

Minutes of the North Simcoe Muskoka Local Health Integration Network Board Meeting held on Monday, July 27, 2015, 1:30 p.m. – 4:00 p.m. at the NSM LHIN office in the Boardroom.

Present:

Robert Morton, Chair
Barbara Dickson
Ellen Mary Mills
Peter Preager
Marg Redmond
Ron Stevens
Jill Tettmann, CEO
Leanne Vincent, Recorder

Regrets:

Staff:

Rebecca Van Iersel, Physician Lead, Clinical Planning and System Integration
Neman Khokhar, Acting Director, Financial Health & Accountability
Susan French, Corporate Communications Lead
Marsha Moland, Advisor, People and Strategy Management
Erin Salkeld, Advisor, People and Strategy Management

Guests:

Sophie Sakillarides, Entite 4
Wendy Sallows, Royal Victoria Regional Health Centre
Ben Peterson, Royal Victoria Regional Health Centre
Peter Osgood, Royal Victoria Regional Health Centre

1.0 Convening of the Meeting

1.1 Call to Order

The Board meeting of July 27, 2015 was called to order at 1:40pm 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.

R. Morton welcomed Becky Van Iersel to the Board Meeting who has recently taken on the role of Physician Lead, Clinical Planning and System Integration at the NSM LHIN.

1.2 Approval of Agenda

Motion: B. Dickson

Seconded: M. Redmond

That the agenda of the NSM LHIN Board Meeting of July 27, 2015, 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 July 27, 2015.

2.0 Presentation/Board Education Session: Tour Orillia Soldiers' Memorial Hospital

(Prior to Board Meeting – 12:00 – 1:00pm)

The NSM LHIN Board of Directors received a tour of Orillia Soldiers' Memorial Hospital facilitated by the OSMH CEO and Senior Team.

The NSM LHIN Board of Directors acknowledged their appreciation of the tour.

3.0 By Consent

The below items were included in the consent agenda of the NSM LHIN Board Meeting of July 27, 2015.

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

- 3.1 Approval of Minutes*
 - May 11, 2015
 - June 22, 2015
 - July 13, 2015
- 3.2 Board Meeting Evaluation*
- 3.3 CEO Monthly Report*
- 3.4 Attestation of Compliance – April 1, 2015 – June 30, 2015*
- 3.5 Role of LSSO and LHINC*
- 3.6 Health System Improvement Committee Minutes (Draft) of July 13, 2015*
- 3.7 Financial Report – April 1, 2015 – June 30, 2015*
- 3.8 Annual Consultant's Report – April 1, 2014 – March 31, 2015*
- 3.9 Governance Committee Minutes (draft) of July 13, 2015*
- 3.10 *Board Skills Matrix**

Motion: R. Stevens Seconded: P. Preager
That the NSM LHIN Board of Directors approve the Consent Agenda of July 27, 2015

... 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 June 22, 2015:

- June 23 CEO Contract and Compensation discussions with LHIN Legal Services
- June 24 Andy Gallardi Retirement
- June 25 NSM CCAC Board Meeting, noting that Megan Allen Lamb, NSM CCAC, has announced her resignation and has taken a position at Central CCAC
- North Simcoe Prosperity Summit
- GBGH AGM
- June 26 CEO Compensation Survey
- June 29 CEO Compensation Survey Interviews
- July 2 MLAA Target Update teleconference
- July 6 Meeting with RVH, Southlake, Central LHIN and NSM LHIN regarding cardiac services.

- July 7 Governance Coordinating Council
- July 9 Call with Minister's Office to follow up on issues that the Ministers office is following including MAHC, GBGH, and OIC appointment process
- July 10 Meeting with OSMH Senior Team including OSMH Board, NSM LHIN CEO, COO and Chair to discuss the critical pressures the hospital is facing around ALC
- July 13 LHIN Board Committee Meetings
LHIN Board Member Orientation
- July 15 CEO Compensation Study Kick-Off Meeting
- July 16 Meeting with Don Mitchell
- July 20 LHIN Legal Services teleconference
- July 23 R. Stevens noted that he attended a meeting at RVH where the Premier made an announcement on Cardiac Care at RVH
- July 27 Meeting regarding Penetang Health Hub with Penetang mayor.

It was commented that an Auditor General request has been sent to members of the Board and members are encouraged to respond.

4.2 Report of the CEO

J. Tettmann reported the following since the meeting on June 22, 2015:

Tettmann noted that Geyer and Associates was the selected vendor for the GBGH Operational Review.

Tettmann noted that on Saturday, August 1st the Premier is visiting St. Marie among the Huron's if any members of the Board are interested in attending.

Tettmann also highlighted an item from the clippings last week regarding an interview with Natalie Bubela, CEO MAHC. Tettmann indicated that she spoke with Bubela and it was confirmed that the capital submission was a delay at the MAHC board, not the LHIN Board.

At the July Ministry Management Committee meeting there was conversation around Primary Care.

It is expected that the Minister will be making announcements on Primary Care in August.

5.0 Business Arising

6.0 Committee Reports

6.1 Annual Business Plan*

It was noted that the Annual Business has been reviewed at HSIC and Board and that the cover has been changed as per the committee request.

