

**Minutes of the North Simcoe Muskoka Local Health Integration Network Board Meeting held on Monday, October 26, 2015, 1:00 p.m. – 4:00 p.m. at the NSM LHIN office in the Boardroom.**

**Present:**

Robert Morton, Chair  
Barbara Dickson  
Ellen Mary Mills  
Peter Preager  
Marg Redmond (by teleconference)  
Ron Stevens  
Jill Tettmann, CEO  
Leanne Vincent, Recorder

**Regrets:**

**Staff:**

Neil Walker, Chief Operating Officer  
Sherri Huckstep, Director, Planning, Integration, Evaluation and Community Engagement  
Jeff Kwan, Director, Financial Health & Accountability  
Susan French, Corporate Communications Lead

**Guests:**

Michael Provan, Vice Chair, North Simcoe Muskoka Community Care Access Centre  
Barry Monaghan, Interim CEO, North Simcoe Muskoka Community Care Access Centre  
Trevor Clark, CFO, North Simcoe Muskoka Community Care Access Centre  
Mark Szwarc, CIO, North Simcoe Muskoka Community Care Access Centre

**1.0 Convening of the Meeting**

**1.1 Call to Order**

The Board meeting of October 26, 2015 was called to order at 12:03pm 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.M. Mills**

**Seconded: B. Dickson**

**That the agenda of the NSM LHIN Board Meeting of October 26, 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 October 26

**2.0 Presentation/Board Education Session:**

**North Simcoe Muskoka Community Care Access Centre (NSM CCAC)**

R. Morton welcomed the NSM CCAC for the Board Education Session.

B. Monaghan provided an overview of North Simcoe Muskoka CCAC noting key accomplishments, challenges and opportunities and commitments to the system.

An overview of the composition of CCAC Board and Leadership Team.

An overview of the patients and geography served by NSM CCAC was provided.

A review was provided of the key system pressures faced by NSM CCAC, with T. Clark providing an overview of comparative performance across the CCAC sector.

It was noted that NSM CCAC has a high proportion of long stay patient days and serves a high complexity population.

It was noted that 3 in 10 patients have complex needs. The NSM LHIN Board asked for clarification between complex and chronic. It was clarified that chronic patients have a longer stay and complex patients have a multitude of requirements and that these are patients we would have seen in acute care hospital beds in the past. Complex in terms of medical and care needs.

The home first relaunch was noted as a successful program for reduction of Alternate Level of Care patients in NSM hospitals. Identifying the needs of patients and then mobilizing resources in an organized fashion, with a determined effort of all parties to have patients understand it is safe to go home and keep families together. Described as services 'wrapped' around the patient. It was noted that efforts are underway to spread the home first program.

The strategy for high needs wait list was reviewed noting that the waitlist was reduced by 86% from November 2014 to March 2015 and further noted that there is a difference between wait time and wait list. As people are coming off the wait list, wait times may increase.

Challenges of the CCAC were noted including the variation in service rates provincially, and the growing senior population.

### **3.0 By Consent**

The below items were included in the consent agenda of the NSM LHIN Board Meeting of September 28, 2015.

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

- 3.1 Approval of Minutes\*  
- September 28, 2015
- 3.2 Board Meeting Evaluation\*
- 3.3 CEO Monthly Report\*
- 3.4 Attestation of Compliance\*  
- July 1, 2015 – September 30, 2015
- 3.5 Financial Report\*  
- July 1, 2015 – September 30, 2015
- 3.6 Report on Use of Consultants\*  
- July 1, 2015 – September 30, 2015
  
- 3.7 Advanced Cardiac Care Program Governance Scorecard\*
- 3.8 Health System Improvement Committee Minutes (Draft) of October 13, 2015\*
- 3.9 Governance Committee Minutes (draft) of October 13, 2015\*
- 3.10 PAN LHIN Board Evaluations 2015
- 3.11 NSM LHIN Governance Policy Review

**Motion: P. Preager    Seconded: R. Stevens**  
**That the NSM LHIN Board of Directors approve the Consent Agenda of October 26, 2015**

