

South East Local Health Integration Network

Board of Directors Meeting No. 135

Monday February 29, 2016

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

MINUTES

Present: Donna Segal (Chair); Andreas von Cramon (Vice Chair); Lois Burrows; Jack Butt; Maribeth Madgett; Chris Salt; Brian Smith (quorum); and Paul Huras (CEO)

Recorder: Jacqui Prospero

Regrets: Dave Sansom;

Guests: Sherry Kennedy (COO); Paula Heinemann (Director, Corporate Services / Controller); Emily Tubbs (Acting Communications Lead); Cynthia Martineau (Director, Health System Design); Larry Hofmeister (Director, HSP Funding & Allocation); Megan Jaquith (Health System Planner); Melanie Lyman (Communications Associate); Lisa Triemstra (Project Assistant – HSD) and Renee Oortwyn (Board Coordinator).

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 9:34 am.

2. Selection of Timer and Observer:

- a) Timer – L. Burrows
- b) Observer – M. Madget

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

That the Consent Agenda items be approved as circulated.

**Moved by: A. von Cramon
Seconded by: J. Butt
Carried – 2016-135-01**

5. Approval of the Agenda

That the Board Agenda be approved as circulated.

**Moved by: J. Butt
Seconded by: B. Smith
Carried – 2016-135-02**

6. Approval of Minutes January 25, 2016 Board Meeting #134 (attached)

That the Minutes of Monday January 25, 2016 Board Meeting #134 be approved as amended.

Moved by: L. Burrows

Seconded by: J. Butt

Carried – 2016-135-03

7. Business Arising:

a. Hotel Dieu Hospital – Pre-Capital Request – Endoscopy – 9:40 am

- P. Huras provided a review of the briefing note which included a background summary and recommendation for consideration.

That the South East LHIN Board endorse the Pre-Capital Submission Form (PCSF) from the Hotel Dieu Hospital (HDH) related to renovations that are required to relocate the existing recovery room in its endoscopy suite, with the proviso that there will be no negative impact on current or future operating dollars and front-line services as a result of the project.

Moved by: B. Smith

Seconded by: J. Butt

Carried – 2016-135-04

b. 2016-17 Health Links Funding Approval – 9:42 am

- P. Huras provided a review of the briefing note which included an update on several areas including care coordination, system impact, partnerships and building capacity, South East Health integrated information Portal (SHiiP), Scaling up for 2016-17; attached appendices and a recommendation for consideration.
- Senior staff provided the following information based on questions and comments:
 - The funds asked for are in addition to monies that the Ministry of Health and Long-Term Care (MOHLTC) have provided for the 2016-17 fiscal year; Ministry funding for Health Links (HLs) should not decrease further going forward; the LHIN funds being considered for allocation to the HLs, are coming from the community sector reallocations; no services from community sector are being affected, as these funds are available because community agencies are projecting unexpected surpluses; although HLs are decreasing repeat visits to Emergency Departments (ERs), it would not be appropriate to reallocate funds from ERs to HLs; any improvement in hospital capacity related to community initiatives does not necessarily free up funds to be redistributed in other areas; HBAM / HSRF funding formulas are a mitigating factor to the ability for hospitals to better address changes; funding for healthcare is growing at 2% overall, however hospitals funding will grow at 1%; there will be a need to consider how health links funding will become stabilized in the future; the funds requested are over and above the MOHLTC funding for this initiative in 2016-17; our LHIN is not alone in struggling to maintain funding for health links, some LHINs are not able to continue to support health links at the 2016-16 level of funding; next year's target will be affected by the funding changes as well as overall system improvements as they refine the processes for this initiative; SHiiP data helps to identify complex patients in the system, and also provides the communication tool between the various care providers that are involved in a coordinated care plan.
 - Four HLs are now able to report on acute hospital utilization for patients with complex needs who have a coordinated care plan. The data suggests that the health links approach to care coordination is positively impacting hospital utilization, as seen by decreased emergency department usage, decreased admission and readmissions to hospital, and decreased length of stay.

i. Quinte HL

Comparison of 12 months pre and post hospital utilization for 72 patients who had a coordinated care plan in place (2014-2016 data)

- Emergency department visits: ↓ 39.4%
- Hospital admissions: ↓ 49.2%
- Hospital 30-day readmissions: ↓ 55.6%

ii. Kingston HL

Comparison of 6 months pre and post hospital utilization for 126 patients who had a coordinated care plan in place (Data as of June 2016)

- Emergency department visits: ↓ 29.2%
- Urgent centre visits: ↓ 42.6%
- Length of stay days: ↓ 22.8 %

iii. Rural Hastings HL

Comparison of 12 months pre and 9-12 months post hospital utilization for 103 patients who had a coordinated care plan in place (2016/16 data)

