

**Minutes of the Meeting of the Board of Directors of the 14 Local Health Integration Networks,
operating as
Home and Community Care Support Services (HCCSS) - October 19, 2022**

A meeting of the HCCSS Board of Directors (Board) was held on
October 19, 2022, beginning at 1:00 pm.

PRESENT:

Voting Members: Glenna Raymond, Vice-Chair
Carol Annett, Member
Anne Campbell, Member
Michael Dibden, Member
Stephan Plourde, Member
Shanti Gidwani, Member
Kate Fyfe, Member

Regrets: Joe Parker, Board Chair
John Beardwood, Member
Eugene Cawthray, Member

Staff in Attendance: Cynthia Martineau, Chief Executive Officer
Barbara Bell, Chief Quality, Safety and Risk Officer
Lisa Burden, Chief Patient Services Officer
Lisa Tweedy, Chief Human Resources Officer
Karin Dschankilic, Chief Corporate Services Officer and CFO
Marla Krakower, Chief Transformation, Strategy and Engagement Officer
Sabrina Grando, Agencies Legal
Erica Jeffery, Corporate & Board Relations Manager and Executive Assistant to the CEO

Guests: Jutta Schafler Argao, Debbie Roberts, Karyn Lumsden, Cindy Ward, Martina Rozsa, Heidi Maanselka, Robert Delvecchio, Richlyn Lorimer, Nancy Saxton, Faris Abulfazl Giuliano Celebre, Beverley Kelley, Wanda Parrott, Jamie Stevens, Karen Taillefer, Tini Le

A. Convening the Meeting

A.1. Call to Order

A quorum was present and the meeting was called to order at 1:03pm.

A.2 Land Acknowledgement

The Board Vice-Chair shared a land acknowledgment.

A.3 Approval of the Agenda of October 19, 2022

It was moved by Anne Campbell / Carol Annett

That the agenda of October 19, 2022 be adopted as presented.

This motion was put to a vote and

CARRIED.

A.4 Conflict of Interest

None declared.

B.1 Patient Story

The patient story focused on the telehomecare nursing program and how it helped this patient better manage his health condition and improve his quality of life. The Board reflected on this being a good example of how the health care system worked and enabled a patient to self-manage their care. It also highlighted the benefits of flexibility and technology, recognizing it enabled virtual connections through on screen and/or telephone connections.

The Board was reminded that the current remote care monitoring vendor, Vivify, is ceasing operations in December. HCCSS is working with Ontario Health (OH) to identify a permanent solution. In the meantime, HCCSS is working on contingency planning within local geographies to enable the program to continue until a longer term solution is procured.

C.2 Equity Moment

Carol Annett shared an equity moment reflecting upon lessons learned following the COVID-19 crisis particularly in relation to care providers. The importance of closing the equity gap and addressing the social determinants of health were highlighted, noting success will only be achieved through cross partnerships, collaboration and government policy and investments. A personal anecdote regarding a visit to a patient was shared to articulate the equity gap.

It is felt that HCCSS can be part of solution and make positive changes in the solution and the Board can help champion the solutions.

D. Consent Agenda

D.1 Approval of Consent Agenda

It was moved by Michael Dibden / Shanti Gidwani

That the Consent Agenda of October 19, 2022 be adopted, as circulated.

This motion was put to a vote and

CARRIED.

E. Reports from Committees

E.1 Patient Services, Quality and Risk Committee

Four items were highlighted from the most recent Patient Services, Quality and Risk Committee Meeting (SPO Performance: Acceptance Rates & Missed Care; HCCSS Compliance with Regulations under the Connecting People to Home and Community Care Act, 2020, Annual Business Plan and the Q2 Strategic Initiatives Progress Report.

Service Provider Organization (SPO) Performance: Acceptance Rates & Missed Care

The most recent data was shared for Committee and Board information. The data illustrates that the pandemic has had an impact on SPO acceptance rates and has resulted in higher rates of missed care. The data also reflects the health human resources (HHR) capacity challenges. It was noted that there has not been a significant increase in the number of complaints, despite the increased number of missed visits. At the request of the Committee, staff will be tracking data related to first refusals for service orders.

HCCSS is working to address the capacity challenges and get care to patients through exploring various approaches including models of care, including cluster care and leveraging the community supports services (CSS) sector as it begins to ramp up following the pandemic.

