

# HOME AND COMMUNITY CARE SUPPORT SERVICES

## Minutes of the Meeting of the Boards of Directors of the 14 Local Health Integration Networks operating as Home and Community Care Support Services (HCCSS) Board of Directors September 1, 2021

A meeting of the HCCSS Boards of Directors (Board) was held on September 1, 2021, virtually, beginning at 1:00 pm.

### PRESENT:

Voting Members:	Joe Parker, Board Chair Glenna Raymond, Vice Chair Carol Annett, Member Anne Campbell, Member Eugene Cawthray, Member Michael Dibden, Member Stephan Plourde, Member
Regrets:	None
Staff in Attendance:	Donna Cripps, Interim Chief Executive Officer Barbara Bell, VP, Quality and Risk Lisa Burden, VP, Home and Community Care Karin Dschankilic, VP, Finance and Corporate Services Miranda Ingribelli, VP, People and Talent Management Marla Krakower, VP People Services, Employee Experience & Public Relations Jeffrey Simser, Legal Director, Agencies Legal Erica Jeffery, Executive Assistant to the Board, Recording Secretary
Guests:	Shelley Dagorne, Angela Burden, Kerby Audet, Cathy Kelly, Jutta Schafler Argao, Debbie Roberts, Joel Borgida, Karen Taillefer, Tini Le, Martina Rozsa, Claire Ludwig, Karyn Lumsden, Mary Grattan Gielen, Karen Ho, Brock Hovey, Daryl Nancekivell, Lisa Tweedy, Beverley Kelley, Adalsteinn Brown, Angela Tibando, Dave McLelland, Rob Basque and Kathryn McCulloch

### A. Convening the Meeting

#### A.1. Call to Order

A quorum was present and the meeting was called to order at 1:00pm.

#### A.2 Approval of the Agenda of September 1, 2021.

It was moved by Joe Parker / Stephan Plourde

That the agenda of September 1, 2021 be adopted, as submitted.

This motion was put to a vote and

CARRIED.

### **A.3 Conflict of Interest**

None declared.

## **B. Consent Agenda**

### **B.1 Approval of Consent Agenda**

It was moved by Joe Parker / Stephan Plourde

That the Consent Agenda of September 1, 2021 be adopted, as amended.

This motion was put to a vote and

CARRIED.

The Board requested the Patient Ombudsman's Report on COVID to be pulled to discuss the key messages and the aspects of the document related to home and community care. Staff confirmed that any concerns or complaints that go to the Patient Ombudsman do come to the HCCSS teams to review so HCCSS teams will be aware of anything identified in their report. Staff advised that the number of concerns identified during the pandemic is relatively stable compared to pre-pandemic. The Board requested that the CEO's key messages be more specific in the future, including information regarding Personal Support Worker (PSW) shortages.

**Action: Staff to find out number of complaints submitted to Patient Ombudsman.**

**Action: Staff to ensure key messages are more specific in future.**

## **C. Business Arising/ Orientation**

### **C.1 Ontario Health Teams**

Adalsteinn Brown, Dean of the Dalla Lana School of Public Health at the University of Toronto, provided the Board with an overview of the health system transformation and how the health system will transition to the Ontario Health Teams (OHTs).

Dr. Brown's presentation outlined how the government has implemented various initiatives to address challenges within the health care system. There's agreement that things need to be of higher quality and less complex, while striving for equitable distribution of care across the province.

The OHTs are loosely based upon Accountable Care Organizations (ACOs) that originated in the United States. This model has shown some positive results and when functioning well, can save the system money. Research and experience has shown that the closer an organization is to primary care, the better things will go with the structure and as a result, there is a strong link to primary care in many of the OHTs in the province. Success with the models such as ACOs and OHTs is largely based upon trust and physician leadership as well as trust with the payor.

There was a discussion regarding other models that work in other countries and provinces. For example, in Quebec, they have done more work on integration and look at things in a more integrated way including

the Ministry of Health and Ministry of Social Services. However, hospitals play more of a prominent role in Ontario, as hospitals were brought into the OHTs.

