

South East Local Health Integration Network

Board of Directors Meeting No. 145

Monday February 27, 2017

Cardinal Room
South East LHIN Offices
71 Adam Street
Belleville, Ontario

MINUTES

Present: Donna Segal (Chair); Lois Burrows; Jack Butt; Jean Lord; Maribeth Madgett; Chris Salt; Brian Smith; David Vigar (quorum); and Paul Huras (CEO)

Recorder: Jacqui Prospero

Regrets:

Guests: Sara Brown (Interim Director, Corporate Services / Controller); Caitlin denBoer (Communications Lead); Cynthia Martineau (LHIN Renewal Lead); Michael Spinks (Chief Knowledge Officer); Deb Goulden (Program Manager - HSD); Paula Heinemann (Director, Corporate Services / Controller); Jennifer Payton (Planning and Integration Consultant); Josh Cadman (Health System Planner); Rick Giajnorio (Project Advisor, Specialist); Larry Hofmeister (Director, HSP Funding); and Janine DeVries (Board Coordinator).

1. Call to Order, Chair's Remarks and welcome of guests.

The Chair welcomed board members, guests and members of the public to the meeting and called for order at 9:30 am.

2. Selection of Timer and Observer:

- a) Timer – J. Lord
- b) Observer – M. Madgett

3. Conflict of Interest Declaration

All members confirmed no conflicts.

4. Consent Agenda:

- a. Monthly CEO Reports
- b. Board Correspondence
- c. Chairs Declaration
- d. Chairs Report
- e. Committee Summaries

That the Consent Agenda items be approved as circulated.

Moved by: L. Burrows
Seconded by: J. Buck
Carried – 2017-145-01

5. Approval of the Agenda

That the Board Agenda be approved as amended to add Bridge Funding for Health Links, under Fiduciary.

**Moved by: J. Butt
Seconded by: B. Smith
Carried – 2017-145-02**

6. Approval of Minutes January 30, 2017 Board Meeting #144 (attached)

That the Minutes of Monday January 30, 2017 Board Meeting #144 be approved as amended to reflect the discussion of the Monthly CEO Report.

**Moved by: B. Smith
Seconded by: J. Butt
Carried – 2017-145-03**

7. Generative Discussion:

- **None this month.**

8. Strategic Discussion: - 9:47 am

a) Patients First – Readiness Update – 9:47 am

- P. Huras provided an overview of the briefing note which included a purpose; executive summary; risks; and attached appendices.
- The following information was also shared:
 - The readiness team from Deloitte will be returning to the LHIN offices on March 01, 2017 to reassess the progress the South East LHIN has made to be “ready”; to prepare for a May 01 launch date the LHIN will need to be ready for early April 2017 in order to allow for final tasks in transitioning the SE CCAC into the SE LHIN; the board will be asked to approve items related to this at the March 2017 meeting; the expectation is to have a clear critical path identified in order to meet the timelines; the South East LHIN will need to show that the “must haves” are done or can be completed by early April in order to allow our organization to move forward for an early May launch.
 - The anticipation is that our LHIN will be ready for a May 01 launch; vendor assisted cultural discussions are considered a key component for our success as a new organization; the LHIN is progressing through the process for a Request for Services (RFS) with final submissions being received this week; both organizations (LHIN / CCAC) clearly understand that culture is not something that will be “achieved” by a specific date, it is more organic in its creation and evolution over time as the new organization moves forward.
 - In preparation for the merging of cultures P. Huras has visited each South East CCAC location (eight in total) spending time with staff in an open forum to allow for questions and discussion on the pending joining of the two teams; the LHIN and CCAC have been working closely on the seven functional teams in order to ensure all details are addressed (such as banking, access to offices, email address, governance policies, etc.).
 - An updated copy of the Governance Tracker was handed out to members; the CCAC board is also working to meet the deliverables that are required in order to allow for a seamless transition into the South East LHIN entity; a local obligation that is identified is that of legal, which D. Segal will seek clarification on at provincial meetings on March 02; in order to address these concerns there has been an increase in legal support (provincially) in order to address the concerns of these pending changes.

