

South East Local Health Integration Network

Board of Directors Meeting No. 122

Monday October 27, 2014

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

MINUTES

Present: Andreas von Cramon (Vice Chair); Lois Burrows; Janet Cosier (arrival 9:52 am); Dave Sansom (quorum); and Paul Huras (CEO)

Recorder: Jacqui Prospero

Regrets: Donna Segal (Chair)

Guests: Sherry Kennedy (COO); Larry Hofmeister (Director, Funding and Allocations); Caitlin denBoer (Communications Lead); Olga Nikolajev (Hospice, Palliative Care Planner); Steve Goetz (Director, Performance Optimization); and Pat Reynolds (Board Coordinator)

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

The Vice Chair welcomed guests in the room, on the phone and other board members to the meeting at 9:35 am.

2. Selection of Timer and Observer:

- a. Timer = D. Sansom
- b. Observer = L. Burrows

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. 2nd Quarter Report
- g. 2014-2015 Board Funding Summary Report-2nd Quarter and Preliminary 3rd Quarter

That the Consent Agenda be accepted as circulated.

Moved by: D. Sansom
Seconded by: L. Burrows
Carried – 2014-122-01

5. Approval of the Agenda

That the Agenda be approved as amended.

Moved by: D. Sansom
Seconded by: L. Burrows
Carried – 2014-122-02

6. Approval of Minutes

- a. Minutes of Monday August 25, 2014 – Meeting # 120 (attached)

That the Minutes of Monday August 25, 2014 – Meeting # 120 be deferred.

- b. Minutes of Monday September 29, 2014 – Meeting # 121 (attached)

That the Minutes of Monday September 29, 2014 – Meeting # 121 be deferred.

7. Business Arising:

- a. Hospice Palliative Care – 9:54 am

- P. Huras introduced Olga Nikolajev who reviewed the documentation provided to members which included a background overview; the South East Hospice Palliative Care Vision; regional work plan priorities for 2015-18; next steps; recommendation and attached presentation.
- Senior staff provided the following information based on questions and comments: the vision in the document captured the direction of this initiative nicely and will be effective in helping to shift the cultural approach to end of life / palliative hospice; members feel a need to better understand the current state of hospice palliative care in order to better understand the direction of this initiative; it was noted that the board education could be more broadly shared as it would also help the public to better understand future direction or recommendations; there are concerns that although the overall LHIN numbers for palliative beds is not very high, many other classifications of beds in our health service providers are being utilized for this purpose; a cost analysis has been helpful in trying to identify where the most cost effective place to spend palliative time should be and was based on the patients preference, need for services / resources, etc.; currently some hospitals provide palliative stays for patients, however there are no beds in the SE LHIN region that are classified as palliative; members noted the need to utilize health links to help drive the patient focus for palliative hospice care as they are likely to better determine the right care for the patient at the right time and place; hospice services in the province have grown from community initiatives to its current state and the LHIN provides funding for the care that is provided in these types of settings.

That the Board of the SE LHIN accept and support the 2015-18 South East Hospice Palliative Care (SE HPC) Regional Work Plan.

**Moved by: J. Cosier
Seconded by: D. Sansom
Carried – 2014-122-03**

- b. Health System Funding Reform (HSFR) – 10:20 am

- P. Huras introduced Steve Goetz to the members who reviewed the documentation provided to members which included a presentation with reasons for change; HSFR; how to support transition and moving forward.
- Senior staff provided the following information based on questions and comments: HSFR will better reflect needs of the community with more equitable allocation of health care dollars, leading to better quality care and improved outcomes. It will also help to moderate spending growth to sustainable levels by adopting and learning from approaches used in other jurisdictions. This approach is being phased in over time at a managed pace. There is no “ideal” hospital has been utilized in order to provide services to the community based on operations and services provided. Best practice pathways are currently being developed in order to provide the right services to the communities. This new funding reform clearly rewards efficiency and effectiveness. There are opportunities for improved outcomes and better experiences. The SE LHIN is working towards common access and referral in order to better address wait times, access to specialists, etc. Some of the high volume relatively simple procedures may be removed from hospitals for efficiency and customer service standards.

