

North East LHIN Board Highlights

Meeting of January 16, 2019
By Teleconference

Following the Board Meeting of January 16, media stories started appearing speculating on the future of the LHINs. The North East LHIN has not received any new information or confirmation of any potential changes. We will continue to focus on ensuring people have access to the safe, quality care they need. Patient care remains our top priority. We will communicate to our valued partners of any confirmed structural changes.

After opening the meeting, Chair R.M. (Ron) Farrell introduced two new Board Directors from North Bay – Judy Koziol and David Wolfe. “We are pleased to welcome Judy and David, along with their wealth of expertise to the North East LHIN Board,” said Chair Farrell. “David has a long-standing background in community involvement, communications, and governance, having served on many boards, including health. Judy brings years of municipal experience, including chairing many committees and participating as a member on health-related boards, as well as her work in the private sector.”

Report from Chair, R.M. (Ron) Farrell

In addition to ongoing work as well as regular pan-LHIN, ministry and Board meetings, Chair Farrell had several engagements with system partners over the past month. Some of the highlights include:

- Attended a meeting of the Almaguin Board to develop a seniors’ housing project.
- Followed up on Board recommendations for new members with the Public Appointments Secretariat.
- Participated via videoconference in the LHIN Chairs’ Council planning session.
- Met with new Board Members to provide orientation.
- Met with Health Sciences North (HSN) Board Chair to discuss sunsetting the joint LHIN/HSN governance committee that was established to strategize on HSN’s alternate level of care (ALC) pressures given that senior leaders from each organization are meeting regularly and moving forward on discussions. Both Chairs agreed that a joint governance approach will provide oversight to the implementation of the 42 recommendations arising out of the (2018) Third Party Review of HSN.



Ron Farrell –
Board Chair



Kim T. Morris –
Vice Board Chair



Judy Koziol –
Second Vice Board Chair



Denis Bérubé



Lorraine Dupuis



Mark Palumbo



Cheryl St-Amour



Anne Stewart



Betty Stone



Petra Wall



David Wolfe

Report from CEO – Jeremy Stevenson

Indigenous Cultural Competency Training

In support of the North East LHIN's **Aboriginal Health Care Reconciliation Action Plan**, the LHIN has been offering two types of Indigenous Cultural Safety training for LHIN Board, staff and system partners: (1) an on-line module to help participants better understand the history of Indigenous peoples, the legacy of residential schools and to learn approaches to deliver health services in a culturally safe manner; and (2) A one-day session with knowledge keeper George Couchie, member of Nipissing First Nation and a Cultural Teacher. Both options are supported by the NE LHIN and free for system partners. Interested providers should contact the NE LHIN.

The Board passed a motion confirming its commitment to cultural competency/safety training -- ***Whereas the NE LHIN continues to work in partnership with the Local Aboriginal Health Committee (LAHC) to implement the 25 calls to action in the NE LHIN Aboriginal Health Care Reconciliation Action Plan, the NE LHIN Board of Directors is committed to participate in cultural competency/safety training.***

Board Director Petra Wall reported back on discussions held at a meeting of the NE LHIN's Local Aboriginal Health Committee in November (2018) and confirmed her attendance at a February strategy session between the NE LHIN CEO and members of the LAHC. The objective of the session is to confirm next steps in working together to increase access to care for Indigenous Northerners.

French Language Services

Diane Quintas, Executive Director of the Réseau du mieux-être francophone du Nord de l'Ontario, and Carol Philbin Jollette, NE LHIN Director of the Coast Sub-Region and Population Equity, jointly presented on the importance of **Active Offer** when it comes to French Language Services. With 23% of our population identifying as French, it is important for the NE LHIN staff and system partners to ensure Francophone Northerners are being served in their language of choice. Training modules on Active Offer, created by the Réseau in partnership with the NE LHIN, will be offered to all NE LHIN staff this year to make sure everyone who is bilingual or speaks French offers French language services to our clients first, rather than having clients needing to ask. In addition, the Réseau and the NE LHIN will be working in partnership with health service providers in the North East to roll out Active Offer training.

Special Needs Strategy

In response to feedback received from families, the government is working closely with local service providers to improve the delivery of school-based rehabilitation services. These improvements will support a more seamless service experience as children start school or move between service providers, in settings that best meet their needs, regardless of where they live or who delivers the services. A key step towards building a seamless and integrated continuum of child-centred services and supports is consolidating responsibility for provision of services within agencies focused on the special needs of children and youth and their families.

