

Minutes of the North Simcoe Muskoka Local Health Integration Network Board Meeting held on Monday, January 26, 2016, 12:00 p.m. – 4:00 p.m. at Trillium Manor, 12 Grace Avenue, Orillia.

Present:

Robert Morton, Chair
Barbara Dickson
Ellen Mary Mills
Peter Preager (arrived at 12:45pm)
Marg Redmond
Ron Stevens
Ernie Vaillancourt
Jill Tettmann, CEO
Katie Fraser, Recorder

Regrets:

Staff:

Neil Walker, Chief Operating Officer
Jeff Kwan, Director, Financial Health & Accountability
Susan French, Corporate Communications Lead
Sherri Huckstep, Director, Planning, Integration, Evaluation and Community Engagement
Maureen Wilkinson, Director, People & Strategy Management
Leanne Vincent, Corporate Coordinator

Public in Attendance:

Karen Fisher, Divisional Director, Bayshore Healthcare
Maged Mikhaeil, Territory Manager, Nestle Health Science
Wendy Sallows, Governance and Partnership Liaison, RVH

1.0 Convening of the Meeting

1.1 Call to Order

The Board meeting of January 25, 2016 was called to order at 12:00pm with the meeting being legally constituted, with Board members having received adequate notice in accordance with the guidelines, with adequate posting to the public of the meeting and with a quorum present. It was noted that P. Preager will be arriving shortly.

1.2 Approval of Agenda

Motion: E. Vaillancourt Seconded: E.M. Mills
That the agenda of the NSM LHIN Board Meeting of January 25, 2016, be approved.
... carried.

1.3 Declaration of Conflicts

There were no declarations of conflict noted.

1.4 Delegations to the Board

There were no delegations to the Board for the meeting of January 25, 2016.

**2.0 Presentation/Board Education Session:
Health Achieve**

Board and Staff spoke to their experience at Health Achieve, November 2-4, 2015 and highlighted key messages from various sessions.

It was noted that the governance session was particularly insightful for the various levels of governance that were discussed. It also provided a tool which is being used to prepare for upcoming regional governance session in the spring.

The session on mental health and addictions and homelessness spoke to the various social determinants of health and the impact they have on communities.

The geriatrics session reinforced the efforts of NSM LHIN in that the Whole Person – Whole Strategy strategy for patients with dementia will be implemented in the South West LHIN in spring 2016. NSM LHIN's specialized geriatrics program will be working towards outcomes of tying together services and resources. Two hospitals in the NSM LHIN are using the enhanced SMART program.

A presentation about financial management and leadership highlighted the importance of being aware of small issues that go against ethics before they turn into larger ones. It was recognized that ethics is a difficult topic that is not straight forward and that policies help to create transparency. Creating opportunities individuals to express their opinion can be helpful.

It was noted that MAHC received an honourable mention for linking their governance agendas to their strategic plan.

Action: A letter will be written to the MAHC Board Chair from R. Morton congratulating them on the honourable mention.

A video on the telehomecare programs was viewed. The programs exists in NSM LHIN through the CCAC. It was noted that the program is at full capacity and that primary care providers are aware of the service but additional engagement and communication would improve appropriate use. It was noted that the program is capped by amount of equipment available and case load for the available nurses.

Staff and Board members expressed dissatisfaction with some activities. Particularly, Board members were disappointed with the e-health technology session due to insignificant progress being made with the implementation of technolog. It was commented that unlike other years, some content wasn't as innovative, making it somewhat disappointing. For individuals who attended for the first time, it was educational and enlightening. It was suggested that the 1-day Health Quality Ontario event be looked at as an educational opportunity for the Board rather than Health Achieve. It was noted that Health Achieve is still very acute care focused.

3.0 By Consent

The below items were included in the consent agenda of the NSM LHIN Board Meeting of November 30, 2015.

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

- 3.1 Approval of Minutes*
- November 30, 2015
- 3.2 Board Meeting Evaluation*
- 3.3 CEO Monthly Report*
- 3.4 Attestation of Compliance*
- October 1, 2015 – December 31, 2015
- 3.5 Financial Report*
- October 1, 2015 – December 31, 2015
- 3.6 Report on Use of Consultants*
- October 1, 2015 – December 31, 2015
- 3.7 Advanced Cardiac Care Program Governance Scorecard*
- 3.8 Audit Committee Minutes (Draft) of January 11, 2016*

- 3.9 Audit Service Plan 2015/16*
- 3.10 Governance Committee Minutes (Draft) of January 11, 2016*
- 3.11 2015/16 CEO Deliverables Third Quarter Report*
- 3.12 2015/16 CEO Performance Review Process*
- 3.13 Board Meeting Schedule 2016/17*
- 3.14 Health System Improvement Committee Minutes (Draft) of January 12, 2016*
- 3.15 Stayner Long-Term Care Home Sale*
- 3.16 Convalescent Care Bed Funding Approval*

The Advanced Cardiac Care Program Governance Scorecard will be discussed under 5.1 Business Arising.

