

**Hamilton Niagara Haldimand Brant
Local Health Integration Network**

Minutes of the Business Meeting of the Board of Directors April 29, 2015

A meeting of the Board of Directors of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) was held on April 29, 2015, at the Boardroom, Hamilton Niagara Haldimand Brant Local Health Integration Network, 264 Main Street East, Grimsby, Ontario, beginning at 4:00 p.m.

Present: Ruby Jacobs, Vice Chair – Chair of meeting
Helen Mulligan, Member
Laurie Ryan-Hill, Member
Mervin Witter, Member

Regrets: Michael P. Shea, Board Chair

HNHB LHIN Staff
in Attendance: Donna Cripps, Chief Executive Officer
Helen Rickard, Corporate Coordinator, Recording Secretary
Derek Bodden, Director, Finance
Steve Isaak, Director, Health System Transformation
Jennifer Everson, Physician Lead
Rosalind Tarrant, Director, Access to Care
Emily Christoffersen, Director, Quality & Risk Management
Linda Hunter, Director, Health Links and Strategic Initiatives
Trish Nelson, Director, Communications, Community Engagement and
Corporate Services

Guests: Boutros Salama, Regional Development Manager, Philips Home Monitoring
(Canada)
Dr. Kevin Smith, President & CEO, St. Joseph's Healthcare Hamilton
Ms. Winnie Doyle, Vice President and Chief Nursing Office, St. Joseph's
Healthcare Hamilton
Dr. Carolyn Gosse, Director Clinical Program, St. Joseph's Healthcare
Hamilton
Ted Capstick, HR Consultant, Mohawk Shared Services
Janice Mundell, Director Business Development & Strategic Planning,
Mohawk Shared Services
Renato Discenza, Executive Vice President Enterprise and Innovation,
Hamilton Health Sciences Corporation

A. Convening the Meeting

A.1 Call to Order

A quorum was present.

A.2 Approval of the Agenda

MOVED: Laurie Ryan-Hill

SECOND: Mervin Witter

That the agenda of April 29, 2015, be adopted, as circulated.

CARRIED

A.3 Declaration of Conflicts

No conflicts were identified at this time.

B. Delegation to HNHB LHIN

B.1 Philips Home Monitoring (Canada) (Appendix 1 appended to original set of minutes)

Boutros Salama, Regional Development Manager, Philips Home Monitoring (Canada)

C. Education Session

C.1 PanAm Games (Appendix 2 appended to original set of minutes)

Presenter: Dr. Jennifer Everson, Physician Lead, HNHB LHIN

Key Points of Discussion:

- An overview was provided of the healthcare resources that will be in place for the athletes during the PanAm Games with a focus on the Hamilton/Niagara area.
- The trauma hospital in the HNHB region is the Hamilton General Hospital.
- Satellite medical clinics will be located at McMaster and Brock Universities.

C.2 Expression of Interest for an Integrated Bundled Care Project

(Appendix 3 appended to original set of minutes)

Presenters: Dr. Kevin Smith, President & CEO, St. Joseph's Healthcare Hamilton
Ms. Winnie Doyle, Vice President and Chief Nursing Office, St. Joseph's Healthcare Hamilton
Dr. Carolyn Gosse, Director Clinical Program, St. Joseph's Healthcare Hamilton

Key Points of Discussion:

- This presentation focused on key objectives which included the promotion of patient-centred care, to improve quality and improve efficiencies.
- The biggest value for this project is improving the patient experience, improving the staff experience and improving outcomes for the patient while reducing costs.

D. Minutes of the Last Meeting

D.1 Approval of the Minutes of March 25, 2015

MOVED: Helen Mulligan
SECOND: Laurie Ryan-Hill

That the minutes of the Board Meeting – Business of March 25, 2015, be adopted as circulated.

CARRIED

E. Consent Agenda

E.1 Consent Agenda of April 29, 2015

MOVED: Helen Mulligan
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network adopts the consent agenda of April 29, 2015, consisting of:

- Media Tracking Update - Communications

CARRIED

F. Reports

F.1 Report of the CEO

MOVED: Laurie Ryan-Hill
SECOND: Mervin Witter

That the Report of the Chief Executive Officer (CEO) be received and filed.

