Minutes of the North Simcoe Muskoka Local Health Integration Network Board Meeting held on Monday, June 22nd 12:00 p.m. – 3:00 p.m. at GBGH – Meeting Room #1.

Present:
Robert Morton, Chair
Don Mitchell, Vice-Chair
Barbara Dickson
Ellen Mary Mills
Peter Preager
Marg Redmond
Ron Stevens
Peter Brown
Jill Tettmann, CEO (via phone)
Katie Fraser (Recorder)

Regrets:

Staff:
Neil Walker, Chief Operating Officer
Maureen Wilkinson, Senior Manager, Health System Transformation
Neman Khokhar, Senior Manager, Financial Health & Accountability
Leanne Vincent, Executive Assistant – Corporate Office

Guests:

1.0 Convening of the Meeting

1.1 Call to Order

The Board meeting of June 22, 2015 was called to order at 12:00pm 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:P. Brown Seconded: D. Mitchell
That the agenda of the NSM LHIN Board Meeting of June 22, 2015, 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 June 22, 2015.

2.0 Presentation/Board Education Session: Tour GBGH

The NSM LHIN Board of Directors received a tour of Georgian Bay General Hospital, facilitated by the GBGH Board Chair and CEO.
The NSM LHIN Board of Directors acknowledged their appreciation of the tour.

3.0 By Consent

The items below were included in the consent agenda of the NSM LHIN Board Meeting of June 22, 2015.

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

3.1 Approval of Minutes*
- ***May 25, 2015***
- ***May 11, 2015***

3.2 Board Meeting Evaluation*

3.3 *CEO Monthly Report**

3.4 *Long-Term Care Home Service Accountability Agreement**

3.5 Health System Improvement Committee Minutes (Draft) of June 8, 2015*

3.6 MLPA Key Performance Indicators*

Motion: R. Stevens Seconded: P. Preager
That the NSM LHIN Board of Directors approve the Consent Agenda of June 22, 2015

… carried.

4.0 Board Chair & CEO Report

4.1 Report of the Chair

R. Morton reported the following since the meeting on May 25, 2015:

June 1	MAHC Chair debrief on Master Plan decision and LHIN board membership
June 2	Association of Ontario Health Centres (AOHC) AGM guest speaker
June 3	Susan Plewes' Retirement Celebration
June 4	Waypoint AGM – guest speakers from the Jack Project, Jack.org
June 5	Collingwood Walk-In Counseling Clinic Opening
	CGMH meeting with Capital Branch
June 8	HSIC
	Conversation with newly appointed Chair of Champlain LHIN
June 9	Chair Council Teleconference
	Board Member Orientation
	Entite 4 AGM
June 10	Waypoint Accreditation Partners Meeting
June 11	Stroke Report Card
June 15	MH&A Planning Day
June 17	OSMH Outpatient Clinic Telemedicine Studio Opening

N. Walker attended the CGMH Community Report event on June 25th at the Toronto Ski Club. The Foundation reported on new equipment purchases. Dr. Mike Evans was the keynote speaker and spoke about basic health promotion messages.

4.2 Report of the CEO

J. Tettmann reported the following since the meeting on Mary 24, 2015:

A great deal of time has been invested in recruitment and internal people. Regarding recruitment for the new position of Director of People and Strategy Management, J. Tettmann announced that Maureen Wilkinson is the successful applicant. There have been three focus groups regarding opportunities included within the portfolio, and how we prepare for the future in terms of organization structure. There is an offer out for the

position of Director, Financial Health & Accountability. This position will likely be announced within the next two weeks. Five candidates will be interviewed this week for the position of Director, Planning, Integration, Evaluation, and Community Engagement. There is a strong pool of candidates for both positions.

LHIN CEOs met with Deputy Minister Bob Bell and his team last week to look at the Home and Community Care plan and how the LHINs could move collectively towards achieving the recommendations. Dr. Bell wants to see a provincial coordinating role. The Cancer Care Ontario structure was discussed. This may not be an agency organization, but more of a secretariat role. Consideration must be given for how accountability standards fit in. The conversation was at a conceptual level. More direction from the ministry is anticipated later in July.

