

BRIEFING NOTE
Toronto Central Local Health Integration Network
Board of Directors Meeting
October 26, 2016

Agenda Item 1 – Welcome & Call to Order

The Toronto Central Local Health Integration Network (TC LHIN) welcomes the public to its open Board meeting. Please refer to A Guide to Open Meetings of the Toronto Central Local Health Integration Network (LHIN).

Agenda Item 2 – Guide to Open Meetings of the Toronto Central Local Health Integration Network

Link to guide:

<http://torontocentrallhin.on.ca/~media/sites/tc/New%20media%20folder/Board%20and%20Governance/Guide%20to%20Open%20Meetings.pdf>

Agenda Item 3 – Approval of Agenda

TIME	DUR (MIN)	ITEM	TOPIC	PRESENTER/ DISCUSSANT	MOTION REQUIRED
4:00	1	1	Welcome and Call to Order	John Fraser	
4:01	1	2*	Guide to Open Meetings of the Toronto Central Local Health Integration Network	John Fraser	
4:02	1	3	Approval of Agenda	John Fraser	✓
4:03	1	4	Declaration of Conflict(s)	ALL	
REGULAR BUSINESS					
4:04	1	5*	Approval of September 9, 2016 Draft Minutes 5.1 Draft Minutes – September 9, 2016	John Fraser	
BUSINESS ARISING					
4:05	35	6*	Integration Work Plan 6.1 Briefing Note 6.2 Integration Work Plan	Susan Fitzpatrick/Bill Manson	✓
NEW BUSINESS					
4:40	10	7*	Integration - Parkdale Community Health Centre and Queen West Central Toronto Community Health Centre 7.1 Briefing Note	Bill Manson	✓
4:50	10	8*	Capital 8.1 Briefing Note – West Park Hospital	Bill Manson	✓

			Capital Submission 8.2 Capital Framework Guide			
5:00	5	9*	Bellwood Health Services' 2008-17 Private Hospital Service Accountability Agreement 9.1 Briefing Note 9.2 Notice of Assignment	Bill Manson	✓	
REPORTS						
5:05	5	10*	CEO Report 10.1 CEO Report	Susan Fitzpatrick		
5:10	5	11*	Finance and Audit Committee Report 11.1 Q1 Risk Report 11.2 Q1 MLAA Report 11.3 2015/16 HSP Financial Performance Report	Felix Wu		
5:20	5	12*	Governance and Nominations Committee Report 12.1 Governance and Nominations Committee Meeting Report 12.2 Governance and Nominations Committee Terms of Reference	Carol Perry	✓	
CONSENT AGENDA (Any Board member may request that any item be removed from this consent agenda and moved to the regular agenda)						
5:25	1	13*	Q1 and Q2 Certificate of Compliance 13.1 Briefing Note 13.2 CEO Certificate of Compliance 13.3 Q1 and Q2 Chair Attestation Q1 Financial Report 13.4 Briefing Note 13.5 Consolidated Financial Report 13.6 Financial Reports – TC LHIN, HSP, Discretionary and Shared Services	John Fraser	✓ ✓	
PRESENTATION						
5:30	30	14*	University Health Network – Strategic Plan and Population Health 14.1 Presentation	Dr. Peter Pisters		
CLOSED SESSION						
NEXT BOARD MEETING						
6:58	1	20	Other Business	John Fraser		
6:59	1	21	Next Board Meeting November 30, 2016, 4:00-7:00 p.m. TC LHIN	John Fraser	✓	
ADJOURNMENT						
Agenda Item 4 – Declaration of Conflict(s)						

The Board member(s) shall at this time in the meeting declare any conflict(s) of interest in accordance with the LHIN Conflict of Interest Policy.

Agenda Item 5 – Approval of Minutes – September 29, 2016

To be posted to website once approval made by the Board.

Agenda Item 6 – Integration Work Plan

Topic: Toronto Central LHIN Integration Review – Implementing the Integration Program

PURPOSES OF THIS AGENDA ITEM:

To provide a description of the plan to implement the recommendations from the third party review of integrations in Toronto Central LHIN.

BACKGROUND:

On May 26, 2016, Toronto Central LHIN staff provided a response to the third party review of integrations “*Advancing the Integration Conversation*”. The recommendations in the staff response were to:

- *Accept the assessment of the recommendations contained in the third party review report; on integrations;*
- *Directs staff to prepare a fulsome work plan by September 2016 with courses of action to implement the recommendations, and*
- *Directs staff to present an evaluation of the implementation of the work plan in September 2019.*

The attached document: “*Implementing the Integration Planning Program*” outlines the work plan to implement the recommendations from the integration review conducted earlier this year. This briefing note provides suggested implementation details for Toronto Central LHIN in each of the five major steps described in the document. Together, this Integration Program will be implemented over the next three years.

It is essential to understand that this is a three-year plan; therefore, adjustments to the courses of action are expected and necessary as advances are made in the major work streams of Toronto Central LHIN, such as but not limited to, LHIN Sub Region development, and the Integration of In-Home and Community Care.

This Integration Program responds to the three initial questions that originally launched the third party review:

- *How does Toronto Central LHIN sustain success in voluntary integrations?*
- *How does Toronto Central LHIN successfully lead facilitated integrations?*
- *Where should Toronto Central LHIN look to lead facilitated integrations?*

By implementing this Program, the full spectrum of integration activity will be established as a credible tool to help achieve improved services to patients and clients. At very least, this Integration Program will generate, exponentially, more integration conversations among health service providers and other stakeholders across the health care system. By increasing the number of integration conversations, we will move closer to an

integrated health care system.*

Recommendations from the Third Party Review:

Recommendation 1 - Create a shared understanding across the Toronto Central LHIN that integration means a spectrum of activities – not only organizational mergers – to create desired change, including partnerships, collaborations, transfers and consolidations of programs, services, and back office administrative functions within and across sectors.

Recommendation 2: The Toronto Central LHIN should establish Sub-LHIN Region Integration Tables tasked with system planning, and identifying, prioritizing, and coordinating integrations that will create better client/patient outcomes and experiences, especially in community mental health and addictions, home and community care, and primary care services and programs, consistent with existing Service Accountability Agreements, the Toronto Central LHIN's agreement with the Ministry of Health and Long-term Care, and the Toronto Central LHIN's Strategic Plan priorities.

Recommendation 3: The Toronto Central LHIN should drive system change by identifying, encouraging, and if needed, facilitating and supporting integrations that will have a measureable positive impact on the health of the population in Toronto Central LHIN and beyond, consistent with existing Service Accountability Agreements, the Toronto Central LHIN's agreement with the Ministry of Health and Long-term Care, and the Toronto Central LHIN's Strategic Plan priorities

Recommendation 4: To build the viability and effectiveness of health service providers, the Toronto Central LHIN should actively work with those HSPs which are struggling to meet performance targets to identify and act upon strategic options that may include a range of integration solutions.

Recommendation 5: The Toronto Central LHIN should facilitate inter-HSP conversations at the HSP governance level about the benefits and realities of integration to create Toronto Central LHIN-wide momentum for Voluntary Integration strategies.

Recommendation 6 - The Toronto Central LHIN should create and maintain an integration knowledge centre to share the successes and challenges of integration and to support those exploring, assessing, planning and implementing integrations in Toronto Central LHIN.

Recommendation 7: The Toronto Central LHIN should widely launch the Integration Toolkit to enable Health Service Providers to explore, assess and plan for Voluntary Integrations.

