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BOARD MEETING MINUTES

November 22, 2017

Public Meeting Start time: 13:30

Wabano Centre for Aboriginal Health, 299 Montreal Road, Ottawa

Board Members in Attendance: Jean-Pierre Boisclair (Chair), Randy Reid (Vice-Chair), Diane Hupé, Wendy Nicklin, Abebe Engdasaw, Gregory Taylor, Pierre Tessier, Anne MacDonald

Regrets: Nick Busing, Mindy McHardy, Guy Friedman, Barbara Foulds

Executive Leadership Team Members in Attendance & LHIN Staff Presenters: Chantale LeClerc (CEO), Catherine Butler, Patrice Connolly, Wendy Grimshaw, Cal Martell, Elaine Medline, Donna Lyons, Rod Olfert, Amir Afkham, James Fahey

Guests Speakers:

Louella Tobias, Oshkaabewis (Traditional Knowledge Keeper), Wabano Centre for Aboriginal Health
Allison Fisher, Executive Director, Wabano Centre for Aboriginal Health
Cal Crocker, Executive Vice President and Chief Financial Officer, Royal Ottawa Health Care Group
Simone Thibault, Executive Director, Centretown Community Health Centre
Patricia Vincent, Community member
Kaeden Seburn, Community member

1 Call to Order

The meeting was called to order at 12:00pm

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*
- X Personnel Matters*
- X Labour Relations*

To receive confidential information relating to:

- 3.1 Approval of confidential minutes September 27, 2017*
- 3.2 Chair’s Report*
- 3.3 CEO’s Report*
- 3.4 Broader Public Sector Executive Compensation*

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

- Chantale LeClerc*
- Sylvie Bleau*
- Amber Kayed*

Moved: Randy Reid / Seconded: Abebe Engdasaw
All in favour
Carried

BREAK (5 minutes) & return to public session

**4 Welcome / Elder opening ceremony & and introduction
Chair’s report & in-camera report**

The Board Chair welcomed Board members and guests and acknowledged that the meeting was held on unceded Algonquin territory. Jean-Pierre Boisclair thanked Allison Fisher and her team for hosting the LHIN Board meeting at Wabano Centre for Aboriginal Health.

Louella Tobias, an Indigenous Elder and Oshkaabewis (Traditional Knowledge Keeper) at Wabano Centre for Aboriginal Health, opened the meeting by speaking of her experiences preserving her indigenous culture and the impact culture can have on health.

Guests were reminded about the rules of engagement for the LHIN’s public board meetings and were invited to engage with board members and other guests during breaks and at the end of the meeting. Participants were invited to introduce themselves.

In-Camera Report:

- The Chair indicated that the Board received confidential information regarding the Broader Public Sector Executive Compensation Act. The Board was asked to approve the LHIN’s submission to the Ministry, which is due November 30. The framework will be posted publicly for input once the LHIN is authorized to do so by the Ministry of Health and Long Term Care.

5 Approval of agenda

There being no amendment, the agenda was approved as distributed.

Moved: Gregory Taylor / Seconded: Diane Hupé

All in favour

Carried

6 Update from Indigenous Health Circle Forum

Allison Fisher, Executive Director of Wabano Centre for Aboriginal Health and co-Chair of the Indigenous Health Circle Forum, and Donna Lyons, Aboriginal Engagement Specialist at the Champlain LHIN, provided an update on Indigenous health priorities and investments on behalf of the Indigenous Health Circle Forum. The Circle is comprised of volunteers, representing First Nations, Inuit, and Métis populations. Emphasis was placed on the many challenges that the Indigenous community face, which are amplified by a high disease burden and low number of resources. A continual need to engage with Indigenous organizations in order to address gaps in healthcare services was expressed.

