

A.1 Call to Order

A quorum was present.

A.2 Approval of the Agenda

MOVED: Saqib Cheema

SECOND: Madhuri Ramakrishnan

That the agenda of December 13, 2017, be adopted, as circulated.

CARRIED

A.3 Declaration of Conflicts

No conflicts were identified at this time.

B. Education Session

B.1 Dementia Strategy

Presenters: Mary Burnett, CEO, Alzheimer Society of Brant, Haldimand Norfolk, Hamilton, Halton

Key Points of Discussion:

- This presentation was included in the Board pre-circulated package as well as posted on the LHIN website.
- There is a stigma that dementia has in the world. There is a difference between dementia and alzheimers.
- There is a lot of good work going on in the community, including nine memory clinics across the LHIN.
- The presentation spoke to the initiatives and programs that the LHIN has funded in support of those diagnosed with dementia
- Funding to the dementia strategy focuses on ways to support families to support people living with dementia.
- Ideally the memory clinics are the point of contact in the community for those living with dementia and their families.
- There is a need to have access to early diagnosis for those living with alzheimers & important that the referral to the alzheimers society is expedited and streamlined for those who require it. The alzheimers society is the key point of contact.
- There is still lots of work to do, but Ontario is a province that has put dementia up with disease like cancer & cardiac, which is a big step. There continues to be enormous work being done from Alzheimers society of Ontario & Canada.
- There is a renewed focus in schools to educate the youth in what is happening with their parents and grandparents, which should be commended.
- It was noted that the dementia strategy is different from Mental Health & Addiction (MH&A). The responses to dementia and the education you receive is different than the education you may need when working with people with MH&A. There is a stigma with a diagnosis of dementia. The responses in the education and support needs are different and require a different response.

C.1 Consent Agenda

MOVED: Dominic Ventresca

SECOND: Paul Armstrong

That the board of Directors adopts the consent agenda of December 13, 2017 consisting of:

- i. October 25, 2017 Board – Business minutes
- ii. October 30, 2017 Board – Business minutes
- iii. November 23, 2017 Board – Business minutes
- iv. Information Systems Update

By the request of Bill Thompson, Chair, Janine van den Heuvel removed item C.1.iv Information Systems Update from the consent agenda and placed it on the regular agenda as item C.2 for consideration.

C.2 Information Systems Update

MOVED: Janine van den Heuvel

SECOND: Bill Thompson

That the Information Systems Update be received and filed

CARRIED

Key points of discussion:

- The eHealth update was pulled from the consent agenda, Mark Farrow, VP & Chief Information Officer, HNHB LHIN & HHS joined the table.
- The full Information Systems Update is included in the Board pre-circulated package which can be access at the LHIN website.
- eNotifications notifies the Primary Care physician when a patient has been to the emergency department. This notification is intended to close the loop, allow the physician to follow up with the patient to prevent readmission.
- HNHB LHIN ranks 10 out of 14 LHINs under eVisits.
- With Clinical Connect, physicians are able to access patient records, images, reports and lab results electronically. There are very strict privacy rule. There is no data transferred, it is only viewed. The data doesn't leave the footprint on the device.
- Patient Portal is where we need to move toward. This is an opportunity to allow patients access to their own health records.

D. Reports

D.1 Report of the CEO

MOVED: Bill Thompson

SECOND: Shelley Moneta

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

CARRIED

Key Points of Discussion:

- In addition to the report which was pre-circulated and posted on the LHIN website, the CEO provided a verbal update on the following;
- The LHIN hospitals are just starting to see the first indication of the flu. If everyone can come together, we can ensure that we build the capacity needed at this time to support our hospitals with these pressures.
- Over the past 2 years, there has been approximately 745 additional beds within the HNHB LHIN. This includes Long-Term Care, supportive housing and assisted living. This is a significant increase, and LHIN staff should be proud of the work that is being done every day.
- OHIP Plus is a new initiative being introduced in January 2018 which will allow children under the age of 25 to receive free prescription medication. This initiative does not have much impact on the LHIN, but is an important piece of work of the Government.
- LHIN Staff will participate in focus groups internally, to collect feedback to the Health Shared Services Office (HSSO). Further to Deputy's directive, HSSO issued an enterprise wide review on LHINs, to gain information on further opportunities for efficiencies. HSSO is looking at areas: IT, HR, Financial admin, insurance, procurement, and standardization.
- The Board requested that the LHIN draft a formal thank you to the Health Service Providers who supported during the St. Peter's fire. The email will be sent out from the Board Chair on behalf of the Board.

D.2 Report of the Chair

MOVED: Janine van den Heuvel

SECOND: Dominic Ventresca

That the Report of the Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Chair welcomed Marianne Knight to the Board and reported back on the meetings that have taken place since the October Board meeting.
- The Board meetings that have popped up between Oct. and Dec. have been due to the executive compensation taskforce. Everything will become open for public input soon.
- On behalf of the Chair, Dominic participated at the Powerhouse event in November.

