

MINUTES OF PROCEEDINGS

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

Tuesday, May 10, 2016
Teleconference / NE LHIN Sudbury Office
1:00 pm

<p>PARTICIPANTS: Board of Directors : Danielle Bélanger-Corbin Santina Marasco Rick Cooper Tamara Shewciw Denis Bérubé Dawn Madahbee John Febbraro Toni Nanne-Little Gary Scripnick</p> <p>NE LHIN Staff: Louise Paquette Cynthia Stables Kate Fyfe Catherine Matheson Tamara Shewciw</p>	<p>GUESTS: Lara Bradley, NE LHIN Laura Freeman, NE LHIN</p>	<p>REGRETS: Terry Tilleczek</p>
		<p>SCRIBE: Micheline Beaudry</p>
		<p>Public: Heidi Ulrichsen, Northern Life</p>

AGENDA ITEM	DISCUSSION	ACTION	RESPONSIBLE
ITEM 1.0 Call to order	Chair, Danielle Bélanger-Corbin, called the meeting to order at 1:02 pm.		
ITEM 2.0 Declaration of Conflict of Interest	No conflicts of interest declared.		
ITEM 3.0 Approval of Agenda	Members reviewed the agenda. Change to item 9.0 – Louise Paquette will provide the update. {MOTION 2016-BD00174} <i>That the agenda for the Board of Directors meeting of Tuesday, May 10th, 2016 be approved as modified.</i>		

	<p>MOVED: John Febbraro / SECONDED: Rick Cooper</p> <p>{CARRIED}</p>		
<p>ITEM 4.0 Approval of Consent Agenda</p>	<p>Members reviewed the consent agenda which included the following items:</p> <p>5.0 Board Attendance 6.0 Chair and Bard Members' Community Engagements 7.0 Approval of Minutes of past Board meeting of March 30, 2016 8.0 Media Tracker</p> <p>Change to item 6.0 – Add John Febbraro to SSM Health Links event</p> <p>{MOTION 2016-BD00175}</p> <p><i>The consent agenda for the Board of Directors meeting of Wednesday, March 30th, 2016 be approved as modified:</i></p> <ul style="list-style-type: none"> • <i>Board Attendance</i> • <i>Chair and Board Members' Community Engagements</i> • <i>Approval of Minutes of Board meeting of March 30, 2016</i> • <i>Media Tracker</i> <p>MOVED: Denis Bérubé/ SECONDED: Santina Marasco</p> <p>{CARRIED}</p>		
<p>ITEM 9.0 James Bay Coast Update</p> <p>Louise Paquette</p>	<p>Louise provided an update which included:</p> <p>Attawapiskat State of Emergency:</p> <ul style="list-style-type: none"> • On April 9, 2016, the Chief and Council declared a state of emergency in Attawapiskat. During the week of April 11, 2016 the province dispatched their Emergency Medical Assistance Team (EMAT) and Nishnawbe Aski Nation (NAN) Council also dispatched their crisis team to James Bay Coast. • Health Minister and Children and Youth Services Minister flew to Attawapiskat on April 12th to meet with the Chief and Council. • Minister Hoskins announced the province will provide up to \$2-million 	<p>Regular updates will be provided to the NE LHIN Board.</p> <p>Discuss membership on Tri Party Oversight Committee with the current LAHC Chair.</p>	

for a youth regional co-ordination unit and deployment of additional health-care workers and support staff to the community. These added resources will ensure 24/7 mental health support, and evening and night nursing clinical support.

