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BOARD MEETING MINUTES

January 24, 2018

Public Meeting Start time: 11:45am
1900 City Park Drive, Suite 500

Board Members in Attendance: Jean-Pierre Boisclair (Chair), Diane Hupé, Wendy Nicklin, Abebe Engdasaw, Gregory Taylor, Anne MacDonald, Randy Reid, Nick Busing, Mindy McHardy, Barb Foulds, Pierre Tessier

Regrets: Guy Freedman

Executive Leadership Team Members in Attendance & LHIN Staff Presenters: Chantale LeClerc (CEO), Cal Martell, Patrice Connolly, Wendy Grimshaw, Catherine Butler, Elaine Medline, Elizabeth Woodbury, Allison Lampi.

Guests Speakers: Cameron Love, Executive Vice-President and Chief Operating Officer, The Ottawa Hospital

1 Call to Order

The meeting was called to order at 11:00am.

2 Conflict of Interest Declarations

No conflict of interest was declared.

3 In-Camera Session

THAT members attending this meeting move into a Closed Session pursuant to the following exceptions of LHINS set out in s.9(5) of the Local Health Integration Act, 2006:

X Personal or Public Interest

To receive confidential information relating to:

3.1 Approval of confidential minutes November 22, 2017 & December 13, 2017

3.2 Chair's Report

3.3 CEO's Report

AND further that the following individuals be permitted to attend for these items:

Chantale LeClerc

Amber Kayed

Moved: Randy Reid / Seconded: Barbara Foulds

All in favour

Carried

BREAK (15 minutes) & return to public session

4 Welcome and Introduction

Chair's Report & In-Camera Report

The Board Chair welcomed Board members, staff, and guests. Attendees were reminded of the LHIN's rules of engagement for public Board meetings. Guests were asked to introduce themselves and invited to engage with Board members during meeting breaks.

Chair's Report:

The Chair had no report to table.

In-Camera Report:

The Chair indicated that the Board met in-camera to discuss the approval of confidential minutes and to receive the CEO and Chair's in-camera reports.

5 Approval of agenda

The agenda was approved with the following amendment:

- Removal of the Memorandum of Understanding. This item will go to the Finance & Audit Committee in advance of Board presentation.

Moved: Wendy Nicklin / Seconded: Pierre Tessier

All in favour

Carried

6 CEO's Report

The report was pre-circulated to Board members. Chantale LeClerc highlighted key areas of the report:

- Clinical Leads: The LHIN has signed contract with 7 sub-region clinical leads and an official announcement will be made shortly. The leads have been attending the sub-region consultation sessions. Dr. Jeff Turnbull, former Chief of Staff at The Ottawa Hospital, was thanked for his participation on the selection committee.

- Acquired Brain Injury: \$500,000 per year in investments to support individuals who have acquired brain injuries with their reintegration into the community following hospital discharge. This funding is a result of work done with The Ottawa Hospital which identified gaps for individuals with acquired brain injuries.
- Chronic Obstructive Pulmonary Disorder: The LHIN is creating an integrated care pathway for COPD patients in the region, which aims to support individuals in managing exacerbations in the community.
- IMPACT Centre & Measuring Risk of Falling: The LHIN hosted the Chief Health Information Strategist, who promotes innovation in technology in Ontario. A grant was received to test the risk of falling of individuals in advance of a fall occurring.
- Electronic Health Records: Community-based clinicians are now to receive and view their patients' hospital records electronically.
- Indigenous Health: Chantale is acting as the executive sponsor on the provincial table looking into Indigenous health.

Other areas highlighted included investments in opioid strategies, the use of paramedics to manage demand for services during the winter months. Indigenous health, and French language services.

Board members were invited to ask questions. Areas of discussion included the drivers behind the winter paramedic initiatives and health links. Questions about the recent LHIN-funded palliative care beds at The Ottawa Mission were also addressed. The Board commended the LHIN on the newly-formed Patient and Family Advisory Committee and invited them to attend a future Board meeting.

The CEO read her Attestation prepared in accordance with section 14 of the *Broader Public Sector Accountability Act*. At the time of attestation, the LHIN is in compliance with all of its obligations. One area, relating to the procurement of services, will be reviewed further and, if deemed non-compliant, the LHIN will notify the Ministry and the Board.

