

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

Minutes of the Business Meeting of the Board of Directors May 27, 2015

A meeting of the Board of Directors of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) was held on May 27, 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

HNHB LHIN Staff  
in Attendance: Steve Isaak, Delegate CEO  
Helen Rickard, Corporate Coordinator, Recording Secretary  
Derek Bodden, Director, Finance  
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: Mary Burnett, Chief Executive Officer, Alzheimer Society of Brant,  
Haldimand Norfolk, Hamilton, Halton

**A. Convening the Meeting**

**A.1 Call to Order**

A quorum was present.

**A.2 Approval of the Agenda**

MOVED: Helen Mulligan

SECOND: Mervin Witter

That the agenda of May 27, 2015, be adopted, as circulated.

CARRIED

**A.3 Declaration of Conflicts**

No conflicts were identified at this time.

## **B. Education Session**

### **B.1 Geriatrics and Dementia (Appendix 1 appended to original set of minutes)**

Presenter: Mary Burnett, Chief Executive Officer, Alzheimer Society of Brant,  
Haldimand Norfolk, Hamilton Halton

Key Points of Discussion:

- Most people today know of someone dealing with dementia whether it is a family member or friend.
- It is expected that within the next 20 years the number of people with dementia will double.
- Very few types of dementia are linked to genetics.
- The worst thing about suffering with dementia is the loss of relationships and community.
- It is important to create a system of support that so that patients maintain their quality of life.
- One goal of the Alzheimer Society is to ensure patients remain involved in day-to-day living decisions.
- Early diagnosis remains and will continue to be a key factor in development of a sustainable care plan.

## **C. Minutes of the Last Meeting**

### **C.1 Approval of the Minutes of April 29, 2015**

MOVED: Mervin Witter

SECOND: Ruby Jacobs

That the minutes of the Board Meeting – Business of April 29, 2015, be adopted as circulated.

CARRIED

## **D. Consent Agenda**

### **D.1 Consent Agenda of May 27, 2015**

MOVED: Helen Mulligan

SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network adopts the consent agenda of May 27, 2015, consisting of:

- Leisureworld Rebranding

CARRIED

## **E. Reports**

### **E.1 Report of the CEO**

MOVED: Michael Shea  
SECOND: Bill Thompson

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

CARRIED

### **Negotiation of the Long Term Care Service Accountability Agreement**

MOVED: Michael Shea  
SECOND: Laurie Ryan-Hill

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network hereby authorizes an LSAA Negotiating Team with representation from three LHIN CEOs (Central East, Hamilton Niagara Haldimand Brant, and Waterloo Wellington LHINs) to act on behalf of the Hamilton Niagara Haldimand Brant LHIN to coordinate and manage the consultation and negotiation process for the 2016-2019 LSAA.

CARRIED

#### **Key Points of Discussion:**

- The delegate CEO presented the report as circulated.
- An update was provided on the Office of the Auditor General of Ontario visit. Onsite work was completed on April 30, 2015. We are continuing to work with the audit team in response to additional requests for information.
- A Mental Health Forum was held on May 12 and was attended by the LHIN CEO's and Mental Health leads from across the province. Discussion was focused on practices that have been implemented in different areas of the province.
- The Niagara Health system held a Strategic Planning Event on May 13. The session focused on community partnerships and opportunities for partnerships in the Niagara Region.
- A motion was proposed regarding the negotiation of the Long-Term Care Service Accountability Agreement on the development of a LSAA Negotiating Team.
- The Annual Provincial Aboriginal LHIN Network (PALN) Meeting with CEO's and Aboriginal LHIN Leads was held on May 19 and May 20. This event was attended by Ros Tarrant, Director, Access to Care and Kate MacNeil, Advisor, Access to Care.

**E.2 Report of the Chair**

MOVED: Helen Mulligan  
SECOND: Mervin Witter

That the Report of the Chair be received and filed.

CARRIED

MOVED: Helen Mulligan  
SECOND: Mervin Witter

That the Governance Working Group of the Hamilton Niagara Haldimand Brant Local Health Integration Network proposes to appoint Bill Thompson to the Audit Committee of the Hamilton Niagara Haldimand Brant Local Health Integration Network.