An update was given on the Circle's four key priorities:

- 1) Mental Health & Addictions: The recent Now Now Now report outlines the need for culturally-based, youth-focused, and Indigenous-led care. Organizations have a responsibility to meet the needs of Indigenous clients and should have a clear directive to ensure accountability.
- 2) Indigenous Cultural Safety Training: The addition of an Indigenous cultural sensitivity obligation in the Champlain LHIN accountability agreements has resulted in 95 LHIN-funded organizations providing some training to their employees. Internal LHIN strategies to increase cultural sensitivity include employee training via webinars, cultural events, and coursework.
- 3) Chronic Disease: Ms. Fisher emphasized that diabetes and chronic diseases are large issues in this population, with very little support for children & youth. There is a need for service navigation and additional resources for Indigenous populations. The Champlain LHIN has funded several studies on Indigenous needs and diabetes management programs. A diabetes engagement specialist position has also recently been funded.
- 4) Community Wellness: The Ind-Equity Framework was developed at the Health Equity Think Tank. The Champlain LHIN has provided funding for the Now Now Now Conference in March 2018, at which the Framework will be validated.

Board Members were invited to ask questions, with discussion including: youth diabetes and mental health programs being the more impactful areas that the LHIN can fund; the sources of funding that Wabano receives; and comorbidities that the older population experiences.

The Chair thanked and commended Ms. Fisher, Ms. Lyons, and members of the Indigenous Health Circle forum for their leadership, work and partnership with the LHIN.

7 CEO's Report

Chantale LeClerc provided details on activities outlined in her monthly report, which was pre-circulated to Board members.

- Clinical leads: The LHIN has made progress in appointing clinical primary care leads. Offers have been made to successful candidates and contracts are being finalized. The anticipated start date is December 1. The scope of work will include aligning the Health Link regions with the sub-regions and engaging with primary care.
- Engagement in sub-regions: The LHIN will hold multiple engagement sessions for stakeholders and members of the informed public in each of 5 sub-regions. There is an interest in ensuring services are distributed and coordinated appropriately for the local population. The calendar of engagement sessions will be shared with the Board.
Action: LHIN staff
- Quality Based Procures: Hip and Knee Wait Times: Clarification was provided on the possibility to reallocate surplus LHIN funding for the in-home portion of care provided to people having a hip or knee replacement to more elective surgical procedures. In the past and at the Ministry's discretion, funds could be reallocated to hospitals from the CCAC if hospital target wait times were achieved and there were additional resources available.

MOTION:

That the Board of Directors approves the CEO's monthly report for the period of October 14 to November 10, as distributed.

Moved: Abebe Engdasaw / Seconded: Pierre Tessier
All in favour
Carried

8 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:

8.1 Minutes of September 27, 2017

Moved: Wendy Nicklin / Seconded: Greg Taylor
All in favour
Carried

NEW BUSINESS

9 Update on Opioid Strategy

Rod Olfert, Senior Integration Specialist at the LHIN, provided an update on the Champlain LHIN's Opioid Investment Strategy. Regionally, the rates of opioid-related death and emergency department visits have increased, mainly due to a fentanyl-tainted drug supply. Impacts of the crisis have been observed in every aspect of the health system, as increased demand for services and an increased complexity of patients is seen.

As part of the provincial strategy, the LHIN has made new investments in enhancing addiction supports and harm reduction services. The \$1.73 million funding was allocated to community services, with the following considerations in mind:

- Expanding the scope of practice of primary addictions providers and nurse practitioners to meet the increasing need for pharmacological interventions
- Increasing case management resources to better coordinate service delivery for clients
- Triaging and prioritizing opioid-related cases by health service providers
- Understanding the need to individually assess clients in order to provide holistic and appropriate care
- Increasing access to addictions services and specialized resources in order to intervene with the daily risk of opioid-related overdose and death

Funding was allocated based on the demand for service, with Ottawa having the largest demand. Additional investments were made in Western Champlain and Eastern Champlain as well.

During the question period, comments were raised regarding the types of tracking tools available in the region. Mr. Olfert indicated that the recent investments and their associated obligations focus more on outcomes, rather than output, and will share details of these outcomes with the Board as they become available.

