

South East Local Health Integration Network

Board of Directors Meeting No. 140

Monday August 22, 2016

Learning & Leadership Centre
Providence Care
752 King St. West
Kingston, ON
K7L 4X3

MINUTES

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

Recorder: Jacqui Prospero

Regrets:

Guests: Sherry Kennedy (COO); Paula Heinemann (Director, Corporate Services / Controller) **; Cynthia Martineau (Director, Health System Design); Amber Gooding (Communications Coordinator); Larry Hofmeister (Director, HSP Funding & Allocation); Steve Goetz (Director, Performance Optimization); Mike McClelland (Senior Financial Analyst); Florence Peretie (French Language Services Coordinator); Michael Spinks (Chief Knowledge Officer); Peter Merkley – Providence Care; Jacinthe Desaulniers - Executive Director (Réseau) and Jeannine Proulx - Planning Officer (Réseau)

** BY 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 10:56 am

2. Selection of Timer and Observer:

- a) Timer – B. Smith
- b) Observer – L. Burrow

3. Conflict of Interest Declaration

All members confirmed no conflicts.

Welcoming remarks were provided by Peter Merkley, Chair at Providence Care, who offered guidance to members on their tour for the new facility this morning; thanked them for their time and indicated that: the direction the facility is taking is for the benefit of the clients and region overall; community involvement / financial contributions were already “in the bank” prior to building; and a phased in approach to moving into the new facility would be undertaken for clients / patients along with staff training, etc. He also outlined that community engagement has been quite extensive regarding the Providence Village concept at the Mother House location where Providence Care's rebuilding of Providence Manor for long-term care licenses will be constructed with private funding on property is being donated by the Sisters. P. Merkley also noted that they are working with Kingston General Hospital / Hotel Dieu Hospital (KGH / HDH) integration to bring a stronger relationship with acute care in the Kingston region.

4. Consent Agenda:

- a. Monthly CEO Reports
- b. Board Correspondence
- c. Chairs Declaration
- d. Chairs Report
- e. Committee Summaries
- f. 2016-17 Q1 Report
- g. Board Funding Summary Report – Q1 & Preliminary Q2
- h. Hospital Advisory Committee Info Bulletin

That the Consent Agenda items be approved as circulated with the removal of Item E – Committee Summaries. Item F - 2016-17 Q1 Funding and Item G – Board Funding Summary Report – Q1 & Preliminary Q2 are removed for discussion during the main body of the meeting.

**Moved by: J. Butt
Seconded by: L. Burrows
Carried – 2016-140-01**

5. Approval of the Agenda

That the Board Agenda be approved as amended.

**Moved by: C. Salt
Seconded by: B. Smith
Carried – 2016-140-02**

6. Approval of Minutes June 27, 2016 Board Meeting #139 (attached)

That the Minutes of Monday June 27, 2016 Board Meeting #139 be approved as attached.

**Moved by: B. Smith
Seconded by: J. Butt
Carried – 2016-140-03**

7. Generative Discussion:

a) Consideration of Future Generative Discussions – 11:12 am

- P. Huras provided a review of the briefing note which included a purpose; executive summary; and risks for consideration.
- The following was discussed:
 - Board members are pleased to see a framework provided for consideration; in the past, members have struggled with trying to raise the level of discussion to focus more on strategic and generative conversations in order to drive the path for the broader organization;
 - The “Governance as Leadership” book as reference is in the LHIN library for any member to utilize;
 - Some of the suggested topics were more strategic than generative. It was suggested that the concept of well-being, as measured by the index of wellbeing, is a generative item that could be considered in the future;
 - Other topics could be identified at a Board retreat proposed for the near future where we might also engage an external consultant to provide a more clear direction on how the members could most utilize this type of an agenda item most effectively.
 - Staff will provide guidance on who might be engaged, and suggest generative topics;
 - Members noted that generative discussions need not be planned for each meeting and that agenda should be arranged to be sure that when such discussion is held, sufficient time is allocated

