

**Hamilton Niagara Haldimand Brant
Local Health Integration Network**

Minutes of the Business Meeting of the Board of Directors September 28, 2016

A meeting of the Board of Directors of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) was held on September 28, 2016, at the Boardroom, Hamilton Niagara Haldimand Brant Local Health Integration Network, 264 Main Street East, Grimsby, Ontario, beginning at 4:00 p.m.

Present: Madhuri Ramakrishnan, Member
Laurie Ryan-Hill, Vice Chair
Michael P. Shea, Board Chair
Bill Thompson, Member
Janine van den Heuvel, Member
Dominic Ventresca, Member
Mervin Witter, Vice Chair

HNHB LHIN Staff
in Attendance:

Donna Cripps, Chief Executive Officer
Helen Rickard, Corporate Coordinator, Recording Secretary
Derek Bodden, Director, Finance
Steve Isaak, Director, Health System Transformation
Jennifer Everson, Physician Lead, Clinical Health System Transformation
Rosalind Tarrant, Director, Access to Care
Emily Christoffersen, Director, Quality & Risk Management
Trish Nelson, Director, Communications, Community Engagement and
Corporate Services

Guests: Andrea Frolic, Director, Office of Clinical & Organizational Ethics, Hamilton
Health Sciences Corporation
Paul Miller, Chair, Medical Advisory Committee, Hamilton Health
Sciences Corporation
Suzanne Johnston, President, Niagara Health System
Tom Stewart, Chief of Staff & Executive Vice President Medical
Affairs
Angela Zangari, Executive Vice President, Finance and Operations
John Bragagnolo, Vice Chair, Niagara Health System

A. Convening the Meeting

A.1 Call to Order

A quorum was present.

A.2 Amendment to Agenda

MOVED: Dominic Ventresca
SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network move Item E.1 Capital Update – Niagara System to Item B.2 on the agenda. CARRIED

A.2 Approval of the Agenda

MOVED: Dominic Ventresca

SECOND: Bill Thompson

That the agenda of August 31, 2016, be adopted, as amended.

CARRIED

A.3 Declaration of Conflicts

No conflicts were identified at this time.

B. Education Session

B.1 Medical Assistance in Dying (MAID) (Presentation provided (Appendix 1) appended to original set of minutes).

Presenters: Andrea Frolic, Director, Office of Clinical & Organizational Ethics,
Hamilton Health Sciences Corporation

Paul Miller, Chair, Medical Advisory Committee, Hamilton Health
Sciences Corporation

Key Points of Discussion:

- It was noted that those individuals eligible for Medical Assistance in Dying must provide informed consent (written request and re-consented at administration).
- It was confirmed that you must be 18 years or older to be considered for Medical Assistance in Dying.
- It was confirmed that doctors in the Hamilton area have been educated and know how to access the service in Hamilton.

B.2 Capital Update – Niagara Health System

(Presentation provided (Appendix 2) appended to original set of minutes).

Presenters: Suzanne Johnston, President, Niagara Health System

Tom Stewart, Chief of Staff & Executive Vice President Medical
Affairs

Angela Zangari, Executive Vice President, Finance and Operations

John Bragagnolo, Vice Chair, Niagara Health System

Key Points of Discussion:

- The presentation focused on the Niagara Health System plan for delivery of hospital care to communities and families across the Region.
- A question was raised highlighting the Mayor of Fort Erie's concerns regarding access to care and how the residents of Fort Erie fit into the Niagara Health System plan for the future. It was noted that an opportunity exists for Niagara Health System to develop a partnership with Bridges Community Health Centre for the development of additional primary care services to the community. It was noted that consultations were held with the Mayors to involve them in the site selection process.
- It was noted that some specific area's such as Niagara-on-the-Lake and Fort Erie experience a large number of tourists who may require patient care. Transportation access for care from these area's may create issues for specific patient demographics.

- It was noted that specialized clinics will be developed in partnership with family health centres so that patients will not have to travel out of their town. In the future there will also be more focus on digital care using technologies that will assist with patient assessment.
- It was noted that Niagara Health System will work with Niagara Region to support multiple transportation options.
- It was noted that the level of community engagement that the Niagara Health System completed was outstanding.

C.1 Approval of the Minutes of August 31, 2016

MOVED: Laurie Ryan-Hill

SECOND: Bill Thompson

A correction to the minutes was made: The Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network added a Closed Session at the adjournment of the Open Session entitled Closed Session and was added to the agenda as Item G.

That the minutes of the Board Meeting – Business of August 31, 2016, be adopted as amended.

CARRIED

D. Reports

D.1(a) Report of the Audit Committee Chair

MOVED: Michael Shea

SECOND: Janine van den Heuvel

That the Report of the Audit Committee Chair be received and filed.

