South East Local Health Integration Network

Board of Directors Meeting No. 126

Monday March 30, 2015

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

M I N U T E S

Present: Donna Segal (Chair); Lois Burrows; Janet Cosier; Maribeth Madgett; Chris Salt; Dave Sansom (quorum); and Paul Huras (CEO)
Recorder: Jacqui Prospero
Regrets: Andreas von Cramon (Vice Chair);
Guests: Sherry Kennedy (COO); Cynthia Martineau (Director, Health System Planning); Melanie Trottier (Bilingual Writer); Paula Heinemann (Director, Corporate Services / Controller); Mike McClelland (Sr. Financial Analyst); Don McGuinness (Sr. Data Analyst & Integration Consultant); Jennifer Payton (Planning & Integration Consultant); and Pat Reynolds.

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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 9:30 am.

2. **Selection of Timer and Observer:**
   a. Timer = C. Salt
   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: L. Burrows
Seconded by: J. Cosier
Carried – 2015-126-01

5. **Approval of the Agenda**
   That the Board Agenda be approved as amended.

Moved by: J. Cosier
Seconded by: M. Madgett
Carried – 2015-126-02

6. Approval of Minutes

a. Minutes of Monday February 23, 2015 Board Meeting #125 (attached)

That the Minutes of Monday February 23, 2015 Board Meeting #125 be approved as amended.

Moved by: C. Salt
Seconded by: D. Sansom
Carried – 2015-126-03

7. Business Arising:

a. Alternate Level of Care (ALC) / Patient Flow – Regional Update – 9:35 am

- P. Huras reviewed the briefing note with members which included an update for members from recent SECHEF meetings and a copy of a draft ALC Action Plan.
- Senior staff provided the following information based on questions and comments:
  - Slide 4 clearly indicates that the closure of beds (once ALC patients have been appropriately assigned) is a benefit to the system, although many communities would prefer they stay open "just in case" they need to be utilized, that is not an appropriate or efficient use of public funds. Hospitals are expected to provide an update to the SECHEF group in April 2015 on their actions to improve ALC, and then subsequently that information will be brought to the board.
  - The eight leading practices that are listed in the presentation are there to help the hospitals to focus and control the flow of patients in the region; many of the programs / initiatives need to begin when the patient is admitted in order to ensure the time spent in the acute bed is appropriate.
  - In the province of Ontario we would be pressed to find any organization that is at 0% ALC; patients that are in an acute care bed and are waiting for more testing, etc. are appropriately classified (bedded); however once a patient no longer requires the services associated with acute care there is a need to move them to a more appropriate form of care.
  - Increases in the number of those aged 75 and older will continue in our region. However, the SE LHIN is appropriately "bedded" to deal with this population. Programs like Assisted Living (which has just begun recently in the LHIN) will likely help to slow the excessive flow of residents into long-term care, etc.
  - There has been no funding for initiative 15 referenced on slide 8 and it therefore does not appear on slide 9; however it clearly indicates that the funding is not necessarily going to the most appropriate area. One time funding is usually done on a temporary basis and comes with an evaluation for benefit of the region, and then the opportunity may exist for it to be converted to base. Many of the programs we are utilizing are "out flow" oriented rather than "in flow" (i.e.: trying to defer the patient from being admitted in the first place);
  - There is a clear shift of funds from hospitals to the community to better help residents move out of the hospital and back into the community for care. Allocation for community sector funding will be targeted by sector (i.e.: Addictions, CCAC, etc.) and there are other community funds that the LHIN has discretion in assigning and this is done based on gaining the most value for funds and programs.
  - The LHIN has identified areas in hospitals where best practices have not been utilized and is encouraging the SECHEF members to take responsibility for the changes required to ensure in-flow and out-flow procedures are being utilized with the best interest of the patient.

- There appears to be a sense of “fatigue” in the system, by pushing out patients from the hospital we are causing a bulge in the community sector. There appears to be some growth in the community that is still required in order to better address the challenges surrounding out-flow of patients. This process reflects that we currently are not a system of integrated care. We are striving to reach that, however it is something that has taken time as it is a struggle to change practices that many believe are “best practices”, when in fact they are not in the best interest of the patient and the overall system. If SECHEF is not able to address these challenges, there will likely be the need to seek outside expert guidance on how to handle this complex issue.
- The LHIN is supporting Health Service Providers (HSPs) to better understand the need to change the system to better address issues like ALC / Patient Flow; however the challenge is that many of the HSPs are more focused on individual organizational issues and not system (regional) issues. They do not yet believe there is a real benefit from regional issues; however the data is showing the progress in that direction. There is likely a need to ensure that HSPs better understand the overall benefit to the system, perhaps through an adjustment to SAA agreements or compensation models that would better reflect a regional approach to changes in the system for the achievement of integrated patient care.
- Coordinated care plans have been so successful in Health Links that SECHEF is beginning to consider this at the hospital level in order to better address patient flow issues in the entire region.
- We need individuals to act in concert to better implement solutions together.
- Health Care Tomorrow is addressing the future of healthcare and the need to make changes now is still a pressing priority.

