

**NORTH EAST LOCAL HEALTH INTEGRATION NETWORK
BOARD OF DIRECTORS MEETING**

WEDNESDAY, FEBRUARY 7, 2018

MINUTES OF PROCEEDINGS

BY TELECONFERENCE

BOARD OF DIRECTORS:

- Kim Morris, Acting Chair
- Anne Stewart
- Betty Stone
- Denis Bérubé
- John Febbraro (left at 11:57 am)
- Mark Palumbo
- Petra Wall

RECORDING SECRETARY:

- Carole Berthiaume

NE LHIN STAFF MEMBERS:

- Kate Fyfe
- Cynthia Stables
- Terry Tilleczek

REGRETS:

- Ron Farrell, Chair
- Toni Nanne-Little, Vice-Chair
- Paul Preston, VP Clinical
- Cathy Bailey, VP
- Richard Joly, VP Home and Community Care

GUESTS:

- Stephanie Paquette
- Dr. Franklyn
- Linda McCarthy

AGENDA ITEM	DISCUSSION	ACTIO N	RESPONSIBL E
1.0 Call to Order	<p>The North East LHIN Board of Directors meeting was called to order at 9:02 am.</p> <p>Acting Chair, Kim Morris, welcomed Mr. Jérémy Stevenson to his first Board of Directors meeting as Chief Executive Officer of the NE LHIN.</p> <p>The Board thanked Director Toni Nanne-Little, whose term is ending on February 10th, for her three years of exemplary service on the NE LHIN Board. The Board acknowledged the contributions of Tamara Shewciw, Chief Information Officer, who retired at the end of January.</p>		
2.0 Declaration of Conflict of Interest	<p>There were no conflicts of interest declared during the meeting.</p>		
3.0 Approval of Agenda	<p>The agenda was approved as presented.</p> <p><i>{Motion 2018-BD0016}</i></p> <p><i>BE IT RESOLVED THAT: The agenda for the Board of Directors meeting of February 7th, 2018 be approved as</i></p>		

	<p><i>presented.</i></p> <p><i>MOVED BY: <u>Mark Palumbo</u></i> <i>SECONDED BY: <u>John Febbraro</u></i></p> <p><i>{UNANIMOUSLY CARRIED}</i></p>		
<p>4.0 Patient Story Housing in Community</p>	<p>Linda McCarthy provided a touching patient care story about a 65-year-old man with mental illness, an acquired brain injury, addiction to alcohol, and an autoimmune disease, who had been admitted many times over the years to hospital, once spending close to a year in hospital. The patient’s family had been struggling to find him housing in the community, however his alcohol addiction made it difficult as many programs require residents to abstain.</p> <p>In April 2016, the patient entered the Nipissing Mental Health Housing and Support Services’ Acquired Brain Injury/Complex Care Home in North Bay funded by the NE LHIN. Through extensive system collaborative meetings and efforts, the LHIN and partners worked hard to ensure the home would continue to operate and be sustainable over time. Just this past fall, the NE LHIN announced additional funding for the home which would provide ongoing support to ensure this patient and seven others, have continued access to housing and mental health and addiction services.</p> <p>Bringing the health system together within a community to strategize over how to provide the best care in the patient’s setting of choice resulted in viable solutions – and is evidence that partnerships work. The patient has successfully found a home after numerous years of living on the street in a substandard apartment with poor nutrition and often being taken advantage of by other people. With stable housing and supports, he has witnessed a dramatic, positive change in his lifestyle and his health has also improved.</p>		
<p>5.0 Opioid Strategy Addiction to Prescription Medicine</p>	<p>To highlight the work of the NE LHIN’s recent Opioid Strategy launch, Dr. Mike Franklyn presented on options for patients with addictions to prescription medicine and how the Rapid Access Addiction Medicine (RAAM) clinics will help patients. RAAM Clinics provide an addictions treatment pathway between the clinic and different places where the client is likely to seek care such as emergency departments, primary care providers, mental health and addiction agencies, and withdrawal management programs.</p> <p>In January the NE LHIN announced that \$1.65 million in base funding is being invested across the North East LHIN region, increasing access to treatment and care coordination in</p>		

