

South East Local Health Integration Network

Board of Directors Meeting No. 132

Monday October 26, 2015

Cardinal Room
South East Local Health Integration Network
71 Adam Street
Belleville, Ontario

MINUTES

Present: Donna Segal (Chair); Andreas von Cramon (Vice Chair); Lois Burrows; Jack Butt; Janet Cosier**;
Maribeth Madgett; Chris Salt; Brian Smith (quorum); and Paul Huras (CEO)

Recorder: Jacqui Prospero

Regrets: Dave Sansom;

Guests: Sherry Kennedy (COO); Paula Heinemann (Director, Corporate Services / Controller); Emily Tubbs (Communications Lead); Larry Hofmeister (Director, HSP Funding); Florence Peretie (French Language Coordinator); and Renee Oortwyn (Board Coordinator).

**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 9:30 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
- f) 2nd Quarter Report

That the Consent Agenda items be approved as circulated.

Moved by: A. von Cramon
Seconded by: B. Smith
Carried – 2015-132-01

5. Approval of the Agenda

That the Board Agenda be approved as circulated.

Moved by: C. Salt
Seconded by: J. Butt
Carried – 2015-132-02

6. Approval of Minutes

- a) Minutes of Monday September 28, 2015 Board Meeting #131 (attached)

That the Minutes of Monday September 28, 2015 Board Meeting #131 be approved as circulated.

**Moved by: L. Burrows
Seconded by: B. Smith
Carried – 2015-132-03**

7. Business Arising:

a. Older Adult Strategy – Project Development Update – 9:40 am

- P. Huras provided a review of the briefing note which included executive summary with background; LHIN provincial strategic framework; level of strategy; purpose of strategy; scope; development; stakeholder engagement; and attached appendix.
- Senior staff provided the following information based on questions and comments:
 - The LHIN provincial strategic framework presented to the members was previously provided in the early summer of this year and is attached to these minutes.
 - The creation of an Older Adult Strategy is being proposed in light of the LHIN provincial strategic framework and as a response to the need identified by the LHIN Board for a regional framework which addresses and reviews the continuum of community support and home care services for the frail and challenged in the South East. As an element of this, the Older Adult Strategy will focus on ALC remediation and seniors' care within hospitals and will position this within the larger context of a regional framework for Community Support and Home Care
 - As a first step, it is proposed that the focus at this time be narrowed to ALC remediation and senior' care within hospitals. Related elements of community support and home care will not be focussed on in this work at this time; but will be integrated as required. Although care needs for older adults may have some similarities, the characteristics of care need for younger adults with challenges, are very different to ensure longer term developmental supports are in place for younger adults with similar challenges
 - The need for a Community Support Services (CSS) framework has been introduced in a number of environments including meetings by staff and LHIN Board members;—The will have a large impact on capacity planning (population needs) which normally looks out 10 years;
 - the expert panel for the Older Adult Strategy would have membership from a wide variety of sectors, patients, care givers / providers to ensure diversity of opinion.
 - Next steps will include polling LHIN resources, supported by data, regular updates to the board and approval of the strategy, which will include a broader communications strategy;
 - there is the potential to conduct a visioning day in order to draw a broad focus to the initiative; we will prepare a project charter, including data analysis, literature review.

That the SE LHIN Board endorse the presented item as a vision for an older adult strategy.

**Moved by: A. von Cramon
Seconded by: B. Smith
Carried – 2015-132-04**

b. 2015 – 16 Hospital Funding Update – 10:07 am

- P. Huras noted for members that the LHIN is still waiting on a definitive response by the MOHLTC respecting revisions to the 2015-2016 allocation to area hospitals.
- There are a number of hospitals in the province currently with funding pressures as they relate to the new formula. In the SE LHIN region the formula has been applied to 6 of the 7 hospitals. In 4 cases, it resulted in a decrease in allocation; 2 of these have pressures significantly larger than anticipated.

- The LHIN has taken the initiative to discuss the big picture with the MOHLTC as well as the individual pressures of each hospital; in the case of the 2 significant pressures, the funding formula did not accurately captured the transfer of funds from hospitals to the community, which affected the formulas ability to address volume fluctuations / changes.
- The MOHLTC is working with all LHIN CEOs on specific hospital pressures on a monthly schedule and we are expecting final decisions in November.
 - Senior staff provided the following information based on questions and comments:
 - While there have been some wrinkles, there remains general agreement that the formula is fair in enabling the appropriate distribution of hospital funding across the province.
 - the impact does signal that, in relation to the performance of other hospitals across the province, SE hospitals need to improve their cost structures;
 - for 2015-2016, whereas the initial allocations indicated a financial challenge of approximately \$27 M, the LHIN remains hopeful that its arguments will be successful to more fairly represent the impact of the transfer of hospital funds to the community will reduce this by \$10;
 - the LHIN is working closely with the hospitals in order to ensure that strategies hospitals are putting in place to address funding challenges can be sustained as they move through the coming years; Brian Pollard (MOHLTC – HSFR Branch) will be attending the November SECHEF Meeting in order to provide first hand discussions about the funding formula with the opportunity to discuss specific issues by organization.

c. Independent Health Facilities(IHF) Update – 10:20 am

- P. Huras provided a review of the briefing note which included an executive summary; IHF facts; LHIN involvement and the latest update.
 - Senior staff provided the following information based on questions and comments:
 - IHFs are currently the responsibility of the MOHLTC. LHINs do not currently fund IHF's;
 - there is a potential that the MOHLTC could shift to the LHINs responsibility at a later date;
 - there are several IHFs (breast screening clinics, MRI's, etc.);
 - some IHFs are not for profit and others profit from services they provide; IHFs receive technical and clinical fees for service, with the clinical fees going directly to the physicians.
 - the LHIN currently provides guidance to MOHLTC when IHFs determine the need to relocate in order to ensure they are not encroaching on a hospitals ability to provide the same services to its clients;

