A Regular Meeting of the
Orillia Soldiers' Memorial Hospital Board of Directors
Was held on Tuesday, January 26th 2016
6:30 p.m. in the Dr. Brian McGugan Education Room

- OPEN SESSION –

Present:
Jeff French (Chair)
Paulette Wilson
Dan Germain
Al Scott
Mike McMurter
Ted Emond
Angelo Orsi
Jacques Boulet
Steve Clark
Leigh Popov
Penny Bonner
Paul Leskew
Glenna Tinney
Dr. Ben McNaull (VP of the Medical Staff Association)
Pat Campbell (President & CEO)
Dr. Nancy Merrow (Chief of Staff & VP Medical Affairs)
Kari Simpson-Adams (CNE & PD Local Patient Programs)

Via Teleconference: Brian Sirbovan

Dr. Anjana Chawla (President of the Medical Staff Association) joined the meeting at 7:32 p.m.

Regrets: Dan Germain,

Staff Support: Angie Harwood (VP People and Planning) via teleconference
Cheryl Harrison (VP Regional Patient Programs)
Doug Murray (Exec 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 – Health Links**

Stephanie Kersta, Project Manager and Sandy Dupuis, System Navigator from the Health Links Project provided the attached presentation to the Board.

The aim of Health Links is to work with the patient on their goals and ensuring that they get the right care to help them achieve those goals.

Health Links has been operational for the past year and have had 52 referrals. Most referrals come from Primary Care but also from OSMH Emergency Department, Community Paramedicine, Hospital Patient Navigators etc.

Will be preparing a year-end report to be issued after March 31st 2016.

The Board was advised that Health Links is not an organizational entity but an enabler and it is supported in our region by the Couchiching Family Health Team. OSMH is an active partner.

Current funding ends March 31st 2016 but the hope is that it will continue.

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

The meeting was called to order at 6:35 p.m.

Jeff French welcomed Kari Simpson-Adams as the new Chief Nursing Executive and Board member and Charles (Chuck) Penny the member nominated to the OSMH Board of Directors by the Royal Canadian Legion to their first meeting of the OSMH Board of Directors.

3. **Agenda**

Moved by Steve Clarke
Seconded by Al Scott
THAT OSMH Board of Directors acknowledges that they have received, reviewed and approve the Board agenda package for the January 26th 2016 Board meeting.

CARRIED

4. **Declaration of Conflict of Interest**

None.

5. **Patient Story**

Nicky Marchant provided an overview of a patient story highlighting the need for patients and families to understand that they need to have plans in place to support discharge when the acute need has been addressed.

6. **Consent Agenda**

7. **Motion to Approve Consent Agenda**

Sick Time was pulled from the consent agenda to the Resources Committee Report.

Moved by Jacques Boulet
Seconded by Leigh Popov
THAT the consent agenda be approved. The consent agenda included the following:

- **APPROVAL of Minutes of November 24th 2015 OSMH Board of Directors meeting**
- **APPROVAL of the Board Evaluation Policy – see minutes of December 16th 2015 Governance committee meeting**
- **APPROVAL of CEO Performance Appraisal Policy and COS Performance Appraisal Policy – see minutes of December 16th 2015 Governance committee meeting**
- **APPROVAL of Annual Corporate Members:**
  - **Kari Simpson-Adams, 1189 Flos Road 3 W, Phelpston, Ontario L0L 2K0;**
  - **Charles Penny, 75 Carter Crescent, Orillia, Ontario L3V 7R8**

CARRIED

8. **Quality & Safety Committee**

8.1 2016/17 Quality Improvement Plan

Paulette Wilson provided an overview of the process that has been adopted for the creation of the 2016/17 Quality Improvement Plan (QIP) and the proposed indicators that will be identified on the QIP.

The 2016/17 QIP will come to the March Board meeting for approval.

We will continue to track all of the indicators but the 4 identified will be the only ones identified for performance improvement.

Patient satisfaction percentage is based on those patients that have identified 'would definitely recommend'.

Quality & Safety Committee meeting report received by the Board.

9. **Resources Committee**

9.1 Financial Statements

Moved by Ted Emond
Seconded by Angelo Orsi
THAT the OSMH Board of Directors accepts the unaudited financial statements to November 30th 2015.