... 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 September 28, 2015:

September 29	Board Advance Helping Hands AGM
September 30	Acute Care Summit. It was noted that the summit went well and that this is the first time we have had governors from all acute care hospitals together.
October 2	Governance Centre for Excellence workshop presentation CEO Compensation Workgroup
October 5	Moose Deer Point First Nations visit Orient new member of Governance Coordinating Council Meeting with OSMH Vice Chairs
October 6	Meeting with Waypoint Chair
October 7	Governance Education Session
October 8	Meeting with Mayors of Bracebridge and Huntsville
October 9	Meeting with MAHC Chair Meeting with District of Muskoka Chair
October 13	Chairs Council tc NSM LHIN Board committees
October 14	Health Quality Transformation Day. Noted very focused on patient engagement.
October 15	Meeting with Helping Hands CEO
October 16	Meeting with Mayors of Bracebridge and Huntsville tc Meeting with MAHC Board Meeting with Norm Miller MPP
October 18-23	LTC Administrators Certification Program
October 19	York University Health Services course
October 21	Meeting with Mayors of Bracebridge and Huntsville tc

##### **4.2    Report of the CEO**

J. Tettmann highlighted the following since the meeting on September 28, 2015:

Visit to Beausoleil First Nation identified the challenges of this community are highlighted by the need to take a boat on and off the island. High school students were noted as having a significant challenge as they are boarded for the months from January to March in Midland. There are approximately 700 permanent residents on Christian Island.

Discussions provincially around Primary Care and Home and Community Care.

eHealth Council revitalization – two full day sessions were held with the purpose of the sessions to ensure that health service providers (HSP) are aware of what is happening provincially. Andrew Hussain shared the provincial vision. Spent time hearing from HSPs to

understand where they are at and what they are doing in respect to IT initiatives. Looking at top priorities across the LHIN – next week will continue to build on those priorities to determine how we will structure them across the LHIN. The Intent is that the new Council will shape direction document for eHealth strategy for NSM LHIN.

## **5.0 Business Arising**

## **6.0 Committee Reports**

### **Health System Improvement Committee**

#### **6.1 Integrated Health Service Plan**

Stevens noted that suggested changes have been incorporated into the plan.

**Moved: R. Stevens**

**Seconded: P. Preager**

***'That the NSM LHIN Board of Directors approve the Draft Integrated Health Service Plan 2016-19 for submission to the Ministry of Health and Long-Term Care'***

.....carried

R. Morton thanked the staff for their work on the plan on behalf of the Board

### **Governance Committee**

#### **6.2 CEO Performance Deliverables – Q2 2015/16\***

J. Tettmann highlighted that on page two of the summary table – ER visits for MH conditions – is a lag indicator back to Q4 2014/15 and that we are not seeing the impact of walk in clinics in this report. The ALC rate target will remain at 14.2% as this is the original target agreed to.

It was noted that we have exceeded our target for staff engagement for this fiscal year. We are looking at engagement within teams and across the organizations. This is a significant achievement as we completed this survey soon after introducing a new organization structure and bringing a number of new staff on board.

It was noted that CCAC patient satisfaction data was positive and this should be followed up on as it is contradictory to the report.

It was questioned how we are marketing 211 and awareness of after-hours clinics, and if Health Links Electronic Care Coordination Tool will have an impact this fiscal year. J. Tettmann explained that care coordination tools are being developed currently are paper based and that they will still have an impact. It was commented that we do need to advertise 211 better as there is benefit to the resource and it is underutilized.

## **7.0 New Business**

## 7.1 Muskoka Algonquin Healthcare – Precapital Submission\*

R. Morton provided a further update on recent meetings with Mayors, MAHC Chair, District of Muskoka and MPP Norm Miller where they discussed possible outcomes of approving, or not approving the precapital submission. Both the Chair of MAHC and the Mayors agreed we need to find common ground and a solution that will meet the needs of all of the residents of Muskoka.

