Toronto Central Local Health Integration Network (TC LHIN)
Board of Directors Meeting

Wednesday, May 31, 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 Conflict(s)	ALL	
PRESENTATIONS					
4:04	20	5*	CCAC Presentation – Long-Term Care Placement 5.1 Briefing Note 5.2 Presentation	Gayle Seddon	
4:24	60	6*	Integration – St. Michael's Hospital, St. Joseph's Hospital and Providence Health Care 6.1 Briefing Note 6.2 Presentation	Nello DelRizzo	
NEW BUSINESS					
5:24	30	7*	Toronto Population Health Solutions Lab 7.1 Briefing Note 7.2 Presentation	Sophia Ikura	
5:54	15	8*	Quality Committee 8.1 Briefing Note of Quality Committee 8.2 Quality Committee Terms of Reference	Pamela Griffith-Jones	
REGULAR BUSINESS					
6:09	1	9*	Approval of Draft April 26, 2017 Minutes 9.1 Draft Minutes – April 26, 2017	Vivek Goel	✓
REPORTS					
6:10	5	10*	Transition Report 10.1 Transition Briefing note 10.2 Transition Report Presentation	Susan Fitzpatrick Bill Manson Anne Wojtak	
6:15	5	11*	CEO Year-end Report 11.1 Briefing Note 11.2 CEO Year-end Report	Susan Fitzpatrick	
6:20	5	12*	Finance and Audit Committee Report 12.1 Briefing Note for Audited Financial Statements 12.2 Audited Financial Statements 12.2A: TC LHIN's Report on draft audited annual Financial Statements for the year ended March 31,	Felix Wu	✓

TIME	DUR (MIN)	ITEM	TOPIC	PRESENTER/ DISCUSSANT	MOTION REQUIRED
			2017 12.2B: LSSO-LINC report on draft audited Financial Statements for the year ended March 31, 2017 12.3 Briefing Note for Q4 Risk Report 12.4 Q4 Risk Report 12.5 Briefing Note for Q4 MLAA Report 12.6 Q4 MLAA		
6:25	5	13*	Governance and Nominations Committee Report 13.1 Briefing Note - Approval of Committee Terms of Reference - Governance and Nominations Committee - Human Resources Committee - Finance and Audit Committee - Quality Committee	Christopher Hoffmann	✓
CONSENT AGENDA					
6:30	1	14*	Q4 Financial Report 14.1 Q4 Discretionary Funding Briefing Note 14.2 Q4 Discretionary Funding Results Report 14.3 2016/17 Year-end Compliance Briefing Note 14.4 Recommendation of re-appointment of Auditors 14.5 CEO Travel Expenses 14.6 Per Diem Report Briefing Note 14.7 Per Diem Report	Vivek Goel	
NEXT BOARD MEETING					
			Other Business	Vivek Goel	
			Next Board Meeting June 28, 2017, 4:00-7:00 p.m. TC LHIN	Vivek Goel	
CLOSED SESSION					
ADJOURNMENT					

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

Distribution:
Vivek Goel, Board Chair
Carolyn Acker
John Fraser
Pamela Griffith-Jones
Christopher Hoffmann
Maurice Hudon
Myra Libenson
Jason Madden
Yasmin Meralli
Carol Perry
Karen Sadlier-Brown
Felix Wu

BRIEFING NOTE

Toronto Central Local Health Integration Network
Board of Directors Meeting
May 31, 2017

Item 1 – Welcome and Call to Order

Item 2 – Guide to Open Meeting of the TC LHIN

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 – Declaration of Conflicts

Item 5 – Presentation – CCAC

TOPIC: Introduction to Placement Services

PURPOSE OF THIS AGENDA ITEM: To provide the Toronto Central LHIN Board with information regarding the role that the CCAC/LHIN plays in Long-Term Care Placement.

BACKGROUND:

With our increasingly aging population, the demand for long-term care (LTC) is growing, and with that is an intensified focus on this sector. In the Toronto Central LHIN, there are 5879 beds across 36 LTC facilities, yet on any given day, there are upwards of 7000 people waiting for a bed. The following is a high level overview of the role of the CCAC/LHIN in the long-term care placement process.

Role of CCAC/LHIN
The CCAC/LHIN plays a critical role in placement into long-term care. The *Long-Term Care Homes Act* (2007), the guiding legislation for all long-term care homes, has mandated the CCAC/LHIN to act as Placement Co-ordinators and act as an independent, client-centered entity to manage the placement process. As such, CCAC/LHINs ensure that the placement process is administered fairly, consistently and in an unbiased manner, in accordance with legislation.

The CCAC/LHIN have several key roles as part of placement, such as:
• Providing information about long-term care;
• Obtaining informed consent;
• Determining eligibility for admission;
• Assisting applicants with the placement related application process;
• Prioritizing for admission;
• Monitoring and managing wait lists, and;
• Authorizing admissions to LTC homes

Eligibility and Admission to LTC
To be eligible for LTC, you must be 18 years and older, insured under OHIP, and your care needs can be met within a long-term care facility. Further, you must have exhausted all other community options and necessitate nursing care, on-site supervision or support with activities of daily living.