Community funding dollars have also been a focus. Early HBAM results on CCACs and HSFR have been useful. Funding letters are expected by the end of June.

It was mentioned by the Board that the CEO report was helpful and touched on items of importance to the Board.

4.0 Business Arising

3.1 Approval of Minutes*

May 25, 2015

Regarding the risk report, a Board member requested that there be a regular report on the GBGH hospital.

It was questioned as to when the Board member orientation checklist should be completed.

ACTION - Distribute orientation checklist. Governance Committee to determine when it should be completed by.

Concern was expressed by a Board member for not having seen the Terms of Reference regarding GBGH Operational review before the RFP was issued. N. Walker explained that the Terms of Reference were developed in partnership between GBGH and the LHIN. R. Stevens indicated that the HSIC will receive particular reports going forward.

Action: N. Walker to report to HSIC and the Board on the progress of the GBGH Operational review moving forward.

Motion: B. Dickson Seconded: EM Mills
That the NSM LHIN Board of Directors approve the minutes of the meeting of May 12, 2015

… carried.

May 11, 2015

It was commented that the revised minutes capture most of the discussion. Concern expressed regarding the $600,000 for Health Links from the community allocation and whether this would influence limitations on future funding. It was questioned as to whether

the Ministry would fund Health Links in 2016-17, and how they can fund programming consistently in the future.

Action: Revise May 11, 2015 minutes and bring forward to the July meeting.

3.3 CEO Monthly Report*

M. Redmond inquired about page 3 regarding stroke and asked for more information about implications for patients and the variation across sites. It was noted that NSM LHIN is doing well compared to others and that we have seen significant improvement at RVH. Lower results are consistently seen at GBGH over past three years, but not on every indicators. Other hospitals have been seen as an outlier on some indicators. An integrated stroke care system should alleviate variation in indicators.

It was noted that NSM LHIN was not successful in their integrated funding proposal. Discussions will continue regarding moving forward to achieve an integrated stroke program in NSM without being part of the pilot project. Moving forward with readiness assessment in the fall. NSM has been selected for Wave 2 to start April 2016. NSM LHIN continues to work with Cheryl Moher of the Central East Stroke Network and each organization will be met with to discuss individual results.

3.4 Long-Term Care Home Service Accountability Agreement*

To provide clarification on the delegation, N. Walker indicated that the three LHIN CEOs receive input from colleagues. Once brought forward it requires two thirds of the vote, so 10 out of 14 LHINs.

Motion: R. Stevens Seconded: P. Preager
That the NSM LHIN Board of Directors authorize an LSAA Negotiating Team with representation from 3 LHIN CEOs (Central East, Hamilton Niagara Haldimand Brant and Waterloo Wellington LHINs) to act on behalf of the NSM LHIN to coordinate and manage the consultation and negotiation process for the 2016-2019 LSAA.
… carried.

6.0 Committee Reports

6.1 Orillia Soldiers' Memorial Hospital Neonatal Intensive Care Unit Capital Project*

This item has been around for some time but was delayed initially. A question was raised about staffing and operational budgets; specifically, whether additional funding would be provided for this program. It was noted that additional operating funds will not be provided by the LHIN. It was recognized that there is an element of risk, however that there is also a risk in not taking action.

R. Morton clarified that the LHIN does not approve the hospital budget line by line, but has the ability to review the budget and flows funds under the various funding allocations.

It was questioned why the OSMH Foundation chose to fund this initiative and it was noted that the initial request for this project came forward in 2012. It was commented that the role of the LHIN Board is to ensure the initiative is consistent with the NSM LHIN strategy.

Motion: R. Stevens Seconded: P. Brown
'That the NSM LHIN Board of Directors approve the Pre-capital submission for the Neonatal Intensive Care Unit renovation at Orillia Soldiers' Memorial Hospital.'
… carried.

