

WATERLOO WELLINGTON BOARD OF DIRECTORS

MINUTES

Public Board Meeting

DATE/ TIME	September 28, 2016 from 4:30-6:00 p.m.	LOCATION	Board Room of the Waterloo Wellington CCAC Guelph Office 450 Speedvale Ave., W., Suite 201, Guelph, ON N1H 7G7
CHAIR	Janet Huber	RECORDER	Helene Ireton
PRESENT	<u>Board Directors</u> Janet Huber, Vice Chair Glenn Roach, Treasurer Robert Dowhan, Board Director (teleconference) Carol Hunter, Board Director Patricia Kahle, Board Director Kathryn MacDonald, Board Director Susan Mather, Board Director Freeman McEwen, Board Director Erika Wulff Gomez, Board Director (teleconference)	Dale Clement, CEO and Secretary to the Board <u>Staff</u> Rob Forbes, Senior Director, Corporate Services Martina Rozsa, Senior Director, Patient Services Danielle Van Duzer, Director, Communications Kelly Smith, Director, HROD Matt Jones, Manager, IT Implementation Helene Ireton, Board Liaison One guest from the public was present.	
REGRETS	Brian Cowan, Chair; Jasmine Urisk, Board director		

No.	ITEM	COMMENTS	RESPONSIBILITY & FOLLOW-UP
1.00	CALL TO ORDER	Janet Huber took the Chair and called the meeting to order at 4:35 p.m.	
1.10	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.	
1.20	Approval of Agenda	It was moved that the agenda be approved as distributed. Carried.	
1.30	Chair's Remarks	The Chair pointed to the notes in the meetings packages which provide information about transitional activities. She referred to the many meetings that Brian Cowan and Dale Clement are participating in to keep involved with transitional things, and referred briefly to a teleconference of Ministry, LHIN and CCAC Chairs that she had participated on just prior to the calling of the board meeting.	

No.	ITEM	COMMENTS	RESPONSIBILITY & FOLLOW-UP
2.00	CONSENT AGENDA		
2.10		<p>2.10 Previous minutes (June 29, 2016 – Directors' Regular and AGM and Post AGM meetings)</p> <p>2.20 Report of the CEO</p> <p>2.30 Governance Policy Amendment to Policy III-10 Reporting of Irregularities / Whistle Blowing/ Fraud</p> <p>2.40 Governance Policy Review</p> <ul style="list-style-type: none"> • III-7 Respect for Diversity • V-B-5 Board Cttee/Task Force Principles • V-B-12 Board Policy Dev. & Review • V-B-15 Confidentiality (with recommended revisions) <p>2.50 Q1 Governance Dashboard</p> <p>2.60 Q1 Quality Dashboard</p> <p>2.70 Report: Disaster Recovery Procedures for CCAC's IT Systems</p> <p>2.80 Report: IT Plans for the Year</p> <p>There was brief discussion about a couple of components in the CEO Report –</p> <p><i>Fostering Culture of Engagement</i> with discussion about the scores, the areas of challenge and the areas of positive improvement. It was noted the results of the survey were comparable and consistent with the 2013 survey.</p> <p><i>Palliative Coordinated Bed Access</i>: Further explanation of process was provided, along with background information about legislation and development of the program.</p> <p>Policy III-7 Respect for Diversity: there was discussion about the definition and a suggestion that “family or income status” could be added. Since the definition in the Policy was a direct quote from the Ontario Human rights Code, it was agreed the policy would stand as is for the present, but the notion of inclusion of some sort of reference to social status may be brought forward for future discussion.</p> <p>It was moved that the items on the Consent Agenda, be accepted and approved as presented. Carried.</p>	<p>The revisions to Policy III-10 were adopted by the Board.</p> <p>Policies reviewed were accepted and the revision recommended in Policy V-B-15 was adopted.</p>

No.	ITEM	COMMENTS	RESPONSIBILITY & FOLLOW-UP
3.00	BUSINESS		
3.10	Patient Story – Respite Care	<p>This summer the spouse of a WWCCAC patient brought her story to a press conference announcing provincial funding for programs that allow patients to be cared for at home while providing respite support to their caregivers. She agreed to the sharing of her story with the Board. This caregiver painted a picture of the hard realities of full time caregiving for her husband, the risks of emotional and physical burnout, and how respite care, funded and coordinated by the WWCCAC, has allowed her husband to live at home with dignity and safety by enabling her to take the physical and mental breaks she needs in order to continue her role of caregiving.</p> <p>There was discussion about patients with high needs and the burden of care, with note that this year WWCCAC is focusing on respite, especially for those with dementias and palliative care needs, while also undergoing a comprehensive review to inform our caregiver support program for future fiscal years.</p>	

