

# **South East Local Health Integration Network**

## **Board of Directors Meeting No. 127**

Monday April 27, 2015

**Cardinal Room  
South East Local Health Integration Network  
71 Adam Street  
Belleville, Ontario**

## **MINUTES**

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**Present:** Donna Segal (Chair); Andreas von Cramon (Vice Chair); Lois Burrows; Janet Cosier; Maribeth Madgett; Chris Salt; Dave Sansom (quorum); and Paul Huras (CEO)

**Recorder:** Jacqui Prospero

**Regrets:**

**Guests:** Sherry Kennedy (COO); Cynthia Martineau (Director, Health System Planning); Melanie Trottier (Bilingual Writer); Paula Heinemann (Director, Corporate Services / Controller); Steve Goetz (Director, Performance Optimization); Don McGuinness (Senior Data Analyst & Integration Consultant); Larry Hofmeister (Director, HSP Funding) arrival 10:30 am; Caitlin denBoer (Communications Lead) arrival 12:11 pm; and Pat Reynolds (Board Coordinator).

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**1. Call to Order, Chair's Remarks and welcome of guests.**

The meeting Chair welcomed board members, guests and members of the public to the meeting and called for order at 9:32 am.

**2. Selection of Timer and Observer:**

- a. Timer = C. Salt
- b. Observer = M. Madgett

**3. Conflict of Interest Declaration**

All members confirmed no conflicts.

**4. Consent Agenda:**

- a. Monthly CEO Reports
- b. Board Correspondence
- c. Chairs Declaration
- d. Chairs Report
- e. Committee Summaries

**That the Consent Agenda be accepted as circulated.**

**Moved by: L. Burrows  
Seconded by: J. Cosier  
Carried – 2015-127-01**

**5. Approval of the Agenda**

**That the Board Agenda be approved as amended.**

**Moved by: C. Salt  
Seconded by: M. Madgett  
Carried – 2015-127-02**

**6. Approval of Minutes**

- a. Minutes of Monday March 30, 2015 Board Meeting #126 (attached)

**That the Minutes of Monday March 30, 2015 Board Meeting #126 be approved as circulated.**

**Moved by: L. Burrows  
Seconded by: D. Sansom  
Carried – 2015-127-03**

**7. Business Arising:**

**a. Health System Funding Reform (HSFR) South East LHIN Hospital Rate Results for 2013/14 - 9:44 am**

- P. Huras reviewed the briefing note with members which included a background summary; HBAM Cost and Variance Results for 2013/14; and subsequent charts providing clarification around details.
- Senior staff provided the following information based on questions and comments:
  - 0 % is the new normal for hospital base increases; however in our LHIN three hospitals will see a decrease in funding.
  - Staffing represents about 70% of hospital costs. The Health Services Funding Reform formula is driven by volumes and costs. Locally we have seen an increase of over 300 FTE's in the past 3+ years without a proportional increase in volume. Overall, this is indicating that we are less efficient today.
  - For the report's time frame, relative ranking for 3 of our hospitals among their peers raised some concerns; however these reports identified the room they had to maneuver to improve their cost structure. The hospitals have reported that steps have been taken to achieve improvements; the annual results report for next year will demonstrate their success opposite the success of other hospitals in this regard; Regular discussions with the hospitals confirm that they are very aware of the reporting, etc. as they receive the same information as the LHIN. The LHIN works with the organizations to better understand how they got to the position reported and what steps they are taking to improve the cost structures or increase volumes.
  - Health Care Tomorrow – Hospital Project will have an overall impact on the efficiencies of the hospitals in our region through more effective and efficient use of regional resources, however we may not see those results for several years. Healthcare is not just a social service; it is a business that has to be fiscally responsible. Members were reminded the 2013-14 results drive the 2015-16 funding decisions.
  - The hospitals are responsible to engage and inform the community and staff on changes to planning and services in the region. The LHINs role is to work with the communities across the SE LHIN region to understand pressures and changes to healthcare funding in the province through collaborative discussions and leadership.
  - HSFR has been in place for 4 years now and although there are challenges for some of our hospitals, there have been no complaints about the new system being "unfair". There are aspects of the formula that any hospital could criticize, but they recognize that now is the time for change in the healthcare system and are actively engaging with the LHIN to make these changes work for the patients through the Hospital Project. Quality based procedure (QBP) volumes have not yet been determined for 2015-16. Once determined the board will be duly informed.
  - HSFR applies to medium and larger hospitals only; small hospitals are funded under global budgets only.