D.3 Report of the Audit Committee Chair

MOVED: Janine van den Heuvel

SECOND: Shelley Moneta

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

CARRIED

Meeting of December 6, 2017

An Audit Committee meeting was held on December 6, 2017. The minutes of the Audit Committee meeting of October 25, 2017, were approved by the Audit Committee for receipt by the Board of Directors.

MOVED: Bill Thompson
SECOND: Madhuri Ramakrishnan

That the minutes of the Audit Committee Meeting of October 25, 2017, be received and filed.

CARRIED

HNHB LHIN Operations – Monthly Financial Update

MOVED: Bill Thompson
SECOND: Saqib Cheema

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the September 30, 2017 financial update for LHIN operations.

CARRIED

Increase Access to Addiction Services

MOVED: Bill Thompson
SECOND: Dominic Ventresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to \$322,432 in one-time funding in 2017-18 to the Health Service Providers listed in Appendix A to support increased access to Addiction Services.



Increase Access to
Addiction Services Ap

CARRIED

Expansion of ADAPT Services in Burlington

MOVED: Bill Thompson
SECOND: Saqib Cheema

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to \$63,333 base funding in 2017-18 annualized to \$190,000 in 2018-19 and up to \$10,000 one-time funding in 2017-19 to Joseph Brant Hospital to support the expansion of Halton Alcohol Drug and Gambling Assessment Prevention and Treatment Services in Burlington.

CARRIED

Community Withdrawal Management in Shelters

MOVED: Bill Thompson
SECOND: Madhuri Ramakrishnan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to \$130,476 in one-time funding to St. Joseph's Healthcare Hamilton including start-up costs in 2017-18 to support Community Withdrawal Management in Shelters for Women in Hamilton.

CARRIED

Health Links Funding

MOVED: Bill Thompson
SECOND: Paul Armstrong

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to \$2,098,971 in one-time funding for 2017-18; and up to \$1,839,301 in one-time funding for 2018-19 and 2019-20 to support the scale and spread of the Health Links model of care, as outlined in Appendix A.



Health Links Funding
Appd. A

CARRIED

D.4 Report of the Quality & Safety Committee Chair

MOVED: Janine van den Heuvel
SECOND: Bill Chopp

That the Report of the Quality & Safety Committee Chair be received and filed.

CARRIED

Meeting of December 6, 2017

A Quality & Safety Committee (Q&SC) meeting was held on December 6, 2017. The minutes of the Q&SC meeting of September 20, 2017, were approved by the Q&SC for receipt by the Board of Directors.

MOVED: Paul Armstrong
SECOND: Suzanne Belanger-Fontaine

That the minutes of the Quality & Safety Committee Meeting of September 20, 2017, be received and filed.

CARRIED

Ministry-LHIN Accountability Agreement (MLAA) Performance Indicators

MOVED: Paul Armstrong

SECOND: Saqib Cheema

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Ministry-LHIN Accountability Agreement Performance Indicators Quarterly Update

CARRIED

D.5 Report of the Governance Working Group Chair

MOVED: Janine van den Heuvel

SECOND: Paul Armstrong

That the Report of the Governance Working Group Chair be received and filed.

CARRIED

Meeting of December 6, 2017

A Governance Working Group (GWG) meeting was held on December 6, 2017. The minutes of the GWG meeting of September 20, 2017, were approved by the GWG for receipt by the Board of Directors.

MOVED: Dominic Ventresca

SECOND: Suzanne Belanger-Fontaine

That the minutes of the Governance Working Group Meeting of September 20, 2017, be adopted as circulated

CARRIED

Annual Business Plan Q2 Update

MOVED: Dominic Ventresca

SECOND: Madhuri Ramakrishnan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the 2017-18 Annual Business Plan Q2 Update.

CARRIED

Review Proposed Membership of Board Committees and Working Groups

MOVED: Dominic Ventresca

SECOND: Paul Armstrong

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approves the appointment of Suzanne Belanger-Fontaine and Marianne Knight to the Nominating Committee

CARRIED

Whistle Blower Policy

MOVED: Dominic Ventresca
SECOND: Shelley

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network adopt the Whistle Blower Policy as circulated.

CARRIED

Delegation of Authority for Capital Projects Part A – Programs and Services

MOVED: Dominic Ventresca
SECOND: Saqib

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the delegation of authority for the endorsement of all hospital, community and hospice Capital projects Part A Program and Service submissions according to Appendix A.



DOA for Capital
Projects Part A Appd.

CARRIED

D.6 Report of the Nominating Committee Chair

MOVED: Janine van den Heuvel
SECOND: Bill Thompson

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

CARRIED

Meeting of October 31, 2017

A Nominating Committee meeting was held on October 31, 2017. The minutes of the Nominating Committee meeting of May 15/16, 2017, were approved by the Nominating Committee for receipt by the Board of Directors.

