MINUTES
Board of Directors Meeting
Held October 8, 2014
Labelle Head Office Boardroom

BOARD MEMBERS:
Michael Ennis
Denise Alcock
Célestin Abedi
Hugh Brownlee
Lynn Graham
Diane Hupé
Melody Isinger
Michel Parent
Bill Skinner
Sherryl Smith
Chair
Vice-Chair

REGRETS:
Ralph Moxness
Maria Barrados
Treasurer

STAFF PRESENT:
Gilles Lanteigne
Patrice Connolly
Kim Peterson
Deryl Rasquinha
Ashley Haugh
Chief Executive Officer
Vice-President, People and Stakeholder Engagement
Vice-President, Clinical Care
Vice-President, Performance and Strategy
Executive Assistant

RECORER:
Ashley Haugh
Executive Assistant

GUESTS:
Sheila Pepper
Ottawa Council of Women

AGENDA ITEM ACTION TO BE TAKEN

1.0 IN-CAMERA

2.0 CALL TO ORDER

2.1 Welcome
Michael Ennis, Board Chair, welcomed everyone to the meeting.

2.2 Declaration of Conflict of Interest
There was no declaration of conflict.
### 3.0 APPROVAL OF AGENDA

It was moved by Denise Alcock, seconded by Michel Parent and agreed to approve the agenda, including the consent agenda, as amended. **CARRIED**

### 4.0 CONSENT AGENDA

The consent agenda for the October 8, 2014 Champlain CCAC Board meeting contained the following information items and motions:

- **4.1** That the Champlain CCAC Board approves the September 10, 2014 meeting minutes as amended.
- **4.2** Draft Finance Committee and Audit Committee minutes containing the following updates:
  - Scorecard review
  - Confirmation of 2015 meeting times
  - August 2013 Financials and Analysis
  - Service Provider Organization management – Quarterly report
  - Multi-Sectoral Accountability Agreement/Health Based Allocation Model/Local Health Integration Network Benchmarks – Quarterly report
- **4.2.1** Financial Statements
- **4.3** Draft Client Services, Safety and Quality Committee minutes containing the following updates:
  - Missed Visits
  - Quality Improvement Plan – Falls indicator
  - Quality Report – Adverse events
  - Client Care Model (CCM) Program Evaluation
  - Client and Caregiver Council Update
  - Scorecard review
  - Confirmation of 2015 meeting times
- **4.4** Report from the Chief Executive Officer containing the following updates:
  - Office of the Auditor General Ontario (OAGO) – CCAC and OACCAC Audits
  - Meetings with Hospitals
  - Communication of Budget Strategies – Phase 4
  - Paramed Strike
  - Service Provider Organization Contract Extensions
  - Ontario Canadian Caregiver Coalition & Ontario Caregiver Coalition
- **4.5** Board Scorecard

*Approved by motion 10-14-62*
**Business arising from the September 10, 2014 Board minutes:**

- The feedback gathered from the September 10, 2014 Board meeting regarding the Ontario Association of Community Care Access Centres (OACCAC) is being compiled into a synopsis report by Hugh Brownlee and will be shared with the Board when it is complete.
- Gilles Lanteigne, CEO, raised the issue of a fee reduction with the OACCAC; at this time they aren’t able to reduce fees. The issue will continue to be raised by Champlain CCAC leaders to the OACCAC.

**5.0 CLIENT SERVICES, SAFETY AND QUALITY COMMITTEE SEMI-ANNUAL REPORTING**

On a semi-annual basis, Spring and Fall, each Board committee will be providing an overview of its current work and upcoming activities.

The Client Services, Quality and Safety (CSQS) committee semi-annual report provided an overview of:

- Membership
- Terms of Reference
- Committee work plan
- Strategic items: April to September, including:
  - 2014-2015 Quality Improvement Plan (QIP)
    - Monitored monthly
    - Includes provincial and local indicators
    - Stretch targets set to “push” the organization
    - Includes a number of innovative quality improvement programs such as:
      - Interactive Voice Response (IVR)
      - Falls prevention work which includes ongoing training of Care Coordinators, and Home Support Exercise Program for Personal Support Workers.
      - Collaboration with The Ottawa Hospital on understanding contributing factors to return Emergency Department visits and hospital readmissions, especially as the Champlain CCAC revises its service guidelines.
      - Moving towards Person-Driven Care: Client and Caregiver Council; Client & Caregiver Perception of Safety.
  - Primary Care Integration (PCI) evaluation
    - Based on three pilot projects that were run, the Champlain CCAC will be moving forward with a model for PCI which includes a Care Coordinator (CC) being a dedicated link to a Primary Care office.
    - Learnings and recommendations from the pilots included:
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- Need to be flexible – not all primary care offices are organized, have the same resources or operate in the same way and the Champlain CCAC and CCs need to adapt to different structures.
- Skills and competencies of CC – develop a set of competencies and appropriately train CCs attached to primary care offices.
- Communication and marketing are essential components of PCI.
- Develop process to focus efforts on complex patients.
  - Results from the PCI pilot projects were shared with the Champlain and Provincial Primary Care roundtables.
  - Client Care Model (CCM) Evaluation
    - The Champlain CCAC implemented CCM in June 2011. CCM moved care coordination from primarily being geography based to being population based.
    - After nearly three years of implementation, the Champlain CCAC undertook an evaluation of CCM in early 2014. The focus of the evaluation was on the care experience.
    - Some of the key findings included:
      - The CCM has had an overall statistically significant positive impact on care experience.
      - Clients experience more transitions between Care Coordinators. Clients develop relationships with CCs; transitioning to a new CC because of a shift in client population due to RAI scores can be difficult for the client and caregivers.
      - A true population based model for long stay clients has not been achieved, particularly as it relates to clients categorized as complex seniors and adults, chronic and community independence.
      - There are similarities in the activities, knowledge base and community partners between populations such as chronic and complex, but less similarity between adults and seniors across all acuity levels. As a result, there is a question as to whether the model is organized around the right client populations.
      - There are opportunities for improvement to enhance care experience along the care pathway.
    - Discussion included:
      - The Champlain CCAC was one of the first CCACs to implement CCM. There will also be a provincial evaluation of CCM, however, after three plus years of use at the Champlain CCAC it was important to...
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conduct an evaluation now rather than wait for a provincial evaluation sometime in the future.