DISCUSSION:

The Integration Program outlines five major steps to be undertaken over the next three years plan to implement the seven recommendations from the third party review completed earlier this year. Many of the courses of action within these steps will be carried out simultaneously, some will be reoccurring, some will start and stop. Key evaluation and report back milestones are laid out as checkpoints to measure progress, success, and when necessary, readjust the course of action. The five major steps are:

- Change Management Planning and Execution
- Governance Set Up
- Opportunity Identification and Prioritization
- Implementation
- Evaluation

1. Change Management Planning and Execution - Start Now to December 31, 2017

Within this component of the implementation plan, we will position the Spectrum of Integration activity within a **change management framework**, prepare a **communication plan**, and launch our **Integration Knowledge**

Centre and Integration Toolkit.

Deliverables include:

Toronto Central LHIN will develop of key messages focusing on the positive impact the spectrum of integration activity can have on patient and client services. We will prepare a stakeholder engagement strategy targeting governance and operational leadership with the key messages, gather their reaction, and respond.

Engagement will be carried out through the Toronto Central LHIN newsletter, an integration annual report, and an annual Integration Summit meeting hosted and delivered by health service provider leaders. Health service provider leaders will be engaged as the TC LHIN integration champions and will be available to connect with, and mentor other health service provider through the integration spectrum of activity.

The Integration Knowledge Centre will be launched on the TC LHIN web site by December 31, 2016. It will contain all business cases, Board briefing notes, and progress reports from every integration in TC LHIN. The Knowledge Centre will also include toolkits and articles on integrations from all LHINs and other sources. This material will be categorized and cross referenced for easier access by users. The Centre will also include a “feedback” tool for users to comment on its utility, leading to continuous quality improvement of the Centre.

Key to the *Integration Toolkit* is the self-assessment component. In using this tool, health service providers will be prompted to critically evaluate their sustainability and relevance within the health care system and in providing patient and client services. The tool leads health service providers through a process to consider their options within the integration spectrum. Toronto Central LHIN will include an obligation in the service accountability agreements with health service providers to use this self-assessment tool and report annually on the use and results.

2. Governance Set Up – April 1, 2017 and Ongoing

Within this component of the implementation plan, we will leverage **the LHIN Sub Region Local Collaboratives** and **TC LHIN Board to Board** meetings to facilitate integration discussions.

Deliverables include:

The *LHIN Sub Region Local Collaboratives* are an ideal foundation to facilitate integration discussions among health services providers. The Collaboratives will carry out local planning activities to understand community needs, analyze the supply of available services, and identify gaps where capacity needs to be built. When appropriate, a facilitated discussion on the spectrum of integration opportunities will be led at the Local Collaboratives as an option to help close the gap between identified needs and available services.

Board to Board or *Governance to Governance (G2G)* meetings are an effective way for strategic discussions to occur between the Toronto Central LHIN and Health Service Provider leaders. The meetings will be structured with a clear purpose and objective, and will be facilitated. A standing item on the agenda for each G2G meeting will be integration opportunities to achieve the strategic objectives of health service providers and Toronto Central LHIN.

3. Opportunity Identification and Prioritization – Start Now and ongoing

Within this component of the implementation plan, we will use **population health and needs data**, and **health service provider performance** as drivers of facilitated integration discussions. We will apply the **organizational assessment tool** to guide the facilitate integration discussions. We will **prioritize and focus opportunities** for facilitated integrations on improved patient and client services.

Deliverables include:

Data on population health and needs assessment is essential to focus efforts where patient and client service improvements are most needed. For the spectrum of integration activity to be considered viable options, integration activity must be clearly linked to addressing population health needs and/or improving patient and client services and outcomes.

Within the existing Toronto Central LHIN performance management framework, *Community health service provider performance* is measured against five core performance indicators contained in service accountability agreements: Balanced Budget, Proportion Spent on Administration Total Margin, Number of Individuals Served, and Units of Service provided in each service. Performance results against each indicator is measured twice a year, and explanation is required when targets are not met. Individual health service provider performance results is also compared to other health service providers delivering the same service, and explanation is required when results differ from the average.

Going forward, when poor performance on these indicators is severe, reoccurring, and/or prevalent, Toronto Central LHIN will implement the Organizational Assessment Tool to aid Toronto Central LHIN in acquiring a deeper understanding of the issues that may be driving poor performance. This will help determine if integration is a potential route to address performance issues.

Improved services to patients and clients is the goal of all integration activity. Within the community sector, there are several key services defined by their size, and impact on helping to keep clients independent in the community. These services account for approximately 65% of Toronto Central LHIN's community sector funding. They are:

Service	Seniors & Physically Disabled Adults	Mental Health and Addiction	Primary Care
Assisted Living Services, and Personal Support Independence Training;	√		
Clinic Programs in Community Health Centres			√
Mental Health Support within Housing Services		√	
Mental Health Case Management and Supportive Counselling Services		√	
Day Program Services for Seniors	√		
Residential Addiction Treatment Services Substance Abuse		√	
Health Promotion and Education Chronic Disease Awareness			√
Crisis Intervention		√	

Going forward, health service provider performance within these services will be evaluated and action determined. For example, the Mental Health Case Management service is delivered with significant variation in cost per unit of service and an almost 3,000 person waiting list. A deeper analysis of the performance of these services will be conducted, and service integration opportunities will be considered.

Toronto Central LHIN will target up to two services per year to determine integration opportunities, starting with Mental Health Case Management, and Mental Health Support within Housing. Toronto Central LHIN will facilitate these integration discussion among providers to drive to improved patient and client services.

4. Implementation – Start Now and Ongoing

Within this component of the implementation plan, we **will expand the support provided for integration activity to help ensure success**. Toronto Central LHIN will continue to **provide one-time funding** for the costs of voluntary integrations, and will extend funding to support facilitated integrations. To help ensure success of facilitated integrations, Toronto Central LHIN will, at the outset, **provide clear data and/or evidence** that a facilitated integration will benefit patient and clients services. We will always focus the goal of integrations on improved patient and client services and outcomes.

Success of voluntary integrations has and will continue to be achieved in part due to the support provided by Toronto Central LHIN. This support consists of one-time funding for project management, due diligence, and legal costs. Toronto Central LHIN will expand this support by developing, in partnership with a health service provider champion, a vendor of record for these services. Toronto Central LHIN will also introduce post-integration one-time funding to assist health service providers to cover initial onetime costs, for service and back-office harmonization, which are beyond the expected savings from efficiencies.

Success of facilitated integration begins with the clear articulation of the evidence or the data that demonstrates a need for change. The evidence is found in population health and needs assessment data, health service provider performance results, and service performance. The goal of integration discussions with health service providers will remain focused on patient and client services and outcomes, not on specific organizations.

Facilitated integration activity and discussion will be held at the LHIN Sub Region Local Collaboratives. These forums bring a convergence of leaders to consider local population health needs, services capacity, and the desired patient and client outcomes to be achieved. They will be accountable to creatively determine how improvements to patient and client services ought to be implemented. Consideration of integration opportunities is a natural fit with the expected discussions of the LHIN Sub Region Local Collaboratives.

5. Evaluation – Start Now and Ongoing

Within this component, Toronto Central LHIN will **establish an evaluation framework**. The framework will be implemented and progress monitored against an evaluation scorecard over the next three years beginning April 1, 2017. Key check points will be established to critically evaluate progress, and implement course adjustments as necessary. Annual reports to the Board will be provided.

Toronto Central LHIN remains committed to assess the impact of this Integration Program on the Strategic Plan, on services to patients and clients, as well as on the broader health care system.

This Integration Program is based on a set of recommendations generated from a third party review conducted earlier this year. Prior to the completion of this three year implementation plan, the next comprehensive third party review of integrations will be conducted. The recommendations from that review will help chart the course of action to further sustain and expand the success of integrations in Toronto Central LHIN.

MOTION:

That the Board of Directors hereby accepts receipt of the report *Implementing the Integration Planning Program*, and directs management to proceed with the implement as presented.

