



NIAGARA HEALTH SYSTEM
Board of Directors Meeting (Open Session)
MINUTES OF MEETING

January 26, 2016; 4:00 p.m.
St. Catharines Site – Corporate Boardroom

	Sept 22/15	Oct 27/15	Nov 24/15	Dec 22/15	Jan 26/16				
Barry Wright, Chair	✓	✓	✓	✓	✓				
Bunny Alexander	✓	✓	✓	✓	✓				
Larry Boggio	✓	✓	✓	✓	✓				
John Bragagnolo	✓	✓	✓	✓	✓				
Satish Chawla (ex-officio)	✓	✓	R	R	✓				
Suzanne Johnston (ex-officio)	✓	✓	✓	✓	✓				
Marti Jurmain	✓	✓	✓	✓	✓				
Ken Kawall	✓	✓*	✓	✓	✓				
John MacDonald	✓	✓	✓	✓	✓				
Derek McNally (ex-officio)	✓	✓	✓	✓	R				
Murray Paton	✓	✓	✓	✓	✓*				
Cathy Sutherland	✓	✓	R	✓**	R				
Thomas Stewart (ex-officio)	✓	✓	✓	✓**	R				
Robert Tiffin	✓	✓	✓	✓	✓				
Staff in Attendance:									
Linda Boich	✓	✓	✓	✓	✓				
Flo Paladino	✓	✓	✓	✓	✓				
Kevin Smith		✓			✓***				
Brady Wood/Caroline Bourque-Wiley+	✓		✓	✓+	✓+				
Angela Zangari	✓	✓	✓	✓					

*via teleconference/videoconference

**attended in part

Guests:

- Nelly Javanrouh – NHS
- Dr. Sven Pallie – NHS
- Marilee Stickles-White – NHS
- Brian Guest – SJHS
- David Tonin – SJHH Board
- Sonny Monzavi – SJHH Board
- Gord Statham – ONE Foundation
- Kristina Manzi – ONE Foundation

1. CALL TO ORDER

Board Chair Barry Wright called the meeting to order at 4:00 p.m., and welcomed guests, staff, fellow Directors and colleagues from St. Joseph’s.

1.1 Quorum

There was quorum and the Meeting was properly constituted for the transaction of business.

1.2 Approval of the Agenda

MOTION B16-001:

It was MOVED by J. Bragagnolo and SECONDED by B. Alexander that the NHS Board of Directors approves the Open Session Agenda for the January 26, 2016 Meeting, as presented. CARRIED.

1.3 Declaration of Conflicts

L. Boggio declared a conflict with respect to items 4.2.1 and 4.2.2 of the agenda and will abstain from discussion/voting on those items.

1.4 Chair's Remarks

Notice was provided with respect to upcoming events related to the NHS Awards of Excellence and Doctor's Day. The Board was also advised that the February meeting will be held at the St. Catharines Site.

Kristina Manzi and Gord Statham were welcomed and were in attendance to provide the update from the ONE Foundation.

1.5 Reaffirming our Mission

Ken Kawall led the Board through a review of the Mission, Vision and Values with a focus on resourcefulness of the NHS and the way in which staff are living up to the Compassion, Professionalism and Respect values.

1.6 Patient Story

Marilee Stickles-White provided the story of many patients who are malnourished at the time of admission to the hospital. The NHS is participating in a quality improvement study through the University of Waterloo to examine strategies to develop and implement care pathways to identify and treat malnutrition in acute care.

2. PRESENTATION

Nelly Javanrouh, Manager of Medical Affairs and Dr. Sven Pallie, Chair of the Credentials Committee provided the Board with a presentation related to the rigorous NHS Credentialing process.

3. APPROVAL OF BOARD MINUTES

A revision to section 4.3.1 of the minutes was requested in order to reflect the discussion during the Strategic Planning report related to the Purpose, Vision, Values and Commitment.

MOTION B16-002:

It was MOVED by L. Boggio and SECONDED by J. MacDonald that the Minutes of the December 22, 2015 Open Session of the NHS Board of Directors Meeting be approved as amended. CARRIED.

