

Minutes of the North Simcoe Muskoka Local Health Integration Network Board Meeting held on Monday, April 25, 2016, 12:00 p.m. – 4:00 p.m. at the North Simcoe Muskoka LHIN Boardroom, Orillia.

Present:

Robert Morton, Chair
Barbara Dickson
Ellen Mary Mills (tcon)
Peter Preager
Larry Saunders (tcon)
Ron Stevens (tcon)
Ernie Vaillancourt
Jill Tettmann, CEO
Leanne Vincent, Corporate Coordinator, Secretary

Regrets:

Staff:

Neil Walker, Chief Operating Officer
Rebecca Van Iersel, Physician Lead, Clinical Planning and System Integration
Jeff Kwan, Director, Financial Health & Accountability
Sherri Huckstep, Director Planning, Integration, Evaluation and Community Engagement
Maureen Wilkinson, Director, People and Strategy Management
Susan French, Communications Lead

Public in Attendance:

Josh McKay, Life Labs

1.0 Convening of the Meeting

1.1 Call to Order

The Board meeting of April 25, 2016 was called to order at 12:05pm with the meeting being legally constituted, with Board members having received adequate notice in accordance with the guidelines, with adequate posting to the public of the meeting and with a quorum present.

1.2 Approval of Agenda

Motion: E.Vaillancourt Seconded: B. Dickson
That the agenda of the NSM LHIN Board Meeting of April 25, 2016, be approved.
... carried.

1.3 Declaration of Conflicts

There were no declarations of conflict noted.

1.4 Delegations to the Board

There were no delegations to the Board for the meeting of April 25, 2016.

2.0 Presentation/Board Education Session: eHealth

Danny Mainville, Project Manager, Marsha Moland, Program Manager, and Julia Smith, Project Coordinator with the eHealth team provided the Board with an education session and overview of the goals and workplan for the eHealth portfolio for the 2016/17 fiscal year. The purpose of the education session is to introduce the eHealth team and communicate status of eHealth Projects in NSM LHIN and alignment with Provincial and IHSP priorities.

It was noted that technology is embedded as an enabler in many of the action plans identified in the Annual Business Plan and Integrated Health Service Plan.

The workplan for eHealth / enabling technology was reviewed.

Several key projects and priorities were highlighted including Hospital Report Manager, Health Links Care Coordination Tool, eConsult, Connecting GTA/Ontario, Ontario Laboratory Information System, Diagnostic Imaging Common Services, Regional eReferral to CCAC, Telemedicine, Community Information Management/Information Technology, Physician eCredentialing, nsmCHIP, and Integrated Assessment Record.

Hospital Report Manager (HRM) has been utilized in NSM hospitals since 2014. eNotification improves communication between hospitals, CCAC and Primary Care physicians. 80 % of our physicians have signed up for HRM and eNotification – the goal for 2016/17 is to increase the adoption rate. HRM is a delivery mechanism, eNotification is a separate project that utilizes the HRM delivery mechanism to receive notifications.

It was noted that eNotification is a CCAC led project.

Health Links Care Coordination Tool is a tool used to maintain a shareable, coordinated care plan that allows the circle of care to collaborate on a secure, common electronic platform. This is a provincial tool currently being tested by 17 Health Links, 3 within NSM.

eConsult is an electronic exchange of information between primary care and specialists. NSM is not involved in the pilot. eConsult has significantly reduced wait time for specialists. We are hoping to expand eConsult in NSM. eConsult is geographic neutral. Provincial wide rollout of this program will occur in 2017/18.

Connecting GTA, being renamed to Connecting Ontario, is the provincial repository for health information. Connecting GTA allows access to personal health records by physicians. Goal to rollout live in 2016/17 to RVH, CGMH, and GBGH. 40,000 physicians currently utilizing Connecting GTA. Does not contain primary care records at this time, are approximately 4 years out from this.

Ontario Laboratory Information System (OLIS) is a province wide repository that facilitates secure, electronic exchange of lab tests orders and results. In NSM we have three hospitals that are 100% live with OLIS. Goal is to continue growing modalities.

Diagnostic Imaging Common Services enables diagnostic images and DI reports to be accessible province wide. Allows the sharing of both the report and the image. RVH has been identified as a pilot site.

Regional eReferral to CCAC will replace existing paper based referral system. Has launched and is moving forward well. Will increase efficiency in referrals. Questioned if the form used by CCAC includes identification of preferred language. It was noted that the form has been standardized provincially.

Telemedicine – looking for new and unique ways to enhance the use of telemedicine and how we can improve care for patients.

Community Information Management / Information Technology. An evaluation of current state in our community sector organizations will occur in the summer.

Physician eCredentialing, moving from a paper based annual credentialing process to a standardized electronic system.

nsmCHIP provides an aggregate system level overview of integrated data.

It was noted that telehomecare has been identified as a successful program and questioned if we will be looking at expanding. The plan now includes those that are more acutely ill will be evaluated this year and looking to increase enrollment of patients.

ACTION – clarification to be provided on whether or not language/FNMI populations are identified in eReferral process.

The Board requested a regular update on eHealth to be provided to the Board.

3.0 By Consent

The below items were included in the consent agenda of the NSM LHIN Board Meeting of April 25, 2016.

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

- 3.1 Approval of Minutes*
- March 21, 2016
- 3.2 Board Meeting Evaluation*
- 3.3 CEO Monthly Report*
- 3.4 Attestation of Compliance – January 1, 2016 – March 31, 2016
- 3.5 Financial Report - January 1, 2016 – March 31, 2016
- 3.6 Report on Use of Consultants - January 1, 2016 – March 31, 2016
- 3.7 Financial Positions – Hospitals and Community Care Access Centre
- 3.8 Governance Committee Minutes (Draft) of April 11, 2016*
- 3.9 Board Committee Membership

Motion: B. Dickson Seconded: L. Saunders
That the NSM LHIN Board of Directors approve the Consent Agenda of April 25, 2016.

... carried.

4.0 Board Chair & CEO Report

4.1 Report of the Chair

R. Morton reported involvement in the following meetings and engagements since the Board of Directors meeting on March 21, 2015:

March 22	MAHC Chair; Huntsville Working Group Chair; CGMH Chair
March 23	GBGH Chair and CEO, TC with Deputy Minister re GBGH
March 29	MAHC Task Force “plan to plan” meeting
March 30	New Board Member orientation
March 31	MAHC Task Force
April 1	Huntsville Forester Interview, GBGH Chair
April 6	CSS Collaborative Summit planning, Meeting with potential facilitator for GBGH
April 7	MH&A Collaborative Retreat planning
April 8	OSMH and RVH Chairs
April 11	CTNSY CEO, Board Advance, Governance Committee meeting
April 12	LHIN Chairs tc, Simcoe County Council
April 13	LHIN Legal Service Committee
April 14	Minister’s Office/Ministry tc re GBGH, Minister’s Office re recruitment, OACCAC re joint LHIN CCACC meeting during OACCAC Conference
April 15	MPP Hogarth
April 18	Peter Brown, Canadian Patient Safety Institute/Governance Centre for Excellence re governance session at Care Connections Forum
April 20	Susan Plewes, LHIN Chairs dinner

April 21 Pan LHIN Leadership Council, Chairs' Council
April 22 CCAC and LHIN CEO and Chair

ACTION: Details on OACCAC Conference to be sent to Board members on the Transition Committee.

It was noted that Neil is sitting on the working group in Muskoka to develop a terms of reference to come back to the Task Force.

4.2 Report of the Directors

Peter Preager reported attendance at the South Georgian Bay Health Links retreat on April 23. It was noted that representation from the OPP was involved in the day, along with many health service providers. It was observed that organizationally there is a struggle due to a lack of formalized governance among the providers to help drive change.

Larry Saunders reported attendance at the MAHC Task Force meeting noting that the group has come a long way in the last 12 months.

4.3 Report of the CEO

J. Tettmann noted various meetings regarding GBGH including meetings with the hospital, ministry and Ministers office.

She also reported on the delegation to Queens Park last week, with a petition presented by Patrick Brown. Minister's Office (MO) and Ministry staff met with delegation including a physician and Mayor Marshall of Penetanguishene. The ministry committed to following up.

MO also met with the Ontario Health Coalition and heard similar comments re service changes. The LHIN has been working with hospital to understand the role of a potential facilitator and is meeting with hospital board and proposed facilitator this Thursday.

Regarding the upcoming Care Connection Forum, registration is full.

The LHIN has scheduled meetings on Wednesday for each of our hospitals with the ministry and OHA to review each hospital's HSFR funding results.

Staff from the Minister's office will be touring RVH, GBGH, and MAHC Bracebridge.

Gerry Marshall continues to move forward a quest to look at rural community hospital funding – continues to push forward at Ministry. Three of 19 hospitals identified in our LHIN. Trying to understand if these hospitals are underfunded.

CEO Monthly Report*

It was questioned if the Board needs to understand results as well as actions and that the report should include a balance between activity and what was accomplished.

Financial Report - January 1, 2016 – March 31, 2016

It was questioned how electronic funds transfer (EFT) has cost the LHIN an additional \$800 when it should be reducing costs. It was noted that the LHIN has signed an agreement with the bank for upcoming years.

5.0 Business Arising

5.1 Approval of Minutes*

It was noted that CGMH was to provide the LHIN with a HIP by March 31 and that the CGMH Board did approve and submit. The CGMH Business Case will be reviewed with the Ministry.