8. Strategic Discussion:

a. French Language Services – New Approach to Strategy – 11:36 am

- P. Huras provided a review of the briefing note which included a purpose; executive summary; attached appendices and recommendation for consideration.
- J. Desaulniers, J. Proulx and F. Peretie provided a presentation to members including a background and context; strategy goal; strategic priorities; expected outcomes, joint annual action plan 2016-17 and questions / discussion.
- The following was discussed:
 - Each of the Champlain LHIN, SE LHIN and Reseau, as participating members of the Liaison Committee, needs to approve the strategic plan;
 - There was a question whether some of the timelines associated with deliverables are sufficiently aggressive. It was explained that: the ability to move projects and initiatives forward has been a struggle as it relates to available resources, both financial and human in the health service providers (HSPs) which are directly affected by the designation; the past several years have been utilized to better determine the capacity and resources in the region to help move forward filling gaps, etc.; there has been improvement from HSPs who are actively working towards this portion of the service accountability agreement, however we do not have the ability to incent the providers to comply; we have been able to provide them with a tools / data collection that helped to drive their attention to the initiative; there are a lot of items that are of high target for achievement within the coming months / years and improvement is expected in the system; and the strategy and business plans are well thought out and insightful to move the FLS services forward in our region.

That the Board of the South East LHIN approve the proposed French Language Services Strategy 2016-19.

**Moved by: B. Smith
Seconded by: J. Butt
Carried – 2016-140-04**

b. Trenton Memorial Hospital – Implementation Task Force (TMH-ITF) – Next Steps – 12:10 pm

- P. Huras provided a review of the briefing note which included a background summary; current status update; next steps and associated risks.
- Senior staff provided the following information based on questions and comments:
 - Residents in the Trenton Region are anxious that a decision regarding the disposition of this “pause” has been taking longer than anticipated; the next steps were provided for members to be brought up to speed.

LUNCH RECESS – 12:15 pm – 12:52 pm

c. LHIN Sub Regions – 12:52 pm

- P. Huras provided a review of the briefing note which included a purpose; executive summary; associated risks; attached appendices and a recommendation for consideration.
- Senior staff provided the following information based on questions and comments:
 - This report reflects the consensus, identified through data review and physician consultation, for five versus seven sub-regions;
 - It was acknowledged that this does not parallel the geographies for the 7 Health Links, which area conceptual approach for a targeted audience and not infrastructure / entities; there is fear from the Health Links that if the region moves to five primary areas that the funds associated with Health Links initiative will move / change; there is a need for continued education around the concept of Health Links as an approach ;

- Members also discussed what might be challenges of not having an alignment of the sub regions with the SE LHIN's Governance Forum regions. It was suggested that, while preferable, it was not vital to align these and that alignment should be at the discretion of the local service providers.
- With respect to the 5 sub-regions, there are no further changes expected in the designation of the areas; this initiative should not change the delivery of services for patients in that they will not change the clinicians they are currently seeing and this change will be invisible to the public;
- The ongoing community engagement referenced in the note would be in the area of education. To date, while there has been informal engagement with executive directors, etc., the primary consultations have been with physicians and clinicians as they are the ones in the most contact with clients;
- performance that drives better outcomes will be key to the success of the sub LHIN regions; and

That the Board of the South East LHIN supports the five Sub Region geographies for the South East LHIN as follows:

1. Rural Hastings
2. Quinte
3. Rural Frontenac, Lennox and Addington (previously the Rural Kingston and Salmon River Health Links)
4. Kingston
5. Lanark, Leeds and Grenville (previously the Rideau Tay and Thousand Island Health Links which excludes a portion of North Lanark pending further discussion with the Champlain LHIN)

Moved by: C. Salt
Seconded by: B. Smith
Carried – 2016-140-05

9. Fiduciary Discussion:

a. Ministry / LHIN Accountability Agreement (MLAA) – Dashboard & LHIN Performance Monitoring Process – 1:20 pm

