

South East Local Health Integration Network

Board of Directors Meeting No. 142

Monday September 26, 2016

Cardinal Room
South East LHIN Offices
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

Regrets:

Guests: Sherry Kennedy (COO); Sara Brown (Interim Director, Corporate Services / Controller); Caitlin denBoer (Communications Lead); Joshua Cadman (HCT – Hospital Project, Implementation Coordinator); Lorilain Gamalinda (HCT – Hospital Project, Implementation Coordinator); Debbie Hutchison (Financial Officer, Funding & Allocation); Steve Goetz (Director, Performance Optimization); Cynthia Martineau (LHIN Renewal Lead); Deb Goulden (Program Manager – Health System Design); and Don McGuinness (Program Manager – Knowledge Management)

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 – B. Smith
- 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 - Updated
- f. Finance / Audit Committee – Second Quarter Report – LHIN Operations & Ancillary Funded Projects

That the Consent Agenda items be approved as amended and discussed; the Chair to provide a letter of support for the Rideau Tay Health Link organization for their milestones at the two year mark.

**Moved by: B. Smith
Seconded by: C. Salt
Carried – 2016-142-01**

5. Approval of the Agenda

That the Board Agenda be approved as amended.

**Moved by: J. Butt
Seconded by: L. Burrows
Carried – 2016-142-02**

6. Approval of Minutes September 26, 2016 Board Meeting #141 (attached)

That the Minutes of Monday September 26 2016 Board Meeting #141 be approved as amended.

**Moved by: L. Burrows
Seconded by: B. Smith
Carried – 2016-142-03**

7. Generative Discussion:

The chair noted that discussions in the past related to having a consultant / facilitator engaged with the board to better understand the process of generative discussions and to resolve issues; staff have identified a couple of consultants / facilitators for consideration and dates; consideration will need to be given to our current role and that of the new organization should Bill 41 Patients First move forward; some topics for consideration could be the Auditor General Recommendations; LHIN Sub Regions; boards function in a world of sub regions more governance versus tactical; etc.

8. Strategic Discussion:

a. Proposed Patients First – Bill 41 Update – 9:51 am

- P. Huras provided a review of the briefing note which included a current status and next steps.
- The following information was also shared:
 - Sixteen (16) Provincial / Pan LHIN Work Streams (LHIN Governance; LHIN Management; LHIN Corporate Services Entity; LHIN Capacity – Building and Readiness; Sub Region Formation; Clinical Leadership; Integrated Clinical Care Council; Workforce; Performance and Data; Primary Care; Home and Community Care; Public Health; Patient & Family Engagement; Indigenous Engagement; French Language Services; and Communications and Change Management) have been created to provide direction to the implementation of elements of Bill 41 and continue to meet regularly.; at the Governance level the Deputy Minister and Senior Ministry staff are meeting regularly with the PAN LHIN Chairs in order to ensure that they are up to date on the work of the Work Streams, the progress of the legislation, and the government's intent and plans for Bill 41; there is an expectation and understanding that the LHIN staff and CCAC staff are meeting regularly to prepare for the transition of CCAC business to the LHINs should the legislation pass; ; the SE LHIN and CCAC Board Chairs have agreed to the establishment of a joint task force in order to assist with the transition of the related governance responsibilities; in concert with Ministry staff, LHIN staff have developed a communications plan that is under review and will include a specific piece to address the introduction of sub regions; ; there is agreement that a communication / engagement process is also needed to inform the broader Health Service Providers (HSPs) regarding the intent of the legislation, particularly with respect to the introduction of sub-regions and the transition of the CCAC function to the LHIN; the expectation for the Board's involvement in the development and execution of this engagement has not yet been decided.

9. Fiduciary Discussion:

a. Finance / Audit Committee – 2016-17 Second Quarter Report – 10:04 am

- C. Salt noted for members that, given submission deadlines, the attached report had been submitted to the Ministry without having been shared beforehand with the Finance / Audit Committee. P. Huras provided an overview of the report, noting the standardized table of contents including a transmittal letter; local health system update; status update on special initiative; status update on integration activities; sector forecast; quarterly balance sheet forecast; risk summary (in camera) and report on LHIN operations.
- The following information was shared and discussed:
 - The Older Adult Strategy (OAS) – the briefing note itemized only three of the five strategies and needs to be corrected to include the following five: – Promoting and preserving wellness and functionality of older adults in the community; Enhancing caregiver wellbeing; Enhancing the care experience; Early identification of high-risk older adults with targeted upstream interventions; Supporting older adults that are affected by dementias, behavioural issues, and addictions and mental health challenges.
 - Hospice Palliative Care – the value / cost is set by the province, not the LHIN; it is an increase from the past, however it has increased based on recent discussions between the Ministry of Health and Long-Term Care (MOHLTC) and the Provincial Hospice Association.
 - SHiiP – In discussing how SHiiP fits with CCAC and their “CHRIS” system it was outlined that CHRIS is a data set and reports a series of care processes that need to be included in SHiiP platform (family doctors need this to be included and it is a good augmentation to the system – good enhancement); coordinated care plans are but one portion of SHiiP, together with a component which helps to identify those patients that are complex and it helps to manage the care information for the physician; CHRIS will not replace SHiiP, however will become part of it; there is a lot of effort being put into preventing duplication of efforts; following the implementation of Bill 41, the LHINs will support the costs of CHRIS through the transferred former CCAC funding; in the SE LHIN region there is a strong relationship between the hospitals and the CCAC, however hospitals do not have access to the CHRIS system.
 - Budget – the LHINs will be paying for the operation of the prospective Shared Services Organization. We are not aware if the MOHLTC will be contributing separately to its operation. Regional collaboration refers to engagement involving Health Service Providers (HSPs).

