

A Regular Meeting of the  
Orillia Soldiers' Memorial Hospital Board of Directors  
Was held on Tuesday, September 29<sup>th</sup> 2015  
6:30 p.m. in the Dr. Brian McGugan Education Room

**- OPEN SESSION -**

**Present:**

Jeff French (Chair)	Brian Sirbovan
Paulette Wilson	Leigh Popov
Dan Germain	Penny Bonner
Al Scott	Paul Leskew
Mike McMurter	Pat Campbell (President & CEO)
Glenna Tinney	Dr. Nancy Merrow (Chief of Staff & VP Medical Affairs)
Jeffrey Holec	Cheryl Harrison (VP Patient Services and Regional Programs/CNE)
Jacques Boulet	

Dr. Anjana Chawla (President of the Medical Staff Association) joined the meeting at 6:30 p.m.

**Regrets:** Ted Emond, Steve Clark, Angelo Orsi, Dr. Ben McNaull (VP of the Medical Staff Association)

**Staff Support:** Angie Harwood (VP People Partnerships & Planning)  
Doug Murray (VP Corporate Services & CFO)  
Terry Dyni (Director, Community Relations)

Nicky Marchant, EA to the CEO and Board Liaison was present to record the minutes.

**1. Education Session – What does it mean to be a Senior Friendly Hospital**

The attached presentation was provided to the Board.

The Board asked if provincial funding was keeping up with the demands being placed on the healthcare system by seniors. It was identified that the Government is aware of the need and has been providing one time funding for projects however they now want to ensure that the money they are providing is being spent wisely. This past year the NSM LHIN have been evaluating the 13 seniors programs they have in place in the LHIN and the proposal is to designate a lead organization for specialized geriatric services and we may see a redesign of the services that are currently being provided to better reflect the need and funding available.

Discussion ensued with respect to the closure of the Geriatric Day Hospital (GDH) and Kari Simpson-Adams advised the Board that we had a number of programs that the patients would use. A patient would be seen by the Integrated Regional Falls Program and they would then come to the GDH and the same things would be repeated for them. We are now working on ensuring that we have the appropriate expertise in the right place so that the patient only has to do something once.

**2. Call to Order & Opening Remarks from the Board Chair**

The meeting was called to order at 6:26 p.m.

**3. Agenda**

**Moved by Jacques Boulet  
Seconded by Leigh Popov**

**THAT OSMH Board of Directors acknowledges that they have received, reviewed and approve the Board agenda package for the September 29<sup>th</sup> 2015 Board meeting as amended.**

**CARRIED**

**4. Declaration of Conflict of Interest**

None.

5. **Patient Story**

Phil Hough provided the attached presentation on the Choosing Health Activities Together (CHAT) Clinic which included a promotional video being utilized by CHAT to promote the clinic in the community.

6. **Consent Agenda**

The Terms of Reference for the Community Advisory Committee were removed from the consent agenda.

7. **Motion to Approve Consent Agenda**

Moved by Al Scott

Seconded by Glenna Tinney

THAT the consent agenda be approved. The consent agenda included the following:

- APPROVAL of Minutes of July 29<sup>th</sup> 2015 Board Meeting Open Session.
- APPROVAL of Board Evaluation Policy – Governance Committee meeting minutes August 19<sup>th</sup> 2015
- APPROVAL of Governance Committee Terms of Reference – Governance Committee meeting minutes August 19<sup>th</sup> 2015
- APPROVAL of Governance Committee Work Plan – Governance Committee meeting minutes August 19<sup>th</sup> 2015
- APPROVAL of Orientation and Continuing Education Policy – Governance Committee meeting minutes – August 19<sup>th</sup> 2015
- APPROVAL of Investment Guidelines Policy – Resources Committee meeting minutes – September 17<sup>th</sup> 2015

**CARRIED**

7a. **Community Advisory Committee Terms of Reference**

Discussion ensued with respect to the membership of the committee. It was confirmed for the Board that the Governance Committee suggested that the first meeting of the Community Advisory Committee (CAC) be to review the Terms of Reference and to make recommendations as to the membership of the committee. The first meeting will be the smaller membership of the 2 elected Board members and the ex-officio voting Board members on the OSMH Board of Directors.

