton	4	$42,000
CMHA Niagara,	12	$126,000
Gateway Residential and Community Support Services of Niagara	8	$84,000
Six Nations of the Grand River	8	$84,000
ADAPT*	8	$84,000
Total Year 2(2015-2016)	**54**	**$567,000**

CARRIED

Audit Committee Education Session
LHIN Funding
Staff presented a detailed slide presentation during the Audit Committee Meeting of October 28, 2015, on LHIN Funding. (Circulated in your meeting materials)

F. New/Other Business

F.1 Integrated Health Service Plan 2016-19

MOVED: Michael Shea
SECOND: Dominic Ventresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the Draft 2016-19 Integrated Health Services Plan, to be forwarded to the ministry for review.

CARRIED

Key Points of Discussion:

- Staff presented Staff presented a detailed slide presentation (Appendix 2 – appended to original set of minutes).
- The Draft 2016-19 Integrated Health Service Plan is to be submitted to the Ministry of Health and Long-Term Care for their review. Plan outlines strategic priorities for improvement in the health care system for the three year period starting April 2016.
- Information is received from a variety of stakeholders, including the Citizens Reference Panel and Health Service Providers from across the HNHB LHIN.

- Key priority areas include primary care, home and community care, health links, health and wellness of the population, LHIN-wide integrated clinical programs, and LHIN-wide population-based strategies.
- It was noted that further clarification is required on the role of the LHIN to become health system commissioners, this will be clarified in the Annual Business Plan.

G. Closed Session

MOVED: Ruby Jacobs
SECOND: Laurie Ryan-Hill

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network move to a closed session at 5:12 p.m. to review/approve the closed minutes of June 24, 2015, 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: Dominic Ventresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network moved to a closed session at 5:12 p.m. to review/approve the closed minutes of June 24, 2015, to discuss a matter of personal and public interest and returned to an open session at 6:24 pm.

CARRIED

H. Adjournment

The Board of Directors – Business meeting be adjourned at 6:24 p.m.

Original Signed by: December 8, 2015

Michael P. Shea, Chair **Date**

Original Signed by: December 8, 2015

Donna Cripps, Corporate Secretary **Date**

LHIN Board Presentation
Update to ED Coaching Report

October 28, 2015

E. Vandewall, W. Stephen, S. Wannamaker, C.Williams

JOSEPH BRANT HOSPITAL

Background

- All ED departments are challenged with volume and acuity.
- Low acute beds per population – Ontario vs RoC
- JBH is especially challenged as measured by Pay for Results.
- Evidence is clear - crowded Emergency equates to poor quality of care and less than ideal patient experience.

JOSEPH BRANT HOSPITAL

Background

- In summer 2013, JBH volunteered to be the pilot hospital in the LHIN to welcome an ED Coaching Team to review patient flow within the organization.
- In December 2013, JBH was notified an ED Coaching Team had been established and would be undertaking a review in January 2014.
- Sponsored by the LHIN, a team from North York General Hospital reviewed information provided by JBH and spent 1.5 days on-site conducting interviews.
- Recommendations were delivered to JBH Senior Team March 2014.

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Background

- Action Plan developed to address report recommendations.
- New Senior Team members being recruited.
- November 2014 – New Chief of Staff Dr. Wes Stephen joined JBH.
- Fall 2014 – Recruitment commenced for Senior Vice President and VP Patient Care Services & CNE.
- High priority and focus on reducing ED LoS @ 90th percentile >8hours.

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Leadership & Culture: Actions

- Organizational commitment: Dyad models and partnered leadership at the program and executive levels
- Medicine: Chief of Medicine stepped down (March 31, 2014) with Interim Chief in place for one year.
- Dec 2014: Full time manager of Patient Flow
- Consolidation of the position of Director of Emergency and Medicine
- Patient Flow Manager reported weekly to Senior Team.
- Senior Team role of support, visibility, and removing barriers.
- January 2015; ED LoS @ 90th percentile >8 hours 65.75 hours

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Current ED LoS @ 90P > 8 Hours

90P ED LOS Admitted Patients (in hours)