Motion: R. Stevens Seconded: M. Redmond
'That the NSM LHIN Board of Directors approve the Annual Business Plan 2015-16 for submission to the Ministry of Health and Long-Term Care.'

... carried.

6.2 CEO Performance Deliverables*

Tettmann provided an update on the CEO Deliverables and the changes to the report from the previous fiscal year. It was noted that the new Ministry LHIN Accountability Agreement has not yet been received from the ministry.

Tettmann explained the work underway in the ALC chart audit, and that part of the goal is to understand how we can consistently capture data across our hospitals.

Tettmann highlighted a meeting held recently and future plans to hold community meetings to discuss ALC and that a behavioural task force is being established. Tettmann also reported that the deadline for a request for bids to identify a lead agency for seniors is August 6th. It was noted that the NSM LHIN has received significant interest in this.

It was noted that as community leads come on staff they will work with the hospitals to move forward conversations around ALC in the sub geographies. Board members expressed their interest in attending these meetings.

It was questioned what the Local Partnership Committee was. J. Tettmann explained the Health System Funding Reform Local Partnership including representation and the partnerships mandate.

It was questioned if there are additional ways that the Board can become involved in engagement.

It was commented that we may want to see hospitals setting goals and targets for ALC across all units.

6.3 Strategic Planning – Integrated Health Service Plan and Board Advance*

It was commented that many of the issues identified through the environmental scan are specific to seniors and we do have a higher average number of seniors in NSM LHIN than provincially. Access to primary care was noted as an area of interest as we have a high attachment rate, though gaps were identified in patients being able to access primary care.

It was commented that the burden of chronic disease in North Simcoe Muskoka could be putting a stress on primary care, leading to the emergency department usage.

It was commented that some of the data seemed contradictory, for example the NSM LHIN population is physically active yet are have a higher prevalence of smoking and alcohol consumption.

It was questioned if there is a more granular analysis available to better understand the data and it was noted that this was not identified in the environmental scan.

It was commented that we need to be focused on where we make investments as a small proportion of the population are contributing to high resource utilization.

It was commented that strengthening our strategies on seniors and chronic disease should make an impact. Recent investments in Pediatric bariatrics were noted as a prevention strategy for the future.

It was questioned if the priorities identified are appropriate to develop the next IHSP and further noted that primary care and community care are fundamental to move the system forward.

It was commented that is alignment between NSM and provincial priorities.

It was noted that it should be determined how we can identify sub geographic level and that the Board would like to understand where there are gaps at the sub geographic level.

6.4 Board Workplan*

It was commented that we have been discussing the development of a Board workplan for a while and that the tactical and routine work is captured. It was noted that we need to understand the Boards role in moving strategies forward.

It was suggested that as the IHSP is finalized a conversation should occur around board members roles in moving the strategy forward. It was suggested that more formality be identified in the role of a board member of the LHIN in a local community.

ACTION – Leanne to send information regarding Health Achieve to the Board requesting that they express their interest.

ACTION – Calendar of events to be mapped, knowing that we don't have exact dates.

ACTION – Governance Committee to review workplan and identify insight, foresight, oversight

3.10 Board Skills Matrix*

R. Morton noted that the matrix was reviewed at Governance Committee.

ACTION – R. Morton to confirm the current skills matrix with Board members.

7.0 New Business

7.1 RVH – Advanced Cardiac Care*

Tettmann explained that the precapital submission must be approved prior to approval of Stage 1.

Ben Peterson and Peter Osgood from RVH were invited to speak to this item.

It was explained that there is no significant change since the precapital submission and that the project remains under 10M. Additional work has been completed on understanding the finances and funding for the program.

The Capital planning process was reviewed.

WHEREAS,

- the NSM LHIN requires Capital Approval for the Project from the MOHLTC; and
- The NSM LHIN requires Capital approval from Health Capital Investment Branch (HCIB) of the Pre-Capital submission before proceeding to Stage 1A & B of the Capital Project.

Be it resolved

Motion: R. Stevens Seconded: E.M. Mills

'That the NSM LHIN Board of Directors approve the Stage 1a and 1b 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 associated funding and not impede the financial position of the hospital.'

... carried.

7.2 Board Vice Chair Recommendations*

R. Morton explained that the NSM LHIN Board should look forward at possible succession planning for the Board Chair.

Motion: R. Morton Seconded: R. Stevens

'That the NSM LHIN Board of Directors recommend the appointment of Margaret Redmond to the position of Vice Chair.'

... carried.

8.0 For Information

9.0 Meeting Evaluation & Adjournment

9.1 Meeting Action Log/Wrap Up*

The meeting action log was reviewed.

9.3 Meeting Adjournment

Motion: M. Redmond

Seconded: P. Preager

That the NSM LHIN Board of Directors meeting, of July 27, 2015, be adjourned.

...carried.

NEXT MEETING: Monday, September 28, 2015 (1:00 p.m. – 4:00 p.m.)

Original signed by
Robert Morton, Board Chair

Original signed by
Jill Tettmann, Chief Executive Officer