

**MINUTES OF THE JULY 13, 2016 MEETING OF THE BOARD OF DIRECTORS**

MEETING DATE: July 13, 2016

LOCATION: Mississauga Halton LHIN  
700 Dorval Drive, Suite 503  
Oakville, ON

ATTENDANCE:

BOARD:

- Graeme Goebelle, Chair
- Mary Davies – Vice Chair
- Shelagh Maloney
- Kimbalin Kelly
- Gulzar Ladhani
- Louis Girard
- Rick Johnson
- Kim Piller

STAFF:

- Bill MacLeod – CEO
- Angela Jacobs
- Liane Fernandes
- Judy Bowyer
- Dale McGregor
- Maureen Buchanan
- Shannon Scollard -  
recorder

REGRETS:

- Patrick Hop Hing

GUESTS: Caroline Brereton, CCAC CEO; Dieter Pagani, CCAC Board Chair; Don Taylor, CCAC Board Member; Hanaa Elkaza, CCAC; Linda Kennedy, Share Care Council Member; Barbara Bourne, private citizen re Share Care Council; Dr. Hamidah Meghani.; Dr. Eileen De Villa; Dr. Jennifer Loo; Dr. Fareen Karachiwalla; Karen Fisher, Bayshore Healthcare.

MINUTES TO BE APPROVED BY THE BOARD: September 1, 2016

1.0 Call to Order

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Pursuant to public notice and a quorum being present, the meeting was called to order at 5:35 pm with Graeme Goebelle chairing the meeting.

2.0 Declaration of Conflict of Interest

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The Chair called for any changes or declarations of conflict of interest in respect of any matters in the agenda, as circulated, or with the consent agenda. No changes or conflicts of interest were identified.

The Chair called for any agenda items to be withdrawn from the consent agenda for a more fulsome discussion. No changes were made to the agenda.

The Chair called for a Motion to approve the agenda.

**MOTION**

It was moved by Gulzar Ladhani and seconded by Mary Davies that the meeting agenda be approved as presented.

**CARRIED**

**[Resolution: 2016-0713-01]**

3.0 Consent Agenda

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The Chair requested a motion for approval of the consent agenda.

Consent Agenda items

**FOR APPROVAL**

- 3.1 Minutes of the June 2, 2016 board meeting
- 3.2.1 CEO Certificate of Compliance
- 3.2.2 BPSAA Q1 Attestation
- 3.2.2 Chair's Report to the Board
- 3.4.3 Governance & Community Nominations Committee recommends that the Board approve the appointment of Rick Johnson to the Governance & Community Nominations and Audit & Finance Committees and Louis Girard to the Quality Committee
- 3.4.4 Revised GP016 CEO Replacement Policy

One change to the June 2<sup>nd</sup> meeting minutes was to add Kim Piller to the attendee list.

**MOTION**

It was moved by Mary Davies and seconded by Shelagh Maloney to approve the consent agenda.

**CARRIED**

**[Resolution: 2016-0713-02]**

4.0 New Board Members – Oath of Office

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The Board Chair issued the Oath of Office to Rick Johnson and Louis Girard.

5.0 Generative Discussion – Public Health

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Mary welcomed the medical officers of the Board of Health and thanked them for staying for the meeting.

Mary reminded the Board of the governance renewal completed last year and stated that the Board had been missing generative leadership as part of their regular exercises. This session will work towards correcting that. The indicated goal of this session is to discuss deeply the advance questions as provided in the meeting materials.

A fulsome discussion was held on all four advance questions. Some of the highlights of the discussion included:

- A desire of the Board to see more of the LHIN's available resources move towards prevention and keeping the population healthy
- Educating the public on available resources other than the Emergency Department – promote use of primary care for non-emergency use and educate the public on what constitutes a health emergency

- Look for opportunities to cooperate in a tangible way with Public Health i.e. develop a project or task force
- Develop the relationship between the LHIN and Public Health

## 6.0 Strategic Discussion – Patient Engagement

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Presented by Caroline Brereton, CEO of CCAC

Caroline introduced two patient and family care givers who are part of the Share Care Council.

Hanaa Elkaza shared her personal story as a patient engagement worker and home caregiver.

Linda Kennedy shared her personal story as a home caregiver.

Caroline highlighted some of the information in the deck that was previously shared. Part of strategic plan is a dedicated focus on being patient centered to improve the patient experience. The Share Care Council has the direct voice of the patients/care givers – it is a partnership with the patients and their families.

