

**CENTRAL LOCAL HEALTH INTEGRATION NETWORK
BOARD OF DIRECTORS MEETING
November 27, 2018 | 2:00pm-4:00pm
Central LHIN, 60 Renfrew Drive, Suite 300, Markham, ON**

MINUTES OF MEETING

Board Members Present:

Mr. Warren Jestin, Board Chair
Mr. Charles Schade, Vice Chair
Mr. Michael MacEachern, Vice Chair
Mr. Stephen Smith, Board Secretary
Mr. Graham Constantine, Board Member
Ms. Tanya Goldberg, Board Member
Mr. David Lai, Board Member
Ms. Heather Martin, Board Member
Ms. Elspeth McLean, Board Member
Mr. Mark Solomon, Board Member

Staff Participants:

Ms. Kim Baker, Chief Executive Officer
Ms. Karin Dschankilic, Vice President, Performance and Corporate Services & Chief Financial Officer
Ms. Tini Le, Vice President, Home and Community Care
Ms. Barbara Bell, Vice President, Quality and Patient Safety
Ms. Katrina Santiago, Governance Associate, Recording Secretary

1.0 CALL TO ORDER & APPROVAL OF AGENDA

The meeting was called to order at 2:03 p.m.

Notice/Recognition of a Quorum

This meeting was formally constituted with Board members receiving adequate notice in accordance with By-Law No. 2. The notice, agenda and materials were distributed to the Board and were posted on the Central LHIN website.

Quorum of a Board comprising 10 members is six directors. A quorum was present at the meeting.

In accordance with the By-law, participants and guest speakers were introduced. No requests for public deputations were received or planned for this meeting,

APPROVAL OF AGENDA

ON MOTION made by Mr. Mark Solomon and seconded by Mr. Charles Schade,

IT WAS RESOLVED THAT:

“The Agenda of the November 27, 2018 Board meeting be approved as circulated.”

**CARRIED
November-27-18-106**

2.0 DECLARATION OF CONFLICTS OF INTEREST

Mr. Jestin welcomed all members of the public attending the board meeting. No conflicts of interested were declared.

3.0 PATIENT STORY

Mr. Jestin introduced Ms. Tini Le, Vice President, Home and Community Care, who presented a story that followed a 72-year old man who suffered a traumatic brain injury and was diagnosed with dementia and behaviours. Ms. Le reported on:

- work being undertaken to build capacity to better support patients living with dementia and their families,
- key investments of the Ontario Dementia Strategy, and
- Behavioural Support Transitions Resources (BSTTR), their function and 2017/2018 results.

Following the presentation, discussion ensued regarding the procedure for when patients exhibit new behaviours and proceed to be reassessed. Also discussed was the process of transitioning patients and the strategies used to support them.

4.0 BOARD DEVELOPMENT AND EDUCATION

4.1 Central LHIN Critical Care Services Update

Dr. Michael Sullivan, Critical Care Lead, presented an update on Critical Care Services that highlighted:

- the work of the Central LHIN Critical Care Network,
- Critical Care Services Ontario (CCSO) and their strategic goals for 2015-2018,
- Patient and Family Partnerships,
- Central LHIN capacity planning, and
- CCSO’s 2018-2021 strategic goals and next steps.

Discussion after the presentation took place related to differences in response rates among hospitals, overflow of critical care patients, collaboration opportunities with other hospitals and the exchange of best practices to handle capacity issues.

5.0 APPROVAL OF CONSENT AGENDA

ON MOTION made by Mr. Graham Constantine and seconded by Mr. Michael MacEachern,

IT WAS RESOLVED THAT:

“The Consent Agenda be approved as circulated and all resolutions contained therein be adopted as circulated.”

**CARRIED
November-27-18-107**

5.1 Meeting Minutes – October 23, 2018

IT WAS RESOLVED THAT:

“The Minutes of the October 23, 2018 Board Meeting are approved as circulated.”