The Board also discussed indicators and the recommendation was to ensure clarity on what is to be achieved; then, the measurement questions will become clearer.

Angela Tibando, David McLelland, Rob Basque and Kathryn McCulloch joined the meeting at 1:55pm.

Adalsteinn Brown excused himself at 2:07pm.

## **C.2 Ontario Health Shared Services for Home Care**

Angela Tibando (Digital Excellence in Health Executive), David McLelland (VP Customer Value and Products – Care Coordination), and Rob Basque (VP Enterprise Products and Services) provided an overview of Ontario Health (OH) digital support for HCCSS. There are three digital functions to provide support for HCCSS operations including: managing and supporting back office IT Systems, developing and/or managing applications that support health care delivery, and providing information management tools and support (together, the “HCCSS Digital Technologies”). In addition, an overview of Client and Health Related Information System (CHRIS) Availability as well as CHRIS supports for OHTs was also shared.

The OH team advised the Board that an estimated 20% of their team supports HCCSS Digital Technologies, although at this time, a Chief Information Officer has not been identified. The goal is alignment of IT systems and ultimately an IT strategy for HCCSS.

Angela Tibando, David McLelland, Rob Basque and Kathryn McCulloch excused themselves at 2:46pm.

## **C.3 Mission, Vision and Values and Annual Business Plan**

An update regarding the status of the development of mission, vision and values was provided as well as an overview of the proposed strategic priorities and the corresponding objectives and initiatives for each in support of the organization’s business plan.

The Board wanted to ensure the objectives reflect co-design with family and caregivers, along with staff. In addition, the objectives should also reflect inter-sectoral connections, including broad HCCSS collaboration with Long-Term Care Homes, hospitals, Service Provider Organizations (SPOs), etc. The Board also recommended that the Human Resources strategy should incorporate broader engagement, beyond the health care sector, by including community support service representation.

**Action: Staff to refine and revise the Strategic Priorities and their accompanying objectives and initiatives.**

## **D. Reports from Committees**

### **D.1 Finance Committee Report**

The Committee Chair provided an update to the Board, including confirmation of the Committee Terms of Reference and the Work Plan. HCCSS is currently at a 59 million dollar deficit at this time, noting that the

Ministry of Health is aware of the current and projected financial position. One of the reasons for the deficit is increased patient volumes, which are beyond 2019 figures. The Committee Chair also noted that employee compensation is currently better than budget due to a hiring freeze implemented by the government in 2018. The hiring freeze resulted in many organizational vacancies, primarily on the corporate services side, rather than the home care side.

The deficit is currently being funded by surplus from last fiscal year that has not been recouped by MOH. Should concerns escalate, further action may need to be taken.

## **D.2 Governance Committee Report**

The Committee Chair shared that the Terms of Reference and Work Plan for the Committee were confirmed.

The Committee reviewed and discussed the implementation of a Skills Matrix intended for Board members to self-identify skills and abilities to support board recruitment and board composition. The Board discussed the existing geographic and gender diversity with the current composition and discussed the desire to have broader diverse representation. The Board Chair advised the Board of an anticipated announcement regarding two new Board members.

The Board discussed some proposed amendments to the Skills Matrix, including the addition of a scale to allow Board members to rank their skills and abilities as well as the ability to self-identify as part of a recognized diversity group.

It was moved by Eugene Cawthray / Carol Annett

That the Board of Directors of HCCSS adopt the Board Member Skills Matrix (Appendix A), as amended, and asks each Board member, upon appointment to the Board, to self-identify their knowledge, skills and abilities; and

That the Governance Committee will annually identify gaps in skills to the Board for consideration of future Board recruitment.

This motion was put to a vote and

CARRIED.

### **Action: Staff to edit the Skills Matrix and bring forward at the next Governance Committee meeting.**

The Committee Chair also brought forward a recommendation regarding Board meeting evaluations, noting the importance of evaluation after each meeting.

