

**Board Committee Meeting
Minutes
Thursday, November 12, 2009
Goderich Memorial Arena – Auditorium**

Present: Janet McEwen, Chair (A)
Kerry Blagrove, Secretary
Barrie Evans, Director
Anne Lake, Director
Linda Stevenson, Director
John VanBastelaar, Director (by teleconference)
Ferne Woolcott, Director

Regrets: Murray Bryant, Director

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

1. Call to Order – Welcome and Introductions

The Chair called the meeting to order at 1:00 p.m. and there was quorum. Four members of the public and two guests were in attendance.

2. Declaration of Conflict of Interest

There was no declaration of conflict of interest.

3. Approval of Agenda

The following item was added to the agenda:

- 5.4 – CEO Evaluation

MOVED BY: Ferne Woolcott

SECONDED BY: Linda Stevenson

THAT the agenda be approved as amended.

CARRIED

4. Reports

4.1 2009/10 Growth Funding and Small Hospitals Funding

Growth Funding:

Mark Brintnell reported that the South West LHIN is receiving \$257,000 in new base funding to allocate to hospitals experiencing high population and service growth. Mark explained the use of the Health Based Allocation Model (HBAM) to inform LHIN allocations and how it defines high growth factors. The Ministry of Health and Long-Term Care set out criteria to guide LHINs in making decisions to allocate the funding. In the spirit of transparency and partnership, all LHINs agreed to share the original and draft hospital-level allocations as determined using HBAM. Mark reported that although HBAM is being used more frequently, our LHIN has concerns about how HBAM works and allocates resources for growth within the South West LHIN. South West LHIN staff recommended using the same allocation methodology as last fiscal year, with an equal weight between total weighted cases and emergency department visits. The recommended allocation was outlined, reviewed and discussed.

Small Hospitals Funding:

Mark shared the background around the allocation of small hospitals funding and reported that the South West LHIN is receiving \$552,300 in new base funding for 2009/10 for small hospitals. LHIN staff is concerned with the funding formula used to allocate funding to small hospitals and how multi-site corporations are not appropriately recognized in the formula. Multi-site corporations with several small hospital sites receive less funding compared to a single small hospital according to the small hospitals funding formula. This is an issue for South Bruce Grey Health Centre and Grey Bruce Health Services. South West LHIN staff has therefore proposed an allocation plan that more appropriately recognizes multi-site corporations with small hospital sites in the allocation approach. The recommended allocation was outlined, reviewed and discussed.

Discussion highlights included:

- It is important to ensure that the small hospitals within a larger corporation actually see the benefit of the funding allocated.
- A review of appropriate base funding needs to be done in the future to demonstrate that hospitals are funded appropriately and this will assist in the decision-making process.
- Suggested feedback to the Ministry of Health and Long-Term Care that small programs could be run with the amount of funding allocated, rather than giving relatively small increases to hospitals where it is unclear whether or not the funding is actually making a difference and benefitting the system.

MOVED BY: Kerry Blagrove

SECONDED BY: Anne Lake

THAT the South West Local Health Integration (LHIN) Board Committee recommends that the South West LHIN Board of Directors approve the recommended allocation of the 2009/10

Growth Funding and Small Hospitals Funding as outlined in Appendix A and B, dated November 12, 2009.

