

# South East Local Health Integration Network

## Board of Directors Meeting No. 141

Monday September 26, 2016

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

## MINUTES

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**Present:** Donna Segal (Chair)\*\*; Lois Burrows; Jack Butt; Maribeth Madgett; Chris Salt; Brian Smith (quorum); and Paul Huras (CEO)

**Recorder:** Jacqui Prospero

**Regrets:**

**Guests:** Sherry Kennedy (COO); Sara Brown (Interim Director, Corporate Services / Controller); Amber Gooding (Communications Coordinator); Josh Cadman (HCT – HP – Implementation Coordinator);

**\*\*VIDEO**

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**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 9:35 am.

**2. Selection of Timer and Observer:**

- a) Timer – M. Madgett
- b) Observer – B. Smith

**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. Older Adult Strategy (OAS) – Community Services Definitions & Policies

**That the Consent Agenda items be approved as circulated with the removal of item # 4 E – Older Adult Strategy (OAS) – Community Service Definitions & Policies.**

**Moved by: J. Butt  
Seconded by: C. Salt  
Carried – 2016-141-01**

**5. Approval of the Agenda**

**That the Board Agenda be approved as amended.**

**Moved by: J. Butt  
Seconded by: C. Salt  
Carried – 2016-141-02**

**6. Approval of Minutes August 22, 2016 Board Meeting #140 (attached)**

**That the Minutes of Monday August, 2016 Board Meeting #140 be approved as amended.**

**Moved by: B. Smith  
Seconded by: C. Salt  
Carried – 2016-141-03**

**7. Generative Discussion:**

None at this time.

**8. Strategic Discussion:**

None at this time.

**9. Fiduciary Discussion:**

**a. Ministry / LHIN Accountability Agreement (MLAA) – Dashboard – 9:39 am**

- P. Huras provided a review of the briefing note which included a purpose; background summary; key highlights; next steps and attached appendices.
- P. Huras noted discussions at the recent SECHEF meeting which focused on the need for performance improvements and opportunities for change to help drive the improvements in the overall system; SECHEF members expressed concern related to the calculation of targets and the aggressiveness of the targets that have changed in the recent years that the LHIN no longer is able to negotiate targets but instead provincial targets are imposed on all LHINs.
- Senior staff provided the following information based on questions and comments:
  - Members were reminded that the process for addressing issues with this dashboard is generic and will be applied to organizations unable to meet their specific targets; the approach for addressing organizations failing to meet performance targets will be similar to the process currently used for failures to meet financial targets (i.e.: Performance Improvement Plans); the data lag for the various targets means we will not see the impact of the new approach until 6, 9 or 12 months, depending on the indicators; Patients First will see specific targets receiving greater focus in certain subRegions; other LHINs are taking similar approaches to issues with the MLAA Dashboards, however it is not standardized across the province; SECHEF will be very involved in moving towards improvements and will very opening discuss the opportunities and challenges; although the hospitals and CCAC are the main players involved in the MLAA report, it will be important to include community sectors as the Sub LHIN Regions develop; performance oversight and escalation will continue to be through the SAA agreements with each provider (regardless if they are members of SECHEF).
  - SECHEF accepted that when the LHIN doesn't look good to MOHLTC, they too do not look good; they do recognize there is a need for change; need to shift people from thinking about their own organization, but rather how their organization affects the overall system (patients do not just deal with one health service provider, but many).
  - There will be a need should legislation pass that the LHIN better educate itself on the business of the CCAC and its impact on improvements in the region.
  - Emergency Room (ER) improvements depend on the hospital and relationship with community providers and utilization of the SHiP tool, etc.; redirecting away from the ER happens easily if there is a close relationship with Primary Health Care (PHC) physicians, while Health Links is being utilized to help redirect patients, it is subject to the relationship with the hospital and PHC (something the LHIN is working hard at pursuing and encourage).
  - Kingston MRI has not responded to the LHINs request for information, although they have requested an increase in volumes from MOHLTC; however the LHIN could not support their request without access to their data; since Kingston MRI is an independent health facility they are not required to comply with LHIN requests, however they could become a HSP in the future should the Patients First Act pass.

