

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

**“Special” Open Board Meeting
Minutes * amended (Page 5)
Thursday, November 27th, 2014**

**ESC LHIN
180 Riverview Drive, Leamington, ON**

Present:

Martin Girash, Board Chair
Mike Lowther, Board Director
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)
Pete Crvenkovski, Director (PQ&KM)
Shannon Sasseville, Director (C&PA)

Regrets:

Michael Hoare, Board Vice Chair
Matthew Little, CFO

Recorder:

Ruth Augi, Corporate Coordinator

1. Call to Order

A “Special” Open Board Meeting of the Erie St. Clair LHIN was called to order at 4:04 pm.

It was noted there were 18 people in the audience and the meeting was being webcast.

2. Agenda

The agenda (*on file*) was reviewed and approved:

3.

MOTION: *Moved by Mike Lowther and seconded by Robert Bailey that the agenda of November 27th, 2014 be approved as presented.*

Motion Passed

3. Conflict of Interest

None declared

4. Reports

4.1 Board Chair Report

Board Chair, Martin Girash spoke to a written report (*on file*) which had been distributed to the Board prior to the Board Meeting, highlighting a PowerPoint presentation (*on file*) delivered by Dr. Bob Bell, Deputy Minister (DM) of the MoHLTC regarding Health System Transformation and related issues to LHINs in general and the ESC LHIN specifically.

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

Motion Passed

5. New Business

5.1 Community Care Access Centre (CCAC)

Gary Switzer, CEO introduced Kathryn Biondi, CCAC Board Chair and Lori Marshall, CCAC CEO who jointly spoke to a PowerPoint presentation (*on file*). Ms. Biondi highlighted the CCAC Board's perspective of the sequence of events and current status and Ms. Marshall outlined the CCAC's Strategic Plan for 2014-2017; growth in volumes and financial picture; strategies; assessments and patient flow; resource allocation and their view for the future. It was noted that service levels had increased 30% over the last five (5) years with increases of 39% in personal support worker (PSW) hours; 37% in therapy units and 16% in nursing units and also noted that while the provincial proportional average for patients with low to mild needs is 15%, the ESC LHIN region has the highest average at 30%.

Ms. Marshall referenced the CCAC's efforts to maintain current client satisfaction rating of 95% PSW service within five (5) days of authorization and 96% nursing service with five (5) days of authorization and implement program efficiencies such as increase service volumes to high and very high patients who cannot be supported by others e.g. "Home First"; continue to work with hospitals to actively improve emergency department / alternative level of care (ED / ALC) pressures and through working with partners, reduce duplication for patients on chronic disease management programs. Details were provided regarding utilization efficiencies through PSW service strategies; nursing strategies and respite care.

The LHIN Board was advised, that looking ahead, the CCAC intended to focus resources on the most complex patients while ensuring less complex patients would not be left out of care and through continued partnering with other organizations the CCAC will assist those patients living with chronic issues; achieve a "no wait list" status and have a balanced budget position by March 31st, 2015.

Board Chair, Martin Girash thanked Ms. Biondi and Ms. Marshall for their leadership and comprehensive approach to the current situation at the ESC CCAC and for their excellent presentation to the LHIN Board.

MOTION: *Moved by Lindsay Boyd and seconded by Robert Bailey that the Erie St. Clair LHIN Board provide to the Erie St. Clair Community Care Access Centre (CCAC) a waiver for the fiscal year 2014 / 2015 to balance in the fiscal year 2015 / 2016 and invite the Erie St. Clair CCAC to provide the LHIN Board with a quarterly report in June 2015.*

Motion Passed

@ 5:38 pm – Break

@ 5:48 pm – Meeting resumed

5.2 Leamington District Memorial District Hospital Realignment of Services

Gary Switzer, CEO thanked the LHIN staff for their hard work in follow-up to the November 12th, 2014 ESC LHIN "Special" Open Board Meeting in Leamington.

Ralph Ganter, Senior Director, Health System Design & Implementation spoke to a Briefing Note (BN), supporting documentation and a PowerPoint presentation (*all on file*) circulated to the Board, providing the background and supporting information for the proposed service changes at Leamington District Memorial Hospital (LDMH) including:

- o The elimination of the Obstetrics program and the repurposing of the financial resources associated with the program;
- o The planned elimination of the Assess & Restore Unit; and
- o The creation of five new slow-stream rehabilitation beds as additional beds within the Complex Continuing Care (CCC) Unit.
- o Consider the rationale for the elimination of the Obstetrics program, and the intent to maintain gynecological services at LDMH.
- o Assess the need to develop a comprehensive contingency plan for the populations affected by the elimination of the Obstetrics program.
- o Assess longer-term strategies to develop acute-care bedded services that meet the needs of the community's growing senior population.