- Emergency department visits: ↓ 85.0 %
- Hospital admissions: ↓ 80.0 %
- Hospital 30-day readmissions: ↓ 94.0 %
- Medication reconciliation completed for patients following their discharge from hospital: 100%
- Primary care follow-up for patients within 7 days of discharge from hospital: 98%

iv. Thousand Islands HL

Comparison of 6 months pre and post emergency department utilization for 49 patients who had a coordinated care plan in place (2016 data)

- Emergency department visits: ↓ 47.0 %
- In the future there may be changes to Health Links, specifically around how care coordination is handled; there is a need to learn and better understand the complex patients so that we might better understand those that “may” become complex – i.e.: getting patients that are on the cusp of becoming complex; funding in the future will likely need to be addressed as the overall system shifts / changes; there is a SE health links lead table that meets regularly to better understand how their agencies are working more efficiently and address concerns that have arisen; the SE LHIN is committed to sustaining the concept of health links which the health links lead table participants clearly recognize; there is variation among our health links, some related to receptiveness to the overall concept, some related to size; our health links model is led by primary care; performance metrics have been identified by MOHLTC, two are being evaluated right now, with 4 more coming; the SE LHIN has their own metrics they are evaluating.

That the South East LHIN Board approve \$915,000 in one-time funding to support the ongoing activities of the seven Health Links for 2016-2017. This funding will supplement the amount requested from the MOHLTC to continue the targeted care coordination for patients who have been identified as complex and vulnerable and require this additional support.

**Moved by: A. von Cramon
Seconded by: B. Smith
Carried – 2016-135-05**

That the South East LHIN Board supports the continued evolution of the Health Links model in alignment with broader MOHLTC Patients First proposal.

**Moved by: B. Smith
Seconded by: C. Salt
Carried – 2016-135-06**

c. Ministry / LHIN Accountability Agreement (MLAA) – performance Measures Process Update – 10:13 am

- P. Huras provided a review of the briefing note which included a situation description; update; risks and recommendation actions.
- Senior staff provided the following information based on questions and comments:
 - Although there are some challenges in the report, we are leading or are in the top three across the province for many targets; the reliability of some of the measures is a concern, specifically hips / knees; materiality of poor performance is a challenge; lag time with reporting is frustrating, however a factor in which we do not have control; there is no clear / easy way to show which month we'll see improvements, however the LHIN will strive to provide a projection on when there might be improvements; each time the LHIN takes on a new initiative there are broad impacts on the overall system which clearly affect these targets, unintended consequences are an inevitable piece of this type of reporting.
 - Long term progress is what the LHIN is interested in as short term initiatives do not provide for a true relief in the system; many HSPs need to clearly understand that improving regional goals will improve the local goals; there is likely to be benefits from a sub-LHIN approach as it will provide for local changes that could better affect the overall regional benefits.
 - Sub LHIN units will be created after scientific review of the data and consultation with front line providers to better understand what is in the best interest of the patient in our region; on an ongoing basis the LHIN is doing the enabling work related to privacy across all sectors that will help to better improve communications amongst the sub LHIN regions, HSPs and the LHIN; the LHIN has undertaken scenario planning at the provincial and executive LHIN team level in order to help identify possibilities in the system which could include integrations and fewer accountability agreements.
 - Members discussed the very active Rideau Tay Health Link board and the possibility that they would be utilized to help advance the discussions around recommendation number two in the briefing note and there is a need to do some planning in order to better support changes.

RECESS – 10:25 am – 10:45 am

d. Chair's Update – 10:45 am

- D. Segal noted for members that a recently held webinar / conference call with board members from hospitals and the SE CCAC was provided in order update them on some of the issues surrounding Health Care Tomorrow – Hospital Project and shared services accountability / management. The event included two presentations one by a KPMG consultant who discussed pooling and evaluating shared services, offered possible structures and issues to be considered; The second was provided by the project lead Paul McAuley addressing what the project team is currently considering for shared services accountability. There is still lots of work to be done, and it is clear that it is hard to pin things down as the services part is not yet determined, however there is a clear understanding for a need to share the responsibility of the diagnostics and back office, with less discussion around shared accountability as it relates to clinical items. Due to weather challenges some members needed to attend the event from their homes rather than at an HSP site which would have provided for a more collaborative discussion. All members of the LHIN board are encouraged

to watch the event at their leisure in order to ensure you are aware of the discussion and in particular the questions that were addressed. It was evident that the boards have begun to consider the potential for changes / challenges; there may be another session in the future based on the needs of the membership.

