

# South East Local Health Integration Network

## Board of Directors Meeting No. 138

Monday May 30, 2016

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

## MINUTES

---

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

**Recorder:** Jacqui Prospero CAP-OM

**Regrets:**

**Guests:** Sherry Kennedy (COO); Paula Heinemann (Director Corporate Services / Controller); Cynthia Martineau (Directors, Health System Design); Larry Hofmeister (Director, HSP Funding); Steve Goetz (Director, Performance Optimization); Megan Jaquith (Health System Planner); Deb Goulden (Interim Director, Health System Design); Melanie Lyman (Communications Associate); Amber Gooding (Interim, Communications Coordinator); Jennifer Payton (Planning and Integration Consultant); Benedict Menachery (Planning & Integration Consultant); Don McGuinness (Program Manager – Knowledge Management); Rick Gajnorio (Project Advisory, Specialist); 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 9:35 am.

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

- a) Timer – D. Segal due to anticipated changed to the agenda
- 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) Funding Decisions within CEO Delegation
- f) Q4 Funding Summary

**That the Consent Agenda items 4 E – Funding Decisions within CEO Delegation and 4 F – Q4 Funding Summary be removed for discussion during the CEO Discussion report, all others are approved as circulated.**

**Moved by: L. Burrows  
Seconded by: J. Butt  
Carried – 2016-138-01**

5. **Approval of the Agenda**  
That the Board Agenda be approved as amended.

**Moved by: B. Smith**  
**Seconded by: L. Burrow**  
**Carried –2016-138-02**

6. **Approval of Minutes April 18, 2016 Board Meeting #137 (attached)**  
That the Minutes of Monday April 18, 2016 Board Meeting #137 be approved as amended.

**Moved by: C. Salt**  
**Seconded by: J. Butt**  
**Carried –2016-138-03**

**7 - Business Arising:**

- a. Addictions & Mental Health Redesign (AMH) – Implementation Report – 9:44 am**
- P. Huras provided a review of the briefing note for members which included a purpose; background summary; high level plan for 2016-17; and necessary appendices.
  - S. Kennedy provided a brief introduction of Jennifer Payton to the member who will provide an overview of a presentation on the milestones and success achieve in the implementation of the AMH Redesign in 2016-17. This presentation included thanks to participants; progress to date on the redesign process; implementation plan development and operationalization; Part C contract development; next steps and high level plan for 2016-17.
  - Senior staff provided the following information based on questions and comments:
    - The intent of this agenda item was to provide members with an update on the AMH Redesign progress; feedback to date is that there is a sense of coordination and commitment to improving access to the common basket of services; members extended their thanks for the details, specifically for the metrics as a visible objective way that will help to drive performance optimization for this initiative in the future; client surveys will continue to be part of the assessment of the redesign; there is a need to build in the education and knowledge of the surrounding health care sectors that are not directly involved in this new change in caring for addictions and mental health in our region.

**That the board consider matters of public interest regarding In Camera Session including Approval of In Cameral Minutes; Quinte Health Care – Trenton Memorial Hospital Surgical Services Pause Organizations Under Performance Improvement Plans (PIP) / Review – Kingston Community Heath Centre, Providence Care, Community and Primary health care and Sexual Assault; Finance / Audit Committee – Audited Financial Statements; Draft Annual Report and Patients First – Transition Planning pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).**

**Moved by: L. Burrows**  
**Seconded by: J. Butt**  
**Carried – 2016-138–04**

**8. IN CAMERA SESSION – 10:30 am**

**That the Chair rise and provide a verbal report from the In Camera Session including Approval of In Cameral Minutes; Quinte Health Care – Trenton Memorial Hospital Surgical Services Pause Organizations Under Performance Improvement Plans (PIP) / Review – Kingston Community Health Centre, Providence Care, Community and Primary health care and Sexual Assault; Finance / Audit Committee – Audited Financial Statements; Draft Annual Report and Patients First – Transition Planning.**