MOTION:

That the Board of Directors approves the CEO's monthly report for the period of November 11 to January 12, as distributed; and the Quarterly Attestation for the Third Quarter for the period of October 1 to December 31, 2017, as distributed.

Moved: Mindy McHardy / Seconded: Pierre Tessier

All in favour

Carried

7 Consent Agenda

There being no concern or question expressed by members of the Board regarding the item listed under the consent agenda, the following item was approved as distributed:

- 7.1 Approval of minutes of November 22 & December 13, 2017

- 7.2 Annual Renewal of Great West Life Benefits

Moved: Pierre Tessier / Seconded: Nick Busing

All in favour

Carried

NEW BUSINESS

8 The Ottawa Hospital Civic Redevelopment Plan

Pre-capital submission stage brought to the Board in 2015 to ensure that the proposed location met the needs of the greater healthcare system and served the population needs of the region.

Elizabeth Woodbury, Director of Health System Accountability at the LHIN, provided an overview of The Ottawa Hospital's capital process to date, which was initially presented to the LHIN Board in 2015. The LHIN Board's role, to determine whether the plan is in alignment with the LHIN's mandate and the healthcare needs of the region, was outlined. The Ministry is responsible for approving capital projects that have been endorsed by the LHIN Board of Directors.

Cameron Love, Executive Vice-President and Chief Operating Officer of The Ottawa Hospital, was introduced and presented the Civic Hospital redevelopment plan. The plan aims to provide an integrated care model to patients in the community, in which specialized services are grouped by location. The plan also takes into account the development of the healthcare system and the changing needs of the population. An overview of changes from the previously presented Master Plan was discussed and Board members were invited to ask questions.

- The campus will comprise of single-occupancy rooms to meet the needs of patients. Patient experience groups will be engaged at a later planning stage. Many portions of the plan have been developed from feedback received from internal patient working groups.
- The site of the current hospital will still be used by The University of Ottawa Heart Institute. Further regional, systemic planning will occur with the LHIN.
- The consolidation of services by type will be mapped within The Ottawa Hospital's campuses based on catchment areas and academia. This strategy is used by many other hospital campuses. Services that can be offered in the community will also be accounted for and The Ottawa Hospital will aim to better integrate its services with other healthcare sectors (i.e. home and community care).

Upon review, LHIN staff support the presented plan as it aligns with the Patient's First Act, the LHIN's Integrated Health Service Plan (IHSP), and current regional planning for key programs. The only area in contrast to a regional plan is for the continued provision of maternal newborn services at the Civic Hospital, but The Ottawa Hospital is planning ahead as the regional plan has not moved forward. There were no issues identified that should defer the submission of the plan to the Ministry.

The Chair commended the work of The Ottawa Hospital and LHIN staff and wished them luck with their redevelopment.

MOTION:

WHEREAS the LHIN staff has reviewed The Ottawa Hospital's Stage 1: Proposal, Part A, submission for the redevelopment of the Civic hospital and has found that it demonstrates

close consistency and strategic fit with LHIN priorities and that the program and service elements are aligned with the provider's present and future role in the Champlain health care system,

WHEREAS the LHIN supported The Ottawa Hospital's Pre-Capital submission for this project in November 2015 and significant planning work has taken place since that time,

BE IT RESOLVED that the Champlain LHIN Board of Directors endorses the program and service elements outlined in The Ottawa Hospital's Stage 1: Proposal, Part A, submission and reaffirms its support for The Ottawa Hospital to proceed with the next stage of planning and engagement with the community.

Moved: Barbara Foulds / Seconded: Nick Busing
All in favour
Carried

BREAK (10 minutes)

9 Q2 Performance & Risk Report

The Second Quarter Performance and Risk Report was pre-circulated to Board members. Allison Lampi, Senior Performance Specialist at the LHIN, led a discussion on the results presented and the following items were highlighted:

- There is a possibility for Champlain to learn from the strategies employed by other LHINs to achieve better performance in challenging areas.
- A recommendation to have an external consultant analyze factors affecting the emergency department wait time metric for uncomplicated patients. There was an understanding that the issue is difficult to address internally and strong leadership is needed to collectively promote the importance of prioritizing low emergency department wait times within the region.
- Additional context and valuable information is provided by showcasing the long-term trends of a metric, as opposed to quarterly changes.
- The LHIN is working closely with contracted service providers to ensure that the issue of missed care is addressed appropriately. More analysis is needed with regards to the main drivers of the metric.