Applicants may select a maximum of 5 LTCs across the province (including accommodation type – basic, semi-private and private), and choices are ranked based on preference. An application consists of a physician report and a functional assessment, both of which must be up to date at time of application and admission. When a bed is available, the offer is made by the CCAC/LHIN

Placement Coordinator to the applicant or substitute-decision maker. Applicants have 24 hours to accept the offer, and then up to 5 days to move in. Upon refusal of the bed, applicants are removed from waitlists for 12 weeks, unless their health status changes. Applicants are counselled extensively about bed offer acceptance, as well as LTC fees, both at time of application up until admission. LTC homes can refuse a client's application only when their physical space does not allow for the care of the client, or they lack appropriate staffing.

Prioritization Categories
The legislation defines different priority categories for clients waiting on the waitlist. The categories are as follows:

- Re-Admission - a resident who requires re-admission to their previous LTC due to hospital or psychiatric stay that exceeded the legislative timeframe
- 1 (Crisis) – an applicant necessitates placement as a result of a crisis arising from the applicant's condition or circumstances
- 2 (Spousal/Partner Reunification) - the applicant's spouse or partner is a long-stay resident of the long-term care home
- 3A/B – an applicant has applied to, and meets the requirements of a Religious, Ethnic, Linguistic origin designated facility
- 4A/B – all other applicants

Given the demand for long-term care beds, more and more CCAC clients are being designated as crisis across all LHINs. On average, there are 190 crisis clients waiting for a bed within Toronto Central alone.

Short-Stay Programs and Behavioural Support
There are other programs offered within long-term care to support this population. The Convalescent Care Program is a supportive and rehabilitative care program in 52 beds across 4 facilities to help clients regain strength before returning home after an illness or surgery. The maximum length of stay is 90 days, and the program is funded under OHIP.

The Short-Stay Respite program (23 beds) gives caregivers a break from their duties by placing a client temporarily into a LTC bed. The maximum stay is 90 days per calendar year, and there is a per diem fee associated.

Furthermore as an effort to increase specialized behavioural support capacity in long-term care, there has been a significant provincial investment in a behavioural support outreach strategy. Within Toronto Central LHIN, there is a 23 bed transitional behavioural support unit, as well as specially trained RNs, PSWs, and Behavioural Support specialists working within LTCs. Further, there are external supports available through hospital, primary care, and other partners

Systemic Challenges

The demand for long-term care keeps growing, and it is facing many challenges. It has limited capacity and cannot keep pace with the hospitals pressures and number of ALC clients. Waitlist for many facilities can be several months, often years long. And finally, as the client population is changing, there is a lack of resources and ability to manage clients with behaviours, with complex care needs, or who smoke, take medicinal marijuana or methadone. The increasing focus on the long-term care sector will persist and these challenges are likely to grow.

NEXT STEPS:
Dara Zarnett (Manager of Placement Services) will present to the Board to provide further information and answer any questions about Placement.

Item 6 – Integration Presentation : St.Michael's, St.Joseph's and Providence Healthcare

TOPIC: Voluntary Integration of Providence Healthcare, St. Joseph's Health Centre and St. Michael's Hospital

PURPOSE OF THIS AGENDA ITEM

To seek a Board motion not to stop the Providence Healthcare, St. Joseph's Health Centre and St. Michael's Hospital voluntary integration from proceeding.

BACKGROUND:

On April 11, 2017 Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital gave formal notice to Toronto Central LHIN of the potential integration of the three 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 90 days to carry out its' due diligence. If Toronto Central LHIN requests more information from the health service providers, this time is extended. This due diligence 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 all or part of 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 Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital will result in the creation of a new health network with a single governance and management structure overseeing the three sites. This new health network will bring together an academic health science centre, a large community teaching hospital, and post-acute organization providing rehabilitation, palliative care, long term care, and community care.

Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital were founded by the Sisters of St. Joseph to provide care to the most marginalized or disadvantaged members of the community. Each of the three hospitals recognized that continuing to work independently to respond to a growing population with more patients presenting with complex medical and social needs is no longer a viable option. In September 2016, the boards announced their intention to explore an integration and create a single health network.

The proposed model is to merge the administrative, corporate and back office functions of the three organizations, and re-invest the savings from the resulting efficiencies into client and patient care. The frontline clinical and support services are not part of the integration model and will continue to be delivered through the three sites.
The integration will result in the creation of an inaugural board of directors consisting of members from each of the three current boards along with ex-officio members from the Medical Advisory Committee, Medical Staff Association, Chief Nursing Executive, University of Toronto, and the Archbishop of the Toronto Diocese.

The integration of Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital will be effective on August 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.

<u>Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital</u>

Providence, St. Joseph's and St. Michael's are confident this new health network will create positive gains for patients by:

Improving Access - *Helping patients and their families obtain better access to a more local and integrated health care network, by enabling consultative approaches to focus bi-directionally through primary care, acute, post-acute, residential care and community, putting patients at the centre of their care – improving their experience and delivering higher quality care.*

Investing In Frontline Care - *Making decisions based on value and quality, to sustain the network for communities and generations to come by reinvesting in frontline care, making the best use of the skills and capacities of clinical service providers, and by continuing the promise to collaborate and engage patients, clients and residents in the care and services. Reinvesting in front-line care through a minimum of annualized savings and reinvestment opportunity between $8.8 million and $14.3 million.*

Focusing on Urban Health - *Expanding research focus on urban health through increased activity in a larger community-based network to study and better understand the determinants of health and their impact on the health of the community.*

Investing in Human Resources - *Recruiting and retaining outstanding physicians, health professionals, leaders, staff and volunteers by offering expanded clinical, education, research and management experiences across multiple sites.*

Enhancing Education Opportunities - *Enhancing academic and education mandate by offering opportunities for medical, nursing and health professional learners to train in a variety of care settings.*

Participating in System Planning – *Continuing to participate as Toronto Central LHIN hospital resource partners to improve population health outcomes.*

Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital consist of an academic health science centre, a large community teaching hospital, and post-acute organization providing rehabilitation, palliative care, long term care, and community care.