10 Voluntary Integration of a Mental Health Hospital Information System (HIS) cluster

Amir Afkham, Digital Health Program Lead at the LHIN, provided an overview of the Ministry's direction on a Hospital Information System strategy, which promotes standardization of information collection between health service providers. Organizations are to explore regional or specialty area partnering opportunities. The Royal Ottawa Health Care Group is pursuing a voluntary integration into an existing HIS partnership between two mental health hospitals, Waypoint Centre for Mental Health and Ontario Shores Centre for Mental Health Sciences. As this is a voluntary integration, the Board must indicate whether or not it objects to it.

Cal Crocker, Executive Vice President and Chief Financial Officer of the Royal Ottawa Health Care Group, provided an overview of the hospital's current HIS system. The current system, Meditech, is not catered to the mental health sector. Upon assessment, the Royal believes that partnering with an existing mental health HIS cluster is the most cost-effective means of achieving a robust electronic health record for its patients. This approach also has a significantly shorter implementation timeline than local partnership options. There is no need for additional LHIN funding, as the cost of the system will be absorbed by a combination of Foundation funds and amortization over a ten year period. There are no foreseeable risks to this approach beyond the expected change management required.

Upon analysis, LHIN staff recommend allowing the integration to proceed as this approach is well aligned with the provincial strategy and our local priorities, and will improve the health of patients in the region with minimal additional costs.

There were no additional questions or comments from the Board.

MOTION:

WHEREAS the Local Health System Integration Act, 2006 (the “Act”), section 27. (1), allows for health service providers to integrate services with those of another person or entity; and

WHEREAS Section 27(3) (a) of the Act requires a health service provider to give notice to a LHIN of any integration that relates to services that are funded, in whole or in part, by the LHIN; and

WHEREAS The Board of Directors of The Royal, the Ontario Shores Centre for Mental Health Sciences, and the Waypoint Centre for Mental Health, have endorsed the Voluntary Integration of Hospital Information Systems between The Royal, Waypoint, and Ontario Shores; and

WHEREAS LHIN staff’s analysis of the proposed integration concludes that it is well aligned with the LHIN’s strategic priorities;

BE IT RESOLVED that the Champlain LHIN Board of Directors has received the Notice of Intended Integration under Section 27 of the Local Health System Integration Act between The Royal, Ontario Shores Centre for Mental Health Sciences, and Waypoint Centre for Mental Health, and will not issue a decision that will stop this integration.

Moved: Diane Hupé / Seconded: Pierre Tessier

All in favour

Carried

BREAK (10 minutes)

11 Planning for culturally safe services for trans, two-spirit, intersex and gender diverse communities

James Fahey, Director of Health System Planning at the LHIN, and Simone Thibault, Executive Director of Centretown Community Health Centre, provided an update on the work of the LHIN-funded Regional Planning Table for Trans, Two-Spirit, Intersex and Gender Diverse Communities. The group aims to engage community members and service providers to more appropriately plan for the needs of the community and ensure that gender affirming health services are readily available. The Board members were encouraged to ask questions to increase their understanding of these populations.

Kaeden Seburn and Patricia Vincent, community members of the Planning Table, presented on their personal experiences with the healthcare system. Mx. Seburn is the youngest member of the Regional Planning Table and expressed that, while providers are well-

intentioned, they lack knowledge about the resources available to the trans community. Ms. Vincent spoke of her experiences seeking services for her transgendered son, including challenges receiving parent and family support and the uncertainty of whether care that was received was competent. Both indicated that system navigation often occurs informally through peers.

A report developed by the Table was pre-circulated to Board Members and outlined common issues faced by gender diverse populations, including:

- A lack of cultural competency amongst service providers and lack of understanding of intersectionality of some populations
- Difficulty navigating the system to obtain appropriate care
- A low number of resources available for the increasing demand
- Limitations in data collection and a need to develop tools that will accurately record demographic information while maintaining patient safety and comfort
- A desire by service providers to increase their cultural competency for gender-diverse populations

The report included nine recommendations to improve the health system for these communities, including a need for advocacy at the provincial level. Ms. Thibault indicated that planning for gender diverse communities should become a part of mainstream services, rather than a specialty service.

Board members were invited to ask questions and the following topics were discussed: competency of care, system navigation, and acceptance of gender diversity in other sectors. The Chair thanked the group members for sharing their experiences and commended the work of the Regional Planning Table.