**CARRIED
November-27-18-108**

5.2 2019-2022 Long-Term Care Home Accountability Planning Submission and Long-Term Care Home Service Accountability Agreement Approval Process

IT WAS RESOLVED THAT:

“The Central LHIN Board of Directors:

- 1. Approves the process by which the Central LHIN will execute the 2019-2022 Long-Term Care Home Service Accountability Agreement with its long-term care home service providers as follows:**
 - a) Long-term care home service providers will submit a governing body approved 2019-2022 Long-Term Care Home Accountability Planning Submission to Central LHIN by December 19, 2018;**
 - b) Central LHIN staff will review the 2019-2022 Long-Term Care Home Accountability Planning Submissions based on the following set of principles:**
 - i. All required information is submitted;**
 - ii. Where available, the submitted information is verified against existing data sources;**
 - iii. Issues and risks identified in the submission that may affect the long-term care home’s ability to meet compliance standards, resident care needs, or maintain financial viability will be ranked as low, medium or high; and**
 - iv. Any risks identified as high will be communicated to the Board and addressed with the long-term care home service provider to ensure the provider has a mitigation strategy.**

2. Delegates authority to the Central LHIN CEO to approve the final targets for the indicators in the 2019-2022 Long-Term Care Home Service Accountability Agreement based on the 2019-2022 Performance Target and Corridor Setting Guideline when it becomes available;
3. Delegates authority to the Central LHIN CEO to approve LHIN-specific performance obligations for the Debt Service Coverage Ratio at the full corporate entity level to be included in the 2019-2022 Long-Term Care Home Service Accountability Agreements where appropriate; and
4. Delegates authority to the Central LHIN Board Chair and CEO to sign and execute the 2019-2022 Long-Term Care Home Service Accountability Agreements.”

CARRIED
November-27-18-109

6.0 CHAIR’S REMARKS

Acknowledgement of Service – Elspeth McLean

Mr. Jestin recognized and thanked Ms. Elspeth McLean, on behalf of the Central LHIN Board of Directors, who will be stepping down from the Board in January, making this meeting her last with the Board. He acknowledged her contributions since being appointed last September and her support for the work of the LHIN.

Women Leaders in Health Digital Health Award – Barb Collins

Ms. Barb Collins, President and CEO of Humber River Hospital, was named one of the top 10 women in Digital Health for her bold and innovative vision that inspires her staff, physicians and volunteers. Ms. Baker was one of the people who supported her nomination for the award, having worked with her in her capacity as the hospital’s COO and then CEO. On behalf the LHIN, the Chair expressed his congratulations.

LHIN Leadership Council Meeting

The LHIN Leadership Council met at the beginning of November and had a discussion with Deputy Minister Helen Angus and Assistant Deputy Minister, Mr. Tim Hadwen, and reported out on a recent meeting with Dr. Rueben Devlin.

LHIN Chair’s Meeting

The LHIN Chairs met and heard from the LHIN Board Evaluation Work Group, who provided an update on their plan for development and the implementation process for the 2018-2019 Board evaluation.

Quality Committee Webinar – November 29

Mr. Jestin reminded the Board about a webinar on the evolution of LHIN Quality Committees.

7.0 COMMITTEES

7.1 Governance Committee Report

The Governance Committee met on November 8th and discussed several key items, including:

- Board Education topics for 2019 and referred to the Committee meeting package available on the Board portal as well as the “On the Horizon” section in the CEO Report, outlining some of the possible education topics to be explored in 2019.
- The appointment of Board members to Board Committees. The Committee agreed that the Governance Committee would initiate the appointment process by requesting that all Board members complete a self-assessed update to the Skills Matrix. From there, Board members would be placed on Board Committees based on their self-identified skills. This process would be done every two years or when new Board member(s) are appointed, whichever is sooner. Also, Board members would cycle through appointment to the Audit Committee as it is important to be knowledgeable in how the LHIN functions financially.

7.2 Patient Services and Quality Committee Report

Mr. Stephen Smith, who was acting Committee Chair at the November 8 meeting, provided a report to the Board that included:

- 2018-2019 Q2 Central LHIN Scorecard and Quality Improvement Plan (QIP) Results,
- 2018-2019 Mid-Year Events Trending Report, and
- 2018-2019 Mid-Year Compliments, Complaints and Appeals Report.

It was also encouraged that Board Members read the Committee meeting minutes and attend a Patient Services and Quality Committee meeting to understand in more detail what is monitored and LHIN performance.

8.0 NEW/OTHER BUSINESS

8.1 CEO Report

Re-investment of \$1.5M into Patient Care

Ms. Baker provided an update to the Board about the reinvestment into Patient Care. The news was shared with Health Service Providers, Service Provider Organizations, other LHINs, and other key stakeholders, with a positive response from Ministry. This was also discussed during the MPP engagement that has taken place over the last month.

This investment was made in addition to the 8% savings achieved as a result of the transfer of the former Central CCAC to the Central LHIN. To give an idea of what the savings can be used for, it is enough to fund 43,000 personal support service hours or 25,000 nursing hours. Either option would go far in helping to meet the needs of home and community care patients and their families within the Central LHIN.

