

**Board of Directors' Meeting
Minutes
Wednesday July 22, 2009
1:00 – 4:30 p.m.**

South West LHIN Office, 201 Queens Avenue, Suite 700, London

Present: Norm Gamble, Chair
Janet McEwen, Vice Chair
Kerry Blagrove, Secretary
Murray Bryant, Director
Anne Lake, Director
Linda Stevenson, Director
Ferne Woolcott, Director
John VanBastelaar, Director

Staff: Michael Barrett, CEO
Kelly Gillis, Senior Director, Planning, Integration & Community Engagement
Mark Brintnell, Senior Director, Performance, Contracts and Accountability (A)
Sue Davey, Corporate Coordinator

Regrets: Barrie Evans, Director

1. Call to Order – Welcome and Introductions

The Chair called the meeting to order at 1:00 p.m. There was quorum. Staff and four members of the public were in attendance.

2. Declaration of a Conflict of Interest

There was no conflict of interest declared.

3. Approval of Agenda

MOVED BY: Linda Stevenson
SECONDED BY: Ferne Woolcott

THAT the meeting agenda be approved as presented.

CARRIED

4. Approval of Minutes

4.1 June 24, 2009 – Board of Directors

MOVED BY: Kerry Blagrave

SECONDED: John VanBastelaar

THAT the minutes of the Board of Director's meeting held on June 24, 2009 be approved as circulated.

CARRIED

5. New Business

5.1 St. Thomas Elgin General Hospital: Stage 1 Business Case and Draft Master Plan Program for Capital Redevelopment

Patricia Dwyer provided highlights from the written report included in the agenda package. Staff has reviewed the information from the hospital and everything has been covered off.

- The hospital will be engaging with other hospital and community based partners in the stages of development.
- A communication plan would be part of the next phase and the consultants have discussed community engagement activities to address the impact of the mental health unit and changes to the emergency department area of the hospital.
- A process will occur to transfer operating funds to St. Thomas Elgin General Hospital.

Michael Barrett explained Tier II divestment, the process that occurs for divesting beds to communities across Southwestern Ontario from Regional Mental Health Care London and St. Thomas and that there is a methodology that dictates how money and services is distributed to new operations.

MOVED BY: Murray Bryant

SECONDED BY: Ferne Woolcott

THAT the South West LHIN Board of Directors supports the St. Thomas Elgin General Hospital (STEGH) Master Program and Program Development priorities, in order to move forward with the submission of the Stage 1 Business Case to the Ministry of Health and Long-Term Care.

CARRIED

Dr. Nancy Whitmore was present at our meeting and indicated that she will be pleased to share this recommendation with her Board and leadership team.

5.2 London Health Sciences Centre: Proposal for an off Hospital Site Renal Care Unit in London

Patricia Dwyer presented highlights of the written report included in the agenda package. The proposal has been through the appropriate channels with the Ministry of Health and Long-Term Care (MOHLTC). Prior to approval from the MOHLTC, it must ensure the LHIN has reviewed and endorsed the proposal before moving forward.

- There will be a post-construction operating plan (PCOP) and additional funds will be provided to the hospital for this.

There was discussion and clarification provided:

- Demographics and level of care were reviewed and it was noted that unstable patients come into London for services.
- This is a regional program with eight satellite sites.
- Planning is done according to patient need and care is being moved out of an acute care setting to the community.
- Three sites in London have been identified but the site has not been chosen.
- Services currently provided at the South Street Hospital site will be transferred to the off hospital site with opportunity for expansion.

MOVED BY: Janet McEwen

SECONDED BY: John VanBastelaar

THAT the South West LHIN Board of Directors supports the London Health Sciences Centre: Proposal for an off Hospital Site Renal Care Unit in London.

THAT a letter, on behalf of the LHIN, be sent from the Chief Executive Officer to the MOHLTC Capital Branch indicating support for the London Health Sciences Centre: Proposal for an off Hospital Site Renal Care Unit in London.

CARRIED

5.3 London Health Sciences Centre CT Scanner Proposal

Mark Brintnell shared highlights from the business case that was included in the agenda package regarding the proposal from London Health Sciences Centre (LHSC) for an additional CT scanner to be located in the Emergency Department of University Hospital to enable them to improve access to CT for emergency and inpatients. South West LHIN staff has reviewed the proposal, including alignment with the LHIN's Integrated Health Service Plan, strategic direction and performance towards LHIN and provincial targets. All criteria have been met according to provincial CT protocol. Highlights included:

- The hospital will evaluate the impact the additional CT scanning capacity has on inpatient and emergency patient access and will drive toward a target of 30% improvement in time to access.
- Costs for the purchase and use of a 64-slice CT scanner are being funded through the hospital global allocation as a result of budget realignment.
- LHSC currently has three CT scanners (two at Victoria Hospital and one at University Hospital).
- LHSC is a Regional Stroke Centre and is required to provide prompt access to diagnostic services for stroke patients.
- LHSC has the longest wait time for a CT scan in our LHIN and this additional capacity will help improve the wait time to meet the provincial target.
- LHSC completed community engagement on its plan to introduce a new CT scanner and received positive input from the system partners.
- The goal is to have a CT unit operational by the fall of this year.

