South East Local Health Integration Network

Board of Directors Meeting No. 125

Monday, February 23, 2015

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

M I N U T E S

Present: Andreas von Cramon (Vice Chair); Lois Burrows **; Janet Cosier; Maribeth Madgett; Chris Salt; (quorum); and Paul Huras (CEO)
Recorder: Jacqui Prospero
Regrets: Donna Segal (Chair); Dave Sansom;
Guests: Sherry Kennedy (COO); Cynthia Martineau (Director, Health System Planning); Caitlin denBoer (Communications Lead); Paula Heinemann (Director, Corporate Services / Controller); Deb Goulden (Consultant, Design & Implementation); Larry Hofmeister (Director, HSP Funding and Allocations); Darryl Tooley (Sr. Consultant, Performance & Contracts); Sabrina Martin (Health System Design & Implementation Lead); and Pat Reynolds.

**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 9:31 am.

2. **Selection of Timer and Observer:**
   a. Timer = C. Salt
   b. Observer = J. Cosier

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. Funding Summary Report – Q3 and Preliminary Q4

   That the Consent Agenda be accepted as circulated.

   Moved by: M. Madgett
   Seconded by: J. Cosier
   Carried – 2015-125-01

5. Approval of the Agenda

That the Board Agenda be approved as amended.

Moved by:
Seconded by:
Carried – 2015-125-02

6. Approval of Minutes

a. Minutes of Monday January 26, 2015 Board Meeting #124 (attached)

That the Minutes of Monday January 26, 2015 Board Meeting #124 be approved as circulated.

Moved by: J. Cosier
Seconded by: C. Salt
Carried – 2015-125-03

7. Business Arising:

a. 2015-16 Hospital Services Accountability Agreements (H-SAA) Extensions – Approval – 9:36 am

- P. Huras reviewed the briefing note with members which included a background summary; Appendix A and a recommendation for consideration.
- Senior staff provided the following information based on questions and comments:
  - The Ontario Hospital Association (OHA) and the LHINs have been working over the past year on a new agreement; however there are a number of items of concern from both sides, along with changes in leadership on the OHAs team which have caused some additional delays.
  - This extension is for one year; however there is anticipation that it will be replaced by a full agreement before the full term of the extension (March 31, 2016).
  - Changes to schedules will become a part of the new agreement and will come to board for consideration.

Be it resolved that the proposed H-SAA Amending Agreement to be made as of April 01, 2015, and amending the 2008/15 H-SAA by extending its term to March 31, 2016 and by replacing the 2014/15 Schedules with the 2015/16 Schedules, be approved as presented to the Board.

Moved by: M. Madgett
Seconded by: C. Salt
Carried – 2015-125-04

b. Acquired Brain Injury (ABI) – Bungalow Funding Request – 9:40 am

- P. Huras reviewed the briefing note with members which included a background summary; specifications regarding the bungalow site request and a recommendation for consideration.
- Senior staff provided the following information based on questions and comments:
  - Pathways to Independence are a Health Service Provider (HSP) of the LHIN.
  - The plan was for Pathways to arrange a mortgage for the new building and manage the monthly payments from its operating budget. This would obviously require reallocation of priorities within its annual operation budget for up to 20 years.
  - The SE LHIN would be reallocating surplus funds from the community sector to cover up to the full building costs of the house up to $1M, thus removing the mortgage costs from its operating budget and allowing Pathways to continue to direct the majority of its budget to service provision.
  - The $1Million would be in addition to the $300,000 that was provided by the LHIN to purchase the land.
  - If the HSP had to close the location the MOHLTC would have an interest in any capital funds provided as they cannot be disposed of without MOHLTC approval.
  - The restriction of “subject to availability” embedded in this approval allows the LHIN to adjust its priority requests for funds from another HSP for an emergency (e.g.: an emergency situation of a roof replacement); there is low probability that we would not be able to provide full amount to Pathways.