CARRIED

MOVED: Laurie Ryan-Hill

SECOND: Mervin Witter

That the minutes of the Audit Committee meeting of August 31, 2016, be received and filed.

CARRIED

D.1(b) Consent Agenda

The Audit Committee reviewed the consent agenda of September 21, 2016, consisting of:

- i. Posting of Quarterly Expenses
- ii. Confirmation of Funding Received

MOVED: Dominic Ventresca

SECOND: Mervin Witter

That the consent agenda of September 21, 2016 be received and filed.

CARRIED

D.1(c) New/Other Business

D.1(c)(l)(i) 2016-17 Community Investment Funding

Acquired Brain Injury and Stroke Community Transitional Program

A presentation was circulated in your meeting materials regarding the Acquired Brain Injury and Stroke Community Transitional Program. The Audit Committee received this presentation by our staff and by:

Theresa Smith and Dr. Shanker Nesathurai from
Hamilton Health Sciences Corporation.

The presentation focused on the proposed Acquired Brain Injury and Stroke Community Transitional Program and the key findings of the analysis done of the program proposed by Hamilton Health Sciences.

Two proposals were presented to Hamilton Health Sciences Corporation for consideration.

The preferred proposal was submitted by Lake Country Learning Inc., trade name CONNECT. The proposed program would consist of:

- A 16 bed transitional program for individuals with Acquired Brain Injury;
- Seven (7) bed transitional program for a subset post stroke population;
- Five (5) beds for Acquired Brain Injury-Stroke population that may require a longer stay;
- and
- Outreach services.

Of the 28 beds proposed seven of them will be utilized for a stroke sub population and will allow Hamilton Health Sciences to accommodate the transfer of St. Joseph's Healthcare Hamilton's stroke service. Currently only 11% of St. Joseph's Healthcare Hamilton patients being treated for stroke are accessing rehabilitation compared to the provincial average of 45.4%. The utilization of seven beds provided through the new program will allow for more people to have access to rehabilitation services.

It was confirmed that a copayment is part of the proposal. Persons admitted to the program will be expected to pay a copayment consistent with the practice in long-term care and in hospital for persons waiting for admission to long-term care. The HNHB LHIN's funding supports clinical services. Costs for food and accommodation are provided through the co-payment.

The recommended vendor is a for profit organization and safeguards will be built into the contract to ensure the funding goes towards patient care and that monitoring provisions and accountability are also included.

Patient referrals will be processed through a centralized intake system and monitored to ensure continual flow. Patients being discharged from the program

will be supported through various community service agencies facilitated by Hamilton Health Sciences and the new program.

The proposed vendor if approved would be located in the Hamilton area.

The Board of Directors were advised of the due diligence used in the selection of the proposed vendor. It was noted that Brenda Flaherty, Executive Vice President, Clinical Operations and Chief Operating Office, Hamilton Health Sciences Corporation excused herself from this procurement and any decision making that was involved in this process.

It was confirmed that the program and facility would be operational by 2018.

MOVED: Laurie Ryan-Hill
SECOND: Madhuri Ramakrishnan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to \$3,000,000* base funding in 2016-17 for Hamilton Health Sciences to develop and implement a 28 bed ABI-Stroke Community Transitional Program and outreach services.

CARRIED

**D.1(c)(I)(ii) 2016-17 Community Investment Funding
Home and Community Care Collaborative**

A Collaborative Care Model was developed in February 2015 which allows for Assisted Living / Supportive Housing agencies to care for individuals with lower to moderate personal support care in their home. This allows our CCAC to accommodate increased referrals for persons requiring higher levels of care.

An investment of \$1,000,000 will add 2503 hours of care per month in capacity and reduce the current waitlist of 392 people to approximately 75 people

MOVED: Dominic Ventresca
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to \$1,000,000 base funding in 2016-17 to support the Home and Community Collaborative to the health service providers identified in Appendix A.

CARRIED

**Appendix A
Home and Collaborative Care Collaboration – Funding Allocations**

Agency	Geography Served	2016-17 Funding	Hours of Care
AbleLiving	Hamilton, Burlington	\$37,862	1,137
Capability	Hamilton, Burlington, Dunnville	\$254,913	7,655
March of Dimes Hamilton	Hamilton, Burlington	\$203,862	6,122
March of Dimes Niagara	Niagara, Haldimand, Norfolk	\$414,119	12,436
Participation House	Brant	\$89,244	2,680
		\$1,000,000	30,030

Note: Funding amounts may be adjusted based on demand and health service provider readiness to take on additional clients.

D.1(c)(l)(iii) 2016-17 Community Investment Funding

Six Nations of the Grand River – Palliative Care

The Hamilton Niagara Haldimand Brant Local Health Integration Network met with the Six Nations of the Grand River in August to discuss home and palliative care.