- WAHA dispatched two additional mental health workers, a social worker, and traditional healers.
- The state of emergency was extended from 2 weeks to 1 month.
- Health Canada has been leading teleconferences with key stakeholders to start the discussions on developing a sustainable plan including: Ministry of Children & Youth Services (MCYS), the NE LHIN, Red Cross, Nishnawbe Aski Police Service (NAPS) Northern Ontario, WAHA, Family Services, Indigenous and Northern Affairs Canada. INAC regional office, Public Safety regional office, Emergency Management Ontario (EMO).
- The NE LHIN has been working with the four HUB hospitals to improve the existing referral process to access Schedule 1 beds for children and adults to address the needs of the coastal communities in the short and long term.
- Carol Philbin Jolette is the NE LHIN Senior Officer on the ground and has been working with the Ministry, the Federal government and other partners including Health Sciences North to ensure ongoing support once EMAT leaves. She is also meeting with the Chief and WAHA to help manage relationships.

Mushkegowuk Council Health Summit:

- Danielle Bélanger-Corbin and Carol Philbin-Jolette attended the Mushkegowuk Health Council Summit on March 30th and 31st in Timmins on behalf of the NE LHIN. The summit was planned and facilitated by Mushkegowuk Council with participants from Ministry of Health, LHIN and other provincial organizations that helped

	<p>address concerns with Aboriginal / First Nation communities.</p> <p>Operational Review and WAHIFA Evaluation:</p> <ul style="list-style-type: none"> On February 9 and 10, 2016, senior officials from the NE LHIN, Health Canada, MOHLTC, and WAHA met to review the findings of the WAHA operational review and the WAHIFA evaluation. A joint action plan was collaboratively developed by those in attendance. An oversight committee has been established which will provide ongoing support to WAHA over the next three years with respect to the implementation of the Action Plan and the Communication/Community Engagement Plan. The group will meet quarterly with their first meeting scheduled for end of May. <p>Minister’s Special Advisor on WAHA:</p> <ul style="list-style-type: none"> On April 6th, the NE LHIN was advised by the MOHLTC that a special advisor to the Minister of Health was assigned to WAHA and who will be a point-person at the MOHLTC on the WAHA file. It is anticipated that the special advisor will work closely with the Tri Party Oversight Committee and all key partners involved with the WAHA file. It was suggested to have a representative of the Board’s Local Aboriginal Health Committee (LAHC) sit on the Tri Party and to approach the current Chair of LAHC to discuss this possibility. 	Follow up	Cynthia Stables Carol Philbin Jollette
<p>ITEM 10.0</p> <p>NEO Kids Update</p> <p>Louise Paquette Catherine Matheson</p>	<p>Louise then provided information on the process for pre-capital projects submissions.</p> <ul style="list-style-type: none"> The pre capital submission is divided into Parts A and B. Part A describes the program and services need to support the initiative, alignment with local health system priorities, projected future demand for the initiative and alternative solutions considered to address the initiative. Part B provides a general description of the physical and cost elements of the proposed initiative. 		