**Moved by: B. Smith  
Seconded by: M. Madgett  
Carried – 2016-138-09**

## **7. Business Arising: 2:02 pm**

### **b. Older Adult Strategy (OAS) – Submission of Draft Strategy – Discussion – 2:02 pm**

- P. Huras provided a review of the briefing note which included a background summary, next steps and recommendation for the members' consideration, including a copy of the draft strategy report.
- S. Kennedy provided an overview of the documentation and asked B. Menachery to provide further clarification for the members. Once this new strategy is adopted it will drive the changes required to the system for the next 10+ years; the document before the members was developed with input from the Expert Panel, the broader OAS Committee and community engagement. Members were encouraged to consider this as a strategic with no decision being required at this time.
- Senior staff provided the following information based on questions and comments:
  - Initial reading of the document gives the impression that the well-being of the caregiver appears to have a higher priority rather than the client which may be reflective of the way it has been written;
  - Implementation considerations will continue for up to 10 years, however those that are required in the coming years (3 years) will be more detailed; overarching themes included change management, enabling technologies, etc.; other issues such as cross LHIN issues (where clients that reside in different LHINs from their caregivers, providers, and how do we deal with consistency of information across the LHINs; it was clarified that SMILE is provided by the Victorian Order of Nurses (VON) and includes activities of daily living, whereas the CCAC focuses more on the home care services; clients can be referred to SMILE via the CCAC, PHC, etc.; policy reflections are noted in order to highlight the need for changes in policies to better address the needed changes for enhancing outcomes for the older adults; if this is a ten year plan there is a need to consider how we match the planning for potential changes as they relate to our region, etc.; 10 year planning is something that is more related to strategic planning in general and in particular it is how the MOHLTC does planning when they are looking at their long-term strategy, allowing for three year increments for specific planning for adjustments as required; 10 years seems like a long time, however changes in health care moves slowly, AMH as an example took 3+ years to get to an implementation phase, etc.
  - As it relates to the evaluation framework there is a need to review the current strategy every three years; ensure the measuring of success including the overall strategy and key strategy targets or metrics; first year results may be more related to developing implementation plans for the next three, etc. (before they need to develop system level indicators that will drive performance).

- Members expressed concern regarding the function of community support services and references to elderly person support centres; the practice in the field is that anyone in attendance for congregate dining for instance, would be considered a “client”; items that require a type of clarification for policy intent can be addressed to a provincial body; self-identification of the need has been one of the ways for trying to move the high level strategy forward, however there is a need to ensure we are matching the provincial direction / policy with our own; means testing (those that can pay and access, etc.) may help to drive capacity in the system (i.e.: as it relates to low needs requirements).
- Members noted that an executive summary would help bring highlights to the forefront as many people will not read the entire document (over 70+ pages); reference to the panel members has to be clearly indicated as they were chosen for their expertise in the field.

**c. 2016-17 Project Funding Adjustments – 2:48 pm**

- P. Huras provided a review of the briefing note which included a background summary; detailed updates on two projects and a recommendation for consideration.
- Senior staff provided the following information based on questions and comments:
  - The funds being considered had been protected for potential future requirements which have changed and this now requires the Board to approve “releasing” these funds for investments in new priorities; it was noted that the LHIN is in compliance with direction from the MOHLTC these funds.

**That the SE LHIN Board approve the:**

1. **Formal release of \$544,800 funding allocated to 22 convalescent care beds; which has been replaced by MOHLTC base funding in late 2015-16;**
2. **Formal release of \$1,800,000 funding commitment for the Behavioural Support Office (BSO) Enhancement: Transitional Care Mobile Response Team (MRT) Service; and**
3. **Endorse the reallocation of the \$2,344,800 released above to further AMH Redesign and Older Adult Strategies, with funding available for one-time allocation in 2016-17 and potential for permanent allocation starting in 2017-18 to ensure adequate time to formalize the Older Adult Strategy in 2016-17.**

**Moved by: C. Salt**  
**Seconded by: J. Butt**  
**Carried –2016-138-10**

**d. Sub-LHIN Development Process – 2:52 pm**

- P. Huras provided a review of the briefing note which included progress to date in determining the LHIN subRegions, next steps and attached appendices for consideration.
- Senior staff provided the following information based on questions and comments:
  - The SE LHIN has been a leader in health links (HL) development including the process to identify HL geography, having used quantitative analysis and physician engagement; similarly the SE LHIN will use science and engagement to help determine the new LHIN subRegions; a decision is likely to come before the board in June for consideration; these areas will not affect the board committee structure, as it relates to governance, however that can be changed in the future should the need arise.

**e. Chair’s Update – 2:56 pm**

- The Chair noted for members that there was no update required at this time.

**f. Community Engagement – Board Member Update – 2:57 pm**

- M. Madgett noted that the first meeting with the central sub region group has taken place; board to board discussions for the eastern region was held this past Friday; it appears as though the groups are beginning to meet, network, creating agendas for items that they may like to consider in the future; centre region also met his past week was a good turnout, etc.;