CARRIED

Key Points of Discussion:

- The Chair highlighted the events attended during May.
- A thank you was communicated to Vice Chair for fulfilling the role of Chair during my absence the last couple of months.

**E.3 Report of the Audit Committee Chair**

MOVED: Michael Shea  
SECOND: Mervin Witter

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

CARRIED

- The Audit Committee held a meeting on May 27, 2015. The minutes of the Audit Committee meeting of April 29, 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 April 29, 2015, be received and filed.

CARRIED

Consent Agenda

The Audit Committee reviewed the consent agenda of May 27, 2015, consisting of:

- Posting of Quarterly Expenses
- Confirmation of Funding

MOVED: Laurie Ryan-Hill

SECOND: Mervin Witter

That the consent agenda of May 27, 2015 be received and filed.

CARRIED

Presentation of Audit Results

Steve Stewart from Deloitte LLP presented the year-end communication to the Audit Committee.

This was the result of Deloitte LLP findings from the financial audit conducted from April 27, 2015 to May 1, 2015.

MOVED: Laurie Ryan-Hill

SECOND: Helen Mulligan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the Post Audit Report from Deloitte LLP

CARRIED

LHIN's Annual Report on Consultant Use (BPSAA Directives)

Reporting requirements under the Boarder Public Sector Accountability Act, 2010, requires the Hamilton Niagara Haldimand Brant Local Health Integration Network to report on their use of consultants annually.

The Hamilton Niagara Haldimand Brant (HNHB) LHIN issued one consulting contract in 2014-15 to Telus Health Solutions at a total cost of \$34,625

MOVED: Helen Mulligan

SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve that the 2014-15 Use of Consultants Report as an accurate reflection of the procurement contracts undertaken in 2014-15.

CARRIED

Access Through Telemedicine for Specialized Populations

Hotel Dieu Shaver submitted a proposal in May 2015, requesting \$134,098 (\$111,853 and \$22,245 one-time) for a nurse supported OTN service and to expand their Augmentative and Alternative Communication (AAC) service. The one-time funding is associated with additional OTN equipment. This service will expand current OTN service to serve people in Niagara who either are unable to

leave their home to go to follow up physician appointments or who are unable to drive to attend a specialist appointment in Hamilton, London or Toronto.

MOVED: Laurie Ryan-Hill

SECOND: Ruby Jacobs

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the allocation of \$134,098 (\$111,853 base and \$22,245 one-time) to Hotel Dieu Shaver Health and Rehabilitation Centre in 2015-16 to expand their telemedicine program to accommodate specialized populations.

CARRIED

#### Brant Mobile Crisis Rapid Response Team

In December the Board approved expansions of the mobile crisis rapid response teams for Hamilton, Niagara, and Norfolk.

The proposed expansion will allow for the necessary resources for rapid response team services to be available in Brantford, eight hours per day, five days per week, in order to ensure that high risk clients receive the care they require. This model includes a dedicated police officer and a mental health specialist to respond to 911 mental health calls with the goal of ER diversion.

The proposed service is modelled after the successful Hamilton Rapid response program, and has been developed in partnership with the Brantford Police, following discussions with the Hamilton Police Service and the Hamilton Crisis Outreach and Support Team (COAST) program.

MOVED: Helen Mulligan

SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to \$450,417 in 2015-16 base funding for St. Leonard's Community Services (SLCS), for the implementation of a Mobile Crisis Rapid Response Team (MCRRT) for Brantford.

CARRIED

## **F. New/Other Business**

### **F.1 CMHA Integration**

MOVED: Michael Shea

SECOND: Helen Mulligan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receives and files the intention for a Voluntary Integration through the amalgamation of CMHA Haldimand-Norfolk and CMHA Brant County, and encourages the organizations to move forward.