It was confirmed that the Terms of Reference will be coming back to the Governance committee for recommendation to the Board for approval at their November 2015 meeting after the initial meeting of the CAC has taken place.

8. **Quality & Safety Committee**

8.1 Accreditation Timeline

Paulette Wilson reviewed the proposed milestones for the organization to prepare for the Accreditation survey in March 2017.

Paulette Wilson reminded the Board that Quality & Safety Committee has oversight of Accreditation for the organization as a whole but the Governance Committee is responsible for ensuring the OSMH Board of Directors complies with the Governance Standards.

Pat Campbell advised the Board that Accreditation Canada has advised that the status you receive at your survey will not be amended. In previous years Accreditation Canada has provided organizations with a window to improve upon those standards that they did not meet and amended their status accordingly. This will make it harder to achieve exemplary status.

**Quality & Safety Committee meeting report received by the Board.**

**Resources Committee Report**

9.1 Financial Statements

Dan Germain reviewed the financials for the year to July 31<sup>st</sup> 2015 and provided the following highlights:

- Year to date deficit of \$695 against a budgeted deficit to the end of July 2015 of \$832K.
- Year-end forecasted deficit is \$739K against a forecasted balanced budget.

- One of the reasons for the anticipated deficit at year end is lower than expected volumes within the Oncology Satellite Clinic.
- Discussion ensued with respect to the volumes in the Oncology Satellite Clinic and the Board was advised that we are working with the Regional Centre at RVH to increase these volumes. RVH are also working with us with respect to funding for the volumes.
- Other factors for the forecasted deficit are bed utilization and staffing pressures.

Moved by Paul Leskew

Seconded by Jacques Boulet

THAT the OSMH Board of Directors accepts the financial statements to July 31<sup>st</sup> 2015

CARRIED

Resources Committee report was declared received.

10 Business Arising

None.

11 New Business

11.1 CEO Report

In addition to the written report provided to the Board in the Board agenda package Pat Campbell spoke to the following:

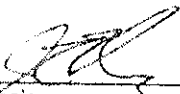
- The LHIN is holding an Acute Care Summit on September 30<sup>th</sup> which Pat Campbell and Paul Leskew are attending. The focus is on integration opportunities and ALC. The LHIN is really working on having Boards consider being more active in collaborative governance. The LHIN is also presenting their 2016 to 2019 Integrated Health Services Plan. The draft is on their website and OSMH will consider this document in its strategic plan process.
- The City of Orillia has launched the 'Sunshine Initiative' and there is a focus group occurring on October 24<sup>th</sup> that OSMH has been invited to attend.
- Pat Campbell commented on the great work of the Trillium Gift of Life Network who has just released their annual results. This has been their best year yet in terms of organ and tissue donations. The Board was encouraged to speak to people about becoming donors.  
<http://www.giftoflife.on.ca/en/>
- The Auditor General has released its report on CCACs'. Pat Campbell advised the Board that she thought that the government would take this report into consideration as they continue to implement their 10 point plan for home and community care.
- The lobby of the hospital is scheduled for reopening on October 28<sup>th</sup> 2015 with more details to follow.
- The OSMH Foundation Gala is on October 16<sup>th</sup> 2015.

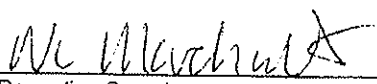
12. Adjournment to Closed Session

Moved by Jacques Boulet

Meeting moved to closed session.

CARRIED

  
\_\_\_\_\_  
Chair

  
\_\_\_\_\_  
Recording Secretary

# Inspiring Outstanding Care for Healthier Aging

OSMH Board of Directors Education Session  
September 29<sup>th</sup> 2015

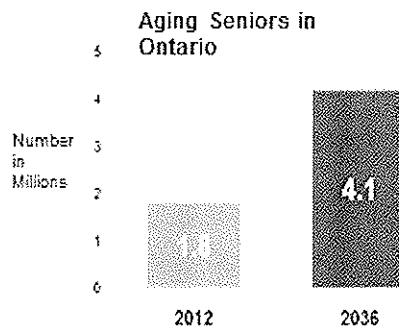
Kari Simpson-Adams, Program Director, Critical Care,  
Family Medicine, Patient Flow and Seniors Services