	<p>Northeastern Ontario communities. Each sub-region received \$200,000 to establish a RAAM clinic and \$130,000 to enhance withdrawal management and addiction counselling. An additional \$200,000 will also go to Health Sciences North (HSN), which has piloted a RAAM clinic for more than a year, to take on a role as lead agency for research, data collection/analysis, and evaluation. It will also enhance and expand Community Based Withdrawal Management Programs, a recommendation made to the North East LHIN by Dr. Brian Rush in his North East LHIN Addiction Services Review.</p>		
<p>6.0 Approval of Consent Agenda</p>	<p>The consent agenda was approved with the removal of item 6.4 - Approval of Minutes of Board Meeting Held on January 10, 2018. The minutes will be revised and included in the next meeting for approval.</p> <p>A member inquired regarding a complaint process via website. Staff advised that there is a complaints section in the navigation bar which is responded to within 24 hours. Staff will look into the process further and include a highlight in an upcoming CEO blog.</p> <p><i>{Motion 2018-BD0017}</i></p> <p><i>BE IT RESOLVED THAT: The consent agenda for the Board of Directors meeting of Wednesday, February 7th, 2018 be approved as amended including:</i></p> <p><i>6.1 Board Attendance</i> <i>6.2 Board Community Engagements</i> <i>6.3 Media Tracker</i> <i>6.5 Correspondence to/from the NE LHIN Board of Directors</i> <i>6.6 Board Work Plan</i> <i>6.7 Funding System Allocation Report – January 2018</i></p> <p><i>MOVED BY: <u>Betty Stone</u></i> <i>SECONDED BY: <u>John Febraro</u></i></p> <p><i>{UNANIMOUSLY CARRIED}</i></p>	<p>Look at complaint process</p>	<p>Cynthia Stables</p>
<p>7.0 Report from the Acting Chair</p>	<p>In his Chair’s report, Ron Farrell reported on the Ministry and Provincial Committee meetings he attended in January. He participated in tripartite meetings in Ottawa concerning the Weeneebayko Area Health Authority (WAHA) on January 17 and 18, where senior representatives of the federal Ministry of Health, the provincial Ministry of Health, the NE LHIN and WAHA met to discuss issues pertaining to the delivery of health care for people living</p>		

	<p>along the Hudson and James Bay coast. The Chair also took part in a Pan LHIN Chairs Council meeting on January 23, where Chairs discussed board evaluation process, CEO evaluations, and accreditation for LHINs.</p> <p>Acting Chair, Kim Morris, provided an update on the status of Board nominations, the Executive Compensation Framework and an overview of the HSN Collaborative LHIN Governance meeting.</p>		
<p>8.0 Report from the CEO</p>	<p>The CEO provided an overview of his onboarding plan and leadership style; how he’s priority and outcome focused, as well as focused on the experience of patients and making the system work better for Northerners. Although he is eager to meet with every Northerner, he noted it has become increasingly clear that meeting one-on-one with fellow Northerners is going to be difficult. His vision in the coming months will be to visit as many Northeastern Ontario communities as possible and meet with system partners together to talk collaboratively about ways and means we can work together better to continue to transform our health care system. He expressed that his goal will be to sit down among partners within our communities of care and to focus on the areas of greatest need collectively and learn more about how we can de-fragmentize the system, shed silos and work together better.</p> <p>He reported on key deliverables from the NE LHIN’s Mandate Letter, included below.</p> <p>The Patient and Family Advisory Committee held its second meeting on January 25. Patient Advisors participated in a Health Quality Ontario (HQO) facilitated session on improving transitions to home as HQO begins its engagement on a provincial transitions indicator. They also learned more about our funding decision making, actively participated in a presentation on bringing the home and community care sector closer together, learned about the NE LHIN’s work on health care equity, and thoughtfully shared their stories on what is working well and not so well within the system while offering solutions.</p> <p>The NE LHIN partnered with NW LHIN, NOSM and Health Force Ontario to develop a Summit North: Building a Flourishing Physician Workforce conference, held January 24th in Thunder Bay. The event brought together over 130 health system partners to focus on short and long-term solutions to build a sustainable physician workforce for</p>		

	<p>Northern Ontario, with an emphasis on family physicians in remote and rural communities.</p> <p>As a means of addressing the critical shortage of Personal Support Workers in the North East, the NE LHIN is implementing a new model of service delivery – “Windows of Care” which involves scheduling most visits for a block of time rather than at specific times. This new model of scheduling has created more PSW capacity with our service provider organizations and will be adopted by other LHINs.</p> <p>The One Client–One Plan (OCOP) project will bring together 71 home and community care providers, at a forum in March that we are calling “Betty’s Journey - Workshop.” The day will focus on process improvements that include reducing the number of assessments clients currently undergo as they access home and community services from different providers.</p> <p>The ONE (One Person, One Record, One System) initiative continues to advance. ONE is about using technology to transform patient-centered care. It will lead to the adoption of common technology, an integrated electronic medical record, and clinical standards based on best practices at all 24 of hospitals in our region – helping to ensure patients throughout the LHIN benefit from high-quality hospital care that is seamless, consistent and efficient. West Parry Sound Health Centre, North Bay Regional Health Centre, and Sault Area Hospital and are now beginning the implementation phase of ONE. These three hospitals will be the first tenants in the new provincial Meditech Health Information System solution.</p>		
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Bio-break @ 11:00 – 11:13 am