- The upper level management structure was approved and the CEO has been working with senior staff in order to fill in the cascading levels of management, via direct offer and internal competition (with both LHIN and CCAC staff); finalized job descriptions for the VP Clinical and Sub Region Clinical Lead have not yet been received, however the LHIN is utilizing the draft descriptions to have potential candidates express interest in order to move forward quickly once finalized; part of the integration of organization is an 8% overall reduction in budget, which is affecting staffing from both organizations; if the LHIN is not able to recruit through internal recruitment measures they will move to an external recruitment; part of the direction from the MOHLTC has been keeping the organization flat, limiting VPs to between 5 and 7.

b) Board Committee Structure Readiness Plan – 10:19 am

- B. Smith provided an overview of the briefing note which included a purpose; executive summary; risks; attached appendices and a recommendation for consideration.
- The following information was also shared:
 - Members expressed the desire to provide input into the format of the committee structures at a later date; the provincial patient advisory committee will be a separate entity to that of the regional patient advisory committee of the South East LHIN, however it is not being viewed as a duplicate forum; the scope of the provincial entity is not yet finalized and could likely include a member from the local regions; both local and provincial committees are captured in the legislation as a requirement, however we have not yet been informed how they will work together in the future.
 - There may be an opportunity to have a new Health Professional Advisory Committee (HPAC) committee meet with the patient advisory committee.

That the South East LHIN board accept the recommendation from the Governance / Nominating Committee to accept and adhere to the following proposed Board Committee Structure readiness plan which calls for readiness on all “must have’ elements on or before early April 2017.

**Moved by: B. Smith
Seconded by: J. Butt
Carried – 2017-145-04**

9. Fiduciary Discussion: 10:32 am

a. Ministry / LHIN Accountability Agreement (MLAA) – Dashboard & Performance Discussion – 10:33 am

- M. Spinks / D. McGuinness presented the first group of MLAA indicators technical specifications, regional performance levels and considerations for evaluating results; they also addressed the key drivers of performance and ongoing initiatives to improve results for each MLAA indicator.
- The following information was also shared:
 - The method used to calculate the indicator and how the requirements for data retention affected the currency of the performance indicators; some of the data comes from the Ministry (which does contribute to the lag in reporting, however not significantly; there is a risk that the public may be misinformed post the LHIN / CCAC transition date due to the challenges around a couple of indicators which are currently under review.

Recess – 11:22 am – 11:33 am

- MRI wait times are not likely to be affected in our region during the time that an MRI will be down at Quinte Health Care (QHC) for regularly scheduled maintenance; the backlog at Kingston General Hospital (KGH) for this service is in part due to the want of clients to remain in their own community for services and the demands for the high level imagers; there are currently two proposals from local agencies that are interested in adding more MRIs to our region; the South East LHIN is the best performing in the province for MRI targets; there is also likely to be a request for an additional CT in the region, however our agencies are being reminded that before any approvals are provided there still remains a need to improve their best practices / processes.
- If the LHIN creates the capacity for a service (any service) the demand will rise to meet and then exceed it; agencies have always been aware that if a foundation purchases a new piece of equipment the agency is responsible for staffing and keeping the resource functioning (i.e.: from their existing budget / resources); new funds are not allotted for new equipment.

ADDITION - Health Link (HL) 2017/18 Funding and Q1/Q2 HL Bridge Funding – 12:00 pm

- By a two thirds vote, members agreed to add this item to the agenda for a decision today.
- P. Huras provided an overview of the briefing note which included a purpose; executive summary; risks; attached appendices and recommendations for consideration.
- The following information was also shared:
 - This request for bridge funding will be borrowed from the overall LHIN funding allotment; we do know that the clients being seen through this initiative are those that require the highest use of health funding (as the system is ineffective and inefficient in serving very complex patients that would likely otherwise be in the emergency room with the potential to be admitted, perhaps waiting in an alternative level of care (ALC) setting before getting transferred to a Long-Term Care home); evidence indicate that we are receiving better value for funds invested in our seven health links; provider satisfaction, patient / client satisfaction are all up, repeat visits to emergency rooms are down; readmissions are down and the South East LHIN is leading the province in coordinated care plans (over 1/5th of the provincial share); our region is experiencing the loss of some family physicians, however we will continue to address the needs of the residents; the primary care provincial work stream is currently looking at how to transition health links funding into the new sub region model post transition day for the LHINs.

