

Minutes of the North Simcoe Muskoka Local Health Integration Network Board Meeting held on Tuesday, April 29, 2014, 1:00 p.m. – 4:00 p.m. at the NSM LHIN Office in the Boardroom

Present:

Robert Morton, Chair
Don Mitchell
Rick Antaya
Peter Brown
Peter Preager
Marg Redmond
Ron Stevens
Jill Tettmann, CEO
Leanne Vincent (Recorder)

By Invitation:

Andrew Gallardi, Director, Financial Health & Accountability
Treaa Labaj, Director, Communications and Community Engagement
Susan Plewes, Director, Health System Transformation
Ligaya Byrch, Sr. Manager, System-Health System Transformation (Board Education Session)
Neman Khokhar, Sr. Manager, Financial Health & Accountability

Guests:

Clay LaFleur, Barrie Community Health Centre, Board Member
Lindsay Crawford, RVH, Vice President, Patient Programs
Shelley Ditty, RVH, Vice-President, Planning & Support Services
Wendy Sallows, RVH, Governance and Partnership Liaison

1.0 Convening of the Meeting

1.1 Call to Order

The Board meeting of April 29, 2014 was called to order at 12:04 p.m. 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.

1.2 Approval of Agenda

Motion: R. Antaya

Seconded: R. Stevens

**That the agenda of the NSM LHIN Board Meeting of April 29, 2014 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 April 29, 2014.

2.0 Education Session

The education session of the NSM LHIN Board of Directors commenced at 12:05pm.

R. Morton introduced Ligaya. Byrch, Sr. Manager, System- Health System Transformation to present on Integrations.

L. Byrch made a presentation on Integrations, reviewing a previously circulated slide deck.

At the conclusion of the Integration presentation, an opportunity for questions and comments was provided.

A fulsome discussion ensued with Board members and staff reflecting on the involvement of staff in working with Health Service Providers to

P. Brown suggested that the LHIN needs to be proactive with Integrations; it would be helpful to review history of Integrations to date.

J. Tettmann suggested that we often have HSP's bring forward voluntary integrations, although the LHIN has provided support and facilitation along the way.

P. Brown recommended that we need to look at this strategically through the Care Connections framework.

R. Stevens noted that prior integrations would provide a baseline or basis for moving integrations forward.

R. Antaya commented that integrations do not come to us as a surprise; we are engaged and aware of what is happening. L. Byrch commented that this is accurate and all of our HSP's have an opportunity to become involved in the planning process for our LHIN.

P. Preager commented that improvement and strategic direction needs to be in mind when looking at integration. Integration by default is often looked at as a merger or acquisition when we are actually looking at improvements.

R. Stevens commented that we need to balance better value with the other 'aims'. J. Tettmann commented that we do look at value, we also need to look at system cost and patient experience, we need to be mindful of the triple aim in the decisions we make. How do you balance all three. Do we put value ahead of patient experience?....

R. Morton suggested that our push to improve quality will lead to better value.

D. Mitchell questioned if we need to develop a decision model for integrations and assessment against triple aim. J. Tettmann commented this is in place although we do not use this for all decisions. There is some work to do on this. D. Mitchell commented that transparency around decision making is crucial.

ACTION – Inventory of Integrations to be provided to the Board

ACTION – Decision making tool to be reviewed by the Board

3.0 By Consent

3.1 Approval of Minutes – March 24, 2014

3.2 Attestation of Compliance

3.3 2014/15 Hospital Accountability Planning Submission

3.4 HSIC Committee Minutes (Draft) of April 14, 2014

3.5 Board Meeting Schedule 2014/15 – removed from consent agenda

- 3.6 **Board Advance – removed from consent agenda**
- 3.7 **Delegation of Financial Authority – Revised Policy**
- 3.8 **Governance Committee Minutes (Draft) of April 14, 2014**
- 3.9 **Risk Report**
- 3.10 **Board Meeting Evaluation**
- 3.11 **2013/14 Q4 Financial Statements – removed from consent agenda**
- 3.12 **2013/14 Q4 Report on Consulting Fees – removed from consent agenda**

Motion: P. Brown

Seconded: R. Stevens

That the NSM LHIN Board of Directors approves the Consent Agenda as amended of April 29, 2014

...carried.

4.0 Board Chair & CEO Report

4.1 Chair Report

R. Morton noted in a verbal report the following activities since the meeting on March 24, 2014:

- LTCH Governance Session
- Waypoint / Town of Penetanguishene
- MPP Wilson – Simcoe Grey – Thanking the LHIN for Hospice Approval
- Meeting with CGMH President and CEO – Guy Chartrand
- Communications Advisory Group
- Meeting with Rob Soczka, Helping Hands, Interim CEO
- April 4 – Ophthalmology meeting
- April 7 – GBGH Board Chair regarding additional funding
- April 7 – Media regarding Ophthalmology
- April 7 – Ernie Vaillancourt’s Retirement
- April 16/17 – Leadership and Chair’s Council
- LHSIA Update – Pan LHIN requests from Standing Committee moving forward, compensation paid to staff, those with contracts over 100K, Per Diems for LHIN Boards, Information regarding publication materials, flyers, brochures (Range, Scope, Costs), Per Diem for CCAC Boards (CCAC act prohibits payments to CCAC Board members)
- Chairs Quality Workgroup – Patient Engagement, Centered, Focused? Change Foundation, building value and understanding. Presentation to be distributed to Board
- Patient Complaints Management – Common patient complaints process. All LHINs have agreed they will use a common complaints process.
- Key Objectives for next year – direction to be provided to collective work. Number of topics to address at the PAN LHIN level. Expecting work plan