- D. Segal reminded the board members of the upcoming March 14th Strategic Directions event and members were encouraged to register directly for it.
 - D. Segal noted for members that Janet Cosier's term as a board member expired in February and she has chosen to not renew her application. She has extended her thanks and appreciation to the members for her time on the board.
- e. Community Engagement – Board Member Updates – 10:57 AM**
- J. Butt recently attended the Leeds / Grenville Public Health meeting for D. Segal; there was a sense that the Public Health Units continue to familiarize themselves with the Patients First Proposal including, integration, recognize the value in collaboration, their role in communications, etc.
 - L. Burrows and M. Madgett recently attended a Patients First Proposal public engagement event in Kingston; it was an engaged group, there was a lot of support for the Patients First Proposal.
 - C. Salt and B. Smith recently attended a Patients First Proposal public engagement event in Belleville and noted that there was lots of support for the proposal.
 - A. von Cramon noted from his attendance at events this past month that there appears to be a real focus on inclusion and less on form; attendees were generally supportive of the concept and want to ensure that this initiative will work for the best interest of the patient.
- f. CEO Discussion Report – 11:01 am**
- a) Patients Frist – Consultations Update** – engagement numbers for our region included Physicians = 91, Public = 104, Mayors = 3; provincial discussions involve the need to clearly understand that this is a net 0 shift to the system (as it relates to funding); there may be one-time funding that could help with the shift in services; from a health system perspective Sub LHINs and primary health care will likely be the key area that will help drive success in our region; the month of February was about consultations, however that has not stopped provincial and local discussions on possibilities; there is an expectation that advanced information will be available next month; the SE LHIN is not doing any of the analysis of the information collected, we are just the conduit to collect and send the information to the MOHLTC who will be doing the analysis / summary / theme development.
 - b) Trenton Memorial Hospital – Implementation Task Force (TMH-ITF) Update** – Quinte Health Care has the right to move equipment from one site of a multisite location to another; funds associated with this issue were inaccurately reported in the media causing much local community concern; the concern in the community is real; QHC is respecting the task force and is aware that the future requires a viable sustainable corporation that provides for patient centred care.
 - c) Older Adult Strategy Update** – no questions or comments at this time.
 - d) 2016-16 Wait Time Strategy Update** – no questions or comments at this time.
 - e) Brockville General Hospital – Phase 2 Redevelopment – Proposed Bed Change** - no questions or comments at this time.
 - f) Health Care Tomorrow**
 - i. **Hospital Project** – no questions or comments at this time.
 - ii. **Addictions and Mental Health Redesign** – no questions or comments at this time.
 - iii. **SHiIP** – no questions or comments at this time.

That the CEO Discussion Report be accepted.

Moved by: A. von Cramon
Seconded by: J. Butt
Carried – 2016-135-07

That the board consider matters of public interest regarding Approval of In Cameral Minutes; Organizations Under Performance Improvement Plans (PIP) / Review – Providence Care, Kingston Community Health Centre, Hospital Services Accountability Agreement (HSAA) Waiver; 2014-15 Hospital Rate Results; Addictions and Mental Health redesign – Kingston Frontenac Lennox & Addington (AMHS-KFLA) – Funding Pressures and Board Evaluation pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).

Moved by: C. Salt
Seconded by: B. Smith
Carried – 2016-135-08

Lunch – 11:28 am – 12:38 pm

8. In-Camera Session – 12:38 pm

That the Chair rise and provide a verbal report from Approval of In Cameral Minutes; Organizations Under Performance Improvement Plans (PIP) / Review – Providence Care, Kingston Community Health Centre, Hospital Services Accountability Agreement (HSAA) Waiver; 2014-15 Hospital Rate Results; Addictions and Mental Health redesign – Kingston Frontenac Lennox & Addington (AMHS-KFLA) – Funding Pressures and Board Evaluation.

Moved by:
Seconded by:
Carried – 2016-135-12

9. **Timer** – *finished ahead of schedule*
Observer – no comments.

10. **Date, time and location of next meeting:**
Monday March 21, 2016 – SE LHIN Offices

Future meetings:

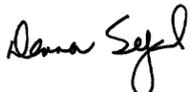
Monday April 25, 2016 – SE LHIN Offices
Monday May 30, 2016 – SE LHIN Offices
Monday June 27, 2016 – SE LHILN Offices
Monday August 22, 2016 – SE LHIN Offices

11. Adjournment

That the meeting be adjourned at 130 pm.

Moved by: B. Smith

NOTED DEPARTURES:

Meeting Chair: 

Donna Segal

Secretary: 

Paul Huras