Data Source: NACRS | Date Updated : Oct 15, 2015; Next Update: Oct 23, 2015

Registration Month	Monthly	Calendar YTD	Fiscal YTD
Jan 2015	65.75	65.75	
Feb 2015	51.35	55.02	
Mar 2015	48.76	52.77	
Apr 2015	43.54	50.23	43.54
May 2015	30.42	48.49	36.62
Jun 2015	35.92	47.28	36.43
Jul 2015	33.24	46.03	35.28
Aug 2015	27.82	44.65	34.03
Sep 2015	32.03	43.91	33.81
Oct 01 to 12 (*preliminary)	29.04	43.63	33.48

**Final Results will be available by 10th business day of the following month.*

Target Met	<=48 hrs
Within 5% of Target	48.1 to 50.4
Target not met	>50.4

Note: The definition of CDU LOS is revised by Access to Care in this fiscal, starting from July 01, 2015 CDU LOS is calculated as the time from CDU In D/T to Disposition D/T where as previously it was from CDU In D/T to D/T left ED). This change is reflected in the data posted here from July 2015 onwards.

Significant and Sustained reductions, August 2015 JBH below LHIN target of 28 Hours!

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Leadership & Culture: Actions

- SVP Susan Wannamaker, and Cheryl Williams VP Patient Care & CNE joined JBH in March and April 2015 respectively.
- August 2015 completed search for Chief of Medicine with Dr. Pras Kumaranayake successful.
- Chief of Emergency Medicine stepped down (February 28, 2015).
- Current Interim Chief: Dr. Joe Cherian
- Formal search underway.
- Memorandums of Understanding signed with clear expectations and deliverables.

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Leadership & Culture: Actions

- Without proper staffing and deployment, will be unable to achieve improvement in PIAA, off load of EMS or non admitted times.
- This includes number of MDs per 24 hours, length of shifts as well as overlapping shifts to deal with the intake and ongoing management of Emergency patients.
- Dec 2014 Emergency Physician Schedule – 3 MDs/day.
- August 2015 – 4 MDs/Day.
- November 2015 – 5 MDs/ day target.

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Leadership & Culture: Actions

- August 2015: Renewed leadership focus on Quality and Lean. Endorsed by JBH Board.
- Gemba walks (lean) implemented August 2015.
- No meetings between 9 to 11 – leadership at all levels visible and focused on the work of the programs and units.
- Objective: Quality and Patient Safety – enabling, empowering and supporting front line staff in issue management and problem solving. Key for leadership is to eliminate obstacles.
- To date over 200 frontline suggestions have come forward with 40+ ideas implemented.
- Visual management tools initiated at the unit level i.e. visual boards and safety crosses.

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Physician Engagement: Actions

- March 2015 MAC retreat.
- Leadership forums established monthly for administration and physician leaders.
- “Medical Talks” initiated in evening times – develop Hospital/Physician relation through looking at common system issues in health care.
- Physician leadership courses initiated – PMI
- All programs have Medical Directors, now reporting to VP Patient Care Services & CNE.
- Chiefs reporting to CoS.

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Enterprise Risk Management: Actions

- Organization wide adoption of HIROC Integrated Risk Management (IRM) Program.
- Ongoing monitoring and risk mitigation.
- Continue to develop this capability within JBH across all programs and services.

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Strategic Investment in Quality Improvement: Actions

- External review was completed for a overall review of JBH Quality Framework and Program over summer of 2015.
- Linda Dempster, VP Collaborative Practice and Professional Services, Alberta Health Services, a respected national leaders in quality has completed review.
- Goal is to align and ensure quality builds from the frontline to programs to senior team to board.
  - Develop and instill a culture of continuous quality improvement across JBH

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Strategic Investment in Quality Improvement: Actions

- LEAN Strategy and framework in place with 3 year workplan:
  - Endorsed by JBH Board
  - Overall leadership for program by SVP and VP PCS and CNE
- Hired 2 lean specialists to support the quality agenda and improve efficiency.
- Examples of work to date: Medical Value streaming with CCAC, EPA, and Laboratory services.
- Kaizen event planned this fall to address the ED program.