MOTION: Be it resolved that the Board of Directors approves the Second Quarterly Performance Report (January 2018) as presented.

Moved: Anne MacDonald / Seconded: Wendy Nicklin
All in favour
Carried

10 Confirmation of Board Directions on Local Obligations

Service Accountability Agreements define the obligations and responsibilities of the LHIN and its funded health service providers. A summary of the proposed additions and enhancements to the location obligations for the hospital, long-term care, and community sectors was provided.

Elizabeth Woodbury, Director of Health System Accountability at the LHIN, addressed questions from Board Members relating to the proposed local obligations and the following suggestions were made:

- Quantitative, outcome-based measures should be introduced to ensure that the data collected is meaningful. Staff were encouraged to include evidence-based obligations.
- Within the long-term care sector, the Long-term Care Home Service Accountability Agreement (LSAA) is not an effective method for promoting systemic change. Many obligations are accountable to the Ministry of Health and Long-Term Care. The LHIN regularly participates in a roundtable with key stakeholders to proactively drive change within the sector.
- The introduction of an indicator relating to the flow of patients from one type of care to another. Health Service Providers will be encouraged to provide appropriate and timely notice to the home and community care sector prior to patient discharge. Specific language of the obligation is in development.

The Board Chair thanked Elizabeth Woodbury and Wendy Grimshaw incorporating previous feedback and producing supplementary materials that are clear and objective. LHIN staff that contributed to the development of the local obligations were also recognized.

MOTION:

WHEREAS the 2018-19 health service provider service accountability agreement templates, including core performance metrics, have been developed at the provincial level, and

WHEREAS Champlain LHIN staff have considered local priorities and identified additional performance metrics and obligations for inclusion in the 2018-19 service accountability agreements, and

WHEREAS additional provisions may be developed for individual health service providers based on their unique circumstances,

BE IT RESOLVED that the Board of Directors concur that the core performance metrics, together with the additional LHIN-specific performance metrics and obligations, appropriately reflect the LHIN's health system transformation mandate, strategic priorities and performance targets.

Moved: Pierre Tessier / Seconded: Anne MacDonald

All in favour

Carried

BREAK (10 minutes)

11 Strategy and Action to Mitigate ALC and Hospital Occupancy Levels

Key messages from the document, *Dealing with Hospital Occupancy Pressures: Pathways to Appropriate Levels of Care*, were provided by Chantale LeClerc and Cal Martell, Vice President of Integration at the LHIN. High occupancy rates can have an impact on whether a patient receives care in the right place at the right time. Occupancy levels are impacted by multiple factors,

including the availability of community resources, internal hospital patient flow, and the number of hospital beds within the region.

Overall, hospitals in the Champlain region have an occupancy rate of 94%. On any given day, there is variation between hospitals, with some hospitals being over capacity, while others are under capacity. In Champlain, the number of beds surpasses the provincial average, but it is possible that beds are not in the right location or are of the wrong type. A delay in repatriation of patients receiving specialized care to their local hospitals may also play a factor in increased occupancy rates. While the percentage of ALC days for acute patients in Champlain, 13.6%, is below the provincial average, 15.9%, the largest ALC waits are often patients with highly complex needs.

A number of strategies were identified that may further mitigate the issue, including the prioritization of the Home First philosophy, implementation of the LHIN's Sub-Acute Care Plan, and increases to funding for community-based services. There is also a need to actively engage physicians in reducing the occupancy rate and ensure that repatriation of patients to their home hospitals is done in a timely fashion. The creation of an "air traffic controller" position may facilitate this strategy by creating a link between hospitals, their physicians, and by accelerating the rate of patient transfers between them. This position would also assist in system-wide discharge planning.

