South East Local Health Integration Network

Board of Directors Meeting No. 116

Monday March 31, 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; Arthur Ronald; Dave Sansom (quorum); and Paul Huras (CEO)
Recorder: Jacqui Prospero
Regrets:
Guests: Sherry Kennedy (COO); Pat Reynolds (Board Coordinator); Caitlin denBoer (Communications Lead); Paula Heinemann (Director Corporate Services); Mike McClelland (Sr. Financial Analyst); Michael Spinks (Director, Knowledge Management); and Cynthia Martineau (Director, Health System Design).

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1. **Call to Order, Chair's Remarks and welcome of guests.**
   The Chair welcomed guests and members to the meeting at 9:35 am.

2. **Selection of Timer and Observer:**
   a. Timer = L. Burrows
   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: A. Ronald
Carried – 2014-116-01

5. **Approval of the Agenda**
   That the Agenda be approved as circulated.

Moved by: D. Sansom
Seconded by: A. von Cramon
Carried – 2014-116-02

6. **Approval of Minutes**
    a. Minutes of Monday February 05, 2014 Special Board Meeting #114 A (attached)

That the Minutes of Monday February 05, 2014 Special Board Meeting #114 A be approved as amended.

Moved by: L. Burrows
Seconded by: D. Sansom
Carried – 2014-116-03

    b. Minutes of Monday February 24, 2014 Board Meeting #115 (attached)

That the Minutes of Monday February 24, 2014 Board Meeting #115 be approved as circulated.

Moved by: J. Cosier
Seconded by: L. Burrows
Carried – 2014-116-04

7. **Business Arising:**
    a. Addictions and Mental Health Redesign – Direction to proceed to implementation planning – 9:43 am

- D. Segal summarized the discussions over the past several months at the board level in order to provide further background information to attendees.
- P. Huras reviewed the briefing note that included a background summary; planning update; next steps; attached appendix and a recommendation for consideration.
- Senior staff provided the following information to the board members based on their questions and comments: the specifics around option #2 are not as clear as members would like; it was questioned about whether the implementation teams would have a view of any "sub region" issues; definition of the roles / responsibility of the regional entity versus the agencies involved requires clarification; the boards expectations of the effort that has been put forth to date and to anticipate a decision in June 2014 may not match; the original option #2 design had multiple opportunities for agency alignment and accountability, etc. and is left in this current state for the members consideration; members expressed concern about the potential of another tier of approvals that the presented option may appear to possess; there is assumption that any by-laws and accountabilities will remain in tack; due to the corporations act boards cannot delegate "up" to a regional entity; communication to the field will be an issue regardless of how the LHIN determines how to do this; this option includes a regional support along with the potential of regional governance; two constructs appear to be at odds here with a regional oversight capacity and the other with a regional support capacity; there is a need to more clearly articulate the roles of the sub-regional bodies; sub regional areas will provide input into the model, not just about their own issues / challenges / opportunities; trying to move to a consistent model that can be utilized in each region, rather than a different approach in each region that could present more challenges for the patient journey; each planning team will involve members that will ensure discussions about regional / agency issues / challenges and opportunities are fully discussed; there is a need to derive consistency in any approach that is taken by the LHIN; there is no assumption that all agencies will be asked to adopt to the "exact" same solution, but that regional exceptions will be considered; standard access with common components to ensure that the patient has the same journey regardless of where the client enters the system is a key component; having a better understanding of what the governance structure might look like will help to better inform the human resources of the implementation teams; a final model for consideration will be brought forward for consideration after the planning teams have done their work; planning teams will be working simultaneously towards their individual goals in order to bring a more robust model to the SE LHIN Board for consideration in June 2014; after a decision in June the planning teams will need to continue to move forward in greater detail which will be supported by the work of the Governance Planning Team; members expressed concern around discussing a

costing issue as part of analysis, rather than as part of a decision; any decision in the future will be made when the board has received adequate information to inform that decision, this may not be June; team deliverables are anticipated to be completed before the board of the SE LHIN makes a decision; regular updates to the board will occur and the board will determine when the most appropriate time for a decision will be; members expressed concern about not having a defined timeframe to drive focused work, rather than not having a deadline which has proven in the past to not provide for clear direction for team members working on collecting information for a decision; there is an anticipation that all of the deliverables will be completed to inform a June decision by the board; the deliverables listed for the teams do not appear to reflect planning, but more implementation / operational in nature and there appears to be a need to be more strategic which in turn provides concerns around the ability to attain the goals; language around key deliverables for governance are fine; the concern with members is the way that the information is being communicated in the slides as this is being presented to the broader public and there is a need to ensure that they understand where the LHIN is moving; and identify and clarify the language used in the slide deck.