CARRIED

Key Points of Discussion:

- The meaning of integration was highlighted and it was noted that this is a voluntary integration which will result in one CMHA branch in the South Zone.
- The integration aligns with the HNHB LHIN’s Integrated Health Service Plan by improving the patient experience through quality, integration, and value.
- It was noted that consultations are currently taking place with First Nations regarding participation.
- This integration will result in the largest community based mental health and addictions provider in the South Zone.

**F.2 SJHH Special Care Nursery Pre-Capital Submission**

MOVED: Michael Shea

SECOND: Ruby Jacobs

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 Special Care Nursery Expansion, and forward it to the Ministry of Health and Long-Term Care.

CARRIED

Key Points of Discussion:

- It was noted that this request is the conceptual phase and that two additional detailed proposals will be forthcoming.
- The current space that provides approximately 60 square feet of space per bassinet does not meet the recommended 120 square feet per bassinet according to accepted industry standards.

**G. Adjournment**

MOVED: Michael Shea

SECOND: Ruby Jacobs

The Board of Directors – Business meeting be adjourned at 5:40 p.m.

CARRIED

Original Signed by:

July 9, 2015

\_\_\_\_\_  
**Michael P. Shea, Chair**

\_\_\_\_\_  
**Date**

Original Signed by:

July 9, 2015

\_\_\_\_\_  
**Donna Cripps, Corporate Secretary**

\_\_\_\_\_  
**Date**

**OUR AGING POPULATION: Strategies to support those aging with chronic or complex care issues in our LHIN (with a focus on dementia)**



Mary Burnett, Chief Executive Officer  
Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton  
Presented to the HNHB LHIN Board of Directors - May 27, 2015





# Agenda

- Aging Population
- GAIN
- Dementia Facts and Figures
- Innovative approaches to care
- Potential Solutions
- Questions



# The Aging Revolution

“By 2025 20% of our population, or one out of every five people, will be age 65 or older, compared to just 12% (1 in 8) in 2000. But while life expectancy has increased, life without disability has not increased to the same extent.

A growing number of older Canadians will face the combined effects of a decline in physical function, medical problems and the development of chronic diseases.”

*The Canadian Longitudinal Study on Aging*



# Soci t  Alzheimer Society

## Population Totals in Canada by Age Group and Year

AGE	MALES	BOTH SEXES	FEMALES
80+	229898	670192	440294
75-79	255599	622194	366595
70-74	364298	833991	469693
65-69	497996	1084588	586592
60-64	578596	1190087	611491
55-59	618096	1238387	620291
50-54	673295	1339986	666691
45-49	844194	1674182	829988
40-44	1076892	2138777	1061885
35-39	1173491	2344675	1171184
30-34	1311991	2597873	1285882
25-29	1282190	2528572	1246382
20-24	1067593	2108978	1041385
15-19	984993	1925780	940787
10-14	980292	1912979	932687
5-9	998293	1953079	954786
0-4	1000393	1953280	952887
<b>1991 TOTALS</b>	<b>13938100</b>	<b>28117600</b>	<b>14179500</b>





Geriatric Access and Integration Network



## **Vision**

Optimizing the quality of life for seniors who have chronic and complex health issues.

## **Mission**

To facilitate the provision of quality care to seniors who have chronic and/or complex health issues, including health promotion and prevention strategies, through an interconnected network of health and community support services.



# **GAIN = Network of Networks**

Identifies LHIN-wide issues & attempts to address.

Examples of its work include:

- Specialized Geriatric Services Report
- Development of Senior Friendly Hospital working group
- Respite Study Client Experience/Co-Design Workshop
- Development of Complex Care Resolution Process for persons with complex needs



# Face of Dementia





# Face of Dementia





# What is Dementia?

Dementia is a brain disorder that results in the loss of ability to think clearly and act purposefully.



