

**Erie St. Clair Local Health Integration Network  
(ESC LHIN)**

**Open Board Meeting  
Minutes  
Tuesday, June 23, 2015**

**ESC LHIN  
180 Riverview Drive, Chatham, ON  
Lake Erie Boardroom**

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**Present:**

Martin Girash, Board Chair  
Michael Hoare, Board Vice Chair  
Barb Bjarneson, Board Director  
Robert Bailey, Board Director  
Joseph Bisnaire, Board Director  
Lindsay Boyd, Board Director

**Staff:**

Gary Switzer, CEO  
Ralph Ganter, Senior Director (HSD&I)  
Shannon Sasseville, Director (C&PA)

**Recorder:**

Ruth Augi, Corporate Coordinator

**Regrets:**

Mike Lowther, Board Director  
Pete Crvenkovski, Director (PQ&KM)

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**1. Call to Order / Welcome**

The Open Board Meeting of the Erie St. Clair LHIN was called to order at 1:04 pm by Martin Girash, Board Chair.

**2. Approval of Agenda**

The agenda (*on file*) of the Open Board Meeting dated June 23, 2015 was approved by the Board.

**MOTION: *Moved by Robert Bailey and seconded by Lindsay Boyd that the agenda of the Open Board Meeting dated June 23, 2015 be approved.***

**Motion Passed**

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**3. Declaration of Conflict of Interest**

None declared.

**4. Open Mic**

Jeff Wesley, Board Chair, Sydenham District Hospital, Wallaceburg addressed the Board highlighting the importance of local, accessible health care for Wallaceburg and Walpole Island, as well as for communities outside of Chatham-Kent and Sarnia/Lambton. Mr. Wesley provided the Board with a package of information that included letters of support from the community and a briefing of a meeting with the Minister of Health. The Board Chair, Martin Girash and members of the LHIN Board thanked Mr. Wesley and noted that his concerns had been heard. A recap of Mr. Wesley's comments is noted in the Board Highlights (*on file*).

**Patient Experience – Video / Story**

A video was displayed at the Board meeting highlighting the Mental Health Response Unit with Essex County OPP which was started in 2014. A recap of the video message and details is noted in the Board Highlights (*on file*).

**5. Approval of the Consent Agenda**

The ESC LHIN Board approved or accepted (as required), by a single Consent Motion, the following items (*all on file*):

- #5.1 Minutes:
  - ESC LHIN Open Board Meeting Minutes of May 26<sup>th</sup>, 2015
- #5.2 Receipt of Committee Minutes
  - #5.2.1 Governance & Nominating Committee
    - Approved Committee Minutes of May 4<sup>th</sup>, 2015
- #5.3 Committee/ Council Recommendations
  - #5.3.1 Quality Council/ Committee
    - Recommendation - Council Meeting of June 16<sup>th</sup>, 2015
- #5.4 Health Service Provider Financial Review

Barb Bjarneson, Co-Chair, Quality Council / Committee noted that there is a need for one (1) more ESC LHIN Board Member to sit on the Quality Council / Committee.

**MOTION: *Moved by Michael Hoare and seconded by Joseph Bisnaire that the ESC LHIN Board approve the Consent segment of the Agenda of June 23, 2015 as presented.***

**Motion Passed**

## 6. Reports

### 6.1. Board Chair

Martin Girash, Board Chair spoke to a written report (*on file*) which was distributed to the Board prior to the Board Meeting, highlighting the work being done by the Code Stroke Strategy in Windsor. The Board Chair acknowledged the importance of the strategy in developing an improved response to patient needs.

**MOTION: Moved by Lindsay Boyd and seconded by Robert Bailey that the ESC LHIN Board receive the Board Chair Report as presented.**

**Motion Passed**

### 6.2. Chief Executive Officer

Gary Switzer, CEO spoke to a written report (*on file*) which was distributed to the Board prior to the Board Meeting highlighting the ongoing work of the ESC LHIN Addiction Strategic Plan. Over 31 focus groups have been held, with 250 participants, and a survey was developed and distributed. The feedback will help to develop the Addiction Strategic Plan. Highlighted matters also included; a successful Audit Report by the LHIN's external auditors; Newcomer/Immigrant Planning and a patient care path and action plan for 2015-16.