Table 1 below provides an overview of the organizational statistics of the three hospitals.

Table 1: Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital

Organization Statistics for 2015/16	Providence Healthcare	St. Joseph's Health Centre	St. Michael's Hospital	New Health Network
Overall				
Overall Budget	$91 million	$280 million	$672 million	$1.04 billion
Inpatient Beds	245	392	463	1,100
Long-Term Care Beds	288	-	-	288
Neonatal Intensive Care Unit Bassinets	-	19	20	39
Inpatient Admissions	2,780	22,315	25,137	50,232
Emergency Visits	-	101,077	73,750	174,827
Ambulatory Care Visits	32,000	254,755	507,825	794,580
Surgeries	-	27,471	30,025	57,466
Births	-	3,341	2,764	6,105
Employees, Physicians, Students, Volunteers				
Employees	1,201	2,851	6,066	10,118
Medical Staff (physicians, dentists, midwives)	48	460	843	1,351
Physicians with a University of Toronto academic appointment	11	253	472	736
Medical Trainees and Health Professional Learners	793	1,010	3,976	5,779
Research Staff (FTE)	-	2.6	450	452.6
Volunteers	584	300	560	1,444

Rationale for Voluntary Integration

Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital entered into joint discussions on the feasibility of integration with the realization that, as individual organizations, it was increasingly difficult to keep pace with the changing needs of patients and clients while maintaining high quality services within available funding.

The drivers of integration for these organizations stem from their obligation to continually evolve to meet the needs of patients and clients while improving quality, maintaining their safety, guaranteeing meaningful outcomes, and enhancing access and experience. Additional drivers for integration include keeping up with the rapid pace of changing technology, and the increasing pressure to attract and retain valuable human resources including physicians, clinicians, leaders, staff and students. The challenge is to respond to these pressures while keeping costs low. Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital

have articulated the value of integration as a major enabler to meet this challenge.

In conversations with Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital, it is evident that this voluntary integration is about the sustainability, as well as the enhancement, of patient and client services for the local community and the broader health care system. Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital have concluded that a voluntary integration of the three organizations will provide an opportunity to generate savings from efficiencies that can be re-invested in improved care and services to patients and clients.

In September 2016, St. Joseph's and St. Michael's announced their intent to explore creating a health network. In February 2017, it was announced that Providence had joined as a founding member of the potential new network and the three organizations agreed to proceed with integration, and established a joint board steering committee. Community engagement and due diligence proceeded which led to the completion of a detailed business case with a target for integration on August 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 Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital 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.

The following describes the Toronto Central LHIN's analysis of the Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital business case for voluntary integration.

BUSINESS CASE REVIEW

Access/Equity/Coordination

Business Case Rationale

The integration of Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital will see the creation of a new health network with a single governance and corporate structure supporting patient and client services at the three existing sites. The new health network will build on the common mission of Catholic health care for the most marginalized and disadvantaged in the community. The organizations commit to advancing "health equity and system-wide innovation" within the new health network. The benefits of this integration have been articulated through the lenses of:

1. Improving care for patients, residents, clients and their families through shared expertise; and

2. Harmonizing best practices and services to support care throughout the network;

3. Improving population health through an increased focus on community partnerships.

With regard to Health Equity Impact Assessment (HEIA), the voluntary integration of Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital will have an overall positive impact on the populations served by both organizations. The HEIA identified a potential unintended negative impact related to the creation of a new health network by three Catholic organizations. This could potentially alienate those patients and clients who have a negative association with Catholic institutions. The organizations outlined mitigations strategies, for this potentially unintended consequence, that reinforce the organizational values of inclusivity, as well as the availability of multi-faith spaces and inter-faith services at all three sites. The business case, overall, presents a comprehensive and thoughtful analysis of the impact on the populations served.

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 three 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 patients and 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

Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital developed a communications and stakeholder engagement plan designed to engage key stakeholder groups including: patients, residents, clients, family members, staff, Board members, medical staff foundation staff, researchers, volunteers, community organizations, local councilors, MPPs, other hospitals, and the Archdioceses of Toronto. 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, town hall meetings, e-mail, letters, and website.

The business case reports that the feedback was generally positive. Highlights of the feedback received, and response to that feedback, include:

Principles and Values - *Given their membership within Catholic Health Sponsors of Ontario, the partnership between the organizations will assist in delivering the mission of the Sisters of St. Joseph. Generally supportive of the need to integrate given changing financial landscape but to be sure the new organization remains focused on delivering high quality, safe care. Communities were pleased to learn that all three sites will remain open and investment in infrastructure will continue.*

The new health network is committed to maintaining each site specific location and services that meet the need of the communities they serve. A Patient Care Working Group is identifying opportunities to improve care by sharing leading practices across all three sites.