Paul Leskew reviewed the financial statements for the Board highlighting the following issues that are impacting the year-end financial performance forecast:

- Higher than budgeted salaries, wages and benefits
  - Staffing to accommodate the 750 higher than budget ALC days
  - Staffing for higher than expected medical patient days
  - Higher than budgeted severance costs
  - Higher than budgeted WSIB payments
- Higher than budgeted increases for electricity
- Lower than expected volume for the Oncology clinic.

The following were identified as mitigation initiatives to improve the forecasted year end results:

- Settlement of the Redevelopment claims related to the Freezestat and Pharmaceutical losses.

- Negotiation of settlement of change orders from the Ministry of Health and Long Term Care related to the redevelopment
- Recognition of Regional Kidney Care Program contingency investment for capital.
- Additional wait time funding for MRI
- New purchasing efficiencies for purchase of hip and knew prosthesis
- Release of contingency funding
- Potential to try and incorporate, as much as possible, the additional 9 hip and 9 knees provided through wait time funding into the current OR Schedule. We may have to move some other cases further into the future in order to accommodate the additional hips and knees.

The Board expressed concern with respect to the current year end forecasted deficit and the work that had to be done to achieve a balanced year end for the 2015/16 year. It was acknowledged that the current forecasted deficit is not material in relation to the overall budget however management and administration will work to achieving a balanced position for year end.

The Board acknowledged they were accepting the statements as a true reflection of the current position.

The Board also acknowledged the tough times ahead with a 5th year of flat lined funding.

CARRIED

9.2 Sick Time

Angela Harwood commented on the briefing note that was provided to the Board through the Resources committee to regarding current sick time use.

It was identified for the Board that sick time is improving but we do have the capacity to improve further however this will require considerable time and effort on the part of the management team.

Discussion ensued with respect to morale and the impact that this can have on sick time. The Board was advised that we will be conducting a full engagement survey in April 2016. We are seeing sick time improve in this current year but cannot assume that morale is also improving.

The Board was advised that we could see an impact on our organization with the introduction of the Patient First strategy by the Ministry and the change in practice to have the patient looked after in their own home. We have a large female employee group who are often the caregivers, our employees are health professionals and they often bear the impact of being the health interpreter for the family and we also provide a benefit package to staff who are taking on the caregiver role.

It was confirmed for the Board, that where the number of individuals completing the survey was high enough, we would be able to compare engagement results to sick time.

10 Business Arising

Doug Murray advised the Board that the report of a 42% reduction year over year in energy use at the November 2015 was incorrect and our actual reduction is 3 to 4%. We are trying to identify where the estimate came from to address the data quality issues.

Discussion ensued with respect to the implementation of co-generation and the Board was advised that we have now secured approval for a $2.5M loan and expect implementation to be about 1 year from approval.

11 New Business

11.1 CEO Report

Pat Campbell advised that in addition the information provided in the CEO report the following were new additions:

- Ministry directives regarding parking rates – we are within the parameters of the directives issued.
- The NSM LHIN has issued an email advising that the Ministry is looking for feedback on their discussion paper 'Patients First: A Proposal to Strengthen Patient-Centered Health Care in Ontario. Board members were encouraged to provide their feedback.
- Senior Team has approved a policy on Privacy Breach Management. This is a policy that was developed in conjunction with all of the LHIN Privacy Officers utilizing a systems approach and consistency.
- The District of Muskoka has approved our request for approximately $50K of funding for the NICU renovations for the one year. The total request was for $217K and this will be reviewed on a year by year basis.

- Our annual Healthscene Magazine that is issued in conjunction with and distributed by the Orillia Today Newspaper will be released on February 11th 2016.
- The 6 transitional beds to be operated by Helping Hands in Brechin have been approved by the NSM LHIN and 3 of the beds are now open with the next 3 to open in February 2016.
- This is the final year in the 10 year commitment from for capital spending by Hospitals the County of Simcoe. We received significant support from this fund during our community tower redevelopment.

12. **Adjournment to Closed Session**

Moved by Michael McMurtrer
Meeting moved to closed session.