**MOTION: Moved by Joseph Bisnaire and seconded by Lindsay Boyd that the ESC LHIN Board receive the CEO Report as presented.**

**Motion Passed**

## 7. Strategic Discussion

### 7.1. Collective Impact Model

Gary Switzer, CEO introduced Carol Derbyshire, Executive Director, The Hospice of Windsor and Essex County and Deb Sattler, Community Impact Project Lead, The Hospice of Windsor and Essex County, who spoke to a PowerPoint presentation (*on file*) and residents' stories (*on file*) outlining the Windsor-Essex citizen-driven community care system designed without borders, which will optimize personal, neighbourhood and community assets to improve life and living through the education of agencies and the community, as a whole, to identify residents' needs. The initiative will engage the entire county via a citizen design table; 120 organizations – all sectors; 300 champions; 10,000 citizens & their families. The project is currently in the building phase and an early adopter launch is expected in the fall of 2015.

@ 1:46 pm – Board Member Lindsay Boyd left the meeting

Martin Girash, Board Chair thanked Ms. Derbyshire and Ms. Sattler.

@ 1:49 pm – Board Member Lindsay Boyd re-entered the meeting

## 7.2 Ministry / LHIN Performance Agreement (MLPA)

### Performance Discussion – Indicator Scorecard

#### 7.2.1 Chronic Long-Term Mechanical Ventilation (CLTMV) Strategy

Ralph Ganter, Senior Director, Health System, introduced Janice Kaffer, CEO Hôtel-Dieu Grace Healthcare (HDGH) and Dr. Eli Malus, Critical Care Physician Lead (ESC LHIN) who in turn introduced John Norton, Director, Operational Projects, HDGH and Francine Stadler – Program Coordinator, CLTMV, HDGH. Ms. Kaffer spoke to a PowerPoint presentation (*on file*) which had been distributed to the Board prior to the Board Meeting and Dr. Malus provided background and the need to have appropriate patients in critical care highlighting: “right patient – right care – right time”; expected outcomes and next steps. Peer support and family support and mobile teams will be a considered component as well as the training of patients and families will occur in transition beds rather than in the ICU.

Board Chair, Martin Girash thanked Ms. Kaffer, Dr. Malus, Mr. Norton and Ms. Stadler.

It was noted that this initiative cannot be funded incrementally, rather all components need to be funded simultaneously.

**MOTION: Moved by Lindsay Boyd and seconded by Barb Bjarneson that the ESC LHIN Board directs that LHIN staff work with Hôtel-Dieu Grace Healthcare and its community partners to finalize a comprehensive business case for a Regional Chronic Long Term Ventilator and Acquired Brain Injury program for submission and consideration to the Ministry of Health and Long-Term Care.**

**Motion Passed**

## 8. Funding

### 8.1. Funding Framework Guideline

#### 2015 / 2016 Community Investments (New Funding Not Yet Determined)

Ralph Ganter, Senior Director, Health System spoke to a PowerPoint presentation (*on file*) displayed at the Board Meeting and a briefing note (*on file*) distributed to the Board prior to the Board Meeting outlining the need to establish an overall funding framework (in anticipation of Ministry of Health and Long-Term Care (MOHLTC) funding allocations) that will provide guidance for decision making in regard to the distribution of community related funding within the 2015/2016 fiscal year (FY). The primary intention of any funding enhancements provided in the current FY will be to improve patient outcomes, to drive the effectiveness of the system, and to have a positive impact on overall health system efficiency.

Further, funding investments will focus on improving the system pillars of capacity, capability, competencies and coordination, however, will **not** focus on inflationary increases or back office increases. Inflationary pressures will be primarily supported by efficiencies and greater back office integration. All new funding will be prioritized for incremental volume, program expansion or coordination improvements. The over-arching objective of the ESC LHIN for the current fiscal year is to reduce admissions, visits and revisits to HSPs in our region.

It was noted that everyone must find greater efficiencies, as the LHIN does not fund inflationary pressures.

**MOTION: Moved by Michael Hoare and seconded by Lindsay Boyd that the Erie St. Clair LHIN Board:**

- 1) approves in principle the proposed ESC LHIN Funding Framework Guideline that can be utilized for any new funding decision-making in fiscal year 2015/2016,**  
**and;**
- 2) endorses and delegates to the Chief Executive Officer and Board Chair, distribution of funding as per the funding framework,**  
**and;**
- 3) that the Chief Executive Officer and Board Chair report to the ESC LHIN Board at the September 2015 Board Meeting, the distribution of funding as per this framework.**

**Motion Passed**

@ 2:31 pm – Board Chair, Martin Girash left the meeting

@ 2:34 pm – Board Chair, Martin Girash re-entered the meeting

## **8.2. Chatham-Kent Health Alliance**

### **8.2.1 MediaMed**

Gary Switzer, CEO spoke to a Request For Funds (*on file*) distributed to the Board prior to the Board Meeting outlining Chatham-Kent Health Alliance (CKHA), through its Health Link Partners, request for one-time funding in fiscal 2015-2016 and one-time funding in fiscal 2016-2017 to plan, design, implement, and research a clinical protocol initiative using the MediaMed Technologies Med GPS clinical adopter model and related software. CKHA has already invested in technology and resources. This unique partnership initiative was launched as a project between the MediaMed Corporation, Ivey International, CKHA and Transform Shared Services, with the initial project aim of transferring the knowledge acquired from the management of frequent users of the Quebec Health System to the Ontario Health system, as well as develop the technical adaptation of Med GPS software product. The target for the initiative is to capture a total of 300 patients. This initiative will coordinate multi-care with the hope of being rolled-out across all of ESC LHIN.

