

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

Wednesday September 27, 2017  
4:00 p.m. to 6:00 p.m.  
Boardroom, Toronto Central LHIN  
425 Bloor Street East, Suite 201, Toronto

1 – Welcome and Call to Order

3 – Approval Agenda

4 - Declaration of Conflicts

5 – Approval of Minutes

To be posted upon approval

6 – Board Education Day

**PURPOSE:**

The purpose of this briefing note is to introduce the plan for the fall Board and Senior Management Education Day.

**BACKGROUND:**

In fall 2017, the Toronto Central LHIN will launch its strategic planning process at an education day for the Board and Senior Management team - to be facilitated by KPMG. The agenda will include a review of high performing and innovative integrated care systems from different jurisdictions and set the stage for a discussion of strategic opportunities for the new and evolving role of the Toronto Central LHIN. We will also provide an overview of the planning process, including stakeholder engagements, and discuss the Board's role in supporting the strategic planning process.

**NEXT STEPS:**

This will be a full-day meeting to be held at the Women's College Hospital (Pink Cube) on Tuesday, October 31<sup>st</sup> from 9:00am to 5pm and will include a tour of the hospital from 9:00 to 9:30am. A pre-reading package will be sent to Board members in advance.

7- Governance to Governance Sessions

**PURPOSE:**

Provide an overview of the approach for Governance-to-Governance discussions, which are an opportunity to discuss the Toronto Central LHIN's strategic priorities with the Boards of health service providers (HSPs) and home care service provider organizations (SPOs).

**BACKGROUND:**

The report [Advancing the Integration Conversation: Report to the Toronto Central LHIN](#) included a recommendation that the Toronto Central LHIN support voluntary integration strategies by facilitating inter-HSP conversations at the governance level about the benefits and realities of integration.

While responding to this recommendation, the Toronto Central LHIN also has an opportunity to promote its vision for integrated health service delivery (referenced within the Minister's Mandate letter) while creating a forum that supports connections and open dialogue amongst HSPs.

Feedback at these sessions will assist in understanding the readiness of Boards for transformation and will inform the implementation of the LHIN's integration strategy.

**DISCUSSION:**

The report notes that integration can be an intimidating concept for HSPs and that improvements through integration will begin by addressing and acknowledging their concerns to create a culture of openness and transparency. Facilitated by KPMG as a neutral

third party, the Governance-to-Governance discussions will focus on opportunities and education, allowing HSP Board members to ask questions and discuss their role in the LHIN's vision for integrated health service delivery without the LHIN present in the room.

#### **NEXT STEPS:**

One Governance-to-Governance discussion will be held in each Sub-Region throughout fall 2017. Following the sessions, KPMG will prepare a summary report to the Board on key findings related to HSP understanding of the vision for transformation and their role in integrated service delivery.

Each of the five sessions will take place in the evening for approximately 2 hours. Invitees will include HSP and SPO Executive Directors/CEOs and respective Board Chairs or equivalent. It is anticipated that approximately 50-100 individuals will attend each session, depending on the sub-region.

## **8 – Capital Projects**

#### **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 two floors of space in Sherbourne Health Centre (Sherbourne St) to accommodate the integration of two withdrawal management programs (University Health Network and St. Michael's Hospital) into a new space. This new space will be purpose-built and allow the provision of care in a safe and therapeutic environment, and also allow for efficiencies of practice.

#### **BACKGROUND:**

In 2015, the Toronto Central LHIN's Board approved the voluntary integration of two men's withdrawal management services (WMS) to a single centrally located site (Sherbourne Health Centre), to be operated by St. Michael's Hospital. St. Michael's Hospital (SMH) and University Health Network both currently provide withdrawal management services (WMS) to men in short-term lease facilities. These facilities were not originally designed for the delivery of withdrawal management services and therefore limit the ability to provide client services effectively. A review of both programs and sites resulted in a recommendation of integration into a single, centrally located site that would allow for a program that better met the goals of the withdrawal management and addictions system and would provide an effective environment for the delivery of these services.