It was noted that we don't want to see MAHC lose time or ground in moving forward with a precapital plan. Key piece of capital planning is coming to agreement of range of services to be provided. This has been clear. What is still questionable is where or how services will be delivered.

J. Tettmann noted that there are a number of Whereas statements in the Briefing Note, and that we need to be very clear in what we are moving forward.

It was noted that the capital planning process is a long process and the NSM LHIN is looking at setting up an approach where we can have all concerned parties working together to develop a vision for acute care services in the future, and an agreement on how to move forward.

A fulsome discussion ensued regarding the whereas statements in the motion. Revisions were suggested by the Board to more accurately reflect what was required for the NSM LHIN Board to be able to support the motion. R. Morton noted that the Mayor of Bracebridge does not feel that the resolution in front of the Board today is clearly stated.

A brief recess was held while the resolution was revised.

The NSM LHIN Board meeting was reconvened.

The revised resolution was presented to the NSM LHIN Board and was duly moved and seconded, and unanimously carried.

**Moved: R. Stevens**

**Seconded: E.M. Mills**

**WHEREAS** on October 15, 2015, Muskoka Algonquin Healthcare submitted an updated *Pre-Capital Submission Form – Part A* with respect to the redevelopment of its current hospital sites; and

**WHEREAS** the Ministry-LHIN Accountability Agreement sets out the roles and responsibilities of LHINs with respect to capital initiatives proposed by a health service provider related to the construction, renewal or renovation of a facility or a site, including requiring the LHIN review Part A of the Pre-Capital Submission and provide advice and/or endorsement to the ministry; and

**WHEREAS** in October 2010, the ministry provided LHINs and health service providers with a "Ministry-LHIN Joint Review Framework for Early Capital Planning Stages Toolkit" that included submission templates and LHIN review guidelines; and

**WHEREAS** per the Joint Review Framework, LHIN review and advice to the ministry is based solely on Part A of the Pre-Capital Submission which focuses only on Program and Service elements; and

**WHEREAS** Ministry review and approval of the pre-capital submission is based on both Part A as well as Part B which focuses on Physical and Cost elements which outlines the “what “that is to be provided; and

**WHEREAS** further planning elements including but not limited to location of services, land use & economic impact will be captured in future stages of the capital planning process; and

**WHEREAS** NSM LHIN staff have reviewed Part A of the Hospital’s submission and determined that it addresses the requirements outlined in the Joint Review Framework; and

**WHEREAS** over the next two months, NSM LHIN will facilitate further engagement between MAHC and the local communities (municipalities) to support enhanced awareness and endorsement for the future state health service delivery model;

**THEREFORE** the planned programs and services must...

- Meet current safety and quality standards;
- Fit into the broader system;
- Garner municipal support; and
- Take into account current fiscal realities

**BE IT RESOLVED THAT:**

**“The North Simcoe Muskoka LHIN Board of Directors endorses the Muskoka Algonquin Healthcare Pre-Capital Submission – Part A (Programs and Services), in respect to the redevelopment of its current hospital sites”.**

....carried

## **8.0 For Information**

### **8.1 Independent Health Facilities\***

J. Kwan provided an update on Independent Health Facilities in NSM LHIN and the process for approval of IHF licenses.

## **9.0 Meeting Evaluation & Adjournment**

### **9.1 Meeting Action Log/Wrap Up\***

The meeting action log was reviewed.

It was noted that the board would like to discuss a vision for seniors at a future meeting.

P. Preager provided an update on his attendance at the SW LHIN Board of Directors meeting. It was requested that a Board Directors update be added to the Board meeting agenda.

M. Redmond attended GBGH Board meeting and provided an update on that meeting.

### **9.3 Meeting Adjournment**

**Motion: B. Dickson      Seconded: R. Stevens**

**That the NSM LHIN Board of Directors meeting, of October 26, 2015, be adjourned.  
...carried.**

**NEXT MEETING: Monday, November 30, 2015 (1:00 p.m. – 4:00 p.m.)**

Original signed by  
**Robert Morton, Board Chair**

Original signed by  
**Jill Tettmann, Chief Executive Officer**