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Medical Model Actions: Match Patient Needs to Physician Skills

Principles:

1. Clinical service model is a 7 day versus 5 days 24/365
2. MD primary commitment over a fixed time period for a hospital base patient population
3. Commitment to evidence based care with agreement to a quality agenda
4. Needs to be sustained on a current funding sources with no enhanced physician funding available
5. Need to recognize Family Medicine (FM), Family Medicine Hospitalist, General Internal Medicine (GIM), an Internal Medicine subspecialty
6. Incorporate Allied Health in the model
7. Geographically centered teams: as an example:
   - 4S Primary Care and Hospitalists
   - 5S General Internal Medicine
   - 5W Cardiology and General Internal Medicine

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Medical Model

- Currently recruiting 8 new internists
- Anticipate implementation late spring/summer 2016

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Summary

- We are making progress, still work to be done.
- ED Coaching Team Report very re-affirming for JBH, many of the report recommendations were already underway in the organization.
- Majority of recommendations have been addressed with tangible actions and results, some further work to do in some areas.
- Committed to transforming Patient Flow at JBH, improving quality, reducing wait times, and ensuring an exceptional Patient Experience.

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Questions?

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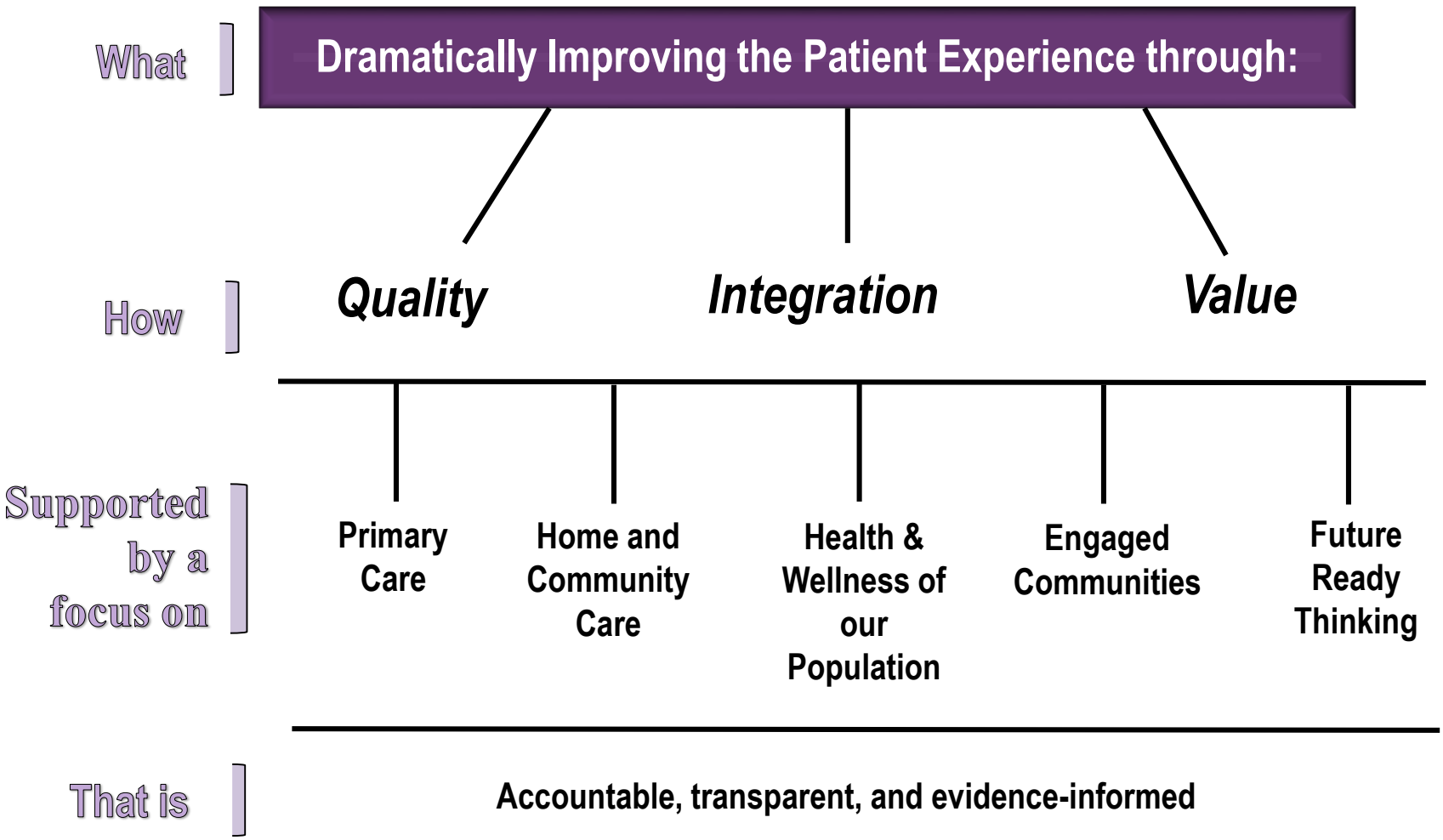
Hamilton Niagara Haldimand Brant **LHIN** | **RLISS** de Hamilton Niagara Haldimand Brant