Through discussions it was identified that the Six Nations of the Grand River Palliative Care Outreach Team has been unable to consistently sustain palliative outreach to Haldimand County. The Palliative Care Outreach Team noted that hospice environments located outside of the community do not reflect the cultural, ceremonial, or Traditional approaches to care that are desired by many individuals and their families.

Additional resources will allow Six Nations of the Grand River Palliative Care Outreach Team provide increased pain and symptom management support and coordinated system navigation to support patients and families. Importantly patients with a life limiting illness with remain in their community of choice.

MOVED: Laurie Ryan-Hill
SECOND: Janine van den Heuvel

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to \$113,000 base funding prorated to \$56,500 in fiscal 2016-17 to Six Nations of the Grand River to support Six Nations Palliative Care Outreach Team to provide culturally appropriate palliative care services.

CARRIED

D.1(c)(II) Quarterly Report – Second Quarter

The Audit Committee reviewed the Second Quarter Report.

In June 2016, the Hamilton Niagara Haldimand Brant Local Health Integration Network received \$180,000 in one-time funding for fiscal years 2016-17 and 2017-18 to support the planning for transition and implementation as outlined in the Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario.

On a year-to-date basis, the expenses are tracking below budget. LHIN salaries are trending slightly unfavourable year-to-date. This is due to an increase in staffing related to the additional revenue received for transition and implementation of the Patients First proposal. Annual LHIN operational costs are expected to be within or under budget based on current planned activities.

MOVED: Bill Thompson

SECOND: Madhuri Ramakrishnan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Second Quarter Report.

CARRIED

D.2 Report of the Governance Working Group Chair

MOVED: Michael Shea

SECOND: Laurie Ryan-Hill

That the Report of the Governance Working Group Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Governance Working Group Chair reviewed the circulated report.
- The Governance Working Group held a meeting on September 21, 2016. The minutes of the Governance Working Group meeting of June 22, 2016, were approved by the Governance Working Group for receipt by the Board of Directors.

MOVED: Dominic Ventresca

SECOND: Mervin Witter

That the minutes of the June 22, 2016 meeting be received and filed.

CARRIED

D.2(b) New/Other Business

D.2(b)(i) Strategic Health System Plan Implementation Update

Staff presented an update on the Strategic Health System Plan (circulated in your meeting materials). The presentation provided an update on the status of work related to the priorities outlined in the 2016-17 Annual Business Plan.

MOVED: Dominic Ventresca
SECOND: Janine van den Heuvel

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Strategic Health System Plan Quarterly Update.

CARRIED

D.2(b)(i)(i)Patients First – Sub-Regions

Staff presented an overview of the proposed Hamilton Niagara Haldimand Brant Local Health Integration Network Sub-Regions (circulated in your meeting materials). The presentation focused on the process and recommendations for Sub-Region formation.

MOVED: Bill Thompson
SECOND: Laurie Ryan-Hill

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network endorse the following proposed Six sub-regions consisting of Burlington, Hamilton, Niagara North West, Niagara, Brant and Haldimand-Norfolk, for submission to the Ministry of Health and Long Term Care for their approval.

CARRIED

D.3 Report of the Quality and Safety Committee Chair

MOVED: Michael Shea
SECOND: Dominic Ventresca

That the Report of the Quality and Safety Committee Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Quality and Safety Committee Chair reviewed the circulated report.
- The Quality and Safety Committee held a meeting on September 21, 2016. The minutes of the Quality and Safety Committee meeting of June 22, 2016, were approved by the Quality and Safety Committee for receipt by the Board of Directors.

MOVED: Michael Shea
SECOND: Laurie Ryan-Hill

That the minutes of the Quality and Safety Committee meeting of June 22, 2016, be received and filed.

CARRIED

D.3(b) Consent Agenda of September 21, 2016

The Quality and Safety Committee Chair removed Item i. Semi-Annual Complaints Report and added it to the regular agenda for deliberation under D.1

That the Quality and Safety Committee adopts the consent agenda of September 21, 2016 consisting of:

- ii. Risk Report

MOVED: Bill Thompson
SECOND: Laurie Ryan-Hill

That the consent agenda of September 21, 2016 be received and filed.

CARRIED

D.3(c) New/Other Business

Semi-Annual Complaints Report

Staff communicated the process used for incoming complaints received.

MOVED: Mervin Witter
SECOND: Janine van den Heuvel

That the Quality and Safety Committee recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the update on the Semi-Annual Complaints Report.

CARRIED

D.3(c)(i) Ministry-LHIN Accountability Agreement (MLAA) Performance Indicators Quarterly Update

Staff presented a detailed slide presentation (circulated in your meeting materials) providing an overview of current Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) performance.

Staff presented an update on the Hospital Performance Indicator Action Plan (circulated in your meeting materials).