That the South East LHIN Board approves one-time funding of up to $1,000,000, subject to funding availability, to Pathways to Independence to address operational pressures associated with the development of the bungalow site.

Moved by: C. Salt
Seconded by: M. Madgett
Carried – 2015-125-05

c. Perth and Smiths Falls District Hospital (PSFDH) – Stage 1 Capital Project Submission (Lanark County Mental Health Program) – 9:55 am

- P. Huras reviewed the briefing note with members which included background summary; projected volumes and staffing; Appendix 1 – Projected Service Volumes and Staffing and a recommendation for members' consideration.
- Senior staff provided the following information based on questions and comments:
    - This is a community program that is being run by the hospital and due to growth within the services side there is a need to relocate the program;
    - It is up to the HSP to determine the most cost effective and highest quality of service type to be provide for their clients (i.e.: better benefits in a group setting versus one on one);
    - Group consultations allows for the program to maximize the volume of clients reached within existing funding resources;
    - The LHIN is maintaining the current funding level for the HSP.

That the SE LHIN Board endorse the State 1 submission from the Perth & Smiths Falls District Hospital with respect to its Lanark County Mental Health community program facility expansion in Smiths Falls with the proviso that:

- **There will be no negative impact on current or future operating dollars, or front-line services as a result;**
- **That the services provided at the proposed site will be aligned with directions that emerge through the Addictions and Mental Health Redesign through the Lanark, Leeds and Grenville Addictions and Mental Health Agency;**
- **That this relocation will not inhibit the phased roll-out of the Addictions and Mental Health Redesign specifically as it relates to Part B in the Redesign Implementation Plan.**
- **That this relocation is not inconsistent with Healthcare Tomorrow – Hospital Planning.**

Moved by: J. Cosier
Seconded by: L. Burrows
Carried – 2015-125-06

d. Pre-Capital Request Kingston General Hospital (KGH) – Development of Satellite Dialysis Unit at Lennox & Addington County General Hospital (LACGH) Westdale Complex (Napanee) – 10:05 am

- P. Huras reviewed the briefing note with members which included a background summary of events leading to this request and a recommendation for consideration.
- Senior staff provided the following information based on questions and comments:
    - The Hospital Foundation will be the owner of the facility and thus will not require the hospital to secure support from the LHIN and MOHLTC for capital costs associated with the provision of dialysis services on the property;
    - Kingston General Hospital provides dialysis services on site and at several satellite sites in the region and in Moose Factory. KGH provides the funds to cover the operating costs including the rent which includes the leasehold improvements.

That the South East LHIN board endorse the Pre-Capital Submission form (PCSF) from the Kingston General Hospital related to the partial relocation of the Kingston Satellite Dialysis Unit to the Lennox & Addington County General Hospital's Westdale Complex in Napanee, with the proviso that:

- **There will not be an increased requirement for operating dollars as a result of locating the services in a facility separate from the Lennox & Addington Hospital, and the service will be managed overall within the existing budget;**
- **There will not be any negative impacts on patient services during and after relocation.**
- **That this relocation is not inconsistent with Healthcare Tomorrow – Hospital Planning.**

Moved by: J. Cosier
Seconded by: C. Salt
Carried – 2015-125-07

e. Hospice Palliative Care Integration Update – 10:08 am

- P. Huras reviewed the briefing note with members which included a background summary; status update and a summary of outstanding items.
- Senior staff provided the following information based on questions and comments:
    - The LHIN has been working closely with the region's hospice organizations to achieve integration with the intent of maximizing resources on direct patient care;
    - Two of the five organizations, Kingston and Prince Edward County Hospices, have not achieved the desired integration with a partner organization;
    - Ministry requirements are changing in the coming year in regards to the current Memorandum of Understanding, thus requiring a new contractual agreement between the two organizations (i.e.; delegation of accountability through the Service Accountability Agreements (SAA) agreements); and
    - Staff continues to work with agencies with the expectation to achieve the desired integration.
    - It was agreed that a further update will come to the board in September 2015.