4. MATTERS FOR DECISION/DISCUSSION

4.1 Report of the Quality Committee

Bunny Alexander, Committee Chair, provided highlights from the Committee's January 13th meeting, as outlined in the Committee Report to the Board, as follows:

- The patient story focused on the conflict that sometimes arises between patient wishes and treatment.
- The Committee received the Surgery Program report. The Program will be participating in a national quality improvement program that will allow the NHS to benchmark against peer hospitals.
- The Committee also received a department report from Health Information Management which highlighted the positive relationship between physicians and coding staff.
- An appeal has been submitted to Accreditation Canada related to the award received in November. The Committee was provided with an overview of the approach to using the "Bridge to Extraordinary" from now to the launch of the strategic plan in June 2016.

4.2 Report of the Resource and Audit Committee

Ken Kawall, Resource and Audit Committee Vice-Chair, provided highlights from the January 12th meeting, as outlined in the Committee Report to the Board, as follows:

4.2.1 2016/17 Community Accountability Planning Submission (CAPS)

The Ministry of Health requires that the CAPS be approved by the NHS Board of Directors as part of the annual budget submission. The NHS is submitting a balanced budget for 2016/17.

MOTION B16-003:

It was MOVED by K. Kawall and SECONDED by R. Tiffin that, on the recommendation of the Resource and Audit Committee, the NHS Board of Directors approve the CAPS 2016/17 Other Vote Budget as submitted (Abstention: Larry Boggio). CARRIED.

4.2.2 2016/17 Hepatitis C Other Vote Budget

The Ontario Ministry of Hepatitis C Secretariat requires that the NHS Board of Directors approve the operating plan as part of the annual budget submission. The NHS is submitting a balanced budget for 2016/17.

MOTION B16-004:

It was MOVED by K. Kawall and SECONDED by J. Bragagnolo that, on the recommendation of the Resource and Audit Committee, the NHS Board of Directors approve the Hepatitis C Care Clinic Operating Plan 2016/17 Other Vote Budget as submitted (Abstention: Larry Boggio). CARRIED.

- The Committee received a presentation related to infrastructure which outlined the rigorous process undertaken to identify and prioritize repairs needed at all NHS sites.
- The Committee received a presentation related to the NHS' participation in the provincial project on case costing.
- The Niagara South Executive Dashboard outlined our submission and is on track to meet an end of March deadline.
- The NHS attendance support program was discussed as part of the quarterly HR report.

4.3 Report of the Governance Committee

Murray Paton, Governance Committee Chair, provided highlights from the January 15th meeting, as outlined in the Committee Report to the Board, as follows:

4.3.1 Deputy Chief of Staff Search Committee

The Committee reviewed the expressions of interest to serve on the Search Committee.

MOTION B16-005:

It was MOVED by M. Paton and SECONDED by B. Alexander that, on the recommendation of the Governance Committee, the NHS Board of Directors approves the appointment of Marti Jurmain to the Deputy Chief of Staff Search Committee (Abstention: Marti Jurmain). CARRIED.

- The Committee continues to consider the Independent Director suggested policy revisions, specifically the Conflict of Interest policy. Legal opinion has been obtained and a revised policy will be brought forward for approval at the February meeting.
- Physician Assisted Death Legislation is to be passed in the coming months and will be enacted in June 2016. The Executive Team will be reviewing implications and applications of the Legislation.
- Continuing with the commitment to review existing Board policies monthly, the January review focused on the Board and Committee Meeting Attendance policy. Directors were reminded of the key elements of this policy.

4.4 Report of the Ad-Hoc Strategic Planning Committee

John MacDonald, Strategic Planning Committee Chair, provided highlights from the January 13th meeting, as outlined in the Committee Report to the Board, as follows:

- The Committee reviewed the overview of the validation process which is expected to be completed by mid-April.
- Also discussed was the process for development of the strategic directions to come forward for discussion at a future meeting.

4.5 Medical Advisory Committee and Chief of Staff/EVP Medical

On behalf of Dr. Tom Stewart, Suzanne Johnston provided highlights from the Chief of Staff/EVP Medical and Medical Advisory Committee January 6th meeting, as outlined in the Committee Report to the Board, as follows:

- Work continues on finalizing the revision of the Professional Staff By-Laws and Rules and Regulations.
- The Chief of Emergency search is underway with many highly skilled applicants. In the past year, 61 physicians have been recruited.
- The NHS/St. Joseph's medical affairs retreat was a success. Discussions focused on standardizing/streamlining processes for things such as incident reporting.