CARRIED

Key Points of Discussion:

- The CEO presented the report as circulated.
- The Office of the Auditor General of Ontario has been in our LHIN office doing field testing since April 7, 2015.
- Deloitte is on-site in our LHIN office week of April 27, 2015, to do the annual financial audit.
- The HNHB LHIN experienced a small fire in its electrical room on April 22, 2015. A thank you was expressed to the LHIN staff for successful execution of evacuation and emergency procedures.
- A community engagement event for Mental Health and Addictions was held on April 20. Leadership from all funded Mental health providers came together to learn about Triple Aim and its usefulness for population planning.
- Tabor Manor had their grand opening of their Wellness Suites on April 27 and was attended by our CEO.
- Hamilton Health Sciences has been doing some community events as they are visioning about their future. Mervin Witter attended one of the events and highlighted that at the session he attended there were approximately 45

people in attendance and the focus was on patient communication, patient wait times, and patient privacy. There is a LHIN staff member at each one of the scheduled events and they are bringing back feedback that they have heard there.

F.2 Report of the Chair

MOVED: Laurie Ryan-Hill

SECOND: Helen Mulligan

That the Report of the Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Vice Chair reviewed the circulated report and highlighted the meetings she has attended since the last board meeting.

F.3 Report of the Audit Committee Chair

MOVED: Laurie Ryan-Hill

SECOND: Helen Mulligan

That the Report of the Audit Committee Chair be received and filed.

CARRIED

- The Audit Committee held a meeting on April 29, 2015. The minutes of the Audit Committee meeting of March 18, 2015, were approved by the Audit Committee for receipt by the Board of Directors.

MOVED: Laurie Ryan-Hill

SECOND: Helen Mulligan

That the minutes of the Audit Committee meeting of March 18, 2015, be received and filed.

CARRIED

Consent Agenda

The Audit Committee reviewed the consent agenda of April 29, 2015, consisting of:

- a) Adult Recreation Therapy Center (ARTC)

MOVED: Helen Mulligan

SECOND: Mervin Witter

That the consent agenda of April 29, 2015 be received and filed.

CARRIED

Brant Community Healthcare System 2014-15 Waiver

Brant Community Healthcare System (BCHS) advised on their Q3 Hospital Annual Planning Submission that they are forecasting a deficit for 2014-15 fiscal year-end. BCHS has forecasted the Year-End deficit to be \$605,000 and have provided balancing strategies to recover in 2015-16.

The LHIN has identified BCHS at a Level 2 by applying the Risked Based Framework. As a result of being identified as a Level 2, the LHIN has the discretion to issue a waiver, but will be required to submit a waiver and memo to the ministry, obtain written acknowledgement from the ministry, and report the status of the waiver to the ministry as requested.

Brant Community Healthcare System has provided a plan to recover the \$605,000 deficit in 2014-15. The LHIN has reviewed the plan and will consistently monitor the status of the plan throughout 2015-16.

MOVED: Laurie Ryan-Hill
 SECOND: Helen Mulligan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve and waive the balanced budget requirement for Brant Community Healthcare System (BCHS) in 2014-15 subject to the recovery plan detailed in Table B.

Table B – BCHS Cost Reduction Strategies

Item	Description		Comments
001	Year end 2014/15 Forecast	-\$ 602	Forecast at March 04/2015
002	Printing	\$ 150	Dependent on Past printing practices
003	IOLs	\$ 90	Assuming Cataract procedures are evenly scheduled in 15/16
004	Ambulatory Minor Procedure Reduction	\$ -	Work to be done here
005	Parking	\$ 16	Raising parking rates in September 2015
006	Dialysis Unit Rental Income	\$ 78	Assuming StJH begins renting facility in September 2015
007	Urgent Care Center Care Reduction	\$ 50	Work to be done to remove x-ray and ultrasound from UCC
008	PCOP/Dialysis Revenue Recognition	\$ 100	Reconciliation to happen in 2015/16
009	Hospitalist Contracts	\$ 50	Reduction of 1.6FTEs and remuneration restructure
010	Main Inventory Reduction	\$ 88	Implementation of JIT
011	Pay Equity	-\$ 400	Moving fwd April 1st
012	FTE Reduction over and above HAPS	\$ 380	Clinical Mgr Admin, IFC Admin etc
013	Total Cost Reductions	\$ 602	
014	Net Deficit Position	\$ -	

CARRIED

Pleasant Manor Convalescent Care Program

A comprehensive model of care for residents of Niagara-on-the-Lake that leverages all available resources to provide a full continuum of services and partner with other providers to provide seamless care to patients was presented in a report submitted to the Health Services Review Committee in August 2014.

