

South East Local Health Integration Network

Board of Directors Meeting No. 119

Monday June 23, 2014

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

MINUTES

Present: Donna Segal (Chair); Andreas von Cramon (Vice Chair); Lois Burrows; Janet Cosier (via phone till 11:45 am); Arthur Ronald; Dave Sansom (quorum); and Paul Huras (CEO)

Recorder: Jacqui Prospero

Regrets:

Guests: Sherry Kennedy (COO); Cynthia Martineau (Director, Health System Planning); Caitlin denBoer (Communications Lead); Michael Spinks (Director, Knowledge Management); Larry Hofmeister (Director, HSP Funding); and Paula Heinemann (Director Corporate Services).

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

The Chair welcomed guests and members to the meeting at 9:37 am.

2. Selection of Timer and Observer:

- a. Timer = A. von Cramon
- b. Observer = D. Sansom

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: A. von Cramon

Seconded by: L. Burrows

Carried – 2014-119-01

5. Approval of the Agenda

That the Agenda be approved as amended.

Moved by: A. Ronald

Seconded by: A. von Cramon

Carried – 2014-119-02

6. Approval of Minutes

- a. Minutes of Monday May 26, 2014 Special Board Meeting #118 (attached)

That the Minutes of Monday May 26, 2014 Special Board Meeting #118 be approved as amended.

Moved by: D. Sansom
Seconded by: L. Burrows
Carried – 2014-119-03

7. Business Arising:

- a. Addictions and Mental Health (AMH) Redesign – 9:40 am
 - P. Huras reviewed the briefing note provided which included an update for members and recommendation.
 - S. Kennedy provided a handout of the presentation to members for the records which included an update on AMH Redesign; summary report on project status; future state planning team updates and questions.
 - Senior staff provided the following information based on questions and comments: documentation will be provided to the members in advance of the August board meeting and then subsequent decision is anticipated at the September board meeting; summary communiques and surveys are sent out to all Health Service Providers (HSP), team members and are also posted on the SE LHIN website; minutes from any of the committee meetings are not shared beyond the committee / planning team, however items that require the boards attention / direction are brought forward via the regular communiques; the steering committee is not acting as a filter or screen of the committees' work, but rather acting as an enabler to help assist with any issues / challenges / opportunities they are experiencing, removing roadblocks, etc. and encouraging their comprehensive discussions; there appears to be some challenges around trying to integrate other Ministries into more formalized partnerships along with identifying resources or mechanisms that may be required and the potential advocacy associated with it from a local level; the governance team will be looking to amplify their ranks with a strategic individual in order to better understand and help to drive some of their future discussions; based on the current design, there would be five accountability agreements with the LHIN, including one for each of the three new entities and one for each of the two regional programs; the regional forum would be comprised of and report to the governances of the three entities and two regional programs and not have a SAA with the LHIN; while the LHIN is working through details surrounding accountability agreements no changes to services provided will occur; organizational change expertise may be required for some future discussions; it is critical that communications continue to be provided for / from the organizational employees, the clients / patients, and to the general community to inform and educate about changes that will be coming; there will be a need to better identify areas that require an increase in access to service and a leveling of experiences across the region and where is the best place for the service to be provided; service locations may change in the redesign; appropriate record sharing/transfer from each organization which current has its own set of human resources and client related records has been identified as an issue from a few of the teams to the operations review; the aim is, going forward, single client = single record, which will include some historical information (to a degree); in summary, through this very involved and intense future-state assessment process, organizations that are likely to be affected by the pending changes are involved in identifying and designing those changes, including advising where adjustments to project timelines are advisable to enable broader discussion; and, the LHIN is being asked to determine more accurately when they will make a decision on the recommendations in order to reassure the clients / patients and public that this item is moving forward.

That the Board of the SE LHIN approves the continuation of Addictions and Mental Health Redesign Future State Planning activities through to the end of June and that the information developed by these activities be presented to the Board in August with an intended decision at or before the September board meeting.

