

**Hamilton Niagara Haldimand Brant
Local Health Integration Network**
Minutes of the Business Meeting of the Board of Directors February 4, 2015

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

Present: Michael P. Shea, Chair
Helen Mulligan, Member
Laurie Ryan-Hill, Member
Mervin Witter, Member

Regrets: Ruby Jacobs, Vice-Chair

In Attendance: Donna Cripps, Chief Executive Officer (CEO), HNHB LHIN
Helen Rickard, Corporate Coordinator, Recording Secretary, HNHB LHIN
Trish Nelson, Director, Communications and Corporate Services, HNHB LHIN
Rosalind Tarrant, Director, Access to Care, HNHB LHIN
Steven Isaak, Director, Health System Transformation, HNHB LHIN
Emily Christoffersen, Director, Quality and Risk Management, HNHB LHIN
Derek Bodden, Director, Finance, HNHB LHIN
Linda Hunter, Director, Health Links and Strategic Initiatives
Dr. Jennifer Everson, Physician Lead, Clinical Health System Transformation

Guests: Dr. Keyur Shah, Neuroradiologist, ██████████, Greater Niagara Medical Imaging
Kent Wentzell, Health Care Specialist, Greater Niagara Medical Imaging
Dr. Joshua Tepper, President & CEO, Health Quality Ontario

A. Convening the Meeting

A.1 Call to Order

A quorum was present.

A.2 Approval of the Agenda

MOVED: Mervin Witter

SECOND: Laurie Ryan-Hill

That the agenda of February 4, 2015, be adopted, as circulated.

CARRIED

A.3 Declaration of Conflicts

One conflict was identified by Michael Shea

The Chair declared a conflict under agenda item F.4.(v) Community Investment Funding – St. Joseph's Healthcare Hamilton. Helen Mulligan will Chair the meeting during this agenda item.

B. Delegation to HNHB LHIN

B.1 Greater Niagara Medical Imaging Presentation (Appendix 1)

**Dr. Keyur Shah, Neuroradiologist, ██████████, Greater Niagara Medical Imaging
Kent Wentzell, Health Care Specialist, Greater Niagara Medical Imaging**

Key Points of Presentation

- A brief background of Greater Niagara Medical Imaging (GNMI) was provided.
- GNMI wants to explore opportunities to optimize services between Independent Health Facilities (IHF) and hospitals through central planning and coordination.
- GNMI indicated that an IHF is able to make changes on the fly to improve efficiencies and productivity unlike a hospital.
- GNMI indicated that although they do not have any formal partnerships or memorandum of understanding but that referrals do occur from many primary care practitioners.
- The GNMI delegation was thanked for their presentation and the information provided. A meeting will be arranged so that recommendations are brought back to the board.

C. Education

C.1 Health Quality Ontario Presentation

Dr. Joshua Tepper, President & CEO

Key Points of Discussion:

- Health Quality Ontario (HQO) is the result of the Excellent Care for All Act. The goal of HQO is to improve the health of all Ontarians.
- The path to quality improvement involves information, knowledge, and change.
- Cannot be achieved without data, skills, and leadership.
- Our healthcare system needs to start recognizing the failures and start talking about the future.
- Learning from failure is part of the journey for quality improvement.
- Develop a relentless culture of quality.
- Quality needs to be made a priority for all organizations and the LHIN. Need to understand that quality is central to having an effective health care system.
- HQO was thanked for the presentation. A copy of the presentation was requested.

D. Minutes of the Last Meeting

D.1 Approval of the Minutes of November 27, 2014, and December 10, 2014

MOVED: Mervin Witter

SECOND: Laurie Ryan-Hill

That the minutes of the Board Meeting – Business of November 27, 2014, and December 10, 2014, be adopted as circulated.

CARRIED

E. Consent Agenda

E.1 Consent Agenda of February 4, 2015

MOVED: Laurie Ryan-Hill

SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network adopts the consent agenda of February 4, 2015, consisting of:

- Community Investment Increases

CARRIED

F. Reports

F.1 Report of the CEO

MOVED: Mervin Witter
SECOND: Helen Mulligan

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

CARRIED

Key Points of Discussion:

The Report the Chief Executive Officer was circulated in the Board Meeting Materials. The following updates were presented at the meeting:

- On Monday February 2, 2015, the Minister of Health announced Patients First: Action Plan for Health Care. It has been circulated to all board members for information.
- The patient experience survey will be on the website until Feb 19, 2015. All people are encouraged to complete the survey.

