

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

**Open Board Meeting
Minutes** * amended (Page 9)
Tuesday, November 25th, 2014

**Walpole Island First Nations
Council Chambers
Walpole Island, ON**

Present:

Martin Girash, Board Chair
Mike Lowther, Board Director
Barb Bjarneson, Board Director
Robert Bailey, Board Director
Lindsay Boyd, Board Director

Staff:

Gary Switzer, CEO
Ralph Ganter, Senior Director (HSD&I)
Pete Crvenkovski, Director (PQ&KM)
Matthew Little, CFO

Regrets:

Michael Hoare, Board Vice Chair
Joseph Bisnaire, Board Director
Shannon Sasseville, Director (C&PA)

Recorder:

Ruth Augi, Corporate Coordinator

NOTE: Prior to ESC LHIN Open Board Meeting an opportunity was provided in the morning by the following speakers as an educational session with presentations and a question and answer dialogue with the LHIN Board (*all materials are on file*):

- Rex Isaac
 - Walpole Island Councilor, Health Portfolio – Background and History
- James Jenkins
 - Island first Nations Treaty Focus Session
 - Walpole Island First Nations: Backgrounder and History
 - Aboriginal Peoples' History
- Steve Tooshkenig
 - Bkejwanong Youth Facility Programs
- Meg Connelly
 - Home and Community Care Program
 - Home and Community Care Service Delivery Plan

Following the presentations the ESC LHIN Board was hosted to a traditional lunch by the Walpole Island First Nations Council, Elders and community.

Martin Girash, Board Chair presented gifts of friendship to Walpole Island First Nations Elder, Eric Isaac and Rex Isaac immediately following the adjournment of the Open Board Meeting.



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1. Call to Order / Welcome

The Open Board Meeting of the Erie St. Clair LHIN was called to order at 1:20 pm by Martin Girash, Board Chair.

It was noted there were thirty (30) members of the public in attendance and the meeting was being webcast.

2. Approval of Agenda

The agenda (*on file*) of the Open Board Meeting dated November 25th, 2014 was reviewed, amended and approved by the Board as follows:

- Consent Agenda Item #5.1
 - (*to be tabled at November 27th, 2014 "Special" Open Board Meeting*)
 - Open Board Meeting Minutes – September 23rd, 2014
 - "Special" Open Board Meeting Minutes – November 12th, 2014
- Consent Agenda Item #5.2
 - (*moved to discussion immediately following Consent Agenda*)
 - Health Service Provider Financial Review

MOTION: Moved by Mike Lowther and seconded by Lindsay Boyd that the amended agenda of the Open Board Meeting dated November 25th, 2014 be approved.

Motion Passed

3. Declaration of Conflict of Interest

None declared.

4. Open Mic

Rex Isaac, Walpole Island Councilor, Health Portfolio spoke to the LHIN Board referencing issues of conflict and concern regarding relationships with Walpole Island residents and the Chatham-Kent Community Health Centre (CK CHC) and requested a commitment from the LHIN with respect to their position, strategy and timeline to address the concerns shared today. Mr. Isaac wanted to know what cultural, sensitivity training was and/or would be offered to leaders and staff of the CK CHC.

The Board Chair, Martin Girash thanked Mr. Isaac for taking the time to address the LHIN Board and appreciated his views.

5. Approval of the Consent Agenda

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

- #5.3 Broader Public Sector Accountability Act 2010
 - Q2 2014/2015 Attestation (July 1, 2014 / September 30, 2014)
- #5.4 Committee / Council Recommendations
 - #5.4.1 ESC LHIN Governance & Nominating Committee
 - Recommendation - Council Meeting – April 15th, 2014

MOTION: Moved by Barb Bjarneson and seconded by Robert Bailey that the Erie St. Clair LHIN Board approve the amended Consent segment of the Agenda of November 25th, 2014 as presented.

Motion Passed

Health Service Provider Financial Review

Pete Crvenkovski, Director, Performance Quality and Knowledge Management, spoke to the review document (*on file*) providing clarification of the current status of the Community Care Access Centre (CCAC). The LHIN is working with the CCAC CEO and have invited the CCAC to present to the LHIN Board at our "Special" Open Board Meeting on November 27th, 2014 to outline their planning and process for the future.

MOTION: Moved by Barb Bjarneson and seconded by Mike Lowther that the Erie St. Clair LHIN Board approve the Health Service Provider Financial Review as presented.