**Moved by: J. Cosier
Seconded by: A. von Cramon
Carried – 2014-119-04**

- b. Street Health Capital Request – 11:26 am
- P. Huras reviewed the briefing note with members which included a background summary; proposed programs and services summary; projected volumes and staffing summary; appendices and a recommendation for consideration.

That the Board of the SE LHIN endorse the combined Stage 1 and 2 submissions from the Kingston Community Health Centre related to the development of a new site to house the Street Health Centre (its satellite), with the provision that:

- 1. There will be no negative impact on current or future operating dollars, or front-line services as a result;**
- 2. That the services provided at the proposed site will be aligned with directions that emerge through the Addictions and Mental Health Redesign.**

**Moved by: A. von Cramon
Seconded by: L. Burrows
Carried – 2014-119-05**

- c. Providence Care – Community Health Centre Satellite – Napanee – Capital Request – 11:30 am
- P. Huras reviewed the briefing note with members which included a background summary; rationale for co-location; proposed programs and services summary; projected volumes and staffing summary; appendices and recommendation for consideration.
 - Senior staff provided the following information based on questions and comments: while the activity volumes are predicted to rise without a corresponding increase in staff, their current staff allocation can accommodate the increase; this capital development does not create new pressures and it should have no impact on the services provided; should there need to be consideration for more funds this would be a separate request not related to capital.

That the Board of the SE LHIN endorse the combined Stage 1-3 submissions from Providence Care related to its Community Mental Health Co-location Project at the Napanee Area Community Health Centre, with the proviso that:

- 1. There will be no negative impact on current or future operating dollars, or front-line services as a result;**
- 2. Providence Care will enter into a Memorandum of Understanding (MoU) with the Kingston Community Health Centre to formalize this partnership and to clarify responsibilities;**
- 3. That the services provided at the proposed site will be aligned with directions that emerge through the Addictions and Mental Health Redesign.**

**Moved by: A. Ronald
Seconded by: D. Sansom
Carried – 2014-119-06**

- d. Belleville Quinte West Community Health Centre (BQWCHC) – Capital Request – 11:35 am
- P. Huras reviewed the briefing note provided to members which included a background summary; proposed programs and services summary; projected volumes and staffing summary; appendices and a recommendation for consideration.

That the SE LHIN Board endorse the Stage 1 and 2 submissions from the Belleville Quinte West Community Health Centre (BQWCHC) related to the development of a new facility to house its services in Trenton, with the proviso that there will be no negative impact on current or future operating dollars or front-line service as a result.

**Moved by: J. Cosier
Seconded by: D. Sansom
Carried – 2014-119-07**

RECESS – 11:38 AM – 11:45 AM

- e. Stocktake Update – 11:45 am
- P. Huras reviewed the briefing note with members that included a background summary; report highlights; additional notes; summary of indicators; full MLPA report and a recommendation for consideration.
 - Senior staff provided the following information based on questions and comments: there is potential that some of the indicators are skewed due to inconsistency in reporting data; a recent change in cardio, hip & knee indicators has also provided challenges to the LHINs provincially; during discussions with the MOHLTC regarding these targets the LHIN has encouraged the CEO to directly note the challenges with the change in indicators; the LHIN does negotiate all of the indicators with the MOHLTC; AMH Redesign will make a difference in performance in the addiction / mental health indicator, however it will take at least a year after the design is in place before we see the changes; there is more “red” on the report than the board would like to see, however it is related to system performance more so than any one provider, which is likely to be further addressed through the sustainability initiative; this exact report is shared with the SECHEF group along with individual organizational performance; negotiations with the ADM in the past have been very engaging and enabling, however with (there is something missing here – a new ADM?) there will be a change in expectation of achievement and results; discussions with the MOHLTC include discussions regarding initiatives that the region is working on in order to better address performance in the region; alternate level of care (ALC) is not only an agency-specific performance indicator, but also a system indicator relating to the hospital boards’ accountability to the system, region-wide; there is strong discussion among hospitals that they are not in control of ALC and there are more factors / other organizations / physician culture, etc. that are influencing the increase in this indicator; there are many LHIN initiatives that are currently trying to move the indicators on this report in the right direction, however we need them to be fully implemented in order to see the true benefits (i.e.: Sustainability, AMH, etc.); the next meeting of the hospital / CCAC Chairs will include a discussion surrounding SE LHIN Stocktake report – both summary and individual; part of the LHINs role is to work collaboratively with the providers in our area to help them better understand the systemic challenges and the regional solutions that could provide benefits to both the single organization and the region as a whole; and collaboration is part of our model, however some of the changes to “service based funding” may drive changes in the future for more collaborative participation towards sustainability.