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 Report of the Chair was circulated in the Board Meeting Materials. The following additional updates were presented at the meeting:
 - Jan 13 - Update meeting with Minister Hoskins staff to discuss ongoing issues.
 - Thank you to LHIN staff for organizing and compiling data for the board evaluation survey.

F.3 Report of the Nominating Committee Chair

MOVED: Laurie Ryan-Hill
SECOND: Helen Mulligan

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

CARRIED

Key Points of Discussion:

- The Report of the Nominating Committee Chair was circulated in the Board Meeting Materials.
- The Nominating Committee Chair reported that during the meeting of February 4th, 2015, the committee reviewed five candidate applications. A decision was made to interview all five candidates. The interview date was scheduled for Monday, February 2nd, which was cancelled due to inclement weather. A new date for the candidate interviews will be determined.

F.4 Report of the Audit Committee Chair

MOVED: Mervin Witter
SECOND: Helen Mulligan

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

CARRIED

Key Points of Discussion:

- An Audit Committee meeting was held on February 4, 2015. The minutes of the Audit Committee meeting of December 3, 2014, were approved by the Audit Committee for receipt by the Board of Directors.

MOVED: Michael Shea

SECOND: Mervin Witter

That the minutes of the Audit Committee meeting of December 3, 2014, be received and filed.

CARRIED

F.4.A Audit Plan Presentation (Appendix 2)

MOVED: Laurie Ryan-Hill

SECOND: Helen Mulligan

That the Audit Committee of the Hamilton Niagara Haldimand Brant receive and file the Audit Plan Presentation

CARRIED

Key Points of Discussion:

- The scope of audit, materiality, and risk issues were reviewed
- There is no change in the audit plan from previous years
- Materiality for funding to Transfer Payment funding is set at 1%
- Materiality for funding within the LHIN office is set at 2.5%
- Deloitte fee has increased slightly
- Fraud and error – no additional risk area's identified
- Audit to be performed and result will be communicated in May

F.4.B 2014-2015 In-Year Reallocations

MOVED: Helen Mulligan

SECOND: Laurie Ryan-Hill

That the Audit Committee recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the redistributions as outlined in Table 1 for 2014/15 fiscal year.

Table 1 – 2014-15 One-Time Funding Recommendations

<i>LHIN Health Service Provider</i>	<i>Recommended Funding</i>
North Hamilton Community Health Centre	\$ 95,468
Good Shepherd Centre Hamilton	\$ 84,620
Alternatives for Youth	\$ 12,000
CMHA Brant	\$ 15,000
Total	\$207,088

Key Points of Discussion:

- Briefing note was reviewed as circulated

F.4.C Funding Allocations

F.4.(i) Funding Allocation – Expansion of Overnight Respite at Linhaven Long-Term Care Home

MOVED: Laurie Ryan-Hill

SECOND: Helen Mulligan

That the Audit Committee of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to:

- \$21,000 one-time funding in 2014-15 and \$126,000 one-time funding in 2015-16 and 2016-17 for the Regional Municipality of Niagara (RMON) to support additional community overnight respite bed capacity at Linhaven T. Roy Adams Centre.
- \$150,000 surplus funding associated with LHIN-funded community program be retained by the RMON in 2015-16 and 2016-17 to support the operation of the community respite program.

These approvals are conditional on the RMON operating the community overnight respite program as a separate program and in compliance with the Long-Term Care Homes Act (2007).

CARRIED

Key Points of Discussion:

- Briefing note was reviewed as circulated
- Sources of funding and measures being used to identify success were outlined.

F.4.(ii) Funding Allocation – South Asian Ethnic Social and Congregate Dining Program

MOVED: Laurie Ryan-Hill

SECOND: Helen Mulligan

That the Audit Committee recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve funding Victorian Order of Nurses – Hamilton for the South Asian Social and Congregate Dining Program from October 1, 2014 – March 31, 2016.

CARRIED

Key Points of Discussion:

- Briefing note was reviewed as circulated

F.4.(iii) Funding Allocation – 2015-16 One-Time Allocations

MOVED: Helen Mulligan

SECOND: Laurie Ryan-Hill

That the Audit Committee recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve:

Assess Restore / Slow Stream Rehab Programs

- \$3,397,205 annual recurring on-time funding to support the programs identified in Table 2, starting in 2015/16.