University Health Network - Toronto Western Hospital manages the Ossington site which is a 22 bed residential withdrawal management services program with a mix of 6 crisis, 6 transitional and 10 post-crisis beds. A total of 10 FTEs serve over 1,200 clients a year with an average length of stay of 9.4 days. The program is renting the building from the City of Toronto at below market rent.

St. Michael's Hospital - The St. Michael's Hospital site operates 16 beds residential program with a mix of 4 crisis and 12 post-crisis beds. A total of 9.5 FTEs serve over 700 clients a year with an average length of stay of 8.6 days. St. Michael's Hospital also provides Community/Day withdrawal management services, and Case Management services that target transitional care for these clients in the community.

St. Michael's Hospital is subletting space, well under market rent from the Salvation Army Maxwell Meighen Shelter. The physical layout and structural limitations of the facility constrain the ability to deliver safe and effective care. Located on the 3<sup>rd</sup> floor, access is through a poorly functional elevator that presents a number of challenges for clients, staff and other health care services (e.g. Emergency Medical Services). The site was originally intended to be a one year temporary arrangement until more suitable space and rental funding could be secured. This is now its 12<sup>th</sup> year in this location.

These programs target individuals who are withdrawing from alcohol, opioids and other substance. It provides space for immediate withdrawal as well as supports to move into a variety of addiction and mental health programs, as well as transitional housing.

#### **DISCUSSION:**

The integration of these two programs will allow for consolidation at the Sherbourne Health Centre located at 333 Sherbourne St. This site will house 36 residential beds staffed appropriately and augmented community based services to provide improved after care, case management and supports in the community. St. Michael's Hospital will take on the existing funding and operational responsibilities of the integrated program. As part of the integration, community services will be augmented. The enhanced pool of resources available will include: Community Withdrawal Management Service; Day Withdrawal Management Service; Aftercare; and Short-Term Case Management. Toronto Central LHIN has already approved an increase in funding to cover the additional operating costs related to expanded services and rent that will come with the integration of both programs. There are no future funding commitments associated with the approval of this plan.

This project is well aligned with TC LHIN addictions strategy and coordinating community based care. Currently both programs focus on services for men, however the proposed Functional Plan will allow for the potential future expansion of services to all genders of

clients, including the LGQTB population. Most importantly, services will be provided in a safe physical environment, where staff and patients are not a risk.

**NEXT STEPS:**

If Board provides endorsement, MOH will proceed with finalizing their review of Part B of the functional plan.

## 9 – Finance and Audit Committee Report

**PURPOSE:**

Committee Reports are intended to provide regular updates to the full Board of Directors' regarding on-going matters within the oversight and/or work plan of the Board's sub-committees.

This report provides a summary of information items discussed at the August 23, 2017 Finance and Audit Committee Meeting.

**DISCUSSION:**

**Legacy TCCCAC Audited Financial Statements for Stub Period** – Toronto Central LHIN received the draft audited financial statements for Toronto Central CCAC from KPMG for stub period April 1 to June 6, 2017. Recommendation to Board of Directors for approval is on a separate agenda item.

**HSP Operation Transfer Payment Funding Results** - The transfer payment to HSP operations for fiscal year 2017-18 is expected to be \$4.75B, which is \$119M more than planned, as a result of new Ministry initiatives announced since the beginning of the fiscal year. The year-to-date transfer payment as of 1<sup>st</sup> Quarter (ended on June 30<sup>th</sup>, 2017) was \$1.2B.

**Latest Estimate of Expenditures for 2017/18** – Estimated Total Expenses for 2017/18 is \$273.5M, consisting of \$23.4M Admin Expense and \$250.1M Home Care Expense. General and Admin Expense is 6% lower than prior year's - TC LHIN is expecting to surpass its target savings goal in Admin Expense for fiscal year 2017/18. Home Care Expense is 3% higher than prior year's due to significant client growth, higher utilization, and higher length of stay and high proportion of complex clients. TC LHIN is working with Ministry to address increase in Home Care Expense. Management has identified short-term and long-term savings strategies to address pressures on Home Care.

