

South East Local Health Integration Network

Board of Directors Meeting No. 130

Monday August 31, 2015

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

MINUTES

Present: Donna Segal (Chair); Andreas von Cramon (Vice Chair) – arrival 9:40 am**; Lois Burrows; Jack Butt; Maribeth Madgett; Chris Salt; Dave Sansom; Brian Smith (quorum); and Paul Huras (CEO)

Recorder: Jacqui Prospero

Regrets: Janet Cosier;

Guests: Blair Lavery (MBA Student – SE LHIN); Sherry Kennedy (COO); Cynthia Martineau (Director, Health System Planning); Paula Heinemann (Director, Corporate Services / Controller); Jennifer Payton (Planning and Integration Consultant - Health System Design); Larry Hofmeister (Director, HSP Funding); Michael Spinks (Director, Knowledge Management); Steve Goetz (Director, Performance Optimization); Megan Jaquith (Quality Improvement and Implementation Facilitator); Jason Scott (Corporate Services / Technologist); and Renee Oortwyn (Board Coordinator)

**Phone

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 9:36 am.

2. Selection of Timer and Observer:

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

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
- f. Q1 Report
- g. 2015-16 Board Funding Summary Report – 1st Quarter and Preliminary 2nd Quarter

That the Consent Agenda be accepted as circulated, with the removal of items 4 A – CEO Report – Westport CHC and 4 G - 2015-16 Board Funding Summary Report – 1st Quarter and Preliminary 2nd Quarter for broader discussion.

Moved by: L. Burrows
Seconded by: D. Sansom
Carried – 2015-130-01

That the SE LHIN agree to move the Board Funding Summary Quarterly Report out of the Consent Agenda to Business Arising on an ongoing basis, pending review of the process by the Finance and Audit Committee.

**Moved by: L. Burrows
Seconded: C. Salt
Carried – 2015-130-02**

G – 2015-16 Board Funding Summary Report – 1st Quarter and Preliminary 2nd Quarter

- This summary is an update on allocations that have been made by the MOHLTC or those that have been made based on delegations of authority at the LHIN; this includes both targeted and discretionary funds. The LHIN continues to work closely with the providers to best determine the use of discretionary funds and the parameters around which it can be utilized. Funding flows throughout the year which affects the total numbers, including those items which are approved by the board. The large negative number is related to changes in hospital funding and has not yet been recognized as the LHIN is working closely with their MOHLTC colleagues to better determine if there are any opportunities for changes to the funding allocations. There will continue to remain a decrease in hospital funding as a result of the formula, however it is not likely to be as large. Any direction on the funding adjustments will be communicated to the Chairs / CEOs of the concerned entities in a timely fashion.

5. Approval of the Agenda

That the Board Agenda be approved as amended.

**Moved by: J. Butt
Seconded by: B. Smith
Carried – 2015-130-03**

6. Approval of Minutes

- a. Minutes of Monday June 22, 2015 Board Meeting #129 (attached)

That the Minutes of Monday June 22, 2015 Board Meeting #129 be approved as circulated.

**Moved by: D. Sansom
Seconded by: C. Salt
Carried – 2015-130-04**

- b. Minutes of Monday August 10, 2015 Special Board Meeting #129 A (attached)

That the Minutes of Monday August 10, 2015 Special Board Meeting #129 A be approved as amended.

**Moved by: C. Salt
Seconded by: B. Smith
Carried – 2015-130-05**

7. Business Arising:

a. Assertive Community Treatment (ACT) Review -

- B. Lavery provided a presentation to the members which included a definition of ACT; the complexity of an ACT client; goals of ACT; why study ACT; project methodology; ACT in the SE LHIN; findings through literature review; themes emerging from interviews – philosophical, clinical, technical, and systemic; shadowing experience; recommendations; and how the patient is at the centre of care.
- Senior staff provided the following information based on questions and comments:
 - Many of the clients' primary residence varies from group homes, to stand alone residences. During her shadowing experience with each ACT team it became apparent that each had similar client base and this would not affect their ability to provide services to clients. While interviewing helped to provide a broader understanding of boundaries from a management perspective, the boundaries and services did vary within teams.