5. REPORTS

5.1 Report of the ONE Foundation

Kristina Manzi and Second Vice-Chair Gord Statham attended the Board meeting to provide an update on Foundation activities, as follows:

- The Holiday giving campaign has resulted in a response rate double that of the previous year.
- The first newsletter has been circulated with positive comments from donors.
- Invitations to the Springtime in Paris Gala on March 5th are forthcoming. Proceeds will be directed to NHS surgical programs.

- Five new members for the Board have been recruited and will be appointed at the next meeting. The Nominating Committee is looking at succession planning and partnering opportunities related to recruitment.

5.2 Report of the President

Suzanne Johnston highlighted the following items from her January report to the Board:

- The Minister has issued a directive related to parking rates. Management is currently reviewing the NHS response.
- A collective response to the Ministry's "Patient's First" discussion paper being prepared and will be shared with the Board. Anyone with a personal view point is encouraged to submit feedback.
- The submission of section 1B of the Capital Plan is on track for March 31st. Advisory Council meetings with representation by communities from South Niagara are being held monthly.

5.3 Report of the CEO

Kevin Smith attended this portion of the meeting by phone to provide highlights on the following items:

- A session took place on February 2nd with respect to end of life care. Processes across the LHIN are being reviewed. The challenge will be determining how to adopt the legislation while protecting both the patient and provider.
- The process for budgeting is ongoing in Ontario with a 0% increase expected for the next three years. Through dialogue with the Ministry and OHA, it appears that there is a possibility that hospitals may receive one-time funding grants.

6. OTHER BUSINESS

There was no other business to report.

7. MOTION TO MOVE TO CLOSED SESSION

MOTION B16-006:

It was MOVED by K. Kawall and SECONDED by L. Boggio that the NHS Board of Directors meeting of January 26, 2016 be adjourned and move to Closed Session.

8. ADJOURNMENT

The Open Session adjourned at 5:25p.m.

Barry Wright, Chair

Recording Secretary: D. Dube



January 2016

Strategic Planning

Post approval of the DRAFT Purpose, Vision and Values planning is underway to complete the validation process as outlined by the Strategic Planning Committee of the Board. In the meantime the Executive Team is focused on engaging in a broad organizational wide strategy to develop the strategic directions and subsequent operational plan.

SJHS Executive Retreat

Part II of the SJHS Executive Retreat was held in early January; it was agreed there would be one overarching Strategic Direction for the System (Integrated Care) and subsequent goals to accomplish this have been established. Next steps are to finalize initiatives and outcomes and finally determine a process and structure for implementation.

Accreditation

A news release entitled: Accredited with Commendation for Niagara Health System was released in January. While we have much to be proud of, we won't let this positive assessment allow us to pause on our journey of continued improvement. We will continue to reinforce important quality and safety practices across the NHS in the lead up to the launch of our new strategic priorities in June 2016.

Capital Redevelopment

Our capital Plan was submitted on time to MOH/LTC Capital Branch. We await feedback on this important Step 1A. We are on track for our 1B Submission for end of March.

Dialogue in the Community

Discussions are ongoing with interested community members to communicate approaches to care in Niagara Health as we move forward with our clinical services planning. I also met with the Mayors of Port Colborne and Wainfleet in January to discuss more specific plans and timing for clinical services planning.

Patients First

A proposal to strengthen patient centered care in Ontario was released in mid-December. Within the context of the health system there are four areas identified for health system transformation: (1) Enhanced LHIN Accountability, (2) Primary Care, (3) Home & Community Care, and (4) Population & Public Health Planning. The LHIN has posted a discussion document with a series of focused questions in each area that serves as a helpful approach to considering the strategies; link will be shared. As an organization, NHS will provide feedback in a shared submission under Kevin Smith's leadership and Board members will be asked to submit input.

