

South East Local Health Integration Network

Board of Directors Meeting No. 159

Monday September 24, 2018

Boardroom
South East LHIN Offices (Brockville)
555 California Ave., Unit #1,
Brockville, ON K6V 7K6

MINUTES

Present: Hersh Sehdev (Chair); Brian Smith (Vice Chair); Annett Bergeron; Jo-Anne Brady; Lois Burrows; Jack Butt; Jean Lord; Maribeth Madgett; Marsha Stephen; David Vigar; (quorum); and Paul Huras (CEO).

Recorder: Jacqui Prospero

Regrets: Steve Gauthier; Linda Murray;

Resources: Sherry Kennedy (VP, Operations); Joanne Billing (VP, Home and Community Care); Amber Gooding (Acting Director, Communications and Engagement); Cynthia Martineau (VP, Strategy, Planning and Integration); Paula Heinemann (VP, Human Resources and Organizational Development); Dr. David Zelt (VP Clinical); Laurey Stolk (Administrative Assistant, Office of the CEO); and Janine DeVries (Board Coordinator).

****PHONE**

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; noting concerns and support for residents in the northern portion of our area and the Champlain LHIN.

2. Selection of Timer and Observer:

Timer – M. Madgett

Observer – L. Burrows

3. Conflict of Interest Declaration

All members confirmed no conflicts.

4. Consent Agenda:

- a. Board Correspondence
- b. Chairs Declaration
- c. Chairs Report
- d. Committee Minutes
- e. Quarterly Capital Projects Update

That the Consent Agenda items be approved as circulated.

Moved by: L. Burrows
Seconded by: B. Smith
Carried – 2018-159-01

5. Approval of the Agenda

That the Board Agenda be approved as circulated.

Moved by: J. Lord
Seconded by: J. Butt
Carried – 2018-159-02

6. Approval of Minutes

Approval of Minutes June 25, 2018 Board Meeting #158 (attached)

That the Minutes of Monday June 25, 2018 Board Meeting #158 be approved as circulated.

Moved by: L. Burrows

Seconded by: B. Smith

Carried – 2018-159-03

7. Generative Discussion:

a. Canadian Frailty Network – Denmark Study Tour – 9:34 am

- P. Huras noted for members that the Canadian Frailty Network (CFN) is Canada's network for older Canadians living with frailty. They are dedicated to improving care of older Canadians living with frailty, and supporting their families and caregivers. They are located in Kingston.
- C. Martineau provided an overview of the briefing material for the members' consideration from her recent study tour in Denmark focused on its health care system arranged by the Canadian Frailty Network. She outlined the purpose; executive summary; and attached appendices. The attached presentation included an overview on the Danish Healthcare System, supporting people at home, innovations in e-Health, long-term care, palliative care, innovation and citizen engagement and reflects.
- Board members and senior staff provided the following information based on questions and comments:
 - Compassionate Kingston is an initiative that likely needs to be expanded in order to begin to achieve and align with some of the recommendations from the presentation today; there are opportunities to begin to work more closely with retirement homes in order to better adapt to the changes associated with aging patterns;
 - Denmark does not have a Medically Assistance In Dying (MAID) program;
 - Currently paramedics are not allowed to provide referrals or assistance to keep residents from going to hospitals (specifically related to falls); Sarnia / Lampton area (municipalities control EMS services) has begun a new pilot in order to begin to address the challenges of falls prevention and not going to the hospital;
 - Currently community paramedicine is reviewing standard practices, etc.; however training paramedics in the approach would take time / funding and agreements with municipals would be required as they have accountability for EMS services;
 - There may be opportunities for the new government to discuss where services are best accountable to (i.e.: do EMS services need to be managed by municipalities)
 - Healthcare in Denmark is NOT political and therefore doesn't "wax and wane" as government changes;
 - The mix for healthcare in Denmark is mostly publically managed; public partnerships are more related to retirement homes; physician remuneration is 50% salary and 50% fee for services which ensure that those that are "paid" as salary are expected to adopt country wide initiatives, such as electronic health records;
 - Members felt that the "life to years, rather than years to life" is an interesting perspective on how we age; the ability to educate and train healthcare workers on where to go for what and how to get access to information and services is key to improvements in an overall integrated system of regional care;
 - The LHINs Older Adult Strategy in the South East already has many of the elements discussed today, however there is a need to further expand on the programs to be more inclusive of training and education for more than healthcare workers (i.e.: care givers, family members, etc.);
 - Care coordination is something that is not discussed until required in Ontario's health care system, at any level; early discussions are important (although hard) ensuring that clients can have better access to services and initiatives that can help them live actively during their later years;