That the Board of the South East LHIN approve \$792,000 in one-time funding to support the ongoing activities of the seven Health Links for FY 2017/18. This funding will supplement the \$1,200,000 requested from the MOHLTC for an overall total FY 2017/18 HL funding of \$1,992,000.

**Moved by: B. Smith
Seconded by: C. Salt
Carried – 2017-145–05**

That the Board of the South East LHIN approve FY 2017/18 Q1 and Q2 bridge funding for a total amount of \$996,000.

**Moved by: B. Smith
Seconded by: C. Salt
Carried – 2017-145–06**

b. Chair's Update – 12:06 pm

- i. **French Language Services (FLS) Representative** – D. Segal noted for members that we would like to ask J. Lord to consider working with our board coordinator to get more information about becoming involved with the regional FLS entity on behalf of the South East LHIN Board..
- ii. **Cultural Sensitivity Seminar Series** – D. Segal reminded members about this type of training and the importance of the training to both LHIN staff and board members;

c. Memorandum of Understanding (MOU) and Mandate Letter – 12:09 pm

- D. Segal noted for members that we have not yet received direction on the MOU or the mandate letter; there is an expectation that both will likely be available prior to the middle of April 2017.

d. Community Engagement – Board Member Updates – 12:10 pm

- No updates from members.

e. CEO Discussion Report – 12:11 pm

- P. Huras provided an overview of the report which included:
 - a) **Health Care Tomorrow**
 - i. Hospital Project – Refresh – the CEOs of SECHEF are addressing the needs related to HCT- HP coordinators.
 - ii. Addictions and Mental Health Redesign – no questions or comments at this time.
 - iii. SHiiP – the total investment to date in this program is from the South East LHIN overall budget; currently there is no contribution from other LHINs to the South East in order to help manage the current investments to this service / software; there may be an opportunity to discuss case costing in a more regional / bundled payment initiative that could potentially feed directly into SHiiP; there may be a risk for the LHIN to be involved in the scale up / expansion of SHiiP as it appears it might be in contrast to what our mandate is.
 - b) **Lanark County Mental Health (LCMH) Capital Project** – initially a program of the LACGH, however they were instructed to reconsider it in light of the Addictions and Mental Health (AMH) redesign in the region.

That the CEO Discussion Report be accepted as circulated.

**Moved by: L. Burrows
Seconded by: J. Butt
Carried – 2017-145–07**

LUNCH BREAK / Education Session – 12:20 pm – 1:25 pm

Carol Ravnaas; Rob Bruce; and Ray Marshall Presented

That the board consider matters of public interest regarding Approval of In Camera Session Minutes; Audit / Finance Committee Recommendation – Agency Risk Assessment Report; Organizations Under Performance Improvement Plans / Review; Addictions and Mental Health Services – Hastings Prince Edward (AMHS-HPE) 24/7 Supportive Housing Funding Request and a Patients First Update pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).

**Moved by: C. Salt
Seconded by: J. Lord
Carried – 2017-145–08**

10. In-Camera Session – 1:25 pm

That the Chair rise and provide a verbal report from the In Camera Session regarding Approval of In Camera Session Minutes; Audit / Finance Committee Recommendation – Agency Risk Assessment Report; Organizations Under Performance Improvement Plans / Review; Addictions and Mental Health Services – Hastings Prince Edward (AMHS-HPE) 24/7 Supportive Housing Funding Request and a Patients First Update.

**Moved by: J. Lord
Seconded by: D. Vigar
Carried – 2017-145–15**

11. Date, time and location of next meeting:

March 27, 2017 – SE LHIN Offices / Kingston Site (OTN)

Future meetings:

April 24, 2017 – SE LHIN Offices
May 29, 2017 – SE LHIN Offices
June 26, 2017 – SE LHIN Offices
August 21, 2017 – SE LHIN Offices
September 25, 2017 – SE LHIN Offices
October 30, 2017 – SE LHIN Offices
December 11, 2017 – SE LHIN Offices

12. Timer & Observer:

Timer – the formal session was on time (open); the in camera ran a bit over; however it was of good use.

Observer – good discussion.

13. Adjournment

That the meeting be adjourned at 2:55 pm

Moved by: M. Madgett

NOTED DEPARTURES:



Meeting Chair:

Donna Segal

Secretary:



Paul Huras