

HOME AND COMMUNITY CARE SUPPORT SERVICES

Minutes of the Meeting of the Board of Directors of the 14 Local Health Integration Networks, operating as Home and Community Care Support Services (HCCSS) - June 22, 2022

A meeting of the HCCSS Board of Directors (Board) was held on June 22, 2022, beginning at 1:30 pm.

PRESENT:

Voting Members: Joe Parker, Board Chair
Glenna Raymond, Vice-Chair
Carol Annett, Member
Anne Campbell, Member
Michael Dibden, Member
Stephan Plourde, Member
Shanti Gidwani, Member
Kate Fyfe, Member
John Beardwood, Member
Eugene Cawthray, Member

Regrets:

Staff in Attendance: Cynthia Martineau, Chief Executive Officer
Barbara Bell, VP, Quality and Risk
Lisa Burden, VP, Home and Community Care
Lisa Tweedy, VP, Human Resources and Labour Relations
Karin Dschankilic, VP, Finance and Corporate Services
Marla Krakower, VP People Services, Employee Experience & Public Relations
Karen Ho, Agencies Legal
Erica Jeffery, Corporate & Board Relations Manager and Executive Assistant to the CEO

Guests: Cathy Kelly, Jutta Schafler Argao, Debbie Roberts, Karyn Lumsden, Cindy Ward, Mary Grattan-Gielen, Martina Rozsa, Sarah Vertlieb, Heidi Maanselka, Robert Delvecchio, Daryl Nancekivell, Janet Wright, Dave Speedie, Richlyn Lorimer, Nancy Saxton

A. Convening the Meeting

A.1. Call to Order

A quorum was present and the meeting was called to order at 1:39pm.

A.2 Land Acknowledgement

The Board Chair shared a land acknowledgment.

A.3 Approval of the Agenda of June 22, 2022

It was moved by Joe Parker / Glenna Raymond

That the agenda of June 22, 2022 be adopted as presented.

This motion was put to a vote and

CARRIED.

A.4 Conflict of Interest

None declared.

B.1 Patient Story

The patient story focused on a family with a child with high care. The story emphasized not only the supports and navigation provided by HCCSS, but also the importance of information sharing and the inclusion of caregivers throughout the care planning process. The complexity of the health care system has highlighted and the need for clarity of messaging and information sharing for patients and caregivers. This story also highlighted Family Managed Home Care (FMHC) as an alternative to the traditional model for delivering home care.

The Board and staff discussed the complexities and costs associated with the complex paediatrics population, particularly in the context of Ontario Health Teams (OHTs).

C.2 Equity Moment

Eugene Cawthray provided a moment of equity speaking to the need to focus as much attention on low-income patients as is done on other specific demographic populations and the importance of having the knowledge about available services and cultural differences that their impacts on the care received and delivered to patients. The discussion also incorporated thinking about level of service intensity and the amount of supports that can be challenging in some areas and populations in the province for both HCCSS and Service Provider Organizations (SPOs).

Action: Carol Annett to provide the equity moment at the next Board meeting.

D. Consent Agenda

D.1 Approval of Consent Agenda

It was moved by Joe Parker/ Stephan Plourde

That the Consent Agenda of June 22, 2022 be adopted, as amended.

This motion was put to a vote and

CARRIED.

The Board requested further discussion regarding the Terms of Reference for the Patient Services, Quality and Risk and Transition Committees, the Q1 Attestation, the Adverse Events Briefing note as well as the Leading Projects overview.

The Board discussed the revised Terms of Reference documents for both the Patient Services, Quality and Risk Committee as well as the Transition Committee and were supportive of their approval given “innovation” remains a component of the Patient Services Terms of Reference and will be inherent in discussions at both Committees.

The Board discussed the Q1 Broader Public Sector Accountability Act (BPSAA) Briefing Note and Attestation for 2022/23 and the alignment to the quarterly Risk Reports that are reviewed by the Board through the Patient Services Committee. Staff advised that BPSAA report identifies where there is non-compliance with certain legislation and what is being done to rectify this non-compliance. Staff confirmed that the Board informed of all risks through either the Quarterly Risk report or the BPSAA Compliance report.