That the SE LHIN Board accept the SE LHIN Stocktake Report (May 2014 Release) which was submitted to Ministry on June 02, 2014 and formally ask the Chair of the SE LHIN to speak with the Chairs of the Hospitals / CCAC at the next opportunity to help ensure they are aware of the LHINs position and their contribution to its success.

**Moved by: D. Sansom
Seconded by: L. Burrows
Carried – 2014-119-08**

f. Oral health - Decision – 12:23 pm

- P. Huras reviewed the briefing note with members which included a background summary; schedule 4 with descriptions of delivery models across Community Health Centres (CHCs); appendices a recommendation for consideration.
- Senior staff provided the following information based on questions and comments: members discussed the severe need for oral health services, both preventive and treatment; those requiring services do not have to be members of any of the participating CHCs; this program is not meant to conflict or compete with Ontario Disability Support Plan (ODSP); partnering with public health is an important part of taking this initiative to the next level in order to better address preventative care; and the largest area that is a concern at this time is related to dentures due to their high cost.

That the SE LHIN Board approve \$750,000 in one-time funding for the 2014/15 fiscal year to be allocated to the Community Health Centres (CHCs) in the South East LHIN for the provision of oral health services for those at high-risk of severe oral health issues.

**Moved by: L. Burrows
Seconded by: D. Sansom
Carried – 2014-119-09**

g. Behavioural Support Services Transition Unit (BSSTU) – Supplemental Funding Decision – 12:28 pm

- P. Huras reviewed the briefing note with members which included a background summary; and recommendation for consideration.
- Senior staff provided the following information based on questions and comments: these funds are being provided to Quinte Health Care to support the broader BSSTU program; the program review is specifically related to Providence Care; the mobile team would participate in the transition planning for each client and requires a more robust consideration; planning / training now will help to provide for easy / quick transitions; Behavioural Supports Ontario (BSO) has a multi-level support – in LTC, intensive unit (treatment units), support within the community to help clients remain at home, etc.; the SE LHIN choose to initiate the program with the mobile teams first in order to better address the challenges in our region around rurality / transportation; the BSSTU program is considered “active” treatment rather than specifically attached to long-term care homes; there is a high risk that if this treatment plan is not monitored carefully it could become another long-term care setting; there is a need to ensure that a transition plan is in place for these clients; the current costs are high as it is currently housed in a hospital setting (versus a long-term care); the intent of this unit is not long-term stay and are based on firm repatriation agreements to ensure that clients are only in this unit on a temporary basis; there is the potential over the coming years to evaluate and ensure that the LHIN and residents are getting the value that was anticipated, which could result in changes to the system if required; this is a regional resource that will be located at Quinte Health Care to begin and if required, could develop into other units across the region; the SE LHIN is working with the long-term care homes and hospitals in order to help them better balance the challenges that are associated with behavioural clients; by consolidating to this transition unit services can be more adequately and evenly provided across the region, rather than having it divided up by long-term care homes across the region; and the entire BSSTU program has been vetted by the SECHEF group prior to implementation.

That the SE LHIN Board approve an additional \$500,000 in base funding to support the operation of a BSSTU at Quinte Health Care beginning in fiscal 2014/15.

**Moved by: A. von Cramon
Seconded by: A. Ronald
Carried – 2014-119-10**

LUNCH BREAK – 12:47 pm – 1:20 pm

- h. Rideau Tay Collaborative Governance Update – 1:20 pm
- Members agreed that due to J. Cosiers absence from the meeting that this item be deferred.
- i. Governance Committee – new Board Member Orientation Framework – 1:22 pm
- A. von Cramon reviewed the briefing note, attachment and recommendation with the board members.
 - Board members and senior staff discussed the following information based on questions and comments: curriculum topics are identified and recognize who might be the best organization / person to provide direction on this item, including the LHIN; the CEO performance and board performance item will likely be moved to another area; members wanted to ensure that collaborative governance be included in the governance session list; and a historical context is important to help provide necessary background for new members of the board.