- Option #2 – nothing has changed from the original intent of this option; there are still three sub regions with consistency across the region to improve the patient experience with services regardless of where they enter the system; one regional entity could allow for a smoother process as it relates to accountability agreements.
- Developing the future state planning teams will require that there be representatives from each AMH HSP agency across all of the planning teams; in asking for people to self-identify for participation there will be consideration of skillset, etc.; there is an anticipation that each agency would provide a list of names for consideration on all teams with the potential for multiple roles; appropriate representation on each team will include a variety from executive level and front line workers, etc.; any gaps for membership will be solved through a second or third call for membership; and there will be a need for each of these teams to self-select a chair.
- Planning Project Team –this group will be in place in order to manage the day to day of the overall project.
- Planning Steering Team – there is a need for equitable membership from addictions and mental health; and the steering committee will report to the SE LHIN board on deliverables, etc. of the progress to date.
- LHIN Board Role – it is recommended that we create the structure, populate the committees, complete the planning and then come back to the LHIN board for decision in June; there is concern about having members be involved in any “single” outcome, but rather that the members be overall champions for the LHIN decision; once a decision is made is the best time to have champions rather than to have board members be champions of each team / committee; premature at this point unless they are to be utilized for community engagement and client linkage.
- Communications and Engagement Team – this is an oversight team; communicate every step of the way; seeking feedback; if there are critical issues then to seek input at that time to inform a potential direction; membership on this team will be more clearly identified to the board members at the next update; review the plan and ensure that we have placed sufficient and appropriate engagement with clients, caregivers, and residents etc.; LHIN staff as well as provider involvement will create this team through a callout to ensure we are able to attain deliverables; leading this team will likely be a co-chair arrangement with the LHIN and an HSP; and there is the need to ensure that client involvement is a part of the input and for information distribution, perhaps a need for it to be more heavily weighted than other teams who will hopefully develop into future champions as the changes in AMH move forward.
- Capacity build question – budget for the planning efforts is not yet detailed as funds would be used from the Community Surplus / Reallocations for 2014-15 year; and capacity is a concern within the LHIN resources, but also within those of HSPs.

- Committee member consideration will help to drive where support may come from; there may be other projects that the LHIN will ask HSPs to put aside for a few months in order to allow for timely deliverables on this important initiative; and it was questioned about the need for any further outsourcing to support the next steps of the planning process.
- The cancelled webinar will be rescheduled, followed by the other next steps referenced in the briefing note.

That the South East LHIN Board confirm the immediate launch of the Future State Planning Process with respect to the implications of development of geographic community Addictions and Mental Health (AMH) Centres with a regional AMH vehicle to deal with regional matters such as performance indicators, conflict resolution, and knowledge translation as well as to ensure regional consistency in operations (option #2).

Moved by: D. Sansom
Seconded by: L. Burrows
Carried – 2014-116-05

RECESS – 11:19 am – 11:32 am

b. Hospital Services Accountability Agreement Extension Template 2014-15 – Approval – 11:33 am

- P. Huras reviewed the briefing note with members that included a background summary; planning assumptions; overview and status of the 2014-15 H-SAA Process; 2014-15 Performance targets to support achievement of the LHIN MLPA Performance targets; a schedule of local obligations; template amending agreement and a recommendation.
- Senior staff provided the following information to the board members based on their questions and comments: this template is used universally across all 14 LHINs; each LHIN has been asked to approve this approach in order to ensure consistency across the province; information on local obligations is important for the board members to clearly understand; regular communication with HSPs has been very important to this process; the LHINs negotiating team are working through several substantive issues on the new H-SAA development, thus requiring the proposed extension of the existing agreement.

That the South East LHIN Board approves:

i. **the Temporary H-SAA Amending Agreement template, effective as of the 1st of April, 2014, and amending the 2008-14 H-SAA by extending its term to June 30, 2014 (template attached).**

ii. **In the event that a Final H-SAA Amending Agreement is not received for approval prior to the SE LHIN board meeting of April 28th 2014, to authorize the SE LHIN Board Chair and Chief Executive Officer of the SE LHIN to re-execute the Temporary H-SAA Amending Agreement as described in item i. above for a period not to exceed 6 additional months.**

iii. **To authorize the SE LHIN Board Chair and Chief Executive Officer of the Corporation to execute the H-SAA Extensions for each Hospital in the SE LHIN, provided that the execution version of the H-SAA extension is substantially the same as the template appended to this briefing note.**

Moved by: A. von Cramon
Seconded by: D, Sansom
Carried – 2014-116-06

c. Pre-Capital Submission – Hotel Dieu Hospital (HDH) Otolaryngology Clinic – 11:38 am

- P. Huras reviewed the briefing note with members that included a background summary; and recommendation.
- Senior staff provided the following information to the board members based on their questions and comments: the project would bring the clinics into the main building; this recommendation was reviewed and supported at the February SECHEF meeting; the size of the project is large in scale.