f. Addictions and Mental Health (AMH) – Survey Update – 10:18 am

- P. Huras reviewed the briefing note with members which included information related to the rationale for the survey; suggested format, including sample questions and a suggested date of issue.
- Senior staff provided the following information based on questions and comments:
    - With this population it is important that we consider both aspects (client and caregiver) and thus the duality of some of the questions;
    - This survey will go to both clients and providers for input.
    - The CEO Performance and Evaluation asked for the survey to understand if the field felt the AMH Redesign process was fair and inclusive.
    - The context or objective of the questions needs to be clear that we are looking for feedback on the process, collaborative nature, etc. and not the outcome of the new services.

RECESS – 10:30 am – 10:40 am

g. Alternate Level of Care (ALC) / Patient Flow – Regional Process – 10:40 am

- P. Huras reviewed the briefing note with members which included a summary of what the LHIN is doing to address this issue; a problem statement; responsibilities; actions to date; process update; Appendix A – High Level Summary of ALC / Patient Flow Investments and Appendix B – ALC Summary of Recommendations – Combined ALC Strategies that was shared with hospitals for their input.

- Senior staff provided the following information based on questions and comments:
    - It is difficult to relate the ALC performance metric to the success of initiatives undertaken to reduce ALC. If initiatives lead to transfer of ALC patients from acute care beds, which are a positive outcome, then because the total ALC patient days are counted in the numerator of the rate, it drives the rate up, indicating a decline in performance. If no initiatives are undertaken or initiatives are unsuccessful in transferring patients, which is a bad outcome, the numerator does not increase or decreases compared to the previous month, thus making the rate decline which wrongfully suggests improved performance.
    - The SE providers have been successful in transferring ALC patients out of acute care beds, freeing up these beds and then closing some of these beds. The closure of the beds actually decreases the denominator of the ALC rate again driving up the rate.
    - The reality is that the SE Providers have been somewhat successful transferring ALC patients out of their acute care beds, but as beds have closed and new ALC patient occupy other acute care beds, patient flow is disrupted and "gridlock" occurs.
    - An ALC Patient is an indication of failure by the system; patients that do not require acute care should be transferred to a more suitable site, most likely the patient's own home.
    - Investments have been made to prevent people from becoming ALC and to help flow those patients into other more appropriate settings; providers are now starting to see this challenge as a regional one and a multi-sector specific responsibility. –
    - The recent strike that has impacted the SE CCAC services has brought to light opportunities for more streamlined approaches to discharge and place for clients.
    - There will never be a 0% ALC; however realistically getting down to 5% would be a huge change to the way the system runs in our region. It would be an achievement which would provide better care and more effective use of resources.
    - The continual decline in the number of ALC patients (overall, not percentage) is an indication that the investments that have been put in place are functioning; perhaps there is a need to discuss how they could work better or more collaboratively.
    - The SE CCAC and Hospitals' Executive Forum members have established a committee to attack this major patient flow issue, including ALC, ER wait times, and transfers, as a major collaborative effort. The members are reviewing data; comparing their own individual initiatives with each other and with the recommended initiatives in four expert reports on patient flow strategies.

h. Integrated Health Services Plan (IHSP4) 2016-19 – Process – 11:25 am

- P. Huras reviewed the briefing note with members which included a background summary; current activities and next steps.
- Senior staff provided the following information based on questions and comments:
    - It was noted that when it comes to community engagement there has been a wealth of interaction with the community on recent activities / programs which is a good source of information for the LHIN to consider; a plan for the region without some community engagement cannot likely be supported; concerns about how we conduct some focused engagement with the community without over burdening them is required.
    - Our engagement in the past has been around specific initiatives and there is a need to engage around strategic regional plans.
    - The first strategic goal of the Board's corporate Strategic Plan is about developing a true system of integrated care. The IHSP is one of the LHIN's products which contributes to the achievement of that strategic goal.