That the SE LHIN Board approves the amended recommendation from the Governance Committee regarding the Board member Orientation Framework.

Moved by: A. von Cramon
Seconded by: D. Sansom
Carried – 2014-119-11

- j. Collaborative Governance and Community Engagement (CGCE) – Sector Representative Appointments – 1:30 pm
- D. Sansom reviewed the briefing note with members which included a recommendation for their consideration.
 - Senior staff provided the following information based on questions and comments: replacement members for those departing do take into consideration geographical considerations, along with experience, etc.

That the SE LHIN Board approves the recommendation from the Collaborative Governance and Community Engagement Committee regarding the sector appointments of:

- **Stephanie MacLaren – Community Support Services Sector**
- **Michael Piercy - Community Health Centres Sector.**

Moved by: D. Sansom
Seconded by: A. Ronald
Carried – 2014-119-12

- k. Chairs Update – 1:35 pm
- D. Segal noted for members that the planning for AMH governance sessions are in full swing; and there is likely to be an education session for all board members early in the fall around PAN LHIN initiatives.

- I. CEO Discussion Report – 1:37 pm
- P. Huras reviewed the report provided to members at the meeting that included an update on Clinical Services Roadmap; Health Links Update; In House Training – Eclipse and ROI; Senior Friendly Hospitals; Hospice Palliative Care (HPC) – Process & Expectations; Providence Care Tier III Recovery Update and Shared Services Year End Report.
 - Senior staff provided the following information to the board members based on their questions and comments as it related to:
 - a) Clinical Services Roadmap Dashboard Update – no comments or questions at this time.
 - b) Health Links Update – there was a SE LHIN presentation on Health Links at the Canadian Health Leaders National Conference earlier this month to spread the word on this initiative.
 - c) In House Training – Eclipse and ROI – no comments or questions at this time.
 - d) Senior Friendly Hospitals – there are no anticipated heavy demands of the LHIN on this initiative that is consistent with the restorative care portion of the CSR; and this could also have an effect on patient flow and ALC.
 - e) Hospice Palliative Care (HPC) – Process & Expectations – the SE LHIN created this committee of the providers.
 - f) Providence Care Tier III Recovery Update – no comments or questions at this time.
 - g) Shared Services Year End Report – no comments or questions at this time.

That the CEO Discussion Report be accepted as circulated.

**Moved by: L. Burrows
Seconded by: A. Ronald
Carried – 2014-119-13**

That the board consider matters of public interest regarding Approval of In Camera Session Minutes; Behavioural Support Services (BSO) – program Update; Addictions and Mental Health (AMH) Redesign Risks Update and 2014-15 CEO Goals / Objectives pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).

**Moved by: A. von Cramon
Seconded by: D. Sansom
Carried – 2014-119-14**

8. In Camera Session: - 1:40 pm

That the Chair rise and provide a verbal report from Approval of In Camera Session Minutes; Behavioural Support Services (BSO) – program Update; Addictions and Mental Health (AMH) Redesign Risks Update and 2014-15 CEO Goals / Objectives.

**Moved by:
Seconded by:
Carried – 2014-119-17**

9. *Timer – discussions concluded within overall allotted time
Observer – excellent, fulsome and detailed discussion relation to AMH and other issues. Thanks to the staff for excellent preparation.*

10. Date, time and location of next meeting:
Monday August 25, 2014 – SE LHIN Offices

Future meetings:

Monday September 29, 2014 – SE LHIN Offices
Monday October 27, 2014 – SE LHIN Offices
Monday December 15, 2014 – SE LHIN Offices
TBD – January 2015

11. Adjournment
That the meeting be adjourned at 2:15

Motioned:

Noted departures:



Meeting Chair:

Donna Segal

Secretary:



Paul Huras