The Adverse Events report for 2021/22 was brought forward for further discussion. Overall, staff is not aware of one HCCSS having higher adverse events than another agency. HCCSS started collecting data as of 2021/22 and will be able to provide quarter to quarter updates and will ultimately be able to provide a year over year comparison going forward. The Board flagged their concern regarding an increase in abuse of home care staff. HCCSS is in the process of working on an Abuse Prevention Plan as part of the New Home Care Regulations.

Staff provided a further update regarding the OHT Leading Projects. The latest submissions are imminently due to Ontario Health and then a decision will be forthcoming regarding which projects will go forward. Proposed timelines indicate a Fall implementation date and HCCSS will have a better sense at that time regarding impacts to HCCSS, particularly in relation to knowledge transfer, transition support and other aspects required for leading projects. If necessary, a special board meeting can be convened with any updates but nothing is anticipated during the summer.

Action: Staff to bring back an update on status of Leading Projects for the September meeting.

E. CEO Report

The CEO highlighted key elements of the CEO report including ongoing work related to the Home and Community Care Regulation changes.

The Board discussed the Patient Bill of Rights as prepared in alignment to the Regulations and discussed the potential implications and commitment to HCCSS. Staff advised that the Bill of Rights was adopted from the regulations and the majority of the clauses within the document were already in established with key additions related to culturally safe delivery of care to our indigenous and French language patients. In response to a query on translation capacity, staff confirmed that there are translation services available through all HCCSS agencies and also noted that staff represents the demographics of the HCCSS patient populations.

The Board discussed the responsibility of patients in this relationship as well as the proportionality between HCCSS and patients, particularly in relation to addressing abuse of staff.

The Board acknowledged the engagement of patients, caregivers and others within the development of the Bill of Rights.

The Board also inquired about the CEO's recent site visits across each of the HCCSS agencies. The CEO shared some high level themes coming from the site visits as well as the information being shared with staff during these visits.

Action: Staff to follow up regarding patient responsibilities and proportionality to the Patient Bill of Rights.

F. Reports from Committees

F.1 Finance, Audit and Information Committee

Audited Financial Statements

The Finance, Audit and Information Committee Chair provided an overview of the Audited Financial Statements for the Board following a recent meeting with the Audit Partner. The Committee received an overview of the financial results for the 14 organizations and heard about organizational performance from the four VPs of corporate services. Overall, there was a 24 million dollar surplus for the 14 HCCSS agencies, noting ten were in a surplus position and four in a deficit position. The Committee Chair noted an overall increase in patient volumes with an increase in PSW hours and a reduction in nursing, these reflecting challenges related to health human resources. In response to a request from the Committee, staff provided additional information regarding drivers on increased spend on SPOs

Overall, throughout the audit, the auditor did not identify any significant concerns and advised the Committee that they would be issuing a clean audit report. The Audit Partner's Report, provided highlights of three key areas of risk: revenue recognition, management oversight of controls and implication of transition on operations

The Board met with the Auditor without staff to discuss risks and points raised. The Audited flagged recommendations and challenges related to reductions in corporate services staffing that will need to be addressed as HCCSS moves forward.

It was moved by Eugene Cawthray/ Joe Parker

Having reviewed the draft Audited Financial Statements of the fourteen (14) LHINs and having received a recommendation from the Finance, Audit and Information Committee, the Board of Directors approve the 2021/2022 draft Audited financial statements.

This motion was put to a vote and

CARRIED.

Annual Business Plan (ABP) Financial Submission

The Committee Chair provided an update regarding the 2022/23 Budget. Since the last Committee and Board meetings, staff received updated funding and direction from the Ministry of Health. The result is that some HCCSS organizations are in a surplus position and some are in a deficit position.

Staff is seeking approval to align the operating budgets to tie into the allocation provided by the Ministry of Health. Given the resulting deficit positions for some HCCSS agencies, staff will put a plan in place to operate within the budget put forth by the Ministry of Health. Staff is working with the Ministry of Health

regarding two business cases submitted, one focused on transition and one for Information Technology and are awaiting their ultimate approvals.

Staff will also work with the Ministry of Health regarding the potential ability for reallocations to help balance HCCSS agencies.

