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**Committee of the Whole Meeting
Minutes
Wednesday March 11, 2009 1:00 – 3:30 pm
Board Room - South West LHIN Office**

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

Regrets: John Van Bastelaar, Director

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

1.0 Call to Order – Welcome and Introductions

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

2.0 Declaration of a Conflict of Interest

There was no conflict of interest declared.

Norm Gamble encouraged members to declare a conflict of interest when there are decisions being made for agencies funded by the LHIN and members are involved. It is appropriate that members leave the room during the discussion and this should be recorded in the minutes. Motions will be handled individually when providers are involved where members have a defined conflict.

3.0 Approval of Agenda

MOVED BY: Murray Bryant
SECONDED BY: Janet McEwen

The following items were added to the agenda:

- 7.2 – South West Community Care Access Centre - M-SAA Negotiations
- Agenda item 6.4 will be changed to 4.2
- 5.3 – Career Scientist Award

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

CARRIED

4.0 Unfinished Business

4.1 Board to Board Reference Group Terms of Reference

The Board to Board Reference Group Terms of Reference have been revised based on feedback at the last meeting. Board members were pleased with the revised document and thanked Kelly Gillis for her work in putting this together. Norm Gamble noted that in addition to the Terms of Reference, a request was attached for Health Service Provider Board Chairs to share with their board members, looking for Expressions of Interest for membership on this committee. Board members agreed that Norm will work with another Board member to review the submissions and select members based on the guidelines outlined in the Terms of Reference.

MOVED BY: Linda Stevenson

SECONDED BY: Ferne Woolcott

THAT the South West LHIN Board of Directors approve the Board to Board Reference Group Terms of Reference.

CARRIED

5.0 New Business

5.1 Multi-Sector Accountability Agreement (M-SAA) Strategic Overview, Issues and Risks

Mark Brintnell provided an overview of the report included in the Board packages regarding the Multi-Sector Accountability Agreement (M-SAA) process. This report will transition to a final report for approval at the March 25th Board of Directors' meeting in Wingham. The report was reviewed and included a breakdown of funding allocations by sector, service type and planning area, as well as a system overview and identified risks in terms of ability to deliver services. Mark noted that general system risks outlined in the CAPS narratives included such issues as the capacity of organizations to meet the needs of their community with the funding they have been provided, human resource challenges with recruitment and retention, client waiting lists, and

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unionization is becoming an issue in community organizations. Specific risks for specific providers are being carefully monitored as the submissions are reviewed. Mark reported that some organizations have identified concerns with the M-SAA but we have been working with them to address any concerns.

Mark explained that legislation prevents the LHIN from funding a health service provider without an M-SAA in place by March 31, 2009. Mark reported that our success rate is tremendous as we only have one provider that has not given us a CAPS. Staff have assisted some organizations with the completion of their templates and we continue to work with them to empower them to be able to complete the documentation on their own. The Chippewas of Saugeen have failed to provide a CAPS submission despite repeated contact by our staff, including our Aboriginal Consultant Lisa Tabobondung. A final notice was sent to them and we have had no contact from the provider. The Board was reminded that our office did not receive a budget from the Chippewas of Saugeen for 07/08 or 08/09 and they do not provide the LHIN with quarterly reports. It was suggested that a recommendation be brought forward to the next Board meeting about how to deal with this organization. Mark noted that they are funded \$1,152 for them to provide social and congregate dining and the lack of reporting remains a significant risk.

All provider approved M-SAAs will be brought forward to the South West LHIN Board at its March 25th meeting for review and approval.

The Board also recognized that organizations such as St. Joseph's Health Care are subsidizing community programs operating in hospitals through their global budgets. It was noted that community organizations receive funding from various pots of money to provide programs, and it was confirmed that the LHIN receives this information about all sources of revenue for community organizations.

MOVED BY: Ferne Woolcott
SECONDED BY: Murray Bryant

THAT the South West LHIN Board of Directors receive this report as presented.

