

South East Local Health Integration Network

Board of Directors Meeting No. 106

Monday March 25, 2013

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

MINUTES

Present: Donna Segal (Chair); Andreas von Cramon (Vice Chair); Lois Burrows; Janet Cosier; Ian Fraser; Len Kennedy; Arthur Ronald (Via Phone); Dave Sansom (quorum); and Paul Huras

Recorder: Jacqui Prospero

Regrets:

Guests: Sherry Kennedy (Chief Executive Officer); Pat Reynolds (Board Coordinator); Paula Heinemann (Director, Corporate Services / Controller); Larry Hofmeister (Director, HSP Funding / Allocations); and Caitlin denBoer (Communications Coordinator (Via Phone)).

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

The Chair welcomed guests and members to the meeting at 9:34 am.

2. Selection of Timer and Observer:

- a. Timer = L. Burrows
- b. Observer = J. Cosier

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. von Cramon
Seconded by: L. Kennedy
Carried – 2013-106-01

5. Approval of the Agenda

That the Agenda be approved as amended.

Moved by: L. Burrows
Seconded by: J. Cosier
Carried – 2013-106-02

6. Approval of Minutes

Minutes of Monday February 25, 2013 Board Meeting #105 (attached)

That the Minutes of Monday February 25, 2013 Board Meeting #105 be approved as circulated.

**Moved by: D. Sansom
Seconded by: I. Fraser
Carried – 2013-106-03**

7. Business Arising:

a. Annual Business Plan (ABP) – 9:54 am

- P. Huras reviewed the briefing note with members that included a background and copy of the plan for consideration.
- Senior staff provided the following information to the board members based on their questions and comments: this document is a complimentary document to the Integrated Health Services Plan (IHSP3) that the board approved in a previous meeting; this document is revised from the draft reviewed by the board in February; it reflects how the funds available to the LHIN are being utilized to implement a portion of the IHSP; financial information shows future years as reference for planning and allows for a more robust representation; this document is comprehensive in terms of information that is provided regarding programs and performance measurement; representation of progress towards priorities is measured in percentages based on where the LHIN believes we will be in terms of progress towards successful implementation of the initiatives; regular progress updates on the LHINs ability to meet the objectives stated in the document will be provided to the board members; the Ministry of Health and Long-Term Care (MOHLTC) will utilize the ABP and its projections / estimations in order to inform its overall reporting to the Government of Ontario; annual reporting back to the Board will occur as it relates to the ABP; reports regarding the LHINs ability to reach its targets in the Ministry LHIN Performance Agreement (MLPA) are brought to the members on a quarterly basis; and the finance committee of the LHIN has reviewed and recommended the financials that are included in this report.

That the Board of the South East Local Health Integration Network (SE LHIN) approves the draft 2013-14 Annual Business Plan for submission to the Ministry of Health and Long-Term Care.

**Moved by: D. Sansom
Seconded by: I. Fraser
Carried – 2013-106-04**

b. Pre-Capital Request – Kingston Community Health Centre (KCHC) – 10:10 am

- P. Huras reviewed the briefing note with members that included a background summary; project description; proposed project funding; operating costs summary and recommendation.
- Senior staff provided the following information to the board members based on their questions and comments: MOHLTC provides funding to the LHIN which then distributes to KCHC; consolidation of services and partners is part of the community health centre (CHC) concept on a provincial level; this CHC is the largest in the SE LHIN region; and the MOHLTC will not approve funding for this initiative unless there is a guarantee of the community funding / fundraising required in order to meet local obligations.

That the Board of the South East Local Health Integration Network support the Kingston Community Health Centre (KCHC) purchase and renovation of property enabling co-location of all KCHC sites to Health Capital Investment Branch (HCIB) with the condition that no adverse impact on current or future operating dollars or front-line service will occur.

**Moved by: A. von Cramon
Seconded by: I. Fraser
Carried – 2013-106-05**

- c. Pre-Capital Request – Kingston Community Health Centre (KCHC) – Street Health Centre (SHC) – 10:10 am (*discussed in conjunction with item 7B*)
 - P. Huras reviewed the briefing note with members that included a background summary; project description; appendix 1 and a recommendation.
 - Senior staff provided the following information to the board members based on their questions and comments: Street Health is a program funded through the KCHC budget; MOHLTC was involved in the decanting of this program that included a rent line in order to cover the costs associated with it for this specific proposal; the proposed site for this program will involve locating services in an area that is accessible to clients; and a methadone clinic is affiliated as part of this program.

That the Board of the South East Local Health Integration Network support the Kingston Community Health Centre – Street Health Centre (KCHC-SHC) project to Health Capital Investment Branch (HCIB) with the expectation that there will be no adverse impact on current or future operating dollars or the level of front-line service provided.