Forum on Health Services for Francophone Communities- Entite

Ms. Tanya Goldberg and Ms. Baker had the pleasure of attending the annual forum presented by Entité 4 where they highlighted collaborative work with Entité 4 and the Central LHIN, in partnership with Central East and North Simcoe Muskoka LHINs, to develop the strategy for

2016-2019 which is entitled, “Towards Equitable Access to French Language Health Services”. This work included, but was not limited to:

- Outreach conducted with the Francophone community members to help identify language-appropriate health and social service needs took place at Black Creek Community Health Centre and Toronto North Support Services. Stemming from this work, the Central LHIN funded a French Language Services (FLS) navigator to better support Francophone patients with primary care or other health care services who may be experiencing physical or mental health challenges, including chronic disease management.
- Ready for the City of Markham’s designation under the French Language Services Act, which took effect on July 1, 2018. This designation meant that the LHIN, as a home and community care provider within the municipality, has to be able to offer French-language services equivalent to the LHIN’s services in English.

Ms. Baker noted that more work is underway for continued improvement.

Primary Care Engagement Survey

Ms. Baker provided an overview of a recent survey that was sent to primary care physicians related to further support the LHIN can provide and what can be done for improved navigation.

As part of the ongoing Primary Care Engagement Strategy, the Central LHIN surveyed over 1,500 primary care providers in the region between September 17 and 30, 2018 to engage them on ways to better serve patients. Close to 300 responses were received, of which 80 asked to be added to the Central LHIN email distribution list for regular updates on programs and services delivered by the Central LHIN and health service providers. Feedback was generally positive, with respondents indicating care coordinators could assist them with the following:

- Health system navigation,
- Information on home and community care services, and
- Education on completing referrals and accessing specialized services such as mental health and addictions and palliative care.

Stocktake Results

With a more fulsome report to come in January, Q2 result highlights were shared, including:

- Home & Community Care Indicators
 - Green: Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing service improved this quarter to 96.6% (from 96.1% previously) and continued to meet the target.
 - Central LHIN performance for this indicator in the province improved as well ranking 7th (previously was 10th). Note that 13 out of 14 LHINs met the target of 95%.
 - Yellow: Percentage of home care clients with complex needs who received their personal support visit within 5 days improved to 94.53% (from 92.37% in the

- prior quarter). At the same time, Central LHIN's rank in the province improved to 2nd best for this indicator.
- Yellow: 90th Percentile wait time from community for home care service worsened by 1 day from previous quarter to 23 days and did not meet the target of 21 days, however, Central LHIN tied for 4th best in the province for this indicator.
 - 90th percentile wait time from hospital discharge to service initiation for home and community care remained stable at 6 days this quarter (performance over the past 8 quarters has remained at 5-6 days). Central LHIN was tied with the 2nd best wait time amongst the LHINs (worst performer at 12 days; best performers 5 days). There is no provincial target set for this indicator.
 - System Integration and Access Indicators
 - Green: Percent of hip and knee replacement surgeries completed within target continued to meet the provincial target of 90%. However, performance decreased in Q2 with hip replacements falling to 92.7% (from 96.3%) and knee replacements falling to 93.2% (from 94.1%). Central LHIN ranked 2nd best in the province for both hip and knee replacement surgeries.
 - Health and Wellness – Mental Health & Substance Abuse
 - Red: Repeat Unscheduled ED Visits within 30 Days for Mental Health Conditions remained relatively stable at 20.91% in Q1 compared to the prior period (20.98%). Central LHIN ranked 7th in the province and performed better than the provincial average of 21.97% (no LHIN met the target of 16.3%).
 - Red: Repeat Unscheduled ED Visits within 30 Days for Substance Abuse Conditions worsened to 27.9% in Q1 from 24.34% in the prior Q4. Central LHIN performed better than the provincial average of 34.97% and ranked 4th best in the province (one LHIN met the target of 22.4%).

Residential hospices

Work is underway to expand residential hospitals with available capital funding, but currently there is a pause at the Ministry, causing engaged communities to feel on-edge. The Ministry is currently looking at them on a case-by-case basis, providing assurance that this is top of mind. Central LHIN is not the only LHIN with this issue.

Health Quality Ontario (HOO) Measuring Up Report

Ms. Barbara Bell referred to the HOO Measuring Up Report for 2018, as well as the information provided in the CEO report, and highlighted areas where Central LHIN is improving.

Family Managed Home Care Update

Family Managed Home Care (FMHC) is a provincial program that is being introduced for eligible patient groups in LHINs across Ontario. FMHC replaces the former Self-Directed Funding (SDF) program which had six participating Central LHIN patients/families. Through the FMHC program, eligible patients, or their substitute-decision makers, will receive funding that they can use to purchase home care services or employ care providers. Patients or substitute-decision

makers are responsible for managing their care providers and reporting to the LHINs.