**b. Assisted Living for High Risk Seniors – Funding Decision – 10:07 am**

- P. Huras provided a review of the briefing note which included a purpose; executive summary; background; and a recommendation for the members' consideration.
- Senior staff provided the following information based on questions and comments:
  - The number referenced is the total dollars for this program which supports three locations; it is one-time recurring, meaning it will recur until we determined that it should stop or be shifted to base funding; this approach to funding helps provide the HSP with stability in hiring knowing that this funding will continue for two years, and then later into base, after the pilot period has been confirmed and successfully evaluated; currently the three agencies involved have received \$1.8 M to date that serve 140 clients; evaluation will likely come back to the LHIN Board for consideration sometime in the 4<sup>th</sup> quarter 2016-17; Kingston was chosen due to its high need; although other areas have need, there is not yet a congregated group in other centres, which we anticipate will come in the future; minimum number, which will be confirmed through the evaluation, is currently estimated to be 30-40 congregated (i.e.: within 15 mins of each other, which can present some challenges in rural communities).
  - Three sites were chosen based on assessment; they are now adding services / volumes to the program; they will be evaluated, wait list come from the CCAC;
  - Many of the models across the province are driven by the availability and capacity of the housing stock, which is a challenge in the more rural areas of the province; the SE LHIN is comparatively a high spender among LHINs, on hospital and LTC services and the lowest spender on assisted living, reflecting the fact that it was the only LHIN with no Assisted Living programs back in 2005 when LHINs were first established.

**That the Board of the South East LHIN provide \$615,402 in annualized one-time recurring funding until March 31, 2018 (with an opportunity to transition to base funding depending on the results of an evaluation that will be completed by December 2017) to the Victorian Order of Nurses (VON) to increase the capacity at its Kingston Assisted Living Services for High-Risk Seniors (ALSHRS) hub from 45 to 90 clients.**

**Moved by: L. Burrows  
Seconded by: J. Butt  
Carried – 2016-141-04**

**c. Kingston General Hospital – Baby Formula Room – 10:26 am**

- P. Huras provided a review of the briefing note which included a background summary; purpose; project overview and recommendation for members' consideration.

**That the Board of the South East LHIN endorse the Pre-Capital Submission Form submission from the Kingston General Hospital related to the renovation of existing space in Kidd/Davies 5 to develop a baby formula preparation room to support the Neonatal Intensive Care Unit (NICU) equipment, with the proviso that:**

- **The hospital will absorb any increased requirement for operating dollars (as a result of the proposed development) within its existing budget**
- **There will not be any negative impacts on patient services during and after the upgrade.**

**Moved by: B. Smith  
Seconded by: C. Salt  
Carried – 2016-141-05**

**d. Health Links Bridge Funding Decision – 10:27 am**

- P. Huras provided a review of the briefing note which included a background summary; purpose; project overview and recommendation for members' consideration.
- Senior staff provided the following information based on questions and comments:
  - The LHIN is confident that the funding is coming from MOHTLC, however the Health Link organizations are nervous and this approval will support them in the interim; the use of these funds will not place any other organization in the South East LHIN in jeopardy; the funds will be retrieved once MOHLTC funding actually flows; currently there is no specific target for these funds when they "come back" to the LHIN, that will be evaluated in November.

**That the Board of the South East LHIN approve an additional \$579,000 funding for Health Links in 2016/17. This funding is to be recovered upon receipt of Ministry of Health and Long-Term Care funding for Health Links.**

**Moved by: J. Butt  
Seconded by: C. Salt  
Carried – 2016-141-06**

**RECESS – 10:30 am – 10:40 am**

**e. Chair's Update – 10:42 am**

- D. Segal noted for members that this past week has seen many announcements regarding Brockville General Hospital; the hospital has received the letter of intent to appoint a supervisor within 14 days receipt of the letter (dated September 20, 2016).
- The hospital board has met to discuss the letter and an open session with the staff of the facility has occurred to help keep the lines of communication open and transparent; there is a sense of appreciation that help is coming and they are accepting of the need for help; nervousness among staff, however overall intent is to maintain the high quality of service in their region. The supervisor will determine the need for management and board changes; no processes have yet to be determined regarding the involvement of the LHIN and we will be duly informed as required.
- Monthly meetings with the LHIN and CCAC Chairs are continuing, including the Deputy Minister, local planning, etc.
- D. Segal is currently a member of the Interview Panel for the Governance / Nominating Committee that is interviewing for open positions for the Board of Directors for the South East LHIN.