- P. Huras provided a review of the briefing note which included an executive summary; update and appendices for consideration.
- Senior staff provided the following information based on questions and comments:
 - There is a separate process that is overlaid with this one that helps to drive the financial side of the monitoring process;
 - a central repository has been created where providers can input information / data; the focus is on being able to review outcomes, seeing improvement in areas rather than just the programs / initiatives to help to drive changes; in the interest of transparency all organizations will be able to see others' "results" i.e.: hospitals can see other hospitals' information in order to continue to drive accountability;
 - the concept is new, with training in September, and a planned "go live" in October; hospitals will be the first providers involved, with community support and long-term care homes to following;
 - one HSP has questioned the transparency of the system, however all others are fine with it; one member did note that this was "more work" due to their own tracking already in place, however the LHIN is working with them to try and integrate the systems;
 - Sub regional level data is available, however the LHIN has not yet implemented sub region reporting; ; similarly, Health Care Connect data is available to the LHIN at the postal code level which is likely able to be consolidated / rolled up to the sub LHIN regional level at a future date.

b. Kingston General Hospital / Hotel Dieu Hospital (KGH / HDH) – Proposed Voluntary Integration – Process Review – 1:35 pm

- P. Huras provided a review of the briefing note which included a purpose; executive summary; and next steps for consideration.
- Senior staff provided the following information based on questions and comments:
 - There may be a better approach to this integration rather than the approach proposed per Local Health Service Integration Act (LHSIA) Section # 27 as a voluntary integration;
 - the new approach suggested by the Ministry would involve Ministry approval to create the new entity, thus using the Public Hospitals Act, Section #4; this includes a 30 business day window for the LHIN to consider a recommendation to the Minister, and then the Minister has 20 business days to respond; LHIN staff has already had an initial discussion at the CEO level with participating organizations; this new route does not change the HSP process, it does change the Ministry process and timelines;
 - Whereas the LHIN Board Chair has received an official notice from the organizations to begin the “clock” through the LHSIA approach, the start date of the new entity would still remain the same and is not affected by this change in process.

c. Community Support Sector (CSS) Stabilization Funding Decision – 1:42 pm

- P. Huras provided a review of the briefing note which included a purpose; executive summary; associated risks; appendices and a recommendation for the board members consideration.
- Senior staff provided the following information based on questions and comments:
 - This is a new base funding for this sector and, thus, will be included in future funding; other sectors have received support in the past; the impact of this funding will be felt throughout the system;;
 - The term “care coordination”, utilized in different ways, can be confusing, however we may be able to make a shift in language and definition as the LHIN and the CCAC become more integrated.

That the Board of the South East approve the allocation of \$634,836 as a 2016-17 base funding increase to community agencies conditional on the following commitments by community agencies:

- a) participation, collaboration, and implementation of Older Adult Strategy initiatives;**
- b) enable the implementation of SHIP; and**
- c) ensure the full adoption of the Regional Care Coordinator program approach to assessment, intake, and care plan development.**

**Moved by: J. Butt
Seconded by: B. Smith
Carried – 2016-140-06**

That the Quarterly Funding Summary Report and Board Funding Summary Reports become part of the open board session on a regular basis, unless otherwise brought to the Board via the Audit / Finance Committee.

**Moved by: L. Burrows
Seconded by: C. Salt
Carried – 2016-140-07**

Items removed from Consent:

F - 2016-17 Q1 Report

That the Board of the South East LHIN receive the 2016-17 Q1 Report as circulated.

**Moved by: L. Burrows
Seconded by: C. Salt
Carried – 2016-140-08**

G - Board Funding Summary Report – Q1 & Preliminary Q2
That the Board of the South East LHIN receive the Board Funding Summary Report – Q1 & Preliminary Q2 as circulated.