**MOTION: Moved by Robert Bailey and seconded by Lindsay Boyd that the ESC LHIN Board approves \$387,840 one-time funding in fiscal 2015-2016 and \$223,340 one-time funding in fiscal 2016-2017 for the support of the phase 2 MediaMed Technologies Project.**

**Motion Passed**

### 8.3. Erie St. Clair Community Care Access Centre (CCAC)

#### 8.3.1 Collective Impact Model

Gary Switzer, CEO spoke to a Request For Funds (*on file*) distributed to the Board prior to the Board Meeting outlining the grass roots coalition of partners, led by The Hospice of Windsor and Essex County to develop and implement a Collective Impact Model. The model will involve the creation of a Community Trust, which through its broad partnership that includes all aspects of civic, service, and community life, will work together to optimize the full range of community assets, holistic support, and social connections available in the community so all citizens may achieve their highest quality of life. In addition, the model is based on the concept that communities can work smarter with what they have to improve support for aging and other priority populations, and optimize cost/resource use (short-term); building the high-quality places where people want to live and work (medium-term) to catalyze human development and whole population well-being (longer-term).

The coalition has developed a three point plan that includes the following high level goals:

- Reveal our heart (and build our engine). Ensure all citizens who are part of a defined group receive compassionate care, that is, care that is joined up across citizens, caregivers, and communities (3C2) and that is predictive, preventative, personalized, participatory, and population-based (5P)
- Collaborate and innovate. Utilizing ideahive.ca, connect partners to innovate and advance action on priority community issues such as enhanced citizen and caregiver coaching, navigation, education program, and volunteers who are trained to work across boundaries
- Aspire to be better. Set ambitious goals on shared outcomes that matter to citizens and communities, and measure progress at multiple levels, using feedback to improve

More specifically, the coalition has set performance targets over a two to three year term following the establishment of the community trust, which includes:

- Eliminated the access gap for 10,000 county residents with personal support, dementia or end of life care needs to a more optimized program of care
- 5 – 10% reduction of sub-optimal resource use at a community population level for each of these groups (e.g. avoidable hospitalizations, days in hospital in last three months of life, deaths in hospital, etc.) with potential for further year over year reductions
- Reduced care-giver distress (target TBD)
- Achieved high rates of patient and family reported experience and perceived health (target TBD)

Funding will flow through the CCAC.

**MOTION:** *Moved by Joseph Bisnaire and seconded by Barb Bjarneson that the ESC LHIN Board approves the request for up to \$214,490 on a one-time basis, via a reallocation of surplus funding from operating dollars from the Chatham-Kent and Leamington Hospices (held by the ESC CCAC), with the requirement that ESC LHIN staff present a review of the Collective Impact/Community Trust Model at a future date in conjunction with an additional funding request for 2016/17 operating funding.*

**Motion Passed**

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**9. New Business****9.1 Leamington District Memorial Hospital (LDMH)****9.1.1. Proposed Integration Decision**

Martin Girash, Board Chair spoke to the background and process to date including the work of the Expert Panel and thirty (30) day community feedback timeframe. Ralph Ganter, Senior Director Health System spoke to a Briefing Note (*on file*) distributed prior to the Board Meeting highlighting:

- Overall Themes of the Written Submission
- Detailed Analysis of the Written Submissions
- Why the ESC LHIN was directing the integration
- How the ESC LHIN determine what was in the public interest
- the ESC LHIN consideration re: transparency, quality improvement, fiscal responsibility, public reporting, and value for money, consistency and timely access to care in its deliberation.
- What the advantages and disadvantages were re: proceeding with the integrations
- What the supporting views were from the written submissions
- What the opposing views were from the written submissions
- What analysis had been done on the intention of the decision
- Why the opposing views were persuasive or not

It was suggested that consideration be given to the Expert Panel or a risk management structure be put in place to evaluate the outcome of any simulation exercises.