- April 22 – Regional Governance Meeting
- April 23 – CGMH meeting with Finance Committee
- April 23 – Collingwood Physiotherapy Announcement
- April 23 – Penetanguishene Governance Meeting
- April 25 – MAHC Board Strategic Planning
- April 28 – Governance Workshop
- Collaborative Governance Conference – LHINs need to come to a common understanding of what is meant by collaborative Governance

R. Morton noted a PSW compensation announcement is to be made today by the Ministry

P. Brown suggested when we use the word patient and talk about patient population, how do we identify who they are? How do we grasp what the nature of the patient is as demographic and social detriments become highly relevant in planning? J. Tettmann commented that LHIN CEO's have discussed leading with Quality with a lens on patient experience. Looking at a common definition and indicator for patient experience. Building and developing a common toolkit. When you talk about the patient there is a difference between general public and patients with lived experience. We have all had experience as a patient we are looking at broader citizen populations and those directly involved 'PWLE'.

S. Plewes commented there is more of a focus on the person, not the patient. The language is changing to person centered.

P. Brown commented when we talk navigation we need to be mindful of patient demographics and that this information should be coming from the Province.

4.2 CEO Report

J. Tettmann noted in a verbal report the following activities since the meeting on March 24, 2014:

- Signed agreement from CGMH to sign H-SAA. Two year waiver to balance. Good progression over the last month.
- Ophthalmology – RFP Process declined, we are not ready to review proposals, and this has received a lot of media attention.
- Meeting with Mayor from Midland and Seniors Council, meeting to be held at end of May – Seniors Council and Mayors from the area to present to group of seniors regarding future vision of health care in the area. LHIN is in the position to hear the needs of the seniors in the community. A better understanding of needs and expectations and how the LHIN can respond to that. An opportunity to see how this may unveil itself in other geographic areas. How do we reach out to them to engage their residents? Our messages do not always receive a response. This is a way to broaden engagement. R. Morton commented this is an opportunity to have Board Chairs from HSP's in the region to look at the system level. M. Redmond suggested a symposium coming up 'CARP' in the Collingwood area that we should be engaged with.
- Asked to Co-Chair the Provincial Vision Care Task Force, replacing Dr. Bell

ACTION: Summary of patient demographics and utilization patterns to be provided as an executive summary to the Board.

5.0 Committee Reports

Health System Improvement Committee

5.1 Advanced Cardiac Program Proposal

Motion: R. Stevens

Seconded: R. Antaya

That the NSM LHIN Board of Directors approves the Facilitated Integration between Royal Victoria Regional Health Centre's proposed Regional Advanced Cardiac Program (NSM LHIN) and Southlake Regional Health Centre's Regional Cardiac Care Program (Central LHIN), as per LHSIA subsection 25(2)(a)

...carried.

R. Stevens commented that the BN was quite substantive. Financial implications for Southlake may be realized with patients coming to RVH. This is program integration and has a strong benefit for our LHIN.

D. Mitchell questioned if Southlake Board has approved this. Central LHIN has not yet approved, awaiting NSM LHIN approval and approval from CCN.

Recommendations from the Boards and CCN will go to Ministry.

P. Preager commented the question of relationship between this item and item 6.1. and questioned if the capital money follows the service.

R. Morton explained the difference between operating and capital dollars and funding. Redevelopment anticipated the need for this program and the space was built, but not developed. Once operating funding is in place they need the capital. Capital funding is provided by HSP and Ministry. No funding available from the Ministry at this time.

R. Stevens commented that this makes sense from a systems perspective.

5.2 Rational Reallocation Framework

N. Khokhar provided an update on the process for rational reallocation and investments as provided in a previously circulated slide deck.

R. Morton commented that advice given to a good board is that you need to not only think about what you should do strategically but also what you should not be doing.

R. Stevens questioned how do we decide what we are going to look at and who is going to do it. A. Gallardi commented that we need to look back at what we have done and also identify what criteria we will look at one to two years in advance. We need to set evaluation criteria in advance.

M. Redmond commented this is helpful as we need to understand how the money we are investing is benefiting the system.

R. Stevens noted this should be looked at for evaluation moving forward on future initiatives. Health System Improvement Committee will consider this and move to a future agenda.

5.3 Items Removed From Consent Agenda

3.11 2013/14 Q4 Financial Statements

Clarification was provided on the Financial Statements. L. Vincent explained that there was no motion for this item the BN was for background information only. A. Outar commented that this item should be labeled Quarterly Report not Financial Statement.