CARRIED

Chair

Recording Secretary

HealthLink

Couchiching Community Health Link

Couchiching Community Health Link

"I value care that is Respectful, Responsive, Right for Me"

VSM August 2013

Ontario

Introductions and Background

Stephanie Kersta

Sandy Dupuis

Liz McCormick

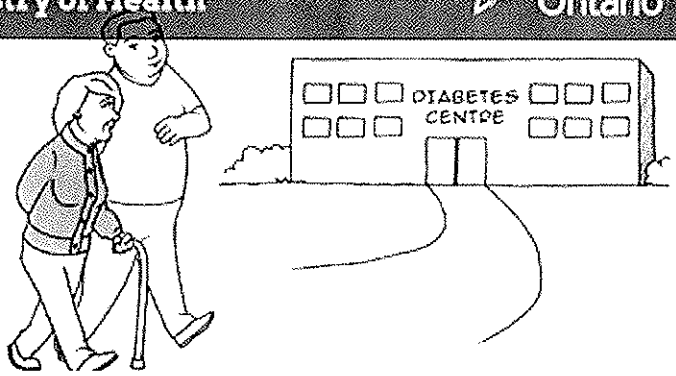
Dr. Becky van Iersel

Lynne Davies

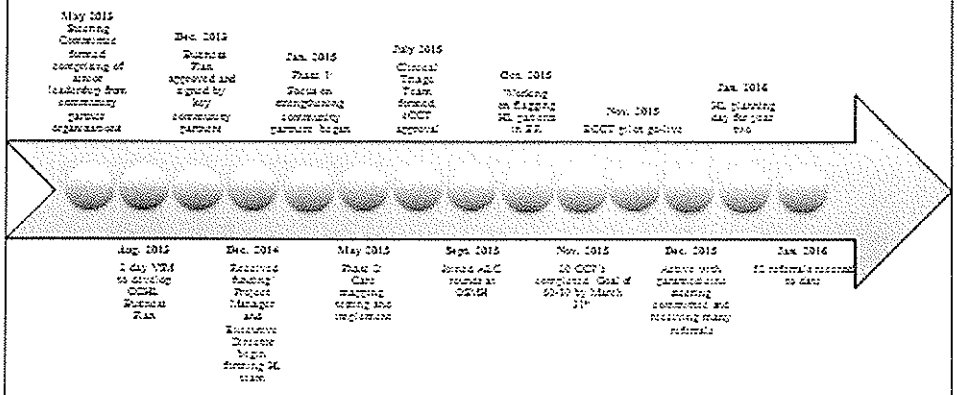
Meet Mary...

Client:
Ministry of Health

Ontario

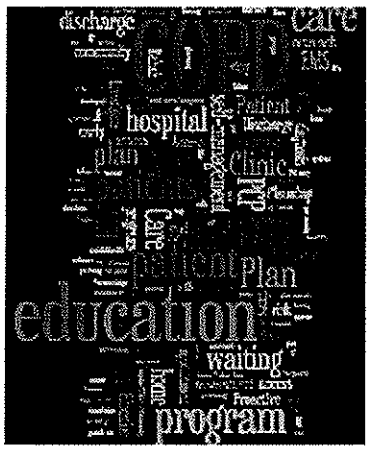


Our Health Links Journey



Patient-Centered Model Led by Primary Care

- Creating strong community partnerships
- Fiscal responsibility
- Strong privacy framework
- Solid process mapped out
- Individualized quality of care



Clinical System Navigation

- ***Identify*** complex patients
- ***Collaborate*** with community partners and health care providers
- Act as ***liaison*** between transition points in care
- ***Follow up*** with patient's post-discharge from hospital
- Ensure that ***medication reconciliation*** has been completed after transitions in care
- Identify, integrate, and address ***social factors*** impeding the patient's ability to achieve optimal health outcomes
- Facilitate ***shared-care planning*** between transition points of care
- ***Monitor and evaluate*** the patient's care coordination plan against expected outcomes
- ***Advocate*** on behalf of the patient/family and caregiver
- ***Create spread*** across the ***continuum of care*** by engaging health care providers and social service partners in Orillia and area

Patient Story # 1 – Jack

- Meet Jack – 62 year old
- In hospital 174 days because of health complications (delirium, pneumonia, foot wound, heart irregularity)
- System Navigator aware of client because of attendance at weekly ALC meetings. Discharge plan included family meeting at hospital; System Navigator (SN) invited (able to meet client / support person and schedule a home visit).
- Home visit arranged for day after d/c to assess coping at home and health goals "Wanting to stay at home". Jack does have CCAC services (48 hr Rapid Response Nurse/Wound Care nurse). Support person providing full time care.

