

South East Local Health Integration Network

Board of Directors Meeting No. 148

Monday May 29, 2017

Cardinal Room
South East LHIN Offices
71 Adam Street
Belleville, Ontario

MINUTES

Present: Donna Segal (Chair); Chris Salt (Vice Chair); Brian Smith (Vice Chair); Annette Bergeron; Lois Burrows; Jack Butt; Jean Lord; Maribeth Madgett; David Vigar; (quorum); and Paul Huras (CEO)

Recorder: Jacqui Prospero

Regrets: None.

Guests: Sherry Kennedy (VP, Operations); Cynthia Martineau (VP, Strategy, Planning & Integration); Joanne Billing (VP, Home & Community Care); Caitlin denBoer (Directors, Communications & Engagement); Paula Heinemann (VP, Human Resources & Organizational Development); Gary Braidia (Project Management Officer); Megan Jaquith (Health Planner); and Janine DeVries (Board Coordinator).

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

The 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 – J. Butt
- b) Observer – D. Vigar

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 items be approved as circulated.

**Moved by: B. Smith
Seconded by: C. Salt
Carried – 2017-148-01**

5. Approval of the Agenda

That the Board Agenda be approved as amended to include a discussion in camera regarding priorities by the workgroup for transformation.

**Moved by: L. Burrows
Seconded by: J. Butt
Carried – 2017-148-02**

6. Approval of Minutes April 24, 2017 Board Meeting #147 (attached)

That the Minutes of Monday April 24, 2017 Board Meeting #147 be approved as amended to reflect the correct title for the Finance, Audit, Resource & Risk Committee; to reflect that M. Madget heard from multiple community sources (not specific ones) related to the community support services event she attended; to include comments from the observer.

**Moved by: C. Salt
Seconded by: B. Smith
Carried – 2017-148-03**

7. Generative Discussion:

None at this time.

8. Strategic Discussion:

None at this time.

9. Fiduciary Discussion: 9:45 am

a. Patients First – Transition Day Update – 9:45 am

- P. Huras provided an overview of the briefing note for members which included an executive summary; attached presentation and checklist summary for consideration.
 - Senior staff provided the following information based on questions and comments:
 - Challenges surrounding cheques being delayed are for staff (expense related, not salary) and some smaller vendor payments; no service provider organizations are involved; there continues to be technology challenges related to the slowness of our overall network, however it has not been detrimental to work getting done.
 - Provincially there were lead up meetings to help begin discussions with the unions as the entities commenced coming together to begin work towards our “new world”; tools and resources have been developed provincially to help drive consistency across the province as it relates to unions; not all 14 LHINs have the same unions and some of the collective agreements for those that are with the same differ;
 - The South East LHIN HealthLine.ca is going to continue at this time, including discussions around improvements (southeasthealthlhinc.ca).
 - The current Ministry LHIN Accountability Agreement (MLAA) will need to be updated later in the year; currently only 6 LHINs have transitioned and MOHLTC has asked that we wait until full transition provincially has happened and can help to drive consistent messaging.
 - Transition has been about the LHIN and the CCAC joining to become the new LHIN; there has been a need for consistency of messaging; a fulsome communications strategy is needed, however the approval process for both internal / external communications has been somewhat cumbersome; measuring how effective the strategy is will be challenging as much of the value of what we are guiding and what we are doing at this point is not measureable; communications objectives may need to be more related to marketing and promoting the changes that are occurring due to the transition.

b. Patients First – Sub Region – Transformation Update – 10:13 am

- P. Huras noted for members that the executive level of our organization structure is confirmed; VP of Clinical is Dr. David Zelt (former Chief of Staff at Kingston General Hospital) 2.5 days a week; clinical leads will likely be confirmed before mid-June; there will be meetings in each sub-region at the end of June or early July to set the stage for Health Service Providers (HSPs) on how this initiative will be rolled out through the region; during the summer sub region profiles will be developed; in the fall we will be having meetings related to planning specifically for each sub region area.
- P. Huras has had an opportunity to speak with the Strengthening Collaborative Governance (SCG) Committee to help them better understand the sub-region concept, including the links between primary health care (PHC) and other providers; clinical leads for the sub-regions come from a variety of specialities, including primary care, specialists, etc.; reporting relationship is direct to the VP of Clinical and the CEO; LHIN staff who are Sub Region Directors are full time employees.
- The area of the Lanark, Leeds and Grenville has expressed continued concerns about how their region will be approached from a sub-region area as it cross' two LHINs (Champlain LHIN / South East LHIN); regardless of where the boundaries are it will not affect the care for clients in either LHIN; as sub regions are being planned there are French Language Service (FLS) guidelines that will continue to be maintained; FLS guidelines are part of the service accountability agreements with the LHINs in areas that have been designated.
- An updated organization chart was circulated to members to reflect the assignments of sub region both administratively and clinically.

