

South East Local Health Integration Network

Board of Directors Meeting No. 149

Monday June 26, 2017

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

MINUTES

Present: Donna Segal (Chair); Chris Salt (Vice Chair); Brian Smith (Vice Chair); Lois Burrows; Jack Butt; Jean Lord (arrival – 12:24 pm); Maribeth Madgett; Marsha Stephen; David Vigar; (quorum); and Paul Huras (CEO)

Recorder: Jacqui Prospero

Regrets: Annette Bergeron; Steve Gauthier;

Guests: Sherry Kennedy (VP, Operations); Cynthia Martineau (VP, Strategy, Planning & Integration); Joanne Billing (VP, Home and Community Care); Caitlin denBoer (Directors, Communications & Engagement); Paula Heinemann (VP, Human Resources & Organizational Development); Dr. David Zelt (VP, Clinical)**; Cheryl Chapman (Director, Sub Region Planning & Integration – Quinte); Carly Tuinman (Data Coordinator); Don McGuinness (Sr. Manager – Decision Support); Deb Goulden (Director, System Planning & Integration); Kevin Empey (Supervisor – Brockville General Hospital) – arrival 11:40 am and Janine DeVries (Board Coordinator).

Noted Departures: Don McGuinness – 10:27 am (rejoined – 11:00 am) – 11:22 am; Carly Tuinman – 10:27 am;

**** Phone**

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 9:31 am

2. Selection of Timer and Observer:

- a) Timer – M. Madgett
- b) Observer – D. Vigar

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: D. Vigar
Carried – 2017-149-01**

5. **Approval of the Agenda**
That the Board Agenda be approved as circulated.

Moved by: C. Salt
Seconded by: J. Butt
Carried – 2017-149-02

6. **Approval of Minutes May 29, 2017 Board Meeting #148 (attached)**
That the Minutes of Monday May 29, 2017 Board Meeting #148 be approved as amended to reflect the attendance of J. Billing and a correction to the name of the Ombudsman for Patients.

Moved by: B. Smith
Seconded by: M. Stephen
Carried – 2017-149-03

7. **Generative Discussion:**
None at this time.

8. **Strategic Discussion:**

a. Opioid Strategy – 9:40 am

- P. Huras provided an overview of the briefing note for members which included an executive Summary; next steps, attached strategy and a recommendation for members' consideration.
 - Senior staff provided the following information based on questions and comments:
 - Members are interested in determining how to measure the success of this strategy over time, both short and long term; metrics and measures of success will be part of the final item for consideration in August of this year; this strategy is part of the mandate letter and other LHINs will be addressing similar concerns; the sub region profile package will help to better address the outcomes of the strategy; currently the LHIN has no specific resources assigned to this requirement, however there is an expectation that discussions will happen with the Ministry of Health and Long-Term Care (MOHLTC) provincially to better address the items required from the mandate letter; this strategy will be linked with the Addictions and Mental Health Strategy (AMHS) Redesign, noting that this item is more of a provincial oversight strategy versus a local one.
 - One of the challenges that is being seen for this initiative is the physician engagement to help drive the changes required (shifting their culture), specifically towards prescriptions related to these clients; although physician education has been done throughout the region on various levels it may still be necessary to involve them more in the strategy as it comes forward.
 - There has been a team effort to bring this strategy forward, including Health Service Providers (HSPs), public health, etc.; the LHIN will not approach this item in a top down fashion, it will continue to work collaboratively with our partners.
 - Education for the public will require attention to ensure that they are aware of alternatives to opioids; education for other resources, including first responders is a necessity.
 - The driving force for this initiative in our region is Dr. Kieran Moore – Kingston, Frontenac, Lennox and Addington Public Health.

That the South East LHIN Board approve, in principle, the Opioid Management Strategy (OMS); prior to final approval in August 2017.

Moved by: J. Butt
Seconded by: C. Salt
Carried – 2017-149-04

9. Fiduciary Discussion: 9:59 am

a. Patients First – Transition Day Update – 9:59 am

- P. Huras provided an overview of the briefing note for members which included an executive summary on transition reporting, clinical staffing, sub region engagement and culture / change management.
 - Senior staff provided the following information based on questions and comments:
 - The LHIN surveyed staff from both legacy entities, which clearly showed the similarities in what staff wanted by way of organizational culture in the new entity; provincially a consultant has been engaged to help move the culture discussion forward; locally we are recruiting staff membership to a culture / change management committee.
 - Senior team members have been making an effort to physically be present at other LHIN offices in the region for work purposes, not just a “visit” to help ensure that staff from the legacy CCAC know who the LHIN management team are and can be involved / engaged, prompting many adhoc meetings and discussions on a wide variety of topics.

b. Patients First – Sub Region – Transformation Update – 10:14 am

- P. Huras provided an overview of the briefing note for members which included an executive summary on transformation reporting, mandate letter alignment, and attached appendices.
 - Senior staff provided the following information based on questions and comments:
 - “Setting the Stage” sessions to date have been well attended and have also involved governance level attendees from HSPs.
 - Reference to governance training during the summer of 2017 is likely to be related to provincial training for new members (as there has been a large increase in board membership provincially), there is the opportunity for this training to shift to a more “ongoing” approach to training, versus actual orientation.
 - This report will not come back to the board in this kind of detail going forward; however will evolve into a monitoring report and brought back quarterly.