The membership is comprised of invited members among the community and the membership is restricted to a limited term. The mandate of the Council is very clearly defined and focus is on future improvement not immediate issues.

The Client and Caregiver Experience Evaluation (CCEE) was described and it was noted that it gives valuable insight/feedback into the experience that leads to changes and a deeper understanding on trends among service providers and care givers. It has been a struggle to move the bar on the CCEE. There needs to be a stronger focus on being patient driven to engage directly with those in need.

There is currently an Ombudsperson, Privacy and Ethics Officer. The Mississauga Halton CCAC is unique in having this role to engage with patients and families. The real value is not only one-on-one complex patient issues but analyzing what he sees and gives valuable insight. This leads to thinking differently on how to engage with partners differently to solve problems.

There has been a steady decline in complaints and a steady increase of people willing to speak out when things are not going well.

There are 15 volunteer members on the Share Care Council and they represent all regions. The Council is made up of a patient and care giver mix. The most complex patients are not physically able to participate and so the care giver provides insight. The Council is not provided with orientation or education so as to preserve their voice. The goal is to have authentic voices to inform change. The Shared Care Council is a 3<sup>rd</sup> party facilitated meeting.

## 7.0 Briefing Note

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Pre-Capital Submission: Trillium Health Partners Off-Campus Urgent Care Centre – Bill MacLeod

The LHIN received a request from Trillium Health Partners to look at their pre-capital proposal for an Urgent Care Centre. The Ministry looks to the LHINs for insight into issues and the LHIN's perspective

on these types of requests.

Sus Swartzack's team is responsible for presenting the documentation and assembling the information.

In general the LHIN is supportive of recommending this proposal. There is merit in decompressing emergency departments and in the process of dialogue with Trillium it was agreed that if it were to work there would be a need to replicate what has been successful at Queensway. There are other strategies that also need to be developed alongside this solution, including maximizing the use of emerging best practices within technologies in telemedicine.

The LHIN would look to TPH to identify and explain how this model of care will integrate with primary care providers and identify strategies to decrease utilization of Urgent Care and Emergency Care services as well as alignment with Patients First and increased integration of primary care into the health care system.

The proposed solution would go live in 2019 if approved which is quicker than a build strategy. There have been many discussions and the hospital is looking at innovative models and partnering with primary care. This solution would also address capital growth.

Liane confirmed that the approval process is phased and would involve further review by the LHIN before final approval.

A model of forecasting was used to predict what volumes would look like in the current situation if an Urgent Care Centre is not created and in the event that it is built. One of the questions to ask the hospital is for primary care patterns. The current volume is still the highest increase at 25% in the last 5 years. Despite all collaboration there is still a spike in ED visits. The Ministry will have their methodology. The LHIN staff is endorsing the plan to go forward for more discussion with the Ministry. Then the process will start and regular meetings will take place.

Halton has planned carefully but as of next year the volumes for the ED will be past the plan. The only sure way to get the volume growth addressed is a project like this. In this high growth situation the LHIN cannot pass up a chance for this type post construction project although there are funding considerations.

#### **MOTION**

It was moved by Louis Girard and seconded by Kim Piller to approve the recommendation to the Ministry of Pre-Capital Submission: Trillium Health Partners Off-Campus Urgent Care Centre.

**CARRIED**

**[Resolution: 2016-0713-03]**

#### 8.0 Items Removed from Consent Agenda

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None.

9.0 Closed Session

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**MOTION**

It was moved by Shelagh Maloney and seconded by Kimbalin Kelly that pursuant to s9(5) of the Local Health Integration Act of 2006, the July 13, 2016 Mississauga Halton LHIN Board Meeting move into Closed Session to discuss items noted in the Closed Session List.

**CARRIED**

**[Resolution: 2016-0713-04]**

On motion the meeting was returned to Open Session.

10.0 Meeting Adjournment

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**MOTION**

It was moved by Rick Johnson and seconded by Louis Girard that the July 13, 2016 meeting of the Mississauga Halton LHIN Board of Directors be adjourned, with the next regularly scheduled meeting to be held on August 24, 2016 at the Mississauga Halton LHIN office at 700 Dorval Drive, Suite 503 in Oakville ON.

**CARRIED**

**[Resolution: 2016-0713-08]**

(original signed by)

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Graeme Goebelle, Chair

(original signed by)

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Bill MacLeod, Secretary