Human Resources - *Communities wanted to ensure impacted staff is treated with dignity and respect. While staff sees the benefits of integration in terms of recruiting and retaining talent, they also understand integration may result in job loss in corporate support (back office) services. To that end, they along with community members want the new entity to live its values in addressing this issue. Volunteers wanted to ensure there would remain volunteer associations or services at each site.*

The new health network is committed to:

- Ensure transparent and consistent communication with staff across all three sites through all stages of the integration process.
- Ensure continued commitment to high-quality and safe patient care among all staff, physicians, volunteers and students.
- Fair and respectful treatment of all staff, physicians, volunteers and students at all three sites.
- Retain and continue to develop talent at all three sites.

Medical Staff - *Physicians reiterated that practice models should stay the same as they are now. Physicians support the medical staff model but caution that the model could be too bureaucratic and want a clearer understanding of the decision making at corporate versus site-specific Medical Advisory Committee.*

The new health network is committed to:

- Current affiliation agreements and physician appointments with the University of Toronto must be maintained at each site.
- Current financial arrangements for medical staff must be respected.
- Ensure there is a common standard for quality (i.e. harmonization of policies, practice guidelines, medical directives and

credentials process and standards over a transition period).

- The medical staff model will facilitate future opportunities for integration.
- Maintain support of the medical staff during the planning and integration process.
- The medical staff model will not lessen the engagement of medical staff in hospital processes.

The medical staff model for the new health network will include one Medical Advisory Committee reporting to the Board of Directors. Two sub-committees will be established, one in respect to the St. Joseph's site privileged staff, and one in respect to the St. Michael's and Providence privileged staff. Medical staff will maintain site-specific privileges and departments but cross-over between sites will not be impeded.

Research - *Researchers wanted to ensure the new entity does not lose research as a focus but understand the opportunity to expand research into the community may strengthen the program.*

The new health network would offer all three organizations opportunities to leverage shared research resources and processes, and provide access to an overall larger base of researchers and patients and populations while driving opportunities for innovation spanning community-based and international borders

Foundations - *Foundations want to ensure donations made to respective hospital sites will be honoured.*

Each of the organizations have well-established foundations that raise much-needed charitable donations for equipment, education, research and capital development to support each hospital's strategic plan in order to improve patient care. It is intended that initially the three foundations will continue to operate independently.

The three organizations are committed to community and stakeholder engagement throughout this process, and will continue to engage key stakeholder groups leading up to and post-amalgamation. The business case also provides information on Phase II of the stakeholder engagement process which aims to seek further feedback through the use of electronic, social and traditional media and a joint website. Toronto Central LHIN will remain in contact with the new health network to understand the feedback received from the continued engagement, and more importantly, the responses provided.

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 in the business case that the organizations received feedback and provided appropriate responses to-date.

Quality / health status / clinical outcomes

Business Case Rationale

The new health network is expected to produce enhanced patient and client services beginning year two of the post integration period. An investment strategy will be developed within the first year from the amalgamation. The integration business case also indicates that sustaining existing patient and client services is equally as valuable as enhancing services.

All three organizations have many referral partners dependent on access to patient and client services. The new health network will maintain these referral patterns in to the future. This is particularly important for Providence Healthcare given that several other organizations rely on access to the rehabilitation services at Providence. These referral partners include: Michael Garron Hospital, Sunnybrook Health Sciences, The Scarborough Hospital, North York General, other acute care hospitals, retirement homes and in-home service providers. These commitments to other health service providers will be maintained.

The new health network will also continue to support the Toronto Central LHIN's local planning efforts with health care providers through the Local Collaboratives. St. Joseph's and St. Michael's are Hospital Resource Partners in the Mid-East and West sub-regions and will continue with these roles within the Local Collaboratives. Providence will maintain its hospital partner commitments in East Local Collaborative.

The business case provided a list of performance indicators to measure the success of the integration. Table 2 provides some of the key performance indicators and outcome measures for the integration.

Table 2: Performance Indicators for Integration			
Integration Objective	2016/17 Baseline	Performance Indicator	Timeline
Maintain and improve patient experience. Percentage positive response to "Would you recommend this hospital to your friends or family"	95% Providence 67% St. Joseph's 74% St. Michael's	95% Providence 70% St. Joseph's 76% St. Michael's	Year 1
Reduce Alternate Level of Care (ALC) Rate	18.7% Providence 21.0% St. Joseph's 7.09% St. Michael's	12.5% Providence 12.7% St. Joseph's 6.50% St. Michael's	Year 1
Stabilize Rehabilitation referral patterns to Providence from existing partners	408 - Michael Garron 337 - Sunnybrook 1015 - Scarborough/Rouge 245 - North York General 236 - Other Acute	Maintain Referrals patterns by Hospital	Ongoing
Enhance Community and Patient Services	In the first year, the new network will establish a strategy to use savings from the amalgamation to invest in community-based programs, including TC LHIN sub-regions and existing clinical services.	Patient and Client Service will be identified for enhancement, along with targets. Implement strategy to enhance patient and client services with targets.	Year 1 Year 2 and 3
Ensure financial stability, and re-investment into enhanced community and patient services.	N.A.	$8.8 million	Year 3

TC LHIN Assessment

Upon review of the business case and from conversations with Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital it is clear that a goal of this voluntary integration is the long term sustainability of the essential patient and client services currently being delivered at each of the three sites. It is also clear that the organizations are committed to enhancing patient and client services where appropriate. The new health network will provide Toronto Central LHIN with the investment strategy after year 1 of the integration. Toronto Central LHIN will update the performance indicators with targets for enhancing services accordingly.

Efficiency/Sustainability

The voluntary integration of Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital will result in process efficiencies in administrative, corporate, and back-office functions that will generate savings to be re-invested in service delivery. The total projected potential savings from this voluntary integration ranges from $8.8 million to $14.3 million annually. The range is based on modeling on 6% and 8% efficiency scenarios. Actual savings will be monitored throughout a three-year post integration

period.

Savings from the integration will initially be invested in one-time harmonization costs for the new health network. Savings are targeted to be re-invested in enhancing patient and client services by year 2 and 3 of the post integration period.

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 mitigation responses and most were assessed as being of low to moderate likelihood and impact. Two areas have been identified as High Likelihood of Risk:

- Effect of one-time integration costs on HBAM funding – One-time costs related to integration may negatively impact future funding under the provinces Health Based Allocation Model (HBAM) funding formula. The new health network will closely monitor the impact integration may have on HBAM funding, and will engage with the Ministry of Health and Long Term Care throughout the integration process as necessary and appropriate.

- Pension – Each organization operates a single-employer pension plan. A Joint Board Pension Committee has been established to explore future options for the new health network to consider.

TC LHIN Assessment

It is evident from the risk assessment and other components of the business case that careful consideration has been given to potential risks. Toronto Central LHIN will maintain contact with the new health network throughout the post integration period regarding risks, in particular the two high risks described above.

NEXT STEPS

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.

Toronto Central LHIN will continue to have separate Hospital Service Accountability Agreements (H-SAA), and Multi-Sector Service Accountability Agreements (M-SAA) with all three organizations, and a Long-Term Care Service Accountability Agreement (L-SAA) with Providence Healthcare until the new health network is established. At that time, the agreements will be appropriately combined.

Item 7 – Toronto Population Health Solutions Lab

TOPIC: Toronto Population Health Solutions Lab

PURPOSE OF THIS AGENDA ITEM

Update the Board of Directors on the proposal and plans for the development of a Toronto Population Health Solutions Lab

BACKGROUND:
The Toronto Population Health Solutions Lab is a joint initiative, co-sponsored by Toronto Central LHIN and the Ministry of Health and Long-Term Care, with anticipated contributions from Toronto Public Health, the Dalla Lana School of Public Health at the University of Toronto, the Wellesley Institute and Sinai Health System.

The Population Health Solutions Lab will aim to create a healthier Toronto for all, where everyone has the same opportunity to be healthy and access health care, regardless of who they are, where they live, and what they have. The Lab will design and share population health tools and interventions for the health care system that are evidence-based, innovative, effective, and scalable.

Why does Ontario's health care system need population health solutions?

As health care costs continue to rise, Ontario residents don't all have the same opportunity to be healthy. Some people are more likely to become sick or stay sick, and less likely to get the health care they need, because of where they live, what they have or who they are.

While Ontario residents demand more timely and higher quality care, health care providers are challenged to meet these expectations within the current health system. The current system excels at treating illness for some, but is not effective at improving general health, preventing illness and ensuring equitable health outcomes and care for all. Health care institutions and clinicians largely see their role as managing illness for their patients, rather than preventing it for everyone in their community. The health care system tends to operate in isolation from the other sectors that have an important impact on health through key factors such as income, housing, food, education and social inclusion.

What is the opportunity?

Ontario's Patients First Act provides an opportunity to transform health care in Ontario by taking a population health approach. This approach offers a path to a more effective and efficient health care system with long term sustainability. It recognizes:

- that many solutions to improve health and access to care fall outside of the health care system
- the importance of working upstream on prevention and early intervention
- that vulnerable populations who are falling behind require targeted solutions

Patients First calls on the LHINs to adopt a population health approach to health system planning, which includes strengthening links to public health, conducting community health planning, responding to local needs and promoting health equity. There is an immediate need to support and guide Ontario LHINs to fulfill their new population health mandate. The Toronto Central LHIN (TC LHIN) has already begun this work, and has considerable experience in assessing community need, choosing priorities, partnering with Toronto Public Health and the City of Toronto and developing innovative solutions. This experience could be leveraged, further developed and shared to build population health capacity among all 5 Greater Toronto Area (GTA) LHINs, with possible uptake by other LHINs across the province.

What is the solution?

A small, nimble Toronto Population Health Solutions Lab that designs and shares population health tools and interventions for the health care system that are evidence-based, innovative, effective and scalable. The key roles of the Solutions Lab will be:

- Bringing together partners from multiple sectors
- Designing, prototyping, testing and optimizing solutions
- Scaling and sharing effective and innovative solutions

The solutions developed by the lab will include:

1. Population Health Planning Tools – community profiles, tools and guides for planning
2. Local and Population Specific Interventions – to improve health for vulnerable populations and to work upstream on preventing health issues
3. Population Health in Clinical Practice – tools which support clinicians and build capacity to identify and address need and risk for their patients

Who are these solutions for?

The focus of the Toronto Population Health Solutions Lab is to create tools and interventions for immediate use by the 5 Greater Toronto Area (GTA) LHINs, which are scalable and available for adaptation by LHINs across the province.

Decision-making and partnerships:

Acting as a collaborative, the Lab will review, prioritize and select effective strategies and tools based on their scalability, sustainability and potential for impact on identified need. The GTA LHINs will provide a vehicle to implement and apply these interventions and tools on the ground in the GTA LHIN sub-regions.

