

South East Local Health Integration Network

Board of Directors Meeting No. 137

Monday April 18, 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; Dave Sansom; Brian Smith (quorum); and Paul Huras (CEO)

Recorder: Renee Oortwyn

Regrets:

Guests: Sherry Kennedy (COO), Paula Heinemann (Controller / Corporate Services), Emily Tubbs (Interim Communications Lead), Sydney Dingwell (assisting 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 9:36 am.

2. Selection of Timer and Observer:

- a) Timer – J. Butt
- b) Observer – C. Salt

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

Attestation – two: quarterly, and annual. The annual scope has been increased including requirements. It has been done in the past but it is now more robust going forward.

That the Consent Agenda items be approved as circulated.

**Moved by: C. Salt
Seconded by: B. Smith
Carried – 2016-137-01**

5. Approval of the Agenda

That the Board Agenda be approved as circulated.

**Moved by: J. Butt
Seconded by: M. Madgett
Carried – 2016-137-02**

6. Approval of Minutes March 21, 2016 Board Meeting #136 (attached)

That the Minutes of Monday March 21, 2016 Board Meeting #136 be approved as circulated.

**Moved by: B. Smith
Seconded by: C. Salt
Carried –2016-137-03**

7. Business Arising:

a. Procurement of Medical Lead Services – 9:40 am

- P. Huras provided a review of the briefing note which included a background summary and recommendation for the members' consideration.
- Senior staff provided the following information based on questions and comments:
 - We have physician leads, including primary care, critical care, and emergency department. In the past we procured these positions as consultants. The procurement process was awkward and not user friendly. Some physicians, understandably were not happy using the process. We wanted a process to allow flexibility and we feel this process allows flexibility. We have worked with legal and this new proposed process meets Ministry of Health and Long-Term Care (MOHLTC) requirements. This approach is much more user friendly and recognizing that we will be recruiting for a number of positions due to leads retiring from their terms and the potential impact of Patients First, it is desirable to move to a more accommodating approach.

That the South East LHIN Board approves an exception to the Management of Cabinet Procurement Directive's requirement for an open competitive procurement process for the procurement of Medical Lead Services.

**Moved by: A. von Cramon
Seconded by: B. Smith
Carried – 2016-137-04**

b. Stage 1-2 Submission from the Kingston General Hospital: Single-Photon Emission Computed Tomography (SPECT) Suite Renovation Project - 9:44 am

- P. Huras provided a review of the briefing note which included a background summary; key highlights; next steps and attached appendices.
- Senior staff provided the following information based on questions and comments:
 - It was clarified that the total costs for the renovation would be less than \$1M.

South East LHIN Board endorse the combined Stage 1 and 2 submission from the Kingston General Hospital related to the renovation of existing space in Kidd 1, in order to accommodate the replacement of one of its Nuclear Medicine (NM) cameras, 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 and there will not be any negative impacts on patient services during and after the upgrade.

**Moved By: A. von Cramon
Seconded By: D. Sansom
Carried –2016-137-05**

c. Stage 1-2 Submission from the Kingston General Hospital (Kidd 1 – Fluoroscopy Suite Renovations) – 9:45 am

- P. Huras provided a review of the briefing note which included a background summary and recommendation for the members' consideration.
- Senior staff provided the following information based on questions and comments:
 - In response to a question about the costs, it was again identified that the renovation costs would be under \$1M; it was noted that future similar requests would include cost estimates in the briefing material.

South East LHIN Board endorse the combined Stage 1 and 2 submission from the Kingston General Hospital related to the renovation of existing space in Kidd 1, in order to accommodate the replacement of its fluoroscopy 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 and there will not be any negative impacts on patient services during and after the upgrade.

**Moved By: B. Smith
Seconded By: C. Salt
Carried –2016-137-06**

d. Trenton Memorial Hospital (TMH) Implementation Task Force (ITF) Update – 9:46 am

