

**Board Committee Meeting
Minutes
Wednesday May 13, 2009 1:00 – 4:30 pm
Lee Manor, Owen Sound**

Present: Norm Gamble, Chair
Janet McEwen, Vice Chair
Kerry Blaggrave, Secretary
Anne Lake, Director
Linda Stevenson, Director
John Van Bastelaar, Director
Ferne Woolcott, Director

Staff: Michael Barrett, CEO
Mark Brintnell, Acting Senior Director, Performance Contract and Allocation
Sue Davey, Corporate Coordinator

Regrets: Murray Bryant, Director
Barrie Evans, Director
Kelly Gillis, Senior Director, Planning, Integration & Community Engagement

1. Call to Order – Welcome and Introductions

The Chair called the meeting to order at 1:00 p.m. Quorum was present and two 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

The following item was added to the agenda:

- 6.3 - Closed Session

MOVED BY: Janet McEwen

SECONDED BY: Kerry Blaggrave

THAT the agenda for today's meeting be approved as amended.

4. Reports

4.1 Emergency Department Human Resources (ED HR) Study - Update

Mark Brintnell introduced Kathy Winter from Courtyard Group. Kathy attended the meeting to provide an update on the South West LHIN Emergency Department Human Resources (ED HR) project. Kathy presented the findings and strategies that will form the content for the final report. Kathy noted that following feedback from the draft document, the Executive Summary and Next Steps will be included in the final report. The final report will be tabled at the Board's May 27th meeting.

The Board was informed that the content of the ED HR study is based on provincial data analysis, collection and analysis of data from hospitals, hospital interviews and site visits, interviews with external advisors from within the LHIN and across the province. The draft report will undergo a review by the Health System Design Steering Committee, Physician Advisory Group, hospital stakeholders and the hospital CEO leadership group. Kathy touched on the fact that the ED HR study findings and strategies will help inform the LHIN's Blueprint project.

The following items formed the discussion:

- Impact to Emergency Medical Services (EMS) will be considered.
- Positive feedback was provided on the approach and the strategies to help improve the system of care for residents of the South West LHIN.
- All the feedback has been either considered or incorporated into the work.
- Physician compensation models play a significant part in the discussions.
- The Board inquired if definitions/interpretations for Urgent Care Centres and Emergency Departments could be included in the document for reference.
- The Rural and Northern Health Care Framework document may provide further insights and the LHINs are encouraged to continue moving forward with projects.
- Careful consideration has to be paid to the importance of hospitals in their local communities and the programs they offer to their respective communities.
- Not all EDs have access to the same services after hours (ie. diagnostic tests).
- The implementation timelines will be revisited for the final report.
- Communication is essential now and when we move forward to the implementation stage of any of the strategies outlined in the report. The LHIN needs to ensure that the public remains informed and engaged and the benefits of any change are clearly articulated.
- The Board discussed the recruitment of nurse practitioners into emergency departments and primary care settings (i.e. family health teams)..

On behalf of the South West LHIN, Michael Barrett thanked Courtyard for working with us to complete this project.

4.2 Diabetes Strategy Update

Michael Barrett reported that the South West LHIN continues to work with the Ministry of Health and Long-Term Care (MOHLTC) as one of three early adopter LHINs to support the implementation of the Ontario Diabetes Strategy (ODS). The other two LHINs include the Toronto Central LHIN and the North West LHIN. He provided an update regarding our activities to date and next steps related to the ODS implementation.

Michael provided an overview of the communication received from the MOHLTC on April 14th that outlined additional deliverables. He noted that these are aligned to the provincial goal of having 40 new diabetes nurse and dietician diads by the fall of 2009 and we are to pick sites in our LHIN for this investment. All three LHINs have been focussing on ways to increase access to team-based care closer to home and looking at models of care for chronic disease prevention and management and will continue along this path. The Board was informed that the LHIN is well aligned to move forward with this given our role as an early adopter of the eHealth Diabetes Registry and as a leader of the Partnership for Health Project.

The expansion of the diads is not necessarily our preferred first step for strategy implementation, but we will continue to work with the MOHLTC to achieve the desired outcomes for individuals with diabetes in the South West LHIN.

There was discussion and the following points were made:

- Human resource shortages in this area of specialized care may inhibit the role out of new diads. The MOHLTC is aware of this and it is a provincial issue.
- We received \$125K last year to help support the work we are doing with regards to this initiative.
- An inventory of diabetes education centres and diads and the population being served in the South West LHIN will be collected in order to plan for where new resources will be placed.