**Moved by: A. von Cramon
Seconded by: I. Fraser
Carried – 2013-106-06**

- d. Pre-Capital Request – Hotel Dieu Hospital – Neuro Sciences Clinical Lab
 - Members agreed that this item would be deferred and await further input from the region.
- e. Seniors Strategy – 10:30 am
 - P. Huras reviewed the briefing note with members that included a background summary; and copy of the LHIN Self-Assessment.
 - Senior staff provided the following information to the board members based on their questions and comments: SE LHIN will also be considering utilizing some of the 4% community funds towards the Health Links initiatives; the Local Health Integration Network Collaborative (LHINC) provided the summary report that was circulated and the LHINs did not have input in to the “M P C N” ranking format that is utilized in the report; members discussed the potential for supportive seniors housing and care in the SE LHIN region; engagement with the aboriginal community has been improving over the past several years, however there were provincial challenges as it related to the ability to address some of their more specific concerns regarding elderly aboriginal residents; and the SE LHIN continues to support the local aboriginal community.
- f. South East Community Care Access Centre (SE CCAC) – 10:43 am
 - P. Huras reviewed the briefing note with members that included a summary update and recommendation.
 - Senior staff provided the following information to the board members based on their questions and comments: services provided through the SE CCAC are at times provided via contracts with other third party providers (such as the Victorian Order of Nurses – VON); recruiting top quality for new initiatives with the SE CCAC has not been expressed as a concern; there is a risk management concern regarding the acuity creep of clients into the coverage that the SE CCAC provides; there is a defined level of care that helps provide direction to the SE CCAC and the hospitals in order to better determine where clients are best provided with services / care; quality of care is part of the discharge process from hospital along with the ability for the SE CCAC to determine that the adequate level of care can be provided in the community; cost of care for services in the community can be more cost effective versus that provided in the hospitals; care types and costs associated are being discussed with the hospitals and the SE CCAC in order to better understand where the best place for care of the clients in acute situations should be provided; funds allocated are for the 2012-13 fiscal year are one time in order to address volume pressures with which the SE CCAC is dealing with; and 2013-14 volume pressures will be addressed as a separate issue should they arise over the next fiscal year.

That the Board of the South East Local Health Integration Network approves additional one-time funding of \$267,000 to the South East Community Care Access Centre in order to address this year's high volumes of clients requiring increased levels of service.

**Moved by: L. Kennedy
Seconded by: A. von Cramon
Carried – 2013-106-07**

RECESS – 10:54 am – 11:02 am

- g. Chairs Update – 11:02 am
 - D. Segal updated members on her recent participation in a variety of events with health service providers over the past month.

- h. CEO Discussion Report – 11:03 am
 - P. Huras reviewed the report provided to members at the meeting that included an update on Clinical Services Roadmap.
 - Senior staff provided the following information to the board members based on their questions and comments as it related to:
 - a) Clinical Services Roadmap Dashboard Update – no comments or questions at this time.
 - b) Behavioural Support Office Update – no comments or questions at this time.
 - c) Health Links Update – one of the largest challenges about this initiative is that related to relationship building; regular risks associated with any partnership arrangement that is not solidified through any formal governance structure is another challenge; our ability to remove policy barriers with MOHLTC partners and financial sustainability issues moving forward could also add to the list of challenges; opportunity for lessons learned among the early adopters to be shared with those coming in later phases is shared monthly at the Primary Health Care Council meetings; engagement of interested parties is high and includes the hospitals, SE CCAC, CSS agencies and public health; and one of the larger challenges for the Health Links is to remain focused on specific initiatives rather than trying to concur everything at once.
 - d) Primary Health Care Forum – no comments or questions at this time.
 - e) Reallocations Summary Update – there is a minimal amount of funds that will be sent back to the MOHLTC.
 - f) 3SO First Canadian Organization to Win Prestigious Award – the LHIN does not provide oversight to this organization; regular reports to the LHIN are provided by the 3SO organization; the hospitals fund this organization in order to better streamline the purchase requirements of the member organizations; there is a profit sharing and loss agreement that is part of their governing articles; the original business case for this entity did include the funding of the organization outside of savings and the organization does meet the updated broader public sector procurement guidelines as provided by the Ministry.
 - g) Mental Health and Addictions (MH&A) Redesign – at this stage the evaluation that is being done by KPMG is very high level in nature; there is concern that perhaps not all of the MH&A member organizations are being consulted; we are currently in the project development phase; there is no consideration of what the redesign will look like at this stage as it will involve broad involvement when it is initiated; representatives from geographic regions have been engaged in the project plan development, but the actual redesign will involve a broader group and member consultation; communiques have been utilized to inform all health service providers; all meetings with colleagues – i.e.: SECHEF, etc. – are also being informed of the details as they relate to this redesign; and this project will be able to address the transition phase between child and youth services to the adult mental health and addictions arena while working with the Ministry of Child and Youth Services.

That the CEO Discussion Report be accepted as circulated.

**Moved by: A. von Cramon
Seconded by: D. Sansom
Carried – 2013-106–08**

- i. **ADDITION** – Board Retreat – 11:32 am
 - D. Segal discussed with members the next steps involved with the feedback from members, along with the report from the consultant. Members were encouraged to share any comments, concerns and suggestions to the Chair over the coming weeks. This item will be discussed in greater detail at the April Board meeting.

That the board consider matters of public interest regarding Approval of In Camera Session Minutes; and Organizations Under Performance Improvement Plans / Reviews and CEO Performance Committee Recommendation and Hospital Services Accountability Agreement 2013-14 pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9(5).

**Moved by: L. Burrows
Seconded by: D. Sansom
Carried – 2013-106–09**

That staff members leave the room for the CEO Performance Discussion

**Moved by: A. Ronald
Seconded by: J. Cosier
Carried – 2013-106–10**

8. In Camera Session:

That the Chair rise and provide a verbal report from the Approval of In Camera Session Minutes; and Organizations Under Performance Improvement Plans / Reviews and CEO Performance Committee Recommendation and Hospital Services Accountability Agreement 2013-14.

**Moved by: J. Cosier
Seconded by: A. Ronald
Carried – 2013-106–15**

- 9. *Timer* - not reviewed
Observer – not reviewed

- 10. Date, time and location of next meeting:
Monday April 29, 2013 – TBD

Future meetings:

- Monday May 27, 2013 - TBD
- Monday June 24, 2013 - TBD
- Monday August 26, 2013 – TBD
- Monday September 30, 2013 - TBD

- 11. Adjournment
That the meeting be adjourned at 1:30 pm (approximately)

Motioned: J. Cosier

Noted departures:



Meeting Chair:

Donna Segal

Secretary:



Paul Huras