**b. Integrated Health Services Plan (IHSP4) – Community Engagement – 10:20 am**

- P. Huras reviewed the briefing note with members which included an update on progress to date and timelines for completion.
- Senior staff provided the following information based on questions and comments:
  - We will be conducting a variety of community engagement efforts in May to support the development of the LHIN's fourth Integrated Health Services Plan (IHSP4), the Health Care Tomorrow – Hospital Services Planning Project and the year-end efforts required by Brockville General Hospital and Quinte Health Care for potential considerations of service adjustments to meet budget commitments.
  - Community engagement will consist of a community survey; open house sessions; and focus group meetings.
  - The survey will be released publically next week and will be available for over 30 days. Continuous promotion for the survey will be take place via the broader media with a multi prong approach to garner community information / insight.
  - The open house format will take place over most of the days and into the evenings to ensure for more flexibility to allow people to attend to engage in discussions with health services providers and the LHIN about potential direction for healthcare in the region. The key for the HSPs and LHIN is to have an opportunity to listen to what the broader community would like to say. The LHIN has learned over the years that town hall events are not as effective as they provide a sounding board for the few who speak up and no opportunity for the broader audience to be involved. Board member and health service providers' involvement in each of the sessions is an important factor to ensure that community members can ask questions of those they feel might have the best answers.
  - The IHSP engagement sessions will be focused on the IHSP4 plans and will also incorporate the Health Care Tomorrow – Hospital Project initiatives in order to better health HSPs, the LHIN and board governors understand the communities' broader perspective on the initiatives.
  - The Regional Patient Advisory Committee (RPAC), Health Professional Advisory Committee (HPAC) and the Regional French Language Services Committee will also be consulted / involved to ensure we are reaching the broadest set of community members. The Reseau will be involved with the sessions in order to provide French language services to the broader region (beyond the designated area in Kingston).
  - The qualitative information from the sessions will be collected and shared broadly with other committees / working teams in order to better understand the broader community opinion on the direction for the LHIN over the next three years of IHSP4 and Health Care Tomorrow – Hospital Project.

**c. Health Care Tomorrow – Hospital Project – Detailed Communications Plan – 10:40 am**

- P. Huras reviewed the briefing note with members which included an update on progress to date; review of environmental scan; next steps for the business function working group; next steps for the clinical / diagnostic and therapeutic working groups; and an update on project website redevelopment.
- Senior staff provided the following information based on questions and comments:
  - The timelines for the next phase which will include options for consideration will likely come to the SECHEF members in the month of June for consideration before sharing with their respective hospital Boards. Community preparation through engagement in May is key to help each hospital consider the implications of the options; as will be appropriate timing for the boards to address this project,—(e.g.: needing as many as two meetings to reflect, and considering the summer hiatus). There is a need to ensure that the boards have an informed discussion to make recommendations to the LHIN; however there is also a need to not let the decisions “lag”.

## **BOARD ITEM 6**

- SECHEF receives regular updates on items such as Addictions and Mental Health Redesign, Assisted Living, etc.
- The governors of SECHEF members are being kept informed via the Chairs / Vice Chairs meetings as well as regular updates from their CEOs directly and at board meetings to ensure the broader governance membership is informed. It is important for all involved to realize that improving access to high quality care in the face of financial challenges are the driving issues.
- External influencers at the SECHEF table have included representatives from Denmark; UK; New Zealand, etc. and is helping the broader group to better understand some of the best practices globally.
- RPAC will evolve in the future to be involved in other LHIN planning initiatives.