Suzanne Johnston
President

Patients First

A Proposal to Strengthen Patient-Centred Health Care in Ontario

HNHB LHIN CEO Committee

January 18, 2016

Presented by: Donna Cripps, CEO

Hamilton Niagara Haldimand Brant Local Health Integration Network



- Geographic area of approximately 7,000 km²
- HNHB LHIN is home to approximately 1.48 million people (10.5% of Ontario population as of 2015)

HNHB LHIN Health Service Providers

(as of April 1, 2015)

95

**COMMUNITY
SUPPORT
SERVICES**

85

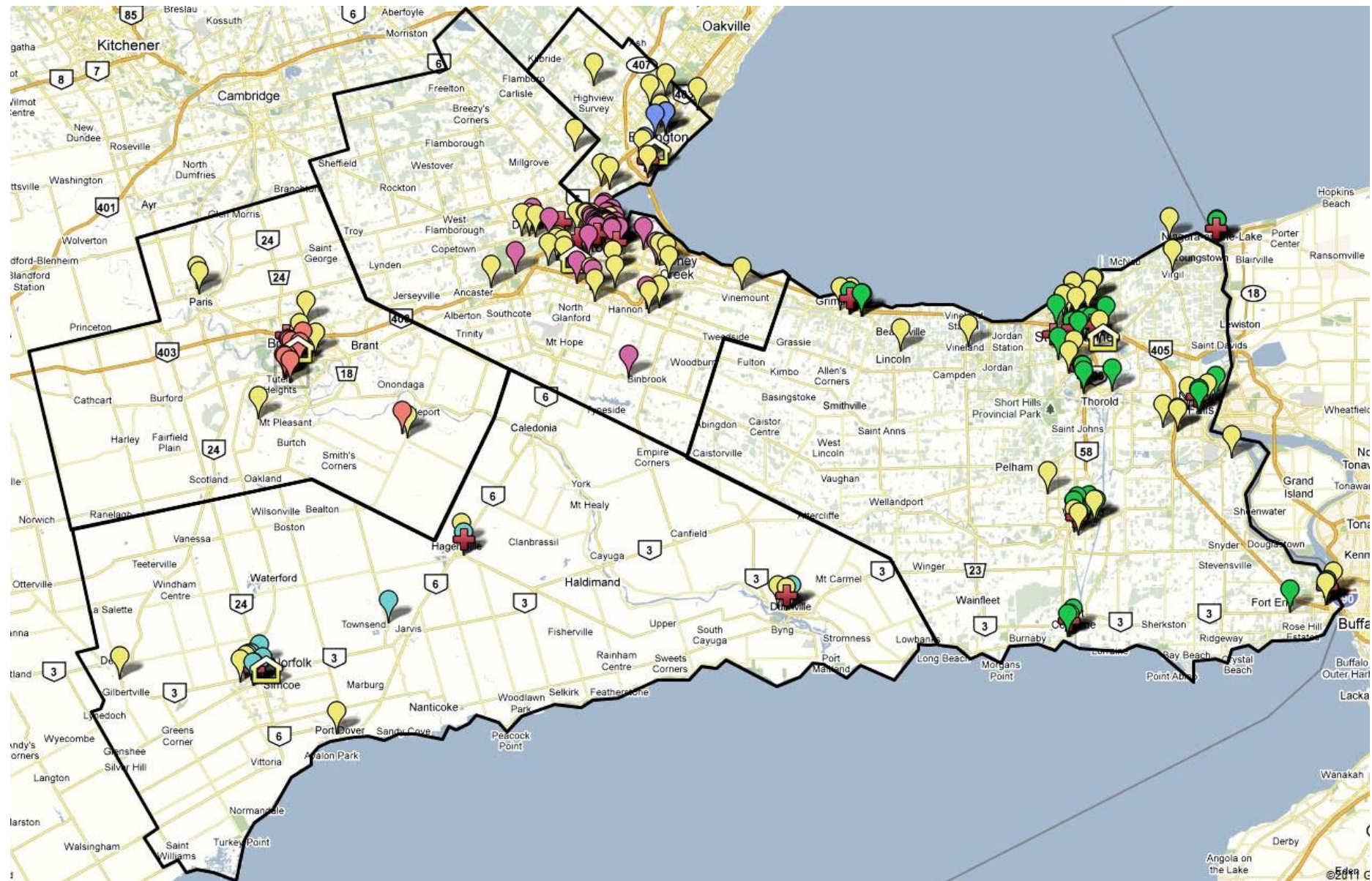
**LONG - TERM
CARE
HOMES**

9

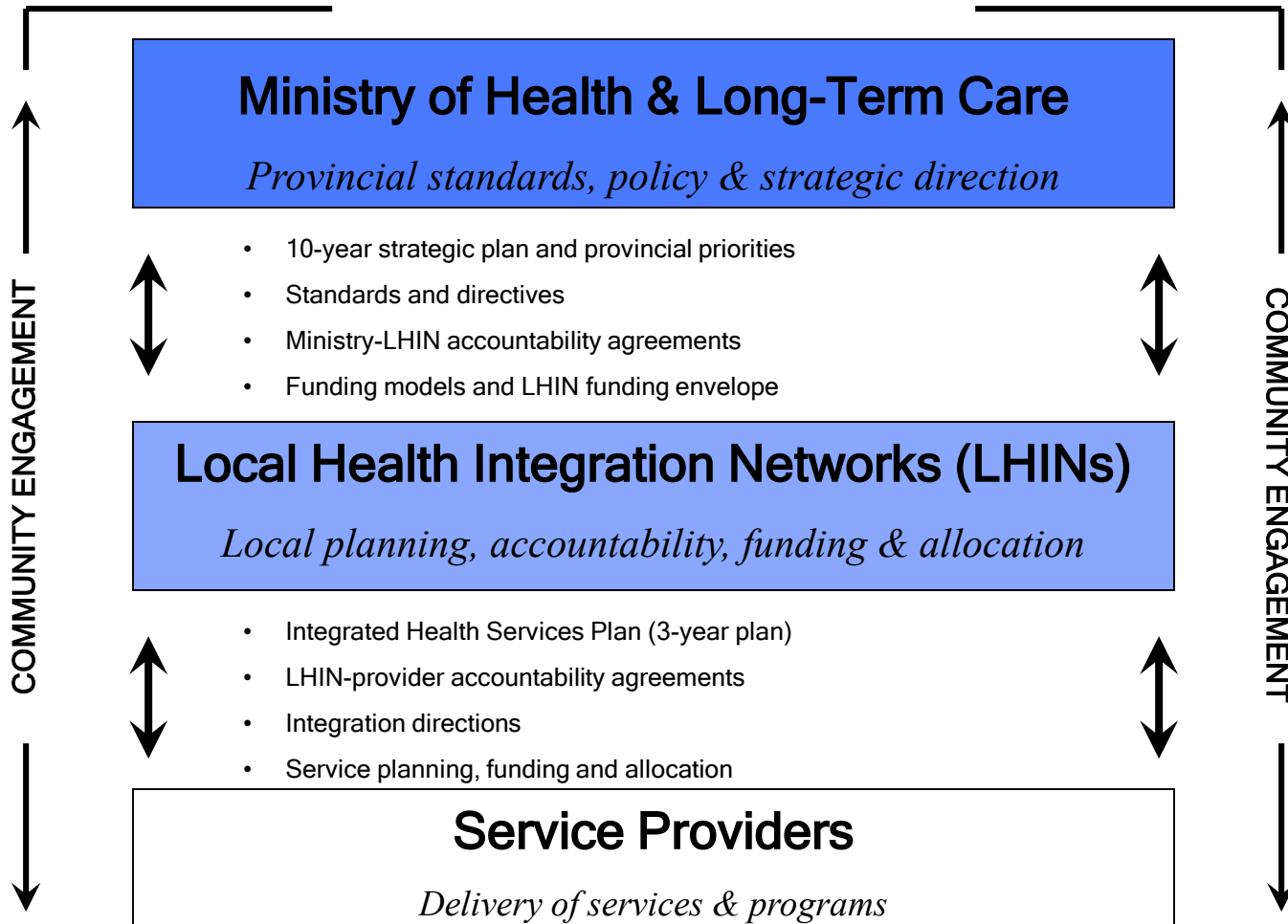
**HOSPITAL
CORPORATIONS**

Community Support Services include CCAC, mental health and addictions, community health centres, and other community programs