<p>9.1 NE LHIN Strategic Direction and Values</p>	<p>Staff reviewed a draft version of North East LHIN Strategic Direction and Values. A recommendation was made to include people/patients in the middle of the pyramid representing organizational values. The Board passed a resolution approving in principle the NE LHIN Strategic Direction, as well as approving the Organizational Values as amended above.</p> <p><i>{Motion 2018-BD0018}</i></p> <p><i>BE IT RESOLVED THAT: The NE LHIN Board of Directors approve in principle the NE LHIN Strategic Direction as presented at the February 7, 2018 meeting; and</i></p>		
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	<p><i>BE IT FURTHER RESOLVED THAT: The NE LHIN Board of Directors approve the NE LHIN Organizational Values as amended at the February 7, 2018 meeting.</i></p> <p><i>MOVED BY: <u>Mark Palumbo</u></i> <i>SECONDED BY: <u>Denis Berube</u></i></p> <p><i>{UNANIMOUSLY CARRIED}</i></p>		
<p>10.1 Performance Review – Q2</p>	<p>Staff provided an overview of the Performance Report. In the second quarter of 2017/2018 there were performance improvements in wait times for home and community care; mental health readmissions (Repeat unscheduled emergency visits within 30 days for mental health visits).</p> <p>Areas with performance challenges included repeat unscheduled emergency visits within 30 days for substance abuse visits; Alternate Level of Care (ALC) and impact to Emergency Room performance</p> <p>LHIN staff meet with health service providers on a regular basis to strategize on how to hold the gains on the progresses made and strategize on solutions to overcome the challenges some indicators pose in achieving better outcomes for Northerners.</p> <p>A member made a recommendation to add a breakdown of information for hospitals to allow members to monitor hospitals in particular areas.</p>		
<p>10.2 Health Sciences North ALC Update</p>	<p>In March 2017, the NE LHIN hired a Patient Flow Lead Elaine Burr to support NE LHIN hospitals in implementing the ALC Avoidance Framework. The Framework is a tool endorsed by Access to Care (Cancer Care Ontario) that provides a road map of ALC avoidance strategies and practices that have been shown to be effective for hospital teams who are working to get their patients to the right place of care. The priority focus of the Patient Flow Lead has been to support and guide HSN in implementing these practices.</p> <p>In October 2017, senior leadership at HSN and the NE LHIN struck a Collaborative Governance Committee to support and drive ALC work at HSN. This Committee has helped in working as a collaborative and transparent leadership team to address the ALC challenges at HSN. HSN continues to hardwire the strategies in the ALC Avoidance framework into day to day practice. We anticipate further reductions in ALC numbers at HSN over the next year.</p>		

	<p>Over the last eight months, the collaborative approach to ALC avoidance at HSN between the Hospital, Home and Community Care team and NE LHIN Patient Flow Lead has focused on working to reduce demand on HSN services for non-acute healthcare issues; maximizing the efficiency of internal process and enablers at HSN to ensure efficient patient flow, and managing supply by ensuring all of our community capacity is being leveraged, and planning and developing short-and long-term capacity solutions.</p>		
<p>10.3 Hospital Service Accountability Agreement Template Approval</p>	<p>The Board approved new H-SAA templates revised by a Pan-LHIN work group that also involved OHA and hospital CEO representatives.</p> <p><i>{Motion 2018-BD0019}</i></p> <p><i>BE IT RESOLVED THAT: The NE LHIN Board approve the proposed Hospital Service Accountability Agreement template for the period from April 1, 2018 to March 31, 2020, to be made as of April 1, 2018 (the “HSAA”) as presented to the Board, to replace the current 2008 -18 Hospital Service Accountability Agreement template; and</i></p> <p><i>BE IT FURTHER RESOLVED THAT: The Board authorize the NE LHIN Board Chair and LHIN CEO to execute HSAA’s on behalf of the LHIN, provided that the execution versions of the HSAA are substantially similar to the template attached to the minutes of this meeting.</i></p> <p><i>MOVED BY: <u>John Febraro</u></i> <i>SECONDED BY: <u>Betty Stone</u></i></p> <p><i>{UNANIMOUSLY CARRIED}</i></p>		
<p>10.4 Northern Network for Health Equity</p>	<p>The Board passed a motion to support the NE LHIN’s participation in the Northern Network for Health Equity – a key recommendation flowing from its work with other partners (including Health Quality Ontario) on the development of a Ministry-funded Northern Ontario Health Equity Strategy.</p> <p>The objectives of the Northern Network for Health Equity range from working across sectors to develop solutions to alleviate poverty and improve access to food and education; to working to support health care providers in the provision of equitable, timely access to health care; to moving forward the Truth and Reconciliation Commission of Canada’s Calls to Action; to supporting local engagement in research and the use of evidence.</p>		