**Q1 2017-18 Discretionary Funding Allocation** - In the first quarter, TC LHIN allocated \$1.31M. Community funds are received in the 2<sup>nd</sup> quarter.

**Toronto Central LHIN's Q1 Operations Financial Results Report** - On the operations side, Toronto Central LHIN reported a negative year to date variance of -\$3M for the quarter ended June 30, 2017. The negative variance is primarily due client growth. TC LHIN has sufficient cash to meet its financial obligations.

**Toronto Central LHIN's Agency Risk Assessment Report** – TC LHIN reported risk assessment on Long Term Care Home Capacity, Impact of Population Growth, MLAA Performance and Home Care Financials.

**MLAA Report** - Based on the May 2017 data release, Toronto Central LHIN is meeting 5 of the 14 MLAA indicators (CCAC PSW Visits, CCAC Nursing Visits, Hip replacement Wait Time, Knee replacement Wait Time and ALC Rate).

**2016-17 Health Service Provider (HSP) Financial Performance Report** - All hospitals reported a positive total margin for year end 2016-17. All hospitals except three reported positive working capital. Current ratio for all hospitals except three are within target. 90% of all community HSPs reported either a balanced budget or surplus (all fund types) for year-end 2016-17.

**Board per Diems and Expense Claims** – Board per Diem claims as at Q1 2017-18 is \$12.5K.

**Contract Listing Q1 2017-18** - In Q1 2017-18, TC LHIN has executed two new contracts for critical care lead services and human resources transition services.

## 10 – Quality Committee Report

**PURPOSE:**

Committee Reports are intended to provide regular updates to the full Board of Directors' regarding on-going matters within the oversight and/or work plan of the Board's sub-committees. This committee report provides an overview of the launch of the new Quality Committee and its inaugural meeting in September 2017.

## DISCUSSION:

In August 2017, the Committee members participated in an orientation session to support them to fulfill their role, including an introduction to the role and function of home and community care services as delivered by the former CCAC and an overview of the role of governance in providing oversight for quality and risk for the services we deliver. Committee members also discussed the template for the Quality Dashboard and annual work plan.

In September 2017, the first meeting of the committee included a presentation by a caregiver about his experience in accessing long-term care for his father, an overview of the Home and Community Care research program, and a review of the Q1 Quality Dashboard.

Through the patient story provided at the meeting, the Quality Committee was able to hear about the impact of our services on individuals and better understand the challenges facing both those who receive care and those who deliver care. The caregiver provided Quality Committee members with additional insight into systemic issues related to the placement of patients into long-term care facilities, with a particular focus on the challenges in accessing long-term care homes for patients who are identified as exhibiting behavioural issues and the associated effect on hospital capacity when patients are waiting for an alternate type of care. Following the caregiver presentation, staff provided an overview of the Home and Community Care research at the Toronto Central LHIN. This overview prompted discussion about the role of research in the Toronto Central LHIN going forward and the potential to explore research and innovation within the context of the new strategic planning process that will be launched in fall 2017. Finally, the Quality Dashboard supports the Committee to have oversight of its areas of responsibility as outlined in the terms of reference.

Overall, Q1 results were as expected and there were no areas of concern. Of note:

- There were no Level 3 or Level 4 critical patient safety events in this quarter
- There was a slightly higher number of complaints in Q1 as compared to previous reporting periods. This change may be attributed to a change in the complaints tracking process implemented during transition. This trend will be monitored to determine if there is any cause for further action.

## **13 - Next Board Meeting**

The next regularly scheduled Board of Directors meeting will be held on **November 29, 2017**, from 4:00 -6:00 p.m. in the Toronto Central LHIN Boardroom.