

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

Minutes of the Meeting of the Audit Committee Sept. 21, 2016

A meeting of the Audit Committee of the Board of Directors of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) was held on September 21, 2016, at the Boardroom, Hamilton Niagara Haldimand Brant Local Health Integration Network, 264 Main Street East, Grimsby, Ontario, beginning at 12:30 p.m.

PRESENT:

Voting Members: Laurie Ryan-Hill, Chair

Bill Thompson, Member

Dominic Ventresca, Member

Madhuri Ramakrishnan, Member

Non voting: Michael P. Shea, Board Chair (ex-officio)

Janine van den Heuvel, Member

Mervin Witter, Vice Chair

HNHB LHIN Staff

in Attendance:

Donna Cripps, Chief Executive Office

Helen Rickard, Corporate Coordinator, Recording Secretary

Derek Bodden, Director, Finance

Rosalind Tarrant, Director, Access to Care

Steve Isaak, Director, Health System Transformation

Dr. Jennifer Everson, Physician Lead, Clinical Health
System Transformation

Emily Christoffersen, Director, Quality & Risk Management

Trish Nelson, Director, Communications, Community Engagement and
Corporate Services

Guests:

Theresa Smith, Vice-President, Adult Regional Care, Hamilton Health
Sciences Corporation

Dr. Shanker Nesathurai, Chief of Physical Medicine and Rehabilitation,
Hamilton Health Sciences Corporation and St. Joseph's
Healthcare Hamilton

A. Convening the Meeting

A.1 Call to Order

A quorum was present.

A.2 Approval of the Agenda

MOVED: Dominic Ventresca

SECOND: Bill Thompson

That the agenda of September 21, 2016, be adopted, as circulated.

CARRIED

A.3 Declaration of Conflicts

No conflicts were identified at this time.

B. Minutes of the last meeting

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

MOVED: Bill Thompson

SECOND: Dominic Ventresca

That the minutes of August 31, 2016, be adopted, as circulated.

CARRIED

C. Consent Agenda

C.1 Consent Agenda of September 21, 2016

MOVED: Dominic Ventresca

SECOND: Madhuri Ramakrishnan

That the Audit Committee adopts the consent agenda of September 21, 2016 consisting of:

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

CARRIED

D. New/Other Business

D.1 2016-17 Community Investment Funding

D.1(i) Acquired Brain Injury and Stroke Community Transitional Program

MOVED: Bill Thompson

SECOND: Dominic Ventresca

That the Audit Committee recommends 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.

*Note: Includes \$2,000,000 base funding approved at the June 24, 2015 HNHB Board of Directors Meeting and \$1,000,000 base funding from the 2016-17 community investment allocation.

CARRIED

Key Points of Discussion:

- (Presentation was provided and appended to original set of minutes as Appendix 1).
Presenters: Theresa Smith, Vice-President, Adult Regional Care, Hamilton Health Sciences Corporation
Dr. Shanker Nesathurai, Chief of Physical Medicine and Rehabilitation, Hamilton Health Sciences Corporation and St. Joseph's Healthcare Hamilton
Rosalind Tarrant, Director, Access to Care, HNHB LHIN

Clarification was provided regarding the following items:

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

- The preferred proposal was submitted by Lake Country Learning Inc., trade name CONNCECT. 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.
- Patient referrals will be processed through a centralized intake system and monitored to ensure continual flow.
- 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 contract would include termination clauses.
- The contract terms are seven years with an option for renewal up to five years.
- Performance accountability will be the responsibility of Hamilton Health Sciences to monitor and enforce.
- The proposed vendor would be governed through the Hamilton Health Sciences Multi-Sector Service Accountability Agreement.
- 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.
- The proposed vendor if approved would be located in the Hamilton area.
- It was confirmed that the program and facility would be operational by 2018.

D.1(ii) Home and Community Care Collaborative

MOVED: Dominic Ventresca

SECOND: Madhuri Ramakrishnan

That the Audit Committee recommends 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.

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.

CARRIED**Key Points of Discussion:**

- It was noted this funding request is for new clients being serviced by this program and will reduce the current wait list to approximately 75 people.
- Currently the criteria used to prioritize clients on the waitlist includes time waited, acuity of care required, and caregiver distress.
- The LHIN will be meeting with the Community Care Access Centre to discuss and understand the criteria used to waitlist clients.

D.1(iii)Six Nations of the Grand River – Palliative Care

MOVED: Dominic Ventresca

SECOND: Bill Thompson

That the Audit Committee recommends 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

Key Points of Discussion:

- Clarification was made to advise that this funding request is to support the Six Nations Palliative Care Outreach Team not to support the transfer of two beds at Iroquois Lodge Long-Term Care Home into a specialized unit for palliative care.
- It was noted that Indigenous patients off the reserve want to come home for end-of-life care.
- The Palliative Care Outreach Team provides both western and traditional care at home.

D.2 Quarterly Report – Second Quarter

MOVED: Bill Thompson

SECOND: Dominic Ventresca

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

CARRIED

Key Points of Discussion:

- Upon approval of the Board of Directors the quarterly report will be submitted to the Ministry by September 30, 2016.
- It was noted that if not all the funds received to support the transition planning under the Patients First proposal are used the balance is returned to the ministry.

E. Meeting Adjournment

MOVED: Laurie Ryan-Hill

SECOND: Madhuri Ramakrishnan

The Audit Committee Meeting adjourned at 2:12 p.m.

CARRIED

Original Signed by:

Laurie Ryan-Hill, Audit Committee Chair

October 26, 2016

Date

Original Signed by:

Donna Cripps, Corporate Secretary

October 26, 2016

Date