

South East Local Health Integration Network

Board of Directors Meeting No. 146

Monday March 27, 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); Annette Bergeron; Lois Burrows; Jack Butt; Jean Lord; Maribeth Madgett (quorum); and Paul Huras (CEO)

Recorder: Jacqui Prospero

Regrets: David Vigar

Guests: Sherry Kennedy (Chief Operating Officer); Cynthia Martineau (LHIN Renewal Officer); Sara Brown (Interim Director, Corporate Services / Controller); Caitlin denBoer (Communications Lead); Cynthia Martineau (LHIN Renewal Lead); Larry Hofmeister (Director; HSP Funding & Allocations); Michael Spinks (Chief Knowledge Officer); Don McGuinness (Program Manager - KM); Sydney Dingwell (Project Assistant); Paula Heinemann (Director, Corporate Services / Controller); 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 9:35 am.

2. Selection of Timer and Observer:

- a) Timer – M. Madgett
- b) Observer – C. Salt

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. Butt
Carried – 2017-146-01**

5. Approval of the Agenda

That the Board Agenda be approved as amended to add an item to the Chairs Update - Board Evaluation Launch - Communications to LHIN Boards; Updating to Plans for Strategic Plan and to the In Camera Session related to Patients First – Banking and CEO Performance and Board Evaluation Committee.

**Moved by: C. Salt
Seconded by: B. Smith
Carried – 2017-146-02**

6. Approval of Minutes February 27, 2017 Board Meeting #145 (attached)

That the Minutes of Monday February 27, 2017 Board Meeting #145 be approved as amended to adjust the motion numbering to reflect current calendar year.

**Moved by: B. Smith
Seconded by: J. Butt
Carried – 2017-146-03**

7. Generative Discussion: - 9:40 am

a) Risk Management – 9:40 am

- L. Burrows provided an overview of the presentation provided to members which included a definition of risk; types of risk; and the boards' role as it relates to risk.
- The following information was also shared:
 - A fulsome discussion was held at the recent board retreat; members determined that the report to the board on risk (Agency Establishment Report) will now include a broader perspective including themes; the board will now view the report and add items as required from a governance perspective (review to take place at Finance / Audit); and that the August Finance / Audit committee will include a review and discussion of the report prior to it coming to the LHIN board for consideration.

8. Strategic Discussion: - 9:43 am

a) Regional Advisory Councils – 9:43 am

- P. Huras provided an overview of the briefing note which included a purpose; executive summary; associated risks and appendices for consideration.
- The following information was also shared:
 - In the past the Regional Patient Advisory Committee (RPAC) considered care and discussions in the context of the hospitals project; including health care professionals in meetings was helpful to discuss challenges in the overall system, while providing perspective from both the patient and care provider; having input from senior representatives of Health Service Providers (HSPs) has been helpful in ensuring the RPAC members that they were being heard; a mixed committee with professionals and clients / patients / care providers appears to be the right compliment; membership for a potential committee would need to be inclusive of the sub regions, hospitals and community, while not being representative; success factors for this committee will be important, with potential challenges around measurement; should there be separate committees for the health professionals and clients there will be a need to ensure that they can come together in order to share information on a regular basis; determining the appropriate reporting relationship to the board will need to be clear; there may be a need to ensure that a francophone representative is included; it is important that this new committee not become the “complaint” department; there will be a need to ensure that patient representatives are not in conflict with governance regional forums.
 - There will be a need to consider a review / evaluation after approximately a year to ensure that we are maximizing the best use of the resources we have.

- This committee would not be a planning body but instead one of advice on items that are currently under development or ready for future considerations; it will be important to ensure that they are aware of how the advice is being used at the LHIN; reporting needs to clearly establish who are they to inform and to whom it would be accountable (LHIN CEO or Board or other?).
- There is the potential to have a staff member and a patient representative be “Co-Chairs” in order to help in the early stages to shape what needs to be done / achieved; there is the potential that a staff member is more a liaison, rather than a Co-chair, which would likely help to take away the feeling of “directing” the group; board presence would be in a liaison role only.
- Advisory committees include SECHEF; Hospital / CCAC Chairs, HPAC, etc.
- There is the potential to create a new committee that draws from the membership of the existing RPAC and the South East Community Care Access Centres (SE CCAC) version which would help with the refocus / scope of the new group rather than an evolution of the current committees.