Appendix A: Hospital Growth Funding

Source: Hospital Year End Reports - Clinical Activity and Patient Services	TOTAL WEIGHTED CASES	TOTAL WEIGHTED CASES	Positive Increase	Emergency Visits	Emergency Visits	Positive Increase	Recommended Allocation using 50/50 Allocation Weighted Patient Days and ER Visits
Name	2006/07 Actual	2008/09 Actual		2006/07 Actual	2008/09 Actual		
Four Counties Health Services	525	492	0	9,141	8,471	0	\$0
Clinton Public	873	919	46	10,923	12,724	1,801	\$11,443
South Huron Hospital Association	784	692	0	9,839	9,589	0	\$0
Alexandra Marine & General (Goderich)	1,800	2,011	211	19,556	19,618	62	\$11,861
Hanover & District	1,500	1,543	43	19,573	20,662	1,089	\$7,737
Alexandra (Ingersoll)	1,319	1,038	0	22,017	20,674	0	\$0
Listowel Memorial	1,180	1,151	0	11,904	12,497	593	\$0
St Joseph's Health Care London	14,756	14,913	157	44,036	48,034	3,998	\$28,522
St Marys Memorial	737	740	3	11,555	11,119	0	\$0
St Thomas Elgin General	8,035	8,000	0	34,797	36,784	1,987	\$9,821
Seaforth Community	400	395	0	9,540	11,511	1,971	\$9,742
Stratford General	8,000	8,294	294	23,818	23,322	0	\$16,121
Strathroy Middlesex General	3,813	3,805	0	26,382	23,789	0	\$0
Tillsonburg District Memorial	2,708	3,400	692	23,459	24,422	963	\$42,654
Wingham & District	1,203	1,286	83	12,186	13,899	1,713	\$13,012
Woodstock General	6,600	6,737	137	27,879	28,998	1,119	\$13,030
London Health Sciences Centre	69,136	69,759	623	142,371	146,903	4,532	\$59,448
South Bruce Grey Health Center	3,672	3,464	0	46,523	49,512	2,989	\$14,774
Grey Bruce Health Services	14,350	14,415	65	95,693	98,965	3,272	\$19,734
Total	141,391	143,054	2,355	601,192	621,493	26,089	\$257,900

Appendix B: Small Hospital Funding

Name	Original/Draft Allocation	Equity Adjustment	Available for Multi-site	Equity Adjustment	Recommended Allocation
Four Counties Health Services	36,000	15.0%	5,400		\$30,600
Clinton Public Hospital	40,400	15.0%	6,060		\$34,340
South Huron Hospital Association	31,300	15.0%	4,695		\$26,605
Alexandra Marine & General Hospital	72,500	15.0%	10,875		\$61,625
Hanover & District Hospital	59,700	15.0%	8,955		\$50,745
Alexandra Hospital (Ingersoll)	60,100	15.0%	9,015		\$51,085
Listowel Memorial Hospital	62,300	15.0%	9,345		\$52,955
St. Joseph's Health Care, London					
St. Marys Memorial Hospital	33,200	15.0%	4,980		\$28,220
St. Thomas - Elgin General Hospital					
Seaforth Community Hospital	30,900	15.0%	4,635		\$26,265
Stratford General Hospital					
Strathroy Middlesex General Hospital					
Tillsonburg District Memorial Hospital					
Wingham and District Hospital	52,700	15.0%	7,905		\$44,795
Woodstock General Hospital					
London Health Sciences Centre					
South Bruce Grey Health Centre	34,800			34,165	\$68,965
South Bruce Grey Health Centre Kincardine					
South Bruce Grey Health Centre Durham					
South Bruce Grey Health Centre Walkerton					
South Bruce Grey Health Centre Chesley					
Grey Bruce Health Services	38,400			37,700	\$76,100
Grey Bruce Health Services Owen Sound					
Grey Bruce Health Services Lions Head					
Grey Bruce Health Services Meaford					
Grey Bruce Health Services Markdale					
Grey Bruce Health Services Wiarton					
Grey Bruce Health Services Southampton					
Total	552,300		71,865		\$552,300

CARRIED

4.2 Service Accountability Agreements

Mark Brintnell provided an overview of the Hospital Service Accountability Agreement (H-SAA) process changes. He reported that the LHIN will be moving forward with a one-year extension of the current H-SAA (2008-10) because we do not have confirmed planning funding targets from the government. It was noted that the South West LHIN has an H-SAA in place with all hospitals in the LHIN except Grey Bruce Health Services. Mark gave an overview of the planned process, noting that there is a lot of work to be done going forward with this process.

Mark reported that LHIN staff is working with our 72 long-term care homes and the new Long-Term Care Home Service Accountability Agreement (L-SAA) process for 2010-13. The process for the implementation of this was shared in the written report. He noted that there are three long-term care homes (Seaforth Manor, Errinrunc in Thornbury and Queensway in Hensall) that were not transferred to the LHIN in March 2007, due to accountability related issues at the time. These homes will remain accountable to the Ministry of Health and Long-Term Care.