In December 2014, the Committee identified that Pleasant Manor could accommodate the Convalescent Care Program (CCP) requirements within its current design.

A motion was passed on February 19, 2015 by Pleasant Manor's Board of Directors that approved development of a convalescent care bed program in Pleasant Manor's Long-Term Care home subject to LHIN Board approval and written assurance that the convalescent care bed program would be transferred to a Pleasant Manor Long-Term Care redevelopment.

The Convalescent Care Program, located within a Long-Term Care Home, is a short-stay program for persons who need time to recover strength, endurance or functioning and who are anticipated to return their residences (or another home environment i.e., retirement home).

Pleasant Manor has been approved by the Hamilton Service Area Office (SAO) of the Ministry of Health and Long-Term Care (ministry) as suitable for a Convalescent Care Program. A 12 bed Convalescent Care Program could be expected to meet the needs of the population previously served by the Niagara Health System – Niagara-on-the-Lake restorative bed program.

The Convalescent Care Program at Pleasant Manor would be established by converting 12 long stay beds to short stay beds, effectively reducing Long-Term Care Home bed capacity in Niagara-on-the-Lake. Pleasant Manor estimates it will take approximately 12 months for the Home to have all 12 Convalescent Care Program beds operational. Pleasant Manor will implement the program upon LHIN confirmation of ministry approval and LHIN funding.

Funding of \$626,339 has been identified to operate a 12 bed Convalescent Care Program at Pleasant Manor.

MOVED: Laurie Ryan-Hill

SECOND: Helen Mulligan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve:

- the recovery of the following funding from Niagara Health System in 2015-16:
 - \$334,339 one-time funding approved for Niagara in 2015-16 to support the Assess Restore Program at the Greater Niagara General Site; and,
 - up to \$292,000 base funding from Niagara Health System.
- the allocation of the following funding to Pleasant Manor in 2015-16:
 - up to \$626,339 in recurring one-time funding to support a 12 bed convalescent care program. This approval will align with the Ministry of Health and Long-Term Care's funding policy for convalescent care beds

located in Long-Term Care Homes and be contingent upon the Ministry of Health and Long-Term Care's approval of the convalescent care program. The LHIN's approval will continue conditional on Pleasant Manor maintaining an 80% occupancy level for the Convalescent Care Program.

CARRIED

ABI and Stroke Community Transition Program

Acquired Brain Injury (ABI) is an area of focus in the Hamilton Niagara Haldimand Brant Local Health Integration Network's 2015-16 Annual Business Plan. One of the goals is to focus on developing a community model that would place the individual as the owner of their rehabilitation plan to attain their goals in collaboration with program staff.

The HNHB LHIN has identified an opportunity to work with Hamilton Health Sciences Corporation to establish a community transitional care program for individuals with Acquired Brain Injury. The next step is to establish a Steering Committee of key Acquired Brain Injury Stakeholders and a patient/family member to move the project forward.

MOVED: Laurie Ryan-Hill
SECOND: Helen Mulligan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network support in principle the development of a Acquired Brain Injury and Stroke Transitional Program.

CARRIED

G. New/Other Business

G.1 Voluntary Integration of Hospitals Accounts Payables Systems

MOVED: Helen Mulligan
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receives and files the intention for a Voluntary Integration of Hospital Accounts Payables Systems involving all hospitals in the HNHB LHIN, in support of the LHIN's strategic plan to integrate back office support services. The first phase of this project is the integration of the Accounts Payable Function.