The MOHLTC wanted us to have our recommendations to them by May 14th, however the Board was informed that these recommendations will not be provided until early June. An update will be shared at the June 10th Board Committee meeting.

4.3 Allocation of 2009/10 Unused Community Support Services Funding

Mark Brintnell presented recommendations to the Board on the use of unallocated funding from three former community support services health service providers. The LHIN did not enter into a service accountability agreement with The Corporation of the County of Perth, Chippewas of Saugeen and the Munsee Delaware Nation.

The recommendations from staff for use of these funds is as follows:

- Reallocation of the County of Perth Funding (\$45,061)
 - To support the administrative work of the three Area Provider Tables and the four South sub-area planning tables.. Seven health service providers have been identified to receive a proportion of the total available funds and will hold the accountability for the deliverables of the funding.
- Reallocation of the Chippewas of Saugeen and Munsee Delaware Nation (\$2,827)
 - To support aboriginal health care by adding to the base funding of the Southwestern Ontario Aboriginal Health Access Centre.

MOVED BY: Janet McEwen

SECONDED BY: Linda Stevenson

THAT 2009/10 unallocated base funding of \$45,061 made available from the discontinuation of the Corporation of the County of Perth Community Support Services program be allocated to the identified seven health service providers to support the work of the three Area Provider Tables and four South sub-area planning tables within the South West LHIN.

THAT 2009/10 unallocated base funding of \$2,827 made available from the discontinuation of the Chippewas of Saugeen and the Munsee Delaware First Nation Community Support Services programs be allocated to supplement funding provided to the Southwestern Ontario Aboriginal Health Access Centre.

CARRIED

There was discussion regarding the redistribution of the County of Perth funding and the fact that it was originally allocated to them but is being reallocated across the LHIN. Mark explained that there was no clear rationale for the original allocation of these funds into Perth County only. Since these funds are for administrative coordination, LHIN staff felt it was appropriate for these funds to benefit the entire LHIN as it relates to administrative coordination. Mark reported that the funding from

the Chippewas of Saugeen and the Munsee Delaware Nation was for congregating dining.

4.4 Ministry-LHIN Accountability Agreement (MLAA) - Update

Mark Brintnell provided an overview of the 2007-10 Ministry-LHIN Accountability Agreement (MLAA) Refresh and proposed changes for 2009/10. He reported that we have not yet received a draft version of the agreement for review but have received updates during the refresh process. Mark reviewed the objectives, team structure, refresh process, proposed changes, performance indicators and implications for the South West LHIN. He shared and explained the changes for each Schedule as outlined on the slides. He reported that the refresh is not an opportunity to open up the entire agreement for renegotiation, but is a reflection of required changes due to our evolving environment moving forward.

Next steps were outlined and include:

- MLAA Refresh Team meetings will continue with LHINs to provide feedback;
- Individual LHIN and Ministry of Health and Long-Term Care (MOHLTC) meetings will be held in May to set performance targets (our meeting is Friday, May 15th);
- Next status update videoconference to be held on May 28th to review proposed changes;
- Draft MLAA to June 10th Board Committee meeting for review and June 24th Board meeting for approval;
- The MLAA is required to be fully approved and signed by June 30th, 2009.

There was discussion about the proposed performance indicators for the South West LHIN. The Board discussed targets for cancer surgery and MRI wait times. In both cases, the Board was informed of the actions the LHIN is taking to ensure the targets set are reasonable and reflect action that can be taken.

4.5 Hospital Service Accountability Agreement Process (2010-2012)

Mark Brintnell provided a presentation with regards to opportunities moving forward for the 2010-2012 Hospital Service Accountability Agreement process. Looking back at the South West LHIN approach, he shared opportunities for process improvements, observations of the local process, other LHIN/hospital approaches that were deemed successful and observations from the Multi Sector Accountability Agreement (M-SAA) process and things that went well that could be adopted to the H-SAA process.

Key process inputs include:

- KPMG review findings;
- Observations of local and other LHIN/hospital approaches;

- Local Health System Integration Act (LHSIA).