The program is available for specific patient populations:

- Children with complex medical needs
- Adults with an acquired brain injury
- Home-schooled children with qualifying health care needs
- Patients with extraordinary circumstances, as determined by the LHIN

To date, a priority list is being addressed, with:

- 6 participating patients/families in the SDF program, 3 of whom are in conversation to transition to FMHC, starting in October
- 32 new patients are going through eligibility assessments, 1 of whom has signed and will be boarding as of December 1.

Given the complexity of the program and in order to ensure the program is rolled out in a consistent and equitable manner, the Central LHIN will begin with the transition of patients/families who are currently on SDF Agreements and then expand the program to other eligible patients/families. The goal is to have ten patients/families participating in the program by March 31, 2019.

Integrated Health Service Plan (IHSP) Update and Annual Business Plan (ABP) 2017/2018 Year End Report

Ms. Lynn Singh, Director, Health System Planning and Design, provided an update of Year 2 of the IHSP 4, as well as a report on the 2017/2018 ABP.

2019-2020 Hospital Accountability Planning Submission Process and Principles

Ms. Karin Dschankilic presented a resolution to the Board of Directors for approval regarding the 2019-2020 Hospital Accountability Planning Submission (HAPS).

It was important to note that as the current technical specifications used by the Ministry to calculate the ALC rate for Central LHIN hospitals do not include the patient data associated with the Reactivation Care Centre at the former Humber River Finch site, approval was also being sought to delegate authority to the LHIN CEO to amend 2019/2020 hospital ALC rate performance targets if the technical specifications for the calculation of the ALC rate change and materially impact the ALC rates for Central LHIN hospitals.

Amended 2018-2020 Hospital Service Accountability Agreement Schedules will be coming forward for Board approval in March 2019.

ON MOTION made by Ms. Heather Martin and seconded by Mr. Charles Schade,

IT WAS RESOLVED THAT:

“The Central LHIN Board of Directors:

- a) Approves the process by which the Central LHIN will amend the 2018-2020 Hospital Service Accountability Agreement with its public hospitals as follows:
 - The hospitals will submit a Hospital Accountability Planning Submission to Central LHIN by January 31, 2019;
 - Central LHIN and hospital staff will work together to finalize planning submissions and negotiate targets during January and February 2019; and
 - Central LHIN staff will bring the amended 2018-2020 Hospital Service Accountability Agreement Schedules to the Central LHIN Board of Directors for approval in March 2019;
- b) Approves the process by which the Central LHIN will execute the extension of the Hospital Service Accountability Amending Agreement with its private hospitals to March 31, 2020 whereby funding and volumes will remain consistent with 2018/2019; and
- c) Approves the following principles and assumptions for setting key performance targets for the fiscal year 2019/2020 in the Agreements:

Item	Principles for target setting
1. HBAM: Funding	<ul style="list-style-type: none"> • Determined individually by each hospital based on local circumstances.
2. Global: Funding and Volumes	<ul style="list-style-type: none"> • No change in global base funding from 2018/2019 • Volumes to be determined individually by hospitals in line with funding assumptions.
3. Wait Time Strategy: Volumes, Funding and Wait Times (Diagnostic Imaging – CT and MRI)	<ul style="list-style-type: none"> • No change from 2018/2019 funding and volumes; • Diagnostic Imaging wait times will be set according to the provincial target setting guidelines whereby each hospital will have individual targets consistent with local circumstances that supports achievable improvement or maintenance of current levels.
4. Quality Based Procedures: Volumes, Funding and Wait Times (Surgical – Hip and Knee replacements)	<ul style="list-style-type: none"> • No change from 2018/2019 funding and volumes; • Surgical wait time performance targets set in a manner that supports achievement of provincial targets.
5. 90th Percentile Emergency Department Length of Stay	<ul style="list-style-type: none"> • Performance targets set in a manner that supports achievement of provincial targets.
6. C. Difficile Infection Rate	<ul style="list-style-type: none"> • Targets set in accordance with the target setting guidelines.
7. Alternate Level of Care (ALC) Rate	<ul style="list-style-type: none"> • Performance targets set in a manner that supports the achievement of the provincial target, based on the current technical definition which excludes the RCC (Reactivation Care Centre)