Board members and management were invited to ask questions and the following areas were discussed:

- Strong leadership is needed to ensure that the "air traffic controller" position is effective. Preferably, the position will be filled by a physician who understands the process.
- The patient voice needs to be taken into account. An investigation into patient barriers and experience with hospital transfers should occur. An education program should also be developed for patients, families, and caregivers that stresses discharge as a way of moving care forward, not reducing it. Community members need to be engaged in planning to ensure that best practices are being employed.
- Repatriation, as it relates to rural hospitals, needs to be defined. The inability to repatriate a patient needs to be examined to ensure that appropriate and safe care is being provided.
- The LHIN's intentions will need to be clearly defined so that hospital CEOs and Chiefs of Staff are on-board and well-informed. There is a possibility to invite hospital Board Chairs, CEOs, and Chiefs of Staff to meet with the LHIN Board.
- A standardized, regional approach to discharge planning is being developed in partnership with hospitals. It will help to move patients through the system more efficiently and improve the patient experience.
- LHIN is working closely with the Ministry of Community and Social Services to enhance the re-integration of complex patients into the community.

Board members commended LHIN staff for producing a high quality, informative report and encouraged regular updates on the topic.

MOTION: To accept the conclusions as stated in the report and to mandate the LHIN CEO to implement the outlined strategies in a timely fashion and report back to the Board of Directors on progress on this urgent matter.

Moved: Randy Reid / Seconded: Gregory Taylor

**All in favour
Carried**

12 Board committee stewardship reports and matters arising therefrom:

12.1 Governance

An update was provided on the proceedings of the January 10, 2018 meeting. With regards to the timing of future Board education sessions, Board members will be contacted individually to discuss potential options and drivers to increase attendance. The timing of Board meetings will also be explored. The Board Charter was also reviewed and will be brought to the Board for approval. **Action: A. MacDonald.**

Committee chairs were reminded to perform a verbal Committee evaluation during their meetings and to share results with the Governance Committee. Potential education topics for 2018-19 should also be shared. Results of these evaluations will be shared with the Board in March. An update on electronic devices and the LHIN's Patient Advisory Council.

The next Governance Committee meeting will take place on March 5, 2018.

12.2 French Language Services

The last Committee meeting occurred on October 30 and a verbal report was provided by Pierre Tessier at the November Board meeting. The Committee chair provided Board members with the Ministry of Health and Long-Term Care's *Guide to Requirements and Obligations Relating to French Language Health Services*, which will guide future Committee discussions. The Committee's next meeting has been deferred to February 5, 2018.

MOTION: That the French Language Services Committee recommends that the Board approves the revised designation plan of the Carlington Community Health Centre.

Moved: Diane Hupé / Seconded: Pierre Tessier

**All in favour
Carried**

12.3 CEO Performance Evaluation & Compensation

Gregory Taylor provided a verbal report on behalf of Committee Chair, Guy Freedman. The Committee met on January 22, 2018 and the process for the 2017-18 CEO Evaluation was discussed. An online questionnaire will be provided to Board members and senior leadership and verbal interviews will be performed with select external partners. The next Committee meeting will occur in April 2018.

12.4 Finance & Audit

The Committee has not met since November 20, 2017. The next scheduled is January 29, 2018. Main areas of discussion will include the 2017-18 Q3 financial report.

12.5 Quality

The Quality Committee met on January 16, 2018. A revised Committee Terms of Reference was provided to Board members. Changes mirror the consolidation of items on the Committee work plan. Other items included an update on the LHIN's accreditation status, occupational health and safety indicators, and the role of personal support workers. A report on patient complaints was also provided. The annual evaluation will be performed at the Committee's next meeting on February 13, 2018.

13 Other Business

13.1 Memorandum of Understanding with Infrastructure Ontario

This item was deferred to a future meeting, following review by the Board's Finance & Audit Committee.

14 In-Camera Session

THAT members attending this meeting move into a Closed Session pursuant to the following exceptions of LHINS set out in s.9(5) of the Local Health Integration Act, 2006:

X Personal or Public Interest

To receive confidential information relating to:

14.1 French Language Health Services Update

14.2 Strategic Discussion – Organizational Capacity

AND further that the following individuals be permitted to attend for these items:

Chantale LeClerc

Amber Kayed

Moved: Barbara Foulds / Seconded: Anne MacDonald

All in favour

Carried

15 Adjournment of Meeting

The meeting adjourned at 5:35 p.m.

Motion to Adjourn:

Moved: Randy Reid / Seconded: Nick Busing

Jean-Pierre Boisclair
Chair, Board of Directors
Champlain Local Health Integration Network

Chantale LeClerc
CEO
Champlain Local Health Integration Network