It was moved by Eugene Cawthray / Carol Annett

That the Board of Directors of HCCSS adopt the attached Appendix A: *Board Meeting Evaluation* for use following each Board meeting beginning October 6, 2021.

This motion was put to a vote and

CARRIED.

### **D.3 Human Resources, Diversity, and Equity and Communications Committee Report**

The Committee Chair shared an update from the first Committee meeting, including discussions related to the Terms of Reference and Work Plan. The Committee will be revisiting the Terms of Reference to ensure that the mandate incorporates diversity and equity. The Work Plan will also be adding a Communications Plan and Performance Monitoring.

The Committee brought forward a recommendation regarding Bill C-5, the National Holiday on Truth and Reconciliation. The implementation of this holiday for HCCSS is complex due to 26 different collective agreements along with Bill 124 which implemented a moderation period for compensation increases for non-union staff. The Committee recommends approving the holiday for those staff whose collective agreements include the provision to receive the holiday and/or switch a float day to receive the holiday. For those staff whose collective agreements do not accommodate a new holiday and for non-unionized staff, they would not receive this holiday in 2021. The plan would be for all staff to receive this holiday as of 2022. An acknowledgment across all 14 HCCSS organizations of the National Holiday on Truth and Reconciliation will be coordinated this September.

It was moved by Glenna Raymond / Michael Dibden

The Board of Directors follow the advice of Bass and Associates as it applies to each of the 26 HCCSS Union contracts and the applicability to Bill C-5 for the current fiscal year, and

That, a province-wide harmonized non-union compensation plan to be established in 2022 that will address the holiday for Non-Union staff.

This motion was put to a vote and

CARRIED.

Eugene Cawthray opposed this motion.

The Committee also brought forward a recommendation regarding a provincial vaccination policy for all HCCSS staff, board members and contractors.

The Board discussed potential exemptions, progressive discipline as well as vaccinations by SPO staff. The Board requested that the HCCSS policy incorporate language regarding SPO vaccinations. At this time, HCCSS leadership cannot provide an estimate of potential staff departures due to the implementation of this policy.

**Action: Staff to incorporate language regarding SPO vaccination into the HCCSS Policy.**

It was moved by Glenna Raymond / Michael Dibden

The Board of Directors approves the Vaccination Policy (Appendix A), as amended, to be adopted by the 14 HCCSS Agencies.

This motion was put to a vote and

CARRIED.

#### **D.4 Patient Care, Quality and Risk and Innovation Committee**

The Committee Chair provided an update which included a discussion regarding the Terms of Reference, noting that the meeting frequency could be increased at the call of the Committee Chair. The Committee also received an overview of Quality to help set the stage for their work, along with a presentation about how the HCCSS agencies manage clinical demand.

Due to timing, the Committee deferred the discussion on managing complaints as well as the work plan, both of which will be brought forward at their next meeting.

#### **E. New Business**

##### **E.1 Patient Story**

This month's patient story focused on a patient and family's palliative care journey and services. It highlighted to the Board that there is often no perceived differentiation between HCCSS and Service Provider Organizations. Stories like these continue to motivate leaders to think about how to help the public understand the home care system and a desire to ensure everyone continues to work together to ensure services are wrapped around the patient.

#### **F. Closed Session**

It was moved by Joe Parker / Stephan Plourde

That the HCCSS Boards move to a closed session to discuss a matters of legal, personnel and public interest at 4:06pm.

This motion was put to a vote and

CARRIED.

#### **G. Adjournment**

After moving back to open session at 5:10 pm, it was moved by Joe Parker / Anne Campbell

That the meeting be adjourned.

This motion was put to a vote and

CARRIED.

The HCCSS Boards Meeting adjourned at 5:10pm.

Original signed by

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Joe Parker, Board Chair

October 6, 2021

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Date

Original signed by

\_\_\_\_\_  
Donna Cripps, Corporate Secretary

October 6, 2021

\_\_\_\_\_  
Date