Toronto Central Local Health Integration Network (TC LHIN)
Board of Director's Meeting

Wednesday June 28, 2017
4:00 p.m. to 7:00 p.m.
Boardroom, Toronto Central LHIN
425 Bloor Street East, Suite 201, Toronto

A G E N D A

TIME	DUR (MIN)	ITEM	TOPIC	PRESENTER/ DISCUSSANT	MOTION REQUIRED
4:00	1	1	Welcome and Call to Order	Vivek Goel	
4:01	1	2*	Guide to Open Meetings of the Toronto Central Local Health Integration Network	Vivek Goel	
4:02	1	3	Approval of Agenda	Vivek Goel	✓
4:03	1	4	Declaration of Conflicts	ALL	
4:04	1	5*	Approval of Minutes 5.1 Draft May 31, 2017 Minutes	Vivek Goel	✓
OPEN SESSION		NEW BUSINESS			
4:05	20	6*	Alternate Levels of Care 6.1 Business Note 6.2 Presentation	Chris Sulway	
4:25	20	7*	Local Collaboratives 7.1 Briefing Note 7.2 Presentation	Tess Romain	
4:45	30	8*	Integrations Overview 8.1 Briefing Note 8.2 Presentation Integration - West Toronto Support Services & Humber Community Seniors Services Voluntary Integration 8.3 Briefing Note Integration – Assisted Living / Personal Support Services from the Canadian Red Cross to Bellwoods Centres for Community Living 8.4 Briefing Note	Nello Del Rizzo	 ✓ ✓
		REPORTS			
5:15	5	9*	St. Michael's Hospital Satellite Dialysis Capital Project 9.1 Briefing Note	Chris Sulway	✓
5:20	10	10*	Annual Report	Tess Romain	✓

TIME	DUR (MIN)	ITEM	TOPIC	PRESENTER/ DISCUSSANT	MOTION REQUIRED
			10.1 Briefing Note 10.2 Annual Report Overview 10.3 Annual Report Draft		
5:30	20	11*	Change Management 11.1 Briefing Note 11.2 Presentation	Janet Sweeney/ The Potential Group	
5:50	10	12*	Transition Final Report 12.1 Briefing Note 12.2 Transition Report Presentation	Anne Wojtak	
CONSENT AGENDA					
6:00	1	13*	Governance and Nominations Committee Report 13.1 Briefing Note 13.2 Human Resources Committee Terms of Reference 13.3 Committee Membership	Vivek Goel	✓
6:40	19	17	Other Business	Vivek Goel	
6:59	1	18	Next Board Meeting September 27, 2017, 4:00- 7:00pm	Vivek Goel	
ADJOURNMENT					

Legend

* circulated with Agenda
** to be circulated at meeting
*** to be circulated before meeting
**** previously circulated

Distribution:
Vivek Goel, Board Chair
Carolyn Acker
Pamela Griffith-Jones
Christopher Hoffmann
Myra Libenson
Jason Madden
Yasmin Meralli
Dunbar Russel
Karen Sadlier-Brown
Felix Wu
Natasha VandenHoven

BRIEFING NOTE

Toronto Central Local Health Integration Network
Board of Directors Meeting
June 28, 2017

Item 1 – Welcome and Call to Order
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

Item 3 – Approval of Agenda
Item 4 -Declarations of Conflicts
Item 5 – Approval of Draft Minutes May 31, 2017
Item 6 – Alternate Levels of Care

PURPOSE:
Alternate Level of Care (ALC) is a key health system performance indicator, a Ministry of Health priority, and a TC LHIN Ministry-LHIN Accountability Agreement (MLAA) indicator. The purpose of this agenda item is to inform the TC LHIN Board of Directors of important contextual factors, the local strategy for system improvement and proposed 17/18 priorities.

BACKGROUND:
Since July 2009, the following provincial ALC definition has been used by all hospitals in Ontario: When a patient is occupying a bed in a hospital and does not require the intensity of resources/services provided in this care setting the patient must be designated Alternate Level of Care (ALC) at that time by the physician or her/his delegate.
ALC performance has been a consistent accountability indicator for LHINs. In 2016/17, under the TC LHIN MLAA improvement strategy significant gains have been made with a combination of Health Service Provider (HSP) engagement and targeted investments.
The influenza season of 2016/17 highlighted the limited capacity in the health system to respond to a surge of patients who need inpatient hospital care. This again highlighted the 15% ALC rate that exists across the province and the impact this has on system flow and the need to effectively get patients to the right place of care.
In the 2017 Ontario provincial budget, increasing health system capacity and reducing ALC were named as key health priorities, and there is an expectation for LHINs to implement the best local strategy to achieve these results.

DISCUSSION:
See attached presentation

NEXT STEPS:
Implement 17/18 TC LHIN ALC performance plan in line with Ministry of Health and Long Term Care priorities.

Item 7 – Local Collaboratives

PURPOSE:
Provide the Board of Directors with an update on the Toronto Central LHIN Local Collaboratives and next steps in the sub-region planning approach.