No.	ITEM	COMMENTS	RESPONSIBILITY & FOLLOW-UP
3.20	Innovation Wound Care Pilot	<p>The Board received and reviewed a report about an innovative wound care project using the “geko,” a neuromuscular electro–stimulation device (NMES). A Geko information folder, including the packaged device, was circulated at the board meeting for directors to review.</p> <p>Information was provided about how the geko device functions. It was noted there have been demonstrated positive outcomes in other CCACs with difficult to heal wounds.</p> <p>The Board was advised that the WWCCAC will be participating in a pilot project with Perfuse Medtec to trial the geko in partnership with Care Partners and 10 patients who have new and recurrent venous leg ulcers. The objective of this pilot is to test the geko’s efficacy in preventing specific wounds from becoming chronic in nature. It was noted the cost of the device for this project will be absorbed by Perfuse Medtec.</p> <p>A further trial will be conducted with 10 to 15 patients with long term chronic, difficult to heal wounds. The geko has demonstrated positive results with this cohort in other CCACs and it is the intent of this project to achieve accelerated healing for WWCCAC patients, improved quality of life and reduced long term wound care costs. This pilot will be funded through the WWCCAC trust fund.</p> <p>The nature, cost and duration of the two clinical evaluation projects were explained and discussed, with note that research ethics approval is not required as it is not a pure clinical trial – this has already been done – but for WWCCAC, it is the evaluating of a new product that has the potential to speed healing and improve quality of life for patients and reduce wound care costs. It was reported that the project launch was started this date and the processes and next steps were explained.</p> <p>There was some discussion about limits on the cost per patient for the use of the geko device - e.g., if no healing is observed within a pre-determined time period, the project with that patient is discontinued and regular wound care program continues. If healing is observed, the patient is monitored for a further time period, and then re- assessed. Controls and benchmarks were explained.</p> <p>No harms – it was noted there are no known contraindications for use of this device and even some mild positive effect with cardiovascular conditions has been observed. The only negative is possible skin irritation where the band touches the skin.</p> <p>It was noted that the device has already been demonstrated and clinically proven. WWCCAC is bringing the device on board to try with long standing wound care patients where the device has already been proven successful. It was also clarified that there is no additional cost to WWCCAC to do the pilot as these patients would already have been on service to receive wound care regardless of the introduction of the new device, and the cost of the device would be offset by the potential savings over regular wound care practices. This is in addition to current best practice.</p>	

No.	ITEM	COMMENTS	RESPONSIBILITY & FOLLOW-UP
3.30	Transition Update – MOHLTC Work Streams	<p>The Board received and reviewed a report on implementation planning that is underway by the Ministry of Health and overseen by a joint Ministry-LHIN Steering Committee to ensure the Patients First implementation will proceed in a timely and seamless fashion without interruption of patient care. It was noted 15 work streams have been established, each involving a project team with cross-sector representation. A high level description of the tasks and roles of the work streams was provided along with an overview of the priority areas of implementation planning for each work stream.</p> <p>It was noted that from this CCAC, Dale Clement is on the Home & Community work stream and Matt Jones is on Performance and Data. The Governance work stream includes three board chairs from Central East, Central West and Champlain CCACs.</p> <p>The Corporate Services Entity Work stream was noted – Because of the significance of what the OACCAC does, it was agreed to bring forward a previous presentation from OACCAC as a board education session on a future agenda.</p>	OACCAC presentation to be brought forward on the October or November agenda.
3.40	Service Provider Performance Monitoring Report	<p>The Board received and reviewed an annual report on service provider organization (SPO) performance. Background information was provided about indicators tracked, service provider operational committee meetings as well as service specific working group meetings and performance meetings. The definition and nuances of the Missed Visit/Missed Care indicator was explained. Key activities and mitigation strategies to address areas of improvement and to strengthen relationships with service provider partners were highlighted. A summary report of two key indicators for fiscal year 2015/16 and the first quarter of 2016/17 was provided, explained and reviewed in detail.</p> <p>It was noted a lot of thought was put into choosing the key indicators that the board would want to know – Acceptance Rates and Missed Care --- very important markers. It was noted as well that M-SAA indicators which also feed into reports to the Board relates to this area of performance monitoring.</p> <p>It was clarified that contracted service providers see results (their own and each other's) at least monthly.</p> <p>Description was provided about how the CCAC becomes aware of missed visits/care – e.g., self-reports, patient/family complaint, Retirement Home staff calls, annual reviews, site reviews and random samplings of charts and audits.</p>	

No.	ITEM	COMMENTS	RESPONSIBILITY & FOLLOW-UP
3.50	Executive Compensation Framework	<p>The Board received and reviewed a briefing note related to a recently received letter from the Treasury Board Secretariat (also provided in the meeting package). This pertained to designated employers under the Broader Public Sector Executive Compensation Act, 2014, and the Executive Compensation Framework which came into effect on September 6, 2016. It was noted that within the CCAC structure, the CEO and Senior Directors meet the definition of “executives” under the Regulation. It was reported that our CCACs’ existing Executive Compensation Frameworks are in place and are generally well in compliance, public consultation to be completed by September 5, 2017.</p> <p>It had been observed that with the pending Patients First legislation and the expectation of a new organization structure, further guidance would be anticipated regarding the impact of the Regulation on harmonization of executive compensation with the pending LHIN transformation. The Board was informed that notification was received this date that the framework development will be the work of the new organizations.</p>	
4.00	OTHER ITEMS	NULL	
		No further business was brought forward.	
5.00	Conclusion	It was moved and carried that the open board meeting be adjourned at 5:55 p.m., to move to an in-camera session of the Board.	

APPROVAL OF MINUTES

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

Janet Huber, Vice Chair

Dale Clement, CEO

Date: