



System (CIS/HIS). The work on Personal Health Record (PHR) was highlighted in that the work being done at the Barrie Family Health Team is leading the way for Canada Health Infoway and the system will be rolled out to other geographies. This will allow patients to collaborate with providers through a health system portal. Discussions are being had with respect to the extent of control and access as have in the portal. It was suggested that pharmacies become involved in this project will provide greater support. Thought must be given to how patients view security and protection of information. Consumers need to be educated on security systems that are in place and how they can access it.

G. Hurd provided an overview of the various upcoming projects in the NSM LHIN that involve e-health. These 7 priorities are what the Ministry has based funding on. A brief description of the other enabling technologies was also provided. Ontario has the advantage of learning from the work of other health care systems. NSM is ahead in terms of progress made with respect to electronic health records as the result of the various components that are already in place.

With respect to primary care practitioners, those involved in Health Links are well aware of the technologies available, however, there is need for more education.

### **3.0 By Consent**

The below items were included in the consent agenda of the NSM LHIN Board Meeting of January 26, 2015.

*Note: Italicized items were removed from the consent agenda for discussion.*

#### **3.1 Approval of Minutes – December 8, 2014\***

Motion: 'That the minutes of the NSM LHIN Board Meeting of December 8, 2014 be approved.'

#### **3.2 Board Meeting Evaluation\***

#### **3.3 CEO Monthly Report\***

#### **3.4 Attestation of Compliance - October 1, 2014 – December 31, 2014\***

#### **3.5 Financial Report - October 1, 2014 – December 31, 2014\***

#### **3.6 *Report on use of Consultants\* - October 1, 2014 – December 31, 2014***

#### **3.7 HSIC Committee Minutes (Draft) of January 12, 2015\***

#### **3.8 Agency Risk Assessment\***

#### **3.9 *Governance Committee Minutes (Draft) of January 12, 2015\****

#### **3.10 CEO Performance Review Process\***

#### **3.11 Signing Authority Policy\***

Motion: P. Preager

Seconded: D. Mitchell

That the NSM LHIN Board of Directors approves the Consent Agenda of January 26, 2015

... carried.

### **4.0 Board Chair & CEO Report**

#### **4.1 Report of the Chair**

**R. Morton reported on the following activities since the Board meeting of December 8, 2015:**

- R. Morton reported the following since the meeting on December 8, 2015:
- Dec 10<sup>th</sup> – tour of RVH Diagnostic Imaging area and discussion of different types of intervention work taking place
  - Dec 10<sup>th</sup> – presentation to Waypoint Board of Directors on collaborative governance
  - Dec 15<sup>th</sup> – first meeting of the MLPA Steering Committee  
**Action:** Board members will be added to communique distribution list.
  - Dec 17<sup>th</sup> – MOHLTC, local mayors, NSM LHIN met at Georgian Village. One of the commitments on behalf of the Ministry was to send a representative to work with GBGH.
  - Dec 18<sup>th</sup> – Helping Hands strategic planning meeting
  - Dec 19<sup>th</sup> – Board Interviews
  - Dec 22<sup>nd</sup> – R. Morton and D. Mitchell visited Fairvern Long Term Care (Huntsville)
  - Jan 5<sup>th</sup> – connected with the Ministers office regarding appointments
  - Jan 5<sup>th</sup> – Collaborative Governance Pan-LHIN working group
  - Jan 6<sup>th</sup> – meeting with CGMH Board Chair
  - Jan 6<sup>th</sup> – Hospice Georgian Triangle meeting
  - Jan 9<sup>th</sup> – J. Tettmann and R. Morton participated in Cardiac Integration teleconference with Central LHIN
  - Jan 12<sup>th</sup> – HSIC and Governance Committee Meetings
  - Jan 13<sup>th</sup> – Governance Coordinating Council
  - Jan 14<sup>th</sup> – MLPA Steering Committee
  - Jan 15<sup>th</sup> – Minister's Office check-in to review issues in Midland/Penetanguishene
  - Jan 15<sup>th</sup> – Stroke Report Card discussion with Stroke Network, GBGH and NSM LHIN
  - Jan 19<sup>th</sup> – Met with John McCullough to discuss stepping down from Governance Coordinating Council
  - Jan 19<sup>th</sup> – Mayor McKay (Midland) regarding Health Hub
  - Jan 20<sup>th</sup> – Public Appointments Secretariat holding training for new appointees
  - Jan 21<sup>st</sup> – LHIN ABP Planning Meeting
  - Jan 22<sup>nd</sup> – pan-LHIN Leadership, Chair and CEO Council Meetings

**4.2 Report on the January 22 PAN LHIN Leadership, Chair and CEO Council**

Key messages from Dr. Hoskins and Dr. Bell included:

- OMA negotiations are being settled
- Ministry will move forward on roster models in underserved areas
- Ministry will be discontinuing support for continuing medical education (CME) for physicians

Dr. Bell spoke of the ministry program review and home and community care report. Lack of continuity across province was recognized as a factor leading to issues with defining what is medically necessary with regards to home care and adjustments. The upcoming auditors review of LHINs was mentioned, and the fact that the auditor had a pre-meeting with the TC LHIN.

Minster Hoskins is planning on visiting all LHINs and has made a commitment to home and community care, Health Links, and recalibration. Challenges that exist for the LHINs are attributed to not having the correct tools (governance, primary care, public health). It is anticipated that the LHSIA review will be relaunched. It was acknowledged that the appointment process needs improvement, and the idea that all Boards should have Aboriginal and Francophone participation, should be more proactive with participation in program and policy initiatives, and that it's time to look at evaluation of HSFR and acute care.