CARRIED

There was further discussion about how to deal with organizations that are not providing their required quarterly reports. Mark recommended that since there are a variety of issues with quarterly reporting, we have identified that there are providers struggling because they do not have the capacity to complete reporting and education sessions in first quarter of this fiscal year will be planned with providers to work

through solutions. Mark explained that there are different situations with organizations that did not provide the third quarter report and it is important that LHIN staff continue to work with these providers.

5.2 2009/10 Wait Time Strategy Allocation Plan

Mark Brintnell reported that the 2009/10 Wait Time Strategy Allocation Plan was deferred from the previous Board meeting due to a delay in the release of allocation information from the Ministry of Health and Long-Term Care (MOHLTC). LHIN staff have worked under extremely tight timelines to bring this report to the Board. The Ontario government is continuing its plan to increase access and decrease wait times for five major key services which include cancer surgery, cardiac procedures, cataract surgery, hip & knee replacements and for MRI and CT scans. Paediatric and general surgery have also been included in the allocation planning. Mark noted that cancer surgery allocations are done by Cancer Care Ontario and cardiac surgery allocations are done by the MOHLTC. Mark stated that the Wait Time Strategy considers for approval incremental (one-time) funding each year and he explained the process that hospitals follow for consideration of volume allocations.

Mark reported that the MOHLTC withdrew \$20 million from funding for 2009/10 and their reason for this was that it was a reflection on the average amount of funding recovered at the end of the previous fiscal years due to hospitals not able to deliver their approved volumes. In 2008/09, LHINS also received a lump sum of funding (\$700K) and were empowered to allocate this funding to address local wait time challenges and this was not included this year. He added that funding allocations were historical and the MOHLTC has now moved to the Health Based Allocation Model (HBAM) with adjustments for waiting times and provider capacity limits. Mark explained the 2009/10 allocation methodology used by the South West LHIN and recommended the following allocations:

- \$13,304,500 for the key services (11.3% reduction compared to 2008/09)
- \$611,900 for general surgery
- \$1,080,800 for paediatric surgery

The Wait Time Strategy did not use the blended HBAM and waiting time methodology to allocate General Surgery or Paediatric Surgery volumes. This was completed using a prioritization of procedures and hospital capacity to deliver. Mark shared the approach that the South West LHIN used to propose the hospital-level allocation plan:

Allocation Principles:

- Preserving intention of the Wait Time Strategy: wait time reduction
- Consistency with blended allocation methodology
- Consideration of program sustainability (due to total allocation reduction)
- Fairness

Allocation Steps:

1. Original HBAM, waiting times and capacity blended methodology results by hospital.
2. LHIN level service procedure adjustments based on performance results.
 - Total LHIN cataract volume was reduced by 25% due to good wait time compared to provincial target (see appendix B). All hospitals with this service received a 25% reduction. Funding shifted to Hip/Knee and MRI.
 - Total LHIN CT hours was reduced by 15% due to good wait time compared to provincial target (see Appendix B). All hospitals with this service received a 15% reduction. Funding shifted to Hip/Knee and MRI.
3. Hospital level adjustments based on performance results and prior years volume/hours and completed.

Mark provided an overview of the tables included in the written report that outline the 2009/10 South West LHIN Hospital level allocation plans for key services, general surgery and paediatric surgery. These tables include the base allocations which are funded through the hospital's global budget, the total incremental increases and the total incremental funding. Appendix A outlines the Ministry-LHIN Accountability Agreement (MLAA) Performance Indicator Target and Appendix B outlines the South West Performance Results. Mark reported that we are not meeting the target for cancer surgery and these are set by Cancer Care Ontario. With regards to bypass surgery, this is only provided at London Health Sciences Centre and we are not meeting the target, mainly due to capacity challenges (i.e. bed pressures). Otherwise we are doing well and achieving our wait time targets for the other procedures. Mark noted that Grey Bruce Health Services has the lowest MRI wait time in Ontario.

It was noted that Strathroy Middlesex General Hospital is the only hospital that receives funding through the Wait Time Strategy for hips and knees that does not have a base volume of procedures. There was discussion about this and Board members expressed their concerns including the fact that this program cannot be sustained unless the hospital receives this funding since it is not part of their global budget. In response to a question about delivering volumes, Mark explained that as part of their signed Wait Time Strategy agreements, hospitals are required to complete their base allocations first. A question was raised about whether the

funding covers all of the costs for these procedures and Mark reported that the funding does in fact cover all costs.