### **d. Annual Report – Update – 10:53 am**

- P. Huras reviewed the briefing note with members which included a background summary; and a review of timelines.
- Senior staff provided the following information based on questions and comments:
  - This report is prescribed by the MOHLTC from format, table of contents, etc. Once submitted to the ministry for approval and after the reports are tabled with the legislature for consideration, the reports may be released to the public. In essence it is a report about the past achievements of the LHIN including financial performance.
  - The draft report will come to the board in May for consideration during an in camera session. The Annual Report's content, without financial statements, can be shared with the community in a different format prior to its official release.
  - An update from the collaborative governance approach over the past year at the LHIN level will be included with the help of D. Sansom and D. Segal.

### **e. Kingston General Hospital – Burr 1- Negative Pressure Storage Room – 11:00 am**

- P. Huras reviewed the briefing note with members which included a background summary; and a recommendation for consideration.
- Senior staff provided the following information based on questions and comments:
  - This is a 484 square foot development and approximately \$365,000 (own-funds project). This program use to be managed in the previous existing environments and there is a need to bring these areas up to more current standards from a safety perspective.

**That the South East LHIN Board endorse the Pre-Capital Submission Form (PCSF) from the Kingston General Hospital related to the renovation of existing space in Burr 1, to develop a negative pressure storage room for chemotherapy medication, with the proviso that:**

- a. There will not be a requirement for additional operating dollars as a result of the proposed development.**
- b. There will not be any negative impacts on patient services during and after the upgrade.**

**Moved by: D. Sansom  
Seconded by: A. von Cramon  
Carried – 2015-127-04**

**RECESS – 11:02 am – 11:15 am**

**f. Chair's Update – 11:16 am**

- D. Segal noted for members recent PAN LHIN discussions with the Deputy Minister, Dr. Bob Bell, as well as with Drs. Kevin Smith and Josh Tepper (HQO). It is clear the Deputy Minister is very focused on Primary Health Care and challenges in the hospital sector. Dr. Smith referred to the "Donner Report" (Gail Donner re: home and community care report). Members were encouraged to read it, noting that it focuses on "function before form"; it discusses the home and community functions for consideration of the government and does not recommend organizational or governance structures to achieve these.
- Dr. Josh Tepper discussed the changing nature of Health Force Ontario (HQO) with a more focused approach as a vehicle for promoting the capacity of the system to deliver quality – i.e.: being more market driven and how communities can be engaged with their providers. HQO will be establishing a patient advisory council to ensure that the public's voice is heard and can be consulted when changes may be required by the system.
- Results from the Collaborative Governance survey provincially have been a bit slow coming in and will be updated next month or when most appropriate; the Governance Collaborative Excellence (OHA) is putting on a conference in November where they would like to ensure the latest examples of collaborative governance is being utilized in the province (beyond LHINs).
- The pace and depth at which HCT – HP is moving forward appropriately; however there is a need for the board members to be truly engaged in the community events that are being planned for May.
- Provincially new board member appointments are progressing.

**g. Community Engagement – Board Member Updates – 11:26 am**

- D. Sansom – Seniors Outreach Services of Napanee held their annual volunteer appreciation night which was also attended by Paul Huras who was asked to provide greetings from the SE LHIN.
- J. Cosier / D. Sansom – CGCE – this year's workshops are going to be focused on how governance members can help to drive change in their own organizations; there will be three across the region for ease of attendance.
- J. Cosier - Audit Committee has met with the auditors and will be meeting with them for final discussion of the audit next month.
- A. von Cramon – Governance – items will be discussed today later on the agenda;

**h. Governance / Nominating Committee - Board Member Development Profile – Approval – 11:38 am**

- A. von Cramon reviewed the documentation provided with members and requested their approval on the committee's recommendation.
- The following information was provided based on questions and comments:
  - The main driver for this profile development has been the recruitment and orientation of new board members. The establishment of a profile for each Board member, as outlined in the briefing note, is not meant as an evaluation tool but, as a private record of the experiences of each member and an indication of the orientation and content topics which should be reviewed regularly as a measure of supporting that member's contribution to good governance. As a template, the profile lists notable features of a prospective Board member's experience, and will give the public an idea about the skills and experience desired of potential new board or committee members and some of the type of training / background / skills that the LHIN will be looking for when consideration membership on the board / committees.
  - Members were encouraged to consult the orientation page for many of the documents referenced in the profile and encouraged to fill out the forms and provide information back to the board coordinator in approximately two weeks.