**MOTION:** *Moved by Joseph Bisnaire and seconded by Barb Bjarneson that the ESC LHIN Board continues to move forward with the proposed integration decision, as written. ESC LHIN staff also recommends the following supplemental actions:*

- *That work continues on the development of the Navigation Centre with a target of receiving a briefing of the final model's structure and parameters of services within the third quarter (Q3) of the current fiscal year.*
- *That in the development of the Navigation Centre Model, a simulation exercise occur. The results and outcomes of the simulation exercise will be summarized in a readiness assessment report to be shared with the Board prior to the Navigation Centre's formal operation.*
- *That ESC LHIN staff work with LDMH on the cost structure and care model of the obstetrics service in order that the service is more in line with the notional funding provided by Ministry of Health and Long-Term Care (MOHLTC) sources.*
- *That ESC LHIN staff work with the MOHLTC on temporary financial support for the expansion of the slow stream rehabilitation beds until the impact of the expanded beds is fully recognized through the hospital's funding formula impact.*

**Motion Passed**

It was suggested that the status quo be maintained at LDMH until points #1 and #2 of the above motion are realized. LDMH is currently recruiting for a second obstetrician / gynecologist with the assistance of Dr. Renato Natale and Health Force Ontario. It was further noted the importance of a run through / simulation exercise to test the operational theory of the Navigation Centre and the estimated implementation by March 31, 2016.

@ 3:13 pm – Board Break

@ 3:36 pm – Board resume the Open Board Meeting

## **9.2 Bluewater Health – Pre-Capital Submission**

### **9.2.1 Community Hub of Addictions and Mental Health Services**

Ralph Ganter, Senior Director, Health System provided a verbal update to the Board referencing a meeting with withdrawal management and the status of the community hub concept for addictions and mental health services.

### **9.2.2 Charlotte Eleanor Englehart Hospital (CEEH)**

#### **Part A – Rural Health Capital Improvement Plan**

Ralph Ganter, Senior Director, Health System spoke to a briefing note (*on file*) distributed to the Board prior to the Board Meeting highlighting the endorsement of this submission allows for the work to begin between the Ministry of Health and Long-Term Care (MOHLTC), and the ESC LHIN regarding the alignment of CEEH's "Own Funds" proposal - a three-phase approach through a capital asset request. to modernize and upgrading services within CEEH hospital. The development of CEEH supports a longer-term strategy to maximize core acute care services and ambulatory care services while sustaining diagnostic imaging, laboratory, and emergency services for the rural community. CEEH is highly regarded in the local community, and is an integral part of the municipality's vision towards a consolidated health campus in the Town of Petrolia.

**MOTION: Moved by Michael Hoare and seconded by Lindsay Boyd that the ESC LHIN**

**Board endorses the CEEH Pre-Capital Submission – Part A Rural Health**

**Capital Improvement Plan Capital Proposal as submitted by CEEH,**

**and;**

**That the ESC LHIN staff forward the submission of the CEEH Pre-Capital**

**Submission – Part A Rural Health Capital Improvement Plan Capital Proposal to**

**the MOHLTC for the alignment work that will take place in preparation for the**

**Part B – Pre-Capital Proposal approval.**

**Motion Passed**



### 9.3 Facilitated Integration

#### 9.3.1 Life After Fifty Services / Community Services Centre of Essex County

Ron Sheppard, Health System Manager, Chatham-Kent introduced Calvin Little, Director, Life After Fifty who was in the audience. Ron spoke to a briefing note (*on file*) distributed to the Board prior to the Board Meeting highlighting the LHIN's support of deliberation on the proposed facilitated integration and transfer of services from Life After Fifty (LAF) (formerly Centre for Seniors Windsor) to Community Services Centre of Essex County (CSCEC). Written notice was received by the ESC LHIN (submitted at the May 25, 2015 ESC LHIN Board Meeting) from each of the parties indicating their intentions to transfer transportation services from Life After Fifty (LAF) to CSCEC, including program funding, staffing, and assets (i.e. vehicles). ESC LHIN staff has been actively engaged in dialogue between the parties to support the agreement to transfer the program, based on their own initiative and mutual interest. In the notice of intention to integrate services, both parties have indicated that the transfer aligns with the strategic directions of their respective organizations, and represents an opportunity to enhance services through the leadership of CSCEC as the lead agency for community transportation services in Windsor/Essex. As the lead agency for community transportation services in Windsor/Essex, CSCEC has been integral in coordinating and managing the region-wide implementation of TripSpark, (scheduling, client management, tracking software for transportation providers), as well as co-leading the regional vehicle replacement and procurement strategies. Additionally, CSCEC is the regional provider and coordinator for dialysis transportation. CSCEC's community transportation service covers Tecumseh and Lakeshore providing approximately 14,500 rides annually to 400 clients. Due to the current collaboration of LAF and CSCEC, and the common use of the integrated TripSpark systems, services are anticipated to transition seamlessly.