BACKGROUND:
In May 2016, the Toronto Central LHIN launched cross-sector tables in each of the five (5) sub-regions to facilitate population health planning, service alignment and integration, and improved performance outcomes at a local level. Over the past year, each Local Collaborative has met to develop a collaborative framework in which to undertake this work, and strengthen partnerships at the local level.
The development of Local Collaboratives was outlined in the Toronto Central LHIN's One Team, One Plan approach presented to the Board in September 2016, and is aligned with the LHIN's mandate letter.

DISCUSSION:
The Local Collaboratives in each sub-region have completed their first phase of work in which a collaborative framework has been developed, local areas of improvement have been identified in each sub-region, and quality improvement projects launched.

NEXT STEPS:
The next Local Collaborative meetings will be held in July 2017 in each sub-region, and the work moving forward in this year will focus on service alignment and integration in selected areas, development of performance dashboards in each sub-region, and selection of the next areas of focus using population data and applying an equity lens.

Item 8 – Integrations

PURPOSE:
To provide an overview of the LHIN's integration approach to support the Board's decision on two integrations that are being presented at this meeting:

1. West Toronto Support Services and Humber Community Seniors' Services – *Full Integration*
    - 2 Community Support Services (CSS) agencies in West Toronto integrating services/programs for local communities

2. Canadian Red Cross to Bellwoods Centres for Community Living – *Program/Service Transfer*
    - A multi-service organization devolving targeted programs (assisted living and attendant outreach services) to a specialized service delivery agency
    - This service transfer is part of a provincial approach

BACKGROUND:
The goal of Toronto Central LHIN is to support the integrations of organizations, as documented in its Program. Integrating to better meet the needs of specific client and patient populations in a geography; strengthening the continuum of care across HSPs and sectors for clients and patients with specific care conditions; standardizing approaches to care and service in identified sectors for consistency; integrating programs and services

Item 9 – St. Michael's Hospital Satellite Dialysis Capital Project

MOTION:
That the Toronto Central LHIN Board of Directors (the "Board") supports the endorsement of Part A of St. Michael's Hospital Functional Program Submission for their Satellite Dialysis project.

PURPOSE:
St. Michael's Hospital and Toronto Central LHIN are seeking endorsement from the Board for the programs and services element of the next phase of this capital redevelopment. The project includes the renovation of commercial space on Overlea Blvd to accommodate the establishment of a new community Satellite Dialysis program.

BACKGROUND:
The care of patients with Chronic Kidney Disease (CKD) has been a challenge for quite some time as volumes continue to grow, often surpassing current capacity. Since 2006, the creation of a satellite hemodialysis facility within SMH has been considered. In October 2012, the Ontario Renal Network (ORN) provided support for the creation of a new community-based dialysis unit to serve the Toronto area. Planning for this unit has continued over the last 4 years and a site has been selected at 45 Overlea Blvd in Thorncliffe Park, East York. The proposed site will include up to 21 built hemodialysis stations, as well as clinic and home training space.
Based on a 10% growth forecast, the Institute for Clinical Evaluative Studies (ICES) had predicted a demand of 239 patients by 2011, however, by the end of 2010, SMH had already surpassed this with 242 patients. To meet current demands, ORN and SMH have determined the need for 21 community stations to provide treatments for 126 patients (please see attached letter of support from ORN). This need is also outlined in ORN's Toronto Central Region Dialysis Capacity Assessment (2015-2025).

DISCUSSION:
The creation of a satellite program would become a regional resource to the TC LHIN, but would be managed by SMH. This supports the TC LHIN's strategic directions of putting patient's first and transforming primary health and community care, as the patients served in the satellite program will be cared for closer to home. Access and equity to care will be improved for those patients living in the Mid-East and East sub-regions, who would otherwise have to travel downtown to SMH for their care. In addition, a Satellite model of care will enable staffing efficiencies through higher staff:patient ratios (1:4 vs 1:3) as these patients will be of a lower acuity.
Other planning is underway for a Community Health Hub for the Thorncliffe Park region to be collocated at the chosen site. The services for this hub would include: a Family Health Team, labs and diagnostics, daycare and community outreach programs. This again is in support of the TC LHIN's strategic direction of transforming primary and community care.
There is no operational impact on the TC LHIN for the creation of this program. All ongoing operational funding will be provided by the ORN.

NEXT STEPS:
If Board provides endorsement, 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).

Item 10 – Annual Report 2016/17

MOTION:
That the Toronto Central LHIN Board of Directors approve the Toronto Central LHIN Annual Report 2016-17 for it to be issued to the Ministry and tabled in Legislature.

PURPOSE:
Approval of the 2016/17 Toronto Central LHIN Annual Report.

BACKGROUND:
Each LHIN is required to submit its Annual Report to the Ministry of Health and Long-Term Care (MOHLTC) at the end of July as outlined in the Ministry-LHIN Performance Agreement (MLPA). Each LHIN's Annual Report is developed using a Ministry template.
It is a public document and the primary audience is Members of Provincial Parliament (MPPs). The Ministry determines the timing for the report to be tabled in the Legislature and then its release publicly.
While the LHINs await direction from the Ministry, LHINs are welcome to share their annual updates through means other than the annual report such as the CEO Report to the Board and TC-LINK, our bi-monthly stakeholder newsletter.