- Reviews of the Toronto Central LHIN and Central East LHIN models are not the same as the SE LHIN and was useful in order to help broaden the research opportunity. Models in other regions have a step-down care platform, allowing the client to move within the spectrum of care as required in a more fluid fashion. Patient centered care needs to clearly reflect the clients' ability and their family / support network that would allow them to move through the spectrum of care (decisions are always made with the best interest of the client, with the clients input).
- ACT Teams are not currently located within the AMH entities that the SE LHIN has currently established through the redesign initiative. Outside support services (ACT) are part of the services that have not yet been moved to the AMH entities.
- This research will help to further develop the ACT model in the redesigns common basket of services. It is important that we measure qualitative aspects of this model and ensure that a logic model could be utilized. There are concerns that it may not capture everything, in which case a client questionnaire would be required. A qualitative component is required, however we aren't clear on how that would look and integrate into the system. Qualitative measuring will help us to better understand recovery versus compliance to standards.

b. Ministry LHIN Accountability Agreement (MLAA) – 10:51 am

- P. Huras provided an overview of the briefing note for members which included a background summary; table of comparisons; key highlights; indicator review and recommendations; and next steps;
- Senior staff provided the following information based on questions and comments:
 - The LHIN is viewing the ability to achieve targets as progress towards them over a period of time versus achievement in one fiscal year. There are seven (7) indicators which reflect Home and Community Care (3 indicators), Mental Health and Substance Abuse (2 indicators) and Alternate Level of Care (2 indicators).
 - Additionally, the Ministry may identify further indicators on which a specific LHIN or LHINs would be asked to report, based on performance. Official reporting on the monitoring indicators is not required via the Stocktake process though LHINs are required to monitor these indicators. The specific indicators subject to additional reporting are to be communicated to the relevant LHINs one week following the Stocktake posting. To date there has been no communication from the Ministry detailing additional reporting requirements.
 - The mandate of LHIN is integration; however our MLAA is clearly driven by outcomes rather than integration. The LHINs performance should be measured on indicators that clearly reflect how the LHIN is measuring its achievement as a system manager (these outcomes are system outcomes). The assumption is that larger projects like Health Care Tomorrow – Hospital Project (HCT-HP) will provide a change in the overall system outcomes, however there is no true measurement of how much and when. There may be a need for new measurements to be developed and the SE LHIN could help to drive that change to the broader system.

c. Exceptional Circumstances Project – Hospital Infrastructure Renewal Fund (HIRF) – 11:12 am

- P. Huras provided an overview of the briefing note for members which included a background summary; and copy of their HIRF project business case submission (appendix 1).
- Senior staff provided the following information based on questions and comments:
 - There is a formal process that surrounds HIRF requests, however there are opportunities for exceptional circumstances that can be addressed as required.
 - While the SE LHIN staff is supportive of Providence Cares request, the only influence the LHIN has on currently allocated HIRF funding for the SE LHIN is related to reallocating any additional surpluses via intra LHIN HIRF funding identified by SE LHIN hospitals in 2015-16.

That the SE LHIN Board confirms the staff recommendation that the criteria have been met for an exceptional circumstances HIRF request for Providence Care which urgently requires structural repairs to the South Wing at St. Mary's of the lake.

**Moved by: B. Smith
Seconded by: C. Salt
Carried – 2015-130-06**

RECESS – 11:18 am – 11:25 am

d. Strategy for Nurse Practitioners in Long-Term Care (LTC) – 11:26 am

- P. Huras provided an overview of the briefing note for members which included background summary; issue; and risks.
- Senior staff provided the following information based on questions and comments:
 - MOHLTC would like to see the Nurse Lead Outreach Team (NLOT) initiative be focused on LTC homes that are having challenges with physician coverage; however the SE LHIN is in such a rural state our need would be to have this type of service provided at all of our LTC homes.
 - NLOT teams that reside in the LTC Homes are accountable to the home and those homes are accountable to the SE LHIN through their L-SAA agreements. The CCAC also houses / holds one of these teams which has the immediate accountability from the NLOT and then from the CCAC to the LHIN.
 - NLOT practitioners reside in certain areas, however we are limited in our ability to cover off all of the LTC facilities in our region due to our geography.

e. Capital Request – Combined Stage 1 and 2 Submission from Kingston General Hospital – WJH Centre – 11:32 am

- P. Huras provided an overview of the briefing note for members which included a background summary and recommendation for the boards' consideration.
- Senior staff provided the following information based on questions and comments:
 - The SECHEF group has seen the pre-capital request as part of the agreement among members to keep each other clearly informed of changes in the region.