	<p><i>{Motion 2018-BD0020}</i></p> <p><i>WHEREAS The North East LHIN has supported the development of a Ministry-funded Northern Ontario Health Equity Strategy in partnership with Health Quality Ontario and other Northern stakeholders and endorses this Strategy, and a key recommendation is the establishment of a Northern Network for Health Equity;</i></p> <p><i>NOW THEREFORE BE IT RESOLVED THAT: The Board approves the North East LHIN’s participation in the Northern network for Health Equity.</i></p> <p><i>MOVED BY: <u>Betty Stone</u></i> <i>SECONDED BY: <u>Mark Palunbo</u></i></p> <p><i>{UNANIMOUSLY CARRIED}</i></p>		
10.5 Patient Safety Review Committee Reports	Two recent coroner reports have been received. It is regular practice to share results across LHINs on details of investigations. Staff have asked HSSO to provide update and will bring back to Board at future meeting.		
11.1 St. Joseph’s General Hospital CT Pre-Capital Submission	<p>The Board unanimously passed a resolution supporting the St. Joseph’s General Hospital’s Pre-Capital Submission to the MOHLTC to renovate an area of the hospital in order to install and operate a CT scanner. The hospital has estimated their construction costs to be approximately \$750,000 for this renovation, plus another \$750,000 for the furniture and imaging equipment. These costs will be the responsibility of the hospital corporation as this is an own funds capital project.</p> <p><i>{Motion 2018-BD0021}</i></p> <p><i>BE IT RESOLVED THAT: The NE LHIN Board of Directors endorses St. Joseph’s General Hospital Elliot Lake’s Pre-Capital Submission for a CT Scanner dated February 2018.</i></p> <p><i>MOVED BY: <u>Mark Palumbo</u></i> <i>SECONDED BY: <u>Denis Berube</u></i></p> <p><i>{UNANIMOUSLY CARRIED}</i></p>		
12.0 Proceed to Closed Session	<p>Members of the Board proceeded to a closed session meeting.</p> <p><i>{Motion 2018-BD0022}</i></p> <p><i>BE IT RESOLVED THAT: “The members attending this</i></p>		

	<p><i>meeting move into a Closed Session pursuant to the following exceptions of LHINS set out in s.9(5) of the Local Health Integration Act, 2006.”</i></p> <p><i>☒ Labour relations</i> <i>☒ Matters subject to solicitor client privilege</i></p> <p><i>BE IT FURTHER RESOLVED THAT; the following persons be permitted to attend:</i></p> <ul style="list-style-type: none"> <i>• J�r�my Stevenson</i> <i>• Carole Berthiaume</i> <i>• Kate Fyfe</i> <i>• Terry Tilleczek</i> <i>• Cathy Bailey</i> <p><i>MOVED BY: <u>Betty Stone</u></i> <i>SECONDED BY: <u>Denis Berube</u></i></p> <p><i>{UNANIMOUSLY CARRIED}</i></p>		
<p>13.0 Report from Closed Session</p>	<p>Members of the Board received the report of the closed session and returned to the open meeting.</p> <p><i>{Motion 2018-BD0023}</i></p> <p><i>BE IT RESOLVED THAT: The Board of Directors of the North East LHIN received the report of its Closed Session meeting of February 7th, 2018.</i></p> <p><i>MOVED BY: <u>Mark Palumbo</u></i> <i>SECONDED BY: <u>Denis Berube</u></i></p> <p><i>{UNANIMOUSLY CARRIED}</i></p>		
<p>14.0 Adjournment of Board Meeting</p>	<p>With no further business to discuss, the Board meeting was adjourned at 12:30 pm.</p> <p><i>{Motion 2018-BD0024}</i></p> <p><i>BE IT RESOLVED THAT: The North East LHIN Board of Directors meeting of Wednesday, February 7th, 2018 be adjourned at 12:30.</i></p> <p><i>MOVED BY: <u>Betty Stone</u></i> <i>SECONDED BY: <u>Petra Wall</u></i></p> <p><i>{UNANIMOUSLY CARRIED}</i></p>		

Approved on 2018-03-07



*R.M. (Ron) Farrell
Board Chair*