3.12 2013/14 Q4 Report on Consulting Fees

J. Tettmann provided an update on the Consulting Fees and explained that the fees for Health Innovations Group are for Care Connections Second Curve and Leadership Council work.

Governance Committee

5.4 CEO Performance Deliverables 2014/15*

Motion: P. Preager

Seconded: M. Redmond

That the NSM LHIN Board of Directors approves the CEO Performance Deliverables for 2014/15

...carried.

J. Tettmann provided an overview of the CEO Performance Deliverables for 2014/15.

R. Stevens commented CEO Performance is the easiest to assess as the CEO results are the results of the organization. If you think about what the LHIN is trying to accomplish are we aligned? J. Tettmann provided an update on the alignment to the Ministers Action Plan and Pan LHIN imperatives. This information was provided to the Governance Committee. Performance indicators (ALC) need to continue to move forward and be a priority. Other indicators on MLPA are linked.

R. Morton commented MLPA indicators may not be discrete enough to get to where we need to go and questioned if the CEO has enough impact to make these changes.

P. Brown questioned alignment and success to mission and goals, the game changing initiatives.

J. Tettmann responded that there is alignment to the game changers. R. Morton commented that the alignment can be identified and we need to look at progress in these initiatives.

R. Stevens questioned the outcomes vs. what is being done. With the Seniors Program goal as the example a fulsome discussion ensued around how you really measure that to identify a target.

A. Gallardi commented that each of the 14 programs may look different and we need to establish the measures. The outcome will be that we identify where we can improve investment dollars.

R. Stevens suggested that we need balance keeping track of what we do and the outcomes we realize.

R. Brown questioned who actually sees the Scorecard and if the deliverables are shared with CEO's of the Hospitals. J. Tettmann explained that the scorecard is accessible to HSP's and the Public through the NSM LHIN website.

R. Stevens commented Cardiac Integration is an outcome. That is an outcome that is a measurement and result of external relationships.

5.5 Delegation of Non-Financial Authority*

Motion: P. Preager

Seconded: D. Mitchell

That the NSM LHIN Board of Directors approves the policy on Delegation of Non-Financial Authority

...carried.

P. Preager commented that this is a result of discussions at the Board. The Board will still need to be made aware of delegated decisions.

5.6 Items Removed From Consent Agenda

3.5 Board Meeting Schedule 2014/15

R. Stevens commented we may wish to leave the February 2015 meeting penciled in. P. Preager commented that it was discussed at Committee and we will have a focused meeting if one is required. J. Tettmann commented Staff planning will ensure items are moved to the Jan/March meeting as required.

3.6 Board Advance

J. Tettmann provided an overview on the decision to move forward with a Board Advance. We need to have a generative and strategic session on Care Connections Second Curve. J. Tettmann provided an update on several reports that have recently been published and we will also have a current state analysis from the Care Connections Second Curve Group. We have also been looking at models in other jurisdictions. We will provide this information in advance. Conversation will be around the future of the health system, changing landscape, QBP, HSR. Priorities moving forward need to be identified and the Board needs to be engaged.

6.0 Business Arising

6.1 Advanced Cardiac Program Proposal – Capital*

Motion: P. Preager

Seconded: R. Stevens

That the NSM LHIN Board of Directors approve the pre-capital, Stage 1 and Stage 2 capital project for a cardiac catheterization and percutaneous coronary intervention program at the Royal Victoria Regional Health Centre with the understanding that RVH will operate the program within existing funding

...carried.

J. Tettmann provided an update on the Capital planning process for this item. This work is moving forward in conjunction with the Integration request.

R. Morton invited comments from Shelley Ditty and Lindsey Crawford to provide an update on the Capital Planning process for this initiative. S. Ditty indicated that during the recent expansion and redevelopment of RVH the goal was in mind to expand the Capital program and the space to be reconfigured is soft space, lessening the costs and impacts on clinical programs.

P. Brown questioned the risks pertaining to feasibility. Approximately 44% of Southlake's volume comes from NSM. There are also residents of Central LHIN that are accessing services outside their LHIN. Southlake is looking at providing more advanced procedures, provided we are able to repatriate patients to NSM.

A. Gallardi commented Cardiac Care Network is working on developing QBP for PCI. Provincially volumes are 'fixed'; this would mean reallocation of volumes.

There is a shift that needs to be managed

J. Tettmann commented that these decisions are coming to the Board as we want to make a strong statement that we support these services and advanced cardiac care in the LHIN.

7.0 For Information

8.0 Meeting Evaluation & Adjournment

8.1 Meeting Action Log/Wrap Up

Complaints reporting procedure – May
Overview of CCAC – To Be Determined

8.2 Meeting Adjournment

Motion: M. Redmond

Seconded: R. Stevens

**That the NSM LHIN Board of Directors meeting, of April 29, 2014, be adjourned.
...carried.**

NEXT MEETING: Monday, May 26, 2014 (9:00 – 11:30 a.m.)

Original signed by:

Original signed by:

Robert Morton, Board Chair

Jill Tettmann, Chief Executive Officer