A core group of governing partners will provide oversight, expertise and insight to the Lab. The governing organizations will include the Toronto Central LHIN, the Ministry of Health and Long-Term Care, Toronto Public Health, the Dalla Lana School of Public Health at the University of Toronto, the Wellesley Institute and Sinai Health System. The Toronto Central LHIN Population Health and Equity Leadership Table will provide direction and advice to the Lab's priority-setting and operations, while also continuing to guide the Toronto Central LHIN's population health approach and health equity strategy. The Lab will also bring together additional

relevant and innovative partners to engage in specific initiatives. These will include local and provincial partners from a range of sectors with diverse resources and skill sets, and may include provincial bodies such as Public Health Ontario, Health Quality Ontario, Ministry of Community and Social Services; research, innovation and design centres such as MaRS. Open Lab, Upstream Lab and Centre for Urban Health Solutions; health promotion and knowledge translation centres such as Health Nexus, CAMH evidence network and health promotion resource centres; and health service providers including hospitals, community health centres, and community-based mental health organizations; other community-based organizations and groups; and funders such as the United Way and various foundations.

Funding and contributions:
The Toronto Population Health Solutions Lab will be funded by matching contributions from Toronto Central LHIN and the Ministry of Health and Long-Term Care. Substantial contributions are also anticipated from Toronto Public Health, the Dalla Lana School of Public Health at the University of Toronto, the Wellesley Institute and Sinai Health System. Additional partners involved in specific initiatives will also contribute financial and in-kind to the projects they are involved in.

Core partners' anticipated annual contributions:

Funding Partner	Lead	Contribution Cash	Contribution In kind
Toronto Central LHIN	Susan Fitzpatrick, CEO	650,000	• 1.0 FTE Executive Director • 1.0 FTE Coordinator • 1.0 Policy Consultant
Ministry of Health and Long-Term Care	Patrick Dicerni, Assistant Deputy Minister, Strategic Policy and Planning Division	1,000,000	
Wellesley Institute	Kwame McKenzie, CEO		• Research, evidence synthesis, analysis and writing services • Totalling approximately $100,000
Dalla Lana School of Public Health, University of Toronto	Adalsteinn Brown, Dean		• Faculty support • Research, analysis and knowledge translation services • Student placements and supervision • Totalling approximately $100,000
Sinai Health System	Gary Newton, President and CEO		• Office space and equipment • Office start-up materials and services
Toronto Public Health	Dr. Eileen de Villa, Medical Officer of Health		• 1.0 FTE Epidemiologist and Policy Development Officer • Data analysis, evidence synthesis and writing services

Item 8 – Quality Committee

TOPIC: Establishment of the Board Quality Committee

PURPOSE OF THIS AGENDA ITEM: The purpose of this agenda item is to provide the Board of Directors with a status update on the planning for the new Quality Committee.

BACKGROUND:

At the March 8, 2017 meeting, the Board of Directors approved the establishment of a new Quality Committee as part of the expanded mandate for the Toronto Central LHIN. The role of the Committee will include providing governance oversight for CCAC operations related to quality of care for clients, client safety, and employee health and safety. Terms of Reference are attached. The following is a summary of progress on action items to establish the Committee:

Completed

- ✓ Committee Chair appointed (March 2017)
- ✓ Terms of Reference approved by the Board of Directors (April 2017)
- ✓ Identify LHIN staff support for the Committee

In progress – to be completed by May 31, 2017

- Appointment of new Committee members (pending finalization of process for additional Board appointees)
- Development of resource binders for Committee members
- Development of an orientation plan for the Committee members
- Establish draft Committee workplan and meeting schedule for 2017/18

NEXT STEPS:

Once the Committee membership is finalized, staff will work with the Chair and Committee members to establish an orientation as well as review the work plan, reporting tools, ongoing education on CCAC-related quality and risk management, and other supports for the Committee.

Item 9 – Approval of draft minutes

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

Item 10 – Transition Report

TOPIC: Transition of the Toronto Central CCAC and the Toronto Central LHIN

PURPOSE OF THIS AGENDA ITEM

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 December 7th, the Patients First Act, 2016 was passed. The Act expands the mandate of LHINs in home care, primary care, and public health, and strengthens LHIN responsibilities in planning, health equity and engagement with patients, families, Indigenous, and French-language health care partners.

On March 28, 2017, the Toronto Central LHIN formally provided notice to the Ministry that the LHIN was ready to assume the rights and obligations of the Toronto Central Community Care Access Centre (CCAC).

In April 2017, the Minister passed a Transfer Order which identified that the transition of the Toronto Central LHIN and Toronto Central CCAC will occur on June 7, 2017.

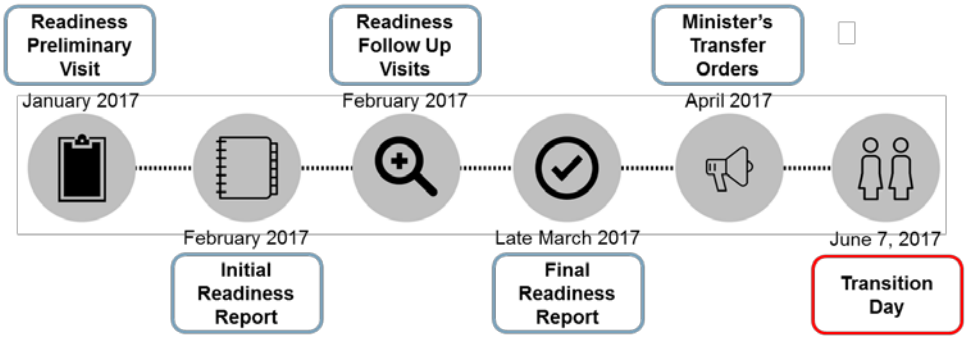
UPDATED READINESS ASSESSMENT:

- Between January and March, readiness assessments were completed by a third party advising the Ministry which affirmed that the Toronto Central LHIN is on-track for a successful transition.