	<ul style="list-style-type: none"> • The first step is for the HSP to submit Part A, which the LHIN must endorse in order for the HSP to submit Part B. Once the LHIN endorses the project, the HSP moves on to complete Part B. • Both Part A and B are submitted to the MOHLTC. Once MOHLTC supports the full pre capital submission, the HSP can proceed to Stage 1. <p>Catherine provided an update on the NEO Kids proposal:</p> <ul style="list-style-type: none"> • NEO Kids pre-capital submission was presented at the NE LHIN Board meeting of June 20th, 2015. At that time the LHIN requested additional information to strengthen the submission. Subsequent to the Board meeting, HSN and NE LHIN staff met several times to prepare a more robust pre-capital submission. • Part A of the revised proposal was reviewed by NE LHIN and is brought forward to the Board for endorsement. Once endorsed, the proponent (HSN) will submit it to the Ministry, along with Part B. • Changes to the proposal include: <ul style="list-style-type: none"> ○ Inclusion of more robust data looking at current referral patterns for children and ambulatory services. ○ Stronger linkages with primary care including mental health services ○ Stronger connections with First Nations, a NE LHIN priority • The past year of planning has also provided the opportunity for the hospital to engage with more stakeholders across the region. • With LHIN endorsement, a letter of support will be sent to Health Capital Infrastructure Branch (HCIB). Then HSN can move on to the next phase which is submitting Part A and B to HCIB. Once HCIB supports the pre capital submission HSN can proceed to Stage 1 of the capital process. • The board thanked Dr. Sean Murray and David McNeil from HSN as well as NE LHIN Staff, Catherine Matheson and Laura Freeman, for their work on this project. • The Board requested details on the changes associated with the previous submission. 	Detailed highlighted report	Catherine Matheson
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	<p>{MOTION 2016-BD00176}</p> <p>WHEREAS the: <i>North East LHIN Board of Directors supports the NEO Kids Pre-Capital submission be sent to the Ministry of Health and Long Term Care Capital Branch and that the NE LHIN continues to work with Health Sciences North on determining the impact and benefits for children and families of the North East as it relates to NEO Kids initiative.</i></p> <p>MOVED: Santina Marasco / SECONDED: Denis Bérubé</p> <p>{CARRIED}</p>	<p>Letter to be drafted and sent to HCIB</p> <p>Details of recommendation to be sent to board members</p>	<p>Catherine Matheson / Micheline Beaudry</p> <p>Catherine Matheson</p>
<p>ITEM 11.0 Report from the Chair</p> <p>Danielle Bélanger-Corbin</p>	<p>Danielle reports included: Board Evaluation Survey:</p> <ul style="list-style-type: none"> • 2015-17 Board evaluation survey will be launched June 6th and will close June 17th. Invitations will be sent directly from Deloitte on June 6th and will be open to all board members and senior staff. <p>Events:</p> <ul style="list-style-type: none"> • Board members and senior staff are encouraged to participate at OHA’s Regional Session on Health System Reconfiguration event held in Sudbury on May 19th, 2016. • May 26th event - Shaping our future as a Sub-LHIN hub hosted by North Bay Regional Health Centre and NE LHIN. <p>Board Recruitment:</p> <ul style="list-style-type: none"> • Interviews have been completed of the short listed candidates for the director position and recommendations have been sent to Minister’s office for consideration. • Louise Paquette thanked Danielle Belanger-Corbin and Cynthia Stables for their work in representing the North East while participating and presenting at the OHA conference on May 5th on Rural Health Care 	<p>Copy of presentation to be sent to board members.</p>	<p>Micheline</p>

<p>ITEM 12.0 Report from the CEO</p> <p>Louise Paquette</p>	<p>Louise's report included:</p> <p>Patients First – The NE LHIN held patient engagements throughout the region in February and results were provided to the Ministry. Legislation has not been passed and the paper is still a proposal.</p> <p>Annual provincial Aboriginal Planning Meeting</p> <ul style="list-style-type: none"> Will be held May 17 – 19th and Louise will be attending along with other NE staff. <p>Auditor General Update:</p> <ul style="list-style-type: none"> NE LHIN was one of 3 LHINs audited in the Spring of 2015. 20 recommendations were made of which 9 are specific to the LHINs. Each of the recommendations have a clear work plan and deliverables. 	<p>Workplan to be sent to Board members</p>	<p>Kate Fyfe</p>
<p>ITEM 13.0 Report from Governance Committee</p> <p>Rick Cooper</p>	<p>Rick's report on the Governance Committee included:</p> <ul style="list-style-type: none"> Committee met on May 5th, 2016. Suggestion was made to have a brief presentation at beginning of each Committee meeting to provide information on different initiatives. Committee reviewed the skills matrix of overall board members. Board evaluation process and appointments for board members was discussed. 		
<p>ITEM 14.0 Report from Audit Committee</p> <p>Denis Bérubé</p>	<p>Denis reported that the next Audit Committee meeting will be held on May 25th, an update will be provided at the June meeting.</p>	<p>Bring forward at June meeting</p>	<p>Micheline</p>
<p>ITEM 15.0 Update from HSRF</p> <p>Laura Freeman</p>	<p>Laura provided an update which included:</p> <ul style="list-style-type: none"> The MOHLTC has announced the hospital specific funding for 2016-17. As part of the 2016 Budget, Ontario is proposing to invest more than \$345 million to all publicly-funded hospitals, including a 1% increase to the global portion of base funding, to provide better patient access to high-quality health care services. In 2016-17 hospitals will receive: <ul style="list-style-type: none"> A 1% increase to their general hospital service delivery (GHSD) portion of funding. 		