**■ = Reversible Causes**

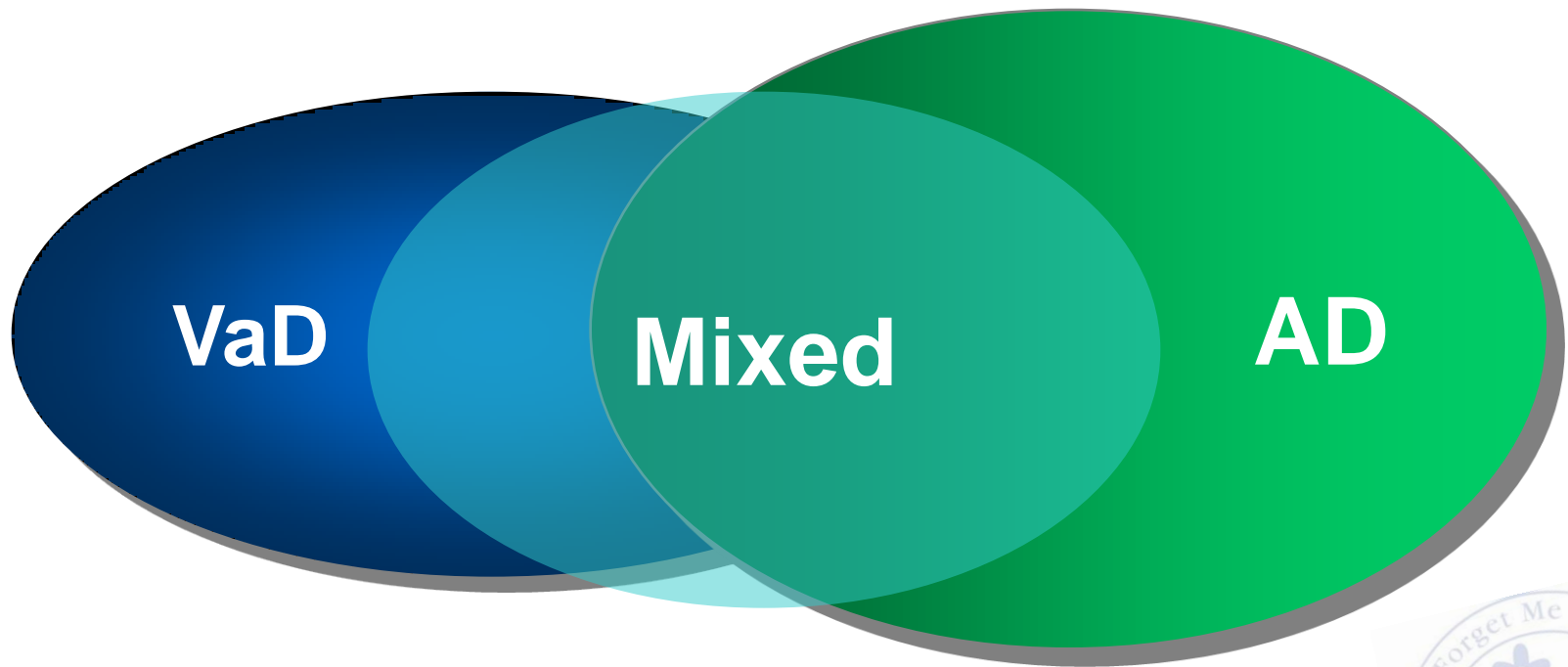
**■ = Irreversible Causes**

- Medications
- Nutritional Deficiencies
- Metabolic Disorders
- Tumors

- Depression
- Normal Pressure Hydrocephalus
- Delirium

- Alzheimer Disease
- Lewy Body Dementia
- Vascular Dementia
- Frontal Dementia
- Parkinson's Dementia
- Huntington's Disease
- Brain Injury
- HIV

# Interactions Between Vascular Dementia and Alzheimer's disease



**80% of all Dementias**



# Dementia by the numbers

[https://www.youtube.com/watch?v=kYc\\_aUkuuUI](https://www.youtube.com/watch?v=kYc_aUkuuUI)



# Dementia is on the rise

- Today, nearly 200,000 Ontarians have dementia. In HNHB LHIN, there are more than **25,000** persons affected by dementia. \*
- While dementia can affect people as young as 40-50, the risk doubles every five years after 65.
- 72% are women.
- Unless we are able to change its course, the number of persons with dementia is expected to double over the next 20 years\*\*

\*Source: Dementia Evidence Brief. Ontario Society of Ontario, July 2012.