KEY MILESTONES:

PROGRESS ON PRIORITIES:

Three priorities for focus transition:



TRANSITION

were identified throughout the

- *Patient care* - Every effort is being made to ensure that there is no disruption to patient care: Client services team is remaining fully in place and there have been no changes in roles or processes that impact patient care.
- *Business Continuity* - The CCAC and LHIN have a robust business continuity plan in place to maintain IT and telecommunications and other essential support functions for core operations. A unified emergency escalation and business continuity plan has been completed in the event of internal or external emergency situations.
- *Staff support* – Over the last year, both the LHIN and CCAC have provided change management support to staff including a joint communications strategy, a staff engagement plan for envisioning opportunities for the future organization, several LHIN CEO front line staff touch-points since December 2016 and four joint staff forums were hosted in May 2017.

RISK MANAGEMENT FOR TRANSITION:

- The Toronto Central LHIN feels confident that all risks related to Transition have been mitigated. However, risks continue to be monitored on an ongoing basis and any emergent risks have and will be mitigated as required.

BOARD TRANSITION UPDATE:

- *Twelve Board Members Appointed* - Board Chair is in place and Toronto Central LHIN has a full complement of Directors (12 members).
- *Quality Committee of the Board* - Implementation of Quality Committee of the Board is well underway.
- *Delegation of Authority* – Delegation of Authority policy was approved on April 26, 2017 which addresses the expanded mandate of the LHIN.
- *Due Diligence Process* – Toronto Central LHIN Board has received a list of all operational risks and liabilities with required mitigations as identified in the Toronto Central CCAC Due Diligence report.

MAJOR NEXT STEPS:

- As required for transition, plans are in place for Toronto Central LHIN Board Meetings and Board Committee Meetings post-transition; first Board meeting post-transition to be held on June 28.
- All remaining tasks required for transition have implementation plans in place to be completed by June 7.
- Comprehensive transition day plans including a Transition Centre (T-Centre), support for staff including orientation to new organization, an incident management plan, and a communications plan are in place.

Item 11- CEO Year-end Report

TOPIC: CEO Report to the Board – Q4 2016/17

PURPOSE OF THIS AGENDA ITEM:
The CEO Report to the Board features the highlights and achievements of the Toronto Central LHIN over the past fiscal year 2016/17

BACKGROUND:
The Q4 CEO Report to the Board is an extended version of the quarterly CEO Report that is shared with the board. The Q4 report retrospectively features the highlights, achievements and deliverables from over the past quarter from over the past fiscal year 2016/17 set against our strategic priorities.

DISCUSSION:
The report is open for comment, feedback and suggestions.

NEXT STEPS:
The next CEO Report will be presented to the Board at the end of Q1 2017/18.

Item 12- Finance and Audit Committee Report

12.1 TOPIC: Toronto Central LHIN's Draft Audited Financial Statements 2016-17

PURPOSE OF THIS AGENDA ITEM
The Board of Directors to approve the 2016/17 draft audited financial statements.

BACKGROUND:

On February 7, 2017, our auditors, Deloitte presented their year-end audit plan to the Finance and Audit Committee and they carried out the audit on site in the week starting April 24, 2017.

Deloitte will present its audit results report and the combined draft audited financial statements together with their findings for fiscal 2016/17

The Board of Directors is required to approve the Toronto Central LHIN's (TC LHIN) combined draft audited financial statements. Following the transfer of LSSO and LHINC to Health Shared Services Ontario effective March 1, 2017, the combined statement of financial position does not include LSSO and LHINC, as all assets and liabilities have transferred. However, the statement of operations will include LSSO's and LHINC's transactions up to February 28, 2017.

DISCUSSION:
Summary of Auditor's Report

While management of TC LHIN is responsible for the preparation and fair presentation of financial statements in accordance to Canadian public sector accounting standards (PSAS), our auditors will express an opinion of the fair presentation of the financial statements in all material respects, the financial position, results of operations and cash flows in accordance with Canadian PSAS.

The conclusion of the auditor's report is, Deloitte will issue a clean report on the combined draft financial statements for the year ended March 31, 2017.

Major contents of the report are:

1. Under *significant audit risks*, revenue recognition and management override were identified and the results concluded that internal controls were designed and implemented appropriately and there were no material misstatements;

2. Under additional area of audit focus- Patients First Act, transactions, assets and liabilities of LSSO have been appropriately recognized and adequate disclosure made in respect of the transition
3. Under *business insights*, Deloitte examined accounting procedures and internal controls and no significant deficiencies were identified;
4. Under *uncorrected misstatements and uncorrected disclosure misstatements*, there were no misstatements to correct;
5. Under *significant accounting practices, judgments and estimates*, all selected accounting practices and policies are acceptable under PSAS and the accounting estimates are free of possible management bias and of material misstatement.

Major Highlights of TC LHIN's Draft Audited Financial Statements

HSPs' Operations Transfer Payments

A total of $4.9B was received from the Ministry of Health and Long-Term Care and flowed to HSPs in 2016-17 with a balanced position, representing 2% increase over last year (2015-16: $4.8B).

