

MINUTES

November 30, 2016

Meeting of the Waterloo Wellington Community Care Access Centre Board of Directors
At the
Waterloo Wellington CCAC Guelph Office,
450 Speedvale Avenue West, Suite 201, Guelph, Ontario N1H 7G7

PRESENT:

Brian Cowan, Board Chair
Janet Huber, Board Vice Chair
Glenn Roach, Treasurer
Carol Hunter, Board Director
Patricia Kahle, Board Director (by teleconference)
Kathryn MacDonald, Board Director
Susan Mather, Board Director (by teleconference)
Freeman McEwen, Board Director
Jasmine Urisk, Board Director
Dale Clement, Chief Executive Officer and Secretary to the Board
Rob Forbes, Senior Director, Corporate Services
Martina Rozsa, Senior Director, Patient Services
Danielle Van Duzer, Director, Communications
Helene Ireton, Board Liaison

REGRETS:

Erika Wulff Gomez and Robert Dowhan, Board Directors

1.00 CALL TO ORDER: The meeting was called to order by Brian Cowan, Chair, at 4:40 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.

2.00 CONSENT AGENDA

The Consent Agenda Included:

- 2.10 Approval of previous minutes (October 26, 2016)
- 2.20 Report of the Chief Executive Officer to the Board
- 2.30 Governance Policy Review
 - V-A-8 Position Description-Board Chair
 - V-A-9 Vice-Chair
 - V-A-10 Treasurer
 - V-A-11 Secretary
 - V-A-12 Committee Chair
- 2.40 Second Quarter Governance Dashboard
- 2.50 Second Quarter Quality Dashboard
- 2.60 Research Activities Annual Report
- 2.70 Patient Relations Report
- 2.80 Ontario Association of Community Care Access Centre Shared Services Overview

It was moved that the items on the Consent Agenda, be accepted and approved as presented. Carried.

There was discussion:

- The Minutes were approved and clarification was provided about reporting responsibilities of Community Care Access Centre and Local Health Integration Network at the time of the roll over date.
- Research Activities – more details about the Patient Relations Transferring Primary Health Care for Frail Elderly research were provided
- Ontario Association of Community Care Access Centre Shared Services – explanation was provided about “*define clinical standards*,” to give understanding about the difference between Health Quality Ontario and Ontario Association of Community Care Access Centre roles.
- Automated Provider Reports – explanation was provided about the number of providers (6) who will be brought on to the Automated Provider Report technology, with note that five of those agencies will be brought on by the end of this fiscal year.
- A brief overview was provided to clarify differences between e-health and Client Health and Related Information System.

3.00 BUSINESS

3.10 PATIENT STORY: Patient stories are presented over the board year as an educational component related to the Board's patient safety and quality focus. The November patient story related to the Rapid Recovery Therapy Pilot Program:

This intensive rapid recovery restorative therapy model allows patients who no longer require bed level rehab care and who have demonstrated restorative potential to complete their rehab at home. This initiative has led to earlier hospital discharges and transition to home and community care. It was reported preliminary findings demonstrated good patient outcomes, a positive patient experience and reduced care costs, while at the same time mitigating system pressures with respect to alternative level of care and rehab/restorative bed capacity.

One patient's story was told. An active ninety-year old lady who suffered a serious fall was safely discharged from hospital one week earlier than planned so she could receive intense in-home rehabilitation therapy through the Rapid Recovery Therapy pilot program. She was thrilled to be home, completed the program successfully and is again actively participating in her community.

It was noted that the challenge is around sustainability of the program – for example, funding for the pilot ends at the end of this fiscal year.

Board directors noted this would be a branding opportunity for the new Local Health Integration Network and discussed communication with the Local Health Integration Network before the conclusion of the pilot, strongly advocating for sustainable funding for program and quantifying the savings and quality of life benefits. It was noted an independent third party is producing the results and generating the final report, showing benefits across the sector.

There was discussion about approaching Members of Provincial Parliament jointly with the Local Health Integration Network to provide understanding about the program, so they could advocate, champion for sustainability. It was also felt that patients and their families might be willing to share their stories and perspectives more broadly – for example, with media coverage.

Action: The Chief Executive Officer and Senior Team will communicate with the Local Health Integration Network at a regular meeting. A phased approach, working together with the Local Health Integration Network on this service opportunity was discussed and may include a follow up letter from the Board Chair and Board Vice Chair.