6.2 Annual Business Plan*

R. Stevens discussed the significance of the Annual Business Plan process for the HSI Committee, and that HSIC will bring forward a recommendation after further review.

Despite reduction in Health Links funding at provincial level, there are indications suggesting work will move forward. The Ministry has made it clear that Health Links are here to stay. LHINs will be required to submit sustainability plans that show how collaborative planning will continue in the future.

The final version will be submitted to the Board in July for approval.

7.0 New Business

7.1 Ministry LHIN Accountability Agreement*

N. Khokhar noted changes with respect to indicators, quality improvement plans, and work with Health Quality Ontario. The new performance indicators are similar to previous ones. For example, with respect to nursing services, old indicators referred to all patients receiving in-home services, whereas the new indicator refers to complex needs patients. Targets are set provincially with the understanding that there will be variation amongst LHINs and that the Ministry will work with LHINs to understand issues. Indicators and targets are the result of collaborative work, understanding that an improvement component was necessary. One challenge has been to connect indicators and outcomes.

Regarding the ALC, the Ministry adopted the use of ALC rate over the percentage of ALC days for the reason that the percentage only reflects those who have been discharged, whereas ALC rate is calculated while the patient is still in hospital. There are gaps in information within some small hospitals. Targets are based on achievement of those LHINs doing well. There is more work to be done for NSM on this target.

MRI and CT target wait time indicators only looked at priority 4 patients. They now look at all wait times, including the weight-adjusted average of how many are meeting target times. This raises the percentage slightly.

Some indicators are being carried over. For example, those from community, repeat unscheduled ER visits, and three ER indicators. Targets not set for monitoring indicators.

7.2 Seniors Program Evaluation*

N. Walker spoke to the briefing note which builds on the presentation provided by S. Easson-Bruno in May. A key recommendation was to identify a lead agency. This work is underway and a request for proposal will go out and an agency will be identified by September.

J. Tettmann met with each individual organization to discuss the findings. This was brought to Leadership Council for further conversation. The lead agency will be responsible for working with the LHIN on a transition plan to achieve the future state model.

The RFP will be sent to hospitals, long-term care organizations, health service providers, and those organizations passionate about seniors within and outside NSM LHIN. The issue exists across the continuum. There is some funding for a lead agency.

The lead role may be beneficial for an organization if this fits with their strategic direction, and if they are interested in administrative funding.

8.0 For Information

8.1 Independent Health Facilities*

With respect to diagnostic services in hospitals, particularly ultrasound and sleep clinics, revenue can be generated and contributed to other services in the organization. For this reason there is tension between hospitals if they are encroaching on another hospital's territory. Competitiveness and timeliness are important factors.

ACTION - Determine where CT and MRI play a role and to what extent they are being maximized.

Expressions of Interest for an IHF would go to the Ministry first, and the Ministry would consult with the LHIN.

Consideration was given to the differences in funding policies between IHFs and ministry-funded clinics from a patient perspective. It was noted that funding policies vary with respect to scope of practice of practitioners, not the facility.

The government does not have a clearly defined statement as to the future of Independent Health Facilities, including regulatory frameworks and the scope of what they will actually do. IHFs may set up and provide services within specific communities.

There continues to be discussions about whether LHINs should have IHFs under their mandate.

ACTION - Prepare a detailed listing of IHFs in the NSM LHIN.

8.2 Public Service of Ontario Act – Political Activity Rights*

No further questions.

9.0 Meeting Evaluation & Adjournment

9.1 Meeting Action Log/Wrap Up*

The only outstanding item on the action log is the overview of the Beechwood PH-SAA. The action log will be updated with additional items.

9.3 Meeting Adjournment

Motion: **Seconded:**
That the NSM LHIN Board of Directors meeting, of June 22, 2015, be adjourned.
…carried.

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

Original signed by:
Robert Morton, Board Chair

Original signed by:
Jill Tettmann, Chief Executive Officer