

WATERLOO WELLINGTON BOARD OF DIRECTORS

MINUTES

February 2014 Public Board Meeting

DATE/ TIME	February 12, 2014, from 4:30 to 6:30 p.m.	LOCATION	Board Room of the Waterloo Wellington CCAC Guelph Office, 450 Speedvale Ave., W., Suite 201, Guelph, ON N1H 7G7
CHAIR	Michael Delisle	RECORDER	Helene Ireton
PRESENT	<u>Board Directors</u> Michael Delisle, Chair Brian Cowan, Vice Chair Ed Arbuckle, Treasurer Janet Huber, Board Director Patricia Kahle, Board Director Larry Kron, Board Director Glenn Roach, Board Director Lori Trumper, Board Director Gordon Milak, Secretary of the Board and CEO	<u>Staff</u> Guy Arseneau, CFO, Senior Director, Corporate Services Gloria Cardoso, Senior Director, Partnerships & Performance Andrea Martin, Senior Director, Patient Services Helene Ireton, Executive Assistant Sadie Haddad, Care Coordinator Guests: Two members of the public	
REGRETS			
No.	ITEM	COMMENTS	RESPONSIBILITY & FOLLOW-UP
1.0	Call to Order	The meeting was called to order by the Chair at 4:30 p.m. Guests from the public were introduced and welcomed.	
1.1	Declaration of Conflict	Based on the meeting agenda and package received by board directors, no director declared a conflict of interest under Bylaw No. 6.10-16 and Policy V-B-14.	
1.2	Approval of Agenda	IT WAS MOVED by Lori Trumper and seconded by Patricia Kahle that the agenda be approved as distributed. <p style="text-align: right;">Carried.</p>	
2.0	CONSENT AGENDA		
	CONSENT AGENDA	Items on the Consent Agenda included: 2.10 Previous Minutes (November 13, 2013) 2.20 Report of the CEO 2.30 CEO Succession Plan 2.40 Recommendation: Governance Policies for Adoption 2.50 Recommendation: Quorum & Membership on Board	

		<p>Committees 2.60 Enterprise Risk Assessment - Refresher</p> <p>It was moved by Glenn Roach and seconded by Brian Cowan that the items on the Consent Agenda, be approved as presented. Carried.</p>	
3.0	BUSINESS		
	Ensure Program Quality & Effectiveness		
3.10	Presentation: Client Story & Video	<p>A video about Health Links was provided. http://news.ontario.ca/mohltc/en/2014/01/moving-forward-with-health-care-transformation.html</p> <p>A presentation was made by Sadie Haddad, a CCAC Complex Care Coordinator currently seconded to the Guelph Health Links. Sadie presented highlights and learning from her experience and responded to questions about opportunities for improvement in the system and noting the secondment has created -</p> <ul style="list-style-type: none"> • opportunities to talk about roles and responsibilities one on one with physicians. Communications identified as a gap; care coordination was not clearly understood by primary care, but the gap is starting to close and now hearing positive things as a result of care coordinator presence. • Opportunities with other partners involved in this initiative – bringing forward a lot of information and communication how to make better and seamless experience for the client. • CCAC presence within primary care continuum of care speeds up the process as well as provides the opportunity to learn more about system navigation – emphasizing the importance of relationship, shared understanding, collaboration, partnership. <p>There was discussion about connection of physicians happening in parallels –</p> <ul style="list-style-type: none"> • e-health team using clinical connect tool – probably about 8 to 10 months away. • Local e-health team working alongside in-home team building a system around process • Other pieces – e-notification through CHRIS which would send notifications to community service providers. 	

		<p>It was explained that Health Links is a concept, not a program – an approach to support existing providers to work together in a coordinated way to collectively figure out how to better use available resources to best serve the high needs patients. There was explanation and discussion about structure and how it works – i.e., breaking down silos, systems navigation role, preventing re-admissions to hospital when there are more appropriate places for service. Key is developing relationships and understanding who is in the system, and creating shared understanding across the team, developing trust and confidence</p> <p>There was discussion about how non LHIN funded agencies are included – e.g., housing, police. Looking at vulnerable people in our community and how to be more effective using existing resources better. How to reach out to those agencies if they feel they don't have funding for that. For instance EMS noted seeing horrific situations but didn't have anyone to connect the people with – building the connection.</p> <p>Where are we in comparison with other CCACs? – different initiatives lead by different organizations across the province on a plan-do-study-act model – rapid evaluations just conducted by MOHLTC – level of positivity, confidence within primary circles is higher than ever before.</p>	
3.11	Presentation: Diversity	Glenn provided presentation about diversity - broader view of the definition of diversity.	
3.20	Report of the Quality Committee	<p>Overview of report of the Quality Committee was provided</p> <p>Noted Governance Committee is working to re-structure board meetings around committee meetings for 2014-2015 in order to permit receipt and analysis of data for timely reporting.</p>	
3.20.1	Quality Improvement Plan (QIP)	<p>It was reported that targets may not be set until later into the year (per Health Quality Ontario). It was asked that the board approve in principle the narrative and measures that will be included in the plan, noting final indicators will be brought to a future meeting.</p> <p>There was discussion about how to manage the scenario if results indicate performance is lower than expected and it was noted improvement initiatives have been built in based on what we already know (examples and explanation were provided). Two measures</p>	