12 **Board committee stewardship reports and matters arising therefrom:**

12.1 Governance

A verbal report was given from the November 1, 2017 committee meeting. Business tabled at the committee included: the use of mobile devices to conduct Board business, tracking changes to the Committee workplan, and future recruitment in relation to the Board's skills matrix. The Committee Chair also presented a summary of the on-boarding experiences of new Board members. The draft 2018-19 meeting schedule was shared with Board members and Committee Chairs were asked to review the proposed dates with their Executive Leadership Team leads. Motions were tabled in relation to committee evaluations and changes to two policies.

MOTION:

That the Governance Committee recommends that each Board Committee perform a verbal self-assessment and present findings to the Board in March 2017.

Moved: Jean-Pierre Boisclair / Seconded: Pierre Tessier

All in favour

Carried

The Disclosure of Wrongdoing Policy was amended to incorporate changes to the Treasury Board reporting obligations:

MOTION:

That the Governance Committee recommends that the Board approves the Disclosure of Wrongdoing policy, as amended.

Moved: Jean-Pierre Boisclair / Seconded: Diane Hupé

All in favour

Carried

The Orientation and Continuing Education for Board Directors policy was updated to reflect the Patients First Act:

MOTION:

That the Governance Committee recommends that the Board approves the Orientation and Continuing Education for Board Directors policy, as amended.

Moved: Jean-Pierre Boisclair / Seconded: Wendy Nicklin

All in favour

Carried

12.2 French Language Services

The Committee met on October 30. The Committee Chair provided an update on recent events, including: the designation of Centretown Community Health Centre and the Ministry's French Language Health Services Forum. The 2017-18 workplan between the Champlain LHIN, the South-East LHIN, and Réseau des services de santé en français de l'Est de l'Ontario was shared with Board members.

MOTION:

That the French Language Services Committee recommends that the Board approves the 2017-18 work plan of the 2016-2019 Joint Action Plan, as presented.

Moved: Pierre Tessier / Seconded: Diane Hupé

All in favour

Carried

12.3 CEO Performance Evaluation & Compensation

The Committee met during a special meeting on November 9, in which the Broader Public Sector Executive Compensation Act was discussed. An update was provided to Board members in-camera

12.4 Finance & Audit

The Committee met on November 20 (minutes will be shared as part of the December 13, 2017 package). The limit of available personal support workers and their effect on the waitlist for home care services and a forecasted surplus in 2017-18 was discussed. Management was asked to provide a report on leasing agreements and office locations at a future Committee meeting. An update of the LHIN's insurance policy was provided.

12.5 Quality

A verbal report on the November 21 meeting was provided (minutes will be shared as part of the Dec. 13 meeting package). The update included the status of the home & community care wait list, in which funding is available but sufficient human resources are not available to meet demands. A schedule for performance reporting, a review of the current ethical framework for decision making, an update on accreditation, and the revision to the MAiD policy were also shared with the Committee. The Quality Committee will not meet in December.

MOTION:

That the Quality Committee recommends to the Board that the CEO be allowed to engage with Accreditation Canada and propose the option to submit an interim report, resulting in 6-12 month extension for submission.

Moved: Wendy Nicklin / Seconded: Pierre Tessier

**All in favour
Carried**

The LHIN's Medical Assistance in Dying (MAiD) Policy was revised to allow the LHIN's nurse practitioners to assess eligibility for MAiD and, in exceptional circumstances, prescribe or administer MAiD medications:

MOTION:

That the Quality Committee recommends that the Board approve the LHIN's Medical Assistance in Dying Policy, as amended.

Moved: Wendy Nicklin / Seconded: Diane Hupé

**All in favour
Carried**

13 Other Business

No other business was tabled.

14 Adjournment of Meeting/ Elder Closing Ceremony

Luella Tobias closed today's meeting. The meeting adjourned at 5:10pm

**Motion to Adjourn:
Moved: Greg Taylor**

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

Chantale LeClerc
CEO
Champlain Local Health Integration Network