Agenda Item 7 – Integration – Parkdale Community Health Centre and Queen West Central Toronto Community Health Centre

TOPIC: Voluntary Integration of Parkdale Community Health Centre and Queen West Central Toronto Community Health Centre

PURPOSE OF THIS AGENDA ITEM

To seek a Board motion not to stop the Parkdale Community Health Centre and Queen West Central Toronto Community Health Centre voluntary integration from proceeding.

BACKGROUND:

On September 28, 2016 Parkdale Community Health Centre and Queen West Central Toronto Community Health Centre gave formal notice to Toronto Central LHIN of the potential integration of the two organizations. Upon receipt of a Notice of an Intent to Integrate services pursuant to s. 27 of the Local Health System Integration Act (LHSIA), the Toronto Central LHIN has 60 days to carry out its' due diligence. This involves a review of the proposed integration by Toronto Central LHIN staff and provides a recommendation to the Toronto Central LHIN Board either to stop or to not stop the integration.

The aspect of the merger for which the Toronto Central LHIN is responsible, is the integration of services. As with all voluntary integrations, the Toronto Central LHIN is responsible for assessing whether the proposal is in the interest of clients and the population served, and is in alignment with the Toronto Central LHIN's health system goals and priorities.

THE PROPOSED INTEGRATION MODEL

The voluntary integration of Parkdale and Queen West Community Health Centres (CHC) is a horizontal integration of two similar health service providers under one corporate structure. The integration will result in the amalgamation of two corporations into a single corporation with a new board of directors consisting of 12 members, six each from the current boards.

Both organizations have been working on the integration for over a year. During this time, the Executive Director of Parkdale CHC retired, and both Boards agreed that the current Executive Director of Queen West CHC should assume the role of transitional Executive Director of Parkdale CHC.

Both Boards have demonstrated remarkable foresight and confidence in the potential of an integrated organization by moving to a joint leadership well ahead of completing their planning for integration. The active choice of not filling a vacancy, but rather to share an Executive leader is expected to accelerate harmonization of the corporate structure, and most importantly, the delivery of programs and services to patients and clients.

This approach to integration taken by Parkdale and Queen West CHCs will provide valuable experience and insights for other health service provider organizations to also seriously consider this approach. Toronto Central LHIN will share this approach with other health service providers discussing integration where senior leaders are approaching retirement.

The integration of Parkdale Community Health Centre and Queen West Central Toronto Community Health Centre will be effective on April 1, 2017. The agencies provided a signed Letter of Intent to Integrate and a business case that includes a community engagement plan to Toronto Central LHIN.

Parkdale and Queen West Community Health Centres Background

Parkdale Community Health Centre and Queen West Central Toronto Community Health Centre are both not-for-profit, charitable organizations providing primary care, and health promotion and education services in the community. In addition to providing similar services, both have similar mission, vision and values statement, and both serve similar client populations in neighbouring geographic areas in Toronto.

Parkdale and Queen West CHCs believe this integration will create opportunities to:

- *Enhance quality of care,*
- *Learn from each other's best practices and integrate those practices into the other site,*
- *Improve access to a range of services through coordinated access,*
- *Enhance client and staff experience through effective programs and services,*
- *Enhance sustainability of programs and services by leveraging the combined resources and capital of both organizations, and*
- *Have a stronger voice in primary care and broader health care sector regarding the provision of services for the populations served.*

Parkdale and Queen West Community Health Centres provide services through two major service categories: Primary Care, and Health Promotion and Education. Making up these broader service categories are several clinical service activity streams such as, cancer screening, influenza vaccination, health exams, nutrition, counselling, foot care clinics, chronic disease education, Hepatitis C / HIV / AIDS awareness and prevention, etc.

The amalgamated organization will consist of approximately 105 full time equivalent staff and have an operating budget of \$13,851,940. Table 1 below provides a summary of the client profile of each organization.

Table 1: Parkdale and Queen West Community Health Centres		
	Parkdale	Queen West
Active Clients	6,052	6,799
% Clients with family Income less than \$20,000	33%	40%
% Newcomers	24%	9%
% Clients with mental health and/or substance use issues	21%	22%
Non-insured clients	557	872
Homeless clients	295	1440
Anonymous HIV tests	354	502
Indigenous clients	40	203
Operating Budget	\$6,017,338	\$7,834,602

(See Attachment A for a brief Organizational Profile of both health service providers.)

Rationale for Voluntary Integration

Parkdale Community Health Centre and Queen West Central Toronto Community Health Centre formally agreed to pursue a voluntary integration in early 2016. Both organizations concluded that there is greater opportunity through an amalgamation compared to remaining as two independent CHCs to:

- Expand the provision of health promotion and wellness services; and
- Expand care to at-risk and marginalized populations.

Prior to agreeing to pursue integration, both organizations were in their own planning discussions about their futures. Parkdale CHC launched, in 2015, a sustainability planning process where clients, community partners, and funders were asked the following questions:

- *Where do we see the Parkdale Community in the next five, ten, and thirty years?*
- *How can we best continue to position Parkdale Community Health Centre as a leader in the health system?*
- *How can we ensure our longevity as a community health centre?*
- *How can we best improve client experience along the continuum of care?*

This engagement led to conversations with health service providers on strengthening strategic partnerships and collaborations. Queen West Central Toronto CHC was engaged in this planning process, and was also, at the time, discussing its own future which led to the joint planning on integration.

Queen West CHC believed that they needed to grow in size and capacity in order to continue to be a key provider of primary care to marginalized populations. Queen West CHC concluded that a horizontal integration with Parkdale CHC provided an opportunity to generate back-office efficiencies that can be re-invested in local health care planning efforts as well as improved care and services to the population shared by both CHCs

In early 2016 both organizations agreed to proceed with integration and established a steering committee. Community engagement and due diligence proceeded with the assistance of a Project Manager which led to the completion of a detailed business case with a target for integration on April 1, 2017.

TORONTO CENTRAL LHIN'S REVIEW PROCESS

The Toronto Central LHIN is emphasizing three areas of focus viewed as being most critical to the success of the Parkdale Community Health Centre and Queen West Central Toronto Community Health Centre voluntary integration: 1) Quality; 2) Access; and, 3) Efficiency. With this focus, the Toronto Central LHIN staff analyzed the proposed integration of services using the following criteria from the *LHIN Decision Making Criteria for Voluntary Integration Checklist*:

- Access / Equity / Coordination;
- Community Engagement;
- Quality / Health Status / Clinical Outcomes; and,
- Efficiency / Sustainability/Human Resources.

(See Attachment B for a detailed description of the LHIN Decision Making Criteria for Voluntary Integration Checklist.)

The following describes the Toronto Central LHIN's analysis of the Parkdale Community Health Centre and Queen West Central Toronto Community Health Centre business case for voluntary integration.

BUSINESS CASE REVIEW

Access/Equity/Coordination

Business Case Rationale

The integration of Parkdale CHC and Queen West CHC will see the creation of a single corporate structure providing services in both existing sites. The combined catchment area is bounded by Lake Ontario, Bloor Street, Yonge Street and Parkside Road. The integrated organization will continue to provide services to the homeless, low income families, people living in poverty, LGBTQ, Indigenous Peoples, seniors, immigrants and refugees, people with mental health and substance use issues, and anyone with barriers to accessing health care services.