BREAK – 10:27 am – 10:42 am

c. Pre-Capital Submission from Kingston Health Sciences Centre – Kingston General – Hybrid OR 1 Cardiovascular Suite – 10:43 am

- P. Huras provided an overview of the briefing note which included a purpose; executive summary; project overview; risks and a recommendation for consideration.

That the South East LHIN Board endorse the pre-capital submission for the renovation of existing OR space at KGH on Kidd/Davies Wing Level 2 to accommodate a new CT/Fluoroscopy system 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) That the hospital cover all associated costs of the equipment purchase and renovation; and**
- c) There will not be any negative impacts on patient services during and after the upgrade.**

**Moved by: B. Smith
Seconded by: C. Salt
Carried – 2017-148-04**

d. Quinte Health Care – Prince Edward County Memorial Hospital (PECMH) Stage 1 A Capital – 10:45 am

- P. Huras provided an overview of the briefing note which included a purpose; executive summary; risks and a recommendation for consideration.
 - Senior staff provided the following information based on questions and comments:
 - This is stage 1 A, then we will consider 1 B, and then planning / site confirmation; this will be a new build with the site location under review; the end state of having the family health team and hospital residing in the same building is a key component of this plan; there has been strong public support for this initiative; there are still no financials at this time, however more details will come in the 1B application and then as the stages progress; there is no anticipation for incremental volumes for the hospital; the bed allotment for the site will remain consistent; there is an opportunity for any public member that has access to the website for the hospital to enquire about pending changes, the process, services, etc.; site location appears to be the pressing issue, but it will not get in the way of the final redevelopment decisions, which will be made by the Quinte Health Care board of directors.

That the South East LHIN Board endorse the Stage 1A Master Program proposal from Quinte Health Care (QHC) for the redevelopment of Prince Edward County Memorial Hospital (PECMH) and recommend it proceed to Health Capital Investment Branch with the proviso that:

- a. There will not be negative implications to patient care as a result of the redevelopment**
- b. The redevelopment will be aligned with regional and provincial priorities.**

**Moved by: J. Lord
Seconded by: J. Butt
Carried – 2017-148-05**

e. Chair's Update – 10:52 am

- D. Segal noted for members that she recently attended an event with the former Community Care Access Centre (CCAC) Board of Directors as the organization was winding down activities; D. Segal provided the former CCAC Board Members with a letter of thanks for their work in getting to integration with the LHIN; board members were encouraged to keep their eyes on the priorities of transition as we move forward to transformation; the PAN LHIN Chairs have met via conference call, to discuss the six transitions which have occurred.
- D. Segal updated members on the CEO Evaluations and Board Evaluation in that the board scorecard is likely to go out in early June for their consideration; after review by the committee it may come back to the board in August.
- The SCG committee noted that the regional governance forums are beginning to take shape and work towards planning for their workshops.
- The Quality committee is just beginning to select a date for a first meeting
- Governance / Nominating Committee is still working with staff around committee terms of reference (including comparison among committees' roles, etc.) to help drive discussions around the norms and exceptions as it relates to work plans; Nominations will begin to ramp up related to board member vacancies; potential recommendations for board / staff regarding meeting efficiencies, etc. are being considered; all committees will have similar "work plan" objectives that will allow them to roll up into one governance / board work plan.
- Finance, Audit, Resource and Risk (FARR) Committee has noted that the final fiscal 2016-17 financials will be ready for mid-June; the "stub" year will not be ready for August 2017.

f. Community Engagement – Board Member Updates – 11:06 am

- J. Butt – on transition day he spent the day with C. Martineau visiting sites and staff of the new entity; recently the eastern governance forum held a meeting to collaborate on projects including sharing across sectors, etc..
- J. Lord – on May 05 met with MPP Kiwala on behalf of the LHIN to attend the funding announcement regarding hospital funding; last Thursday he attended the AGM for the Réseau, which included Champlain & South East LHIN staff; at this AGM Carrie Fraser provided feedback on Patients First in French, noting the mandate letter was specific on its deliverables to this community; currently 26 organizations are seeking designation across the province; at this AGM Jackie Redmond (former CEO for the South East CCAC) was recognized for her efforts related to FLS services in the region; Ombudsman for Patients, Christine Elliott has a mandate that currently covers the CCAC / Hospitals / FLS providers, but it is not clear how this will be utilized post transition.
- D. Segal attended the ribbon cutting for Providence Care along with the Minister of Health and other dignitaries.
- B. Smith – attended transition day activities with P. Heinemann in the Belleville area.

