

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

Minutes of the Business Meeting of the Board of Directors June 24, 2015

A meeting of the Board of Directors of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) was held on June 24, 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: Michael P. Shea, Board Chair
Ruby Jacobs, Vice Chair
Helen Mulligan, Member
Laurie Ryan-Hill, Member
Mervin Witter, Member
Bill Thompson, Member
Dominic Ventresca, Member

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: Tai Huynh, Campaign Manager, Choosing Wisely Canada
David Jewell, Director, Regional Geriatric Program Central and Assistant
Clinical Professor, McMaster University
Trish Corbett, Clinical Nurse Specialist, Geriatrics, Joseph Brant Hospital
Mark Farrow, Regional eHealth Lead & CIO, HNHB eHealth Office

A. Convening the Meeting

A.1 Call to Order

A quorum was present.

A.2 Approval of the Agenda

MOVED: Ruby Jacobs

SECOND: Mervin Witter

That the agenda of June 24, 2015, be adopted, as circulated.

CARRIED

A.3 Declaration of Conflicts

No conflicts were identified at this time.

B. Education Session

B.1 Choosing Wisely Canada (Presentation provided (Appendix 1) appended to original set of minutes)

Key Points of Discussion:

- Choosing Wisely Canada (CWC) is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help them make smart and effective choices to ensure high-quality care.
- CWC currently has 50 committed societies and has received over 220 physician recommendations.
- Early data has shown that 28% of lumbar spine MRI's are inappropriate in Alberta and Ontario.
- 28% of bone mineral density (DEXA) scans are inappropriate in Ontario and 17% in Alberta.
- 31% of pre-operative ECG's in low-risk surgeries are inappropriate in Ontario.
- 32% of RBC transfusions are inappropriate in Ontario.
- Choosing Wisely Canada educates current and future physicians, develops patient materials and through media informs Canadians.
- The focus is to have a healthy conversation between physicians and their patients when discussing the need for medical tests, treatments, and procedures.

B.2 Senior Friendly Hospital (Presentation provided (Appendix 2) appended to original set of minutes)

Key Points of Discussion:

- The Regional Geriatric Program Senior Friendly Hospital (SFH) program looks at the processes of care, emotional and behavioural environment, ethics in clinical care and research, organization support, and physical environment within the hospitals.
- In a Senior Friendly Hospital the goal is to deliver an optimal hospital experience for older adults.
- 78% of HNHB LHIN hospitals have included SFH commitments in their strategic plans or formal quality improvement plans.
- In a SFH, care is designed from evidence and best practices that are mindful of the physiology, pathology and social science of aging and frailty. Care and service across the organization are delivered in a way that is integrated with the health care system and support transitions to the community.
- Care and service is provided in a way that is free of ageism and respects the unique needs of patients and their caregivers.

C. Minutes of the Last Meeting

C.1 Approval of the Minutes of May 27, 2015

MOVED: Mervin Witter
SECOND: Bill Thompson

That the minutes of the Board Meeting – Business of May 27, 2015, be adopted as circulated.

CARRIED

D. Reports

D.1 Report of the CEO

MOVED: Michael Shea
SECOND: Laurie Ryan-Hill

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.
- A Citizens Reference Panel is being held on June 24th, 2015. The panel will consist of 24 people ranging in age from 20 to 94. These individuals will be providing input into our health system

D.2 Report of the Chair

MOVED: Michael Shea
SECOND: Ruby Jacobs

That the Report of the Chair be received and filed.

CARRIED

Key Points of Discussion:

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

D.3 Report of the Audit Committee Chair

MOVED: Bill Thompson
SECOND: Dominic Ventresca

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

CARRIED

Key Points of Discussion:

- The Audit Committee Chair reviewed the circulated report.
- The Audit Committee held a meeting on June 17, 2015. The minutes of the Audit Committee meeting of May 27, 2015, were approved by the Audit Committee for receipt by the Board of Directors.