Motion Passed

6. Reports

6.1. Board Chair Report

Martin Girash, Board Chair spoke to a written report (*on file*) which had been distributed to the Board prior to the meeting, highlighting future budgetary approaches to prevent a slash and burn budget method, rather a balanced budget and therefore a transitional approach is required with a message to health service providers (HPSs) about planning and transition, not immediate cuts.

The Board Chair addressed the following issues and attachments (*on file*) to his Report:

- Leamington District Memorial Hospital (LDMH) Proposal to Realign Services
- Ontario Judgement to Reject a Hospital Application to Remove an Aboriginal Girl from Her Family for Withdrawing Her from Chemotherapy
- Are There Negative Health Effects of Wind Turbines ?

noting there was a common theme among these issues – that we don't have all the answers. There was a lesson here that we need to listen to and learn from, often what we may think as best practice at this time may not prove to be the best practice in the future. Let's not always be too sure – we need to be open-minded.

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

Motion Passed



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6.2. Chief Executive Officer

Gary Switzer, CEO spoke to a written CEO Report (*on file*), which had been distributed to the Board prior to the Board Meeting, highlighting the good work being done on the addiction strategic plan which will be coming to the LHIN Board; the LHIN meetings with the hospitals regarding Pay-For-Performance (PFP); the announcement from the Ministry re: community funding and the LHIN's current work on the development of a funding strategy.

It was noted that the Board offered congratulations to the LHIN Communication Team on their continued efforts and hard work.

MOTION: Moved by Barb Bjarneson and seconded by Lindsay Boyd that the ESC LHIN Board receive the CEO Report as presented.

Motion Passed

7. Strategic Discussion

7.1. Developing Local Aboriginal Health Care Services Strategies

Ralph Ganter, Senior Director, Health System Design & Implementation introduced and spoke with Tanya Baniak, Aboriginal Lead, to a PowerPoint Presentation (*on file*) distributed to the Board prior to the Board Meeting highlighting aims:

- Improve patient outcomes, experiences and satisfaction by focusing on:
 - Reduced use of acute care resources/events (alternate level of care and emergency department)
 - Improved Outcomes in Chronic Disease Management
 - Improved Outcomes in Mental Health and Addictions
- Chronic conditions:
 - Diabetes prevalence is higher than the provincial average
 - Aboriginal population in Canada is 2.1 times more likely to have emergency appointment for asthma or chronic obstructive pulmonary disease (COPD)
 - Aboriginal people in Ontario have poorer overall health status and not receiving a proportionate level of primary care support or culturally safe care
- Objectives:
 - Reduced acute care/emergency department utilization from the current baseline (by minimum 10%)
 - Develop proactive approaches for the top three co-morbidities that lead to acute care use
 - Every patient with three or more co-morbidities cared for on an evidenced base care plan
 - Develop strategies for known hospitalization risks and ensure a personalized plan is in place
 - Improved access to culturally appropriate community and sub-acute services from the current baseline (by minimum 10%)
 - Identify and adopt best practices and resources where possible on initiatives that succeed locally

It was noted that the baseline data is aiming to achieve ongoing monitoring and is a starting point. LHIN staff will continue to research and use lead indicators from multiple sources and that community input will show weaknesses re: primary care and community needs. It will be important to start to think in terms of common community practice which may hopefully lead to holistic/cultural/traditional first nation's medicine. Kidney disease is a complication of diabetes therefore kidney disease is/will become a major health care need with stabilization beginning in London and then ongoing care in Chatham. Ralph Ganter acknowledged and thanked LHIN staff for their dedication to this initiative.

Board Chair, Martin Girash thanked Tanya Baniak and Ralph Ganter for their detailed presentation and information.

@ 2:50 pm – Break

@ 3:02 pm – Meeting resumed

8. New Business

8.1. ESC LHIN Annual Business Plan – Final Approval

Ralph Ganter, Senior Director, Health System Design & Implementation introduced Alec Anderson, Director, Chronic Disease Prevention & Management who spoke to the final draft of the ESC LHIN Annual Business Plan 2014/2015 (*on file*) which was first reviewed by the Board in January 2014; received comment from the Ministry and was delayed during the provincial election timeframe. Alec highlighted Mental Health & Addiction (page 6); Rehabilitative Care and Hospice Palliative Care (page 9); French Language Services (page 10) and Template edits (pages 21, 30 & 31). It is anticipated the Board will receive, in December, the LHIN's review re: Assess and Restore approach and future process.