Across the province, services and funding were transitioned from the LHINs to the children's treatment centres for the delivery of physiotherapy, occupational therapy and speech-language pathology (school-based rehabilitation services) in publicly-funded schools.

In December 2018, the North East LHIN transferred its school-based rehabilitation services (speech-language pathology, occupational therapy, physiotherapy) in publicly-funded schools to Cochrane Temiskaming Children's Treatment Centre, NEO Kids Children's Treatment Centre, and ONE Kids Place Children's Treatment Centre. Students (or their parents or guardians), whose school-based rehabilitation services were transferred were informed in writing.

LHINs continue to be responsible for the delivery of other services students may be receiving at school and/or at home.

Accreditation

The Board received a presentation on the NE LHIN's progress and work as it prepares to undertake the Accreditation Primer on-site Survey in May, 2019.

Moving to Next Stage of Approval for CT Scanners at Two Hospitals Kirkland and District Hospital and West Nipissing General Hospital

The Board endorsed Kirkland and District Hospital and West Nipissing General Hospital combined Stage 1 and 2 CT capital projects. The approval was required for each hospital to move forward with their submissions to the Ministry of Health and Long Term Care. Installing and operating these additional CT scanners will help to improve access to care for people living in these communities. The NE LHIN's rationale for approving additional CT scanners across our LHIN included:

- Increased access to CT for stroke care which recommends that all patients with suspected of acute stroke or transient ischemic attack should undergo brain imaging immediately and vascular imaging of the brain and neck arteries as soon as possible. Stroke patients should receive a brain CT/MRI within 60 minutes of hospital arrival.
- There is a strong business case to support relatively low volume CT operation in remote rural hospitals when considering the cost to transport patients and the funds patients are being reimbursed via the Northern Travel Grant. Additional CT scanners will also improve wait time access to this technology.
- Physician recruitment is expected to be improved at these hospitals as newly trained physicians are accustomed to using CTs as a standard technology.

Approval of Service Accountability Agreements

The Board approved Hospital Service Accountability Agreement (HSAA), Long-Term Care Home Accountability Agreement (LSAA) and the Multi-Sector Accountability Agreement (MSAA) templates.

- HSAA – The LHIN holds 25 HSAA's. Although there are no changes to the HSAA template itself an amending agreement is required as the schedules were refreshed for 2019-20.
Motion: *BE IT RESOLVED THAT: The proposed Hospital Service Accountability Agreement for 2018-20 Amending Agreement template for the period from April 1, 2019 to March 31, 2020, to be made as of April 1, 2019, be approved as presented to the NE LHIN Board.*
- LSAA – The LHIN holds 33 LSAA's. Changes made to the template include: an updated "background" section that references the unique role of municipalities; an updated provision related to "disposition" to be consistent with the MSAA; added provision related to "factors beyond a health service providers control" to be consistent with the HSAA; and an updated provision related to "acknowledgment of LHIN support" to add clarity and be consistent with the HSAA.
Motion: *BE IT RESOLVED THAT: The proposed Long-Term Care Home Service Accountability Agreement-*

Multi-Homes April 1, 2019 to March 31, 2022 template, to be made as of April 1, 2019, be approved as presented to the NE LHIN Board to replace the current Long-Term Care Home Service Accountability Agreement-Multi-Homes April 1, 2018 to March 31, 2019 template.

- MSA – The LHIN holds 110 with community health service providers in the Community Support Services, Community Mental Health and Addictions, and Community Health Centre sectors. Some of the MSA changes include: an added provision related to “factors beyond a health service providers control” to be consistent with the HSAA; an updated “repayment and recovery provision to clarify that the LHIN will act reasonably and consider the impact that a recovery will have on the health service provider; an added provision related to the “process for recover of funding” to add clarity regarding the process; an amended provision related to “performance and payment” to reflect that only a portion of the CEOs compensation is tied to performance; and a provision to address an Auditor General recommendation related to the need to arrange for another provider to take over the care of a complex patient in situations where a provider may wish to discharge the patient from the service but the patient requires comparable ongoing service.

Motion: *BE IT RESOLVED THAT: The proposed Multi-Sector Service Accountability Agreement April 1, 2019 to March 31, 2022 template, to be made as of April 1, 2019, be approved as presented to the NE LHIN Board to replace the current Multi-Sector Service Accountability Agreement April 1, 2018 to March 31, 2019 template.*

Next Board Meeting: February 20th, 2019, Teleconference