c. Rideau Tay Health Hub – Pre-Capital Endorsement – 10:27 am

- P. Huras provided an overview of the briefing note for members which included a purpose; executive summary; associated risks, attached appendices and a recommendation for consideration.
 - Senior staff provided the following information based on questions and comments:
 - The Trenton Health Hub is still moving forward; however they are addressing some issues related to site location, etc. before it will come back to the LHIN board for further consideration.
 - There is a reference to the potential for a request for funds in the future related to operational funds, which may be a need for one-time costs related to this change, however it could be related to items such as equipment, etc.; any future requests for funds will require a separate proposal for consideration and would likely be one-time only funding.
 - Renovations for the current sites is not likely to be viable, specific to long term planning for services / providers in the region (expansion of some services); we have seen that colocation does not always lead to integration of services with other providers.
 - This is one step of many going forward in the community capital process / application function.

BOARD ITEM # 6

That the South East LHIN Board endorse the Stage 1 Community Health Capital application for the development of the Smiths Falls Integrated Health and Social Services Hub proceed to Health Capital Investment Branch and endorse Rideau Community Health Services (RCHS) as the Lead Organization, with the proviso that:

- a. The projected volumes of services are achievable within the approved staffing model and model of care of the Hub;
- b. The operational costs associated with the Hub and space allocation can be financially managed by the partner organizations;
- c. There will not be any negative impacts on patient services and the community will be engaged in future planning; and
- d. That Rideau Community Health Services continues to meet the requirements of the Lead organization.

Moved by: C. Salt
Seconded by: B. Smith
Carried – 2017-149-05

d. Kingston Health Sciences Center (KHSC) – Belleville Satellite Dialysis Unit Pre-Cap Request – 10:41 am

- P. Huras provided an overview of the briefing note for members which included a purpose; executive summary; project overview; associated risks and a recommendation for consideration.

That the South East LHIN Board endorse the Pre-Capital submission from Kingston Health Science Centre (KHSC) for renovations to the Belleville Satellite Dialysis unit with the proviso that:

- a) The hospital will absorb any increased requirement for operating dollars (as a result of the proposed development) within its existing budget;
- b) That the hospital cover all associated costs of the equipment purchase and renovation; and
- c) There will not be any negative impacts on patient services during and after the renovation.

Moved by: L. Burrows
Seconded by: M. Madgett
Carried – 2017-149-06

BREAK – 10:43 am – 10:57 am

e. Ministry / LHIN Accountability Agreement (MLAA) / Stocktake Update – 10:58 am

- P. Huras provided an overview of the briefing note for members which included a purpose; executive summary; and attached quarterly performance report – 2016-Q4.
 - Senior staff provided the following information based on questions and comments:
 - There are some positive signs / trends for a number of indicators on this report, which are reflective of discussions to standardize approaches to our hip / knee surgeries which will affect future improvements, as well as the common intake and assessment feature.
 - The MLAA has not changed, however the Stocktake piece has changed since the LHIN transition date with the shifting of some items from indicators to monitoring.
 - Provincially LHINs share information about performance improvement with each other to ensure that best practices, programs and initiatives can be achieved for improved access to high quality health care.
 - The MRI statistic is reflecting a shutdown at the Quinte Health Care (QHC) Belleville site during renovations for a nine week period during which requests were shifted to Kingston; the SECHEF table has been discussing proposals related to regional MRI over the past couple of months.

BOARD ITEM # 6

- In previous years there were two indicators related to admitted and non-admitted length of stay, however this indicator shows us as being higher; the LHIN will continue to monitor the two indicators (high acuity patients versus uncomplicated / minor patients) separately as funding related to pay for performance for emergency rooms flows in this manner.
- There are many items that are reported and others that are not, but are monitored, this report is specific to the MLAA indicators only; there is likely an opportunity to dig deeper into these items via sub region discussions and the quality committee in the future.
- Seven of the 14 LHINs are at 7 days to get appropriate care from hospital discharge; part of the challenge is in the definition surrounding “is the client ready for the services that are available to them” versus when they are discharged.
- It was noted that the stocktake / MLAA report will go to the Quality Committee in the future before arriving to the LHIN Board; however submission to MOHLTC will happen based on required timelines.
- Stretch targets have provided opportunities for the LHIN and its partners to work collaboratively to help make changes in the system, making improvement for access to clients / services that don't necessarily have us reaching the target or reflective in a green achievement.

f. Chair's Update – 11:23 am

- i. **Chair Resignation – Delegated Authority** – C. Salt will be Acting Chair for the South East LHIN; the public appointments office is moving quickly to try and backfill departing chairs, however it is not likely to be finalized over the summer.
 - C. Salt noted that the silence regarding her departure is in no way a reflection of mood; however it is in respect for the Chair but recognition that we have planned time for remarks at a later time
- ii. **Ministry - LHIN Escalation Guidelines** – there was some pushback with the Patients First Act from larger provincial organizations to help drive changes to the conditions under which the LHINs could investigate health service providers; these guidelines are consistent with the Auditor Generals Recommendations and the Mandate Letter from the Minister of Health and Long-Term Care.