Cheryl Harrison, Vice President Patient Services,  
Regional Programs and CNE



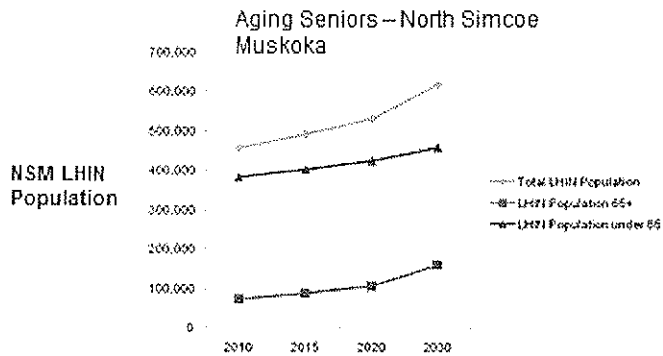
## Our Biggest Challenge

- 50% of total healthcare funding is currently spent on older adults
- 1.8 M seniors in Ontario, expected to increase to 4.2 M by 2036



## Our Population Forecast

- Over next 2 decades, LHIN population will grow and age significantly



## Why Our Focus on Seniors?

- Higher re-admission rate: 42% of patients 75 years or older
- Seniors are more vulnerable to adverse events and complications of hospital stays
- Being in hospital for a long time often results in poor outcomes
- One day in bed requires 4 days of recovery

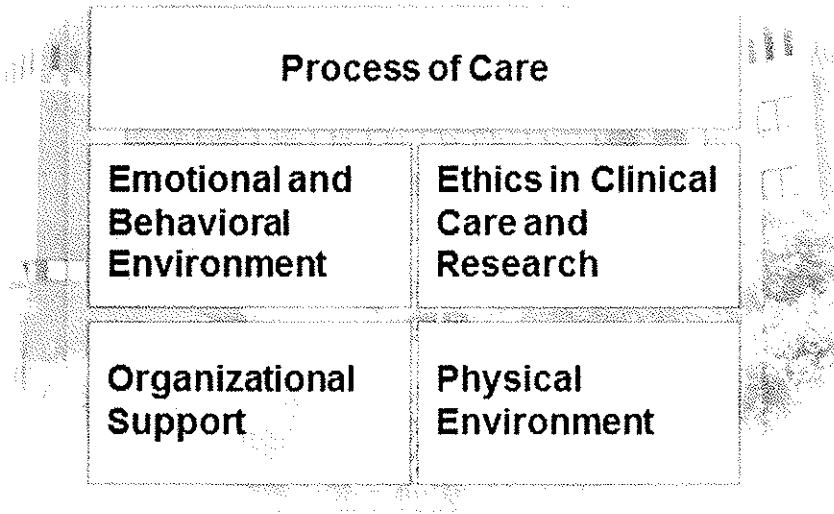
## ***Our Opportunity***

- To be leaders in a field of care that is continuing to grow and evolve
- To provide a higher level of care to the seniors we serve
- To learn from our patients lived experience and provide an opportunity to influence and participate in decision making
- To be innovative and creative in the ways we establish and improve care practices

## ***Provincial Support***

- Senior Friendly Hospital Framework created by Regional Geriatric Programs of Ontario
- 2012 Ontario government developed a seniors strategy in “Ontario’s Action Plan for Health”
- Appointment of Dr. Samir Sinha, Provincial Seniors Strategy Expert Lead
- In 2010-2011 OSMH was the lead organization for the Senior Friendly Hospital Strategy in the NSM LHIN

## **Senior Friendly Hospital Framework**



## **Internal & External Activities**

### Internal

- Senior Friendly Steering Committee
- Senior Friendly Operations Committee
- Visioning Day (2013)
- Clinical Service Plan (2015)
- Environmental review (Code Plus)

### External

- IRFP Steering Committee
- In Home & Community Capacity Steering Committee
- Specialized Geriatric Services Steering Committee
- SFHS Task force
- Assess & Restore Advisory Committee
- RGP

## ***OSMH Highlights***

- Focus on Chronic Disease Management (COPD, Stroke, CHF)
- GPA Training for clinical and non clinical staff
- Delirium – Education
- Integrated Regional Falls Program (IRFP) 2009
- Nurse Practitioner Lead Outreach 2011
- 600 Steps and HELP– Soldiers’ 2 - 2011
- Family Presence Policy- September 28<sup>th</sup> 2015
- Community Based Assess and Restore Programming- 2015
- ACE (Acute Care for the Elder) Strategy 2016