NEXT STEPS:
Once approved, the Annual Report will be finalised and translated into French and issued to the Ministry who will manage the report through the Cabinet and eventually tabling in Legislature.

Item 11 – Change Management

PURPOSE:
The purpose of this Briefing Note to update the board on the insights and themes emerging from the initial consultations with leaders and staff about the future potential of the combined organization and share emerging thoughts about the vision for integration -- *vision for what we could achieve and what is most important for us to pay attention to – the* "generative anchor". The development of the "clear vision and rationale for the change" is a key success factor for the change strategy.

BACKGROUND:
With the Toronto Central LHIN and CCAC transition on June 7th, the focus now is to develop a strong change management capacity that will support human resources skills and development. Goals of the implementation include focusing the efforts of the TC LHIN staff on the strategic and operational objectives and increasing the value of the merged organization.

The Change process will support a new culture that will bring together our two organizations into one vibrant TC LHIN organization that is: patient- centered; strategic; and partnership drive.

Initial focus is on the following areas:

- Roles and Responsibilities
- Efficiency and Patient Services
- Accountability and Decision-Making
- Organization and Human Resource
- Planning and Continuous Improvement

DISCUSSION:
The work plan activities for a successful the Toronto Central LHIN's Change Management Strategy includes:

- change readiness assessment and monitoring
- engagement
- training
- communication
- leadership
- management and coaching

The key success factors are a compelling vision, clear rationale for change, visible leadership commitment and disciplined project management. The Toronto Central LHIN's plan includes all these activities and many are underway.

NEXT STEPS:

1. Develop compelling Vision. Engaging teams across the organization.
2. Develop Vice President team leadership and then cascade to all management (VPs, Directors, and Managers)
3. Assess detailed work processes to determine alignment to LHIN mandate and strategy and to inform organization design.
4. Continue change strategy and related activities.

Item 12- Transition Final Report

PURPOSE:
To provide the Toronto Central LHIN Board with an update on the progress of the transition of Toronto Central CCAC and the LHIN to a new organization.

BACKGROUND:
On June 7th, the Toronto Central LHIN and Toronto Central Community Care Access Centre (CCAC) successfully transitioned to form the newly integrated Toronto Central LHIN. As a result of this transition the Toronto Central LHIN formally assumed the rights and obligations of the Toronto Central CCAC. The newly formed integrated Senior Management team assumed their new responsibilities and teams effective on Transition Day.

DISCUSSION:
Recap of Transition Day:
Transition Day was a success with no reported patient complaints or incidents and positive feedback from staff received. In planning for Transition Day, a concerted effort and focus was made to engage as many staff as possible:

- Members of the Senior Management Team, the CEO, and Board Chair were present at each of the four main sites to welcome staff on their way into the office
- Senior Management circulated to all hospital sites throughout the day to welcome and engage staff
- All staff received a 'Welcome Package' with instructions on what to do and change on Transition Day
- Staff were involved in planning and supporting the Transition Day activities

Additional Transition Activities:
As Integration continues, there has been an ongoing effort on transition activities after June 7. Some of the early activities include:

- All Toronto Central LHIN staff have now been migrated a common email system and domain, which will facilitate collaboration between teams and a uniform external presence
- Toronto Central LHIN branded photo ID cards and lanyards have been distributed to all LHIN staff creating a uniform brand and identity
- Integrated teams are meeting to understand their full breadth of work and forming new relationships

NEXT STEPS:

Presently a '100 Day Plan' is being developed which will continue to focus on the harmonization of processes, systems, and policies across the two legacy organizations, including:

- Continuation of the ongoing focus of change management and building a new organization
- Further refining of corporate services to achieve support of the new objectives
- Developing an accommodation plan which outlines short-term integration of staff across all sites and supports a long-term vision

Item 13 –Governance and Nominations Committee Report

MOTION:

That the Toronto Central LHIN Board of Directors approves the newly revised Human Resources Committee's terms of reference.

That the Toronto Central LHIN Board of Directors approves committee memberships for the year 2017-2018.

PURPOSE:

To provide the Board of Directors with the revised Human Resources Committee Terms of Reference and the upcoming year's committee membership that was required as part of transition readiness for approval.

BACKGROUND:

In order to meet the transition readiness deliverables related to governance, the LHIN was required to have all committees in place and have their terms of reference established and/or updated to reflect minimal changes prior to integration and dissolution of the Toronto Central CCAC on June 7, 2017.

Since the transition there have been some revisions to the Human Resources Committee Terms of Reference. New members have also joined the TC-LHIN Board of Directors after transition which influenced committee membership.

Therefore, the newly revised terms of reference for the Human Resources Committee and Board Committee Membership are being presented to the Board of Directors for approval.