The opportunities that are created through the integration of both organizations include:

- **Primary Care Community of Practice Model** - Practitioners will be able to support and share best practices with colleagues across both sites. Communities of practice will also be developed for other services where staff will learn from each other, expand their skills, ultimately leading to improved quality of services to clients.
- **Spreading Services/Programs across both Sites** – Both organizations currently deliver some services jointly, such as Hepatitis C awareness and prevention and Physiotherapy services. The integrated organization will identify other programs and services that can be provided at both sites; thereby, improving equity of access across the entire catchment area.
- **Expand Work with Other Health Service Providers** – The process efficiencies generated through an organization with a larger critical mass, frees up staff time to deepen working relationships with other health services providers on key areas, such as care pathways for vulnerable and complex patients and clients. The integrated organization will be positioned to provide leadership among health service providers in health system planning efforts.

With regard to Health Equity Impact Assessment, the voluntary integration of Parkdale CHC and Queen West CHC will have a positive impact on the populations served by both organizations. The voluntary integration business case has identified some potential unintended negative impacts primarily related to stretching staff time and resources across two sites to meet the needs of priority populations. The business case does present thoughtful monitoring and mitigation steps aimed at effectively coordinating staff time and resources to minimize unintended negative impacts.

The focus of the integrated organization, from a client perspective, is to maintain and improve client experience, quality of services, service accessibility and coordination for clients. From an organizational perspective, the integrated organization will also build on the legacies of two strong community health centres to provide leadership on system planning. From a staff and volunteer perspective, the integrated organization will provide more opportunities for staff to grow and develop skills.

TC LHIN Assessment

The Toronto Central LHIN's primary aim is that service levels to the population currently being served, are enhanced. We believe the business case provides reasonable assumptions and a plan for maintaining and expanding programs and services as well as enhancing the coordination of services between the two existing sites.

We are confident through our review of the business case that the integration team has given sufficient consideration to addressing the needs of their clients and are committed to maintaining and improving access to and coordination of services, and that all potential impacts to the vulnerable populations have been addressed. The Toronto Central LHIN will assess any changes in access to services as part of our post-integration evaluation process every six months for the next three years.

Community Engagement

Business Case Rationale

Parkdale CHC and Queen West CHC developed a communications and community engagement plan designed to engage key stakeholder groups including: clients, staff both front line and management, Board members, partner organizations including other community health centres, family health teams, hospitals, and community mental health organizations. These stakeholders were engaged in a variety of different ways recognizing that stakeholders have different interests, concerns and communication needs. Techniques

include focused group discussions, key informant interviews, letters and notices, and question and answer documents.

The business case reports that the feedback was generally positive. Many participants expressed a desire to be included in designing the integrated organization. The key positive themes that arose from the engagement process include:

- **Improved Access to Needed Services** – *The integration presents an opportunity for a reduction in wait times, and more seamless navigation to services.*
- **Larger size of the integrated CHC** - *Enhanced capacity to work closely and more effectively with system partners to help clients navigate across health service providers.*
- **Program design and innovation** – *Large enough organization to fine tune and create programming for priority populations.*
- **Viability in a changing environment.** - *Strengthening service capacity as the community health sector undergoes significant change and transformation.*

Some respondents identified concerns or challenges with the integration. Responses were provided jointly by both community health centres. The key themes on challenges from the engagement process include:

- **Continue to ensure access to services that are unique to each site.** – *There are no plans to change the complement of services thus ensuring clients have continuity of care. The Boards are committed to developing strategic and service plans for the integrated organization with staff and client involvement.*
- **Impact on staff job security, benefits and roles.** – *A principle of the integration is that there will be no front-line staff reductions as a result of the integration.*
- **Ensure the positive aspects of each organization are protected.** – *The Boards are committed to engaging with staff and clients to create a shared culture for the integrated organization.*

TC LHIN Assessment

The agencies' community engagement plan addresses the criteria set out in the Toronto Central LHIN's Health Service Provider Community Engagement Plan Checklist. The organizations are using targeted and appropriate activities to inform, consult and work with stakeholders through the planning stages of integration. There is evidence that the two organizations received feedback and provided appropriate responses.

Quality / health status / clinical outcomes

Business Case Rationale

The voluntary integration will produce a number of benefits related to quality of services and health outcomes. Overall there will be greater organizational capacity and a more robust infrastructure to support performance measurement, evidenced based care and continuous quality improvement.

The business case provided an extensive list of performance indicators to measure the success of the integration, and the impact on the population served. The following table provides some of the key performance indicators and outcome measures for the integration.

Most performance targets will be achieved in year 2 and 3 of the post integration period. The post integration reporting templates will contain the complete list of performance indicators, the baseline data, and the targets for this integration.

Table 2: Performance Indicators for Integration

Integration Objective	2015/16 Baseline	Performance Indicator	Timeline
Access to services for complex and vulnerable clients will be maintained or improved	49,520 combined client interactions.	15% increase in client interactions.	2 – 3 years
	8,127 combined panel size.	10% increase in panel size to access team-based primary care.	2 – 3 years
	1,448 new primary care clients from priority populations	10% increase in number of clients who are Indigenous, youth, newcomer, LGBT, low income, homeless.	2 – 3 years
	Combined baseline data determined for avoidable hospital admissions.	15% reduction in avoidable hospital admissions from baseline data.	2 – 3 years
Quality of services will be maintained or improved. – Combining strengths of both organizations and reduce variability where appropriate	Currently 11 Quality Improvement initiatives exist: 5 at Parkdale, and 6 at Queen West.	Implement coordinated best practices between both sites. Targets to be determined and stated in the post integration reporting template.	2 - 3 years
Enhance client and staff experience.	Current client satisfaction rates are: 96% for Parkdale, and 88% for Queen West at excellent / very good satisfaction with care. Current staff satisfaction rates with growth potential are 50% for Parkdale, and 67% for Queen West	Improvements in client and staff satisfaction rates. Targets to be determined and stated in the post integration reporting template.	2 – 3 years.

TC LHIN Assessment

Upon review of the business case and from conversations with Parkdale and Queen West CHCs it is clear that planning is focused on improving access to services for a vulnerable population, as well as the quality of services through the spread of best practices. It is also clear that the organizations are committed to integrating services across both sites, while protecting the unique services in either site where appropriate. It is clear that this voluntary integration is not only about maintaining successful service delivery, but also enhancing services where appropriate.

Efficiency/Sustainability

The voluntary integration between Parkdale and Queen West CHCs will result in process efficiencies in back-office functions that will result in potential savings that will be re-invested in service delivery. The total projected potential savings from this voluntary integration is estimated to be \$300,000 annually. The potential savings will not be immediate. When the savings are realized, they will be assigned to enhancing client services. The integrated organization will have a balanced budget and no further Toronto Central LHIN funding will be required to support the ongoing operations as a result of this integration.

The business case included a comprehensive risk assessment. All of the risks identified have satisfactory mitigation responses and all were assessed as being of low to moderate probability with moderate to high impact. It is evident from the risk assessment and other components of the business case that careful consideration has been given to potential risks.

Parkdale and Queen West Central Toronto CHCs have a shared union for the majority of the unionized staff. The only difference in representation occurs in the nursing positions. Upon integration of the organizations, staff will continue to be represented by their unions and any future changes will be based on the principles and process outlined in the Public Sector Labour Relations Transitions Act. (PSLRTA).

TC LHIN Assessment

The business case provides sufficient evidence that this voluntary integration will result in the sustainability of the organization and that services will be maintained with select services expanded over time. In addition, it is expected that service quality will be enhanced through the sharing of expertise and strengths from both organizations. They have considered potential risks associated with integration and developed strategies for mitigating those risks.

NEXT STEPS

Toronto Central LHIN will continue to have a Multi-Sector Service Accountability Agreement (M-SAA) with the community health centres until the new legal entity is established. At that time, both M-SAAs will be combined into one agreement.