3.20 PRESENTATION: CONTINUOUS QUALITY IMPROVEMENT PROJECT - ACCESS TO NURSING CLINICS (EDUCATION):

The Board received a presentation from Waterloo Wellington Community Care Access Centre patient services staff highlighting a Nursing Clinic Quality Improvement Initiative which aligns with 2014-2016 Waterloo Wellington Community Care Access Centre strategic priorities – *Provide Care When and Where Needed* – *Support Safe Independence* – *Partner for Seamless Care*. This presentation described Waterloo Wellington Community Care Access Centre nursing clinic locations, services, hours, etc., and spoke about the benefits of the nursing clinics to both patients and the system. The quality improvement initiative undertaken to improve access to the nursing clinics was described. Current state analysis, key learnings, process improvements implemented with results noted and work towards sustainability were highlighted.

It was noted this project provided opportunities to work with providers to support Human Resources issues related to retention of staff.

Transportation issues for patients were discussed and it was noted if transportation to a clinic is not possible, the patient would receive service at home.

3.30 QUALITY IMPROVEMENT PLAN 2015-16 PROVINCIAL PERFORMANCE: The Board of Directors received a report that provided a provincial view of Quality Improvement Plan results that allowed the Directors to examine Waterloo Wellington Community Care Access Centre performance compared to peer community care access centres. The results showed that Waterloo Wellington Community Care Access Centre was the best performer for hospital readmission rates and placed in the middle of the peer group for other indicators.

3.40 QUALITY IMPROVEMENT PLAN: The Board of Directors received a draft Quality Improvement Plan work plan with recommendation that it be accepted for use as a working document with the Local Health Integration Network in the development of the final Quality Improvement Plan Work Plan and Narrative to be submitted to the Board for final approval in February 2017.

It was noted that the 2017-2018 Quality Improvement Plan is the fourth annual plan for Community Care Access Centres provincially and builds upon the 2016-17 Quality Improvement Plan. The measures are, for the most part, system level measures of performance that are only partially within the ability of the CCAC to influence. For each of the provincially defined measures, Waterloo Wellington Community Care Access Centre has put forward specific initiatives or process improvements that are expected to have a positive impact on performance at the local level while also reflecting in improved performance on provincially mandated system level indicators.

Explanation was provided about how targets are set by Health Quality Ontario, noting these are aspirational targets. It was noted the Community Care Access Centre is obliged to work within this framework – this is a standard provincial template. The other part of the Quality Improvement Plan is the actual projects – which are moving us towards the aspirational target.

There was discussion about the patient /carer advisory council improvement initiative. It was noted patients at the table help to improve process. Patient advisory councils are a focus of the Ministry of Health and Long-term Care in the Patient's First Roadmap. It was also pointed out that an important priority needs to be determination of Terms of Reference, clarity of purpose and where input is wanted - setting up context and expectations.

Explanation about the inclusion of the Collaborative Quality Improvement Plan initiatives - the Collaborative Quality Improvement Plan is being developed in Rural Wellington Collaborative, but the project is being included in this Quality Improvement Plan. It was noted this Community Care Access Centre could potentially have four additional projects as a result of the Collaborative Quality Improvement Plan initiative and it was pointed out that not including the Collaborative Quality Improvement Plan project work within the Waterloo Wellington Community Care Access Centre Quality Improvement Plan would lead to resource issues.

It was moved and seconded that Board of Directors approves the 2017-2018 Draft Quality Improvement Plan, and approve its use in collaborative planning with the Local Health Integration Network, as part of the development of the final Quality Improvement Plan Work Plan and Narrative, which will be submitted to the Board for approval in February, 2017. Carried.

3.50 AMENDMENT OF PERFORMANCE MANAGEMENT FRAMEWORK PROJECT: The Board of Directors received a report with explanation and recommendation for an amendment of a specific project in the Performance Management Framework that would replace the Mental Health and Addictions Transition strategy project on the Performance Management Framework with the Congestive Heart Failure transitions project. The Mental Health and Addictions project is on hold for external reasons.

It was moved and seconded that the Board of Directors approves the amendment of a specific project in the Performance Management Framework. New Project: Sub-Region Geography Cambridge and North Dumfries Partnership between Lang's Community Health Centre, Cambridge Memorial Hospital, and Waterloo Wellington Community Care Access Centre to improve transitions for Congestive Heart Failure patients across the continuum. Carried.

4.00 OTHER ITEMS: No further business was brought forward.

5.00 CONCLUSION: It was moved and carried that the open board meeting be adjourned at 6:10 p.m. to move to an in-camera session of the Board.