Jack continued...What has worked well.

- "No rules" environment therefore able to see as often as needed (12 visits to date)
- ***Collaboration,*** communication and access with Primary Care Provider (Physician)
- One visit to ER – "altered level of care". Able to see the ***following day*** to ***review medications*** (support person providing wrong dosage of medication). This was corrected.
- Weekly communication with community supports (Clinical Triage Team) therefore able to ***advocate*** to have SW see client to assess. POA document completed by SW (challenge for the PCP)
- Linked with the Smoking Cessation counsellor at the Family Health Team. Jack has been smoke free since April 2, 2016. ***Advocating*** for Jack to enrol in this program has provided free NRT (Jack pays for his medications = $32/week for NRT).

Patient Story #2 - Mary

- Called 0730 from OSMH regarding patient "Mary" in ER
- Met with Navigator in ER to discuss/plan/next step
- Mary called and visit arranged ***(follow up post d/c)***
- Many challenges ++ however, was able to schedule second home visit (patient very suspicious because "all of a sudden, everyone wants to help me")
- Second visit (and thinking about her goals) Mary says "I need to get my affairs in order". Confirmed that this is her goal and would help her ***(advocate)***
- Met with PCP the following day ***(collaborate)***, advised re Mary's goal and asked PCP to continue this conversation (Mary trusts her and would follow her advice)

Mary continued...

- Arranged for Family Health team Social Worker to meet with Mary and myself to complete POA papers. Also asked CCAC Care Coordinator to join ***(shared-care planning)***
- Mary arrived with POA – thought she was not coming as she arrived late and had not made transportation arrangements
- POA was able to provide insight into **"who Mary really is" versus what we see on the outside**
- CCAC completed LTC papers "just in case"
- Relationship created with POA ***(advocate/liaison)*** who I have now contacted as Mary no longer wants anyone coming into see her (too many people have contacted her)

Patient Story #3 - Darryl

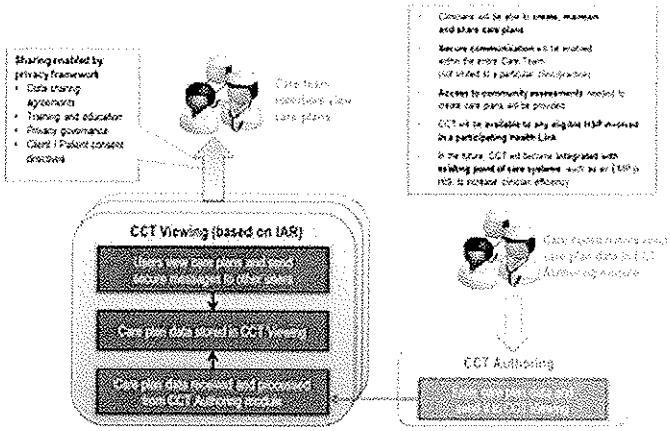
- 50 year old living with spouse in rental unit
- House bound because of his weight/no transportation
- *Lost all of his identification when they moved 3 years ago** Can't get new HC unless he has birth certificate which he can't get because he is unable to physically go to town office
- Was in hospital for 5 weeks for wound on his foot
- No appropriate foot wear
- Services – CCAC for wound care monthly (spouse provides dressing changes every 2 days); SW/OT no longer in home
- ODSP but has not seen case worker since 2008
- Means of communication is email from the local library

Darryl – Next Steps

- Contacted CCAC Care Coordinator, Social Worker and Primary Care Provider (Physician) to discuss ***(shared care-planning, collaborating, liaison, address social factors)***

- Case Conference – waiting for call back from CMHA and ODSP

eCCT Proof of Concept



System-Level Sustainable Changes