Key content inputs include:

- Joint OHA/LHIN leading practices and pressure relief practices (expected in May);
- OHA University of Toronto Rotman – Hospital Performance and Efficiency Review;
- Hospital Annual Planning Submission (HAPS) guidelines (July);
- Integrated Health Services Plan/Priority Action Teams/ Health System Design Blueprint);
- Local hospital external review outcomes/results;
- Provincial and local priorities for investment – impacts of projects/initiatives.

The 2010-12 process timeline was shared. The Board was presented with discussion questions to provide input into this process and which resulted in the following discussion points:

- It is important for our Board to be supportive of this process and for provider boards to understand this.
- The external review processes have been transparent and we can learn from these experiences.
- There are transferable pieces in the external review reports that can be used by other hospital partners.
- Integration opportunities exist and LHINs should continue to create an environment to encourage this.
- Planning funding targets for health service providers have not yet been received and the Board emphasized the need for this information to ensure hospitals have the appropriate time to prepare their budgets.
- Hospitals outside of the external review process have engaged consultants to look for efficiencies. The Board discussed whether this benchmarking should be rolled out across all hospitals in the LHIN.
- The LHIN should work with hospitals to educate and assist them in community engagement in the development of their HAPS.

4.6 ER/ALC Quarterly Stocktake Report

Michael Barrett presented an overview of the ER/ALC Quarterly Stocktake Report that was included in the agenda packages. This quarterly report is being completed by each LHIN to report on Emergency Department and Alternate Level of Care wait times. The Board was informed that each LHIN CEO meets with the Assistant Deputy Minister Ken Deane on a quarterly basis to review the report and our meeting was held last week. This report is intended to provide a snapshot about what we are doing and how we are intending to reduce our numbers. This report will be posted on the

Ministry of Health and Long-Term Care website. Board members commented that this is a very high level report to be posted publically, and felt that it is difficult to understand the information which is presented. Michael confirmed that the preparation of the report does not involve a lot of staff time as it is information that is already collected and reported.

5. Staff Operational Reports

5.1 Senior Leadership Report

The Senior Leadership Report was included in the Board packages for review. On behalf of the Board, Norm Gamble expressed his appreciation to staff for keeping within our recommended size guidelines for reports and slide decks.

6. Board Members Reports

6.1 Board Chair

Norm Gamble reported that we are starting to receive invitations and notices about annual meetings and other events. Sue Davey will canvass board members for their availability to cover the various events so that we can ensure we have representation and to spread out the workload. He noted that as Chair, he attempts to attend as many events as he can.

Reports available for review were shared:

- Special Report on French Language Health Services Planning in Ontario.
- Update from the Canadian Mental Health Association and a series of articles from the Toronto Star raising public awareness about key issues related to mental health.

6.2 Board Members

- Kerry Blagrove attended a Community Engagement Forum hosted by the Listowel Wingham Hospital Alliance on May 12th and provided a slide presentation.
- Janet McEwen, Norm Gamble and Michael Barrett attended the Alexandra Marine and General Hospital Board Retreat. Norm and Michael provided a slide presentation.
- Linda Stevenson and Janet McEwen are attending the Ontario Hospital Association Rural and Northern Health Care Conference next week.

6.2 Closed Session

MOVED BY: Janet McEwen

SECONDED BY: Kerry Blagrove

THAT members move into a closed session at 4:20 p.m. pursuant to the following exception set out in ss (5) of the Local Health Systems Integration Act 2006.

CARRIED

MOVED BY: Anne Lake

SECONDED BY: Janet McEwen

THAT the Board move out of closed session at 4:45 p.m.

CARRIED

Norm Gamble reported that a Task Force consisting of the Chair, Norm Gamble and members Ferne Woolcott and Barrie Evans has been established to assist with the CEO Performance Appraisal and Board members concurred with the approach recommended.

Mark Brintnell provided an update to the Board on the Grey Bruce Health Services external review process.

7. Date and Location of Next Meeting

Wednesday, May 27, 2009

Board of Directors' Meeting

South West LHIN Office, London

MOVED BY: Kerry Blagrove

SECONDED BY: Ferne Woolcott

THAT the South West LHIN Board of Directors' expresses their appreciation to Lee Manor for the use of their facility

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8. Adjournment

It was MOVED by Kerry Blagrove to adjourn the meeting at 4:50 p.m.

CARRIED

APPROVED:

**NORM GAMBLE, CHAIR
SOUTH WEST LHIN**

Date: _____

**KERRY BLAGRAVE, SECRETARY
SOUTH WEST LHIN**

Date: _____