LAF has a vehicle for medical transfers which is not funded by the LHIN and will maintain / continue that service. Calvin Little addressed the Board and advised that as safety, security and home visits were primary concerns, it was best to integrate transportation between the two organizations.

**MOTION: *Moved by Barb Bjarneson and seconded by Robert Bailey that the ESC LHIN Board approves the facilitated integration and transfer of transportation services from Life After Fifty (LAF) to Community Services Centre of Essex County (CSCEC), including program funding, and assets (i.e. vehicles).***

**Motion Passed**

#### 9.4 Long-Term Care Home Service Accountability Agreement (LSAA) Negotiations

Gary Switzer, CEO advised the Board that he sits on the Ministry/LHIN Performance Agreement review committee and the LSAA is being reviewed by a negotiation group. The CEO spoke to a briefing note (*on file*) distributed to the Board prior to the Board meeting highlighting areas where LHINs need to act together, the Ministry of Health and Long-Term Care (Ministry)-LHIN Memorandum of Understanding (MOU) requires that each LHIN must respect and abide by the position approved by a two-thirds majority of LHINs. The 14 LHIN Board Chairs and CEOs meet regularly and have established a process to represent the LHINs in their consultations and negotiations. In this case, the CEO Council has identified the need for a LSAA Negotiating Team. The CEO Council has defined the LSAA Negotiating Team's mandate to act on behalf of the LHINs in discussions at the LSAA Advisory Committee, and it has selected its membership of 3 CEOs. Further, the LSAA Negotiating Team will report back to the CEO Council on their progress as needed.

**MOTION:** *Moved by Joseph Bisnaire and seconded by Michael Hoare that the ESC LHIN Board authorizes an LSAA Negotiating Team with representation from three (3) LHIN CEOs (Central East, Hamilton Niagara Haldimand Brant and Waterloo Wellington LHINs) to act on behalf of the Erie St. Clair LHIN to coordinate and manage the consultation and negotiation process for the 2016-2019 LSAA.*

**Motion Passed**

#### 10. Action Items – Review Status & Update New Items

Ruth Augi, Corporate Coordinator reviewed the status of recorded Action Items.

It was noted that Michael Hoare, Board Vice Chair will lead a motivation presentation at the proposed ESC LHIN Annual Meeting along with the IHSP 4 and scorecard, tying all into a collaborative governance discussion. A tentative timeframe was suggested of early October 2015. The event would include governors and CEOs/EDs.

#### 11. Next Meeting

The Board discussed and confirmed the dates for the next ESC LHIN Open Board Meetings as follows:

- September 22, 2015 @ 1:00 pm - ESC LHIN Boardroom, Chatham, ON
- October 27, 2015 @ 4:00 pm – tentatively determined to be located at Grand Bend Area Community Health Centre (GBA CHC)
  - 4:00 pm to 8:00 pm
  - Board / staff tour prior to Board Meetings
  - Michael Hoare, Board Vice-Chair to initiate contact and details
- November 24, 2015 @ 1:00 pm – ESC LHIN Boardroom, Chatham, ON

**12. Adjournment to In Camera Session**

At 4:10 pm the ESC LHIN Board moved into an In Camera Session pursuant to LHIN Bylaws and section s.9(5) of the Local Health Systems Integration Act 2006 to discuss confidential matters re:

- o Personal or public interest
- o Matters prescribed by regulations

**MOTION: Moved by Lindsay Boyd and seconded by Robert Bailey that the Board move to an In Camera Session of the Open Board Meeting.**

**Motion Passed**

**13. Reconvene Open Board Meeting**

At 5:36 pm the Open Board Meeting of the Erie St. Clair LHIN of June 23, 2015 was reconvened.

**MOTION: Moved by Joseph Bisnaire and seconded by Robert Bailey that the Open Board Meeting of June 23, 2015 be reconvened.**

**Motion Passed**

**In Camera Session Report**

The ESC LHIN Board reported that the following confidential matters were discussed during the In Camera Session:

- o Personal or public interest
- o Matter prescribed by regulation

**14. Adjournment**

**MOTION: Moved by Robert Bailey and seconded by Barb Bjarneson to adjourn the Open Board Meeting at 5:38 pm.**

**Motion Passed**

APPROVED: \_\_\_\_\_



Martin Girash  
Board Chair  
Erie St. Clair LHIN

DATE: \_\_\_\_\_