MOVED: Michael Shea
SECOND: Ruby Jacobs

That the minutes of the Audit Committee meeting of May 27, 2015, be received and filed.

CARRIED

Consent Agenda

The Audit Committee reviewed the consent agenda of June 17, 2015, consisting of:

- i) CCAC MSAA Waiver

MOVED: Helen Mulligan
SECOND: Mervin Witter

That the consent agenda of June 17, 2015 be received and filed.

CARRIED

Quarterly Report – First Quarter

The Audit Committee reviewed the First Quarter Report.

On a year-to-date basis, the expenses are tracking below budget. LHIN salaries and benefits are trending favourably year-to-date. Since April, there have been 3 new hires, bringing the complement up to 39. As well, there is a significant year-to-date variance in the Governance per diem account. This is mainly driven by the fact that HNHB LHIN currently has seven board members but budgets for a full complement of nine board members.

MOVED: Laurie Ryan-Hill
SECOND: Helen Mulligan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the First Quarter Report.

CARRIED

Migrant Agricultural Worker Program Expansion

In March 2014 the HNHB LHIN approved the allocation of \$75,000 in base funding to Quest Community Health Centre (CHC) to expand its established Migrant Agricultural Worker (MAW) health services program in the communities of Virgil and Vineland and \$75,000 in base funding to Grand River CHC to establish a new MAW health services program to service the communities of Simcoe and Delhi. Both programs have been operating since May 2014. Following a year-end review process the programs have demonstrated successes in both performance measure areas and a need for enhancement in order to meet demand for services.

As a result of the success of these programs as well as the identified demand for an expansion to these programs the audit committee considered the request for an expansion to both programs.

MOVED: Dominic Ventresca
SECOND: Helen Mulligan

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

- up to an additional \$80,000 in base funding to Quest Community Health Centre in 2015-16; and
- up to an additional \$154,000 in base funding to Grand River Community Health Centre in 2015-16 to expand Migrant Agricultural Worker health services.

CARRIED

Exercise Expansion

Since 2013-14, the LHIN has approved funding for 353 exercise and falls prevention classes at 132 locations including retirement homes and congregate living settings. Due to demand there has been a request to expand exercise and falls prevention classes by an additional 16 classes to serve approximately 500 additional seniors living in City of Hamilton Housing buildings.

Direct costs of \$72,000 will be allocated from the LHIN-approved base funding of \$1,221,300 for the Falls Prevention (FP) and exercise initiative. The indirect costs of \$10,800 will also be allocated.

MOVED: Laurie Ryan-Hill
SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to \$82,800 base funding (\$72,000 Direct and \$10,800 Indirect) to City Housing Hamilton to support 30 group exercise classes. This expansion will be phased in across City Housing Hamilton buildings as demand increases.

CARRIED

Telehomecare (THC) Implementation

The Ontario Telemedicine Network (OTN) is offering funding for a host organization within a LHIN to implement the Telehomecare program for patients with Chronic Obstructive Pulmonary Disease (COPD)/Congestive Heart Failure (CHF). LHINs have been asked to submit a request for one-time funding (\$50,000 to \$100,000) for use in fiscal year 2015-16 for THC project development planning and THC project management. To be eligible for funding, OTN required that the host organization be selected by the LHIN.

THC provides remote monitoring of a patient's chronic condition, a rapid response from the care team to an emerging health crisis, proactive patient coaching and education and coordination of care amongst multiple care providers.

In April 2015 the HNHB LHIN identified the Integrated Comprehensive Care Program (ICCP) for COPD/CHF patients at St. Joseph's Healthcare Hamilton (SJHH) as a potential host organization for THC implementation. SJHH confirmed their interest to host the THC project and to implement THC in their existing ICCP care path for patients with COPD/CHF.

In order to implement THC at SJHH, one-time funding from the LHIN is required for the cost of the OTN Technology for up to 200 patients per year. The total amount required to fund the OTN technology is \$153,152. One-time funding of \$153,152 is available from prior years Community Investment funding.