- The SE LHIN is having a hard time with this initiative compared to other LHINs as we have been in an “over funded” stage for several years now, thus there is more room to achieve the provincial targets. Planned key enhancements for the HSFR funding model are service component, acute level of care enhancement, data quality and education. SE LHIN hospitals saw their funding decrease by \$6.5 Million from 2013-14 funding levels. A number of hospitals have implemented efficiencies in 2013-14 that are not reflected in the 2014-15 funding; these will be reflected in the 2015-16 model. In Quinte Health Cares’ (QHC) scenario a knee jerk strategy may be to cut services, which will actually cut their volume, and then it will affect the organizations ability to receive funding under the HSFR model for future years. The SE CCAC is part of the HSFR as they are receiving the responsibilities for services that are likely moving from hospitals to the community. QHC is not having any challenges with the services they offer; however it is around the cost structure of providing those services that is in question.
- c. Addictions and Mental Health (AMH) Redesign Update – 11:16 am
- P. Huras reviewed the documentation provided to members which included progress update on Governance Transition Teams (GTTs); Transitional Alliance (TA); risks and mitigation strategies; AMH Integration Plan Outline (draft); and a list of AMH Transitional Alliance Team Members.
 - Senior staff provided the following information based on questions and comments: the transitional alliance teams are working quickly to meet the tight timelines, while ensuring they are addressing concerns / issues as they arise; and Project Management Office (PMO) services are being provided by different organizations / firms for the GTTs.

BREAK – 11:25 AM – 11:37 am

- d. Hospital Sustainability – 11:37 am
- P. Huras reviewed the documentation provided to members which included some background information; and an update post SECHEF meeting on October 15, 2014.
 - Together the SECHEF members will look to improve quality and access for patients across the entire hospital system. Hospitals are committed to working collaboratively and making sure that the options developed best meet the needs of patients now and in the future while delivering the best options for healthcare tomorrow.
- e. Chair’s Update – 11:44 am
- A. von Cramon indicated that D. Segal will likely update members at the November Board Planning session on her provincial activities.
- f. Community Engagement Board Member Update - 11:45 am
- L. Burrows and J. Cosier recently attended the Rideau Community Health Centre Board Retreat that included a presentation on the Canadian Index of Wellbeing which focused on themes and indicators (64 in total) of the index.
- g. CEO Discussion Report – 11:52 am
- P. Huras reviewed the report provided to members which included an update on Clinical Services Roadmap; Health Links Update; Joint Procurement – SE / Champlain LHIN; Stroke Care – QBP Update; Primary Health Care (PHC) Forum; Champlain LHIN Engagement and Deputy Minister Visit.

- 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 – no comments or questions at this time.
 - c) Joint Procurement – SE / Champlain LHIN – no comments or questions at this time.
 - d) Stroke Care – QBP Update – no comments or questions at this time.
 - e) Primary Health Care (PHC) Forum – no comments or questions at this time.
 - f) Champlain LHIN Engagement – no comments or questions at this time.
 - g) Deputy Minister Visit – no comments or questions at this time.

That the CEO Discussion Report be accepted as circulated.

**Moved by: L. Burrows
Seconded by: D. Sansom
Carried – 2014-122-04**

That the board consider matters of public interest regarding Approval of In Camera Session Minutes Acquired Brain Injury (ABI) Update; 2nd Quarter Risk Summary Report and CEO Compensation & Evaluation pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).

**Moved by: J. Cosier
Seconded by: D. Sansom
Carried – 2014-122-05**

8. In Camera Session: - 12:10 pm

That the Chair rise and provide a verbal report from Approval of In Camera Session Minutes Acquired Brain Injury (ABI) Update; 2nd Quarter Risk Summary Report and CEO Compensation & Evaluation.

**Moved by:
Seconded by:
Carried – 2014-122-06**

- 9. Timer – Recorder was not in the room for this item
Observer – recorder was not in the room for this item**

- 10. Date, time and location of next meeting:
Monday December 15, 2014 – SE LHIN Offices**

Future meetings:

Monday January 26, 2015 – SE LHIN Offices
Monday February 23, 2015 – SE LHIN Offices
Monday March 30, 2015 – SE LHIN Offices
Monday April 27, 2015 – SE LHIN Offices

11. Adjournment

That the meeting be adjourned at 12:54 pm

Motioned: D. Sansom

Noted departures:



Andreas von Cramon

Meeting Chair:

Andreas von Cramon



Secretary:

Paul Huras