

Minutes of the North Simcoe Muskoka Local Health Integration Network Board Meeting held on Monday, September 28, 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:

Neil Walker, Chief Operating Officer
Rebecca Van Iersel, Physician Lead, Clinical Planning and System Integration
Sherri Huckstep
Jeff Kwan
Maureen Wilkinson
Susan French, Corporate Communications Lead

By Invitation:

George Dickson, Board Chair, Collingwood General & Marine Hospital
Guy Chartrand, President & CEO, Collingwood General & Marine Hospital

1.0 Convening of the Meeting

1.1 Call to Order

The Board meeting of September 28, 2015 was called to order at 12:04pm 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. Stevens

Seconded: E.M. Mills

That the agenda of the NSM LHIN Board Meeting of September 28, 2015, be approved.

... carried.

1.3 Declaration of Conflicts

There were no declarations of conflict noted.

1.4 Delegations to the Board

Towns of Bracebridge, Huntsville and Gravenhurst and Township of Muskoka Lakes - Muskoka Algonquin Healthcare (MAHC) – Pre Capital Submission

Note – an attendee list for the delegation is attached to the meeting minutes of September 28, 2015 as appendix A.

Note – the speaking notes for the delegation is attached to the meeting minutes of September 28, 2015 as appendix B.

R. Morton reviewed the Delegation to the Board policy for those in attendance. R. Morton thanked the delegates for their submission, and noted that the next steps for the NSM LHIN Board may include requesting additional information prior to a decision coming before the Board.

Bracebridge Mayor Graydon Smith opened the presentation and thanked members of other municipalities in attendance. Smith noted that healthcare plays a vital role in the sustainability of the communities in Muskoka. Mayor Smith recognized the work of the MAHC Board in preparation of their precapital submission.

Huntsville Mayor Scott Aitchison indicated that the municipalities have worked with MAHC in the past, and plan to continue to work closely together in the future to ensure healthcare services are delivered efficiently and effectively.

Mayor Smith spoke to Engagement of the communities and alignment with provincial priorities.

Mayor Aitchison spoke to concerns around that consultation and planning process undertaken by MAHC.

It was noted that the catchment area for MAHC is widespread, and there are a number of municipalities involved.

Comments included those that land use planning and a possible Port Sydney site for a hospital would not conform to the land use plan for the District of Muskoka.

Township of Muskoka Lakes Mayor Don Furniss commented that we cannot leave this uncertainty in the community and that it is critical to come up with a solution quickly.

It was questioned if the issue of the MAHC Master Plan is around location, a one site model, or both? Mayor Smith responded that the issue is that these communities have grown up with hospitals in them and hospitals have allowed them to become who they are and that to close the hospitals would have a devastating economic impact on existing urban centres. Mayor Aitchison noted that when the current Huntsville hospital site was chosen it was chosen as a site for potential future growth.

It was commented that the NSM LHIN Board has not been presented with information suggesting a future location for a one site hospital.

It was questioned if the suggestion of the delegation was that the only viable option is two sites in the existing locations. Mayor Smith responded that it is recognized that healthcare is changing however communities with hospitals as foundational pillars won't be supportive and that to remove that would create a radical amount of change and commented that in the end two sites may be what is necessary. Mayor Aitchison commented that MAHC has pointed out limitations and issues and that MAHC has not worked with municipalities to seek solution to these limitations and issues. Aitchison further noted the need to work together to address the issues to come up with some better solutions.

R. Morton thanked the delegation for the information presented.

2.0 Presentation/Board Education Session: Collingwood General & Marine Hospital Redevelopment

George Dickson, Board Chair, CGMH introduced members from CGMH who were in attendance.

Norah Holder, Vice President of Patient Services and CNE

David Finbow, Chair, Facilities Committee

Guy Chartrand, President and CEO

Dr. Michael Lisi, Chief of Staff

Michael Lacroix, Vice President of Corporate Services and CFO

Anita Chevalier, Chief of Performance and Clinical Systems

Mr. Dickson thanked the NSM LHIN Board for the opportunity to make the presentation.

A previously circulated slide deck was presented.

David Finbow noted that CGMH is asking the LHIN to support its precapital submission and that CGMH has a long history serving the community. It was noted that CGMH is managing what they have now and are under pressure through growth and inadequate facilities. It was commented that the service area includes ski resorts, including Blue Mountain and that there is a large transient population on weekends and through both the summer and the winter at the Town of Blue Mountains.

It was noted that a previous precapital submission had been supported by the LHIN and the Ministry in 2010 and that a strategic planning process in 2013 led to the development of a campus of care model.

Guy Chartrand provided information on the 'Together We Can' campaign, and noted that community consultation, round two, is scheduled for October and November. It was noted that the hospital is working alongside its partners to build community capacity and that hospitals are the most costly location to do business in. It was commented that through the redevelopment CGMH will identify services that make more sense to be delivered in the community.