Hotel Dieu Shaver Rehabilitation Centre – Interim Rehab Program

- \$1,970,139 annual recurring one-time funding to support 15 interim rehab beds, starting in 2015/16.

Interim Short Stay Beds

- \$610,280 annual recurring one-time funding in 2015-16 and 2016-17 to support 14 interim short-stay beds identified in Table 2 pending confirmation of the interim licence approval from the Ministry of Health and Long-Term Care.

Table 2

Aging At Home One-Time Allocation for 2015-16		
Health Service Provider Funding Available	Initiative	Funding
Brant Community Health System	Assess Restore Program (15)	\$ 541,617
Haldimand War Memorial Hospital	Assess Restore Program (4)	\$ 309,969
Hotel Dieu Shaver	Assess Restore Program (10)	\$ 221,560
Niagara Health System	Assess Restore Program (10)	\$ 334,339
Wellington Park Care Centre	Assess Restore Program (19)	\$ 929,348
Hotel Dieu Shaver	Slow Stream Rehab Program (15)	\$ 589,990
Norfolk General Hospital	Slow Stream Rehab Program (10)	\$ 470,382
Sub Total		\$ 3,397,205
Hotel Dieu Shaver Hospital	Inpatient Rehab Beds (15)	\$ 1,970,139
Sub Total		\$ 1,970,139
Anson Place	Interim LTCH Bed (1)	\$ 44,332
Arbour Creek LTC Centre	Interim LTCH Bed (1)	\$ 44,548
Bella Senior Care Residence	Interim LTCH Bed (1)	\$ 44,992
Cedarwood Village Nursing Home	Interim LTCH Bed (1)	\$ 44,368
Foyer Richelieu	Interim LTCH Bed (3)	\$ 129,756
Mount Nemo Christian Nursing Home	Interim LTCH Bed (1)	\$ 42,304
Pine Villa	Interim LTCH Bed (3)	\$ 127,848
Shalom Village	Interim LTCH Bed (3)	\$ 132,132
Sub Total		\$ 610,280
Total		\$ 5,977,624

CARRIED

Key Points of Discussion:

- Briefing note was reviewed as circulated

**F.4.(iv) Funding Allocation – 2015-2016 Mental Health and Addictions
Community Investment Funding**

MOVED: Laurie Ryan-Hill

SECOND: Helen Mulligan

That the Audit Committee recommend that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to \$31,500 pro-rated amount for three months from January-March, 2015 to be allocated to Good Shepherd Non-Profit Homes Inc. to provide the case management support in relation to the 2014-15 allocation of 12 rent supplement units by the Ministry of Health and Long-Term Care, pending confirmation of funding from the Ministry of Health.

CARRIED

Key Points of Discussion:

- Briefing note was reviewed as circulated
- It was stressed that funding details are pending without receipt of funding allocation from Ministry of Health and Long-Term Care. A funding letter has not received as of February 4, 2015.
- Annualized funding amount is \$136,000

**F.4.(v) Funding Allocation – Community Investment Funding – St. Joseph’s
Healthcare Hamilton**

MOVED: Helen Mulligan

SECOND: Laurie Ryan-Hill

That the Audit Committee recommend to the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network to approve \$102,552 dollars to St. Joseph’s Healthcare Hamilton for 2015/16.

CARRIED

Key Points of Discussion:

- Briefing note was reviewed as circulated

F.4.(vi) Funding Allocation – Assess Restore Intervention Funding

MOVED: Laurie Ryan-Hill

SECOND: Helen Mulligan

That the Audit Committee recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the allocation of \$206,163 one-time for 2014-15 and \$1,298,400 one-time recurring for 2015-16 and 2016-17 as detailed in Appendix A, conditional on LHIN staff confirming that hospital proposals align with the intent of the assess restore intervention funding.