g. CEO Discussion Report – 11:19 am

- P. Huras provided an overview of the report which included:

a) Health Care Tomorrow

- i. Hospital Project – Refresh – documentation previously circulated addressed financials for this project, which are being updated at the request of the project organization chairs; the clustering maturity is specific to the HIS / IT projects; Common Intake Assessment Centre (CIAC) is for hips / knees specifically and will expand in the future to include other services; the ability to move forward with all of the projects is not possible from the hospitals perspectives, which is why certain projects are moving forward sooner, while others will be delayed slightly.
- ii. Addictions and Mental Health Redesign – the report related to metrics is still being considered by the strategic alliance, but has been delivered by the consultant; once ready it will come to the LHIN board; there are only two metrics provincially, the local ones flush out the requirements; there is likely an intent to expand the provincial ones, however they have not yet been able to confirm the quality related to those metrics; there is no timeline on when we might have an adjustment to provincial metrics, which would be above and beyond the Health Quality Ontario requirements; provincially the South East LHIN has been recognized for its work in this area.
- iii. SHiiP – all data fed from Community Support Services (CSS) agencies will be active (i.e.: their data will be available in the system); not all CSS users will be looking at it by the end of June; all of the funds invested in SHiiP are from the South East LHIN and there is no expectation of return compensation for our investment; Dr's have now begun to express a need to want this data imbedded in their Emergency Medical Records (EMRs); work continues at the provincial level to more fully integrate this initiative across the province.

- b) **Patient and Family Advisory Council (PFAC)** – membership on the committee is likely to be in the range of 15; the board will be informed of the activities of this committee via the LHIN CEO; there is consideration of having a LHIN board member as a liaison on the committee; there is potential for French Language as part of the recruitment process; board members will advise D. Segal regarding potential involvement; future meetings will take place in the LHIN, likely Kingston; criteria for membership will be included as part of the recruitment process; there may be the need for a membership framework in order to clearly show how and why the membership is who they are; this committee will report to the LHIN CEO (as it reports to the “organization”); advice will come to the LHIN CEO and then to the board as required; deliberations of the committee will be public and captured as it is considered community of engagement.;

That the CEO Discussion Report be received.

**Moved by: J. Butt
Seconded by: D. Vigar
Carried – 2017-148-06**

That the board consider matters of public interest regarding Approval of In Camera Session Minutes of the Board; Board Member Committee Assignments; Go-Forward Meeting Style; Organizations Under Performance Improvement Plans (PIP) / Review; Finance Audit Risk & Resource (FARR) Committee – Audit Report; Patients First Update; Priorities by Workgroup for Transformation and CEO Performance & Board Evaluation Committee pursuant to Section 9 (5) of the Local Health Systems Integration Act 2006.

**Moved by: D. Vigar
Seconded by: C. Salt
Carried – 2017-148-07**

10. In-Camera Session – 11:45 am

That the Chair rise and provide a verbal report from the In Camera Session regarding Approval of In Camera Session Minutes of the Board; Board Member Committee Assignments; Go-Forward Meeting Style; Organizations Under Performance Improvement Plans (PIP) / Review; Finance Audit Risk & Resource (FARR) Committee – Audit Report; Patients First Update; Priorities by Workgroup for Transformation and CEO Performance & Board Evaluation Committee pursuant to Section 9 (5) of the Local Health Systems Integration Act 2006.

**Moved by: L. Burrows
Seconded by: C. Salt
Carried – 2017-148-11**

At the request of the Board the following motion was moved into the open session:

That the Board Committee membership be confirmed, effective May 29, 2017 as attached and augmented to reflect an 11th Board appointment at the May Board Meeting.

**Moved by: L. Burrows
Seconded by: C. Salt
Carried – 2017-148-09**

11. Date, time and location of next meeting:

June 26, 2017 – SE LHIN Offices

Future meetings:

August 21, 2017 – SE LHIN Offices
September 25, 2017 – SE LHIN Offices
October 30, 2017 – SE LHIN Offices
December 11, 2017 – SE LHIN Offices

12. Timer & Observer:

Timer – went over.

Observer –

13. Adjournment

That the meeting be adjourned at 3:30 pm

Moved by: J. Butt

NOTED DEPARTURES:



Meeting Chair:

Donna Segal



Secretary:

Paul Huras