HNHB LHIN Health Service Providers



MOHLTC – LHIN – HSP Accountability





Aligning with and Supporting Provincial Strategy

Patients First: Action Plan for Health Care

Access

Improve access-
providing faster
access to the right
care

Connect

Connect services-
delivering better
coordinated and
integrated care in
the community,
closer to home

Inform

Support people
and patients-
providing the
education,
information and
transparency they
need to make the
right decisions
about their health

Protect

Protect our
universal public
health care
system- making
decisions based
on value and
quality, to sustain
the system for
generations to
come

Achievements of Ontario's Health System

- Over the past decade, Ontario's health care system has improved in a number of important ways:
 - ✓ Family physicians, nurse practitioners and other health care providers – often working in team-based practices – have improved access to primary care
 - ✓ Home and community care providers are supporting more clients at home, for longer periods of time
 - ✓ There is greater focus on disease prevention and health promotion
 - ✓ Hospitals have shortened wait times and developed expertise in continuous quality improvement
- These meaningful accomplishments are the result of planning, hard work and continuous focus on quality by staff in hospitals, offices, clinics, home and community care, LHINs, CCACs, long-term care and other service providers.

Key Indicators

Inter-professional models of family health care serve nearly 4 million patients.

94% of Ontarians report having a family health care provider.

Emergency department wait times have improved despite substantial volume increases.

92% of home and community care clients say their care experience has been good, very good or excellent.

The Need for Continued Improvement

Despite the progress we have made in the past decade, we still need to do more to ensure that the health care system is meeting the needs of Ontarians.

- Some Ontarians – particularly Indigenous peoples, Franco-Ontarians, members of cultural groups (especially newcomers), and people with mental health and addiction challenges – are not always well-served by the health care system.
- Many Ontarians have difficulty seeing their provider when they need to, especially evenings, nights or weekends – so they go to EDs and walk-in clinics.
- Some families find home and community care services inconsistent and hard to navigate, and many family caregivers are experiencing high levels of stress.
- Public health services are disconnected from the rest of the health care system and population health is not a consistent part of health system planning.
- Health services are fragmented in the way they are planned and delivered. This fragmentation can affect the patient experience and can result in poor health outcomes.

Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario

Discussion Paper - released December 17, 2015

Feedback directly to MOHLTC

http://www.health.gov.on.ca/en/news/bulletin/2015/hb_20151217.aspx



A screenshot of a web browser displaying the Ontario Health Bulletin page. The browser's address bar shows the URL: http://www.health.gov.on.ca/en/news/bulletin/2015/hb_20151217.aspx. The page header includes the Ontario logo and 'Ministry of Health and Long-Term Care'. A search bar is visible. The main content area is titled 'Health Bulletins' and features the headline 'Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario' dated December 17, 2015. The text states that Ontario is committed to giving patients better access to care and is releasing this proposal for feedback. It lists three ways to improve care: making it easier to find a primary health care provider, improving communication between providers, and ensuring the right number of doctors, nurses, and other health care providers. A feedback form is provided with fields for Name, Title/Organization, Email, and Comments, and a 'Send' button. Contact information for the Media Line and Public Inquiries is also present at the bottom.

The Ministry's proposal for health system transformation has four components

1

Enhanced
LHIN
Accountability

- ✓ Make LHINs responsible for all health service planning and performance.
- ✓ Identify sub- LHIN regions as the focal point for integrated service planning and delivery.

2

Primary Care

- ✓ LHINs would take on responsibility for primary care planning and performance improvement, in partnership with local clinical leaders.

3

Home &
Community
Care

- ✓ Direct responsibility for service management and delivery would be transferred from CCACs to the LHINs

4

Population &
Public Health
Planning

- ✓ Linkages between LHINs and public health units would be formalized.

