

## Board-to-Board Meeting Report      Friday May 27, 2016

9 a.m. – Noon      Royal Canadian Legion, Smiths Falls, ON

### 1. Welcome and Introductions

Richard Schooley

Richard welcomed attendees to the sixth Board-to-Board meeting. Each attendee introduced his/herself to the group. The meetings, held twice per year, are for members of the boards of directors of the agencies that make up the Rideau Tay Health Link (RTHL).

Purpose of this meeting:

- To update and inform the boards about Health Links at a local, LHIN, and provincial level.
- To review the purpose and relevancy of the Board to Board meetings in the context of the changing environment
- To have small group discussions – ‘Patients First’ Overview and Questions

*Please note: This report and presentations, as well as previous reports, can be found on the RCHS Website at the following link:*

[http://www.rideauchs.ca/index.php?option=com\\_content&view=article&id=135&Itemid=4](http://www.rideauchs.ca/index.php?option=com_content&view=article&id=135&Itemid=4)

### 2. Role of Governors

Graeme Bonham-Carter

Graeme Bonham-Carter, a Director on the RCHS Board, gave a presentation on:

#### The Role of Governors

Role 1 – Make Health Link Goals a Board Focus

Role 2 – Align with RTHL Shared Purpose

Role 3 – See Community Engagement Through a Health Link Lens

Role 4 – Move Towards Collaborative Governance within RTHL

#### RTHL Shared Purpose Statement

Graeme reminded the group of the following Shared Purpose Statement included in the RTHL Business Plan, “To redesign local health care delivery to provide the residents of the Rideau Tay Health Link, especially the sickest and most vulnerable, with comprehensive, high quality, person and family centered care that is consistent with their goals and values, honours their dignity, and makes the best use of health care resources.”

### **3. RTHL Background/Update/Patient Story**

**Maureen McIntyre**

Maureen presented an update with the focus on accomplishments and to highlight the work that has been done. There are 7 health links in SE LHIN. Rideau Tay is unique in that it has Lanark Highlands in their catchment area although it is in Champlain LHIN. There are 82 Health links throughout the province. The primary focus is to address top 5% patients taking up approximately 70 % of funds.

Maureen highlighted specific examples of people and how RTHL help to support clients with the challenges they have. The Care Coordinator plays a significant role in linking everyone.

Each client is unique and presents unique challenges, including:

1. There are many layers of care involved which leads to gaps in communication.
2. The program criteria are based on chronological age not biological age.
3. Patient's health care coverage changes within different funding from ODSP to CPP.

Many patients receive services in 2 or more Health Science Centres (Kingston/Ottawa/Perth and SF) which adds to the complexity of communication, processes and data collection.

System level changes are being addressed. For example, the compendium of supplies differs from hospital to home. i.e: patient in hospital had a wound that required vacuum but when they went home the device was completely different leading to confusion and stress for the patient. Transition from hospital to home can be very difficult for patient. RTHL is trying to build system change by identifying reoccurring issues faced by the individuals they have connected with.

Future Directions: The Health Links philosophy is aligned with Patients First.

### **4. SE LHIN Health Link Enablers and Sustainability**

**Megan Jaquith**

Megan presented a detailed slide show highlighting the SE LHIN's commitment to Health Links including: training modules, regional collaboration, ensuring sustainability, monitoring the impact at patient level/provider level and at a system level.

SHIIP's secure electronic information portal enables data to flow between the care team. It enables health links coordinated care planning. SHIIP has gone through an extensive privacy audit to ensure its safety. Additional work is underway to increase the information flowing into the portal and therefore accessible to the care team.

### **5. SE LHIN Collaborative Governance and Community Engagement Committee in the Context of Patients First**

**Maribeth Madgett/ Jack Butt**

Maribeth reiterated to the group that the new committee Graeme spoke of is called System Performance and Collaborative Governance Committee to focus around Sub-Regional forums. Within the SE LHIN the forums will fall into West, East and South. Following discussion the group was interested in the Committee but agreed further information based on the decisions around Patients First is warranted before moving forward.

### **6. Small Group Discussion:**

#### **Patients First Overview and Questions**

**Peter McKenna**

Peter McKenna introduced the topic of 'Patients First' and its four components:

1. Effective Integration of Services & Greater Equity

2. Timely Access to, & Better Integration of Primary Care
3. More Consistent & Accessible Home & Community Care
4. Stronger Links to Population & Public Health

The meeting broke into 3 discussion groups, and a reporter from each group made a short presentation to summarize the discussion. The following is a brief summary of the feedback.

#### Questions:

1. **What, if anything, do you value about the proposal as a whole and its four components?**
2. **If we were collectively responsible to ensure 100% of the people within the boundaries of Rideau Tay Health Links have access to primary care:**
  - a) **What would this look like?**
  - b) **What resources would we need?**
3. **With regards to Patients First is there anything else you would like to comment on?**

#### Group # 1

1. What do we value?
  - Community support now included in the circle of care
  - Easier to focus & manage within smaller geographical region than the entire LHIN
  - Acknowledgement that it is the patient or the people that is first – not the providers
2. Access to Primary Care
  - a) What would it look like
    - Extended hours beyond 9-4 & Monday-Friday so that individuals can access primary care when required.
    - Effective technology links - data sharing between medical providers within the LHIN and across the province; patients able to access personal records
    - Strategic planning to include ‘ordinary’ people, not just bureaucrats or directors
  - b) Resources
    - Care Coordinator
3. Other comments
  - CCAC covers entire region so how does sub-region support consistent services provided across the LHIN.
  - As long as support is equitable this is ok. ie: ‘equal treatment’ not necessarily the objective. There will be basic services but also there will be enough flexibility built in to allow innovation /tailored services for specific areas.
  - Patients First is a good next step (an evolution from the Health Links)

#### Group # 2

1. What do we value?
  - Integration – if patient is centre then other areas of “losing identity of single entity” takes the background
2. Access to Primary Care
  - a) What would it look like?
    - Agencies not LHIN funded need to become part of the picture as they serve the top 5% as well
    - Continuity of systems across LHINs which will help with care that is consistent

- LHINs, Agencies, Health Links and Hospitals working together
- b) Resources
  - Care Coordinator become advocates for clients with less bureaucracy and can therefore react quickly to needs

### **Group # 3**

What do we value?