MOVED: Ruby Jacobs
SECOND: Helen Mulligan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the one-time allocation of \$153,152 to St. Joseph's Healthcare Hamilton in 2015-16 to implement and integrate the use of Telehomecare services in the existing Integrated Coordinated Care Program for COPD and CHF patients.

CARRIED

Home and Community Care Collaboration

In 2014-15 the HNHB LHIN Board of Directors approved funding totaling \$4,000,000 in funding to support the development and implementation of a Collaborative Care Model (CCM) between the HNHB Community Care Access Centre (CCAC) and LHIN-funded Assisted Living/Supportive Housing (AL/SH) providers.

The development of a CCM was in response to the HNHB CCAC informing the LHIN that in order to accommodate increased referrals from hospitals and community for persons needing higher levels of care, CCAC would need to transition persons assessed as requiring lower levels of care from Personal Support Services Workers to Community Support Service (CSS) agencies. HNHB CCM is consistent with processes outlined in new policy guidelines for home and community care, which introduce consistent practices between the CCAC and CSS to operate as "one sector".

As of April 30, 2015, 801 individuals receiving an annual total of over 80,000 hours of care had been transitioned from CCAC to AL/SH CSS agencies. LHIN-wide patient experience surveys indicate high satisfaction rates for the transition of care (94%), involvement in care decisions (94%) and overall care received (96%).

An allocation of \$1,000,000 will further expand capacity under the "one sector" for delivering Personal Support Services to those currently on the CCAC waitlist and/or newly assessed individuals by 30,174 hours. Number of clients estimated to be served through these funding ranges from 209 to 580 depending on the number of hours of care required per week.

MOVED: Laurie Ryan-Hill
 SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to \$1,000,000 one-time funding in 2015-16 to support the expansion of the Home and Community Care Collaborative to the health services providers identified in Appendix A.

Appendix A

Collaborative Care Model – Funding Allocations

Agency	Geography Served	2015-16 Funding	Hours of Care
AbleLiving	Hamilton, Burlington	\$150,917	4,554
Capability	Hamilton, Burlington, Dunnville	\$199,513	6,020
The Good Shepherd Centre	Hamilton	\$42,699	1,288
March of Dimes Hamilton	Hamilton, Burlington	\$113,872	3,436
March of Dimes Niagara	Niagara, Haldimand, Norfolk	\$372,641	11,244
Participation House	Brant	\$71,649	2,162
St. Joseph's Homecare	Hamilton	\$48,709	1,470
		\$1,000,000	30,175

Note: Funding will be reallocated across providers by LHIN based demand

CARRIED

LHIN-Wide Mobile Crisis Rapid Response Team Capacity Enhancement

In September 2013, the HNHB LHIN Board of Directors approved funding for St. Joseph's Healthcare Hamilton (SJHH) to support the expansion of the Crisis Outreach and Support Team (COAST), and the phase one implementation of the Mobile Crisis Rapid Response Team (MCRRT) in partnership with Hamilton Police Services. First phase of implementation has demonstrated successful outcomes for clients experiencing mental illness i.e. 40% reduction in individuals being brought to the emergency department; 21% increase in individuals requiring treatment being admitted to hospital; 85% reduction in average wait time in ED by uniformed police officers.

As a result of early successes, the LHIN has supported the expansion of the COAST-MCRRT model to all parts of the LHIN, including Hamilton, Niagara and Norfolk and Brantford. Further expansion is anticipated to Halton by August 2015.

Additional resources are required to sustain the capacity of the SJHH core COAST-MCRRT team. The request for additional staffing resources is to sustain the project development and implementation, crisis intervention training of mental health workers and police officers, clinical supervision and consultation, development of outcomes measures, performance indicators and evaluation. In addition strengthening the relationship and developing protocols between emergency and emergency psychiatry services and police will be critical in order to ensure the success of the model. Base funding of \$439,000 is available from prior years Community Investment.