- Technology is an enabler for the broader system, however the ability to drive changes in remuneration for physicians is a challenge and can only be dealt with at the provincial level with discussions between the Ontario Medical Association (OMA) and the Ministry of Health and Long-Term Care (MOHLTC).
- Regarding our Older Adult Strategy, we will need to keep track of funding directed toward aligned services.

8. Strategic Discussion:

a. Draft Health Equity Framework – Feedback from the Board Task Force – 10:23 am

- P. Huras reminded members that the board has had strategic discussions about health equity in the past; work has been undertaken by the task force which has landed on this draft framework for the purpose of discussion on how we would incorporate in our decision making; recent meetings with the region's three medical officers of health included discussions on how the LHIN could identify indicators to measure progress on health equity;
- M. Stephen provided an overview of the briefing material for the members' consideration which included a purpose; executive summary; associated risks and attached appendices.
- Board members and senior staff provided the following information based on questions and comments:
 - Any framework needs to be the property of the broader community, HSPs, clients, etc. rather than something the LHIN imposes on others;
 - Our public health units have committed to measuring the success (health outcomes) of this framework over time (yearly); a "test of fit" will be part of the discussions / testing against initiatives;
 - The LHIN and the Health Units are drafting a Memorandum of Understanding which will outline how we share data and analytic resources which will help us measure improvements in health equity in the South East;
 - System goals for the board will need to be confirmed after consultation in the broader LHIN, including sub regions, patient stories, annual health equity audits (internally as an organization), including requirements to identify minority populations and non-traditional providers of health – i.e.: municipalities;
 - Funding for rural assisted living is part of "equity" for residents;
 - Next steps will include more socialization of this document, including the Strengthening Collaborative Governance Committee, sub regions and Patient / Family Advisory Committee (PFAC), Health Service Providers (HSPs), etc.;
 - This report to the board concludes the task forces work.
 - Paul H and Cynthia M will determine how to go forward – potential webinar for HSPs;
 - Paul will share the PHU/LHIN MOH in his CEO report when it's finalized?

9. Fiduciary & Oversight Discussion: 10:48 am

a. Ministry Direction- Update

- P. Huras noted for members that no documentation has been provided by the MOHLTC on plans for the immediate or future timeframes; the provincial deficit is larger than was originally reported by the previous government; the new government is very focused on austerity which will be defined in the coming months or weeks; agency assessments are anticipated and will be focused on the number of agencies and possibly a restructuring of their roles; the Chairs and CEOs from the LHINs have provided written advice to the new administration; the current government will be looking for efficiencies in the system; a hiring freeze has been directed province wide, with exceptions that can be submitted for approval; the LHIN is currently managing within the restrictions, while trying to mitigate any issues with staff being overwhelmed;

- Board members and senior staff provided the following information based on questions and comments:
 - A revised mandate letter is anticipated in the coming months that will include fewer specific deliverables which will help drive the changes required for improved health care;
- b. Addictions, Mental health Services – Kingston, Frontenac, Lennox and Addington (AMHS-FKLA) – Investigators Report & Progress Update – 11:01 am**
- P. Huras provided an overview of the briefing material for the members’ consideration which included a purpose; executive summary; associated risks; attached appendices and a recommendation for consideration.
- Board members and senior staff provided the following information based on questions and comments:
 - Due to the LHINs role as “caretaker” at the time of receipt of the report we were unable to publicly release the investigator’s report earlier
 - ; the LHIN recently met with the agencies involved in order to ensure they were in a position to address the concerns of employees, vendors / partners and media once the report was released to the public later today (via the South East LHIN website);
 - It was noted that although we are “off track” on some of the recommendations there is a belief that we will be more on track at the time of the next update due to staffing shifts at the agency;

That the Board of the South East LHIN receive the Investigator’s Report for AMHS - KFLA dated May 23, 2018 and direct staff to monitor the agency’s improvement efforts arising therefrom.