9. Fiduciary Discussion: 10:27 am

a. Ministry / LHIN Accountability Agreement (MLAA) – Dashboard & Performance Discussion – 10:27 am

- M. Spinks provided an overview of the presentation provided to members which included an objective to provide information on the MLAA indicators technical specification, regional performance levels and considerations for evaluating results; while also discussing key drivers of performance and ongoing initiatives to improve results for each MLAA indicator.
- The following information was also shared:
 - Reviewed the lag in data to inform the indicators; the MOHLTC is attempting to reduce the lag time; members were encouraged to hear that we are looking to SHiiP as an opportunity to have more real time numbers, noting that this remains in process with no target date at this time.
 - The Board members reviewed comparison among our colleagues in the province as well as progress over time; progress towards achievement via trending is important; data quality is always a concern, as identified by the Auditor General which can be related to many factors including manual counts, coding of data, etc.; the combining of the ED performance trend is hard to view as there is a need to consider the indicator in two parts – those that are complex and those that are not, which further helps to better provide trending and direction on how the LHIN is actually performing.
 - Increasing Emergency Department Length of Stay (ED LOS) numbers are traditionally an indicator of alternate level of care (ALC) challenges farther down the line (in this case – specific to Kingston General Hospital (KGH) and Quinte Health Care (QHC)); the implementation of new best practices at regional hospitals for emergency room admissions include multiple initiatives and is sponsored by the senior management of the institution.
 - Regional initiatives that are supporting ED diversion / avoidance include SMILE, iCart, Health Links, SHiiP, econsult / e referral, HCT – specific to COPD, etc.; these initiatives will continue to be a focus for sub regions in order to better direct care away from the emergency departments to more appropriate types of care; discussions at the SECHEF table, among others, help to drive the need for initiatives and changes to the system from a regional perspective.
 - The volume of patients seen at hospitals and changes in the number of available beds, changes in practices, etc. are all contributing factors to ALC rates and hospital occupancy rates; the entire process of flow is a combination of many of these factors / waits (ED, admission, discharge, etc.) which are all interdependencies.
 - The LHIN looks at what creates an ALC patient and what is the contributing actor that can help to get them discharged / out.

- There is no one solution to address the need for targets to improve; hospitals have their own set of priorities and the LHIN has to continue to work collaboratively with their partners in order to make changes to the overall system and drive local focus on the individual HSP front.
- Best practices for patient flow and provincial pay for results are incorporated into the Hospital Service Accountability Agreements (HSAA) via the LHIN local obligations;

Recess – 11:35 am – 11:45 am

b. Patients First – 11:45 am

i. By Laws

- P. Huras provided an overview of the briefing note for members which included a purpose; executive summary; attached appendices and recommendation for members' consideration.
- The following information was also shared:
 - Currently the LHIN is not able to have banking interest, however if / when we do we will publically declare non-compliance each month at our board meetings; the ability to receive investment monies is being tightly monitored at the MOHLTC level.

BE IT RESOLVED THAT:

- 1. A new By-law No. 1, in the form which has been presented to this meeting and attached to the minutes of this meeting is hereby enacted as a By-law of the Corporation to replace the previous By-law No.1, and the previous By-law No. 1 is hereby revoked; and**
- 2. the Chair and CEO, as Board Secretary are hereby authorized and directed to sign the said By-law as so enacted as evidence of the foregoing and to insert the same in the front portion of the minute and record book of the Corporation and remove the revoked By-law No.1.**

Moved by: A. Bergeron

Seconded by: J. Lord

Carried – 2017-146-04

BE IT RESOLVED THAT:

- 1. A new By-law No. 2, in the form which has been presented to this meeting and attached to the minutes of this meeting is hereby enacted as a By-law of the Corporation to replace the previous By-law No.2, and the previous By-law No. 2 is hereby revoked; and**
- 2. the Chair and CEO, as Board Secretary are hereby authorized and directed to sign the said By-law as so enacted as evidence of the foregoing and to insert the same in the front portion of the minute and record book of the Corporation and remove the revoked By-law No.2.**

Moved by: J. Lord

Seconded by: A. Bergeron

Carried – 2017-146-05

ii. Readiness

- P. Huras provided an overview of the briefing note which included a purpose; executive summary; associated risks; appendices and a recommendation for consideration. Noting for members that a more fulsome discussion will take place in the “in camera” portion.
- The following information was also shared:
 - The motion before the board is one that is consistent across the province;
 - Section 5.33 – the process to identify the risks from the CCAC, will be more readily identified in the in camera session; the expectation is that all of these will be clearly identified and updated right up to and including transition day; the date requested for transition was May 01, it has not yet been confirmed with the LHIN; all LHINs have been directed to be ready for May 01; an overview of the organization culture change strategy will be discussed in camera session.
 - CCAC conducts regular patient surveys (quarterly) that will help to inform the LHIN about patient satisfaction post transition day; any lapses in service will be addressed sooner than a survey could bring the details to the attention of the LHIN.