	<ul style="list-style-type: none"> ○ An increase in funding to hospitals by an additional \$50 million through the Health Based Allocation Model ○ \$50 million in funding for increased QBP(\$25 LHIN managed \$25M CCO managed) 		
<p>ITEM 16.0 NE LHIN Stroke Strategy</p> <p>Laura Freeman</p>	<p>Laura’s report includes:</p> <ul style="list-style-type: none"> ● The Northeastern Ontario Stroke Network completed a review of Stroke Care Review in 2013 that developed recommendations that follow: clinical best practices and evidence, timeliness of access to care, organizational capacity and financial sustainability. ● The NE LHIN Board is requested to support, in principle, the realignment of services including resources, and the required implementation planning for this project. Implementation planning encompasses participation by divesting hospitals that will be expected to continue access to walk-in patients presenting stroke symptoms, care for palliative patients and complement the overall future state model of stroke care to ensure improved outcomes. The project is intended to be a quality improvement initiative that is not fiscally driven; however, there is confidence that the implementation of the best practice stroke care will reduce current system costs. Next steps include: <ul style="list-style-type: none"> ○ Development of HUB level detailed project plans including timelines. ○ Development of a Business Case for Stroke realignment and best practice implementation to be shared with the Ministry. <p>{MOTION 2016-BD0177}</p> <p>WHEREAS the:</p> <ul style="list-style-type: none"> ● <i>North East LHIN Board of Directors request the LHIN staff to continue to engage health service providers in a facilitated integration process on the realignment of Stroke Care including resources with implementation targeted for fiscal 2016/17 and 2017/18, based on the following principles:</i> 		

	<ul style="list-style-type: none"> ○ <i>Acute Inpatient Stroke Care Services currently provided at 25 hospital sites to be provided at 4 Designated Stroke Centres at the 4 HUB hospitals sites which are existing District Stroke Centres, Health Sciences North (Regional Stroke Centre), Sault Area Hospital, North Bay Regional Hospital and Timmins and District Hospital</i> ○ <i>Integrated Stroke Units (acute and rehabilitation) will be developed at each Designated Stroke Centre, Integrated Stroke Units with acute and rehabilitation services offered in the same bed.</i> ○ <i>Telestroke Services to be reviewed and continued as appropriate</i> ○ <i>All Designated Stroke Centres to achieve best practices which include caring for a critical mass of patients and ensuring the provision of care by dedicated, stroke experts before realignment proceeds. Individual stroke centre performance against best practices is to be validated by the Northeastern Ontario Stroke Network and the North East LHIN.</i> ○ <i>All Designated Stroke Centres will develop plans to provide the continuum of care from acute thrombolytic therapy; secondary stroke prevention services; dedicated integrated stroke and rehabilitation inpatient units; palliative care; interdisciplinary outpatient stroke follow-up and rehabilitation services; and a community navigation program that links stroke survivors and their families with community based services, with a focus on providing appropriate non acute care to patients as close to home as possible through partnerships and other HSPs.</i> <p>MOVED: John Febbraro / SECONDED: Toni Nanne-Little {CARRIED}</p>		
<p>ITEM 17.0 Health Sciences North – Hybrid Operating Room Capital Pre-Submission</p>	<p>Item moved to first item as new business at 1:43 pm.</p>		