b. Stocktake & Ministry / LHIN Performance Agreement (MLPA) – Negotiations Discussion – 10:22 am

- P. Huras reviewed the briefing note with members which included an update on recent discussion with MOHLTC and the most recent Stocktake report.
- Senior staff provided the following information based on questions and comments:
  - There does not appear to be any negative impact on our performance based on the current Addictions and Mental Health Redesign. The numbers do speak to the fact that the HSPs have taken on tremendous work during the transition stages in order to maintain high levels of service. We are not likely to see changes in the AMH area for several months based on the data flow timeframes from MOHLTC.
  - ER Length of Stay is not improving. Kingston General Hospital (KGH) is the high volume leader with this indicator as they have the largest number of admission to ER in the region. The argument may be that the target is too low for KGH; still if we could move the number at KGH, then the overall number for our region would improve. Each organization contributes to the system and there are initiatives that could help improve the overall number if they were implemented.
  - Standardized classification by surgeons is one way that will help to better report on wait times for hips / knees.
  - MRI is very much driven by the availability of staff for performing the procedures, rather than the availability of the facility / machine.

c. Integrated Health Services Plan (IHSP4) – Community Engagement Plan – 10:30 am

- P. Huras reviewed the briefing note with members which included specifics for the “open house” LHIN hosted sessions; timeline for completion; background and a recommendation for consideration.

- Senior staff provided the following information based on questions and comments:
  - An open house day is a format that the LHIN has utilized in the past which involves LHIN resources be available for a full 6 or 8 hours (12pm – 8pm) in order to better attract the largest demographics (both those employed or retired, various work shifts, etc.). There would be focused presentations throughout the day along with published materials for takeaway. Commentary will be garnered from those attending at the session and will also include surveys; staff will collect information on behalf of attendees or notes by section to allow for comments. The overall goal is to gain input (informed feedback) from those that attend in a relaxed format that allows for conversations versus presentations where they are only taking in information. The open house forums in the past have garnered a varying number of attendees with larger groups in the larger centres (i.e.: Kingston) as well as topics / regional issues that draw residents out.
  - The involvement of the Collaborative Governance Community Engagement (CGCE) Committees revised structure will not likely be complete in time to allow for involvement in the engagement, however all board members will be asked to be involved in the community engagement activities.

That the SE LHIN Board of Directors approves staff recommendations to proceed as amended in the attached plan and for future consideration by the board.

Moved by: J. Cosier
Seconded by: L. Burrows
Carried – 2015-126-04

RECESS – 10:55 am – 11:10 am

d. Health Care Tomorrow – Addictions and Mental Health Redesign & Video – 11:10 am

- P. Huras reviewed the briefing note with members which included an update on implementation; upcoming meetings and a video for the members viewing.
- Senior staff provided the following information based on questions and comments:
  - Jennifer {Payton referenced the update provided to members in the briefing note and indicated that two of the three agencies had received their letters patent as of today with the third expected imminently.
  - Each of the newly amalgamated agencies has named an interim CEO. Two of the three agencies will be shortly completing their search for a permanent CEO with the Lanark, Leeds and Grenville Addiction and Mental Health Agency has planned its search for the 1st and 2nd quarter of the new fiscal year to enable a full new board to be established first.
  - Each of the agencies have held staff sessions where staff of the predecessor organizations have been able to meet each other, receive updates on the amalgamation activities and have discussions about how to work together for the benefit of clients into the future. Clients have also been kept up to date on information and are being continually supported through the transition. The newly named Peer Support South East Ontario has also been actively supporting clients during the transition.

e. Health Care Tomorrow – Hospital Project Update – 11:25 am

- P. Huras reviewed the briefing note with members which included an update on the direction setting work groups; SECHEF CEO Discussion; business function work groups; diagnostics & therapeutics / clinical work groups; change management; stakeholder engagement; and attached governance dashboard of project status.