## **BOARD ITEM 6**

That the Board of the SE LHIN approves in principle the recommendation of the Governance / Nominating Committee for a board member development profile as amended and attached to these minutes.

**Moved by: A. von Cramon**  
**Seconded by: D. Sansom**  
**Carried – 2015-127-05**

**i. Governance / Nominating Committee – Integration Policy – 11:53 am**

- A. von Cramon reviewed the briefing note provided which included a background summary and draft policy for consideration.
- Board Members and senior staff provided the following information based on questions and comments:
  - The SE LHIN has referred to work completed by the SW LHIN in order to utilize some of the best practices already in use across the province. Members will see a revised draft at the next board meeting where this item will come forward for approval.
  - There is a need to ensure that the community is engaged in discussions around integration for member organizations. This integration policy does not talk to roles and responsibilities, specifically as they relate to the role of governors, director, CEOs and executive directors and the planning associated with the integration. It was noted that the governance toolkit also includes some information on how the specifics around integration works at the operational level.

**j. CEO Discussion Report – 12:02 pm**

a) Health Care Tomorrow

- i. Behavioural Support Transitional Unit (BSTU) - this is a regional program that is in its early stages; admission criteria is considered by a team of practitioners that are situated at Quinte Health Care; the program has been marketed across the region and the expectation is that it will be a fully functional program within the next few months as the future phases are developed and implemented.
- ii. Hospital Project - no comments or questions at this time.
- iii. Health Links – the Minister of Health has observed that there are various types of approaches utilized by the 69 Health Links across the province and there may be an opportunity to create a degree of standardization among the Health Links. The seven Health Links in the SE LHIN are working cohesively and meet regularly to ensure each organization is aware of opportunities and challenges facing each other HL during this growth stage in their development.
- iv. Primary Health Care (PHC) Reform – most primary care providers are not under accountability agreements with the LHIN.
- v. SHiiP - no comments or questions at this time.

b) Board Report – LHINC and LSSO Q3 2014-15 – no comments or questions at this time.

**That the CEO Discussion Report be accepted as circulated.**

**Moved by: A. von Cramon**  
**Seconded by: D. Sansom**  
**Carried – 2015-127-06**

**That the SE LHIN Board approves the move of the June 29, 2015 Board Meeting to Monday June 23<sup>rd</sup>, 2015.**

**Moved by: A. von Cramon**  
**Seconded by: C. Salt**  
**Carried – 2015-127-07**



**BOARD ITEM 6**

That the board consider matters of public interest regarding Approval of In Cameral Minutes; Hospitals for Operational Review and Frontenac County Mental Health and Addiction Services – Follow Up pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).

Moved by: A. von Cramon  
Seconded by: C. Salt  
Carried – 2015-127-08

RECESS / Lunch – 12:15 pm – 12:58 pm

8. In Camera Session: – 12:58 pm

That the Chair rise and provide a verbal report from the In Camera Session which included the Approval of In Camera Session Minutes; Hospitals for Operational Review and Frontenac County Mental Health Addiction Services Follow Up.

Moved by: L. Burrows  
Seconded by: C. Salt  
Carried – 2015-127-10

9. **Timer** –efficient and ahead of schedule

10. **Observer** – effective and efficient use of members time and fulsome discussion

11. **Date, time and location of next meeting:**

Monday May 25, 2015 – SE LHIN Offices

Future meetings:

Monday June 29, 2015 – SE LHIN Offices

Monday August 31, 2015 – SE LHIN Offices

Monday September 29, 2015 - SE LHIN Offices

Monday October 26, 2015 – SE LHIN Offices

12. Adjournment

That the meeting be adjourned at 1:40 pm

Motioned: L. Burrows

**NOTED DEPARTURES:**

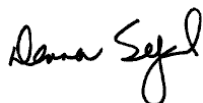
Steve Goetz – 10:39 am


Don McGuiness – 10:39 am

Larry Hofmeister – 11:42 am

Melanie Trottier – 12:11 pm

Janet Cosier – 12:57 pm

Meeting Chair:   
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Donna Segal

Secretary:   
\_\_\_\_\_  
Paul Huras