MOVED: Mervin Witter
SECOND: Helen Mulligan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to \$439,000 in 2015-16 base funding for St. Joseph's Health Care for the LHIN-Wide Mobile Crisis Rapid Response Team Capacity Enhancement.

CARRIED

ABI and Stroke

In April 2015 the HNHB Board of Directors approved a motion to support in principle the development of an ABI-Stroke Community Transitional Program within the LHIN. In follow up to the LHIN's April 2015 Board meeting, the LHIN met with senior administrators from Hamilton Health Sciences Corporation to discuss the development of an ABI-Stroke Community Transitional Program. While additional funding of \$750,000 to \$1,000,000 may be required, the LHIN would limit its investment for the program to \$3,000,000. The LHIN has informed HHSC they would be expected to contribute funding to support the program from operational efficiencies obtained from reduced length of stay and reduced alternate level of care days.

Next steps include:

- The LHIN is in the process of establishing a Steering Committee comprised of key ABI Stakeholders and a patient/family member to move the project forward.
- Meet with HHSC President and CEO to obtain a commitment to move the project forward.

MOVED: Laurie Ryan-Hill
SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve \$2,000,000 base funding in 2015-16 to Hamilton Health Sciences Corporation to support rehabilitative and life skill coaching services for clients admitted to a new Acquired Brain Injury - Stroke Community Transitional Program. This funding approval is contingent on the HNHB LHIN Board of Directors approval of the Acquired Brain Injury - Stroke Community Transitional Program developed by Hamilton Health Sciences Corporation and the proposed implementation date. Funding allocation to align with the implementation date.

CARRIED

D.4 Report of the Quality and Safety Committee Chair

MOVED: Mervin Witter
SECOND: Bill Thompson

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

At the Quality and Safety Committee meeting held on June 17, 2015, the minutes of the Quality and Safety Committee meeting of March 18, 2015, were approved by the Quality and Safety Committee for receipt by the Board of Directors.

MOVED: Mervin Witter
SECOND: Laurie Ryan-Hill

That the minutes of the Quality and Safety Committee meeting of March 18, 2015, be received and filed.
CARRIED

Ministry / LHIN Performance Indicators – Priority Indicators Quarterly Report

The Ministry-LHIN Performance Agreement (MLPA) includes 15 local health system performance indicators, including access, coordination and quality indicators. The Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) closely monitors these indicators, as proxies for system performance, and works with providers on LHIN-wide improvement strategies. Progress towards targets is summarized for the Board on a quarterly basis.

Staff presented a detailed slide presentation (Presentation provided (Appendix 3) appended to original set of minutes) describing current actions/strategies for the 15 MLPA indicators.

MOVED: Bill Thompson
SECOND: Dominic Ventresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Ministry-LHIN Performance Agreement Priority Indicator Quarterly Update.
CARRIED

Understanding Patient Experience

Staff presented a slide presentation (Presentation provided (Appendix 4) appended to original set of minutes) describing the Hamilton Niagara Haldimand Brant Local Health Integrations Networks obligations and activities for 2015-2016.

MOVED: Dominic Ventresca
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Understanding Patient Experience report.
CARRIED

Quality Guidance Council Update

An update was provided on the Quality Guidance Council (QGC) at the meeting.

MOVED: Laurie Ryan-Hill
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receives and files the Quality Guidance Council Update.
CARRIED

D.5 Report of the Governance Working Group Chair

MOVED: Michael Shea
SECOND: Ruby Jacobs

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

Key Points of Discussion:

- The Governance Working Group Chair reviewed the circulated report.

The Governance Working Group (GWG) met on June 27, 2015. At the meeting the minutes of March 18, 2015 and May 27, 2015, were reviewed and approved.

MOVED: Michael Shea
SECOND: Ruby Jacobs

That the minutes of March 18, 2015 and May 27, 2015 of the GWG – be adopted, as circulated.