Action: Build in 30 minute open forum on future agendas for board and staff dialogue.

Motion: R. Stevens Seconded: B. Dickson
That the NSM LHIN Board of Directors approve the Consent Agenda of January 25, 2016.

... carried.

4.0 Board Chair & CEO Report

4.1 Report of the Chair

R. Morton reported involvement in the following meetings and engagements since the Board of Directors meeting on November 30, 2015:

- Dec 1 Peter Brown
- Dec 2 Township of Georgian Bay
MAHC Task Force Bracebridge
- Dec 3 GBGH regarding the operational review
- Dec 4 Patrick Brown MPP briefing
OSMH Board Chair
- Dec 8 Elisabeth Riley
MAHC Task Force Bracebridge
- Dec 10 Deputy Minister meeting
- Dec 11 Huntsville and Bracebridge Mayors teleconference
MAHC Chair
- Dec 16 Embargoed Release Meeting of Patients First Discussion Paper
- Dec 18 Board teleconference regarding Patients First Discussion Paper
- Dec 22 Mayor Huntsville teleconference
Huntsville working group teleconference
- Dec 23 CCAC Chair teleconference
- Jan 4 CGMH Chair and Vice Chair
- Jan 5 Teleconference with Minister's office regarding Patients First consultation
CCAC Chair and CEO teleconference
- Jan 11 MH&A Governance Summit Planning teleconference
Audit Committee
- Jan 12 Board Advance
Board Committees
- Jan 14 Mayor Huntsville teleconference
CCAC Board meeting
- Jan 18 CGMH regarding HIP and HSAA

Jan 19 RVH Chair
 Bracebridge and Huntsville Mayors
Jan 20 LHIN Chairs' dinner
Jan 21 Pan LHIN Leadership Council
 LHIN Chairs' Council

With respect to the Patients First Discussion Paper, it was noted that Public Health Standards are being revised, therefore NSM LHIN will have to wait until this is done before any type of Service Accountability Agreement can be drafted with Simcoe Muskoka District Health Unit.

4.2 Report of the Directors

Board members reported on their experience attending the public event held by GBGH to discuss the Operational Review. The topic of obstetrics was most emotional for attendees. The GBGH Chair supported work going forward. There will be three more public sessions held, and further discussions will be had with doctors and hospital staff.

E.M. Mills will be attending the CGMH Board meeting on January 28.

E.M. Mills informed attendees of her appointment to the PAN LHIN Finance and Audit Committee.

4.3 Report of the CEO

J. Tettmann noted that the majority of provincial work has been focused on the Patients First discussion paper and that we are currently in a consultation phase through the end of February. Various engagements related to the paper are taking place. To date, the Patient, Caregiver, Family Advisory Panel, have participated in an engagement session on this topic, in addition to physicians in some of the NSM LHIN sub-geographies engagements. Physician engagements will continue into February. A survey is available on the website for public and health service providers. Feedback will be compiled and submitted to the Ministry by February 29.

It was noted that the LHIN and CCAC senior teams have been meeting and this work is largely educational at this point. It was noted that the Chairs will be putting in a response to the governance aspect of the discussion paper, and J. Tettmann will be working with a provincial team of associations to draft a response as well. HQO is looking at the clinical and quality perspective. LHIN Chairs are determining whether individual reports will be submitted by each LHIN. Whether or not the reports will be public will depend on who reports are submitted to.

It is anticipated that by mid-March the Ministry will be developing a strategy/implementation map to guide LHINs. It will include milestones, deliverables and timelines. April will involve moving from the transition phase into the implementation phase.

Action: Summary of Board meeting on the Patients First discussion paper will be circulated.

The Auditor General is currently conducting a review of psychiatric hospitals and NSM LHIN has been asked to provide input with respect to relationships and accountability role with Waypoint. The scope of the audit has not yet been identified and a timeline will be determined once the scope is determined.

J. Tettmann noted involvement on a provincial committee working on developing a new template for the HSAA.

5.0 Business Arising

3.7 Advanced Cardiac Care Program Governance Scorecard*

Clarification on the scorecard was requested. It was noted that items colour-coded yellow indicate that a response is pending from the Ministry.

