

Minutes of the North Simcoe Muskoka Local Health Integration Network Board Meeting held on Monday, September 22nd, 2014, 12:00 p.m. – 4:00 p.m. at the NSM LHIN office in the Boardroom.

Present:

Robert Morton, Chair
Don Mitchell
Rick Antaya
Peter Brown
Ellen Mary Mills
Marg Redmond
Peter Preager
Ron Stevens
Jill Tettmann, CEO
Leanne Vincent (Recorder)

Regrets:

Staff:

Neil Walker, Chief Operating Officer
Andrew Gallardi, Director, Financial Health & Accountability
Treaasa Labaj, Director, Communications and Community Engagement
Neman Khokhar, Sr. Manager, Financial Health and Accountability

Guests:

Carol Lambie, President and CEO, Waypoint Centre for Mental Health Care
Susan Lalonde Rankin, System Coordinator, Mental Health and Addictions
David Blevins
Natasha Luckhardt

1.0 Convening of the Meeting

1.1 Call to Order

The Board meeting of September 22, 2014 was called to order at 12:00 p.m. 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.

R. Morton welcomed Ellen Mary Mills to the NSM LHIN Board of Directors after receiving an Order In Council on September 8, 2014. R. Morton also welcomed Carol Lambie, President & CEO, Waypoint Centre for Mental Health Care and Susan Lalonde Rankin, System Coordinator, Mental Health and Addictions for the Board Education Session.

Round table introductions were completed.

1.2 Approval of Agenda

Motion: P. Brown

Seconded: M. Redmond

That the agenda of the NSM LHIN Board Meeting of September 22, 2014 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 September 22, 2014.

2.0 Education Session

Mental Health and Addictions

S. Plewes presented the Ministry of Health and Long-Term Care (MOHLTC) strategy for Mental Health and Addictions and reviewed the NSM LHIN's Care Connections structure, specifically reviewing the Mental Health and Addictions Council and Steering Committees. C. Lambie and S. Lalonde Rankin, presented an overview of the work to date of the Mental Health and Addictions Council and identified priorities for future investments.

It was questioned how we look at demographics and assure that reoccurring problems are addressed. It was commented that common universal screening could identify youth at risk and provide early intervention. It was also identified that work is being done with School Boards and that a lot of this work is promoting resiliency and wellbeing at an early age. The process for funding allocations was questioned and J. Tettmann clarified that funding allocations are determined through HBAM (Health Based Allocation Methodology). J. Tettmann indicated that performance indicators have not been identified for the 10 year mental health and addictions strategy and that LHINs are involved in developing these indicators with the Ministry. A. Gallardi commented that we are aligned with Provincial directives and we have a good understanding of what is required in this area.

It was questioned if the LHIN CEO's are involved in the process when the strategy is developed. J. Tettmann explained LHIN CEO' are consulted through the Ministry. R. Morton indicated it is an evolving process as the governments better understand LHINs and the work of the LHINs. It was indicated that the influence of the LHINs is increasing and that there is an opportunity for improvement in the area of consultation.

J. Tettmann questioned C. Lambie if as a Health Service Provider they were included in any consultation. C. Lambie responded that there were consultations and that Health Service Providers have to create opportunities for consultation.

It was noted that the NSM LHIN expects funding announcements from the MOHLTC prior to the next Board of Directors meeting in October.

3.0 By Consent

The below items were included in the consent agenda of the NSM LHIN Board Meeting of September 22, 2014.

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

3.1 Approval of Minutes – July 28, 2014*

Motion: 'That the minutes of the NSM LHIN Board Meeting of July 28, 2014 be approved.'

Program / Master Plan. MAHC is currently looking at options including one single site, dual site (as existing) and one acute/one ambulatory site. An area of concern identified is that the consultation does not involve those that will be using the services in the future and that through the process we need to ensure engagement among a younger population.

4.2 Report of the CEO

J. Tettmann reported the following since the meeting on July 28, 2014:

- Although on vacation for the majority of August was able to attend a Ministry Management Committee meeting on August 5th. At this meeting the Deputy Minister, Dr. Bob Bell, delivered the Ministry's 4 year strategy. This strategy was also shared at a recent Healthcare summit. Tettmann reported that this is the first time that we have received a four year mandate or strategy, described as a mandate letter. The mandate letter is expected to be released publicly by mid-October. The mandate includes a focus on the following:
 - In Home and Community Care
 - Integrated Care
 - Health Prevention and Promotion
 - Funding Reform and Performance Improvement

It was questioned if this is a shift to the work of the LHIN. J. Tettmann reported that the work the LHIN has been doing is very much aligned with the Government's priorities. Tettmann commented that a strong message from the Deputy Minister is around performance measure and monitoring.

- A consultation in Midland is being held on September 24th with an opportunity to engage with seniors concerned about health care services in the Midland area. This is a follow up to a meeting held in June and a report created as a result of that meeting. It was noted that this is an engagement opportunity with residents that we will look at having in other communities as well.

5.0 Committee Reports

5.1 MLPA Key Performance Indicators*

N. Khokhar provided an update on the MLPA indicators and reported that Health System Improvement Committee discussed three of the indicators in detail.