2016-19 Draft Integrated Health Service Plan

Presentation to the
Hamilton Niagara Haldimand Brant
Local Health Integration Network
Board of Directors
October 28, 2015

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

Strategic Health System Plan Refresh - Fall 2014



Strategic Directions

- Dramatically Improving the patient experience by embedding a culture of quality throughout the system
- Dramatically Improving the patient experience by integrating service delivery
- Dramatically Improving the patient experience by evolving the role of the Local Health Integration Network (LHIN) to become health system commissioners

Embedding a Culture of Quality throughout the system

HNHB LHIN IHSP Vision

Goals

- Enable the ongoing creation of a robust quality culture throughout the system
- Build capacity and promote knowledge translation related to quality and best practice
- Strengthen the role of the Quality Guidance Council to ensure the quality agenda remains relevant, on track, and is endorsed by leaders representing HSPs from across all sectors

Focus

- Further develop and implement the LHIN's patient experience framework
- Improve health system performance monitoring, by:
  - Establishing 'big dot' indicators
  - Focusing on outcome measures
  - Enhancing performance review and risk assessment processes
- Align priorities, resources, and efforts on quality initiatives for system level improvements

Integrating Service Delivery

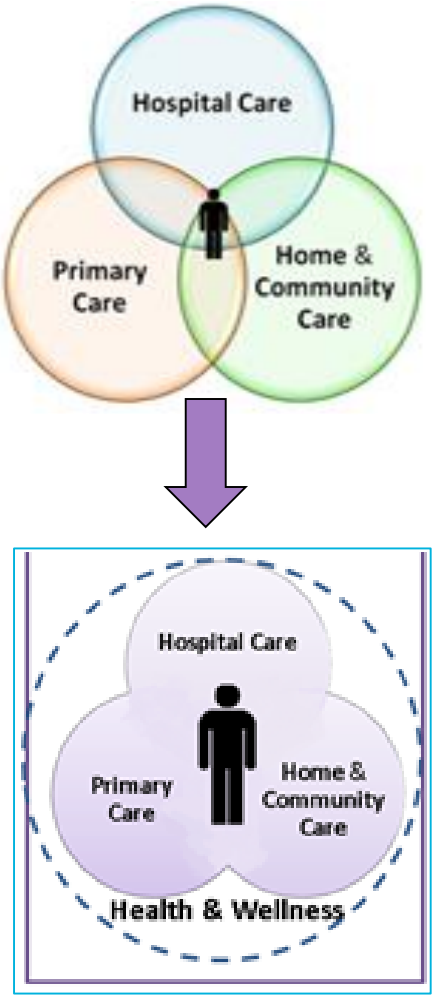
HNHB LHIN IHSP Vision

Goals

- The HNHB LHIN will work with providers to develop population-based 'Care Communities'
- 'Care Communities' are geographically defined areas where providers from primary care, home and community care, long term care, and acute care work in collaboration to ensure that every person has access to necessary health services

Focus

- Primary Care
- Home and Community Care
- Health Links
- Population Health and Wellness
- LHIN-wide Clinical Programs
- LHIN-wide Population strategies



Evolving the Role of the LHIN to become Health System Commissioners

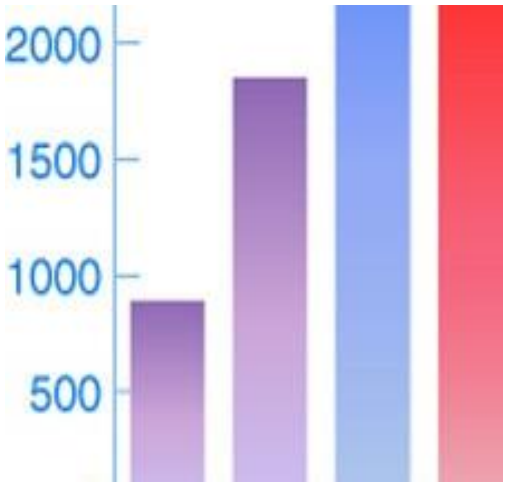
HNHB LHIN IHSP Vision

Goals

- Further develop Enterprise Risk Management processes within the LHIN
- Work with HSPs, in alignment with the ministry Health System Funding Reform to optimize funding
- Ensure accessible, patient-centred services that also reflect value for money