8. Readmission Rate to Own Facility within 30 Days	<ul style="list-style-type: none"> Performance targets set as realistic and achievable values that also demonstrate continuous improvement. (Note, this definition differs from the MLAA definition).
9. Current Ratio	<ul style="list-style-type: none"> Set at 0.8, with performance standard (corridor) of 0.8 – 2.0.
10. Total Margin	<ul style="list-style-type: none"> Set at 0.00% (balanced budget), with performance standard (corridor) up to 2.00%

- d) **Delegates authority to the LHIN CEO to amend 2019/2020 hospital ALC rate performance targets if the technical specifications for the calculation of the ALC rate change and materially impact the ALC rates for Central LHIN hospitals; and**
- e) **Delegates authority to the LHIN CEO to set local obligations in support of achievement of targets or provincial priorities.**

**CARRIED
November-27-18-110**

8.2 Central LHIN Organizational Values

Ms. Sandie McComb-Durant, Manager, Organizational Development & Talent Management, presented the new Central LHIN organizational values, and updated the Board of Directors as to the process undertaken to arrive at the final values.

ON MOTION made by Mr. Stephen Smith and seconded by Mr. David Lai,

IT WAS RESOLVED THAT:

“The Central LHIN Board of Directors approves the Central LHIN’s five value statements:

- **Passionate About People**
People are at the heart of everything we do. Serving with compassion, we are relentlessly focused on the health and well-being of people - patients, families and caregivers and one another.
- **Partnering for Results**
Our quest for a healthier community is guided by our commitment to work in partnership with others - with shared purpose and accountability.
- **Embracing Change**
We have the courage to think differently in all aspects of the work we do - seeking new ideas, daring to innovate and learning along the way.
- **Inspiring Excellence**
Leading the way, we will inspire excellence in our diverse care communities to achieve a high quality health system.
- **Serving with Purpose**
We find joy through service. Empowering people and making a difference in the lives of others is about building relationships grounded in trust, respect and transparency.”

**CARRIED
November-27-18-111**

9.0 NEXT MEETING

Tuesday, January 29, 2018
2:00 p.m. – 4:00 p.m.
Central LHIN, 60 Renfrew Drive, Markham Ontario

10.0 ADJOURN INTO CLOSED SESSION

ON MOTION by TANYA and seconded by MARK,

“IT WAS RESOLVED THAT:

The members attending this meeting move into a Closed Session pursuant to the following exceptions of LHINs set out in s.9(5) of the Local Health Systems Integration Act, 2006:

- Personal or public interest**
- Public security**
- Security of the LHIN and its directors**
- Personal health information**
- Prejudice to legal proceedings**
- Safety**
- Personnel matters**
- Labour relations**
- Matters subject to solicitor client privilege**
- Matters prescribed by regulation**
- Deliberations on whether to move into a closed session**

and further that the following persons be permitted to attend:

**Ms. Kim Baker
Ms. Karin Dschankilic
Ms. Tini Le
Ms. Barbara Bell
Ms. Katrina Santiago
Ms. Robyn Saccon.”**

**CARRIED
November-27-18-112**

CLOSED SESSION CALLED TO ORDER

The session was called to order at 4:15 p.m.

11.0 CALL TO ORDER & APPROVAL OF AGENDA

ON MOTION by Ms. Heather Martin and seconded by Ms. Tanya Goldberg,

IT WAS RESOLVED THAT:

“The Agenda of the Closed Session of November 27, 2018, be approved as circulated.”

**CARRIED
November-27-18-113**

12.0 NEW/OTHER BUSINESS

12.1 Meeting Minutes – October 23, 2018

ON MOTION by Ms. Heather Martin and seconded by Ms. Tanya Goldberg,

IT WAS RESOLVED THAT:

“The Minutes of the October 23, 2018 Closed Board Meeting are approved as circulated.”

**CARRIED
November 27-18-114**

12.2 2018-2020 Hospital Service Accountability Agreement Amendment - Mackenzie Health

A motion was passed.

**CARRIED
November 27-18-115**

13.0 MOTION MOVING OUT OF CLOSED MEETING

ON MOTION by Ms. Elspeth McLean and seconded by Mr. Graham Constantine,

IT WAS RESOLVED THAT,

“The Closed Session is terminated at 5:29 p.m. and that closed session minutes are permitted to be shared with all Board members and permitted attendees.”

**CARRIED
November-27-18-116**

14.0 MOTION TO TERMINATE SESSION

ON MOTION by Mr. Michael MacEachern and seconded by Ms. Elspeth McLean,

IT WAS RESOLVED THAT:

“The session be terminated at 5:30 p.m.”

**CARRIED
November-27-18-117**

Original signed by:

Warren Jestin, Board Chair

Original signed by:

Katrina Santiago, Recording Secretary