- The whole proposal.
- 1. Access to Primary Care
  - a) What would it look like?
    - Public health becomes part of the primary health system. Considerable overlap between public health & primary care.
    - Health Hub
    - Primary care planning challenge is physician availability
    - Quite a lot of difference among health links – some focus very much on health determinants
    - Health Care Connect, linking patients & physicians
    - Able to minimize challenges for people without birth certificates, OHIP cards etc. to obtain provider
    - Current recruitment of physicians – rules of “undeserved” areas. End of physician recruitment task forces?
    - Importance of linking with municipal/county politicians
    - Health Links as fund holder to coordinate resources locally. (development of similar approach in justice system)
    - Health & Social Services
  - b) Resources
    - Challenge of resources but potential for collectively funding services

### **Group # 4**

1. What do we value?
  - Integration - being able to move funds through the system if they are under the same umbrella; timely access
  - Patients first – choices- removal of barriers; resources available & allocated where needed; data available to track info
2. Access to Primary Care
  - a) What would it look like
    - 100% primary care access
    - Transportation issues dealt with.
    - Auto entry into the system when you arrive in our catchment area, integration
  - b) Resources
    - Information/awareness is key
    - Cooperation amongst groups

### **General Comments**

- The Group agreed that sub-region session that had been postponed should be rescheduled for the fall. Jack Butt will look into funding to support this workshop.
- Lots of benefit with this small group in addition to workshop with larger group
- Focus on Health Links should continue.
- Request to add piece to next agenda: How 4 systems across the province will be brought into common delivery

### **7. Date of Next Meeting:** To be determined

The meeting adjourned at noon.

### **Board to Board Reports and Presentations**

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**AGENDA**

**RTHL Board to Board Meeting**

**Friday May 27, 2016**

**9:00 am – 12:00 pm**

**Smiths Falls Legion**

7 Main St E, Smiths Falls

9:00 – 9:15	Welcome and Introductions	<b>Richard Schooley</b>
9:15 – 9:45	Roles of Governors	<b>Graeme Bonham-Carter</b>
9:45 – 10:15	RTHL Background/Update/Patient Story	<b>Maureen McIntyre</b>
10:15 – 10:30	SELHIN Health Link Enablers and Sustainability	<b>Megan Jaquith</b>
<b>10:30 – 10:45</b>	<b>BREAK</b>	
10:45– 11:00	SE LHIN Collaborative Governance and Community Engagement Committee in the Context of Patients First	<b>Maribeth Madgett/Jack Butt</b>
11:00- 11:30	Small Group Discussion - Patients First Overview And Questions	<b>Peter McKenna</b>
11:30 – 11:45	Report Back of Small Group Discussion	<b>Graeme Bonham-Carter</b>
	- What are the Three Focused “Take Aways”?	
11:45 – 12:00	Wrap up, Questions, Thoughts – MOVING FORWARD	<b>Graeme Bonham-Carter/Richard Schooley</b>

## Appendix A: RTHL B2B Participant List May 27, 2016

<b>Alzheimer Society of Lanark/Leeds Grenville</b>	Louise Noble, Executive Director, Don McDiarmid, Board Chair
<b>Brockville General Hospital</b>	Sheri Hudson
<b>Community/Primary Health Care Lanark, Leeds &amp; Grenville</b>	Rosemary Nicol
<b>Country Roads Community Health Centre</b>	John McTavish, Brian Preston, Cait Maloney
<b>Lanark County Mental Health</b>	Wayne Johnson, Board member
<b>Lanark Renfrew Health &amp; Community Services</b>	John Jordan, Executive Director; Stephen Bird, Board Chair, Noreen Adam, Annette Hewitt, Co-Champions, Community Members
<b>Lanark County Paramedic Service</b>	Ed McPherson, Chief (sent regrets)
<b>Leeds, Grenville, Lanark District Health Unit</b>	Robin Jones
<b>Lanark Leeds &amp; Grenville Addictions and Mental Health</b>	Laurie Dube (sent regrets), Lisa Bisonette (sent regrets)
<b>North Frontenac Community Services</b>	Louise Moody, Linda Chapel
<b>Perth and Smiths Falls District Hospital</b>	Bruce Rigby, Gardner Church, Tom Belton, Wayne Johnson, Donna Howard, Richard Schooley, Sue Bolger
<b>Rideau Community Health Services</b>	Jan Hopkins, Secretary; Don Dutton, Treasurer; Graeme Bonham-Carter, Terry Lee, Board Members; Peter McKenna, Executive Director,
<b>Rideau Tay Health Link Team</b>	Maureen McIntyre, Project Manager
<b>Smiths Falls Nurse Practitioner Led Clinic</b>	Lee Ann Brennan, Administrative Lead; Nancy Unsworth
<b>South East Community Care Access Centre</b>	Wendy Cuthbert, Board Member, Jackie Redmond, CEO Carol Ravnaas
<b>South East Local Health Integration Network</b>	Jack Butt, Maribeth Madgett, Megan Jaquith
<b>Independent</b>	Doug Burt, Janet Cosier, Colin Sangster, Steve Elliott