- Senior staff provided the following information based on questions and comments:
    - SECHEF is the team that is managing the overall project and they are responsible for informing their individual Board Chairs of the initiative's progress. The Chairs / Vice Chairs forum is an opportunity for them to discuss their role in the context of ongoing community engagement which is being addressed by all involved parties;
    - SECHEF member boards have agreed that there be the same communications messaging for everyone, with fine tuning for specific community perspectives; however it is one voice that will be determined going forward and this is a process that is still under development.
    - It is fair to say that some MPPs have been engaged to some degree, although not all of them. The Minister has assured the communities that the LHIN will ensure a dialogue about the project will take place locally and decisions will not be handed down.
    - Community engagement for HCT will be taking place at the same time as the Integrated Health Services Plan (IHSP4), along with the regular input and direction from the Regional Patient Advisory Committee (RPAC). These are still early days of the clinical work group and this type of input will lead to options for SECHEFs consideration. There will continue to be multiple stages of engagement. We are likely to have options for consideration by the end of June that will involve what may need to happen versus specific services that will need to be adjusted at the HSP level. June is more of an approval of a direction for an approach rather than a decision on specific services.
    - There is no question that it will be important for the LHIN board to be informed for decisions that need to be made, and that community engagement has been sufficiently informed and engaged in order to inform the direction for HCT.
    - Members of the public have been telling the LHIN that they are being inundated with community engagement requests, surveys, and other requests for input and would like the LHIN to be more focused or reduce the requests.
    - There is a need to highlight the work of the RPAC team, along with input from IHSP4 engagement which will also be included, is how this input is being captured and previous work that was done in order to better understand how the LHIN and its HSPs have arrived at the need for direction.
    - Decision criteria focus' on what is in the best interest of the patient, from a regional perspective, based on access, efficiency, patient experience, quality, etc. Including the impact to the Medical School and its ability to provide for appropriate education for future clinicians will also be considered.
    - SECHEF will create the options for consideration, and then those options will go to each of the boards of SECHEF. The LHIN has the ultimate decision on any suggestions by SECHEF member boards and should there be a disagreement on direction the LHIN will work through a dispute resolution process before making a decision.
    - Options for consideration will not be available for community engagement sessions in May as the project leaders expect to have input from the community before any final options are brought forward for consideration. This will give the hospitals and the CCAC as well as the LHIN, the opportunity hear from the community what their challenges or opportunities might be.
    - Once the framework has been confirmed it will be shared broadly and added to the HCT website for public viewing.

f. Chair's Update – 12:09 pm

- D. Segal noted for members that the past month had been a busy one with provincial meetings.
    i. Board members Committee Appointments – we are still in the process of identifying the two final candidates for the Board of Directors. Who they are may influence where the best spot on committees may be for the benefit of all. The newest members want to be involved and we are asking them to stay with their current committee membership (for other members) and identify for new members committees to sit on for the time being. These assignments may be temporary until final board appointments are determined. Chris Salt will continue to attend as a voting member of the Finance / Audit committee and Meribeth Madgett will continue to attend CGCE / Governance meetings. Once new members have been added then a fulsome discussion on committee assignment will take place.

g. Community Engagement – Board Member Updates – 12:15 pm

- J. Cosier attended a meeting with P. Huras in the Perth and Smiths Falls District Hospital (PSFDH) area which was attended by representatives from PSFDH, Napanee and Brockville General Hospital (BGH) CEO's, Chairs, and local MPPs for the region regarding Health Care Tomorrow – Hospital Project. Discussions amongst the group brought up the need to ensure that the community is involved at all stages of projects. PSFDH informed the LHIN of an upcoming symposium on May 01 in the PSFDH area that will involve community engagement to help better address their regional issues.