- Communication from the MOHLTC about the transition has been limited, however the MOHLTC is clearly directing messaging; the LHIN has developed a leave behind pamphlet for front line workers and service provider groups in order to help clients, patients and care givers understand that there will be little if any changes to their care and their caregivers.
- The LHINs are learning from each other during this process, including organization structures, opportunities to achieve readiness, etc.
- Recruitment for the VP Clinical and Sub Region Clinical Leads are still required to be filled; there is an expectation that those positions will likely be filled by the next board meeting.

BE IT RESOLVED THAT:

After conducting appropriate due diligence and in accordance with the LHIN Readiness Board Sign Off Protocol (“Protocol”), the Board authorizes the Board Chair to formally provide notice in accordance with the Protocol to the Minister of Health and Long-Term Care and the Ministry of Health and Long-Term Care that the LHIN believes that, subject to the Minister’s Transfer Order issued under the Local Health System Integration Act, 2006, it will be ready to assume the rights and obligations of the South East Community Care Access Centre.

Moved by: C. Salt
Seconded by: B. Smith
Carried – 2017-146-15

Members of the board would like to clearly thank the LHIN and SE CCAC staff for their tremendous work / efforts in helping the South East LHIN arrive at this readiness state; their contributions have been above and beyond any reasonable expectation.

Moved by: B. Smith
Seconded by: C. Salt
Carried – 2017-146-06

c. Chair’s Update – 12:17 pm

- i. **Invitation – Reseau FLHS Network Board to Board – Apr 24-17** – members were reminded about the invitation to this board to board networking that will be happening after the next meeting in Belleville.
- ii. **Addition - Board Evaluation Launch - Communications to LHIN Boards** – decision was made by PAN LHIN Chairs to do the evaluation based on those that were present for the current fiscal year; the surveys will be sent directly to the members and selected senior staff members in the coming week; we have stated in the past challenges around interpreting the questions, thus the members have agreed to discuss how to interpret the questions and will then answer individually.
- iii. **Update for changes to future Strategic Plan** – D. Segal noted for members that at the recent board retreat there was a need to update the strategic plan, including mission, vision, values and corporate goals; there is likely the need to focus on a time for this next discussion in early June.

d. Governance Policy Handbook – Phase 2 Refresh – Approval – 12:25 pm

- B. Smith and D. Segal provided an overview of the briefing note which includes a purpose; executive summary; associated risks; appendices and a recommendation for consideration.
- D. Segal thanked members of the board and staff for their efforts in getting this project to this state in such a short period of time, there was an enormous amount of work accomplished.
- The following information was also shared:
 - The next version of this handbook will be the one that is considered for transition day for the LHIN; members were encouraged to review the handbooks, noting that quality pieces are yet to be confirmed.
 - The LHIN does not have a general membership, the members of our Board constitute our general membership, thus in changing by-laws or policies it will only require appropriate notice and procedures as outlined in the by-laws allowing changes to be considered at any time in each fiscal year.
 - Policy 2.5 – board delegation of authority to the CEO, specifically Item B related to informing the board of integrations within a timely fashion (noting that integration is a broad term and requires that the HSPs involved also inform the LHIN of those integrations in a timely manner); smaller integrations (like sharing staff, etc. may not be required to inform the board).
 - Policy 2.5.1 – Delegation of Authority for Funding Levels – board delegation of authority to the CEO was noted as a required change due to the increase in the operating budget of the entity post transition day, which will be discussed in camera including signing authority.
 - Policy 3.6.2 – Delegations to the board, in the past were not allowed, however this will change for the future; members discussed some of the challenges that any one organization should not be presenting to the board as it could create an environment for lobbying rather than one for focusing on integration, collaboration and integration; the LHIN does not have to accept each request for a delegation; the final decision will rest with the Chair of the Board; if and HSP is clearing making an ask for funding, they will be declined prior to arrival / presentation; some topics may not lend themselves to the integration perspective, thus we should not specifically determine / decline if they don't meet that criteria.
 - Research Policy – was brought over from the CCAC; however the LHIN is not able to generate revenue; the point is important to support research, however we are not able to receive funds; there is likely a need for a revision to this policy prior to approval next month.
 - Policy 2.16.2 – Approval of Authority Schedule will likely need to be reworded to clearly reflect the delegation of authority goes from the Board to the CEO, then the CEO can determine delegated authority among his staff.

That the South East LHIN Board approve the interim Governance Policy Handbook, dated March 27, 2017, and acknowledging the revision to Board Committee Terms of Reference as presented in Appendix 2.