There was discussion and Mark clarified that the reduction in funding will need to be considered in our MLAA refresh process as it relates to wait time targets. With regards to MRI wait times, Mark reported that the LHIN MRI Task Team involving the three providers have been proactive in responding to the wait time performance. Recently, the providers issued letters to the referring physicians in the LHIN to provide information of MRI service choices for patients that may wish to travel to Owen Sound to have their scan done sooner. Information is being tracked about whether there is a change in flow of patients to that location when given the choice.

MOVED BY: Kerry Blagrove
SECONDED BY: Janet McEwen

THAT the South West Local Health Integration network Board of Directors approve the submission of the 2009/10 Wait Time Strategy Allocation Plans to the Ministry of Health and Long-Term Care for final approval.

CARRIED
(1 opposed)

5.3 – Career Scientist Award

Murray Bryant brought forward this agenda item and explained that this award requires an academic sponsor and a senior representative from a hospital or the LHIN to be a mentor. It was agreed that we should have a policy to support these types of requests. Kelly Gillis agreed to investigate this issue and bring back a policy to the board for discussion.

6.0 Information and Status Reports

6.1 Board Chair Report

Norm Gamble thanked Janet McEwen for chairing the last meeting in his absence. He shared that the Audit and Finance Committee met this morning and reviewed the Board Chair expenses. He noted that he is trying to work part-time and that this may mean more work for Janet. Norm reported that the Joint Chairs meeting is tonight and tomorrow and he will report back about this at a future meeting.

6.2 Board Members Report

Janet McEwen reported that she participated in a meeting with the Ontario College of Family Physicians (OCFP) recently, at their request. Dr. Dixon was in attendance and Jan Kasperski, CEO of the OCFP teleconferenced. The OCFP is interested in how they might relate better and engage physicians in LHIN activities.

Ferne Woolcott participated in a meeting in Owen Sound hosted by the Canadian Mental Health Association. This was a meeting of all board chairs of mental health and addiction agencies that are LHIN funded in Grey Bruce. Ferne presented that regular slide deck as well as information about integration. She reported that there was good discussion and they had further questions about the Blueprint, Mental Health and the Integrated Health Services Plan and information is being gathered from staff and will be sent to them. Ferne stated that she has received good feedback from them about her presentation and believes that it was a good investment of time, but unfortunately created more work for staff and she apologize for this. Norm Gamble added that presentations such as this creates good relationships with these organizations.

Michael informed that our office is working to improve the communication and connection with our local MPPs. A session is being planned in Toronto with all of our MPPs and Sue Davey met with Lissa Regan at Deb Matthews' office recently and they are assisting us with the logistics of such a meeting. The intent of this meeting will be for the LHIN to provide them with an overview of current initiatives and discuss our respective roles around communications and working together, especially with regards to funding announcements. The Board was informed that regular meetings are also being proposed with our MPPs in the future.

6.3 Senior Leadership Report

The Senior Leadership Report was included in the agenda packages. Mark Brintnell reported that the South West LHIN recently received a Health Infrastructure Renewal Fund (HIRF) capital allocation of up to \$5,003,317 for the fiscal year 2008/09. This funding will support hospitals with minor infrastructure improvement projects. He noted that the LHINS are responsible this fiscal year for approving the HIRF grants to each hospital. Mark shared that it would be helpful for hospitals and the LHIN to have this funding in place at the beginning of the year and LHINS will continue to work with the MOHLTC for the flow of funds for this initiative.

Michael Barrett reported that the South West LHIN met with the Hospital CEOs and the Executive Director of the South West Community Care Access Centre (CCAC) on February 27th in Listowel. This group discussed a number of items and identified

actions on many of them, including moving forward with an integrated discharge planning model for consistency across the hospitals with CCACs and hospitals, wound management and the Flo Spread Strategy. This group is supportive of working together collectively and has made considerable progress since its inception.

