

**BOARD BRIEFING NOTE**

<b>To</b>	SE LHIN Board Members
<b>From</b>	Paul Huras, CEO
<b>Date</b>	December 12, 2016
<b>Nature of Board Engagement</b>	Strategic
<b>Subject</b>	Proposed Bill 41 – Patients First Update
<b>Current Status and Next Steps</b>	<p>The proposed Bill 41 – The Patients First Act was reintroduced for a first reading and was carried on October 6, 2016. Since then the Bill has passed second reading and referred to a Standing Committee on October 27, 2016.</p> <p>LHIN staff are preparing to engage the provider community on the next steps towards operationalizing the Sub-Regions. The engagements began on December 5 with the final engagement currently scheduled for January 9. The sessions will outline some foundational components and expectations including:</p> <ul style="list-style-type: none"><li>• Key elements necessary to enable a sub region to deliver on expectations;</li><li>• Committee structure considerations (LHIN-wide and sub region level) – vertical and horizontal considerations;</li><li>• Establishing priorities for regional alignment; and</li><li>• Performance expectations including what indicators of success will look like.</li></ul> <p>Attendees are registering to attend the event in their respective area. The LHIN is expecting attendees from funded and non-funded providers, primary health care, other ministries and sectors, governance and patient advisors.</p> <p>Collaborative discussions continue between the LHIN and CCAC led by the transition leads from the respective organizations. As previously provided, the following principles were developed to guide ongoing local LHIN/CCAC activities:</p> <ul style="list-style-type: none"><li>• Patient care will be continuous with no loss or missed service;</li><li>• Patient experience, care quality and safety levels will be maintained;</li><li>• Care delivery and related services will remain intact as core activities;</li><li>• Confidence and trust of community, patients and stakeholders will be maintained; and</li><li>• Patient relations processes will be clear for reporting and addressing concerns.</li></ul>

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LHIN and CCAC staff continue to work together on functional team knowledge transfers so that the organizations may be ready to proceed should the proposed Bill be passed. Six functional transition teams (FTTs) which align with provincial workstreams, were established to explore operational alignments and identify critical knowledge exchange requirements in the following areas with the identified leads:

- Patient and Client Services (Joanne Billing);
- Finance and Operations (Larry Hofmeister);
- Performance and Contracts (Steve Goetz);
- Knowledge Management and Information Technology (Michael Spinks);
- Human Resources Planning (Paula Heinemann); and
- Communications (Caitlin denBoer).

Through the discussions, each joint LHIN/CCAC team were able to develop a work plan in a very short period that identified all key elements necessary to sustain operations through the transition period should the legislation pass. To date, all of the FTT leads have met weekly and with the completion of this phase of work. They will continue with regular meetings with a focus on implementing the workplan should the legislation pass. All of the key elements including assumptions, dependencies and issues for consideration during implementation were consolidated into one document and will be forwarded centrally for confirmation that those elements are valid suppositions should activities proceed. The workplans and elements will be revised following any clarification and will guide ongoing tracking and progress as the engagement between teams continues. Currently, teams are identifying priority activities, such as policy alignment, to roll out over the next four months and this work will be initiated should the proposed Bill pass.