- It was made clear that the IHSP4 would be developed based on SE LHIN work currently undertaken; a quantitative analysis of our population's health needs; a qualitative analysis to give perspective on the data; and an understanding of provincial priorities as articulated in recent expert documents.
- The Board indicated that they wanted to be kept informed on the development of the IHSP4 and that they expected resent reports such as The Seniors Strategy, and the Canadian Index for Well Being, would help guide our thinking on priorities.
- It was also agreed that the IHSP would be a focus of the Board's annual planning session to be held in late April.

i. Chair's Update – 11:45 am

- A. von Cramon noted that due to D. Segal absence this item will be updated at the next meeting.

j. Community Engagement – Board Member Updates – 11:47 am

- J. Cosier attended the Healthlinks Rideau Tay meeting recently where Dr. Kerr and Cheryl Chapman provided a Healthlinks presentation, and were congratulated on their governance involvement.

k. CEO Discussion Report – 11:50 am

a) Health Care Tomorrow – Hospital Project - no comments or questions at this time
b) Health Links Update – no comments or questions at this time
c) Addictions and Mental Health Update – no comments or questions at this time
d) Integrated Funding Model Update – no comments or questions at this time
e) H-SAA – Provincial Process Update - no comments or questions at this time

f) ***Addition*** – Community Care Access Centre (CCAC) – Labour Disruption Update – the strike is over; however there will be an arbitration; staff members have returned to work; issues that have been encountered included: the delay in identifying long-term care (LTC) applicants, assessments for community care, delivery of some clinical products for clients being quickly addressed; and most importantly the SE CCAC did their best to manage the challenge and worked closely with their colleagues at the regional hospitals to find opportunities for support the system. The identification of process problem during the labour disruption may lead to changes to improve patient flow

g) That the CEO Discussion Report be accepted as circulated.

Moved by: M. Madgett
Seconded by: C. Salt
Carried – 2015-125-08

That the board consider matters of public interest regarding Approval of In Camera Session Minutes; Audit Committee Recommendation – Financials Approval for Annual Business Plan (ABP); Annual Business Plan (ABP) – Approval; Community Primary Health Care (CPHC) – Performance Improvement Plan – Closure; Quinte Health Care (QHC); and Frontenac Community Mental Health Addiction Services (FCMHAS) - Update pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).

Moved by: C. Salt
Seconded by: J. Cosier
Carried – 2015-125–09

LUNCH RECESS – 12:03 pm – 12:27 pm

8. In Camera Session: – 12:27 pm

That the Chair rise and provide a verbal report from the In Camera Session which included the Approval of In Camera Session Minutes; Audit Committee Recommendation – Financials Approval for Annual Business Plan (ABP); Annual Business Plan (ABP) – Approval; Community Primary Health Care (CPHC) – Performance Improvement Plan – Closure; Quinte Health Care (QHC); and Frontenac Community Mental Health Addiction Services (FCMHAS) - Update.

Moved by: C. Salt
Seconded by: M. Madgett
Carried – 2015-125–14

9. **Timer** *–ahead of schedule;*
Observer *– the meeting went very well. Lots of good discussion yet moved through the agenda at a good pace.*

10. Date, time and location of next meeting:
Monday March 30, 2014 – SE LHIN Offices

Future meetings:
Monday April 27, 2015 – SE LHIN Offices
Monday May 25, 2015 – SE LHIN Offices
Monday June 29, 2015 – SE LHIN Offices
Monday August 31, 2015 – SE LHIN Offices

11. Adjournment
That the meeting be adjourned at 1:40

Motioned: C. Salt

NOTED DEPARTURES:
J. Cosier – 12:47 pm
L. Burrows – 1:30 pm

Meeting Chair: _____
Andreas von Cramon

Secretary: _____
Paul Huras