The Board was informed that a Staff Retreat is planned for Monday March 30th to discuss the staff structure and team culture.

The Aboriginal Engagement session is planned for April 23rd and LHIN board members are welcome to attend.

Norm Gamble recognized the work that is generated through this office and that a number of staff put in a lot of hours. He thanked all staff for their hard work and dedication.

6.4 Chronic Disease Prevention and Management Update

Kelly Gillis distributed a slide deck from PricewaterhouseCoopers that was presented to the Steering Committee on March 4th for feedback. An update was provided about the work that has been done and implemented with regards to the Diabetes Strategy. Kelly explained that the service delivery model builds on the work of the Priority Action Teams and will link to the specialist care model that the Provincial Diabetes Expert Panel will be reviewing in early March. Kelly noted that the Ministry of Health and Long-Term Care has not provided direction on the Ontario Diabetes Strategy and next steps include further dialogue with them to ensure alignment with ministry direction prior to moving forward. Kelly took board members through the slide deck and highlights included:

- Providers did not like the competitiveness of the Mission and being a leader in Ontario and want to shift to being an area of excellence or moving the work forward.
- We are one of three LHINS that are leading the way in this area.
- System goals need to be aligned with services.
- Services across the LHIN need to be organized in a way that they are accessible to individuals and the recent web cast talked about service alignment.
- Service delivery models need to be flexible and accessible.
- Future model is having this resource co-located which is difficult in our LHIN since we don't have Family Health Teams across the geography.
- The MOHLTC has separated primary from secondary care. They are looking at the specialized model for diabetes.

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- Single centre of excellence model within the province with nodes through regional centres and those sites where highly specialized care is provided. There will likely be one site per LHIN and current our LHIN has more than one and this might not change. Opportunities need to be understood.
- A regional site connected to a centre of excellence, specialist sites and chronic disease management centres.

Kelly reported that Partnerships for Health is testing these models and plans. The PAT members that are on the Steering Committee responded well to the model presented and those not involved with the PATs had a problem understanding it initially. This is a significant change and reorganizes the different models of care. Work is underway to move forward as the MOHLTC wants to make investments quickly. A pilot will be done in one geographical area in our LHIN.

There was discussion and Janet McEwen commented on a tour she had recently of the Diabetes Education Centre at St. Joseph's Health Care during the opening of their Urgent Care Centre. She raised the question about why this is located in a hospital and Kelly explained that there is an advantage to having it there and being close to specialists. Kelly added that these centres are historically hospital based and they all operate differently. These would be ideally located in a Family Health Team or in a small rural hospital.

MOVED BY: Murray Bryant
SECONDED BY: Janet McEwen

THAT the South West LHIN Board of Directors receives the information as presented.
CARRIED

7.0 Closed Session

MOVED BY: Linda Stevenson
SECONDED BY: Janet McEwen

THAT the members move into a closed session at 3:10 p.m. pursuant to the following exception set out in ss.9 (5) of the Local Health Systems Integration Act 2006 to discuss legal matters.

CARRIED

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MOVED BY: Murray Bryant
SECONDED BY: Janet McEwen

THAT the Board move out of closed session at 4:38 p.m.

CARRIED

7.1 Hospital Service Accountability Agreement (H-SAA) Negotiations Update

The Board of Directors discussed the status of the external review process with Strathroy Middlesex General Hospital.

7.2 South West Community Care Access Centre - M-SAA Negotiations

The Board of Directors reviewed the status of ongoing negotiations with the South West Community Care Access Centre and their Multi-Service Accountability Agreement.

9.0 Date and Location of Next Meeting

Wednesday March 25, 2009
Board of Directors' Meeting
North Huron Museum, 273 Josephine Street – Wingham

10.0 Adjournment

MOVED BY: Kerry Blagrove to adjourn the meeting at 4:40 p.m.

CARRIED

APPROVED:

**NORM GAMBLE, CHAIR
SOUTH WEST LHIN**

Date: _____

**KERRY BLAGRAVE, SECRETARY
SOUTH WEST LHIN**

Date: _____