g. Committee Updates – 11:30 am

- The expectation is that future updates will come in writing as part of the board package to better inform other members of the LHIN Board and will include progress in relation to the committee work plans.
- L. Burrows – Quality Committee – noted that there has been one meeting (without staff involvement) on June 08 in order to discuss terms of reference (making suggested changes), reports that might be required, patient advisory participation, etc.; the next meeting is June 28, 2017.
- B. Smith – Governance / Nominating Committee – many items are on the agenda today for discussion and will be addressed at that time.
- J. Butt - CEO Performance / Board Evaluation - many items are on the agenda today for discussion.
- M. Madgett – SCG – attached for consideration.
- C. Salt – FARR – many items are on the agenda today for discussion.

h. Community Engagement – Board Member Updates – 11:42 am

- J. Butt – attended the recent sub region discussions.

i. Governance / Nominating Committee – Board Work Plan – 11:46 am

- B. Smith provided an overview of the briefing note for members which included a purpose; executive summary; associated risks; attached appendices and multiple recommendations for consideration.
 - Board Members and Senior staff provided the following information based on questions and comments:
 - Governance / Nom Committee will be the “holder” of policy development / coordination / and tracking; all committees can develop policies for their use as required
 - Members agreed to defer the request for approval on items related to changes in Policy 4.1 and new reporting process.

That the Board of the South East LHIN accept the recommendation from the Governance / Nominating Committee to approve of the 2017-18 Board Work Plan subject to revisions made during the meeting in Appendix 3.

**Moved by: B. Smith
Seconded by: J. Butt
Carried – 2017-149-07**

j. Governance / Nominating Committee – Member Recruitment Plan – 12:17 pm

- B. Smith noted for members that the public secretariat office has provided details on potential candidates; the Nominating Committee will meet on July 13 to conduct interviews; each of the candidates reside in our LHIN in various locations; a recommendation will come to the board following those interviews, likely via conference call or email.

k. CEO Discussion Report – 12:22 pm

- P. Huras provided an overview of the report which included:
 - a) **Health Care Tomorrow**
 - i. Hospital Project – Refresh – no questions or comments at this time.
 - ii. SHiiP – no questions or comments at this time.
 - iii. Addictions and Mental Health Redesign - no questions or comments at this time.
 - b) **Community Training Day** - no questions or comments at this time.

That the CEO Discussion Report be received.

**Moved by: J. Butt
Seconded by: D. Vigar
Carried – 2017-149-08**

That the board consider matters of public interest regarding Brockville General Hospital (BGH) & Kingston Health Sciences Centre (KHSC) Lab Integration; Organizations Under Performance Improvement Plans / Review; Approval of In Camera Session Minutes of the Board; Approval of In Camera Session Minutes of the CEO Performance and Board Evaluation Committee; Finance , Audit, Resource and Risk Committee – 2017-18 South East LHIN Legacy Budget and 2016-17 Community Care Access Centre (CCAC) Audited Financial Statements; CEO Performance / Board Evaluation Committee – Board Performance Scorecard Results, Deloitte SE LHIN Board Evaluation Report and 2017-18 CEO Goals and Objectives pursuant to Section 9 (5) of the Local Health Systems Integration Act 2006.

**Moved by: L. Burrows
Seconded by: B. Smith
Carried – 2017-149-09**

LUNCH BREAK – 12:26 pm – 1:01 pm

10. In-Camera Session – 1:01 pm

That the Chair rise and provide a verbal report from the In Camera Session regarding Brockville General Hospital (BGH) & Kingston Health Sciences Centre (KHSC) Lab Integration; Organizations Under Performance Improvement Plans / Review; Approval of In Camera Session Minutes of the Board; Approval of In Camera Session Minutes of the CEO Performance and Board Evaluation Committee; Finance , Audit, Resource and Risk Committee – 2017-18 South East LHIN Legacy Budget and 2016-17 Community Care Access Centre (CCAC) Audited Financial Statements; CEO Performance / Board Evaluation Committee – Board Performance Scorecard Results, Deloitte SE LHIN Board Evaluation Report and 2017-18 CEO Goals and Objectives pursuant to Section 9 (5) of the Local Health Systems Integration Act 2006.

**Moved by:
Seconded by:
Carried – 2017-149–18**

11. Date, time and location of next meeting:

August 21, 2017 – SE LHIN Offices

Future meetings:

- September 25, 2017 – SE LHIN Offices
- October 30, 2017 – SE LHIN Offices
- December 11, 2017 – SE LHIN Offices
- January 2018 - TBD

12. Timer & Observer:

Timer – the meeting ended in a timely manner.

Observer – good discussion and interaction amongst Board members and staff; a good meeting!

13. Adjournment

That the meeting be adjourned at 3:30 pm

Moved by: M. Madgett

NOTED DEPARTURES:



Acting Chair: _____

Chris Salt

Secretary:  _____

Paul Huras