		<p>have not been measured before – currently looking at a tool developed by Dr. Hirdes that may be used.</p> <p>It was noted expectations are within budget targets and additional costs are not expected. It was also pointed out we cannot move the dial by ourselves especially re: two indicators are system based – multiple providers must work together to achieve targets. .</p> <p>It was moved by Lori Trumper and seconded by Brian Cowan that the Board of Directors approve the merit of the Quality Improvement Plan and measures, without the results, and direct staff to action the plan (pending the establishment of targets), including the posting of the plan on the CCAC website by April 1, 2014.</p> <p style="text-align: right;">Carried</p>	
3.20.2	Performance Management Framework and M-SAA Indicators (Q3)	<p>Overview of the data provided in the meeting package was provided.</p> <p>Noted the one indicator at risk: 3.2.3 Effectively Sharing Data across providers. The measure focused on obtaining patient consent for their assessment data to be shared in the provincial data base known as the Integrated Assessment Record (IAR). All providers from Mental Health & Additions to community have access to the IAR and many patients are hesitant to provide consent for such a broad group. Our team continues to refine the messaging to support patients to make informed choices regarding privacy and benefit of provider access to personal health information.</p>	
	Ensure Financial Viability		
3.30	Report of the Resources Committee	<p>Resources Committee – 4 goals this year</p> <ul style="list-style-type: none"> • Produce balanced budget this year – anticipated that this will happen. Result of transparency, improved information, performance. LHIN has given us fiscal money, pro-rated. • Stop being reviewers of data and provide better strategic information to the board (4-pages – the essence of our financial position, along with information on caseload management, etc.) • Dashboard – committee continuing to develop to reflect essence of what committee is doing. Measures that map to the work and responsibilities of the committee. • Donations – there was discussion, including note of defining rules, 	Note: all committee packages to be accessible to all board directors. Helene to re-set permissions in Directors Desk.

		<p>such as</p> <ul style="list-style-type: none"> ○ not accepting donations from active patients – to be brought forward to future meeting. ○ Separation of donations topic from fundraising. ○ Stories about what CCAC did with funds received from time to time. ○ Need policies about use of funds. 	
3.40	Report of the Audit Committee	Report about meeting with the Auditor – indicated we were asking right questions and gave good report about WWCCAC. Auditor will start field work and will be on site first week of May. It was also noted the materiality threshold is set at the Auditor’s discretion but with consideration of the committee’s recommendation. The standard of 1 percent would have moved the threshold to \$1.5 million; but the committee recommended a much more conservative threshold.	
3.40.1	CEO Certificate of Compliance	<p>A compliance report to meet M-SAA requirements was introduced - process for tracking and attestation that things are in place and in compliance.</p> <p>Noted: Changes to the M-SAA will move this to an annual attestation from semi-annual, unless board wishes to have an internal attestation more frequently.</p> <p>It was moved by Ed Arbuckle, seconded by Janet Huber that the CEO Certificate of Compliance be accepted and approved by the Board of Directors in keeping with Section V of the Governance Review and Plan.</p> <p style="text-align: right;">Carried.</p>	
	Ensure Board Effectiveness		
3.50	Report of the Governance Committee	<p>Magill Report – good progress re: themes and actions that came out of the Magill Report was reported</p> <p>Governor to Governor Event – planning started for May event.</p> <p>Board Recruitment has been launched.</p> <p>Orientation Survey results – good feedback; noted especially the patient home visits were well received.</p> <p>Enterprise Risk Report & Mitigation Strategies – proactively communicating to keep the message about CCACs’ roles out there –</p>	

		visits with MPPs and others; and working with the OACCAC.	
	Provide for Excellent Management		
3.60	Occupational Health & Safety Policy	<p>It was advised that there is a compliance requirement that the board review and adopt the policy each year, and it has been reviewed at Resources Committee. Workplace violence and harassment has been added, and there was discussion at Committee about vaccinations – area for further investigation.</p> <p>In response for breakdown of number of direct care staff that are immunized, it was noted this is personal health information. Working on how to do an analysis.</p> <p>It was moved by Glenn Roach, seconded by Brian Cowan that the Board of Directors of the Waterloo Wellington Community Care Access Centre approve the Health and Safety Policy, dated January 16, 2014.</p> <p style="text-align: right;">Carried.</p>	
4.0	OTHER ITEMS		
5.0	Evaluation	To be submitted electronically	
6.0	Conclusion	<p>It was moved by Brian Cowan and seconded by Ed Arbuckle that the meeting be adjourned. Carried.</p> <p>The public meeting of the board concluded at 6:30 p.m.</p>	

APPROVAL OF MINUTES

On a motion duly made, seconded and carried unanimously, the above-noted minutes were approved.

Michael Delisle, Chair

Gordon Milak, CEO

Date: _____