1. Enhanced LHIN Accountability

- The mandate of LHINs would be extended to play a greater role in primary care, home and community care, and public health.
- LHINs would identify smaller geographic regions that follow recognized care patterns. These LHIN sub-regions would not be an additional layer of bureaucracy, but rather the focal point for local planning and service management and delivery.
- LHINs and LHIN sub-regions would assess local priorities, current performance and areas for improvement to achieve integrated, comprehensive care for patients.
- The expanded LHIN role would be inclusive of the voices of Indigenous peoples, Franco-Ontarians, newcomers, and people with mental health and addictions issues in order to better address their health outcomes.

Questions for consideration:

- What areas of health system performance should be highlighted by public reporting in order to drive improvement?
- Should the ministry rename LHINs?
- Should the ministry redraw LHIN boundaries?
- How will the Ministry know if the proposed plan is working?
- How can LHINs promote leadership at the local level?
- Are there other comments?

2. Primary Care

- Quality population-based primary health care is the foundation of any high-performing health care system. Every Ontarian who wants one should have access to a primary care provider.
- Each LHIN and LHIN sub-region would be responsible for organizing local care to ensure access to high quality, integrated care for the patients in the region.
 - LHINs would work closely with patients and with primary care leaders and providers to plan and monitor performance, and to identify ways to improve care that are tailored to the needs of each community.
 - While LHINs and LHIN sub-regions would be responsible for ensuring that local patients have access to primary care, this does not mean that patients would be required to receive care in their region or that patients would no longer be able to choose their provider.
- The province, LHINs, and local leaders would work collaboratively to ensure that we are able to collect and report on local performance measures using data that is timely, accurate, and relevant.

Questions for consideration:

- How can the Ministry and LHINs effectively identify, engage and support primary care clinician leaders?
- What is most important for Ontarians when it comes to primary care?
- How can the Ministry and LHINs support primary care providers in navigating and linking with other parts of the system?
- How should data collected from patients about their primary care experience be used? What data and information should be collected and publicly reported?
- Are there other comments?

3. Home & Community Care

- Essential home care functions would be moved into the LHINs to enable better integration with other parts of the health care system and to achieve the ministry's objectives for improved service quality, coordination and accountability.
- LHIN boards would have responsibility for the delivery of home and community care.
- Home care coordinators would be increasingly focused on LHIN sub-regions and placed in primary care settings (e.g. Family Health Teams, Community Health Centres or hospitals)
- Most home care services would continue to be provided by current service providers. Over time, contracts with these service providers would be better aligned with LHIN sub-regions.
- The ministry's 10 step plan *Patients First: A Roadmap to Strengthen Home and Community Care* would continue with greater support and renewed emphasis under LHIN leadership.

Questions for consideration:

- How can home care delivery be more effective and consistent?
- How can home care be better integrated with primary care and acute care while not creating an additional layer of bureaucracy?
- How can the Ministry and LHINs bring the focus on quality into clients' homes?
- Are there other comments?

4. Population and Public Health

- Population health – defined as the health outcomes of a particular community – is a core responsibility of local public health units in Ontario.
- The proposed reforms would integrate population health, public health and health system planning and delivery.
- LHINs and public health units would formalize the alignment of their work and planning to ensure that population and public health priorities inform planning, funding and delivery.
- The ministry plans to modernize the Ontario Public Health Standards and Organizational Standards.
- The ministry would appoint an expert panel to advise on opportunities to deepen that partnership between LHINs and local boards of health and to improve public health capacity and delivery.

Questions for consideration:

- How can public health be better integrated with the rest of the health system?
- What connections does public health already have in the community?
- What additional connections would be valuable?
- What should the role of the Medical Officers of Health be in informing or influencing decisions across the health care system?
- Are there other comments?

Other ways to share your perspective

- This consultation is part of a broader engagement process being conducted by the HNHB LHIN and the ministry.
- The LHIN and ministry plan to listen to staff within the system, to patients, clients and caregivers and to all health care partners about how this proposal would affect care in your community.
- Feedback via the HNHB LHIN website as of Monday, January 11 -- <http://www.hnhblhin.on.ca/PatientsFirstProposal.aspx>
- Additional feedback and questions can be sent to health.feedback@ontario.ca
- Feedback from this and other LHIN consultations will be consolidated for the ministry. The ministry will then consolidate feedback received.



QUESTIONS