## ***OSMH-Led Initiatives***

**“Inspiring  
Outstanding Care  
for Healthier  
Aging”**



# Choosing Health Activities Together (CHAT)

Philip Hough  
Program Director



## *History*

- Childhood Obesity is one of today's most serious health care concerns
- Canadian school aged youth are among the most obese in the world
- Approximately 17% of our population is overweight and 9% is obese
- In 2012, the 2009-2011 Canadian Health Measures Survey showed that nearly 1/3 of Canadian 5-7 year olds were overweight or obese
- Obesity is now recognized as a primary disease

## **Outcomes**

- Childhood obesity tracks into adulthood, as do the co-morbidities:
  - Type 2 diabetes
  - Hypertension
  - Hyperlipidemia
  - Mental health issues
- 80% of overweight or obese children will remain overweight or obese into adulthood

## **Background**

- The PDEC has been addressing the problem of obesity and type 2 diabetes within high risk outreach clinics
- Initial proposal for Obesity clinic was submitted in 2006
- In 2007-2008, PCMCH struck an advisory committee to examine healthy weights (OSMH was represented). This led to pilot projects for tertiary level care for those with severe or complex obesity at SickKids and CHEO
- From 2009-2012, OSMH was the site of NOPT2P, multidisciplinary program targeting FNMI communities where changes in BMI, BP, HgA1C and life changes were demonstrated until ongoing funding ended
- In 2013, the Ontario government established a goal of reducing childhood obesity by 5%

## **Background**

- In 2014, PCMCH reconvened a pediatric obesity advisory committee, now known as the Ontario Paediatric Bariatric Network (OPBN). OSMH is Administrative Co-Chair of this provincial network.
- Network will focus on timely, high quality, evidence-based, family-centered care at the appropriate level for children and youth, close to home
- In June 2014, proposals were requested by the MOHLTC for enhancement funding for the treatment of paediatric obesity
- OSMH was successful in our application

## **CHAT**

- Enhancement funding allowed us to hire an exercise therapist, a social worker, and a registered nurse, with the proviso that we funded a dietician
- Funding did not include overhead, equipment, supplies, etc
- The clinic is currently operating out of space in the Dr. Charlie Baillie Paediatric Clinic on Harvey 3

## ***Partners***

- Vertical Zone (trampoline)
- Orillia Youth Centre
- YMCA Simcoe Muskoka
- Orillia Parks, Recreation and Culture
- Orillia Museum of Art and History
- Gauthier's Martial Arts and Self Defense
- Orillia Music Centre
- Orillia Community Garden
- Cross Fits Kids Orillia
- Zehr's

## ***Benefits***

- Finally a treatment option for this challenging and increasingly prevalent chronic disease is being made available to our region
- The addition of yet another specialized regional paediatric program with dedicated resources to serve 160-180 children and youth per year
- Increased linkage between paediatric obesity and the paediatric diabetes and eating disorders programs
- Goal – work towards treating and reversing complex severe obesity and associated co-morbidities, preventing further obesity and associated complications, and to help transition the child back into the community

### *Next Steps*

- Programming started in Orillia and area in June
- Formal 10 week program started in September
- Now we need to spread to the rest of the region
  - In-service scheduled for Couchiching FHT

### *Challenges thus Far*

- Significant number of participants with ASD, ADHD and/or LD are presenting challenges for programming. They are very complicated and families are complex.
- Lack of funding to grow program (equipment, supplies, transportation, education)
- Implications on staff time and quality of programming/intervention as program extends beyond Orillia
- Coordinating care with other OSMH clinics – Asthma, Diabetes- and the paediatricians

### *Lessons learned to Date*

- We have only touched the surface in terms of the number of children and youth we can provide services for
- We cannot plan for everything – there needs to be flexibility
- Stay positive!!
- Build in flexibility to meet the needs of parents in terms of time for appointments, programming and touching base outside of "work" hours
- Program requires clerical support

### *Finish with a smile*

<https://www.youtube.com/watch?v=6uYGxil6wvU>