Moved by: A. Bergeron
Seconded by: B. Smiths
Carried – 2018-159-04

- c. Recommendation to Appoint an Investigator for Community, Primary Health Care (CPHC) –**
- P. Huras provided an overview of the briefing material for the members’ consideration which included a purpose; executive summary; background; associated risks; attached appendices and a recommendation for consideration.
- Board members and senior staff provided the following information based on questions and comments:
 - The Patients First Act (Legislation) requires the LHIN to conduct this type of recommendation in the “open” session of the board meeting; historically they have been “in camera” under previous legislation; the details in the note need to have information to legally qualify as informed / detailed so that any resident in the area could come to a similar conclusion / recommendation based on the information presented;
 - Open and transparent communication for entities is important for both HSPs and the LHIN in order to better understand the potential for opportunities at each entity; being transparent ensures that members of the public are fully informed, etc.;
 - The duration of the investigation will depend on how quickly the LHIN is able to secure an investigator, there will be an update to the board in December, although not a formal report at that time.
 - Members recognized that these items will be going through the FARR committee in the future as the decision making process further evolves;

That The Board of the South East LHIN appoint an investigator to undertake the following in respect of CPHC:

- 1. Examine and inspect all administrative, financial (update external audit findings to current fiscal year) and human resource management aspects of the organization to identify the underlying issues and determine the current condition of the organization.**
- 2. Examine and consider the community service design and delivery of the organization and make recommendations for improvement with respect to implementation within the umbrella of the LHIN's Older Adult Strategy (OAS).**
- 3. Develop recommendations to improve all aspects of the organization: leadership (Board and administration), community-based service operations (structure and delivery within OAS parameters), and all back office components including but not limited to human resource administration, financial administration, IT and procurement.**
- 4. Examine and consider any risks associated with current community and municipal partnerships and co-funded programs, including but not limited to SMILE and Exercise Falls Prevention programs.**
- 5. Investigate debt and make recommendations as to restructuring that debt to reduce the risk to sustainability of the agency.**
- 6. Identify any necessary remedial actions.**
- 7. Make recommendations as to whether the investigator's findings and recommendations can be delivered by existing leadership, Board and staff.**

Moved by: J. Butt
Seconded by: M. Stephen
Carried – 2018-159-05

RECESS – 11:18 am – 11:31 am

d. Improving Access to Care Coordination in Primary Health Care – 11:31 am

- P. Huras provided an overview of the briefing material for the members' consideration which included a purpose; executive summary; associated risks and attached appendices for consideration.
- Board members and senior staff provided the following information based on questions and comments:
 - During the engagement of this report discussions was widespread and diverse including consultation at the physician level;
 - Further consultation with sub region staff will be important as we move forward with socialization of the initiatives and implementation activities;
 - Currently there is a two year timeline to ensure that care coordinators are imbedded in primary health care settings;
 - Next step is to look more fully at implementation planning that will also involve consultation within a variety of the LHINs departments; which will then be discussed more broadly at the sub region level; information sharing is an enabler to this success and we will ensure that privacy and data sharing is broadly considered before we move too far down the imbedding of these staff;
 - There is likely to be an increase in the usage of the SHiiP technology and its ability to increase the coordination of care; linking the CHRIS (community care data) tool to SHiiP together will be an important connection.
 - There is a need to ensure that regular communications with the care coordinators happens quickly, however it needs to be standardized;
 - Regular updates on items of this are being provided to the SCG Committee to ensure that they are aware of the larger system initiatives;

That the Board of the South East LHIN accept the Improving Access to Care Coordination in Primary Health Care Report as presented.

Moved: D. Vigar
Seconded: J. Brady
Carried – 2018-159-06

e. CEO Discussion Report – 11:50 am

- P. Huras provided an overview of the report which included:
 - a) **Health Care Tomorrow**
 - i. Hospital Project – no comments or questions at this time.
 - ii. Addictions and Mental Health Redesign – it was noted that a metric dashboard is being created by the Strategic Alliance (SA), however it has not been brought forward to the LHIN for consideration; with the suggested redesign of the SA there is the anticipation that this item will come forward quickly, although likely needing revisions.
 - iii. Enabling Technologies Update – no comments or questions at this time.
 - b) **Home and Community Care Update** – no comments or questions at this time.
 - c) **2019-20 Rotman Advanced System Leadership Program Update** – no comments or questions at this time.
 - d) **Sub Region Activities Update** – no comments or questions at this time.
 - e) **Renal Dialysis Services Capacity Assessment (South East LHIN)** – no comments or questions at this time.
 - f) **Health Links Update**- no comments or questions at this time.
 - g) **Older Adult Strategy Update** - no comments or questions at this time.

