

South East Local Health Integration Network

Board of Directors Meeting No. 100

Monday August 13, 2012

Community Room
Sharbot Lake Family Health Team
1005 Medical Centre Road
Sharbot Lake, Ontario

MINUTES

Present: Wynn Turner (Chair); Andreas von Cramon (arrival – 9: 46 am); Ian Fraser; Arthur Ronald; Dave Sansom (quorum); and Sherry Kennedy (Acting CEO).

Recorder: Jacqui Prospero

Regrets: Jyoti Kotecha

Guests: Michael Alexander (Communications / Community Engagement); Paula Heinemann (Director Corporate Services/Controller); Pat Reynolds (Board Coordinator); Laura Chapman (Student – Queens University); Kristen Tuas-Morin (Student – Queens University); and Caitlin den Boer (Communications Coordinator).

1. Call to Order, Chair’s Remarks and welcome of guests.

The Chair welcomed members and guests to the meeting and called the meeting to order at 9:32 am.

2. Selection of Timer and Observer:

- a. Timer = A. Ronald
- b. Observer = D. Sansom

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

That the Consent Agenda be accepted as circulated.

Moved by: A. Ronald
Seconded by: D. Sansom
Carried – 2012-100-01

5. Approval of the Agenda

That the Agenda be approved as amended.

Moved by: I. Fraser
Seconded by: A. Ronald
Carried – 2012-100-02

6. Approval of Minutes

Minutes of Monday June 25, 2012 Board Meeting #99 (attached)

That the Minutes of Monday June 25, 2012 Board Meeting #99 be approved as circulated.

**Moved by: A. Ronald
Seconded by: I. Fraser
Carried – 2012-100-03**

7. Business Arising:

- a. Quinte Health Care Capital Request – Education Centre Update – 9:36 am
 - S. Kennedy reviewed the briefing note provided to members that included an updated background summary; LHIN due diligence and decision report and next steps.
 - Senior staff provided the following information to the board members based on their questions and comments: the hospital has indicated that it is possible the Quinte Health Care Foundation could provide funds for this project should the hospital itself have challenges around funding.

- b. Hospital Service Accountability Agreements (H-SAA) Approvals – 9:42 am
 - S. Kennedy reviewed the briefing note provided to members that included a brief background summary; summary of SE LHIN 2012-13 H-SAA Process; hospital performance targets to support achievement of LHIN MLPA performance targets and a description of Schedule E1 (local performance obligations).
 - Senior staff provided the following information to the board members based on their questions and comments: the LHIN has created regional alignment via our local indicators in order to bring cohesion to the agreements within our LHIN; the current agreements reflect that engagement with community and sector partners is required before making any changes to services within our LHIN; and there are currently two hospitals that have not provided sign-back, but we anticipate to have those before the end of August.

- c. Ministry / LHIN Performance Agreement (MLPA) 2012-13 Indicators – 9:45 am
 - S. Kennedy reviewed the briefing note provided to members that included a backgrounds summary; table of 2012-13 MLPA Targets for the SE LHIN and a recommendation for the members consideration.
 - Senior staff provided the following information to the board members based on their questions and comments: the process before the members included an update on new negotiations that have taken place this year with the LHIN and the Ministry of Health and Long-Term Care (MOHLTC); technically the LHIN achieved 6 out of 14 targets in 2011-12, but there are 5 others that we are extremely close to achieving, thus 11 out of 14; the LHIN could only have achieved this with the hard work of our partners; the MOHLTC has been very complimentary about the SE LHIN performance against the targets that have been achieved; the goal is to drive change in the system; in some cases the LHIN results are based on information that is very “dated” (some data is up to a year old – Mental Health is an example); digging into the underlying causes of why a target it hard to reach is always recommended; keeping track of patterns is imperative in order to ensure that we sustain improvement; the LHIN has begun in the last year to take a more focused look at indicators like the readmits within 30 days target, this focus is likely to be more apparent in the Integrated Health Services Plan (IHSP3); Back Office Integration Project (BOIP) is more focused to IT and IT Management (versus Knowledge Management where we would be more data focused); and the Community Care Information Management (CCIM) is a project that the Ministry is taking on in order to help community partners collect information in a similar setting with standardized software and thus better manage the challenge around data collection.

That the SE LHIN Board approves the MLPA targets that were negotiated between the Ministry and the SE LHIN for fiscal year 2012-13.