# **Dementia is a core issue impacting Ontario's health & social system**

- *Our society now confronts a growing phenomenon – that of a burgeoning aging population of individuals living with frailty and/or multiple co-morbidities, all of which may be confounded by the challenges of dementia.*

-Dr. David Walker, Provincial ALC Lead, 2011



# Innovative Approaches

## In HNHB LHIN

- BSO Community Outreach Teams
- Mount Sinai Carers Therapeutic Program
- Health Promotion Activities
  - Exercise  
(CTV: [https://www.dropbox.com/s/ppu44asj7aviedh/CTV interview.mov?dl=0](https://www.dropbox.com/s/ppu44asj7aviedh/CTV%20interview.mov?dl=0) )
  - Dementia Cafes
- LTC homes with excellent innovations, such as Montessori Approach to dementia care (Grandview Lodge, Shalom Village)



# More examples....

## New uses of technology

- Reminiscence apps
- Tele-connect
- Music and memory
- GPS

## Primary Health Care Hub in Dundas

- Broad based response to aging population

## Memory Clinics







# Primary Care Memory Clinics

- Over 60 Primary Care Memory Clinics across Ontario –  
**10** in HNHB - (7 CHC, 3 FHTs)
  - Staff of Alzheimer Societies engaged at all
- Goals:
  - a timely diagnosis
  - access to non-pharma supports
    - education and support for person with dementia and carers





# Benefits of early diagnosis

Early diagnosis of dementia helps people get care, support and medications faster so they live better with dementia and make important decisions about their future medical, financial and legal needs.

**A referral to First Link is a “best practice” next step in dementia care after diagnosis.\***

\*Canadian Consensus Guidelines on Dementia Care



# The Reitman Centre's CAREERS Program

Mount Sinai's approach to Caregiver support



# **Innovative Approaches in other jurisdictions**

- Champlain LHIN Integrated Model of Dementia Care
- Research into Dementia Journey
- Individualized respite options
- Robust publicly funded volunteer engagement strategy
- Small scale homes for persons with dementia



# Champlain LHIN Integrated Model of Dementia Care

Strategy	Outcome
Public Awareness	Improved awareness & community support
Detection & Diagnosis	Earlier detection & diagnosis of Persons with Dementia
Self-Management & Caregiver Support	Promotion of activities & attitudes to 'live well' with dementia.
System Navigation	Persons with Dementia & caregivers know what to expect and where to find it
Coordinated Pathways of Support	Prevent & manage the complications of dementia, by providing choices that matter
System Integration	Enable a system of support that is tailored & targeted to their changing needs

# Visual Representation of the Dementia Experience in the Community



# What persons with dementia and their carers told us



# **New housing approaches for later stages of disease**

Growing demand---in 2020 there will be 255,000 people living with dementia in Ontario

- More home-like environment
- Solutions to cultural homes and long waiting lists
- Respond to rural communities
- Alzheimer Society of Ontario led review



# Success stories from other countries:

- **Sweden**: 20% (14,000) of people with dementia residing in institutional care lived in group-living facilities (2000)
- **Netherlands**: almost 25% of nursing home care for older people with dementia is organized in small-scale living facilities (2010)
- **Japan**: group homes are increasing rapidly, up to 4775 (2004)
- **U.S.A.**: there were 97 Green House homes for persons with dementia across 17 states (2011)





# Benefits of smaller housing

Culture  
shift

Benefits to  
residents,  
families  
and staff

Less or  
equal cost  
to traditional  
LTC model



# On the Horizon...

## Provincial Solutions

- Ontario Dementia Strategy
  - Voice of person with dementia
- More options/choice for care supports (self directed care, increased financial incentives for family carers)
- More investment in research and health promotion



# On the horizon...

## Local Solutions

- Expansion of respite supports and approaches
- Better coordination of service through development of local primary health care hubs
  - Earlier diagnosis and enhanced system navigation/education/support for families
- New housing supports
- Volunteer Engagement Strategy



# QUESTIONS?