That the 2016-17 2nd Quarter Report be approved as discussed and amended.

Moved by: J. Butt
Seconded by: L. Burrows
Carried – 2016-142-04

RECESS – 10:30 am – 10:43 am

b. Finance / Audit Committee – Board Funding Summary Report – Q2 & Preliminary Q3 – 10:43 am

- C. Salt noted for members that the attached report had not been sent to the Finance / Audit Committee prior to the Board for consideration. P. Huras provided a review of the briefing note which included an executive summary; and appendices for consideration.
- Senior staff provided the following information based on questions and comments:
 - Even though there was an expectation that hospital funding would be reduced by HBAM, hospital funding shows a base funding up by \$30 Million, , which was explained by the fact that across the province, there was a 1% increase in base. So, year-end for 2016-17 is expected to be similar to last year. Members were reminded, however, that this year’s numbers are reflective of a reset / adjustment to the interpretation of the funding formula for this fiscal year.

- There is no expectation that Quinte Health Care's (QHC's) situation will shift in the coming years; at this time, there is no clear direction on how MOHLTC will be supporting QHC Corporation as it relates to keeping surgeries at the Trenton site.

That the Board Funding Summary Report – Q2 & Preliminary Q3 be approved as circulated.

**Moved by: B. Smith
Seconded by: C. Salt
Carried – 2016-142-05**

c. Funding Approvals within CEO Delegation - 10:55 am

- P. Huras provided a review of the briefing note which included a noted purpose for information; executive summary and appendices for consideration.
- Senior staff provided the following information based on questions and comments:
 - the potential for this report to represent funding decisions above a minimum threshold and to be presented in such a format to allow for easier consideration (i.e.: including sorting features);
 - funding for Addictions and Mental Health is higher than anticipated, however there was no specific value listed in previous board approvals; the extra costs noted are in relation to implementation were already approved and part of the initial analysis; future potential is not yet established (all of the funding supports the redesign at the AMH level);
 - The notation regarding the Victorian Order of Nurses (VON) reflects that they were the provider for OASIS services at Bowling Green which was changed last year.

d. Older Adult Strategy (OAS) – 11:01 am

- P. Huras provided a review of the briefing notes which included a purpose; executive summary; background and references as they related to the implementation planning process and community services definitions and policies.
- Senior staff provided the following information based on questions and comments:
 - Communications strategy for this item needs to better reflect the role / support from the board, including tools for them to use; initial communications strategy is being refreshed, however is not yet ready for the board; staff have just recently agreed to the areas of focus; staff to staff discussions have brought forward the current path, during the time of transition in the Patients First Bill 41 environment.
 - A discussion around the community services definitions and policies was not held this month.

e. Kingston General Hospital / Hotel Dieu Hospital (KGH / HDH) – Consolidation under the Public Hospitals Act – Update – 11:08 am

- P. Huras provided a review of the briefing note which included a purpose; executive summary; risks; appendices as required and a recommendation for the members' consideration.
- The following information was provided based on questions and comments:
 - D. Segal has met with G. Thomson on the progress on this consolidation noting that the April 01, 2017 date is achievable; a meeting in November by the LHIN Board is no longer required due to transfer of assets under the Public Hospitals Act.

That the South East LHIN Board endorse the proposed creation of a new hospital corporation under the Public Hospitals Act that will offer the services currently offered by the Kingston General Hospital and Hotel Dieu Hospital.

**Moved by: L. Burrows
Seconded by: C. Salt
Carried – 2016-142-06**

f. Chair's Update – 11:14 am

- D. Segal noted for members that
 - a) Board Meeting Locations –Members were invited to consider the potential for use of technology upon occasion in the future between two settings as a means of offsetting travel costs or as a means of decreasing the impacts of inclement weather on meeting attendance the challenges to utilization of technology (i.e.: OTN) were recognized as was the preference to be in person in one location when possible. It was agreed to test the viability and desirability of 2-site meetings using OTN for January and February and to arrange for selected Committee meetings at a distance using desirable technology as / when required.
 - b) Addition - Joint Governance Task Force for the LHIN / CCAC – there is likely to be a need for an advisory capacity during this time of Patients First Bill 41, to allow the LHIN board to receive advice on the CCAC business and governance implications of the potential transition; there is an expectation that this would involve such items as briefing on risk management, parameters of performance oversight, financial and clinical, community engagement and communications; also to ensure that the CCAC continues to perform the role they maintain responsibility for prior to any transition day; this task force would not direct the CCAC board on its current business and would not act for the LHIN board or executive (strictly advisory); terms of reference have been agreed to in principle by both Chairs and are to be discussed at respective Board meetings. ; membership would likely be representative from both organizations (no more than 6 in total) and allow for approximately 3 meetings where education could be provided, while allowing for consideration of planning for readiness. There is a hope that such a task force could provide information and insight regarding structures that work / didn't work, guidance around communications strategies, etc.; potentially used to help the LHIN design a board element associated with communication strategy for the future (which would bring any recommendations back to the LHIN board for consideration); LHIN board members are asked to consider and provide comment on the terms of reference prior to the task forces / groups beginning work.

