

1997- present was explained. It was explained that 60% or 20 million Canadians are served by 211. There are seven regional service providers in Ontario and the region we are associated with is the Central East region. The Information and Referral process was explained and it was noted that the information and referral process is consistent across Ontario. It was commented that awareness of the program could be expanded through increased communications and partnerships.

P. Hiller explained the varying types of calls received. Caller needs, tracking and reporting, and how information can be aggregated by region or sub-geography was explained.

P. Hillier explained the partnerships established in the region including CCAC, Mental Health and Addictions Coordinating Council, South Georgian Bay Health Link, Home For Life, Children's Treatment Network. Community Christmas Cheer, Winter Warmth, Backpack programs, Food in Simcoe County, and Independent Living Services. Hillier also reviewed provincial and national partnerships.

R. Morton thanked P. Hillier for her presentation, and the Board acknowledged and thanked P. Hillier for the information received.

3.0 By Consent

The below items were included in the consent agenda of the NSM LHIN Board Meeting of March 23, 2015.

Note: Italicized items were removed from the consent agenda for discussion.

- 3.1 Approval of Minutes – January 26, 2015 and February 17, 2015*
- 3.2 Board Meeting Evaluation*
- 3.3 CEO Monthly Report*
- 3.4 Patient, Caregiver, Family Advisory Panel Update*
- 3.5 HSIC Committee Minutes (Draft) of March 9, 2015*
- 3.6 MLPA Key Performance Indicators*
- 3.7 Board Chair Expenses*
- 3.8 Collingwood General and Marine Hospital One-time Funding*
- 3.9 Integrated Stroke Program Update*
- 3.10 Governance Committee Minutes (Draft) of March 9, 2015*
- 3.11 Governance Policies*
 - Board Code of Conduct Policy
 - Board Processes Policy
 - Board Recruitment Policy
 - Per Diem Policy

Motion: M. Redmond Seconded: R. Stevens
That the NSM LHIN Board of Directors approve the Consent Agenda of March 23, 2015

... carried.

4.0 Board Chair & CEO Report

4.1 Report of the Chair

R. Morton reported the following since the meeting on January 26, 2015:

Jan 28 – LHIN Legal Committee teleconference, CSS Collaborative planning day discussion, and discussion with Minister Damerla regarding long-term care.

Jan 29 – Discussion with the Chair of Catholic Family Services.

Feb 4 – Regional Governance Session Planning

Feb 6 - Attended Institute for Public Administration awards with RVH where they received a silver award for culture change initiative.

Feb 9 – The MLPA Steering Committee is getting close to agreement on final version of indicators. N. Khokhar commented that a set of indicators is being looked at which allow for expanding measures outside of acute care setting. A challenge exists in that Ministry wants to continue with a number of existing measures.

Feb 10 – Chair’s Council teleconference.

Feb 17 – NSM LHIN Board teleconference regarding funding reallocations.

Feb 19 – Met with the Chair of Hospice Huronia.

Feb 24 –Stroke Integration meeting at RVH.

Feb 24-25 – Attended the Tapestry National Summit at McMaster University.

Mar 3 – Met with Ministry regarding emergency room costs, and relation to CTAS levels.

Mar 4 – Met with the Vice – Chairs of OSMH.

Mar 6 – Met with the CCAC Chair, teleconference with Treasury Board Secretariat regarding Broader Public Sector Executive Compensation Act, discussion with RVH Chair regarding cardiac, and discussion with South Georgian Bay CHC regarding staffing changes.

Mar 9 – Board Committees, MLPA Steering Committee Meeting.

Mar 10 – Met with Minister’s Office regarding cardiac and Midland/Penetanguishene and discussion with Central LHIN Chair.

Mar 11– Aboriginal Health Forum

Mar 16 – MPP Hogarth announcement of Mental Health funding.

Mar 21 – CSS Planning Day. Strategic Planning and review of the Donner report recommendations looking at Community and Home Care Services in the future. There is a readiness with this group to do something different, including a number of very engaged volunteers.

4.2 Report of the CEO

J. Tettmann began her presentation with a video of a patient story, leading to a discussion on Long-Term Care redevelopment.

P. Brown – weakest link. Talent is there in the system – we are blocking the system by a ‘weakest link’. Complex adaptive system – who is supposed to be doing the adapting. The totality of how the system works. Private sector – look end to end – we are lagging behind in the healthcare system. Somewhere along the line we need to look at an end to end process. Easier to deal with the roadblocks in an integrated system as you had all of the components of the continuum of care. Still breaking down barriers created by previous structure even with one structure.

Look at Home For Life model with volunteer services, combined with Home First.

ACTION: Develop BN on LTC redevelopment strategy for the Board at their April meeting.

ACTION: Staff to follow up on this case with CCAC and OSMH to determine any lessons learned.

Primary Care Expert Panel – LHIN CEO’s have been briefed on the findings Auditor General reviewing CCACs. The Donner report did not look at functional recommendations are expecting the Auditor General report to look at this.