MOVED: Janine van den Heuvel
SECOND: Madhuri Ramakrishnan

That the minutes of the Nominating Committee Meeting of May 15/16, 2017, be adopted as circulated

CARRIED

Meeting of November 24, 2017

A Nominating Committee meeting was held on November 24, 2017. The minutes of the Nominating Committee meeting of October 31, 2017, were approved by the Nominating Committee for receipt by the Board of Directors.

MOVED: Janine van den Heuvel

SECOND: Shelley Moneta

That the minutes of the Nominating Committee Meeting of October 31, 2017, be adopted as circulated

CARRIED

E. New Other Business

E.1 Hamilton Health Sciences Stage 1 - Ambulatory

Key Points of Discussion:

- The CEO introduced Rob MacIsaac and Sharon Pierson as guest speakers for this agenda item.
- The presentation was pre-circulated to the Board as well is available on the LHIN website.
- The Board inquired about the cultural shift that needs to take place from the patients perspective, and ensuring the patient has better access to care. It is important that HHS is managing this piece.
- HHS noted that this is to be a patient centered experience. There is an opportunity here to ensure patients are receiving coordinated care. Patient advisors have been included in the discussion, including talk about extended hours for the clinics.
- HHS was thanked for their written response to the Board that was included in the Board note.
- The capital project is going to require innovation & partnerships that have not yet been developed. The approach to this project is innovative, and partnership forming as can be seen so far with Sir John A MacDonald and YMCA partnerships.
- Population health is going to guide the approach to get care to people in the community. The intention is to be opportunistic & form partnerships within the community.
- The Board is requesting more detail, recognizing there is a level of flexibility of unknowns, but before the project can be approved, there needs to be a solid strategy, outlining details, specifically in services.
- The Board confirmed it has not seen HHS application.
- The Board's responsibility on capital is solely on programs and services and to ensure due diligence.

- It was confirmed that the project is being looked at a very high level right now. At each stage, more details become clear, and can be reported.
- The role of the LHIN Board is to ensure the programs & services, and the population service will not be affected. The Board wants to the services HHS provides now will continue.
- Kelly Campbell joined the table, and spoke about partnerships not being fully in place yet, this is a work in progress and requires time to develop these while evolving with the capital process.

E.2 St. Joseph’s Healthcare Pharmacy – Stage 2

MOVED: Bill Thompson
 SECOND: Paul Armstrong

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network endorse the Stage 2 Functional Program Part A Programs and Services for St. Joseph’s Healthcare Hamilton’s Pharmacy Capital Project.

CARRIED

E.3 Thrive Idlewyld Integration

MOVED: Dominic Ventresca
 SECOND: Paul Armstrong

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receives and files the intention for a Voluntary Integration between Thrive Group Support Services and Idlewyld Manor.

CARRIED

Key Points of Discussion

- The Board was joined by Janine Mills and Steve Shearer on the voluntary integration between the Thrive Group and Idlewyld Manor.
- The presentation was pre-circulated in the Board package and is available on the LHIN website.
- The presenters noted that keeping the identity of Idlewyld Manor as an organization is mitigating the risk to culture. Back office systems are already integrated, and have been for number of years.
- Janine and Steve have been invited to present to the Mississauga Halton LHIN as well.
- Ideally the new Board of Directors will consist of 12-15 members.

E.4 Quarterly Declaration of Compliance

MOVED: Janine van den Heuvel

SECOND: Shelley Moneta

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 LHIN's compliance with the "Principles for LHIN-Managed Quality Based Procedure (QBP) Volume Movement", per the QBP Volume Management Instructions and Operational Policies for Local Health Integration Networks that are issued by the ministry;
2. 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;
3. the LHIN's compliance with the prohibition, in section 4 of the BPSAA, on engaging lobbyist services using public funds;
4. the LHIN's compliance with all of its obligations under applicable directives issued by the Management Board of Cabinet;
5. the LHIN's compliance with its obligations under the Memorandum of Understanding with the Ministry of Health and Long-Term Care; and
6. the LHIN's compliance with its obligations under the Ministry LHIN Accountability Agreement in effect, during the Applicable Period of September 28, 2017 to December 13, 2017.

CARRIED

F. Closed Session

MOVED: Janine van den Heuvel

SECOND: Paul Armstrong

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network move to a closed session at 5:12 p.m. to discuss a matter of personal or public interest.

CARRIED

F.1 Report of the Chair on the Closed Session

MOVED: Janine van den Heuvel

SECOND: Shelley Moneta

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network moved to a closed session at 5:12p.m. to approve the Board Closed minutes of October 25, 30 and November 23, 2017 as well as approve the Nominating Committee closed minutes of May 15/16 and October 31, 2017 and to discuss a personnel matter and returned to an open session at 5:41p.m.

CARRIED

H. Adjournment

MOVED: Janine van den Heuvel

SECOND: Shelley Moneta

The Board of Directors – Business meeting be adjourned at 5:45p.m.

CARRIED

Original signed by

Janine van den Heuvel, Chair

Date

Original signed by

Donna Cripps, Corporate Secretary

Date