Hamilton Niagara Haldimand Brant
Local Health Integration Network
Minutes of the Meeting of the Audit Committee June 22, 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 June 22, 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)
	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
	Emily Christoffersen, Director, Quality & Risk Management
	Linda Hunter, Director, Health Links and Strategic Initiatives

A. Convening the Meeting

A.1 Call to Order

A quorum was present.

A.2 Approval of the Agenda

MOVED: Bill Thompson
SECOND: Dominic Ventresca

That the agenda of June 22, 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 May 25, 2016

MOVED: Dominic Ventresca
SECOND: Madhuri Ramakrishnan

That the minutes of May 25, 2016, be adopted, as circulated.

CARRIED

C. Consent Agenda

The Audit Committee Chair removed Item C.1.(ii) Health Service Provider Waivers from the consent agenda and placed it on the regular agenda as item D.4 for consideration.

C.1 Consent Agenda of June 22, 2016

MOVED: Bill Thompson
SECOND: Dominic Ventresca

That the Audit Committee adopts the consent agenda of June 22, 2016 consisting of:

i. Confirmation of Funding

CARRIED

D. New/Other Business

D.1 Quarterly Report – Q1

MOVED: Madhuri Ramakrishnan
SECOND: Dominic Ventresca

That the Audit Committee Recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the First Quarter Report.

CARRIED

Key Points of Discussion:

- It was noted that the Employee Benefit expenses are trending unfavourable but are expected to balance by year end.
- There is a year-to-date positive variance in the Governance per diem account. This is based on the fact that HNHB is budgeting on a full board compliment for 2016-17.
- It was noted that Other Governance Costs include travel and conference costs.

D.2 Six Nations Grand River Traditional Medicine

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 $199,471 base funding prorated to $132,981 funding in fiscal 2016-17 and up to $6,200 one-time funding in 2016-17 to Six Nations of the Grand River to increase access to Traditional Medicine resources.

CARRIED

Key Points of Discussion:

- Following the November 2015 conference on harmonizing Indigenous wellness in medicine and health practices and subsequent meetings between Six Nations health service providers and the HNHB LHIN as part of Patients First discussion a number of priority areas were identified to improve access to health care services/outcomes for residents of Six Nations. From these consensus was reached on three priority areas for action. The priority areas are Primary Care, Traditional Medicine, and Homecare (including Palliative Care).
- Six Nations has been approved for the Managed Entry List of areas of high physician need and is now positioned to begin recruitment of physicians under a Family Health Organization primary care model.
- Six Nations health services is proposing the development of a Traditional Medicine Program that would function under the guidance of the Six Nations Traditional Medicine Advisory Council.
- The funding requested is to establish a traditional medicine program.
- Services offered would include one-on-one visits, group ceremonies as well as access to various specialties of Traditional Medicine such as Diagnosis Specialist, Medicine Men/Woman, Healers, Traditional Counsellors, Faith Keepers, and other Ceremonialists.
- It was noted that the demographic for the services provided is to all age groups.
- Currently Six Nations Family Health Team receives annual funding from the Ministry of Health and Long-Term Care to support Traditional Medicine and Healing services for approximately two days a month.
- The development of this program will improve access to Traditional Medicine.

D.3 Good Shepherd Centre Hamilton Emmanuel House

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 $55,630 one-time funding for up to a maximum of two years (2016-17 and 2017-18) to Good Shepherd Centre Hamilton - Emmanuel House Assisted Living Program so that they can continue to operate all 10 beds while they address the required capital upgrades to be compliant with Ontario Regulation 150/13 of the Fire Code.

CARRIED

Key Points of Discussion:

- An update was provided to advise the Audit Committee that on June 15, 2016 after this Audit Briefing Note had been submitted the HNHB LHIN received notification of new funding for approved Residential Hospices. This approval included additional base funding of $150,000 for Emmanuel House.
- The new approved funding would allow Emmanuel House to support the increased staffing level required by the Fire Department.
- Additional information received provided support to continue to move forward with the recommendation for one-time funding for GSCH. This included:
    - the Ministry of Health and Long-Term Care's (ministry) recent approval of new base funding allows RHs to redirect funding that exceeds the total costs for nursing and personal support services to support other costs associated with meeting the medical needs of patients and caregivers in RHs, including:
        - social work services
        - care coordination services
        - medical supplies and equipment; and
        - training
- Emmanuel House has experienced challenges with maintaining occupancy, the increased base funding recently approved by the ministry would allow Emmanuel House to increase their nursing resources allowing them to accommodate residents with high care needs. Emmanuel House has also reached out to community service provider to support volunteer palliative visiting services. The additional base funding would provide Emmanuel House with resources to increase their nursing capacity and medical supplies to accommodate residents with high care needs and potentially to develop and support a volunteer palliative visiting service.
- With this funding Emmanuel House would be expected to maintain an occupancy rate of greater than or equal to 80%.
- It was noted that Mental Health issues are high in the population served by Emmanuel House and in many cases individuals have nowhere else to go.

D.4 Health Service Provider Waivers

MOVED: Bill Thompson
SECOND: Dominic Ventresca

That the Audit Committee recommends that the Board of Directors receive and file the update on Health Service Provider Waivers.

CARRIED

Key Points of Discussion:

- An overview was provided explaining the process and addressing concerns regarding the submission of Balanced Budget Waivers for five hospitals within the HNHB LHIN.
- It was noted that the Health System Funding Reform (HSFR) was not confirmed via funding letter until November 2015. HSFR is the most significant component of a hospitals overall funding. Due to this timeline planning and forecasting becomes challenging.
- HSFR has impacted hospitals positively and some hospitals negatively.
- All hospitals will be reporting their final 2015/16 year end financials to the LHIN by June 30, 2016, which will reflect their final year position.
- It was noted that the Hospital Service Accountability Agreement requires that hospitals run a balanced budget. The hospitals that have a deficit status are required to develop a plan that outlines steps to balance within the following fiscal year.

E. Meeting Adjournment

The Audit Committee Meeting adjourned at 1:43 p.m.

CARRIED

Original Signed by: August 31, 2016

Laurie Ryan-Hill, Audit Committee Chair **Date**

Original Signed by: August 31, 2016

Donna Cripps, Corporate Secretary **Date**