Motion: E. Vaillancourt Seconded: B. Dickson

**That the NSM LHIN Board of Directors approve the minutes of the meeting of March 21, 2016.
... carried.**

6.0 Committee Reports

6.1 CEO Deliverables Final Report 2015/16

J. Tettmann provided an overview of the CEO deliverables final report. When presented to Governance Committee she did not have the final numbers for CCAC wait times. This deliverable was not met, noting that a number of patients that had a long wait on the wait list were removed from the wait list and that the CCAC is expecting to be on the target in Q1 2016/17.

Noted that we did not meet our targets for ER visits for Mental Health or ALC.

CEO development deliverables – a two year plan, will establish a new development plan pending results of the CEO evaluation.

ACTION: Board education on FLS designation process and what it entails to be scheduled.

6.2 CEO Performance Deliverables 2016/17

J. Tettmann provided an overview of the CEO Performance Deliverables for the 2016/17 fiscal year, highlighting discussions with both the Board and Governance Committee. Governance Committee discussions indicated a need to ensure that priorities are clear and that this is reflected in the CEO Deliverables and that there are actions and projects underway in the priority areas of focus. It was noted that the LHIN needs to keep an eye on all of the MLAA indicators, and that some of them are included in the CEO Deliverables. It was noted that there has been a lot of time spent on the development of the IHSP and ABP that inform the CEO Deliverables. It was noted that MLAA targets in the scorecard are for 2017/18 and the LHIN should be showing progress on moving towards that target.

It was noted that for the ALC target the LHIN will look at both percentage and the number of ALC patients. It was questioned if this is number of people during the reporting period or number of people at the end of the period. It was confirmed that this would be open cases at the end of the reporting period. It was questioned if the ALC target is a reasonable target, and what will be done differently to meet the target as this has been an ongoing challenge. It was commented that the previous year was a lot of process and understanding and that this year is about action and a workplan. It was noted that ALC rate is a ratio of all beds.

Avoidable emergency visits is a primary care indicator and is an MLAA Monitoring Indicator.

It was confirmed that HIG condition readmits cannot be stratified for the seniors population.

Services for Seniors indicator has been identified as a result of discussion at Governance Committee. Key highlights of the Seniors Geriatric Services (SGS) workplan were reviewed.

It was questioned if wait times for long term care could be considered as an indicator for seniors. It was also questioned if the LHIN could also look at a deliverable around central intake.

It was noted that the LHIN does not have control over Long Term Care wait times, nor is it an action identified in the ABP. It was also commented that LTC redevelopment may increase wait times as there may be some interim closures during completion of the redevelopment.

CCAC satisfaction score was explained, noting that the LHIN would not want to see a decrease in patient experience. It was questioned how large the sample is for this.

ACTION: Confirm sample size for CCAC experience, also determine if that can be broken down by sub geography.

Motion: P. Preager Seconded: E. Vaillancourt

That the NSM LHIN Board of Directors approve, in principle, the CEO Performance Deliverables for the 2016/17 fiscal year as presented.

... carried

7.0 New Business

7.1 Alternate Level of Care/Rehab Update

N. Walker provided an overview of the ALC project, and introduced Zenita Hirji to the meeting. An overview of the recommendations and project methodology was provided.

It was noted that the LHIN has moved from 160 open ALC cases in July 2015 to 131 open cases as of April 3, 2016.

It was noted that behavioural needs, long stay outliers, and ALC in CCC, CVC, and Rehab beds were further analyzed through the ALC review and priorities for patients with behavioural needs were reviewed.

S. Huckstep provided an overview of the work underway with rehab.

It was noted that there is a lot of working happening on ALC and this is a priority for our partners across the system, recognizing that ALC is both complex and complicated. To create an integrated system the LHIN has to design the new system and undo the old system. At the same time it has to determine appropriate capacity.

7.2 Annual Business Plan

It was noted that the LHIN needs to ensure that there is flexibility in ensuring that the plan can be revisited pending any significant changes to the LHIN mandate.

It was questioned if there are actions identified around physician assisted death. R. Van Iersel confirmed that this is in the plan.

It was asked that the list of funded health service providers be reviewed for accuracy.

Motion: E. M. Mills Seconded: R. Stevens
That the NSM LHIN Board of Directors approve the 2016/17 NSM LHIN Annual Business Plan as presented.

.....carried

7.3 Penetanguishene Health Hub Community Capital Submission

S. Huckstep provided an overview of the Penetanguishene Health Hub Community Capital submission, noting that Community Capital is a new process that has been introduced this year. The first phase is identification of programs and services, and that additional detail would come out in the next phase.

9.2 **Meeting Adjournment**

Motion: R. Stevens

**That the NSM LHIN Board of Directors meeting, of April 25, 2016, be adjourned.
...carried.**

NEXT MEETING: May 24, 2016 (1:00 p.m. – 4:00 p.m.)

Original signed by

Robert Morton, Board Chair

Original signed by

Jill Tettmann, Chief Executive Officer