**Moved by: J. Butt
Seconded by: B. Smith
Carried – 2017-146-14**

e. Community Engagement – Board Member Updates – 12:43 pm

- No updates from members.

f. CEO Discussion Report – 12:43 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. Addictions and Mental Health Redesign – no questions or comments at this time.
- iii. SHiiP – the potential partnership with Telus does not involve any commitment at this point and will not involve the LHIN receiving funds; their partnership could help to drive the recognition of the initiative and exposure; any kind of move forward will require that the CEO bring this item forward as an integration for the board to consider; vendor interests in the solution revolve more around the requirement for patents in the case of this software and we are seeking clarification from legal on this matter.

- b) **Performance Improvement – Quarterly Report** – no questions or comments at this time.

- c) **Office of the Auditor General of Ontario (OAGO) Performance Improvement – Quarterly Report** - no questions or comments at this time.

That the CEO Discussion Report be accepted as circulated.

**Moved by: J. Butt
Seconded by: C. Salt
Carried – 2017-146–07**

LUNCH BREAK / Education Session – 12:50 pm – 1:45 pm

Presentation by: Jackie Redmond; Wendy Cuthbert; Gina Miller, Stacey Roques and Jennifer Lowshaw

That the board consider matters of public interest regarding Approval of In Camera Session Minutes; Organizations under Performance Improvement / Review; Salvation Army Kingston Harbour Light – Continuation of the Multi-Sector Service Accountability Agreement (MSAA); Draft Annual Business Plan (ABP) – Approval; and Patients First and CEO Compensation & Board Evaluation Committee pursuant to Section 9 (5) of the Local Health Systems Integration Act 2006.

**Moved by: L. Burrows
Seconded by: B. Smith
Carried – 2017-146–08**

10. In-Camera Session – 1:55 pm

That the Chair rise and provide a verbal report from the In Camera Session regarding Approval of In Camera Session Minutes; Organizations under Performance Improvement / Review; Salvation Army Kingston Harbour Light – Continuation of the Multi-Sector Service Accountability Agreement (MSAA); Draft Annual Business Plan (ABP) – Approval; Patients First pursuant to Section 9 (5) of the Local Health Systems Integration Act 2006.

**Moved by: C. Salt
Seconded by: B. Smith
Carried – 2017-146–18**

Members revisited earlier items on the open agenda after a fulsome discussion In Camera to provide further clarity, including Board By-Laws; Readiness and Governance Policy Handbook – Phase 2 Refresh and asked that the following motions be brought into Open Session:

BE IT RESOLVED THAT the Board Chair and the CEO are hereby authorized to execute the agreement that amends the 2015-18 Ministry-LHIN Accountability Agreement (“MLAA”) represented by the consolidated MLAA that is presented to this Board and attached to the minutes of this meeting provided that the execution version of the MLAA, including the performance and allocation schedules and tables, are substantially the same as those presented.

**Moved by: B. Smith
Seconded by: J. Butt
Carried – 2017-146-16**

BE IT RESOLVED THAT the Board Chair and the CEO are hereby authorized to execute the Memorandum of Understanding between the Minister of Health and Long-Term Care and the South East Local Health Integration Network (“MOU”) presented to this Board and attached to the minutes of this meeting provided that the execution version of the MOU is substantially the same as presented.

**Moved by: B. Smith
Seconded by: J. Butt
Carried – 2017-146-17**

Staff were asked to leave the room.

That the board consider matters of public interest regarding the CEO Compensation & Board Evaluation Committee pursuant to Section 9 (5) of the Local Health Systems Integration Act 2006.

**Moved by: L. Burrows
Seconded by: B. Smith
Carried – 2017-146-19**

That the Chair rise and provide a verbal report from the In Camera Session regarding CEO Compensation & Board Evaluation Committee pursuant to Section 9 (5) of the Local Health Systems Integration Act 2006.

**Moved by: C. Salt
Seconded by: B. Smith
Carried – 2017-146-22**

11. Date, time and location of next meeting:

April 24, 2017 – SE LHIN Offices

Future meetings:

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 addition of items to the agenda meant that the meeting did not end at the scheduled time.

Observer – Very open respectful discussions on all agenda items. Clear indication all members had reviewed materials and felt comfortable in expressing their views. Always the challenge with volume of material to be as time efficient as we would wish. Chair always able to clarify and bring discussion to a conclusion with a brief sum up on the topic.

13. Adjournment

That the meeting be adjourned at 4:10 pm

Moved by: M. Madgett

NOTED DEPARTURES:



Meeting Chair:

Donna Segal



Secretary:

Paul Huras