The BN and slides framed the main issues regarding the continuation of delivering obstetrical services at Leamington District Memorial Hospital (LDMH), noting:

- Community concern regarding access, convenience, familiarity, quality, timeliness and impact on special populations (e.g. Mennonite populations) are readily apparent based on engagement and feedback to date
- Problems / Issues to resolve if the LHIN approves the LDMH proposal for obstetrics as it is currently constituted:
 - What will be the impact on the affected population?
 - What will the risks to the affected population?
 - What are the worries/concerns of the population?
 - Can worries, risks, concerns and impact be mitigated?
 - How can they be mitigated to meet the needs of the population?
 - Given the answers to the above questions, does the change remain in the systems interest and in the overall public interest?
- Strategy Required:
 - Develop an expert review panel to analyze the issue and provide recommendations to the LHIN Board in regard to the Leamington proposal.
 - LHIN Board then considers these recommendations and determines if the LDMH proposal remains in the system and public interest.

The Board was provided with Expert Panel Project details including scope of work, deliverables, Terms of Reference and projected timeline milestones running from November 27th, 2014 to May 26th, 2015:

In Scope	Out of Scope
<p>Assuming proposal accepted as is:</p> <ul style="list-style-type: none"> • Identifying pros and cons of Obstetrics Service Change • Identify risks and risk mitigation strategies • Identify and address quality concerns • Identify and address worries of community • Identify and recommend any alternatives to existing service proposition • Develop key steps the LHIN would need to evoke to maintain a quality service offering • Develop a position statement of whether the proposed service changes is appropriate based on evidence and examination of data 	<ul style="list-style-type: none"> • Evaluation of Need for Assess and Restore • Evaluation of Need for Slow Stream Rehab • Advocacy of Funding • Development of Integration Order

- Initiate Environmental Scan to understand current state
- Quality Data and Comparisons
- Confirm High Level Assumptions of Leamington and Kingsville Economic Plan
- Estimated impact on birth rates per 1000 populations
- Over time period of economic plan
- Develop Review Panel Member Logistics
- Report with Recommendations
 - Assessment on the proposed delivery change
 - Assessment of concerns identified in community
 - Develop criteria for analysis of concerns and alternatives
 - Risk identification and mitigation
 - Recommended scenario for birthing
 - Key actions to move forward
 - A written opinion on if the proposal is in the interest of quality service based on evidence and the panel's deliberations

Discussion centred on the composition of the proposed panel; panel structure, purpose, function, membership. The Board expressed concern and recommended that an individual be included on the panel to represent the various cultural and resident members of the community and suggested involvement by the multicultural associations and subject matter experts.

The Board reviewed the expert panel Terms of Reference (*on file*) and added under "Guidance" a third (3rd) statement "*to provide alternatives*" to ensure that the panel would not be limited to recommending a "yes" or "no", rather include alternatives or options to the LDMH closure proposal. The Board discussed the proposed panel timeline of ninety (90) days and recommended the timeline be one hundred and twenty (120) days.

The LHIN Board recommended the Board Chair issue a letter to the LDMH Board Chair directing the hospital to continue to provide obstetrical services as agreed to and funded via the Hospital Service Accountability Agreement (H-SAA)

MOTION: *Moved by Barb Bjarneson and seconded by Mike Lowther that the Erie St. Clair LHIN Board approve:*

1. *that the Erie St. Clair LHIN will convene an independent Review Panel of Physician, Health Service Providers, Stakeholders and Community Representatives to review the proposed intention of eliminating the obstetrical service from Leamington District Memorial Hospital (LDMH), and that identifies Windsor Regional Hospital (WRH) as the primary hospital site for births from the Leamington/Kingsville catchment area;*

and

2. *as amended by the LHIN Board:*

a. include a guidance statement "to provide alternatives"

b. include a community member to represent the Lower German-speaking Mennonite community within Leamington/Kingsville

c. include representation from the Windsor-Essex Multi-Cultural Association relevant to the Leamington community

and

3. *The Review Panel's report must address the concerns and risks that have been identified by the public and by stakeholders before moving forward with any recommended implementation activities, with a report back to Erie St. Clair LHIN Board in no more than 120 days.*

and

4. *the LHIN Board directs the LHIN Board Chair to send a letter to Leamington District Memorial Hospital's Board Chair to continue to provide obstetrical services as agreed upon and funded by the Hospital Services Accountability Agreement (HSAA), as outlined in a letter attached to this Motion, including a waiver for 2014 / 2015.*

Motion Passed

6. Adjournment to an In Camera Session

At 7:07 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 Personnel Matters

MOTION: *Moved by Lindsay Boyd and seconded by Barb Bjarneson that the ESC LHIN Board move to an In Camera Session.*

Motion Passed

7. Meeting Reconvened

At 8:35 pm the Special Open Board Meeting of the Erie St. Clair LHIN of November 27th, 2014 was reconvened.

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 Personnel Matters

** Board Director Mike Lowther requested an amendment to these Minutes to include a request that was made. The Chatham-Kent Health Alliance (CKHA) and the CK CHC would both be invited to make presentations to the ESC LHIN Board at a future Open Board Meeting. This invitation would be extended to each organization for their respective Board or Board representatives to attend and present.*

9. Adjournment

The "Special" Open Board Meeting of November 27th, 2014 was adjourned at 8:36 pm.

APPROVED: _____

Martin Girash
Martin Girash
Board Chair

DATE: _____

APRIL 15, 2015



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