HCCSS Compliance with Regulations under the Connecting People to Home and Community Care Act, 2020

HCCSS has been working to create policies and procedures to address the new Regulations that came into effect under the Act in May 2022 and subsequently in September 2022. Indirect care coordination, which could permit care coordination to be assumed by Health Service Partners (HSPs) or SPOs, remains under discussion with the Ministry of Health and has not been implemented. It was noted that there are other organizations that operate under Home and Community Care legislation would could leverage indirect care coordination as well.

Action: Staff to include care coordination and indirect care as part of an education module for a future Board education session.

Shanti Gidwani excused herself from the meeting at 1:30pm.

Annual Business Plan Approach and Timelines

An overview of the approach and timelines for the development of the 2023/24 Annual Business Plan (ABP) was shared. The proposed planning assumptions include the anticipated mandate letter, ABP guidelines and keeping the mission, vision, values and the four strategic priorities the same. The ABP narrative will be developed in alignment with the Finance, Audit and Information Committee who will be reviewing the financial submission accompanying the ABP.

An initial framework will be shared in November and will incorporates engagement with patients, caregivers, SPOs, HSPs, French language services partners, indigenous partners as well as staff and leaders. A draft ABP will come to the Board in January and a final ABP in March for approval.

The Board expressed the importance of having a sufficient budget to support all activities, including transition. Staff confirmed ongoing discussions with the Ministry of Health regarding Business Case submissions include one related to digital health to support several information technology initiatives involving Client Health Related Information System (CHRIS) and cyber security.

Q2 Strategic Initiatives Progress Report

The Q2 Strategic Initiatives Report was shared as an update for information and awareness.

F. New Business

F.1 CEO Report

The CEO highlighted a couple of aspects of the report to the Board.

There has been significant HCCSS effort to support the response to Bill 7, including the development of tools to help HCCSS have challenging conversations with patients and caregivers. In addition, HCCSS has developed a reporting tool that includes metrics such as alternate level of care (ALC) placement of patients, for use by HCCSS, Ministry of Long Term Care (LTC), Ministry of Health and Ontario Health.

The Board acknowledged HCCSS staff and leaders for preparing for and responding to Bill 7 implementation.

There was a discussion regarding the ability to measure the impacts of Bill 7 on patients and caregivers. Some positive benefits might be gleaned as a waiting in another LTC for a first choice bed can be seen as a better place to be waiting for an ultimate destination, instead of waiting in a hospital. Board members were also interested in knowing which residents did not get first choice and whether they would be willing to stay at the LTC home not selected initially. This was identified as a potential opportunity for a future patient story in the future. A Board member also inquired how long it is taking for patients to get to their ultimate destination.

Action: Staff to provide an overview of placement related data in a future education session.

The CEO shared reflections regarding a recent meeting with the Patient Ombudsman, Craig Thompson. The focus on the conversation was primarily in relation to Bill 7 and HCCSS' approach. Each organization's materials were exchanged and reviewed and the Ombudsman's office was pleased with the tone of the information and would leverage the materials for their work.

The CEO also shared highlights of meeting with Ontario's Chief of Nursing and Professional Practice and Assistant Deputy Minister of Health, Dr. Karima Velji and Sylvia Crawford, President & CEO of the College of Nurses of Ontario (CNO). The conversation with Dr. Velji was introductory in nature and was an opportunity to share HCCSS challenges as well as discuss the art of the possible within the health care system. HHR challenges and recruitment of nurses were also discussed during both meetings.

The HCCSS centralized website was also highlighted as a new tool to help bring together the 14 legal entities into one overall site.

F. Closed Session

It was moved by Glenna Raymond / Stephan Plourde

That the Board of Directors to the 14 LHINs move to a closed session to discuss a matters of legal, personnel and public interest at 2:12pm.

This motion was put to a vote and

CARRIED.

G. Adjournment

After moving back to open session at 4:25pm pm, it was moved by Glenna Raymond /Eugene Cawthray

That the meeting be adjourned.

This motion was put to a vote and

CARRIED.

There being no further items, the HCCSS Board Meeting adjourned at 4:26pm.

Original signed by

November 16, 2022

Glenna Raymond, Board Vice-Chair

Date

Original signed by

November 16, 2022

Cynthia Martineau, Corporate Secretary

Date