**g. Board Evaluation Committee – Board Performance Scorecard Weighted in Measures of Success – 1:23 pm –**

- L. Burrows noted that the scorecard that was circulated was informative and helpful; there is a need to manage the year and expectations of the board and CEO;
- Board Members and Senior staff provided the following information based on questions and comments:
  - Responses are important to gauge the work of the LHIN board; percentage weighting is appropriate based on what was presented; there are concerns about the oversight and control over other items beyond those that the auditors do, such as financial management framework, internal controls, etc.; meeting Stocktake targets continues to be an issues as the SE LHIN has not been able to meet them the past several years; a new tool is being implemented that will allow for agency to agency comparison regarding clients; Health Care Tomorrow – Hospital Project (HCT – HP) survey went to the staff of hospitals and members of SECHEF were aware prior to circulation; stakeholder surveys are not yet required for HCT – HP; the board does not have an updated communications plan, however the LHIN’s plan does take into consideration the board and if they would like to consider a separate one that could be addressed through strategic planning that would focus on what messages need to be shared at the board level versus the HSP level; communications plan could include MPP meetings, etc. - change to be made to the question to better reflect board communications piece.; board members attendance at HSP AGMs is not mandatory, however needs to be considered in the context of the budget for governance; there has been an understanding that the Chair would discuss education opportunities with board members, in particular new members; board members were encouraged to search out their own education opportunities; Succession planning question needs some changes to wording to better reflect intent; the main point of this discussion today was to ensure that members were happy with the questions going forward (i.e.: frame of the ask) versus the actual replies to them; some of the questions will require a preamble / clarification in order to ensure when asked in the future it is more clearly understood what expectations of an outcome will be.
  - CEO evaluation committee will make sure that this survey will be completed 6 months after the beginning of the Fiscal Year

**That the Board of the SE LHIN accept the recommendation from the CEO Evaluation and Compensation / Board Evaluation Committee to implement the “Balanced Scorecard Weighted Measures of Success” tool as amended.**

**Moved by: L. Burrows  
Seconded by: J. Butt  
Carried –2016-138-11**

**h. Future Board Agendas – 3:00 pm**

- P. Huras and D. Segal 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:
  - Good approach to changes while noting that the generative discussions could be identified by any Board Member or staff, with staff pulling together the relevant literature to support the discussion; items in this category do not necessarily move to strategic in the following months.
  - Members agreed that they need more time on "thinking" while understanding that the board members have true requirements for oversight;

**i. CEO Discussion Report – 3:05 pm**

**Items removed from Consent Agenda:**

- e) Funding Decisions within CEO Delegation – 3:05 pm – it was determined that these reports were going to go to the finance committee first before it would come to the board; anything to deal with budget were timing permits, should come to the finance committee first; and then to the board via consent as an item via the Finance / Audit Committee.
  - f) Q4 Funding Summary – 3:05 pm – it was determined that these reports were going to go to the finance committee first before it would come to the board; anything to deal with budget were timing permits, should come to the finance committee first; and then to the board via consent as an item via the Finance / Audit Committee;
- a) Health Care Tomorrow**
- i. Hospital Project – meetings will occur throughout June for governance directors of involved agencies;
  - ii. SHiiP – no comments or questions at this time.
- b) **Palliative Care Update** – no comments or questions at this time.
  - c) **Health System Funding Reform (HSFR) Update** – no comments or questions at this time.
  - d) **Syrian Refugee Update** – no comments or questions at this time.
  - e) **4<sup>th</sup> Quarter Health Link (HL) Report** – funding for health links was provided in a varying scale and time which means that some were able to provided more robust quarterly reports based on when they were able to initiate programs, etc.; quarterly reports need to clearly reflect metrics, which the Health Links table will address in the future, including how many coordinated care plans that are to be done, care plans that have been achieved are moving towards the target; MOHLTC calculation is based on percentage of population, and the application to SE LHIN criteria (4 or more co-morbidities) brings the number lower; in the future wording will be added to clarify the differences; 4<sup>th</sup> overall in the province for number of coordinated care plans is excellent considering many other LHINs have larger population bases.
  - f) **4<sup>th</sup> Offering of Advanced System Leadership Program** - no comments or questions at this time.

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

**Moved by: M. Madgett  
Seconded by: J. Butt  
Carried – 2016-138-12**

**9. Timer** –*the meeting was ended close to scheduled time; however the addition of an item was dealt with appropriately.*

**Observer** – *Although the meeting had a very full agenda on a wide variety of topics, there was good input and participation from all Board members that allowed us to finish most of the agenda in reasonable time.*

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

Monday June 27, 2016 – SE LHILN Offices

Future meetings:

Monday August 22, 2016 – SE LHIN Offices

Monday September 26, 2016 – SE LHIN Offices

Monday October 31, 2016 – SE LHIN Offices

Monday December 12, 2016 – SE LHIN Offices

**11. Adjournment**

That the meeting be adjourned at 3:16 pm

**Moved by: L. Burrows**

**NOTED DEPARTURES:**



Meeting Chair:

\_\_\_\_\_  
Donna Segal

Secretary:



\_\_\_\_\_  
Paul Huras