Anita Chevalier spoke to shared quality improvement plans with partners and leveraging planning strategies.

Norah Holder spoke to a campus of care model, describing a campus of care as a 'common roof', and identified some community providers who may want to collocate in similar proximity. There are a lot of possibilities, Holder spoke to a partnership with the local YMCA.

Dr. Michael Lisi spoke to the rural teaching hospital partnership with the Rural Ontario Medical Program (ROMP) and the vision to have CGMH become a leading rural teaching hospital, including an interprofessional training centre for allied health professionals.

Michael Lacroix reviewed hospital occupancy for the past 24 months along with hospital standards and current facilities.

Guy Chartrand reviewed increasing demand for CGMH services, and the growth within the community.

The NSM LHIN Board thanked CGMH for their presentation and requested additional information on the interprofessional training centre. It was questioned if there are other rural teaching hospitals using a similar model. It was commented that there is a similar program near Thunder Bay – but is not the same model that CGMH is proposing.

It was questioned how CGMH has kept municipal partners involved. CGMH responded that they have engaged with the Mayors and communities through the planning process and that four municipal representatives are on the CGMH Board.

Jill Tettmann questioned the numbers being used in CGMH's projections, particularly as the pre capital submission is suggesting almost double the number of beds. Guy Chartrand responded that CGMH is currently working with approximately 90-100 beds. It was also noted that population growth and an aging population are influencing the bed numbers and that net new beds for rehab are included, and that the bed numbers are conservative.

By Consent

The below items were included in the consent agenda of the NSM LHIN Board Meeting of September 28, 2015.

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

- 3.1 *Approval of Minutes**
- July 27, 2015
- 3.2 *Board Meeting Evaluation**
- 3.3 *CEO Monthly Report**
- 3.4 *Health System Improvement Committee Minutes (Draft) of September 14, 2015**
- 3.5 *Governance Committee Minutes (draft) of September 14, 2015**

Motion: P. Preager Seconded: R. Stevens
That the NSM LHIN Board of Directors approve the Consent Agenda of September 28, 2015

... carried.

3.1 Approval of Minutes – July 27, 2015

A question for clarification arose and it was noted that dates have not yet been established for sub geographic governance sessions and that Board Members are welcome to attend the Acute Care Summit.

The minutes were amended to reflect that there is alignment between NSM and provincial priorities under item 6.3

Motion: E.M. Mills Seconded: M. Redmond
That the minutes of the NSM LHIN Board Meeting of July 27, 2015, be approved.
... carried.

3.3 CEO Monthly Report

J. Tettmann provided clarification on the delegated decision on the South Georgian Bay Community Health Centre Capital proposal. R. Morton provided additional background information for the NSM LHIN Board on the development of Community Health Centres.

3.4 Health System Improvement Committee Minutes (Draft) of September 14, 2015*

It was noted that the draft minutes will be reviewed at the Committee meeting in October and have been provided for information.

3.5 Governance Committee Minutes (Draft) of September 14, 2015*

It was noted that the draft minutes will be reviewed at the Committee meeting in October and have been provided for information.

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 July 27, 2015:

- July 28 Meeting with New GBGH Chair
- July 29 Meeting regarding Fairvern LTC re redevelopment with Fairvern leadership and NSM LHIN Staff
- Aug 5 Meeting with Bill Davies CEO CMHA Muskoka Parry Sound
- Aug 10 Teleconference with Penetanguishene Mayor re health hub
- Aug 11 Discussion with Minister's Office re LHIN Board candidates
- Aug 13 Presentation to UofT Mississauga 4th year class on careers
- Aug 14 Meeting with Mayor and CAO Bracebridge re MAHC
- Aug 18 MAHC re pre capital submission
- Aug 20 Board member candidate interviews
- Aug 24 Meeting with CMGH Chair re pre capital submission
- Aug 25 Teleconference with Minister's office re board recommendations
- Aug 26-
- Sept 10 Vacation - Pacific Coast Road Trip
- Sept 11 Meeting with GBGH Chair re health hub
- Sept 14 NSM LHIN Board Committees
- Sept 15 Board Advance
Governance Coordinating Council
- Sept 16 LHIN Chairs Dinner
- Sept 17 LHIN Leadership Council; LHIN Chairs' Council
Associate Minister for Long Term Care and Wellness – governments plan to move forward with non-compliant beds in Long Term Care, Smoking Cessation and Childhood Obesity focuses.
Transformation workgroup updated on Primary Care and Health Hubs.
Discussion around In Home and Community Care. Discussion around PAN LHIN Board Practices, Board Evaluation, and Compensation.
- Sept 21 Collingwood CGMH, Hospice Georgian Triangle/Campbell Hospice Tour
It was commented that the Government is committed to the expansion of Hospice. Our focus would need to be on where we need beds. We don't currently have beds in Orillia and North Simcoe.
- Sept 25 Meeting with Central LHIN Chair and CEO. Further work to be done to look at flow of patients across the two LHINs to further explore opportunities to work together.
Midland Wendat Community Services Senior Residence

4.2 Report of the CEO

J. Tettmann reported the following since the meeting on July 27, 2015:

J. Tettmann provided an update on the NSM LHIN organizational chart and recent staffing changes.

It was noted that Gary Hurd, our current Sr. Manager of eHealth, has announced his resignation. It was also identified that we do have a regional CIO and are looking at recruitment for this portfolio.