Focus

- Focusing on quality, volume, price and accountability
- Applying a population health lens to assessing current and future needs
- Making health system decisions based on evidence and performance
- Building capacity in the health care system to advance quality improvement
- Monitoring HSP performance to ensure that outcomes are being met for patients



Key Priority Areas

- Primary Care
- Home and Community Care
- Health Links
- Health and Wellness of the Population
- LHIN-wide Integrated Clinical programs
- LHIN-wide Population-Based Strategies

Primary Care

HNHB LHIN IHSP Vision

Goals

- Improved access to primary health care (e.g. attachment to a primary care provider, same/next day access to appointments, evening/weekend access)
- Improved integration (e.g. follow-up post hospital discharge, reducing readmissions and avoidable emergency department (ED) visits
- Improve effectiveness
- Improving the patient-centred experience

Strategies

- Engagement with and input from primary care providers and other stakeholders
- Following the ministry's lead, the LHIN will facilitate a data and evidence-driven planning process to ensure alignment of primary care with the needs of the population

Home and Community Care

HNHB LHIN IHSP Vision

Goals

- Put patients and Caregivers First
- Improve client and caregiver experience
- Drive greater quality, consistency and transparency
- Plan for expanded capacity
- Modernize delivery

Strategies

- One Sector Model
- Increase Community Support Services (CSS) capacity
- Integrated Comprehensive Care
- Improving care transitions

Health Links

HNHB LHIN IHSP Vision

Goals

- Provide patient-centred coordinated care
- Improve the delivery and coordination of care for defined populations living with complex chronic conditions
- Enhance patient experience
- Improve the quality of care through cost effective approaches

Strategies

- Continue to implement and standardize the Health Link model of care
- Define and identify the 5% patient population in real-time
- Build virtual teams to integrate services and transitions
- Work with HSPs to scale and spread the Health Link model of care in 'Care Communities'
- Monitor and manage performance related to quality integration and value
- Embed roles and responsibilities in Accountability Agreements

Health and Wellness of the Population

HNHB LHIN IHSP Vision

Goals

- Incorporate a population health approach and health equity lens into planning, funding and integrating health services
- Improve equity of access to health services for target populations
- Build partnership and collaboration with Public Health and other stakeholders to improve population health outcomes

Strategies

- Develop and implement a Health Equity Action Plan
- Continue to apply the health equity planning framework to identified target populations
- Support Public Health efforts to reduce smoking rates and improve population health outcomes

LHIN-wide Integrated Clinical Programs

HNHB LHIN IHSP Vision

Goals

- Individuals will have timely access to the most appropriate specialized service at the most appropriate location
- Wait times for specialized procedures will be reduced
- Programs will follow common care standards and approaches, across hospital sites
- Programs will demonstrate consistent application of leading practice and quality standards

Strategies

- Phased approach, building on current integrated clinical program structures, including (for example) Cancer, Laboratory, Diagnostic Imaging, Vascular, Thoracic, Orthopedics, Ophthalmology, Cardiac
- Data and evidence-driven process, engaging leadership from hospital management and medical staff
- Continuous monitoring and improvement

LHIN-wide Population Strategies

HNHB LHIN IHSP Vision

Goals

- Access is Equitable
- Standardized Models of Care based on best evidence
- Services are coordinated and integrated
- Programs/services complement or coordinate with other initiatives
- Knowledge or program resources readily available

Focus on

- Older adults and caregivers
- Persons transitions across care continuum
- Complex and/or chronic conditions
- Hospice palliative approach to care
- Mental health and addition
- Children and Youth
- Aboriginal Health
- Access to French Language Services

Enabling Strategies

HNHB LHIN IHSP Vision

Goals

- Ongoing communication and community engagement with stakeholders, ensuring our efforts are reflective of the diverse communities within the LHIN
- Developing a LHIN organizational culture that inspires world class innovation and transformation
- Using technology to connect providers together, speed up the flow of information about their patients, and allow patients easier access to providers

Focus

- Build on effective communication and engagement tools, including the Citizen's Reference Panels
- Encourage opportunities for knowledge development and translation among LHIN staff and HSPs regarding system transformation
- Explore opportunities to leverage ClinicalConnect to support specific health system transformation initiatives

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