- The Champlain CCAC will still be using the same evaluation tools, standards of care and classifications as other CCACs, but the new Care Model will have a different structure.
- Learnings from the Champlain CCAC CCM evaluation will be shared with other CCACs.

- Strategic items – October to March
  - Evolution of the Care Model (CM)
    - Examining approaches to care – congregate care, neighbourhood care, current client populations, etc.
  - New nursing initiatives
    - Examining client outcomes and experience
  - Community Support Service (CSS) sector transition
    - Focusing on transitions and coordination

### 6.0 TRANSPARENCY FRAMEWORK UPDATE

An update on the implementation of the Transparency Framework was shared with the Board. The update included a live demonstration on where information can be found on the Champlain CCAC website:

- The Champlain CCAC is committed to being a transparent organization.
- The Champlain CCAC has been a leader in posting material on its website, e.g., Board and Executive expenses, Board minutes and meeting material, wait list information, complaints information, etc.
- Material is posted on the website in a format that is easily accessible and understood by the general public.
- Work continues to finalize and publish a Patient Declaration of Values. The Client and Caregiver Council is assisting with this work.

Discussion included:

- The Champlain CCAC’s ethicist may be able to assist with Patient Declaration of Values (i.e., assisting to define what a value is).
- Information and Referral staff and CCs can provide information over the phone or print and mail information if a client doesn’t have access to the website.

### 7.0 STRATEGIC PLAN, OPERATING PLAN, WORK PLAN, AND SCORECARD ALIGNMENT – QUARTERLY REVIEW

The Board reviewed the Strategic Plan, Operating Plan, Work Plan, and scorecard alignment document for September 2014 (August 2014 data):

- The document ensures there is alignment between the Strategic Plan, Operating Plan, Work Plan, and scorecard.

**ACTION:** Remove “work plan” from the title of the document so it is not confused with the Board and Committee work plans.
Operating Plan and the Board Scorecard. It is monitored monthly by the Strategic Operating Committee (SOC) - all of the Champlain CCAC’s senior leaders sit on SOC.

- Operating Plan items flow from the Strategic Plan and it is a tool to organize priorities and track progress.
- The Operating Plan is a living document; new priorities may be introduced mid-year which requires other items to be postponed.
- Despite the budget constraints in 2014-2015, a lot has and continues to be accomplished from the Operating Plan. There have been some shifts in the Operating Plan as budget sustainability has become a key work item.
- The Board reviewed progress in the three areas of the Operating Plan: Person Driven Care, Engaged and Proactive People and Sustainable Healthcare.

### 8.0 RISK MANAGEMENT FRAMEWORK

The annual Board survey related to risk will be sent to Board members by October 10, 2014. Board members will be asked to rate nine different risk categories. Included in the material will be a definition of each risk dimension. SOC will also be completing the same survey and the results for both groups will be available at the Board retreat. The resulting Risk Management Framework will be used through the year when staff is determining how to approach projects and issues.

Discussion included:

- The survey is a snapshot in time. If necessary, the survey can be repeated during the year.
- The survey will cover a one year period.
- Advance reading for the retreat will be included when the survey is sent to Board members as it may be useful background information to have when replying to the survey.
- The results of this year’s survey will also show a comparison to previous year’s surveys.

### 9.0 BOARD RETREAT

A draft Board retreat overview, including: environmental context, objectives, advance reading, roundtable questions, and activity flow, was reviewed by the Board:

- The theme of the Board retreat is: *Planning for Organizational Sustainability 2015-2017 and beyond.*
- The retreat will be focused on Board dialogue; reading material and presentations will be distributed in advance so Board members can come prepared to the retreat.
- Board members will partner with the Vice-Presidents to develop presentations.
- Notes will be taken throughout the retreat to inform the final work session of the retreat.
• The Champlain LHIN will be invited to participate in the retreat.
• Board guidance and feedback on partnerships will be discussed at the retreat.

It was moved by Diane Hupé, seconded by Melody Isinger and agreed to proceed with the retreat planning based on the outline provided.

Hugh Brownlee was thanked for his leadership in developing the Board retreat scheduled and outline.

CARRIED

10.0 OTHER BUSINESS

9.1 Public Questions and Comments

Sheila Pepper from the Ottawa Council of Women shared that Council of Women’s provincial meetings are coming up in Toronto. If the Council of Women can be of any assistance to the Champlain CCAC in getting clarity on funding it is willing to help.

It was moved by Denise Alcock, seconded by Hugh Brownlee and agreed to adjourn the meeting

CARRIED

CONFIRMED: ________________________________
MICHAEL ENNIS, CHAIR

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GILLES LANTEIGNE, CEO AND BOARD SECRETARY