Mark explained there will be long-term impacts from a LHIN perspective because of the revised H-SAA process. LHINs will be required to undertake the accountability process with our hospital and community partners at the same time, prior to March 31, 2011 and this will mean that the South West LHIN is anticipating the significant undertaking of negotiations of 100+ provider agreements (M-SAA and H-SAA). Mark noted that it is hoped that the process may be able to be tweaked to stagger this. Efforts are underway to address this issue moving forward.

4.3 Blueprint and Integrated Health Service Plan

4.3.1 Health System Design Blueprint – Vision 2022

Michael Barrett presented the draft version of the Health System Design Blueprint – Vision 2022 to the Board. In his presentation, he recognized the significant undertaking and hard work of LHIN staff, the Health System Design Steering Committee and Deloitte in pulling together the Blueprint. Lisa Purdy and Young Lee from Deloitte were also in attendance at the meeting.

The draft Blueprint was reviewed and presentation highlights included:

- An outline of what the blueprint is and why we need it.
- Blueprint guiding objectives.
- What we have now that we didn't have before, including the current state assessment of the local health care system and a high level road map to guide actions to the year 2022.
- Two integrated service delivery approaches and how they differ from today's service delivery model and this includes:
 - Population-based Integrated Health Services
 - Centrally coordinated resource capacity
- Benefits for providers, health professionals and individuals.
- How we will move forward working together:

- South West LHIN in collaboration with its Health Service partners
- Health Service Providers and Health Care Professionals
- What an integrated health system of care looks like at the levels of:
 - Local Community
 - Multi-Community
 - LHIN Community
- Key Enablers to help the plan move forward.
- Achieving the Blueprint Vision 2022 through the multi-year journey phased over a number of IHSP cycles, which requires flexibility to respond to system change.
- Overview of materials to be developed, including educational tools for Health Service Provider Boards and other partners.

4.3.2 Integrated Health Service Plan 2010-2013

Kelly Gillis shared an overview of the Integrated Health Service Plan (IHSP) 2010-2013 which was included in the agenda package. She reviewed the IHSP document and provided highlights, explaining how this IHSP has been created to build on the 2007-2010 IHSP, align to the Health System Design Blueprint – Vision 2022 and move forward the work of the Priority Action Teams. She noted that this IHSP is different than the previous in that performance measures are included to see whether we are achieving the objectives of the IHSP and measures are included to reflect what we want to see in the healthcare system. She noted that the IHSP needs to be viewed as a living document that can be refreshed as required to respond to such things as the Ministry of Health and Long-Term Care’s planned release of a 10-year Strategic Plan. This IHSP also helps move us forward to Vision 2022. Kelly reported that staff continues to edit and update this version, adding further appendices, with the full report coming to the Board of Directors meeting at the end of November.

Discussion highlights included:

- Agreement that the IHSP is aligned with the Health System Design Blueprint - Vision 2022 and staff has done a good job working with Deloitte bringing it together.
- Key messages are being developed for the media to ensure appropriate messaging.
- The Health System Design Steering Committee involves providers that are interested in seeing this plan move forward.
- The process needs to keep moving forward to keep the momentum going.
- An emphasis on communication of success stories is important.
- Use of reference groups to move the work forward is key.
- The Blueprint and IHSP do not need to be approved by the Ministry of Health and Long-Term Care (MOHLTC).

4.3.3 Next Steps

Barrie Evans discussed next steps with the Board to Board Reference Group. The plan is to try to meet in December.

Kelly encouraged the Board to continue to provide feedback before our next meeting and she noted that facilitated discussion will occur at the Board Education session. Next steps for the

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Board were reviewed and these include receiving the final Health System Design Blueprint – Vision 2022 and Integrated Health Service Plan 2010-2013 for review and consideration of approval prior to the Board of Directors meeting on November 25th. A facilitated discussion at the next Board education session will occur prior to this meeting.