Moved by: L. Burrows
Seconded by: C. Salt
Carried – 2016-140-09

d. Chair's Update – 1:52 pm

- D. Segal noted for members that the Minister of Health visited the Providence Care Hospital site earlier this month to provide an echo announcement on Health System Funding Reform (HSFR) and for funding for planning towards the future of KGH; part of the tour was a visit of Prince Edward County Memorial Hospital (PECMH) site of Quinte Health Care (QHC); the placement of the proposed new hospital structure and its proximity to long-term care beds in the County were a concern of Mayor Quaiff during the tour. The combined fire and ambulance response station was also visited.
- LHIN Chairs have met and will now be meeting with the CCAC Chairs (monthly) going forward to ensure there is common understanding and information sharing; LHIN Chairs are also looking for mechanisms to ensure that the transparency on our side continues, however briefings will be joint to ensure communication channels remain open.
- The Governance Work Stream is in the early stages and have been working through “process” issues before getting into the details of discussions.
- Negotiations with the Ontario Medical Association (OMA) and the MOHLTC were not ratified and we await next steps in the matter from MOHLTC.
- It was noted that MPP Clark (Leeds Grenville) will be hosting a Seniors Summit regarding planning, being held in September 2016; they are looking for a broader discussion including with Municipal interests in prospective supports to LTC; some of the homes in their area are of a smaller size which challenges sustainability; they are looking to have a discussion around the current way we manage the process, such as what can we do in the communities to help the clients.

e. Community Engagement – Board Member Updates – 2:05 pm

- M. Madgett / J. Butt attended a meeting in Portland and have determined the chair for the Eastern Sub Region – Cait Maloney has stepped up to lead.
- C. Salt noted that he has had informal engagement sessions based on his current condition (crutches / air cast) at various points in the health care system.
- B. Smith and J. Butt noted for members that through casual discussions each has had opportunity this summer to inform acquaintances with more accurate information regarding local health care.

f. CEO Discussion Report – 2:12 pm

- This report was not circulated in advance of the meeting and will be circulated to members, as well as being posted on the website within 24 hours.
- a) Health Care Tomorrow**
 - i. Hospital Project – no questions or comments at this time.
 - ii. Addictions and Mental Health Redesign – the Fall of 2016 will provide an opportunity for the LHIN to gather information about gaps in the system, beyond those in the eastern region that were initially identified; members identified the need to facilitate broader communication about the good changes / advancements as a result of the redesign..
 - iii. SHiiP – no questions or comments at this time.
- b) French Language Service – Joint Annual Action Plan (JAAP) 2015-16 Completion Update** – no questions or comments at this time.
- c) Advanced Leadership Program Update** – no questions or comments at this time.
- d) Primary health care Forum 2016** – no questions or comments at this time.

- e) **Regional Falls Prevention & Management Strategy** - no questions or comments at this time.

RECESS – 2:27 pm – 2:38 pm

That the board consider matters of public interest regarding Approval of In Camera Session Minutes; 2016017 Q1 Report – Risk Summary; Organizations Under Performance Improvement Plans / Reviews; Request for Proposal for SHiiP Business Intelligence Solution; Long-Term Care Beds Update and Patients First Legislation – Work Stream Updates and Quinte Health Care – Trenton Memorial Site pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).

**Moved by: J. Butt
Seconded by: B. Smith
Carried – 2016-140-10**

10. In-Camera Session – 2:38 pm

That the Chair rise and provide a verbal report from the Approval of In Camera Session Minutes; 2016017 Q1 Report – Risk Summary; Organizations Under Performance Improvement Plans / Reviews; Request for Proposal for SHiiP Business Intelligence Solution; Long-Term Care Beds Update and Patients First Legislation – Work Stream Updates and Quinte Health Care – Trenton Memorial Site.

**Moved by: L. Burrows
Seconded by: M. Madgett
Carried – 2016-140-14**

11. Date, time and location of next meeting:
Monday September 26, 2016 – SE LHIN Offices

Future meetings:

Monday October 31, 2016 – SE LHIN Offices
Monday December 12, 2016 – SE LHIN Offices
January 2017 – TBD
February 2017 - TBD

12. Timer –we are late due to last minute additions to the agenda

Observer – good meeting; excellent tour; members will consider more meetings offsite in the future;

13. Adjournment

That the meeting be adjourned at 5:03 pm

Moved by: L. Burrows

NOTED DEPARTURES:

Meeting Chair:



Donna Segal

Secretary:



Paul Huras