- P. Huras provided a review of the briefing note which included a background summary and recommendation for the members' consideration.
- Senior staff provided the following information based on questions and comments:
 - In response to proposed changes to TMH site of Quinte Health Care (QHC), the Minister established a community committee chaired by Glen Rainbird. Following the release of the Rainbird Committee and QHC's response to the report, the SE LHIN took the initiative to establish an Implementation Task Force. The LHIN drafted the Terms of Reference and had the Task Force confirm the final Terms of Reference, to include a focus on the potential for co-location / integration of community health services and hospital services. The LHIN asked the ED of the Belleville Quinte West Community Health Centre (BQWCHC) to chair the Task Force. Membership includes CEOs / Executive Directors of potential collocated health service providers (HSPs), a Co-Chair of the Our TMH and Chair of the TMH Foundation are also members. The Task Force began its deliberations in November 2015 and meets frequently, sometimes three times per month. These meetings are open to the public and media.
 - The Task Force has reviewed Health Hubs across the Province; considered principles for colocation and integration; size requirements for each potential co-locator; and commissioned a review of the space available in the current site as well as the additional space which might be required.
 - The Task Force has made a request to P. Huras for more time, to consider the options which need to be assessed related to matching space requirements with the options for available and potential capacity. A time extension was granted to the end of June 2016.
 - Many have the impression that this task force will resolve all issues within the Trenton community, however the terms of reference were very clear and focused on six recommendations, noting that the issue with certain services provided by QHC at this site is not part of the mandate. The Task Force is not taking over the QHC Board, however they are assisting on how to look at aspects of the Rainbird Report. It was noted that there is a lot of media attention on the proposed changes. Some services proposed for change are being put on "pause", while the Task Force concludes its work, but again the Task Force will not be addressing issues such as the appropriateness of moving surgery from one site of QHC to another.
 - A meeting between the LHIN and Health Capital Information Branch (HCIB) is being arranged to obtain additional information which will help the Task Force in finalizing its report.
 - A letter from QHC Board to the Minister of Health is asking for an explanation of this "pause", and suggesting that the surgical piece be the only part put on a "pause" and that the other two moves continue as planned.
 - The decision of the planning process cannot be taken away from the QHC Board. In comment to that, a letter to the Minister of Health has requested his guidance with regards to his expectation of the ongoing planning and relationships. South East LHIN Chair advised of the need to speak with the Minister of Health for clarity to this group, and all parties, such as MPPs, Boards, and the Ministry needs to know expectations of the QHC Board.

- Information and clarity is what is needed to all parties, especially the QHC Board. The briefing note provided to LHIN Board mentions the hospital building staying within the third option, but co-location is about synergies.

e. Older Adult Strategy Update – 10:10 am

- P. Huras provided a review of the briefing note which included a background summary and recommendation for the members' consideration.
- Senior staff provided the following information based on questions and comments:
 - S. Kennedy is overseeing this Board approved project, with B. Menachery being the project lead. The South East LHIN Board has been updated periodically with two Board Members having a more thorough briefing, who can speak about the engagement. The focus of this update is to discuss the themes, and community engagement in preparation for a decision in June 2016. Within the Board package a briefing note was supplied with more information, including the population segmentation which has been very helpful for reference panel members to help focus their thoughts towards driving themes as senior (older adult) is very different from another. The emerging themes have come from the data, and the reference panel dialog on the research related to these themes, within the context of our communities.
 - Discussion from the presentation: the Board provided support for the themes identified by the reference panel. The panel has tried to be very thoughtful about language and framing. The first piece was focused around caregiver wellbeing and the Older Adult Strategy panel feedback was to ensure that the caregiver was considered at all points that they are cared for within the community. The caregivers need to consider their wellbeing. Based on studies the status / wellbeing of the caregiver will predict a lot of what can happen to the senior. Looking at the metrics with those who have a caregiver, and if something was to happen to the caregiver, stats show how both the older adult and the caregiver decline can have an impact on the health care system including the emergency departments. The relationship with early education of high risk adults and linking them with the assessment is important so they are connected with a provider who can help with their needs. From all the analysis and research, it can be predicted when the older adult will be at an emergency department with 30 days based on seven questions asked and the use of an emergency algorithm.
 - The coordinated care plans (CCP) are able to be accessed by all involved providers. We want the same assessment tool being used by everyone providing care to the individual. For early identification, Health Service Providers running programs and other services for seniors would be the first touch point for those seniors at risk. Before getting screened and noted as "high risk", exposure through a community programming person will be required. The SE LHIN Board noted the need to be clear about who is identifying these high risk seniors.
 - The Board appreciated the chart on Appendix B which appeared as a great framework. The intent at this time is a high level strategy, fitting with Ministry strategies and standards. The strategy includes the themes and objectives of an ideal system.
 - Expectation of SE LHIN Board for this discussion included the board talking about being less tactical, this was to be a strategic discussion and to bring the board up to speed and for the SE LHIN to consider comments the board may have for this project. This is the opportunity to give input, recognizing we are trying to make a high level strategy to create a culture for people to start recognizing older adults who are struggling before they become complex care patients. This opportunity is to allow members to be brought up to speed at the strategic level.