Based on the Strategic Plan of the LHIN, March 16th, 2015 will be the future date designated to align the Integrated Health Service Plan (IHSP); the LHIN Strategic Plan and the Annual Business Plan (ABP). The Board noted that implementing changes cannot be achieved without ensuring LHIN patients have been provided with a transitional plan and requested transition always be included in future service plans and changes.

MOTION: Moved by Lindsay Boyd and seconded by Robert Bailey that the ESC LHIN Board approved the final draft of the Erie St. Clair LHIN Annual Business Plan 2014 / 2015 as reviewed by the Ministry of Health & Long-Term Care.

Motion Passed



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8.2. Windsor-Essex Community Health Centre (WE CHC) – Capital Project

Ralph Ganter, Senior Director, Health System Design & Implementation spoke to a Briefing Note (*on file*) which was distributed to the Board prior to the Board meeting, updating the Board regarding the WE CHC Functional Program (FP) Submission allowing the project to progress through the Capital Planning Process as it relates to Stage 2. While there are five (5) stages and (6) steps to the full process, the Stage 2 Functional Program (FP) Submission helps the health service provider (HSP) define the program parameters of the programs and services affected by the capital project, including:

- Future demand for services and its relationship to the other services and programs offered by the HSP,
- HSP's new vision with the proposed programs and services and its relationship to the LHIN and government priorities,
- Anticipated linkages with stakeholders within a defined service/catchment area, and:
- Detailed space requirements to accommodate the programs and services proposed.

The LHIN uses the program and service information provided in the FP to evaluate the alignment between local health system planning priorities, and the programs or services being proposed by the HSP. At the outset, the LHIN will assess the HSP's FP to justify program needs; particularly those services impacted by the proposed initiative, and will call upon the Ministry to provide an analysis of the physical solutions proposed. The operating cost estimates for the proposed facility were noted and identified as:

	Before HST	HST	Rebate	Net
Base Occupancy	\$ 89,844	\$ 11,680	\$ (8, 140)	\$ 93, 384
Utilities	\$ 42,531	\$ 5,529	\$ (3,853)	\$ 44, 207
Other Operating	\$ 72,254	\$ 9,393	\$ (6,546)	\$ 75, 101
Property Taxes	\$ 27,693	n/a	n/a	\$ 27, 693
TOTAL	\$232,322	\$26, 602	\$(18, 539)	\$240, 385

The space requirements for the proposed facility were noted and identified as:

Function	Square Footage
Primary Care	4,664
Common Space	6,423
Corridors, Vestibules, Circulation total	3,243
Gross Building Area	<u>14,330</u>

The programs and services affected by the project are those offered at the current Sandwich site. The location offers primary health care, chiropody, dietitian, mental health counselling, and community health promotion to a client base that is mainly low income and vulnerable.

- Primary health care services include appointment based primary care, dietetic counselling, lab services, and outreach.
- Mental health and addiction services and mental health counselling includes intake, assessment, intervention, education, referral and advocacy.
- Chronic disease services include diabetes wellness, Aging at Home, and chronic disease management.
- Health Promotion and Community Programs includes Food, Education, Exercise and Diversity, Morning Glory Moments (a post natal program), Well Baby/Pre and Post Natal Care, Eating Disorders, Bulimia and Anorexia Nervosa, Community Capacity Building Program (Substance Abuse), and Adolescent Substance Abuse Program.

It was noted that a match must be established between space needed and services to be provided.

MOTION: Moved by Barb Bjarneson and seconded by Lindsay Boyd that the Erie St. Clair LHIN Board endorse, as recommended by LHIN staff, the Windsor Essex Community Health Centre Stage 2 - Functional Program and service elements of the capital project, based on its analysis as submitted by the Windsor Essex Community Health Centre, and; that the Windsor Essex Community Health Centre forward the submission of the Windsor Essex Community Health Centre Stage 2 – Functional Program to the Ministry of Health and Long-Term Care to finalize its review of Part B (physical and cost element).