RECESS – 10:30 am – 10:50 am

d. Chair's Update – 10:50 am

- D. Segal noted for members that she has recently taken the opportunity to meet with a number of Chairs of agencies that are accountable to the LHIN ; she also recently met with the Chief of Policy in the Ministers Office to discuss a number of issues, including hospital funding challenges; and Health Achieve 2015 is happening in early November and may present an opportunity for board members to further educate themselves.

e. Community Engagement – Board Member Updates – 10:58 am

- J. Butt noted for members that a few weeks ago B. Smith and he attended the mandatory orientation in Toronto for new board members which provided an opportunity for education; networking and future learning. J. Butt also attended part of the KGH Cancer Patient Experience group that is developing a new website for cancer patients / families.

- C. Salt and M. Madgett attended an OHA conference on advanced governance where the emphasis was on the need to open their minds to integration and the need for change among health service providers
- f. Governance / Nominating Committee – Upcoming Board Vacancies – 11:07 am**
- A. von Cramon noted for members the initial expectation of coming vacancies in the 2016 calendar year (A. von Cramon and D. Sansom); the vacancies will be addressed via the public appointments office and the LHIN has a role to ensure that the local communities are aware of the pending vacancies, particularly as it relates to the indigenous and Francophone communities; a more comprehensive report will be coming to the board at a later date; the committee is also investigating the potential of how we can manage vacancies i.e.: in the past we've been as low as 5 or 6 members which places a large burden on the members to maintain membership on committees, community engagement and be actively up to date for board meetings.
 - The LHIN does not have control over the nominations process; however we will be endeavouring to be as proactive as possible, including utilizing contacts in the MOHLTC who clearly have a relationship with the public appointments office; the PAO will provide direction to the LHIN on when advertising can happen for appointments.
- g. CEO Discussion Report – 11:16 am**
- a) Health Care Tomorrow**
- i. **Hospital Project** – the Chairs of the member organizations have agreed to speak monthly via conference call in order to ensure adequate communication is happening at the Board level; these meetings will be in addition to their already scheduled quarterly face to face meetings; phase 2 budget funds from QHC were identified several years ago, and are protected for regional initiatives (approximately \$1 M); these funds are in addition to those which members have begun discussion on how each member will be able to contribute to the initiative; business case development for the variety of streams is underway and the LHIN board will be kept informed; all business cases will utilize the same fulsome template to help the plans stay focused on the end state, business cases may come forward sporadically / staged for consideration.
 - ii. **Addictions and Mental Health Redesign** – members discussed the variety of phases which have taken place and are to come in the future for a fulsome understanding of some of the challenges involved for all of the participating agencies.
 - iii. **SHiIP** – all hospitals have now signed off on the privacy agreement. SHiIP is now being rolled out across the region.
- b) **AMHS – KFLA – Mortgage Support** - no questions or comments at this time.
 - c) **Acquired Brain Injury (ABI) – Lenadco Approval** – the next set of beds at the Lenadco site will likely be available in the coming 12 months or less.
 - d) **South East Regional Cancer Plan Strategic Planning** – no questions or comments at this time.
 - e) **Primary Health Care Reform** – no questions or comments at this time.
 - f) **French Language Services Update** – in order to see improvements at organizations there is a need to have support from the senior team in further developing the initiatives.

That the CEO Discussion Report be accepted as provided today to members.

**Moved by: A. von Cramon
Seconded by: L. Burrows
Carried – 2015-132-05**

Lunch – 12:00 pm – 12:28 pm

That the board consider matters of public interest regarding Approval of In Cameral Minutes; Organizations Under Performance Improvement Plans (PIP) / Review – Providence Care – Decision to Issue a directive to sign the 2015-16 HSAA, Providence Care – Discussion for escalation of performance intervention, Kingston Community Health Centre Update; DRAFT Integrated health Services Plan; Primary health Care Reform Template Submissions and 2nd Quarter Risk Summary pursuant to ss 9(5) of the Local Health Systems Integration Act 2006 s.9 (5).

Moved by: A. von Cramon
Seconded by: C. Salt
Carried – 2015-132–06

8. In-Camera Session – 12:30 pm

That the Chair rise and provide a verbal report from the In Camera Session which included Approval of In Cameral Minutes; Organizations Under Performance Improvement Plans (PIP) / Review – Providence Care – Decision to Issue a directive to sign the 2015-16 HSAA, Providence Care – Discussion for escalation of performance intervention, Kingston Community Health Centre Update; DRAFT Integrated health Services Plan; Primary health Care Reform Template Submissions and 2nd Quarter Risk Summary.

Moved by:
Seconded by:
Carried – 2015-132–09

9. **Timer** – *terribly over time, however the time was needed to address items of concern*
Observer – *a good thorough discussion on a number of items that required the board members attention, good participation by all.*

10. Date, time and location of next meeting:

11. Monday December 14, 2015 – SE LHIN Offices

Future meetings:

January 2016 – TBD
February 2016 – TBD
March 2016 – TBD
April 2016 - TBD

12. Adjournment

That the meeting be adjourned at 3:05

Moved by: L. Burrows

NOTED DEPARTURES:



Meeting Chair:

Donna Segal



Secretary:

Paul Huras