It was moved by Joe Parker/ Eugene Cawthray

The Board of Directors approves revised 2022/23 operating budgets that agree to the ABP and subsequent Ministry funding allocations, with the following principles:

- i. LHIN organizations in a Home Care envelope deficit as a result of reduced funding allocations work to spend within the revised funding allocation while minimizing impact on patient care; and
- ii. LHIN organizations in a Home Care envelope surplus submit business cases to the CEO for approval to authorize spending of amounts greater than the original approved budget; and
- iii. All LHIN organizations create plans including associated impacts to meet the allocated administration funding for review with the CEO and Finance, Audit and Information Committee; and
- iv. LHIN staff continue to work with the Ministry to align funding with patient needs and capacity across the 14 organizations, and seek to move forward the administration funding requests.

This motion was put to a vote and

CARRIED.

Action: Board Chair and CEO to follow up with MOH regarding the status of the business cases.

The Committee Chair also highlighted Financial Risk Reporting including key risks such as day to day operations and business continuity, operating with deficit budgets as well as the ability to support the transformation agenda.

F.2 Patient Services, Quality and Risk Committee

The Committee Chair highlighted two key items from the most recent Committee meeting: the Quality Management Policy and Framework and Service Provider Organization (SPO) Acceptance Rates and Missed Care, from the most recent committee meeting.

Quality Management Policy and Framework

The Committee received an overview of the Quality Management Policy and Framework. The Committee positively acknowledged the amount of engagement undertaken to develop the framework including representation from rural and urban geographies as well as patient advisors.

It was moved by Michael Dibden / Stephan Plourde

The Board of Directors approves the Provincial Quality Management Policy, as recommended by the Patient Services, Quality and Risk Committee.

This motion was put to a vote and

CARRIED.

SPO Acceptance Rates and Missed Care

The Board discussed SPO acceptance rates human health resources (HHR) challenges and the correlation with the Omicron pandemic. It is hoped that the acceptance rates will improve as the province moves away from the pandemic.

The Board inquired about variations in acceptance rates across the province and whether there may be areas of greater concern than others. Staff advised more detailed results organized by HCCSS agency, will be shared at future Patient Services, Quality and Risk Committee meetings. The Board also discussed whether there may be another indicator that could illustrate patient service versus provider acceptance rates.

The Board and staff talked about SPO performance and contract management and how HCCSS agencies manage poor performers. There was also discussion regarding those agencies that provide care outside of HCCSS contracted provider agencies. The challenge at this time is that HCCSS and SPOs are locked into existing and dated contracts. There are ongoing discussions regarding potential changes to the contract model as part of the home care modernization discussions.

The Board also briefly discussed SPOs improving their own efficiencies. Staff advised that while HCCSS staff is aware of various implementations by SPOs, there is not an overall awareness of all SPOs full business operations. HCCSS staff do have frequent meetings with SPOs regarding quality of care and other indicators. The Board discussed the possibility of a future presentation by one of the SPO provider associations.

Action: Staff to provide an overview of contract management including leverage points that are available to manage contracts, with an overlay of how this might look in the face of transition at an upcoming Patient Services, Quality and Risk Committee Meeting.

G. Other/New Business

G.1 Strategic Initiatives Progress Report

The quarterly Strategic Initiatives Progress Report was shared for information. The Board inquired about the Ontario Health Teams initiative being reflected as “on target”. Staff confirmed this status given ongoing collaboration with Ontario Health and Ministry of Health.

The Board recommended revisiting the initiatives once HCCSS hears from the new Minister of Health.

G.2 2021/22 Consolidated HCCSS Annual Report

The consolidated Annual Report for 2021/22 was presented for Board review and approval. The Report illustrated and highlighted key initiatives and activities across the province.

It was moved by Joe Parker/ Stephan Plourde

The Board of Directors approves the 2021-22 Consolidated Annual Report for Home and Community Care Support Services.

This motion was put to a vote and

CARRIED.

H. Closed Session

It was moved by Joe Parker/Glenna Raymond

That the Board of Directors to the 14 LHINs move to a closed session to discuss a matters of legal, personnel and public interest at 4:05pm.

This motion was put to a vote and

CARRIED.

I. Adjournment

After moving back to open session at 6:08pm, it was moved by Joe Parker/ Glenna Raymond

That the meeting be adjourned.

This motion was put to a vote and

CARRIED.

There being no further items, the HCCSS Board Meeting adjourned at 6:09pm.

Original signed by

Joe Parker, Board Chair

September 21, 2022

Date

Original signed by

Cynthia Martineau, Corporate Secretary

September 21, 2022

Date