h. PAN LHIN Collaborative Governance Report – Discussed during lunch – 1:17 pm

- D. Segal provided an overview of the briefing note for members which included a background summary; update; attached information from the LHIN Leadership Council and a recommendation for consideration.
- Board Members and provided the following information based on questions and comments:
    - It is important that the survey specifically address the need for collaborative governance concepts that are important in our region – i.e.: those utilized during the AMH Redesign. In the past the organizations have consistently utilized the boards input / participated in discussing cross organizational collaboration for new funding
    - Cultural systems thinking is required to drive change at a regional level that can be reinforced at the LHIN Leadership level. The LHIN should facilitate a dialogue that helps to drive the basic principles / needs of collaborative governance among HSP organizations, which is an ongoing process including annual workshops, system redesign, etc. A need was identified for a more consistent approach amongst LHINs to identify what their aims and goals are through collaborative governance that can be shared with HSPs in order to allow them to do the same thing. Collaboration has not been facilitated by traditional funding schemes and has traditionally been focused on planning, but should begin to be involved in the performance, implementation and monitoring of those plans. By being committed to an integrated system of care we are expecting HSP boards to change the way they deal with opportunities and challenges i.e.: are they regionally focussed and do they ask monitoring questions about integration and collaboration. Members noted that AMH Redesign and Health Links would be the most recent examples of collaborative involvement and contacts for more information for the SE LHIN should be listed as P. Huras and S. Kennedy.

- Members discussed the need to have more in-depth conversation as well as the need to have more resources or be more involved when it comes to providing support to the HSP governance challenges. HSPs are looking for areas to be identified to them that would help them to better understand what is important from a regional perspective, including potential collaborative governance initiatives (i.e.: display the weaknesses within the sectors / systems and encourage the HSPs to be involved in problem solving). HSPs are always interested in what the LHIN board thinks of initiatives and by being a strong leader the LHIN takes a risk (calculated) to ensure that our HSPs are moving in the right direction. The LHIN Board needs to be leaders without being "way" ahead, perhaps AMH is showing other HSPs that there is change happening in the system and that they need to get involved in the changes that are coming to the system as early as possible.

i. Governance / Nominating Committee – Recommendation – Policy 3.3 – Committee Process – 12:20 pm

- D. Segal provided an overview of the attached policy for members which included a purpose; policy statement; policy implementation and procedure; oversight roles in the management of board committees; agenda setting administrative steps; preparation and distribution of the minutes / package; board motions by a committee chair – administrative steps; and access to staff resources.

That the board of directors approve the recommendation from the Governance / Nominating Committee for acceptance of Policy 3.3 as it relates to Committee Process.

Moved by: L. Burrows
Seconded by: C. Salt
Carried – 2015-126-05

j. CEO Discussion Report – 12:22 pm

a) Health Care Tomorrow
   i. Behavioural Support Transitional Unit (BSTU) - no comments or questions at this time
   ii. Health Links & Primary Health Care Leads (B on the agenda)– no comments or questions at this time
   iii. Primary Health Car (PHC) Reform – a model for PHC in the province has been created, however it is being discussed at the Ministry level and may not become a public document. There continues to be the need for PHC to be accountable for its resources in support of a regional system of integrated care.
   iv. SHiiP - no comments or questions at this time
   v. New Website- no comments or questions at this time

c) Advanced Care Planning (ACP) Challenge – no comments or questions at this time
d) Deputy Minister Visit – no comments or questions at this time
e) 2015-16 Hospital and Multi-Sector Services Accountability Agreement (H-SAA) and (M-SAA) Update – no approval is required from the members at this time. The information has been brought to the members to keep them informed of changes to the SAA agreements. There is a need to educate HSPs that the LHIN has an expectation that they plan together / collaborate in some kind of agreement format. On the hospital side the local obligations include regional targets and actions, thus requiring collaborative work with their partners. This type phrasing is part of the SECHEF terms of reference and initiative charter documents. There is always an overriding focus on the individual project / HSP. At times it is harder to do with the community members due to the sheer numbers (over 50+ of them);

That the CEO Discussion Report be accepted as circulated.

Moved by: D. Sansom
Seconded by: C. Salt
Carried – 2015-126-06

RECESS – 12:47 pm – 1:17 pm

That the board consider matters of public interest regarding Approval of In Cameral Minutes; Nominating Committee – Recommendation to Minister for Board Membership; Picton Residential Hospice; Quinte Health Care Update; Brockville General Hospital Update; Frontenac County Mental Health and Addiction Services (FCMHAS) – Audit – Draft Findings and CEO Evaluation and Compensation Committee – Board Report pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).

Moved by: L. Burrows
Seconded by: J. Cosier
Carried – 2015-126–07

8. In Camera Session: – 2:18 pm

9. **Timer** *–to be added by chair.*
10. **Observer** *– to be added by chair.*

11. Date, time and location of next meeting:
Monday April 27, 2015 – SE LHIN Offices

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

12. Adjournment
That the meeting be adjourned at TBC by chair.

Motioned: to be confirmed by chair.

NOTED DEPARTURES:

Meeting Chair: ______________________
Donna Segal

Secretary: ______________________
Paul Huras