<p>Catherine Matheson</p>	<p>Catherine brought forward the Hybrid Operating Room Capital Pre-Submission proposal.</p> <ul style="list-style-type: none"> • Health Sciences North’s (HSN) Critical Care Program has identified the need for an EP Ablation / Hybrid Operating room which would allow the conversion of select cases from traditional surgical techniques to percutaneous approaches, enhancing clinical acceptability, reducing the cost of all care related to these procedures, reducing complications, shorter lengths of stay and enhanced patient and family satisfaction. • The procedures that are being planned to occur in the new EP Ablation / Hybrid include pacemaker insertion, implantable cardioverter defibrillator, endovascular stent/aneurism repair, trans-catheter aortic valve implantation, lower extremity occlusive disease endovascular treatment, ablations and electrophysiology studies. • The proposal identifies 161 cases that could be repatriated per year. • HSN estimates the capital and equipment costs at \$7.29 million, with MOH share at \$3.5 million and HSN share at \$3.79M. • Funding for cases that qualify, the 2019/20 incremental funding required is \$6.15, incremental expenses for increased case volumes \$6.31 million. • This initiative will enable care closer to home, reduce patient and family travel, patient safety and increase physician satisfaction. <p>{MOTION 2016-BD0178}</p> <p><i>The North East LHIN Board of Directors supports the pre capital submission for the Hybrid Operating Room at Health Sciences North, and that the proposal be submitted to the Ministry of Health and Long Term Care for capital funding.</i></p> <p>MOVED: Toni Nanne-Little / SECONDED: John Febbraro</p> <p>{CARRIED}</p>		
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<p>Item 18.0 Complaint Summary</p> <p>Cynthia Stables</p>	<p>Cynthia reported on the complaint summary.</p> <ul style="list-style-type: none"> • Provided as information to ensure the Board is aware of complaints tabled with the LHIN from fellow Northerners. Link is provided on website for public to be able to provide comments, concerns or complaints. 88 complaints were received from general public in the last year, currently 13 are active and are being dealt with. Of the 88, 10 were from HSPs. The NE LHIN staff work with providers to resolve all complaints. • Board members were reminded that if they receive complaints, they should direct them to LHIN staff as the organization has a very clear process to deal with complaints. 		
<p>ITEM 19.0 <i>Proceed to Closed session to discuss matters involving: Labour relations Matters prescribed by regulation</i></p>	<p>{MOTION 2016-BD0179}</p> <p><i>“The members attending this 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><input checked="" type="checkbox"/> <i>Labour relations</i></p> <p><input checked="" type="checkbox"/> <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> <p><i>For the discussion regarding Matters prescribed by regulations:</i></p> <p><i>Louise Paquette, CEO</i> <i>Kate Fyfe, Senior Director</i> <i>Terry Tilleczeck, Senior Director</i> <i>Cynthia Stables, Director</i> <i>Tamara Shewciw, Senior Director</i> <i>Catherine Matheson, Senior Director</i> <i>Laura Freeman</i> <i>Micheline Beaudry</i></p> <p>MOVED: Santina Marasco / SECONDED: Rick Cooper {CARRIED}</p>		
<p>ITEM 28.0 Report from the Closed session</p>	<p>{MOTION 2016-BD0180}</p> <p><i>The Board of Directors of the NE LHIN received the report of its Closed Session meeting of May 10, 2016.</i></p> <p>MOVED: Denis Berube /SECONDED: Dawn Madhabee {CARRIED}</p>		

ITEM 29.0 Next Meetings	<ul style="list-style-type: none"> • May 25th, 2016 (Audit Committee) • June 9th, 2016 (Board of Directors) 		
ITEM 30.0 Adjournment of Board Meeting	<p>{MOTION 2016-BD0181}</p> <p><i>The North East LHIN Board of Directors meeting of May 10th, 2016 be adjourned at 4:04 pm.</i></p> <p>MOVED: John Febbraro / SECONDED: Rick Cooper</p> <p>{CARRIED}</p>		
AGENDA DEVELOPMENT FOR NEXT MEETING			

Danielle Bélanger-Corbin
Chair

Rick Cooper
Vice Chair