The Hospital Performance Indicator Actions Plans are developed for those hospitals where performance varies significantly from provincial targets, and improvement has not been demonstrated.

MOVED: Dominic Ventresca
SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the Ministry-LHIN Accountability Agreement Performance Indicators Quarterly Update.

CARRIED

D.3(c)(ii) Performance Accountability Update

The Hamilton Niagara Haldimand Brant Local Health Integration Network completes quarterly and annual reviews of Health Service Providers across various risk management categories based on Health Service Providers accountability agreements.

Ongoing engagement and assistance continues with Health Service Providers whose ratings have declined from previous years. If a risk rating does not improve or continues to decline, the Hamilton Niagara Haldimand Brant Local Health Integration Network may request a Performance Improvement Plan be submitted.

MOVED: Mervin Witter
SECOND: Janine van den Heuvel

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the performance accountability update.

CARRIED

D.4 Report of the Chief Executive Officer (CEO)

MOVED: Laurie Ryan-Hill
SECOND: Dominic Ventresca

That the Report of the Chief Executive Officer (CEO) be received and filed.

CARRIED

Key Points of Discussion:

- This month's Voices in the Community – Siena's Story is about Canadian National Institute for the Blind client and volunteer Siena. Siena talked about her experience with the agency and the important of being able to receive service in French.
- A presentation was provided on the Hamilton Niagara Haldimand Brant Local Health Integration Network Sub-Regions. This presentation is amended to the original set of minutes as Appendix 3.

D.5 Report of the Chair

MOVED: Dominic Ventresca
SECOND: Bill Thompson

That the Report of the Chair be received and filed.

CARRIED

Key Points of Discussion:

- An overview was provided including the following meetings that were held in September:

- On September 2 the Board Chair attended an Agenda Review Meeting with CEO and Vice-Chair.
- On September 7 the Board Chair attended the Patient's First Webinar.
- On September 13 the Board Chair attending the LHIN Chair Council Teleconference.
- On September 15 the Board Chair attended the monthly CCAC/LHIN CEO/Chair Meeting.
- On September 15 the Board Chair met with the Public Appointments Secretariat.
- On September 16 the Board Chair attended the Grand Opening of Strathearne Streets Project. The Board Chair provided the Board with details of the new housing units that will be home to those individuals with serious mental health issues.
- On September 19 the Board Chair met with the Public Appointments Secretariat.
- On September 21 the Board Chair attended the Audit Committee, Governance Working Group and Quality and Safety Committee Meetings.
- On September 22 the Board Chair attended a webinar re Patients First.
- On September 22 the Board Chair attended the LHIN Nominating Committee Meeting. The Board Chair advised the Board that the Nominating Committee candidate interviews will be taking place on October 3 and October 4.
- On September 27 the Board Chair attended a teleconference with Deloitte regarding the Draft Board Evaluation. The Board Chair advised the Board that the annual evaluation had 100% participation and of the positive comments that were received.
- On September 28 the Board Chair attending the HNHB LHIN Board Meeting.
- On September 29 the Board Chair and Vice Chair attended the LHIN Leadership Council and Chair Council Meeting in Toronto.

E. New/Other Business

E.1 Quarterly Declaration of Compliance

MOVED: Michael Shea
SECOND: Janine van den Heuvel

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network authorizes the Board Chair to declare to the Minister of Health and Long-Term Care that upon due enquiry of the Chief Executive Officer and other appropriate LHIN officers and personnel, and subject to any exceptions identified on Schedule A, to the best of the Board’s knowledge and belief, the LHIN has:

1. the LHIN’s compliance with the “Principles for LHIN-Managed Quality Based Procedure (QBP) Volume Movement”, per the QBP Volume Management Instructions and Operational Policies for Local Health Integration Networks that are issued by the ministry;
2. the completion and accuracy of reports required of the LHIN, pursuant to section 5 of the Broader Public Service Accountability Act (BPSAA), on the use of consultants;
3. the LHIN’s compliance with the prohibition, in section 4 of the BPSAA, on engaging lobbyist services using public funds;
4. the LHIN’s compliance with all of its obligations under applicable directives issued by the Management Board of Cabinet;
5. the LHIN’s compliance with its obligations under the Memorandum of Understanding with the Ministry of Health and Long-Term Care; and
6. the LHIN’s compliance with its obligations under the Ministry LHIN Accountability Agreement in effect, during the Applicable Period of June 30, 2016 to September 28, 2016.

CARRIED

F.2 Adjournment

The Board of Directors – Business meeting be adjourned at 6:16 p.m.

Original Signed by:

October 26, 2016

Laurie Ryan-Hill, Acting Chair

Date

Original Signed by:

October 26, 2016

Donna Cripps, Corporate Secretary

Date