That the CEO Discussion Report be received.

Moved by: B. Smith
Seconded by: J. Butt
Carried – 2018-159-07

f. Chair's Update – 12:01 pm

- i. **Extension of CEO Contract** – H. Sehdev noted for members that the CEOs contract was formally extended after the board of directors meeting in June 2018, noting a new retirement date of December 20, 2019.
- ii. **Chairs Vacation / Delegation of Authority** – H. Sehdev noted for members that during her pending vacation on October 24 to November 12, 2018 (inclusive) B. Smith (Vice Chair) will assume all duties and responsibilities during her absence.

g. Community Engagement – Board Member Updates – 12:04 pm

- M. Madgett noted for members that the SCG Governance Forum chairs met recently with H. Sehdev; planning a regional workshop for the South East LHIN region with focus on early spring 2019; H. Sehdev noted that the SCG Forum Chairs are hoping for more information sharing in order to ensure that governors are more informed about LHIN initiatives as well as their HSP administrative leadership;

h. CEO Performance / Board Evaluation

i. Committee Report – 12:06 pm

- J. Butt provided members with an overview of the report which included a summary from recent committee meetings.
- It was noted that members of the committee were informed last week that the LHIN board will be anticipating a provincial board member survey; it was determined that the South East LHIN not participate in the Ontario Hospital Association (OHA) survey as was recommended by the committee, but to continue on with the provincial LHIN survey for continuity across the province. The anticipated date for participation is in the March / April 2019 timeframe; the South East LHIN board does not have representation on the provincial committee, however we expect that the Chairs provincial group will see the evaluation survey before it is presented to the board for completion.

That the South East LHIN Board accept the recommendation from the CEO Performance / Board Evaluation Committee to participate in the provincial PAN LHIN Board Survey.

**Moved by: J. BUTT
Seconded by: B. SMITH
Carried – 2018-159–08**

LUNCH BREAK – EDUCATION – 12:14 pm – 1:05 pm

Staff who joined the education session - Rebecca Norris (Director, HR / Organizational Development Strategies); Amanda Worden (Manager, Organizational Development)

i. Finance, Audit, Risk and Resource (FARR) – 1:05 pm

i. Committee Report

- D. Vigar provided an overview of the briefing note for members which included a summary of recent activities and relevant appendices from the committee for the board members consideration.
- Board Members and Senior staff provided the following information based on questions and comments:
 - It was noted that the MOHLTC is requiring LHINs to go to market for insurance; currently our LHIN is working with HIROC in order to build a case of why not to go to market.

ii. 2019-20 Budget Process & Assumptions

- D. Vigar provided an overview of the briefing note for members which included a purpose; executive summary; associated risks; attached appendices and a recommendation for consideration.
- Board Members and Senior staff provided the following information based on questions and comments:
 - It was noted that the Governance budget is considered part of the overall budget which will return to the FARR committee in the fall of 2018; we are not anticipating any increases in LHIN funding that are not home care related; we are expecting a flat budget line, beyond home and community care;
 - Home and community care will continue to accept more complex patients and increased demand for more funds;
 - MOHLTC required all Personal Support Worker (PSW) rates be consistent across the province (paid the same rate for specific work) which has resulted in a blended rate for PSWs (i.e.: certain items are paid at one rate versus another); historically they were reported separately, now they are reported together; our service providers are paying the PSWs, however they can choose to pay them more per hour than is the provincial rate, which can limit the volumes / numbers they service and hire; the LHIN does get invoiced back based on what SPOs spend; the larger challenge with PSWs is that they are “pay as you work” and not shift or daily rates, including no reimbursement for travel, only for work done, etc.;

That the South East LHIN Board of Directors approve the Budget Process and Assumptions for 2019/20 budget development as recommended by the Finance, Audit, Risk and Resource (FARR) Committee.