Appreciation was extended to Lisa and Young and their team at Deloitte for the work and leadership through this process.

The South West Local Health Integration Network Board Committee recommended that the Health System Design Blueprint – Vision 2022 and Integrated Health Service Plan 2010-2013 be approved by the Board of Directors at their next meeting, pending the minor editorial adjustments and updating of the two documents prior to submission at the meeting on November 25, 2009.

MOVED BY: Ferne Woolcott
SECONDED BY: Kerry Blagrove

THAT the South West Local Health Integration Network Board Committee authorizes the South West LHIN Board Chair (A) to insert a Message from the Board into the Health System Design Blueprint – Vision 2022 document reflecting the South West Local Health Integration Network's commitment to realizing Vision 2022.

CARRIED

4.4 South West LHIN Operational Budget

Michael Barrett presented the draft operational budget which included projections for our year-end. He explained the variances and noted that the salaries and benefits line is still in a surplus position due to unfilled positions. He recommended shifting the surplus from the salaries and benefits line to the consulting line which includes costs associated with the Deloitte contract, rather than drawing from any of the reserve accounts. Michael reported that although this year-end forecast projects a \$43K deficit, it will be balanced through the use of special projects funds. He noted that the eHealth line has a considerable surplus at this time and we will be recruiting a Chief Information Officer/eHealth Lead within our office and interviews were done for the other eHealth project positions. The individuals hired for these positions will have a contract with the LHIN and the hiring of these individuals followed the appropriate procurement and hiring processes. Michael reported that the reserve accounts at Stratford General Hospital and London Health Sciences Centre were recognized previously by the Board and that a letter was sent to them in March 2009 and they have signed back confirming the amount and that they adhere to the conditions set.

4.5 Ministry-LHIN Accountability Agreement Schedule 10: Local Health System Performance

Mark Brintnell presented an update on the South West LHIN's performance toward targets for indicators negotiated in the Ministry-LHIN Accountability Agreement. He noted that as of October 31, 2009, we are performing well for all performance indicators and that significant

improvements have been made with regards to cancer surgery wait times and Alternate Level of Care (ALC) days. He added that the impact of H1N1 on performance is unknown at this time.

5. Board and Senior Staff Reports

5.1 Senior Leadership Report

The Senior Leadership Report was included in the agenda packages. Kelly noted that there was a public announcement today regarding the diabetes strategy and the expansion of the diabetes education centres.

5.2 Board Chair

Janet McEwen reported that the Freedom of Information and Protection of Privacy Act (FIPPA) requests have been a lot of work for the office.

Janet noted that we will only have one meeting in December and it will be a Board of Directors meeting on December 9th in St. Thomas.

5.3 Board Members

Linda Stevenson and Janet McEwen recently attend The Ontario Rural Council Conference in Stratford and this was worthwhile. They suggested a future session with Gateway Rural Research Institute.

5.4 CEO Evaluation

Barrie Evans reported that Directors will receive a questionnaire from the consultant hired to assist in the development of a CEO evaluation process between now and January. He noted that it will not be an evaluation of the CEO, but rather an evaluation of the proposed questionnaire.

6. Closed Session

MOVED BY: Barrie Evans

SECONDED BY: Kerry Blagrove

THAT the members move into a closed session at 4:20 p.m. pursuant to the following exception set out in ss.9 (5) of the Local Health System Integration Act 2006 to discuss legal matters.

CARRIED

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MOVED BY: Ferne Woolcott
SECONDED BY: Linda Stevenson

THAT the Board move out of closed session at 4:40 p.m.

CARRIED

7. **Date and Location of Next Meeting**
➤ Board of Directors Meeting – December 9, 2009
City Hall – St. Thomas

8. **Adjournment**
A MOTION was made by Barrie Evans to adjourn the meeting at 4:40 p.m.

CARRIED

APPROVED:

JANET MCEWEN, CHAIR (A)
SOUTH WEST LHIN

Date: _____

KERRY BLAGRAVE, SECRETARY
SOUTH WEST LHIN

Date: _____