That the South East LHIN Board endorse the combined Stage 1 and 2 submission from the Kingston General Hospital related to the development of the W.J. Henderson Centre for Patient Oriented Research, with the proviso that:

- a. The hospital will absorb any increased requirement for operating dollars (as a result of the proposed development) within its existing budget**
- b. There will not be any negative impacts on patient services during and after the development**

**Moved by: L. Burrows
Seconded by: B. Smith
Carried – 2015-130-07**

f. Chair's Update – 11:33 am

- D. Segal noted for members that there have been several items for discussion around planning;
 - i. Ratification of Action from Board Retreat
 - D. Segal noted that how we move forward with integration in a collaborative way and what is our role, agencies role regionally and individually, etc. still need to be more clearly outlined
 - The Governance group will be discussing this at their next meeting including an action plan.

g. Community Engagement – Board Member Updates – 11:35 am

- No updates at this time

h. Governance / Nominating Committee – Recommendation of Board Committees Work Plans – 11:38 am

Board members agreed with the Chair of the committee A. Von Cramon that this item will be deferred to next month.

i. CEO Discussion Report – 11:45 am

a) Health Care Tomorrow:

- i. Hospital Project – RPAC Update – there is intent to bring back at a future date a discussion around Regional Patient Advisory Committee (RPAC) for the overall LHIN.
 - ii. Health Links – although just a year in there are good strong results supporting the move to this new design.
 - iii. Addictions and Mental Health (AMH) Redesign – Lanark / Leeds / Grenville (LLG) has not yet gone out to market for hiring of their senior executive. OPTIMUS Consulting has been retained by the AMH Redesign organizations in order to help them move through transition for the remainder of the first year.
 - iv. SHiiP – No comments or concerns at this time.
- b) Primary Health Care Forum – No comments or concerns at this time.
- c) PSS Regulatory Amendments & Policy Implementation Communiqué – the new agreement extends the LHINs reach in services to other agencies. Implementation is being managed provincially with early adopters who will test the policies, components of the agency to deliver on the standards, etc. They will test the changes this year and then it will move out further provincially. Categories of need will be clearly reviewed in order to ensure that Personal Support Services (PSS / PSW) Personal Support Worker can take on clients with the most appropriate needs rather than having an over qualified individual providing services to clients. Any new standards will apply to Health Service Providers (HSPs) and not private practice clinicians.
- d) Health Care Connect (from consent) – the number of patients being connected has decreased tremendously, thus a success; however at its current state the cost per placement is increasing. P. Huras is a member of the provincial committee that is reviewing the program to better address the programs future and its link to primary health care reform across the province.
- e) Addition from CEO Consent report - West Port CHC – the local family health team in Brockville (Community and Primary Health Care (CPHC)) has asked for a satellite office in the West Port area. It was approved and there is a family health team (FHT) satellite there, however they have not been able to provide the same level of services to the local region due to a retirement and new doctor's adjustment of appropriate caseload, etc. Country Roads Community Health Centre (CHC) and a local FHT are in discussions with the LHIN and MOHLTC who have helped to develop a potential solution which would involve a transition from a FHT to a CHC which would bring more resources to the region (allied health professionals). Although difficult for the current FHT, changes in management and board composition have helped to provide support to ensure that the community is served. There is anticipation that the services in the region will be increased with a onetime contribution from the LHIN in order to help the new entity get settled and established. P. Huras expressed his appreciation for the positive efforts of CPHC, CRCHC and the MOHLTC staff to move this along.

That the chair write a letter to those involved with the West Port CHC regarding their abilities to work collaboratively together to achieve the benefit for the region.

**Moved by: L. Burrows
Seconded by: J. Butt
Carried – 2015-130-08**

That the CEO Discussion Report be accepted as circulated.

Moved by: B. Smith
Seconded by: M. Madgett
Carried – 2015-130-09

Lunch – 12:04 pm – 12:53 pm

That the board consider matters of public interest regarding Approval of In Cameral Minutes; Assertive Community Treatment (ACT) Review; Organizations Under Performance Improvement Plans (PIP) / Review – Providence Care BSO; Quarterly Report – Risk Summary; Update on Funding Requests and Community Funding discussions pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).

Moved by: B. Smith
Seconded by: C. Salt
Carried – 2015-130-10

8. In Camera Session: 12:54 pm

That the Chair rise and provide a verbal report from Approval of In Cameral Minutes; Assertive Community Treatment (ACT) Review; Organizations Under Performance Improvement Plans (PIP) / Review – Providence Care BSO; Quarterly Report – Risk Summary; Update on Funding Requests and Community Funding.

Moved by: J. Butts
Seconded by: M. Madgett
Carried – 2015-130-14

9. **Timer** –we ended on time by managing the time of items after early items absorbed time
Observer –meeting went well; some drag as time was required for in-depth discussion; good participation; variety of topics.

10. Date, time and location of next meeting:

Monday September 29, 2015 - SE LHIN Offices

Future meetings:

Monday October 26, 2015 – SE LHIN Offices

Monday December 14, 2015 – SE LHIN Offices

January 2016 – TBD

February 2016 - TBD

11. Adjournment

That the meeting be adjourned 2:15 pm

Motioned: M. Madgett

NOTED DEPARTURES:



Meeting Chair:

Donna Segal

Secretary:



Paul Huras