N. Khokhar explained the percentage of Alternate Level of Care (% ALC) indicator. It was noted that ALC is a complex system issue and that it is difficult to look at one indicator without looking at the other indicators. It was noted that CCAC wait times shows us as the lowest performer across all LHINs and that this has a direct impact on ALC days.

N. Khokhar explained that work is being done at the provincial level looking at 'a family of indicators'.

It was noted that the Ministry has carried over these indicators for many years and that they are very hospital based. A focus is on determining indicators that look across the continuum of care and are patient focused.

A fulsome discussion ensued including how Health Based Allocation Methodology (HBAM) and Quality Based Procedure (QBP) funding can impact indicators. It was noted that MRI and CT Scan indicators are primarily a reflection of funding. It was noted that NSM LHIN has requested additional funding from the Ministry although have not had an opportunity to negotiate. A continued focus is to look at efficiencies and appropriateness of referrals. It was noted that the indicator for MRI wait times is only relative to priority level four, or elective scans. It was noted that we have seen a growing demand in higher priority scans with the expansion of Royal Victoria Regional Health Centre's (RVH) Cancer Care Center.

It was questioned how NSM CCAC utilized funding to reduce ALC rates. It was noted that in previous years funding has been utilized for additional Personal Support Workers to provide in home care support.

It was indicated that the Board would like more information on this item.

ACTION: Report to be provided to the NSM LHIN Board on how funding provided to the NSM CCAC was utilized to reduce ALC rates.

5.2 Board Meeting Evaluation*

P. Preager provided an update on the Board Evaluation process.

It was suggested that the questions, 'Staff members are focused on Board's strategic mandate' is confusing and it would be difficult to find evidence that staff are not focused on the Board's strategic mandate. It was suggested that strategy continue to be a focus as Board of Directors agendas are struck.

ACTION: Governance Committee will review the question and propose a new question for the evaluation survey.

6.0 Business Arising

6.1 Children's Complex Care Navigation Program*

S. Plewes provided a verbal update on the Children's Complex Care Navigation Program. It was noted that this program has been an example of integration between primary care and other sectors. It was noted that NSM LHIN staff has been looking to Health Links and Primary Care to provide an ongoing sustainable solution for this program and that significant progress has been made. J. Tettmann commented that a communications strategy is being developed and that it will be important to ensure that the families receiving services through this program are aware of any changes they may experience.

3.6 2014/15 Q1 Report on Consulting Fees* - removed from Consent Agenda

M. Redmond questioned if there is a restriction on the use of consultants. N. Walker indicated that there are procurement guidelines for utilizing consultants. It was questioned if the use of consultants was within budget. N. Walker confirmed that the use of consultants was included in our operational budget.

ACTION: Report to be provided to the Board comparing utilization of consultants in NSM LHIN compared with other LHINs.

3.9 NSM LHIN Leadership Succession Plan* removed from Consent Agenda

The strategy for staff succession due to retirement was questioned. J. Tettmann commented that this was discussed at Governance Committee. Tettmann explained how the LHIN is supplementing the Finance division for succession planning and role transition.

N. Walker commented that strategic planning within portfolios is occurring.

7.0 New Business

7.1 Patient, Caregiver and Family Engagement

T. Labaj provided an update on the work underway on patient, caregiver, and family engagement both provincially and in NSM.

It was noted that there is an increased focus on patient centred care and that the NSM LHIN engaged with patients, caregivers and family that have experienced the health care system through community sessions in August. It was noted that the sessions were successful in gathering patient stories. It was noted that a Patient, Care Giver, and Family Engagement panel is being developed and that the panel will discuss issues relevant to the LHIN and provide guidance in work being done.

M. Redmond questioned if there is a focus on seniors. It was commented that we do want this panel to cover the spectrum and not be focused on any one demographic or area.

8.0 For Information

8.1 Update on Provincial Activities

J. Tettmann provided an update on the Provincial Activities NSM LHIN is involved with including:

- Patient Experience Workgroup – a survey has been developed that will roll out across the Province looking at the patient experience at a provincial and local level. This group is also looking at developing a toolkit to ensure a focus on patient experience
- H-SAA (Hospital Service Accountability Agreement) – have not had a new agreement for the past 3 years. LHINs are working with Ontario Hospital Association on developing a new H-SAA.
- Board Evaluation Workgroup – Pan LHIN Board evaluations have been contracted out in the past. A number of recommendations are being proposed to Leadership Council. It was questioned what the purpose of the evaluation is. It was noted

that as a crown agency we need to evaluate performance and identify areas for improvement.

- Transformation Workgroup – this group is currently looking at primary care, Health Links, and the evolution of Local Health Integration Networks.

It was suggested that an inventory be provided on additional provincial working groups.

8.2 New Canadian Institute for Health Information Website

9.0 Meeting Evaluation & Adjournment

9.1 Meeting Action Log/Wrap Up

9.2 Meeting Adjournment

Motion: P. Brown

Seconded: D. Mitchell

That the NSM LHIN Board of Directors meeting, of September 22, 2014, be adjourned.

...carried.

NEXT MEETING: Monday, October 27, 2014 (1:00 p.m. – 4:00 p.m.)

Original signed by

Original signed by

Robert Morton, Board Chair

Jill Tettmann, Chief Executive Officer