A comprehensive post integration reporting process with the Toronto Central LHIN will be established with required progress reports to Toronto Central LHIN. Progress reports will be required at 6, 12, 18, 24, and 36 months and include progress on the service levels compared to baseline; savings/efficiencies and reinvestment; quality improvement and update on any other issues including human resources and feedback from follow up community engagement.

MOTION:

The Toronto Central LHIN Board will not stop the voluntary integration between Parkdale Community Health Centre and Queen West Central Toronto Community Health Centre from proceeding.

ATTACHMENT A - ORGANIZATIONAL PROFILES

Parkdale Community Health Centre

Parkdale Community Health Centre (PCHC) has been providing primary health care, health promotion and a wide range of community programs to the Parkdale community since it was founded by community members in 1984. PCHC is a publicly funded, charitable organization governed by a volunteer Board of Directors. PCHC is an accredited Community Health Centre and a member of the Association of Ontario Health Centres

The majority of PCHC's current operating budget of \$6million is TCLHIN funding. It also receives monies for specific programs and services from the City of Toronto, MCSS and the Sprott Foundation, amongst others. PCHC works in partnership with many different types of organizations to deliver care and support to clients. These organizations include the Parkdale Activity Recreation Centre, Toronto Urban Health Alliance, other CHCs, and a variety of community support organizations.

PCHC provides a wide range of programs and services that are aimed at improving the health and well-being of the community members. These include: comprehensive, integrated, primary health care, illness prevention and health promotion, counseling, advocacy, community development and action.

Programs and Services fall under the following categories:

- Health Promotion
- Health Services
- Women's Connection Program (provided at a satellite site on Roncesvalles Avenue)
- Community Development and Capacity Building
- Food Security and Nutrition
- Dental Services

Queen West Central Toronto Community Health Centre

Queen West Central Toronto Community Health Centre (QWCTCHC) traces its roots to the formation of Student Health Organization of the University of Toronto (S.H.O.U.T) formed in 1967. S.H.O.U.T was incorporated as a nonprofit organization and renamed Alexandra Park Community Health Centre in 1975. In 1973 another centre, the Niagara Neighbourhood Health Centre (N.N.H.C.) ,was established in a basement on Niagara Street by a group of interested community members who wished to expand health care services to the under- served , mixed residential and industrial areas south of Queen Street and the residential area between Bathurst, Shaw and Dundas Street.

Alexandra Park amalgamated with the Niagara Neighbourhood Health Centres in the 1990s and the integrated entity moved into a new facility at 168 Bathurst Street to become the West Central Community Health Centre, later renamed Central Toronto Community Health Centres. Around the same time the SHOUT clinic, a program of the Centre for homeless and street-involved youth opened on Jarvis street.

Central Toronto Community Health Centres, known as Queen West – Central Toronto Community Health Centre (QWCTCHC), is a non-profit registered charity, community based health and wellness service organization governed by a volunteer Board of Directors with an operating budget of \$7.7million with majority from the Toronto Central LHIN.

QWCTCHC is an accredited Community Health Centre and a member of the Association of Ontario Health Centres. QWCTCHC works in partnership with many different types of organizations to deliver care and support to its clients. These partners include the Native Canadian Centre of Toronto, West Neighbourhood House, Toronto Urban Health Alliance, other CHCs, and a variety of community support organizations.

QWCTCHC offers a broad range services including primary care, dental care, health promotion, counseling and mental health supports, HIV and Hepatitis C supports and education, anonymous HIV point of care testing, wellness group programming. The Centre also provides practical supports (legal, employment and housing),

harm reduction and illness prevention, advocacy, and community engagement and development.

QWCTCHC works to improve the health and well-being of individuals and communities at risk and/or facing barriers to accessing high quality health care services and supports. Priority is given to low-income people, adults, seniors and youths who are homeless and street-involved, people who use drugs, people living with mental health issues, immigrants and refugees.

QWCTCHC's services are primarily offered at the 168 Bathurst Street location. In 2011 the SHOUT clinic was integrated into the Queen West site. QWCTCHC provides primary care services and delivers harm reduction information, education and supplies at a number of outreach locations within its catchment including street locations where homeless people live, rooming houses, drop-in centres, shelters, partner organizations and community events.

ATTACHMENT B - DECISION MAKING CRITERIA FOR VOLUNTARY INTEGRATION CHECKLIST

Goal	Criteria - Specifics for Parkdale Community Health Centre and Queen West Central Toronto Community Health Centre Integration
Access/Equity /Coordination	Articulation of current services and volumes provided – by health service provider and plan to maintain or improve.
	Agreement that service levels for current services provided be maintained and that target services be increased as a result of new capacity created by the voluntary integration.
	Agreement that partnerships with current health service providers will be honoured, enhanced, monitored, and reported.
Community Engagement	Engagement plan reflects best practices and follows LHINs' Health Service Provider Community Engagement Plan Checklist.
	Process for providing quarterly progress reports to Toronto Central LHIN on how community feedback was considered and addressed.
	Letters of support from key stakeholders received regarding proposed plan.
Quality Health Status/Clinical Outcomes	Sufficient detail to articulate how the proposed integration will achieve enhanced quality and equity of services for patients and related monitoring and reporting framework.
Efficiency/ Sustainability /Human Resources	No additional operating funds required from Toronto Central LHIN during or after integration.
	The provision of an estimated summary of savings and commitment to reinvest savings in front-line services.

	Balanced budget forecasted for new organization.	
	Leadership and governance model is reasonable and endorsed by both organizations and Toronto Central LHIN.	
	Risk assessment is thorough and identified risks have practical mitigations proposed.	
	Agreement to provide the Toronto Central LHIN with reports on organizational due diligence with respect to finances and legal matters from April 1, 2017 through to when integration is complete.	
	Agreement to submit post integration progress reports to Toronto Central LHIN for the continued monitoring and evaluation of the voluntary integration.	
	Evidence that there is an HR and labour relations plan that is being followed and implications have been identified and are being addressed.	

Agenda Item 8 – Capital – West Park Hospital

TOPIC: LHIN endorsement of West Park Healthcare Centre’s Capital Project – Stage 2 Functional Program Submission

PURPOSE OF THIS AGENDA ITEM

As part of West Park Healthcare Centre (WPHC)’s long term redevelopment plan submitted in 2009, West Park and Toronto Central LHIN are seeking endorsement from the Board for the programs and services element of the next phase of this work. The work includes a total replacement of the existing hospital, and will accommodate an increase of 28 complex continuing care beds and 54 rehabilitation beds, as well as a new Geriatric Day Hospital and Satellite Haemodialysis program.

BACKGROUND:

Established in 1904 as a tuberculosis sanatorium, WPHC has evolved and today provides a continuum of programs in specialized rehabilitation, complex continuing care (CCC) and long term care (LTC). WPHC provides inpatient rehabilitation and chronic care, ambulatory care, community outreach, diagnostic and therapeutic services.

WPHC fulfills an important role within the catchment community and the broader health system, acting as a provincial resource for the management of tuberculosis (TB). It also provides safe and cost effective alternatives to ICUs through its Chronic Assisted Ventilatory Care Service (CAVC) and Long Term Ventilation Centre for Excellence, thus contributing to reducing acute care utilization on regional basis. Locally, WPHC continues to respond to community need through innovative programs and services, providing a bridge between acute and community care, and acting as a buffer to acute care. Specialized ambulatory rehabilitation services and an effective approach to chronic disease management (CDM) allows individuals to remain living in the community for longer periods of time.