6.0 Committee Reports

Health System Improvement Committee

6.1 Q3 Reallocation Process*

It was noted that the Board's role is to be involved with defining the process for reallocation.

It was commented that the priorities identified for reallocation of 2015/16 one-time in-year funding are intended to address ALC and that the funds must be used by March 31, 2016. Discussion ensued about CCAC waitlists and that NSM LHIN staff will work with the CCAC to determine how funds can be used. Currently, the CCAC doesn't waitlist nursing or personal support services from hospital referral, only community referrals.

It was noted that in the future when working on performance targets staff need to determine issues in sub-geographies and how funding can be effectively used to address this.

Motion: R. Stevens Seconded: P. Preager
That the NSM LHIN Board of Directors:
1) Approve the 2015/16 in-year reallocation process;
2) Approve the allocation of us to \$400,000 to the NSM CCAC for access to personal support services to high and very high needs clients and delegate authority to the LHIN CEO to approve performance indicator targets associated with the final funding amount.
.....carried

6.2 2015-16 Hospital Service Accountability Agreement Extensions*

J. Kwan provided an overview of the situation CGMH and MAHC are in with regards to difficulties balancing their annual budgets and what LHIN staff have done to work towards a resolution with these hospitals. Concern was expressed for continuing to approve and extend deficits when a hospital has not provided a HIP. It was questioned as to whether the LHIN is enabling poor behaviour, or enabling time to find solution. It was noted that capital improvement projects have contributed to delaying the process, causing need for extensions. The suggestion was made to be proactive earlier in the year when projections are being done to prevent deficit from occurring, and to consider revising the process.

As a LHIN we should look at other hospitals who have a surplus and examine advantages and disadvantages of taking surplus from these organization to share with one with a deficit. It was noted that hospitals are the only HSPs that may retain a surplus. Consideration should be given to how the LHIN can make the best of this opportunity and make the most of inequities. It was questioned at to whether the LHIN has authority over how surplus funds are used.

CGMH has indicated that the reason for not getting their HIP submitted is such that doing so would involve severing a service and require significant community engagement. Their HIP is going for approval to the CGMH Board the week of January 25. Ideally, the NSM LHIN will receive it shortly after. Through Board vote it may communicate to CGMH that there is significant concern about this issue.

Approval for the extension is contingent upon a statement indicating that they are no longer eligible for an extension beyond March 1.

Action: Include briefing note on CGMH business case at next Board meeting.

A HIP has been received from MAHC but they have not included adequate planning. For this reason the HIP has been returned. It is unknown as to whether a HIP will be received soon because of discussions at the Task Force.

Motion: R. Stevens

Seconded: E.M. Mills

That subject to the receipt of an acceptable Hospital Improvement Plan that meets the requirements of the LHIN by February 26, 2016, the NSM LHIN Board of Directors approve the extension of the Hospital Service Accountability Agreements to March 31, 2016 for Collingwood General & Marine Hospital and Muskoka Algonquin Healthcare; and delegate authority to the NSM LHIN Board Chair and CEO to sign the agreement extensions for the hospitals listed above.'

...carried

It was noted by Board members that although briefing notes are provided, verbal updates at meetings are helpful in understanding context.

Action: Staff to report on updated process of HIPs and extensions at the next meeting.

Within 1 week of receiving HIPs, staff will communicate status of HIPs to the Board and it will be determined if a Board meeting is needed.

7.0 New Business

7.1 Integrated Health Service Plan 2016-19*

R. Morton prefaced the conversation expressing some concern about approving the IHSP when direction may be changing given the Patients First proposal. This was discussed at the recent LHIN Chairs Council meeting. General consensus at the Chairs Council was that this needs to be considered. Our experience could be shared with other LHINs.

Near-term indicators were removed and will be included in the 3 annual business plans. Long-term indicators were left in the IHSP. Feedback from the Board was received last fall and incorporated.

Statistical information with the IHSP was acknowledged. The Ministry of Health, Health Analytics Branch provided much of this data.

The increased focus on French Language and First Nation, Metis, Inuit populations was noted. It was deemed necessary due to burden of illness amongst these populations, in addition to the IHSP having equity and access perspectives.

A suggestion was made to add a statement within the executive summary that acknowledges Patients First, the changing environment, and voices that the IHSP is subject to anticipated changes.

Once approved, the public documents will be posted on the website.

In the letter of transmittal to Minister with the submission, conversations with the Board regarding the impact of future Ministry work will be noted.