g. Community Engagement – Board Member Updates – 11:40 am

- L. Burrows attended the Women's Institute in Rednersville – they wanted to learn about the LHIN and expressed concern about the loss of long-term care (LTC) Beds; prior to that attended the SE LHIN Sub Regional Governance Forum in Kingston for a workshop in the World Café Model which brought together governance and executive level discussions on a number of issues.
- J. Butt and several other board members participated in the Primary Health Care (PHC) Forum in Kingston on October 06, 2016; LHIN Legal Webinar regarding Patients First Bill 41; and a webinar on indigenous culture safety.
- D. Segal attended the Health Quality Ontario (HQO) conference in Toronto which provided an overview of the quality framework in the future including how they will work together with LHINs.

h. CEO Discussion Report – 11:44 am

- P. Huras provided an overview of the report which included:
 - a) **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 – the care coordination tool will become part of SHiiP or whatever tool the MOHLTC brings forward for this function; onboarding of physicians and organizations involves training; the shift in host organization has also contributed to a slight shift in onboarding numbers.
- b) **Assisted Living Services Follow up** – no questions or comments at this time.
- c) **Primary Health Care Forum 2016** – members of the board expressed appreciation for the forum and the efforts of the planning committee and LHIN staff; planning has already begun for the 10th Anniversary of the event next year.
- d) **Addition – Communications Plan** – the current plan is being reviewed and refreshed to clearly reflect the potential passing of Bill 41 – Patients First Act; the draft of the update will come back to the board for consideration and input; there may be a need for consideration of where the LHIN is in its growth (now more than 10 years old) and adjustment in role for the LHINs should Bill 41 – Patients First Act pass; a platform that helps to educate the interested public on what we do, what has changed, how to access the system, etc.; history of the LHIN is likely needs to be updated; the LHIN Website is a great opportunity to educate and make materials easily available

That the CEO Discussion Report be accepted as circulated.

Moved by: J. Butt
Seconded by: M. Madgett
Carried – 2016-142-07

LUNCH SESSION – 12:09 pm – 1:15 pm

That the board consider matters of public interest regarding Approval of In Camera Session Minutes; Organizations Under Performance Improvement Plans (PIP) / Review; Multi-Sector Accountability Agreement (MSAA) with the Salvation Army Kingston Harbour Light; Health Care Tomorrow – Hospital Project; 2016-17 Q2 Report – Risk Summary; Proposed Patients First Bill 41 Update – including sub region governance forums and relationship to LHIN sub regions and CEO Evaluation & Compensation / Board Evaluation Committee – SE LHIN Board Evaluation Survey Summary; and CEO Evaluation & Compensation / Board Evaluation Committee – CEO Performance Mid-Year Update pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).

Moved by: C. Salt
Seconded by: L. Burrows
Carried – 2016-142-08

10. In-Camera Session – 1:20 pm

That the Chair rise and provide a verbal report from the In Camera Session including Approval of In Camera Session Minutes; Organizations Under Performance Improvement Plans (PIP) / Review; Multi-Sector Accountability Agreement (MSAA) with the Salvation Army Kingston Harbour Light; Health Care Tomorrow – Hospital Project; 2016-17 Q2 Report – Risk Summary; Proposed Patients First Bill 41 Update – including sub region governance forums and relationship to LHIN sub regions and CEO Evaluation & Compensation / Board Evaluation Committee – SE LHIN Board Evaluation Survey Summary; and CEO Evaluation & Compensation / Board Evaluation Committee – CEO Performance Mid-Year Update.

Moved by: L. Burrows
Seconded by: J. Butt
Carried – 2016-142-11

11. Date, time and location of next meeting:
Monday December 12, 2016 – SE LHIN Offices

Future meetings:

January 2017 – TBD
February 2017 – TBD
March 2017 – TBD
April 2017 - TBD

12. Timer – From an overall time perspective we completed the meeting ahead of schedule. We did have a brief discussion about the Board Evaluation but will complete that discussion another day. I would compliment the Board for allocating the additional time to ensure we had a thorough and complete discussion of the various organizational issues.

Observer – the meeting was one of much discussion on a challenging item that was conducted in a most respectable manner that has been the norm for our group of members. We are not efficient users of time but do ensure every member has ample time to express their thoughts. We may have to find ways to respectfully limit discussion with all the work ahead.

13. Adjournment

That the meeting be adjourned at 4:35 pm

Moved by: M. Madgett

NOTED DEPARTURES:

Meeting Chair: 

Donna Segal

Secretary: 

Paul Huras