That the South East LHIN Board accept the pre-capital proposal to support the relocation of Hotel Dieu Hospital's Otolaryngology Clinic to Health Capital Investment Branch (HCIB) with the expectation that there will be no impact on current or future operating dollars or front-line service as a result.

Moved by: J. Cosier
Seconded by: D. Sansom
Carried – 2014-116-07

d. Stocktake Update – 11:40 am

- P. Huras reviewed the briefing note provided that included a background summary; report highlights; and an outlook for the next report.
- Senior staff provided the following information to the board members based on their questions and comments: there are more "red" indicators on the summary sheet than the LHIN believes truly reflect areas of concern based on the magnitude of the variances; with ALC long length of stay patients that are discharged actually cause the indicator to appear to be in the "red" as their total days in hospital are added to the numerator for calculation purposes; the recent strike by personal support workers (PSW) workers did not overly affect the South East Community Care Access Centre (SE CCAC) services provided; fluctuations in the quality and improved health outcomes can be quite large from quarter to quarter; this information will help to inform negotiations with the Ministry of Health and Long-Term Care (MOHLTC) for the new Ministry / LHIN Performance Agreement (MLPA's) beginning in April 01, 2014; the recent addition of an MRI at Kingston General Hospital has limited impact on the numbers as this inidicator only tracks priority four cases; all surgical and GI indicators are all priority 4 cases; the priority four MRI cases from Kingston General Hospital (KGH) usually shift to the private clinics or are not done in Kingston (this is just one of the challenges with some of the reporting with the MOLTC that the LHIN continues to address).

e. Chairs Update - 11:47 am

- D. Segal noted for members comments as they relate to the following topics:
    i. Local Health System Integration Act (LHSIA) Update included information on the committee process and hearings; PAN-LHIN submission and information along with next steps in the review. Everyone, except for the OHA, has made their presentations to the standing committee, Standing Committee will then have a final report for the government of the day, and timelines are not known at this time.
    ii. Retreat – the Chair felt the time together was helpful and a summary of proceedings will be provided by the consultant in the coming week. A policy on integration is likely to be the first item that will be addressed. A broader discussion on the board retreat will take place at the next board meeting.

f. CEO Discussion Report – 11:50 am

- P. Huras reviewed the report provided to members at the meeting that included an update on Clinical Services Roadmap; Health Links Update; Sustainability / Role RfP Update; Hospital Information System (HIS) Update and Health Horizon, Issue 24: Focus on Mental Health Research.

- 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 – the Rural Kingston Health Link is led by a Family Health Organization.
  c) Sustainability / Role RfP update – the decision should be made by the end of April.
  d) Hospital Information System (HIS) Update – HIS is the complete information technology at hospitals which includes clinical documentation and human resources, finance, etc.; and in the future the goal is to have the Health Links have access to patient level information from the hospitals.
  e) Health Horizon, Issue 24: Focus on Mental Health Research - 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 – 2014-116-08

LUNCH & Education Session – 12:05 pm – 1:10 pm

That the board consider matters of public interest regarding Approval of In Camera Session Minutes; Organizations Under Performance Improvement Plans / Review; Final Report – Providence Care Tier III Divestment; Providence Care – Behavioural Support Office – External Review and CEO Evaluation / Compensation Committee Recommendation 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 – 2014-116–09

8. In Camera Session: - 1:10 pm

That the Chair rise and provide a verbal report from Approval of In Camera Session Minutes; Organizations Under Performance Improvement Plans / Review; Final Report – Providence Care Tier III Divestment; Providence Care – Behavioural Support Office – External Review and CEO Evaluation / Compensation Committee Recommendation.

Moved by: J. Cosier
Seconded by: D. Sansom
Carried – 2014-116–15

9. *Timer – to be added Chair (Staff were excused from the room)*
Observer – to be added by Chair (Staff was excused from the room)

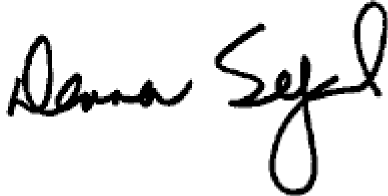
10. Date, time and location of next meeting:
Monday April 28, 2014 – SE LHIN Offices

Future meetings:
Monday May 26, 2014 – SE LHIN Offices
Monday June 23, 2014 – SE LHIN Offices
Monday August 25, 2014 – SE LHIN Offices
Monday September 29, 2014 – SE LHIN Offices

11. Adjournment
That the meeting be adjourned at – Time to be confirmed by Chair.

Motioned: J. Cosier

Noted departures:



Meeting Chair: ______________________________

Donna Segal

Secretary: ______________________________

Paul Huras