PROJECT SCOPE:

The redevelopment project includes the following components:

- **Ambulatory care and outreach services**, including
 - Ambulatory Assessment Centre
 - Clinic services
 - Day hospitals (incl. respiratory and geriatric day hospitals)
 - Outpatient Rehabilitation (Rehab Plus)
 - Family health team
- **Clinical support services**, including:
 - Respiratory diagnostics and evaluation services (RDES) and Respiratory therapy
 - Diagnostic Imaging and Laboratory
 - Prosthetics and Orthotic Services
 - Pharmacy
- **Inpatient and inpatient support services**, including:
 - Complex continuing care (CCC)
 - Chronic assisted ventilator care (CAVC) and Respiratory complex continuing care (CCC)
 - Acquired brain injury (ABI) and Acquired brain injury behavioural services (ABIBS) inpatient services
 - Inpatient rehabilitation
 - Satellite hemodialysis
 - Public areas (recreation therapy, religious and spiritual care, volunteer resources)
 - Therapeutic support
- **Corporate and support services**, including:
 - Administration, Foundation, Education, Research, Clinical records, Admitting, Food Services, Infection Prevention/Control, Occupational Health & Wellness, Information technology, Public areas and staff facilities, Biomedical engineering, Support services.

Please note: Long Term Care has not been included in the functional plan. In addition, the space requirements for the Assessment Centre, Family Health Team, and Foundation will be funded alternatively as part of another project.

Table of Specialized services at West Park

	REHABILITATION & COMMUNITY LIVING	COMPLEX CONTINUING CARE (CCC)	AMBULATORY CARE AND OUTREACH	LONG-TERM CARE (LTC)
PROVINCIAL	<ul style="list-style-type: none"> ■ Tuberculosis ■ Home Ventilation Assessment and Training 	<ul style="list-style-type: none"> ■ Chronic Assisted Ventilatory Care (long-term ventilation) 	<ul style="list-style-type: none"> ■ Long-Term Ventilation Centre of Excellence ■ Tuberculosis Clinic 	
REGIONAL	<ul style="list-style-type: none"> ■ Acquired Brain Injury (ABI) Behaviour ■ Amputee ■ Neuro (stroke, ABI, other) ■ Respiratory ■ Transition to Independent Living 	<ul style="list-style-type: none"> ■ Multiple Sclerosis ■ Respiratory 	<ul style="list-style-type: none"> ■ Resp. Day Hospital ■ Prosthetics & Orthotics ■ Augmentative & Alternative Communication ■ Spasticity ■ ABI Outreach and Day Program 	
LOCAL	<ul style="list-style-type: none"> ■ Complex Musculoskeletal ■ Haemodialysis* 	<ul style="list-style-type: none"> ■ Geriatric Functional Enhancement (slow-stream rehab) ■ Adult Physically Disabled ■ Haemodialysis* 	<ul style="list-style-type: none"> ■ Outpatient Rehab and Specialty Clinics ■ Seniors Mental Health ■ Sleep Laboratory ■ Family Health Team ■ Geriatric Day Hospital* 	<ul style="list-style-type: none"> ■ Dementia ■ General LTC

RATIONALE FOR REDEVELOPMENT:

WPHC is located on 27 acres in northwest Toronto, where programs and services are currently provided in four facilities built between 1938 and 2002. (The LTC Centre, built in 2002, is not included in the capital redevelopment process.) WPHC has exhausted its physical capacity and is increasingly challenged to accommodate growth in core regional and provincial services, address deficiencies in the organization of space and system infrastructure and meet requirements for contemporary care. For example, 60% of beds are provided in 4-bed rooms; there are no isolation rooms outside of the TB and CAVC units; support spaces for clinical care are either lacking or distant from the units; existing facilities do not meet current building code, accessibility and infection control requirements; and ambulatory care services are scattered throughout the facilities.

In 2009, a Stage 1 capital proposal for redevelopment was submitted to the MOHLTC. The Master Program and Master Plan have been supported by MOHLTC, TC LHIN and three other bordering LHINs (Central, Central West, and Mississauga Halton). In Dec 2012, WPHC received approval from the MOHLTC to proceed to next stage of planning. All planning has included LEAN work to review and optimize patient flows, and evidence-based design. In addition, WPHC has engaged staff, patients and families and stakeholders throughout the process, and also ensured alignment with regional strategies.

Although population growth within Toronto is expected to be at 1% per year, the senior population (age 65+) is projected to grow at 3% per year. In addition, WPHC serves residents of Peel, York, Durham, and Halton, which are all areas that have projected growth rates exceeding provincial trends.

JUSTIFICATION FOR NEW PROGRAMS WITHIN NEW SPACE:

Geriatric Day Hospital

As a result of recommendations in WPHC's Strategic Service Plan for Geriatric Services (2014), planning for this new program was undertaken in consultation with the Regional Geriatric Program of Toronto, and was included in the functional program. This program is currently non-existent in West Toronto, and responds to the needs of seniors who require regular and ongoing medical, nursing and therapeutic care, as well as access to diagnostic services, in order to remain living in the community. Both rehabilitative and therapeutic services would be provided on an outpatient basis, in order to reduce or delay hospitalization or alternative levels of

care for frail seniors with complex health and social needs.

Satellite Haemodialysis

The Ontario Renal Network is in support of the creation of an on-site satellite haemodialysis unit. This will eliminate the need for inpatients to be transported off-site to receive their care, both reducing costs and safety issues. The development of this unit will be in conjunction with an acute care facility and will enable WPHC to become the regional referral centre for rehabilitation patients requiring haemodialysis. The ORN will fund the operations of this unit.

CONCLUSION

TC LHIN and the MOHLTC have reviewed West Park's plans to obtain their Local Share Plan. TC LHIN will continue to consider this capital project through the standard HSAA monitoring and performance management process. Management recommends Board to endorse.

Motion to Endorse West Park Healthcare Centre's Functional Program Submission (Part A):

That the Toronto Central LHIN Board of Directors (the "Board") supports the endorsement of Part A of West Park Healthcare Centre's Functional Program Submission. This will be communicated to the Health Capital Investment Branch of the MOHLTC, who can then proceed with their review of the remainder of the Functional Program Submission (Part B).

Agenda Item 9 – Bellwood Health Services 2008-2017 Private Hospital Service Accountability Agreement

TOPIC: Transfer of Bellwood Health Services from Central East LHIN to Toronto Central LHIN

PURPOSE OF THIS AGENDA ITEM

To provide background information about Bellwood Health Services' proposed relocation from the Central East LHIN to the Toronto Central LHIN, and to receive approval of the Toronto Central LHIN Board of Directors for assignment and assumption of Bellwood Health Services' 2008-17 Private Hospital Service Accountability Agreement (PH-SAA).

BACKGROUND:

Bellwood Hospital, a Division of Bellwood Health Services Incorporated (BHSI) (now owned by Edgewood Health Network), serves men and women, aged 19 and older, with alcohol addiction/dependency. The PH-SAA provides annual operating funding to BHSI of \$1,666,900, which funds 12 inpatient beds for the treatment of

alcohol addiction. This comprehensive inpatient program addresses all aspects of the addiction, including medical health issues, psychological issues, and social issues. This program is staffed with an inter-disciplinary team, is accredited with exemplary standing by Accreditation Canada, and is a provincial resource for Ontario residents.

For several years, BHSI has been in discussions with the Central East LHIN and the Ministry of Health and Long-Term Care (MOHLTC) regarding its intention to relocate its operations, to a location within the Toronto Central LHIN. On June 30, 2016, the Central East LHIN received formal notification from BHSI that it intends to move its operations from its current location at 1020 McNicoll Avenue in Scarborough, to 175 Brentcliffe Road in Toronto, which it is leasing from the Centre for Addictions and Mental Health (CAMH). BHSI has met all of the relocation conditions that the MOHLTC set out in its correspondence dated March 16, 2015.

LHIN legal counsel has been engaged in this process, drafted the Notice of Assignment Letter, and provided directions on how to operationalize the transaction. Staff from the Central East and Toronto Central LHINs have subsequently discussed BHSI's proposed relocation and are in agreement that the move should be supported by both parties.