**f. Community Engagement – Board Member Updates – 10:50 am**

- L. Burrows noted an update from the Western Sub Region Governance Forum where she attended for C. Salt, a lower than anticipated turnout was in attendance, however good discussion led by Ed Bentley; there are still many questions about what they need to be doing, etc.
- B. Smith attended and presented as part of a panel on Saturday September 17, 2016 for the Ontario Hospital Association (OHA) Governance Centre of Excellence; he participated in a panel with Lori Ledingham (Grey Bruce health services), Ken Blanchard (HDH – Windsor) with 45 attendees in the full day session which provided a good opportunity to brag about the great work in the South East LHIN at the board, staff and community level; the Q & A session was helpful to all attendees as we were able to share our first year experiences on the board; Maureen Quigley chaired the event; Kevin Empey also spoke on health system funding.
- J. Butt attended an MPP Steve Clark event entitled the Seniors Summit in Brockville where the main focus of discussion was around the notion of safe and affordable care for seniors.
- M. Madgett noted a concern was raised at the recent Strengthening System Performance through Collaborative Governance (SSPCG) for the need of clarification of the role of the LHIN Sub Regions and the Sub Region Governance Forums; something the LHIN board will discuss at their October 2016 Board Meeting.

**g. CEO Discussion Report – 10:58 AM**

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

**a) Health Care Tomorrow**

- i. Hospital Project – no questions or comments at this time.
- ii. Addictions and Mental Health Redesign – Dr. Bryan Rush (sp) is currently an expert in measurement in the AMH area; he is providing overarching support to the LHIN (as it relates to metric identification and measurement) and the strategic alliance in their oversight role; there is an expectation that a report will come to the LHIN before the winter holiday break in December; client experience is a key component of the measurement framework.
- iii. SHiiP – no questions or comments at this time.

**b) Hotel Dieu Hospital / Kingston General Hospital (HDH / KGH) Integration Process Update**– there may be a need for a special board meeting in early / mid-November in order to specifically address this item.

**c) LHIN Boundaries Update** – no questions or comments at this time.

**d) Health Link Update** – no questions or comments at this time.

**e) Health Force Ontario Update** – no questions or comments at this time.

**That the CEO Discussion Report be accepted as circulated.**

**Moved by: B. Smith  
Seconded by: J. Butt  
Carried – 2016-141-07**

**That the board consider matters of public interest regarding Approval of In Camera Session Minutes; Organizations Under Performance Improvement Plans (PIP) / Review; Health Care Tomorrow – Hospital Project – Budget and Brockville General Hospital Update pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).**

**Moved by: C. Salt  
Seconded by: L. Burrows  
Carried – 2016-141-08**

**10. In-Camera Session – 11:09 am**

**That the Chair rise and provide a verbal report from the Approval of In Camera Session Minutes; Organizations Under Performance Improvement Plans (PIP) / Review; Health Care Tomorrow – Hospital Project – Budget and Brockville General Hospital Update.**

**Moved by: L. Burrows  
Seconded by: C. Salt  
Carried – 2016-141-11**

**11. Date, time and location of next meeting:**

Monday October 31, 2016 – SE LHIN Offices

Future meetings:

Monday December 12, 2016 – SE LHIN Offices

January 2017 – TBD

February 2017 – TBD

March 2017 - TBD

12. **Timer** – *we were ahead of time*  
**Observer** – *good discussion.*

**13. Adjournment**

That the meeting be adjourned at 1:45 pm

**Moved by: M. Madgett**

**NOTED DEPARTURES:**



**Meeting Chair:**

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Donna Segal

**Secretary:**



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Paul Huras