Motion Passed

8.3 House of Sophrosyne (HOS) – Capital Project

Ralph Ganter, Senior Director, Health System Design & Implementation acknowledged and thanked Sandra Lariviere, Health System Design Manager who was unavailable to attend today's meeting, and spoke to a Briefing Note (*on file*) which was distributed to the Board prior to the Board Meeting, the purpose of which was to provide the Board with an overview of the House of Sophrosyne (HOS) Pre-Capital Submission Part A – Program and Service Proposal. The briefing note also provided background information, staff analysis, and recommendations and was developed to allow the project to continue to progress through the capital planning process with completion of Part B – Physical and Cost Elements. It was noted the objective of the Pre-Capital Submission Part A is to provide the LHIN and the Ministry of Health and Long-Term Care (MoHLTC) the opportunity to review and provide an initial response to a health service provider's (HSP) intent regarding planning for a capital project. The Board was advised that the programs offered at the HOS are the only programs that accept pregnant women from all over the province, not only the ESC LHIN region. The proposal will address a long wait-time and bed availability and it is anticipated that if HOS engages in fund-raising, the beds could be ready for occupancy in as soon as 16 / 18 months.



MOTION: Moved by Robert Bailey and seconded by Barb Bjarneson that the ESC LHIN Board endorse the Pre-Capital Submission Part A - Program and Service Proposal as submitted by the House of Sophrosyne and recommended by LHIN staff.

Motion Passed

8.4 Chatham-Kent Community Health Centres (CK CHCs) and Windsor-Essex Community Health Centre (WE CHC) – Voluntary Integration Decision

Ralph Ganter, Senior Director, Health System Design & Implementation acknowledged and thanked Ron Sheppard, Health System Manager, Windsor-Essex for his hard work on this file, outlining the proposed voluntary integration under s27 (1) of the Local Health System Integration Act 2006 (LHSIA) between the Chatham-Kent Community Health Centres (CK CHCs) and the Windsor Essex Community Health Centre (WE CHC) highlighting the integration of the back office functions, between the CK CHCs and WE CHC regarding Finance and Human Resources as detailed in a Briefing Note (*on file*) which was distributed to the Board prior to the Board Meeting.

A recommendation from a third-party report of an Operational Resources Assessment Review earlier in 2014 was to explore back office partnerships that would bridge gaps and deficiencies identified in areas of financial acumen, polices and processes, as well as other functional areas of the business such as Human Resources, and IT. As subsequently confirmed by the CK CHC auditors, the 2013-2014 fiscal year closed with an unanticipated deficit, further identifying the need to look at financial policies and processes, and to identify efficiencies within the organization to ensure a balance budget at year-end fiscal year 2014-15.

The Board was advised the CK CHC proactively pursued partnership opportunities with the WE CHC in order to leverage their skills and structures through a back-office integration initiative. The resulting agreement between the two agencies is that the current WE CHC Director of Finance and Human Resources will provide co-management for the CK CHC's operating function. The agreement also merges the departments to service both agencies. In this model, the Directors will report to the Chief Executive Officers of both organizations. It was noted that this integration of back office functions is not a merging of the CH CHCs and WE CHC, as each organization will continue to have independent CEOs.

In addition to the Finance & Human Resource agreement with WE CHC, the CK CHCs have also entered into an IT agreement with Sunnybrook Hospital and a payroll agreement with Brockville General Hospital. It is the LHIN staff's position that these arrangements are purely service oriented whereby the CK CHCs will be sub-contracting with the noted agencies to receive support services for IT and payroll and therefore, the LHIN does not consider this an integration, rather an operational decision that does not require LHIN approval.

Both the Memorandum of Understanding with WE CHC and the agreements with Sunnybrook and Brockville Hospitals will be reviewed after six (6) months.



MOTION: Moved by Mike Lowther and seconded by Lindsay Boyd that the ESC LHIN support, as recommended by LHIN staff, the voluntary integration of back office functions between the Chatham-Kent Community Health Centres and Windsor-Essex Community Health Centres for Finance and Human Resources and that the Erie St. Clair LHIN Board take no further action with regard to the integration.

Motion Passed

8.5 Victoria Street Manor (Amherstburg)

Ralph Ganter, Senior Director, Health System Design & Implementation acknowledged and thanked Ron Sheppard, Health System Manager, Windsor-Essex for his efforts on this initiative, speaking to a Briefing Note (BN) (*on file*) which was distributed to the Board prior to the Board Meeting, updating the Board following their receipt of an initial Briefing Note of November 4, 2014 (*on file*). The current BN provides confirmation of a Motion passed by Essex County Council to approve the discontinuance of operations at Victoria Street Manor (VSM), effective January 31, 2015. This approval Motion of a change in services and funding by Essex County Council requires review by the LHIN Board as changing the funding provided to VSM under s. 25(1)(a) of the Local Health System Integration Act (LHSIA), indicates an integration of VSM's services. The recommended change in funding and the closure of VSM was based on facility concerns re: fire code as well as staffing levels. Community Care Access Centre (CCAC) has begun the assessment process for the residents of VSM to other facilities.