CARRIED

2015-16 Final Annual Business Plan

The 2015-16 Final Annual Business Plan is to be submitted to the Ministry of Health and Long-Term Care (ministry) for approval. The 2015-16 Annual Business Plan follows the guidelines provided by the ministry to focus on goals and action plans relating to system change and outcomes. The 2015-16 Annual Business Plan represents the third year of the three-year Integrated Health Service Plan, based on the Strategic Health System Plan. The Board of Directors approved a draft Annual Business Plan in February 2015 and submitted it, as required, to the Ministry of Health and Long Term Care. Feedback from the Ministry was very positive.

LHIN staff presented the final 2015- 16 Annual Business Plan. (Presentation provided (Appendix 5) appended to original set of minutes)

The final Annual Business Plan is to be submitted to the Ministry by June 25, 2015. Please note that the cover page will be modified to indicate the date as June 2015.

MOVED: Helen Mulligan
SECOND: Ruby Jacobs

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the 2015-16 Final Annual Business Plan and forward to the Ministry of Health and Long-Term Care for approval.

CARRIED

Strategic Health System Plan Quarterly Update

LHIN Staff presented the quarterly update on the Strategic Health System plan. (Presentation provided (Appendix 6) appended to original set of minutes)

MOVED: Helen Mulligan
SECOND: Ruby Jacobs

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Strategic Health System Plan Quarterly Update.

CARRIED

Committee Membership

MOVED: Helen Mulligan
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network appoints Dominic Ventresca to the Governance Working Group and the Quality and Safety Committee.

CARRIED

E. New/Other Business

E.1 eHealth Quarterly Update

MOVED: Michael Shea
SECOND: Dominic Ventresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Report of the HNHB eHealth Office

CARRIED

Key Points of Discussion:

- A presentation was provided highlighting recent developments, such as advances in ClinicalConnect. (Presentation provided (Appendix .3) appended to original set of minutes)

E.2 Haldimand War Memorial Hospital Emergency Department Pre-Capital Submission

MOVED: Michael Shea

SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network endorse the program and services component (Part A) of the pre-capital submission for the proposed HWMH Emergency Department Revitalization, and forward it to the Ministry of Health and Long-Term Care.

CARRIED

E.3 Quarterly Declaration of Compliance

MOVED: Mervin Witter

SECOND: Bill Thompson

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 the LHIN's compliance with its obligations under the Ministry LHIN Accountability Agreement/Ministry LHIN Performance Agreement in effect, during the Applicable Period of April 1 to June 24, 2015.
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 April 1 to June 24, 2015.

CARRIED

F. Closed Session

MOVED: Michael Shea
SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network move to a closed session at 6:35 p.m. to review/approve the closed minutes of March 25, 2015, to discuss a matter of personal and public interest which includes reviewing the 2014-15 Annual Report and Ministry-LHIN Accountability Agreement 2015-18.

CARRIED

F.1 Report of the Chair on the Closed Session

During the closed session, the Board reviewed the 2014-15 Annual Report prepared by LHIN staff. On behalf of the Board, the Vice Chair and I have signed the Report and it will now be submitted to the Ministry as per legislative timelines. As per directions from the Ministry of Health and Long-Term Care, all LHIN Annual Reports must not be released publicly until the Minister has tabled them in the Legislature. Once the LHIN receives notification that has occurred French and English copies will be posted to our website.

MOVED: Michael Shea
SECOND: Ruby Jacobs

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network moved to a closed session at 6:35 p.m. to review/approve the closed minutes of March 25, 2015, to discuss a matter of personal and public interest which included reviewing 2014-15 Annual Report and Ministry-LHIN Accountability Agreement, and returned to an open session at 6:49 pm.

CARRIED

G. Adjournment

The Board of Directors – Business meeting be adjourned **at 6:50** p.m.

Original Signed by:

Michael P. Shea, Chair

August 26, 2015

Date

Original Signed by:

Donna Cripps, Corporate Secretary

August 26, 2015

Date