Appendix A

Health Service Provider	2014-15 Prorated Team Funding	2014-15 One-time for Education and Training	2014-15 Total One-time Funding	2015-16 and 2016-17 One-time Funding
Brant Community Healthcare System	\$9,017	\$19,300	\$28,317	\$216,400
Hamilton Health Sciences Hamilton General Hospital	\$18,033	\$20,000	\$38,033	\$216,400
Hamilton Health Sciences Juravinski Hospital	\$18,033	\$20,000	\$38,033	\$216,400
Joseph Brant Hospital	\$18,033	\$17,680	\$35,713	\$216,400
Niagara Health System	\$18,033	\$10,000	\$28,033	\$216,400
St. Joseph's Healthcare Hamilton	\$18,033	\$20,000	\$38,033	\$216,400
TOTALS	\$99,183	\$106,980	\$206,163	\$1,298,400

CARRIED

Key Points of Discussion:

- Briefing note was reviewed as circulated
- Ministry of Health and Long Term Care identified that there was only 10 ways funding should be used in the future
- The model proposed in this motion is one of the 10 identified by the province.

F.4.(vii) Funding Allocation – Facilitating Patient Flow through Home and Community Collaborative Care Model

MOVED: Helen Mulligan
 SECOND: Laurie Ryan-Hill

That the Audit Committee recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve:

- The reallocation of \$3,000,000 in 2015-16 to support the implementation of a Collaborative Care Model from the HNHB Community Care Access Centre (this was previously approved on a recurring on-time basis); and
- The allocation of the \$4,000,000 (\$1,000,000 approved in December 2014 and the reallocation noted above) to support the implementation of the Collaborative Care Model on a recurring one-time basis to the health service providers identified in Appendix A.

Appendix A - Collaborative Care Model – Funding Allocations

HSP	Geography Served	2014-15 Prorated (Based on HSP estimates for services provided in 2014-15)	One-time Funding 2014-15	Total 2014-15 Funding	2015-16 Funding
AbleLiving Services	Hamilton, Burlington	76,716	11,600	88,316	664,872
Capability Support Services	Hamilton, Burlington, Dunnville	113,275	13,000	126,275	873,407
Good Shepherd Centre Hamilton	Hamilton	24,961	7,000	31,961	216,329
March of Dimes Hamilton	Hamilton, Burlington	39,438	2,500	41,938	413,439
March of Dimes Niagara	Niagara, Haldimand, Norfolk	112,680	2,500	115,180	1,186,412
Participation House Brantford	Brant	46,011	3,000	49,011	398,762
St. Joseph's Homecare	Hamilton	29,109	5,000	34,109	246,778
Totals		442,190	44,600	486,790**	4,000,000

** The \$487,790 is from the \$1,000,000 approved at the December 10, 2014 HNHB Board of Directors meeting and represents the hours of service health service providers estimate they can provide in February and March 2015. The remaining funds \$513,210 will be available for reallocation in 2014-15.

CARRIED

Key Points of Discussion:

- Briefing note was reviewed as circulated
- CCAC in process of transitioning clients right now

F.4.(viii) Behavioural Supports Ontario Provincial LHIN Coordination

MOVED: Helen Mulligan

SECOND: Laurie Ryan-Hill

That the Audit Committee recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve a transfer from HNHB LHIN to the North East (NE) LHIN as follows:

- One-time funding to support a Behavioural Supports Provincial Lead Model as follows:
- \$1,670 one-time funding in 2014-15
- \$78,560 one-time in 2015-16
- \$76,890 one-time in 2016-17

CARRIED

Key Points of Discussion:

- Briefing note was reviewed as circulated

G. New/Other Business

G.1.A Draft Annual Business Plan (Appendix 3)

MOVED: Michael She

SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the 2015-16 Draft Annual Business Plan for review by the Ministry of Health and Long-Term Care.

CARRIED

- The document which was circulated and posted in the Board package is in the draft stage, and is not considered final until the Ministry of Health and Long-Term Care (ministry) has approved.
- A PowerPoint presentation was presented by LHIN staff, which will be posted on the HNHB LHIN website and appended to these minutes.

G.1.B Quarterly Declaration of Compliance

MOVED: Michael Shea

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 LHINS 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 the LHIN's compliance with its obligations under the Ministry (LHIN) Accountability Agreement / Ministry LHIN Performance Agreement in effect, during the Applicable period of October 1 to December 31, 2014.

CARRIED

F. Adjournment

The Board of Directors – Business meeting be adjourned at 6:01 p.m.

Michael P. Shea, Chair

Date

Donna Cripps, Corporate Secretary

Date