*** *Noted: the closure and assessment process for the residents being moved from the Victoria Street Manor location would have them be placed near to home and that the LHIN Board was assured that this would take place.***

The Board Chair complimented LHIN staff for their pro-active action and good risk mitigation approach to this issue.

MOTION: Moved by Barb Bjarneson and seconded by Robert Bailey that the ESC LHIN Board support, as recommended by LHIN staff, the November 5, 2014 Resolution of the Essex County Council by:

- **Changing services under the Multi-Sector Service Accountability Agreement ("M-SAA") between ESC LHIN and the Sun Parlor Home for operating services at Victoria Street Manor;**
- **Changing funding to Victoria Street Manor under s. 19(1) of the Local Health System Integration Act, 2006 ("LHSIA");**
- **Integrate by changing funding to another provider under s. 25(1)(a) of LHSIA.**

and:

that the ESC Board direct the ESC LHIN staff to consider the reallocation of base funding in support of placement options for Victoria Street Manor residents in assisted living via Assisted Living Southwestern Ontario (ALSO), if identified as necessary through the assessment of residents.

Motion Passed



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9.0 Action Items – Review Status & Update New Items

Ruth Augi, Corporate Coordinator reviewed the status of recorded Action Items (*on file*) noting:

- #2 Diabetes
 - Action Note provided
- #3 ESC LHIN Annual Business Plan (ABP)
 - Action Note provided
 - The Board suggested that the LHIN and all HSPs be encouraged to include transitional plans in future ABPs and under Bold Leadership in future LHIN Strategic Plans when decisions to change service delivery are being considered.

MOTION: Moved by Mike Lowther and seconded by Lindsay Boyd that the ESC LHIN Board reopen the Open Mic segment of the Open Board Meeting.

Motion Passed

@ 3:50 pm Board Member Lindsay Boyd left the meeting

Open Mic

Michelle Sands, Walpole Island community member and member of the Walpole Island Health Committee spoke to the LHIN Board referencing issues of conflict and concern regarding relationships with Walpole Island residents and the Chatham-Kent Community Health Centre (CK CHC), as did Rex Isaac, earlier in the Meeting. Ms. Sands questioned why dollars targeted for Walpole Island health service delivery were funneled through Chatham and not directly to Walpole Island. Several documents (*on file*) were provided by Ms. Sands regarding the operations of the Chatham-Kent CHC Board and CEO for the LHIN Board's reference and also questioned the cultural and sensitivity training offered to CHC staff. Ms. Sands questioned:

- why the services offered in Wallaceburg & Chatham were not offered on Walpole Island where there was a demonstrated need
- advised that Chatham-Kent Health Alliance (CKHA) had been responsive to letters and issues
- advised that CK CHC had not been responsive to letters and issues
- advised that the CK CHC Board Chair threatened her with legal action if she spoke of or shared Board information from her tenure with the CK CHC Board
- advised that she has provided her story to the aboriginal television network (APTV), but has yet to authorize its release
- suggested that unused money from previous years returned to the MoHLTC, should in fact remain on Walpole Island as these are aboriginal dollars
- advised that despite being asked time and again for input, nothing ever changes or improves

Board Chair, Martin Girash thanked Ms. Sands and acknowledged others had expressed the same concerns and that the comments were not falling on deaf ears. The LHIN will consider how to address these and other issues carefully and hopefully effective changes will be realized in the long run.



10. Next Meeting

The next ESC LHIN Open Board Meeting is scheduled for Tuesday, January 27th 2015, in the Lake Erie Room of the ESC LHIN office, located at 180 Riverview Drive, Chatham, ON.

11. Adjournment

MOTION: Moved by Mike Lowther and seconded by Robert Bailey to adjourn the ESC LHIN Open Board Meeting @ 4:20 pm.

Motion Passed

Approved: _____


Martin Girash
Board Chair

Date: _____

APRIL 15, 2015



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