Motion: R. Stevens Seconded: E. Vaillancourt

‘That the NSM LHIN Board of Directors approve the 2016-19 Integrated Health Service Plan.’

....carried.

7.2 2016-19 Long-Term Care Home Service Accountability Agreement*

J. Kwan provided an overview of the purpose of the LSAA and accompanying schedules. No further clarification was requested.

Motion: E. Vaillancourt

Seconded: B. Dickson

‘That the NSM LHIN Board of Directors approve the NSM LHIN to use the draft Long-Term Care Service Accountability Agreement (LSAA) templates, including the accompanying schedules, provided that the execution version is substantially similar to the draft templates as presented.

....carried.

7.3 Waypoint Centre for Mental Health Care 2015-17 MSAA Approval*

J. Kwan explained that as the lead agency for SGS, community funding is required. Waypoint currently has a HSAA, therefore establishing an MSAA would allow for community funding. Although the program has been implemented, the MSAA would clarify legalities.

It was noted that this is a regional program, however some sub-geographies will be targeted.

Motion:

E.M. Mills

Seconded: E. Vaillancourt

‘That the NSM LHIN Board of Directors:

- 1) Approve the 2015-17 funding, volume and performance targets to be entered in the new 2015-17 Multi-Sector Service Accountability Agreement with Waypoint Centre for Mental Health Care;**
- 2) Authorize the Board chair and LHIN CEO to execute on behalf of the LHIN the Multi-Sector Service Accountability Agreement with Waypoint Centre for Mental Health Care.**

....carried.

7.4 Waypoint Master Program / Master Plan*

The lease arrangement with Oakridge for the land Waypoint occupies indicates that Waypoint needs to submit Master Program/Master Plan by March 31, 2016, however, this falls outside the normal capital process. It was noted that the LHIN is only responsible for programs and services, not the land. As such, it is suggested that LHIN staff work with Waypoint on their Stage 1a – Master Program utilizing the criteria outlined in the Ministry-LHIN Joint Review Framework for Early Capital Planning Stages Toolkit.

Motion:

P. Preager

Seconded: R. Stevens

- 1) **Approve the 2015/16 funding, volume and performance targets as outlined to be included in the 2015/16 Hospital Service Accountability Amending Agreement for Georgian Bay General Hospital and Waypoint Centre for Mental Health**
- 2) **Delegates authority to the NSM LHIN Board Chair and CEO to sign the agreements for the hospitals listed above”
....carried.**

8.0 Standing Items

8.1 System Transformation

It was noted that the NSM LHIN is well-positioned for the changes proposed through Patients First.

Board appointments at the NSM CCAC are handled the same as hospitals. There is no Order in Council or stipend paid for these positions. As the NSM LHIN become a service provider, it is important we maintain our responsibilities as funders. Given the broadening scope, we will need to consider whether additional skills are needed. A range of structures are being considered.

The NSM CCAC provides back-office services for various HSPs. The NSM CCAC also oversees services such as NSM HealthLine. 211 is a separate entity.

The physician engagement session in Orillia was positive overall. Attendees voiced concerns about data integrity, they are feeling undervalued, and need an element of trust.

9.0 For Information

9.1 MLAA/Stocktake Update – January 2016*

9.2 Q3 Risk Update*

Concern was expressed for this report not expressing all risks. It was suggested that there is an opportunity for education around risk reporting and accountability, recognizing that hospitals are responsible themselves for addressing risks. The context of the report is appropriate, but it leads to questions that may be found in other reports.

HSIC will discuss this report at the next Committee meeting.

10.0 Meeting Evaluation & Adjournment

10.1 Meeting Action Log/Wrap Up*

The Board work plan was reviewed at the last Governance Committee meeting and therefore it is still in progress.

Governance and Health System Improvement Committee meetings are on March 7. The next Board meeting will be March 21. A Board Advance may be held on the same day as the Committee meetings, March 7. This would cover the Board Evaluation, bring back information on consultations, and CEO Deliverables. This will all come back to Governance Committee in April.

Action: Board and Committee meeting dates posted on the NSM LHIN website will be reviewed for accuracy.

10.2 **Meeting Adjournment**

Motion: P. Preager

**That the NSM LHIN Board of Directors meeting, of January 25, 2016, be adjourned.
...carried.**

NEXT MEETING: March 21, 2016 (1:00 p.m. – 4:00 p.m.)

Original signed by

Robert Morton, Board Chair

Original signed by

Jill Tettmann, Chief Executive Officer