**Moved by: D. Vigar
Seconded by: B. Smith
Carried – 2018-159–09**

j. Governance / Nominating – 1:20 pm

i. Committee Report

- B. Smith provided an overview of the briefing note for members which included a summary of recent activities and relevant appendices from the committee for the board members consideration.

ii. New Governance Model Implementation Workplan

- B. Smith provided an overview of the briefing note for members which included a purpose; executive summary; and attached appendices for consideration.

iii. Committee Structure

- J. Lord provided an overview of the briefing note for members which included a purpose; executive summary; and associated appendices for consideration.
- Board Members and Senior staff provided the following information based on questions and comments:
 - Members expressed the need for more details regarding the potential realignment of the SCG committee to the Governance Committee may provide more challenges in developing board to board communications across the region; there will be a need to clearly align the committee agenda's to address specific items that require varied members attendance;
 - There is a need for clarity re the adjustments to the FARR Terms of Reference, specifically auditing versus the finance quarterly monitoring;
 - Meeting of Committee Chairs appears to be an Executive Committee; however the intention is to reflect more of an "ad hoc" committee when required; it is intended to be more of a connection for the Chair of the Board as a consultation with specific board members on an items as required; this may involve several board members, not necessarily the chairs of the committees; there is the hope that it would develop into more of an enhanced communications strategy where there are specific intersections between committees;
 - Merging of committees is not considered to be distancing the board membership from the committee, however it is intended to be more supportive of increased governance and bringing the linkage closer to the sub regions and HSPs;

iv. Board / Committee Meeting Schedule 2019-20

- B. Smith provided an overview of the briefing note for members which included a purpose; executive summary; associated risks and attached appendices for consideration.

k. Quality – 1:42 pm

i. Committee Report

- L. Burrows provided an overview of the briefing note for members which included a summary of recent activities and relevant appendices from the committee for the board members consideration.

ii. Internal Quality System Audit

- L. Burrows provided an overview of the briefing note for members which included a purpose; progress update; background; and associated risks for consideration.

That the board consider matters of public interest regarding the approval of In Camera Board Minutes; the approval of In Cameral Committee Minutes; Chairs Update; Community Support Services (CSS) Integration in the South East; Regional Systems of Integrated Care; Draft 2019-22 Integrated Health Services Plan (IHSP5); CarePartners Data Breach / ParaMed Infection Control / Fairfield Manor East & West and VON System Outage Updates; Approach to Broader Public Sector Executive Compensation Update; Human Resources Matter; Finance, Audit, Risk and Resource (FARR) Committee; Quality Committee; and CEO Performance / Board Evaluation Committee pursuant to Section 9 (5) of the Local Health Systems Integration Act 2006.

Moved by: J. Lord
Seconded by: B. Smith
Carried – 2018-159-10

10. In-Camera Session – 1:45 pm

That the Chair rise and provide a verbal report from the In Camera Session regarding the approval of In Camera Board Minutes; the approval of In Cameral Committee Minutes; Chairs Update; Community Support Services (CSS) Integration in the South East; Regional Systems of Integrated Care; Draft 2019-22 Integrated Health Services Plan (IHSP5); CarePartners Data Breach / ParaMed Infection Control / Fairfield Manor East & West and VON System Outage Updates; Approach to Broader Public Sector Executive Compensation Update; Human Resources Matter; Finance, Audit, Risk and Resource (FARR) Committee; Quality Committee; and CEO Performance / Board Evaluation Committee.

Moved by: J. Brady
Seconded by: A. Bergeron
Carried – 2018-159-16

13. Date, time and location of next meeting:

Monday December 17, 2018 – 9:30 am – South East LHIN Offices – Belleville North Site

Future meetings:

Monday March 25, 2018 – 9:30 am – South East LHIN Offices – Belleville North Site

14. Timer & Observer:

Timer – fine

Observer – excellent generative discussion, developing into strategic discussion; members were reassured that items that were referenced for committees during discussion are tracked for follow up;

15. Adjournment

That the meeting be adjourned at 3:40 pm

Moved by: J. Brady



Chair:

Hersh Sehdev

Secretary:



Paul Huras