**Moved by: I. Fraser
Seconded by: A. Ronald
Carried – 2012-100-04**

d. Community Sector Reports - 10:04 am

- S. Kennedy introduced Laura Chapman and Kristen Morin to the members and the work they have been involved in over the past few months.
 - a) Profile for Addictions Sector
- Laura Chapman joined the SE LHIN team for a student placement from Queen's University where she is currently completing a Master's Degree in Public Health. Laura has previous experience working in the Addictions field in Halifax, NS where she is from, as well as in Calgary, AB: hence her summer project is to assist in completing a profile of addictions sector in the South East LHIN under the direction of Michael Spinks, Director of Knowledge Management.
- Laura provided a presentation that included project goals & objectives; project background; literature review; description of services; data collection and measurement; data analysis – preliminary finds; health service provider concerns and some recommendations.
- Senior staff provided the following information to the board members based on their questions and comments: the Centre for Addictions and Mental Health (CAMH) is located in Toronto, but has nine (9) satellite offices across the province, including one in Kingston; the data does reflect whether males are more apt to seek treatment or if they are more predisposed to addiction problems; in terms of employment the problem gamblers were more likely to be employed; the funds allocated to the SE LHIN that are set aside for problem gambling can only be utilized for that service, yet every year the SE LHIN sends the unused funds back to the Ministry as it is not being requested; crystal meth is about 5% or less as the substance of choice; service providers in the Kingston area did note that in the past year the use of crystal meth is on the rise; some of the definitions for case management and for community treatment varied in 2008 which causes challenges in interpreting the data that was collected; the average length of stay for residents at residential sites varies by sex and by individual centre – anywhere from 21 days up to months; residential services vary based on their jurisdiction, but many are provincially funded and provide preferential access to SE LHIN residents (Salvation Army as an example); data analysis for Napanee / Tyendinaga includes those on the reserve; the ability to provide the data back to the providers to help them understand what the LHIN is doing with the information to support change is a movement in the right direction; if the collection of data is used to develop a treatment / assessment plan then there will be a high percentage of buy-in from the sector in order to adjust their business process and benefit the clients; there appears to be a need for more research in order to better understand the drivers for this type of behaviour and other (sometimes dependent) behaviours; and clients need to self-identify in order to get help or treatment.
 - b) Community Support Sector (CSS) System Impact Analysis
- Kristen Morin joined the SE LHIN team as a Master of Public Health candidate from Queen's University. Kristen will be completing a 4 month Practicum with the Performance Optimization team, particularly assessing the Community Support Sector services for the senior population until the end of August 2012. Kristen brings to our LHIN progressive experience in the areas of program planning, health promotion and health behaviours research.
- Kristen provided a presentation that included a background; goals and objectives; literature review; methods, results and analysis along with future direction considerations.
- Senior staff provided the following information to the board members based on their questions and comments: the data appears to indicate that as we age we move from the more rural areas of our LHIN into the more urban areas in order to better access services; being in a larger urban centre does not necessarily indicate that services can be provided in a more timely or accessible fashion; the LHIN spent funds in order to have training provided to the partners for InterRAI CHA and it is taking some time to ensure that the new system is being utilized to its greatest extent and thus providing the data that the LHIN needs in order to better evaluate programs / services; the pattern has been typical for the introduction of new tools (especially technology) – it is used extensively in some and limited in others; being able to measure the positive change in the status of clients over the years would be useful but, which will require the consistent use of the InterRAI CHA tool; there may be a need to help agencies better understand what the data can be used for and how it can be helpful to their clients;

there was no clear indication that just smaller organizations were not participating fully with the InterRAI CHA tool, but that it was more related to the culture and lack of acceptance of the benefits of this new tool (perhaps seen as another action that needs to be done – rather than a benefit to the client of their work); there could potentially be a governance issue that could be addressed to ensure that such tools that are provided to organizations are being utilized and there is a plan to provide a final report back to the agencies involved in order to help them better understand what the LHIN is going to do with this data.

RECESS – 11:03 am – 11:14 am

- e. Governance / Finance Committee – Budget Recommendation – 11:15 am
- A. von Cramon reviewed the briefing note provided to members that included a background summary of actions from the past year and a budget plan for consideration.
 - Senior staff provided the following information to the board members based on their questions and comments: four main areas where the savings will be achieved are LSSO / LHINC; insurance; governance and salaries; and the one risk that is still unclear is the redistribution of salaries as they relate to performance based increases.

That the Board of Directors for the SE LHIN accept the recommendation from the Governance / Finance Committee to approve the 2013 Budget Plan; and that the Board continue to consider opportunities to further reduce the overall Governance Budget for current and future years.