CARRIED

Key Points of Discussion:

- An overview on the integration of the hospitals accounts payables systems was provided which included technology, centralization, and human resources highlights. (**Appendix 4.** appended to original set of minutes)
Presenters: Ted Capstick, HR Consultant, Mohawk Shared Services
Janice Mundell, Director Business Development & Strategic Planning, Mohawk Shared Services
Renato Discenza, Executive Vice President Enterprise and Innovation, Hamilton Health Sciences Corporation

G.2 Quarterly Declaration of Compliance

MOVED: Mervin Witter

SECOND: Laurie Ryan-Hill

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network authorizes the Board Chair to declare to the Minister of Health and Long-Term Care that Upon due enquiry of the Chief Executive Officer and other appropriate LHIN officers and personnel, and subject to any exceptions identified on Schedule A, to the best of the Board's knowledge and belief, the LHIN has:

1. the completion and accuracy of reports required of the LHIN, pursuant to section 5 of the Broader Public Service Accountability Act (BPSAA), on the use of consultants;
2. the LHIN's compliance with the prohibition, in section 4 of the BPSAA, on engaging lobbyist services using public funds;
3. the LHIN's compliance with all of its obligations under applicable directives issued by the Management Board of Cabinet;
4. the LHIN's compliance with its obligations under the Memorandum of Understanding with the Ministry of Health and Long-Term Care; and
5. the LHIN's compliance with its obligations under the Ministry LHIN Accountability Agreement/Ministry LHIN Performance Agreement in effect, during the Applicable Period of January 1 to March 31, 2015.

CARRIED

G.3 Hamilton Urban Core – Contingency Plan

MOVED: Helen Mulligan

SECOND: Laurie Ryan-Hill

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the draft contingency plan provided by Hamilton Urban Core (HUC) Community Health Centre (CHC) and recommend that HNHB LHIN staff continue to work with the centre to refine their plan and assist them in ensuring ongoing care for their patients.

CARRIED

Key Points of Discussion:

- An overview of the Hamilton Urban Core contingency plan was reviewed and the HNHB LHIN will continue to work with HUC to ensure patients will continue to receive ongoing care.

H. Adjournment

MOVED: Mervin Witter
SECOND: Laurie Ryan-Hill

The Board of Directors – Business meeting be adjourned at 5:56 p.m.

CARRIED

Original Signed by:

May 27, 2015

Michael P. Shea, Chair

Date

Original Signed by:

June 3, 2015

Donna Cripps, Corporate Secretary

Date

Appendix 1

Philips Home Monitoring Interventions to reduce readmission, ALC rates and ER wait time

Presentation to HNHB LHIN

Boutros Salama
Regional Development Manager

April 29 2015

FALLS CAUSE:

85% of seniors' injury-related hospitalizations

95% of all hip fractures

\$2 Billion a year in direct healthcare costs

over **1/3** of seniors are admitted to **LONG-TERM CARE** following hospitalization for a fall



The average Canadian senior stays in hospital **10 DAYS longer** for falls than for any other cause



50% of all falls causing hospitalization **HAPPEN AT HOME**

Readmissions Prevalent Amongst Older Adults

Transitions from acute care to community care is a vital time for older adults.

- One in five discharged patients aged 65 and older is readmitted to hospital **within 30 days**.¹
- Senior patients enter a high-risk period after being discharged from hospital. Within 30 days:
 - **15% of discharged seniors fall**, with 11% of these cases serious enough to require readmission to hospital.²
 - 20% of patients require readmission to a hospital due to relapse, medication side-effects and other adverse events.³

Healthcare Providers aim to improve health, better care experience and lower costs.



PHILIPS

Reduce the risk of an adverse event for patients post-discharge

- Mortality for patients receiving treatment within 70 minutes of the **cardiac event is** 1.6 % compared with **6% for patients treated within 6 hours.**¹
- In a study of 297 **patients found down** in their homes, the total **mortality was 67%** for patients who were estimated to have been helpless for **more than 72 hours**, as compared with 12% for those who had been helpless for less than 1 hour. ²
- Lifeline provides early intervention in the event of a heart attack where a delay in medical intervention can mean the difference between life and death!

HNHB Strategic Health System Plan

- “Dramatically improving the patient experience through **Quality, Integration and Value.**”
- “**ACTION: A Call To IntegratiOn Now**, a five-year strategic health system plan, will help the LHIN achieve this.”

HNHB LHIN – High Level Overview of the New Health System¹



• Health Continuum Model

Health continuum model