Discussion highlights:

- Purchase of a used scanner is a common practice in Ontario.
- Once in place, the plan would be to introduce reporting to the LHIN at six and twelve month intervals, looking at wait time, access improvements and patient flow.
- Concerns were raised over the 'perception' of LHSC being overfunded as they seem to be able to accommodate the new costs from within the existing allocation. The new costs represent less than 1% of LHSC's allocation.
- The introduction of the CT scanner will not negatively impact the activity of other scanners in the LHIN.
- Investment at a large centre with high volumes will have a positive impact on wait times across the LHIN.

It was noted that the Minister of Health is charged with the power to approve the designation of a CT scanner, but the proposal requires the LHIN's endorsement to move forward to the Ministry of Health and Long-Term Care for consideration.

MOVED BY: Linda Stevenson
SECONDED BY: Kerry Blagrove

THAT The South West Local Health Integration Network (LHIN) recommends that the Minister of Health and Long-Term Care approves the London Health Sciences Centre CT scanner designation.

CARRIED

5.3 Hospital Service Accountability Agreements 2008-10 Strathroy Middlesex General Hospital and Woodstock General Hospital

Mark Brintnell provided an overview of the written reports for the 2008-10 Hospital Service Accountability Agreements (H-SAA) for Strathroy Middlesex General Hospital and Woodstock General Hospital. Staff worked with the hospitals in finalizing the H-SAA. All of the information included is reflective of what was identified and confirmed through the external review process. Both hospital boards have signed the H-SAA agreements and submitted them for consideration by the South West LHIN. These were included in the agenda package, along with a summary of information for each hospital's H-SAA.

Highlights for Strathroy Middlesex General Hospital:

- 2008-10 H-SAA provides for a zero total margin for the 2009/10 fiscal year.
- Required to submit quarterly reports to the LHIN on their progress towards achieving the performance obligations identified in the External Review Final Report.

Highlights for Woodstock General Hospital:

- H-SAA provides a waiver to the zero total margin performance standard based on their inability to reach a balanced position for 09/10. External Review Final Report recommended an exemption during the period leading up to the occupancy of their new hospital.
- Hospital is required to continue to identify opportunities for improvements in operations and work towards a plan to have a positive total margin.

- Hospital is required to provide regular reports on their progress toward implementing the measures set out in the External Review Final Report.

Discussion highlights:

- Concerns were raised about bed closures at both hospitals and funding remaining with the hospital. The current practice has not resulted in a reduction or transfer of funding. However, the 2010-12 process will likely address this issue.
- Communication to communities about bed closures is important and must reinforce the investments being made in the community to enable the changes to be successful.
- The methodology for hospital funding is based on the provision of services. Wait time volumes have decreased in both agreements due to less funding in 2009/10.
- The working capital deficit in Woodstock continues to worsen. Working capital deficits remain a significant challenge across the province of Ontario. The LHIN will continue to monitor the situation and work with the Ministry of Health and Long-Term Care and the Ministry of Finance on a sustainable solution.

Mark reported that the draft 2010-12 Hospital Accountability Planning Submission (HAPS) guidelines are being developed with involvement and input from the Ontario Hospital Association, hospitals and LHINs.

MOVED BY: Murray Bryant
SECONDED BY: Linda Stevenson

THAT the South West Local Health Integration Network Board of Directors accept the 2008-10 Hospital Service Accountability Agreement approved by the Board of Directors' of Strathroy Middlesex General Hospital and authorize the South West LHIN Board Chair and Chief Executive Officer to sign the Hospital Service Accountability Agreement on behalf of the South West Local Health Integration Network and, it being noted that the agreements apply to the fiscal years 2008/2009 and 2009/2010, that the agreements be deemed to be effective as of April 1, 2008.

CARRIED

MOVED BY: Anne Lake
SECONDED BY: Ferne Woolcott

THAT the South West Local Health Integration Network Board of Directors accept the 2008-10 Hospital Service Accountability Agreement approved by the Board of Directors' of Woodstock General Hospital and authorize the South West LHIN Board Chair and Chief Executive Officer to sign the Hospital Service Accountability Agreement on behalf of the South West Local Health Integration Network and, it being noted that the agreements apply to the fiscal years 2008/2009 and 2009/2010, that the agreements be deemed to be effective as of April 1, 2008.

CARRIED

5.4 Health Infrastructure Renewal fund – 2009/10 Allocation

Mark Brintnell provided an overview of the report included in the agenda package. He explained the process that staff undertook in making recommendations for allocations. The HIRF program provides funding to hospitals to assist them with addressing infrastructure renewal needs on a priority basis.