Auditor General conducting audit of a few LHINs (Central, TC, and possibly HNH). Expecting findings from that review at the end of the year.

J. Tettmann reported on a pending voluntary integration – Innisfil Meals on Wheels and Canadian Red Cross.

Stroke meeting follow up held at RVH – not bring this forward as an integration at this time but are continuing to work towards an EOI for bundled payments. Will give us a better understanding of costs and capacity. GBGH did not sign off on the EOI. GBGH has committed to stay connected to this process without signing on. Next stage is for the LHIN to review the submission at which time the Ministry will complete a readiness assessment.

Announcement of pilot project is scheduled for May 1st.

Evaluation of Seniors Program has been completed and the report has been finalized.

5.0 Business Arising

5.1 Board Workplan Development

Would see the Board workplan including the strategic priorities and metrics identifying what the role of the Board would be in moving our initiatives forward. What is the role of the Board to take on some of the advocacy to move forward priorities (ie. eHealth). How can the Board help? Are there issues that we can help with? Our Board meeting agendas become reactive – and agendas are often derived from Committees – we need to build into that an understanding of where we as a Board can have an impact. We need to have a sense of what the Board has to do and what we would like to do.

Need to understand where there are opportunities for Strategic and Generative Governance.

Governors have an ambassador role with respect attending and representing their Boards at our events. Board members as ambassadors – in reviewing the Board Chair calendar of events there is only one person. CEO / Board relationship, Board member needs and contribution, board continuity and succession, policy.

What is over and above Committee work? What net new do we need to know and understand that is not covered off in committee work.

We need to ensure that we are looking at the system as a Board. The whole of the system is greater than the sum of its parts. We are the stewards/visionaries/drivers for the system. As a board we need to see a root cause analysis for why the system broke. The big obstacles. There may be big obstacles that the Board can go and tackle.

Need to look at next Advance

ACTION: Review roles and responsibilities of Board Members.

ACTION: Jill and Bob to review and update workplan for April meeting.

6.0 Committee Reports

6.1 Health System Improvement Committee NSM LHIN Operations Budget 2015/16*

R. Stevens provided an update on the Operations Budget. Our risk is that we don't have an allocation from the Ministry. We always attempt to put a budget in place – we do need to have a roadmap and an idea of what our plan is. If we received a reduction in budget we would have to adjust.

Motion: R. Stevens Seconded: P. Brown
'That the NSM LHIN Board of Directors approve the draft 2015/16 Operating Budget for 2015/16'

... carried.

6.2 **2015/15 System Metrics and Strategic Priorities***

After receiving feedback from the HSIC and Governance Committees work has continued around identifying targets for the CEO deliverables for 2015/16.

It was questioned why MRI/CT indicator was not included when we are not doing well in this area. It was commented that we may not have correct targets. Priority 4 cases are targeted at 28 days – Canada wide through radiologist is 60 days. Funding for MRIs is being incorporated into QBP funding.

OMA is looking at educating physicians on when to refer patients.

It was noted that we will need to review the priorities and metrics once the new MLPA targets are approved.

Value – what is the dollar impact on focusing on these initiatives. If we measure and improve these indicators what is the impact on the customer – good outcomes at the best cost.

It was noted that the Board should see these on a regular basis so that action can be taken as required.

Motion: D. Mitchell Seconded: M. Redmond
That the NSM LHIN Board of Directors approve the 2015/16 System Metrics and Strategic Priorities.

... carried.

7.0 **New Business**

7.1 **Georgian Bay General Hospital***

A. Gallardi provided an update on the financial situation for GBGH. It was noted that the hospital must sign their H-SAA and submit a Hospital Improvement Plan. It was questioned if there is a communications plan in working with GBGH for the public.

Motion: R. Stevens Seconded: P. Preager
'That the NSM LHIN Board of Directors approve a one-time payment of \$570,000 to Georgian Bay General Hospital in fiscal year 2014/15 to assist the hospital with operating pressures.'

... carried.

7.2 **Hospital Accountability Planning Submissions***

A. Gallardi explained that the current HSAA expires at the end of the month and

Motion: D. Mitchell Seconded: P. Preager

'That the NSM LHIN Board of Directors approve the delegation of authority to the Chair and CEO to sign the Hospital Service Accountability Agreements to reflect the approval of the 2015/16 HAPS submissions for all the hospitals as presented.'

... carried.

8.0 For Information

9.0 Meeting Evaluation & Adjournment

9.1 Meeting Action Log/Wrap Up*

Action log reviewed and updated.

Patient Complaints process to be reviewed at April Governance Committee meeting.

9.3 Meeting Adjournment

Motion: R. Stevens Seconded: E.M. Mills

**That the NSM LHIN Board of Directors meeting, of March 23, 2015, be adjourned.
...carried.**

NEXT MEETING: Monday, April 27, 2015 (1:00 p.m. – 4:00 p.m.)

(original signed)
Robert Morton, Board Chair

(original signed)
Jill Tettmann, Chief Executive Officer