PRIVATE HOSPITALS:

Bellwood Hospital is licensed as a private hospital under the *Private Hospitals Act* (R.S.O. 1990, CHAPTER P.24). The act states that only those licenses in existence on October 29, 1973, will be continued in Ontario, and as of today there are seven remaining private hospitals in the province.

As a private hospital the LHIN uses a modified Hospital Service Accountability Agreement to ensure alignment with the Private Hospital Act, a PH-SAA.

PROCESS:

The Central East LHIN Board of Directors approved a motion on September 28, 2016, to assign the current PH-SAA to Toronto Central LHIN. The motion being presented is to accept this assignment from the Central East LHIN.

Motion to Approve Assignment and Assumption of PH-SAA:

That the Toronto Central LHIN Board of Directors (the "Board") approves the proposed Assignment and Assumption of PH-SAA, effective upon relocation of its LHIN-funded services, which is an assignment by Central East LHIN, and an assumption by Toronto Central LHIN, of all rights and obligations in, to and under the private hospital service accountability agreement entered into between Central East LHIN and Bellwood Health Services that took effect April 1, 2008, and through amendments terminates on March 31, 2017.

That the Toronto Central LHIN Board of Directors authorizes the Board Chair and the Toronto Central LHIN CEO to execute, on behalf of Toronto Central LHIN, the Assignment and Assumption of PH-SAA as presented to this Board.

Agenda Item 10 – CEO Report

Copies of the CEO Report will be available at the meeting.

Agenda Item 11 – Finance and Audit Committee Report

TOPIC: Q1 Risk Report

PURPOSE OF THIS AGENDA ITEM

Provide the Board of Directors with the Q1 Risk Report.

BACKGROUND:

The Agency Risk Report (ARR)

1. Broadly speaking, the ARR risks are related to LHIN operations and can be divided into 3 categories:
 - **Mandate** - Risks that pose a threat to a LHIN's ability to set and execute its overall strategy; risk of not meeting performance expectations or commitments.
 - **Financial** – Risks related to the LHINs inability to manage its financial resources cost-effectively.
 - **Reputational** – Risk of negative publicity as a result of not meeting commitments; risk of failure to meet expectations of the public, Government or other stakeholders (i.e., employees, providers, patients/clients, media) in an effective, efficient and economical manner.
2. The Agencies and Appointment Directive (ADD) requires that all crown agencies develop and submit enterprise risk assessments to their respective ministries.
3. The Agency Risk Report contains information that is tied to the accountabilities of the Board of Directors and has a comprehensive assessment of high risks facing the mandate, finances and reputation of the TC LHIN and the larger health care system.

RISK HIGHLIGHTS:

Current higher risks are:

1. The loss of Long Term Care Home capacity while implementing the Ministry's redevelopment plan. The risk is that there will not be LTCH capacity in TC LHIN which ultimately will impact patient flow throughout the system.
2. That TC LHIN will be unable to meet its MLAA performance targets, especially as it relates to persistent performance issues on some MLAA indicators. With a change in indicator targets, TC LHIN is currently meeting 1 out of 14 MLAA performance indicators.
3. The City of Toronto has seen rapid growth from residential and non-residential development. This intensification of population growth in all these communities has placed increased pressure on health, social, and community services to keep pace with increasing demands for services. In particular, acute care hospitals are seeing volumes increase in emergency department visits and admissions. Most notably, emergency department volumes have grown at University Health Network (both Toronto Western and Toronto General Sites), St. Michael's Hospital, Sunnybrook Health Sciences, and Sinai Health System. For TC LHIN, the risk is that hospitals will need to reduce clinical service in order to balance their budgets leading to reduced services available to the residents of Toronto as well as

provincial programs.

4. Three of the seventeen hospitals in the TC LHIN have in year financial pressures: University Health Network, Michael Garron Hospital and Salvation Army Grace Health Centre. Hospitals need to maintain the obligation of a balanced budget, hospital focus on cost reduction strategies that do not impact clinical care, however with repeated pressures these opportunities become limited. These three hospitals provide important services for key populations in the TC LHIN and in the GTA/Province.

MOTION:

None.

TOPIC: TC LHIN MLAA Indicator Report, August 2016 (Data reporting period: FY 2015/16 Q4 –FY 2016/17 Q1)

PURPOSE OF THIS AGENDA ITEM:

Provide TC LHIN performance on key health system performance indicators to the Board of Directors.

BACKGROUND:

As outlined in the Ministry-LHIN Accountability Agreement (MLAA), the Ministry of Health and Long Term Care (MOHLTC) requires LHINs to meet performance targets that are set for each fiscal year. The MLAA indicators consist of 14 key system indicators, where targets are set each year by the Ministry. When determining the performance against targets, the following monitoring scheme is used:

- Green for those targets that are being met
- Yellow for those within 10% of the target
- Red for those targets not being met

KEY CHANGES TO MLAA SCORECARD:

A concerted effort has been made over the past fiscal year to elevate the data and analysis of the MLAA indicators, in continuing with this work, the following key changes have been made to this report:

- Patient Availability Date (PAD) indicators for Community Care Access Centre (CCAC) Nursing and Personal Support indicators are now available, and reported on the dashboard and respective indicators slides (slide 4, and slides 6 & 7).
- Introduction of “Admit Rate” as an analysis characteristic for 90th Percentile ED LOS for complex patients (CTAS I-III) (slide 9, figure 4-2). Admit rates represent another way of determining the complexity of patients presenting at the ED and performance of the hospital in transitioning patients through the ED; higher admit rates tend to represent more complex patients, a lengthier triage time, and altogether a high ED LOS.
- For FY 15/16 we are able to show “Percent Contribution of All Inpatient Services ALC Rate by LHIN and Discharge Destination” (slide 16, figure 11-3). This data is only available by fiscal, and shows us

which discharge destinations are contributing the most to ALC across the province.

- The **Key Data Points** section will now include regular updates in alignment with the reporting period to provide more detailed performance data for consideration, this includes breakdown of priority performance for MRI, CT, hips and knees.

PERFORMANCE HIGHLIGHTS:

Total Indicators	Met Target		Within 10% of Target	
	Last Reported (Feb 2016)	Current (Aug 2016)	Last Reported (Feb 2016)	Current (Aug 2016)
14	2	0	3	5

TC LHIN is not meeting the majority of its MLAA indicators with the change to consistent provincial targets and in response, TC LHIN has developed a more comprehensive and action oriented approach. The key elements of the TC LHIN MLAA performance strategy include:

1. **Promising Practices** - Consulting with other LHIN as to promising practices across the province for all performance indicators.
 - a) Provincial table related to the OAGO recommendation
 - b) Senior Director council reviewing promising practices across the province
 - c) LHIN and Ministry collaborating on promising practices for ALC
 - d) Working closely with Champlain LHIN to understand the MH & A Re-admit data – BN to be submitted to the Ministry after review at SD Council
2. **Root Cause Analysis** - Undertaking a comprehensive root cause analyses on selected performance indicators including demand, supply and capacity.
 - a) Root cause analysis on ALC has led to new strategies and prioritization of action items.
 - b) A root cause analysis of Mental Health and Addictions uncovered the issue that planned transfers from an acute emergency to CAMH negatively impacted TC LHIN performance
3. **Supplementary Indicators** - Developing supplementary indicators to the MLAA Indicator Report to fully understand the complexity of performance in some of the clinical areas and provide a clearer picture of what is driving performance from a broader perspective.
 - a) By capturing Patient Availability Date to the CCAC home and community indicators, TC LHIN is now meeting at least one of the performance target.
4. **Risk Adjustment to Indicators** - Investigating risk adjusted targets/measures for select indicators
 - a) In process for assessing Mental Health and Addictions readmission rates.
 - b) In collaboration with Champlain LHIN, it has been determined that the impact of lower readmissions in general negatively impact the performance indicator.