- The South West LHIN received a total of \$6,640,216 which is a 33% increase from last year.
- LHIN is responsible for approving the HIRF grant to each hospital, as well as the projects proposed by hospitals for using this grant.
- Hospitals are not responsible for cost-sharing of projects.

The two funding allocation options were reviewed and LHIN staff recommends the allocation of the full HIRF grant to hospital corporations consistent with the provincial methodology and previous allocations. A table outlining the allocations was included with the report and was reviewed.

The Ministry of Health and Long-Term Care continues to implement the Facility Condition Assessment Program to determine the state of hospital capital assets, renewal requirements and grant performance. In future, this information will assist LHINs in making allocation decisions that will be based on current facility condition information. It is expected that the information will be available next fiscal year.

Discussion highlights:

- External Auditors confirm hospital use of HIRF grant funds for HIRF purposes.

- Hospitals are obligated to maintain their facilities. For hospitals with new facility builds, HIRF funds will continue to be used to maintain facilities until moves are complete.

MOVED BY: Murray Bryant
SECONDED BY: Janet McEwen

THAT the South West Local Health Integration Network Board of Directors approves the 2009/10 allocation of the Health Infrastructure Renewal Fund consistent with the methodology allocating the full HIRF grant per hospital corporation.

CARRIED

5.6 Ontario Diabetes Strategy

Kelly provided a verbal update on the Ontario Diabetes Strategy noting that following receipt of the Board's approval of the service expansion recommendations at its last meeting, the recommendations were forwarded to the Ministry of Health and Long-Term Care. Responsibility for this Strategy is transitioning to Cancer Care Ontario (CCO). CCO is doing an analysis of the total investment of 90 dyads and allocation across the 14 LHINs. It was noted that a letter was received requesting us to prioritize our expansion recommendations and provide a recommendation regarding the host site for the LHIN-wide coordination function. As a result of this request, we have indicated that the LHIN-wide coordination function should be hosted by the South West LHIN.

Kelly shared that we have also indicated that the enhanced resources should be utilized to support partnerships with our First Nations communities in order to improve diabetes care for the aboriginal population.

5.7 Integrated Health Service Plan and Blueprint Project Update

Kelly Gillis provided highlights from the written report.

- In partnership with the Ontario Medical Association and Ontario College of Family Physicians, four physician engagement sessions will be held in early October to share the Blueprint and get feedback. These dates will be shared with the Board.

- Draft Integration Health Service Plan (IHSP) and Blueprint will go to Board in November to allow more time for engagement opportunities and feedback from the Health System Design Steering Committee.
- Through the public forums, feedback has been helpful to inform the IHSP.
- Recurring themes are evident and there may be opportunities for more on-on-one conversations with organizations and communities in follow-up.
- There will be a refinement session with the academic community.

There was discussion about some of the challenges in locations throughout the LHIN and Kelly noted that debriefing sessions are held regularly and staff is encouraged to call on the Board to assist with fielding questions. Staff was commended for the work they have done at the public sessions and handling difficult questions they have been posed with. The contributions by staff have been effective and helpful for Board members.

Michael Barrett reported that meetings with the municipalities have been valuable. They share the same concerns of the general public and key areas of interest remain ambulance service costs, local emergency departments and long-term care homes and beds.

Other Business

- Norm Gamble, Kelly Gillis and Mark Brintnell, along with Mental Health and Addictions providers and consumers from the South West LHIN recently attended the recent Open Minds, Healthy Minds Mental Health Summit in Toronto where the Minister of Health and Long-Term Care introduced the 10-year mental health and additions strategy discussion paper. There was involvement and support from other ministries at this conference. A copy of this paper is available.
- Norm attended a LHIN Chairs meeting last week and Ken Deane provided an update:
 - Progress of the board evaluation process.
 - Overall Effectiveness Review is with the Minister.
 - The importance of consistency across LHINs was stressed.
 - Norm has been invited to participate in an accreditation discussion.
 - The new OIC appointment process was discussed.
 - There is a new skills matrix which will be completed and shared with the Board.

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- Board Chairs have been asked to respond to the LHIN Liaison Branch regarding what we have done as far as restraint measures (i.e. freeze on all hiring and increases to salaries above \$150K) and we have followed these guidelines.

6. Committee Reports

6.1 Audit Committee Report

The Audit Committee meet this morning and the minutes and recommendations will come before the next Board of Directors' meeting.

7. Date and Location of Next Meetings:

- Board of Director's Meeting – August 26, 2009
KiiKeeWanNiiKaan
South West Regional Healing Lodge – Muncey
- Board Committee Meeting – September 9, 2009
Huron Community Family Health Team Building – Seaforth

8. Adjournment

A MOTION was made by Kerry Blagrove to adjourn the meeting at 3:40 p.m.

CARRIED

APPROVED: _____
NORM GAMBLE, CHAIR
SOUTH WEST LHIN

Date: _____

KERRY BLAGRAVE, SECRETARY
SOUTH WEST LHIN

Date: _____