- The reference panel membership includes five caregivers, clinical and administrative representatives from provider agencies as well as a representative from Public Health and a LHIN primary care physician lead. Overall there is understanding of the process to be used for the OAS. The strategy will be based on the information from emerging themes. Once the draft is ready, it will be circulate to both panels to allow for deeper discussions.
- The South East LHIN board members congratulated all those involved and for bringing this information forward. The process appears competent, however there is need to ensure that at the end of the day the strategy comes from feedback from both the panel and engagement, which will drive the strategic document as a framework on how health services will be provided in the future.

f. Chair's Update – 11:25 am

- The Chair reviewed her discussion with Chair of QHC Board regarding the hospital's challenges in moving forward to make the necessary changes to improve its service delivery and financial pressures. D. Segal was able to calm the situation and will be reaching out to the Minister on their behalf. She will also include the local MPP Lou Rinaldi who is very involved with this issue. We hope to determine the Minister's expectation and how it will transcend into other integrations in the future, including the current Health Care Tomorrow planning.
- D. Segal has recently attended two conferences relating to Integration. The first forum D. Segal presented and spoke about Integration using Addictions and Mental Health Redesign as the example. This is a follow-up to the presentation two years ago. The second forum was with Bob Morton looking at Mental Health initiatives in the North Simcoe Muskoka region.
- Strategic Board Planning Session / Retreat will take place on Wednesday April 20th at Providence Care's St. Mary's location.
- Transitioning happening with CGCE Committee especially with board member D. Sansom's term ending.
- LHIN Leadership Council will happen the week of April 18, but there is no anticipation for the Minister of Health to attend.
- The Health Care Tomorrow – Governance to Governance (G2G) Webinar, is to take place on May 4th.

g. Community Engagement – Board Member Update – 11:34 am

- D. Sansom has been invited to attend a Community Support Services (CSS) agency's Board meeting for a strategic discussion and retreat that would focus on the Older Adult Strategy. This is a group (Seniors Outreach Services of Napanee) he had relationships with in the past and has since planned to attend, however would like to ensure it is not a problem as it is three days prior to his LHIN term ending. There was agreement for D. Sansom to proceed and to inform B. Menachery of any feedback.
- A. von Cramon noted he will be back in court in Brockville as legal counsel after a year in Toronto. A. von Cramon commented positively about the SE LHIN Addictions and Mental Health Services System Redesign, and noticed an overwhelming sense that people who were putting up resistance previously, now believe that this was the right thing to do for the system and clients.

h. CEO Discussion Report – 11:36 am

a) Health Care Tomorrow

- i. Hospital Project – the clinical planning piece builds on the work done with KPMG. The sessions described from March 30 are related to Board Chairs / Vice-Chairs.
- ii. Addictions and Mental Health Redesign – the redesign continues to be implemented. Strategy going as planned. D. Segal met with J. Payton (Lead on the AMH Redesign), to determine the best needed approach to broadcast the successes and achievements we've had up to date. Clients, caregivers and agencies know what has happened, however the broader community may still see it as not having changed.
- iii. SHiiP – they are currently working on the clinical piece; updates also show the technical piece, and identifying privacy issues. Board members feel that this project could go provincially as it is great work. Looking into patenting SHiiP.

b) MOHLTC – Stocktake Update

- Staff had good meetings with Ministry, healthy and positive conversation, questions about standardization and recognition with hospital project and AMH. The Ministry recognized it will take time to achieve changes in targets. This is a quarterly meeting ministry has with every LHIN. The Chair noted there is much being looked at with the future of LHINs and the metrics.

That the CEO Discussion Report be accepted as circulated.

**Moved by: B. Smith
Seconded by: A. von Cramon
Carried – 2016-137-07**

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, and 2016-17 Annual Business Plan pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).

**Moved by: A. von Cramon
Seconded by: L. Burrows
Carried – 2016-137-08**

Lunch – 11:25 am – 12:10 pm

8. In-Camera Session – 12:10 pm

That the Chair rise and provide a verbal report from the In Camera Session including Approval of In Cameral Minutes; Organizations Under Performance Improvement Plans (PIP) / Review – Providence Care, Kingston Community Health Centre, and 2016-17 Annual Business Plan.

**Moved by: B. Smith
Seconded by: M. Madgett
Carried – 2016-137-12**

9. Timer – we utilized time accordingly.

Observer – Meeting conducted in a very time efficient manner while allowing for adequate discussion by members on the agenda items. The balancing act of being mindful of time yet ensuring all feel they have had adequate time to discuss items was well done. Chair is very helpful on ensuring points that need to be considered are not overlooked without steering the direction taken on issues.

10. Date, time and location of next meeting:

Monday May 30, 2016 – SE LHIN Offices

Future meetings:

Monday June 27, 2016 – SE LHILN Offices

Monday August 22, 2016 – SE LHIN Offices

Monday September 26, 2016 – SE LHIN Offices

11. Adjournment

That the meeting be adjourned at 1:30 pm

Moved by: C. Salt

NOTED DEPARTURES:



Meeting Chair:

Donna Segal

Secretary:



Paul Huras