- c) In process for percentage of ALC days, discharges from acute hospital negatively variance on the this indicator

5. **Capacity planning** – Undertaking capacity planning has been a significant component of the TC LHIN approach to achieving MLAA indicators

- a) Hips and knees (in process)
- b) MRI/CT (in process)
- c) Urban growth impact on TC LHIN hospitals ED and ALC performance (complete)
- d) Capacity Plan to support patients and clients in appropriate setting. (In process)

6. **Stakeholder and patient engagement** - to understand current state and to develop strategies moving forward such as HIG Readmissions within 30 days

TOPIC: 2015-16 Health Service Provider (HSP) Financial Performance Report

PURPOSE OF THIS AGENDA ITEM

To report to the Board of Directors on HSP financial performance for 2015-16.

BACKGROUND:

This HSP Financial Performance Report summarizes the year end financial results based on 4th quarter 2015-16 report.

TC LHIN HSPs are comprised of hospital, community, CCAC and Long-Term Care sectors.

The following are highlights of the HSP Financial Performance Report:

Financial Highlights - Hospitals

Total margin (surplus/deficit), working capital and current ratio are measured on a quarterly basis. All hospitals reported a positive total margin for year end 2015-16. All hospitals except three reported positive working capital. Current ratio for all hospitals except two are within target.

Financial Highlights – Community and CCAC

94% of all community HSPs reported either a balanced budget or surplus (all fund types) for year-end 2015-16.

The Toronto Central CCAC reported a balanced budget at year-end 2015-16.

Motion:

No motion

Agenda Item 12 – Governance and Nominations Committee Report

TOPIC: Governance and Nominations Committee Report

PURPOSES OF THIS AGENDA ITEM:

To provide a report to the Board of Directors on the September 14, 2016 Governance and Nominations Committee meeting.

The Governance and Nominations Committee met on September 14, 2016. The following sets out a report on the meeting topics:

Governance and Nominations Committee Terms of Reference and Draft 2016/17 Work Plan

Annually the Board Committees review their existing terms of reference with a view to ensuring that they are up to date; comply with current legislation requirements and ensure that the Committee is operating with effective governance oversight.

The Committee discussed the terms of reference and agreed to incorporate the Board member re-appointment process. The proposed wording was accepted with an amendment to include the following:

- *Monitor and facilitate the process for recommending re-appointment letters of recommendation to the Minister of Health and Long-Term Care.*

While reviewing and discussing the terms of reference, a question was raised regarding how Legislative updates and amendments are dealt with at the Committee and Board level and whether this would be considered under the Governance and Nominations Committee purview. It was noted that currently Legislative changes are brought forward to the applicable Board Committee through the CEO. It was agreed to discuss this with the Board at the next meeting in terms of the manner in which the Board addresses legal updates and/or Legislative changes and requirements.

Motion

That the Board of Directors hereby approves the updated and amended Terms of Reference for the Governance and Nominations Committee.

Draft Board Work Plan

The Board work plan is designed to support the Board in its stewardship role, to provide the right tools and information on the TC LHIN's key issues and risks, and to enable strategic discussions.

The Board work plan is focused on the TC LHIN's Strategic Plan priorities and it is proposed that each meeting include at least one presentation and dialogue with stakeholders and community members regarding priority health system initiatives and issues in the TC LHIN. While taking into account the TC LHIN's Strategic Plan,

operational plan deliverables and the reporting timelines that have been approved in the CEO objectives for 2016/17, the work plan sets out a structure for each Board meeting to incorporate a presentation, and the use of other reporting mechanisms (CEO Reports, etc) until the end of the fiscal year. It is designed to ensure that the Board is kept informed about key deliverables as well as learning opportunities through presentations to inform strategic discussions and decision making.

The Governance and Nominations Committee reviewed a first draft Board work plan for 2016/17. It was acknowledged that the work plan may need to be somewhat fluid for the coming year as it relates to the implementation of the health care system changes contemplated in Patients First and this may impact the Board's work and focus going forward.

The Committee provided some suggestions on the format and content of the draft work plan. The work plan will be revised and brought back to the Governance and Nominations Committee for their final review.

The idea of having a patient story at Board meetings was also discussed. It was suggested that an approach could be used to bring the patient experience and stories to the Board through an annual report to the Board from the TC LHIN Citizens' Panel. The Committee agreed on this approach.

Agenda Item 13 – Consent Agenda

TOPIC: CONSENT AGENDA - CEO Certificate of Compliance and Chair's Attestation

PURPOSE OF THIS AGENDA ITEM

Provide the Board with a copy of the CEO Certificate of Compliance for the period April 1, 2016 to September 30, 2016.

The Board to authorize the Chair to sign and submit the Chair's Attestation (Declaration of Compliance) for the period April 1, 2016 to September 30, 2016.

BACKGROUND:

CEO Certificate of Compliance

Toronto Central LHIN Management must comply with all applicable government laws and remittances, in accordance within the terms below:

- Tax holding payment
- Payroll benefits payment
- Monthly financial preparations
- Health and safety
- Legality
- Insurance

The Ministry of Health requires the LHIN to submit a Board approved Attestation on a quarterly basis.

To align with the Ministry process, on a quarterly basis, at a Senior Management meeting, the CEO and Senior Directors Controller will review all items on the CEO Financial and Compliance Certificate to ensure that there are no irregularities. If all are in compliance, the CEO, Senior Director and Controller sign and submit the certificate to the Board. However, if such irregularities are found, these will be noted.

Chair's Attestation (Certificate of Compliance)

LHIN Board Chairs are required to provide a signed Declaration of Compliance, due each quarter on the following dates:

- January 31
- April 30
- July 31, and
- October 31

MOTION:

That the Toronto Central LHIN Board of Directors authorizes the Chair to execute and submit the Chair Attestation (Declaration of Compliance) to the Ministry for the 2016/17 first and second quarters.

TOPIC: Toronto Central LHIN's Q1 2016-17 Consolidated Financial Results Report (Unaudited)

PURPOSE OF THIS AGENDA ITEM

Approval of the Q1 2016-17 Consolidated Financial Results Report for Toronto Central LHIN (unaudited).

BACKGROUND

Management reports to the Finance and Audit Committee each quarter on how it allocates funding for the operations of TC LHIN and LHIN Shared Services. Attachment A outlines this results for the three months ended June 30, 2016.

TC LHIN Consolidated Operations

At the consolidated level, TC LHIN is reporting a positive variance of \$304K. The variance is due primarily to the timing of expenditures. TC LHIN expects to have a balanced budget at year end March 31, 2017.

The consolidated cash balance of \$1.9M is sufficient to cover obligations for the next quarter.

The Finance and Audit Committee reviewed the detailed financial reports at their meeting on October 6, 2016. The Finance and Audit Committee is recommending that the Board of Directors approve the Q1 consolidated financial results report.

MOTION

That the Board of Directors approves TC LHIN's Q1 2016-17 Consolidated Financial Results report (unaudited).

Agenda Item 14 – University Health Network Presentation

Presentation at meeting.

Agenda Item 15 – Next Board Meeting

The next Board Meeting will take place on Wednesday, November 30, 2016, 4-7 pm.

Agenda Item 16 – Closed Session

The Toronto Central Local Health Integration Network Board of Directors meeting moves to a closed session pursuant to s.9(5) of the *Local Health Systems Integration Act, 2006* to:

- consider financial and other matters of personal or public interest and personnel matters

Termination

Board meeting to terminate upon completion of business.