An update was provided on the Penetang Health Hub, noting participation in multiple meetings and engagements. The hospital board has agreed to delay its decision on the closure of the Penetang site for up to 8 months. The next step for the Penetang Health Hub is to bring forward a precapital submission, at which point a thorough review would be completed by the Ministry regarding the facility. GBGH is looking for support to keep the Penetang site open. It was commented that we need to understand our role and the Ministry's role, as GBGH had already approved closure of the site.

It was noted that the NSM LHIN will have a role to play in the program and service component of the precapital submission for the Penetang Health Hub.

A meeting was held with the Ministry, MAHC and NSM LHIN regarding Muskoka Algonquin Healthcare pre capital submission, specifically around their process in getting to a single site decision for a one site model for the future.

The Ministry asked general questions around the finances of the hospital, growth projections, examples of consolidation of services – both those that were successful and not. A hospital with one administration and funding envelope – having two of everything is a challenge. It was noted that the NSM LHIN is looking to bring decision forward for the end of October. The Minister has shown hesitation in closing two hospitals, and it was questioned if additional work needs to be completed before we can move forward.

It was questioned if land use planning and responses were considered to the response provided by the delegation as we would need to understand the implications of this.

N. Walker provided an update on the development of the IHSP and engagement with the Francophone and Aboriginal communities.

It was noted that NSM LHIN staff continue to have conversations concerning Waypoint wage harmonization with the Ministry and Waypoint.

5.0 Business Arising

6.0 Committee Reports

R. Stevens noted that a request has been made by the Health System Improvement Committee for LHIN staff to evaluate changes to reporting requirements by the LHIN to the Ministry over the past several years and that this conversation arose during a review of the agency risk assessment.

6.1 Collingwood General and Marine Hospital Redevelopment

Moved: R. Stevens

Seconded: P. Preager

That the NSM LHIN Board of Directors approve the program and service elements outlined in the Pre-Capital submission for Collingwood General and Marine Hospital

.....carried

7.0 New Business

7.1 2015/16 Hospital Service Accountability Agreement Extensions

J. Kwan provided an update for the NSM LHIN Board on the reasons for the HSAA extensions including requirements for balanced budgets and requests for Hospital Improvement Plans, as well as wage harmonization for Waypoint and an Operational review underway at Georgian Bay General Hospital.

It was confirmed that we are only working on extensions of the existing agreements.

It was noted that at the most extreme the LHINs have an option of mandating or imposing an agreement, though this is not common. It was clarified that a Hospital Improvement plan is a two year plan with a requirement to balance at the end of two years and that the LHIN could waive the requirement to balance.

Moved: R. Stevens

Seconded: E.M. Mills

Be it resolved that 'The NSM LHIN Board of Directors:

Approve the extension of the Hospital Service Accountability Agreements to December 31, 2015 for the following hospitals:

- **Collingwood General and Marine Hospital**
- **Georgian Bay General Hospital**
- **Muskoka Algonquin Healthcare**
- **Waypoint Centre for Mental Health**

and that the NSMLHIN Board of Directors

Delegate authority to the NSM LHIN Board Chair and CEO to sign the agreement extensions for the hospitals listed above.'

.....carried

7.2 Primary Care Models and Managed Entry

R. Morton introduced Kevin MacLeod, Regional Advisor, Health Force Ontario to provide a presentation to the NSM LHIN on Primary Care Models in North Simcoe Muskoka LHIN.

K. MacLeod and R. Van Iersel presented a previously circulated slide deck. Different models were reviewed including Fee for Service, Capitation based and Salary based models and Family Health Teams were explained as a model or philosophy of care rather than a payment model.

It was noted that NSM LHIN has the highest proportion of patients provincially enrolled in a family health team model.

Discussion occurred about the managed entry process and the changes that have occurred in the past year. It was noted that the NSM LHIN has identified several high needs areas and the Ministry has been very collaborative and that the two areas in our LHIN that are not high needs are Collingwood and Orillia.

It was questioned if there is a differing degree of high needs communities. It was commented that we do not have good data to support understanding the different degrees of need.

8.0 For Information

8.1 LHIN Leadership Council Workgroup Updates

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:
That the NSM LHIN Board of Directors meeting, of September 28, 2015, be adjourned.

...carried.

NEXT MEETING: Monday, October 26, 2015 (1:00 p.m. – 4:00 p.m.)

Original signed by
Robert Morton, Board Chair

Original signed by
Jill Tettmann, Chief Executive Officer