**Moved by: A. von Cramon
Seconded by: D. Sansom
Carried – 2012-100-05**

- f. Chairs Update – 11:20 am
- W. Turner updated the members on her last month of meetings in the community and recent involvement with the board committees and health service providers.
 - Nominations for future board membership will be discussed in-camera.
 - Staff will prepare a 3 hour education event for board members on the IHSP3 environmental scan and community engagement results, likely at the end of September / Early October. This would then be followed in late October with a media education event in order to assist our media partners to better understand the rich information available.
 - D. Sansom provided an update to the members from the Collaborative Governance and Community Engagement Committee sub group that has been working on a governance workshop for the health service providers in the fall surrounding a number of initiatives, including the IHSP3 Staff offered assistance in terms of structuring the IHSP component of the agenda.
 - a) Vice Chair Nomination
 - W. Turner presented the nomination of Vice Chair for the members to consider.

That the Board of Directors for the SE LHIN recommend that Andreas von Cramon be formally publically appointed as the Vice Chair of the South East LHIN Board to the Minister of Health and Long-Term Care.

**Moved by: A. Ronald
Seconded by: D. Sansom
Carried – 2012-100-06**

- g. CEO Discussion Report – 11:35 am
- S. Kennedy reviewed the report provided to members at the meeting that included an update on Reflections from 99 Meetings; Clinical Services Roadmap; Behavioural Support Office; Community Care Access Centre Update; Quarterly Communications / Community Engagement Plan Update & Measurement of Success Review; and Picton Manor Closure Update.
 - Senior staff provided the following information to the board members based on their questions and comments: -
 - a) Reflections from 99 Meetings - there were no questions or comments at this time.
 - b) Clinical Services Roadmap Update – there were no questions or comments at this time.
 - c) Behavioural Support Office (BSO) Update – provincially this initiative is moving forward rapidly, any issues are being managed and resolved with the support of the LHIN and all of the partners involved (including LTC, CCAC, etc.); reaching the set evaluation timelines from the MOHLTC was a challenge, but with a negotiation between partners the MOHTLC has extended the deadline to March 2013.
 - d) Community Care Access Centre (CCAC) – Update - there were no questions or comments at this time.
 - e) Quarterly Communications / Community Engagement Plan Update & Measurement of Success Review – there were no questions or comments at this time.
 - f) Picton Manor Closure Update - there were no questions or comments at this time.

That the CEO Discussion Report be accepted as circulated.

**Moved by: A. von Cramon
Seconded by: A. Ronald
Carried – 2012-100–07**

RECESS FOR LUNCH – 11:45 am – 12:45 pm

That the board consider matters of public interest regarding Approval of In Camera Session Minutes; Nominating Committee – Board Member Recommendations; Perth and Smiths Falls District Hospital (PSFDH) Peer Review; Brockville General Hospital (BGH) – Performance Improvement Plan (PIP) Update; Community and Primary Health Care (CPHC) Review and Development Process; and CEO Goals & Objectives pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9(5).

**Moved by: A. von Cramon
Seconded by: I. Fraser
Carried – 2012-100–08**

That S. Kennedy, M. Alexander, P. Reynolds; P. Heinemann; C. den Boer; and J. Prospero join the board for the in camera session.

**Moved by: I. Fraser
Seconded by: A. von Cramon
Carried – 2012-100–09**

8. In Camera Session: - 12:45 pm

That the In Camera session be concluded.

**Moved by: A. von Cramon
Seconded by: I. Fraser
Carried – 2012-100–13**

That the Chair rise and provide a verbal report from the In Camera session that included Approval of In Camera Session Minutes; Nominating Committee – Board Member Recommendations; Perth and Smiths Falls District Hospital (PSFDH) Peer Review; Brockville General Hospital (BGH) – Performance Improvement Plan (PIP); Community and Primary Health Care (CPHC) Review and Development Process; and CEO Goals & Objectives.

**Moved by: I. Fraser
Seconded by: A. Ronald
Carried – 2012-100-14**

9. *Timer – open – 15 mins ahead of schedule; on time for full meeting.
Observer – good discussion around performance indicators; presentations from projects that are not normally on the agenda were effective and educational – good experience for the presenters too; organized and results oriented meeting; process and information was informative.*

10. Date, time and location of next meeting:
Monday September 24, 2012 – TBD – Bancroft

Future meetings:

Monday October 29, 2012 – TBD – Kingston
Monday December 17, 2012 – SE LHIN offices
January 2013 – TBD
February 2013 - TBD

11. Adjournment
That the meeting be adjourned at 1:45 pm

Motioned: I. Fraser

Noted departures:

None

Meeting Chair:

Wynn Turner

Acting Secretary:

Sherry Kennedy