Effective community engagement is required in order to address issues at MAHC and make decisions. The operating side will be go ahead with decisions. Great effort is being put into balancing this year, including consideration of what services will be offered at each site. Work is being done to create a long-term plan for MAHC.

#### **4.3 CEO Performance Deliverables Report\***

##### **October 1, 2014 – December 31, 2014**

- The Minster and Deputy have made commitment to contribute 5% (approximately \$4.5 million) community funding to build capacity in the NSM LHIN, particularly with respect to the CCAC and mental health strategy. It may be the case that a different funding stream is needed to address PSW funding.
- Performance deliverables report:
  - Under Healthy People, regarding results of Q12 staff engagement survey, the composite score is lower than the past. As work on priorities moves forward, and goals are cascaded, work will be more focused and aligned. Themes seen in the staff survey include work load and constant change. A full-day all staff day will take place on January 27<sup>th</sup> where engagement will be a focus. All staff participated in the Q12 survey. EMT will be addressing all feedback related to leadership and IT comments.
  - Under the objective regarding influencing resistant audiences, continuous work is being done to work with particular group amidst the goal being closed. Progress is being made and it seems having a greater presence has helped. J. Tettmann and R. Morton will be attending a seniors healthcare meeting in Tay Township to provide a high level understanding of the work the LHIN does. Particularly, helping participants to understand accountability and responsibilities.
- The Board Evaluation Provincial committee is moving forward on a RFS to seek a vendor to support the Board in completing a pan-LHIN evaluation.
- The HSAA Steering Committee has failed to come to an agreement with the OHA and an extension will be used.
- A position will be posted to recruit a Physician Lead as a full time (4 days a week) staff member at the NSM LHIN. The ministry will not be supporting this through funding. The ED and Primary Care Lead roles will be incorporated within this role, as these contracts end in the near future. It is still to be determined as to the term of the contract. The support of the OMA is not required but would be helpful. Various supports are involved with the creation of and recruitment for this position.

#### **5.0 Business Arising**

##### **5.1 NSM LHIN Priorities\***

Efforts are being made to regroup and focus priority areas in order to be clear about outcomes and targets. From the strategy map, a logic model would be made, and then used to develop the CEO deliverables. CCSC work will operationalize strategic outcomes. The

ABP is the operating plan, and the IHSP is the strategic plan. Work being done with the Board relates to the IHSP and priority setting, but also provides direction for the ABP.

Fiduciary responsibilities are shown at different levels and represent the work that needs to be done to reach optimal use of resources, appealing to quality and sustainability.

**Action:** Create a graphic that shows how various documents contributed to the ABP to show how it was built when it comes to the Board.

**Action:** Create a copy of the strategy map with objectives that shows alignment and how priorities fit together. i.e. how LHIN strategies connect to Ministry, customer experience connect with Ministry, financial components connect, and a visual that shows who is responsible and how it will be enabled. One page or a “bookmark”.

Looking for three priority areas to allow staff to move into logic model, CEO deliverables scorecard, build ABP, etc. If these are aligned with Ministry, staff can move forward.

Terminology used in the documents needs to be simplified so that citizens understand it. Although the strategy map is ideal for internal use, it may need to be reconstructed for external use.

**Motion: M. Redmond**

**Seconded: R. Stevens**

**‘That the NSM LHIN Board of Directors approve the following priority areas of focus for the development of the 2015/16 Annual Business Plan and CEO Deliverables:**

- **Quality & Sustainable Service Delivery**
- **Integrated Networks of Care**
- **Health and Wellness with a Focus on Health Equity’**

## **5.2 Care Connections Second Curve – Final Report\***

The Board will be notified if their input is required in advance.

The basket of services will be presented to the Board in the near future.

**Motion: M. Redmond**

**Seconded: R. Stevens**

**‘That the NSM LHIN Board of Directors approve the Care Connections Second Curve Final Report and authorize the NSM LHIN to proceed with said recommendations’**

**... carried.**

## **6.0 Committee Reports**

### **6.1 Health System Improvement Committee**

### **6.2 Governance Committee**

#### **3.9 Governance Committee Minutes (Draft) of January 12, 2015\***

Dates of the next meeting have been sent to the membership.

With respect to whether the Board should have a work plan should be discussed with Board membership.

**Action:** J. Tettmann and R. Morton will draft a Board workplan and bring this back for discussion. (business arising for next meeting; see resources sent from Peter P. about two months ago on evaluation)

The first draft of the ABP will be complete at this time.

## **7.0 New Business**

### **7.1 Assess and Restore Funding\***

The purpose is to understand where people need to be in order to give them robust assessment. The recommendation comes from the specialized geriatrics group working on the seniors plan. It includes education for front line providers and repurposing beds.

**Motion:** P. Preager

**Seconded:** E.M. Mills

**'That the NSM LHIN Board of Directors approve the allocation of \$198,700 in one-time 2014/15 funding to support NSM planning and implementation of projects in alignment with provincial Assess & Restore directions'**

... carried.

## **8.0 For Information**

### **8.1 CRA Ruling – Per Diems for Appointees\***

Board members pay EI and not CPP.

**Action:** A. Gallardi will look into whether Board members can collect insurance. A. Outar to prepare memo to have R. Morton distribute.

### **3.6 Report on use of Consultants\* - October 1, 2014 – December 31, 2014**

Regarding invoices from Steven Herr, the first was a July invoice processed in October. Dates are date of invoice, not date of service.

### **8.2 Ambulance**

Deferred until next meeting.

## **9.0 Meeting Evaluation & Adjournment**

### **9.1 Meeting Action Log/Wrap Up\***

Action log reviewed and amended.

Patient Complaints process is outstanding. New items will be added.

### **9.2 Recognition of Retiring Board Member**

Deferred to April Board meeting.