LHIN's Operations

TC LHIN's audited financial statements includes a surplus of $26,317 in the operations which is repayable to the Ministry of Health. The surplus is made up of $1,188 for LHIN operations and $25,129 for LHINC's initiative.

On a combined financial position, there are sufficient funds to cover the operations for the next quarter.

12.3 TOPIC: Toronto Central LHIN's Agency Risk Assessment Report

PURPOSE OF THIS AGENDA ITEM

To provide the Board of Directors with Q4 TC LHIN's Agency Risk Assessment report.

BACKGROUND:

Each risk has been rated based on its likelihood of occurring and impact on TC LHIN.

The attached Agency Risk Assessment report has been developed by Senior Management to identify potential agency risks and is also submitted to the Ministry of Health.

DEFINITION:

Risk: An uncertain event or condition that, if it occurs, has a negative effect on a TCLHIN's strategic objectives or operations.

CURRENT PRIORITY RISKS:

1. Long Term Care Home Capacity (High Risk)
2. Impact of Population Growth (Medium Risk)
3. MLAA Performance (Medium Risk)

Additional low risks are also listed and described.

12.5 TOPIC: TC LHIN MLAA Indicator Report
(Data reporting period: FY 2015/16 Q4 –FY 2016/17 Q3)

PURPOSE OF THIS AGENDA ITEM:

Present TC LHIN performance on Ministry-LHIN Accountability performance indicators to the TC LHIN Board of Directors.

PERFORMANCE HIGHLIGHTS:

Total Indicators	Met Target		Within 10% of Target	
14	Last Reported (Nov 2016)	Current (Feb 2017)	Last Reported (Nov 2016)	Current (Feb 2017)
	3	3	2	2

- MLAA Targets: Based on the February 2017 data release, TC LHIN is meeting 3 of the 14 MLAA indicators (CCAC Nursing Visits, Hip replacement Wait Time, Knee replacement Wait Time) and is within 10% of meeting targets for another 2 indicators (CCAC PSW visits, ALC Rate).
- Improved Performance: TC LHIN has made significant improvement in five (5) indicators compared to the provincial results in this quarter. They relate to:
  - reduced wait times for orthopaedic surgeries being completed within access target,(i.e. % of hip and knee replacement);
  - reduced wait times for scans being completed within access target for MRI and CT Scans; and
  - improved access to home care services – PSW and nursing adjusted for patient availability date (i.e. complex needs clients receiving their personal support and nursing services within 5 days of authorization of service).
- Indicator Development and Contextual Analysis: TC LHIN has undertaken additional analysis on five (5) main indicators, namely ALC Rate, Percentage of ALC Days, Mental Health and Addictions and Substance Abuse and Readmissions within 30 days for selected clinical conditions.
  - *For Readmissions within 30 days for selected clinical conditions* : Some challenges were identified in the calculation of the Risk Adjusted Readmissions Rate for Sick Kids with the provincial reference rate. Further investigation showed that this is due to the complexity of patients with chronic diseases at Hospital for Sick Children, which may not reflect this population of children in the provincial reference rate:
    - 2016/17 Q1 Adjusted HIG Readmissions is at 16.90% (within 10% of target) for compared to the actual result of 17.41%
  - *For Percentage of ALC Days and ALC Rate*: 25 discharged long-stay patients with ALC LOS ≥190 days contribute to 29.6% of ALC days. Discharges of long stay patients from acute hospitals have a disproportionate negative impact on this indicator. TC LHIN continues to review impact of these patients on the two indicators.
    - 2016/17 Q2 Adjusted Percentage of Days (for patients with Length of Stay <190 days) is 8.95%; which is below the target of 9.46%
  - *For MH and SA Repeat Visit rate*: TC LHIN has investigated the impact of unique patients, legal and inter-facility transfers on these two indicators and will be part of the provincial working group to review the indicators.
- Normal or Special Variation: All indicators are within normal variation except for the following special causes:
  - MRI Scans Wait Time, Repeat visits for MH and SA, ALC Rate, Percentage of ALC and ED LOS for complex patients have a negative variance
  - Hip and Knee Replacement Surgery Wait Times have a positive variance

Performance improvement Planning

- Maintaining the gains:
  - TC LHIN continues to collaborate with its stakeholders to maintain the improvement achieved in this quarter and expect to meet the adjusted Community PSW visits within 5 days in 2016/17Q4.
  - Expect to meet 4 MLAA indicators (CCAC PSW Visits, CCAC Nursing Visits, Hip replacement Wait Time, Knee replacement Wait Time) and be within 10% of meeting targets for another 3 indicators (ALC Rate, Percentage of ALC Days, Readmission with 30 days for selected clinical conditions)

- Capacity Planning:
  - *ALC and Percentage of ALC Days*: TC LHIN has undertaken a Long Term Care Capacity Planning in collaboration with Central East LHIN to mitigate the 19 TC LHIN's LTCHs that require redevelopment as part of the MOHLTC 15 year plan. Currently, TC LHIN has the third lowest per capita LTCH beds in the province; therefore any further loss of LTCH beds would have a profound impact on Alternate Level of Care performance and patient access to the appropriate level of care.
  - *MRI Scans*: TC LHIN through its MRI/CT Network continues to work with hospitals to gain efficiencies through standardized delivery models around focused patient populations :TC LHIN is a developing a plan to complete MRI Priority 4 within access target with scans at specific hospitals. Engagement with these hospitals is scheduled in March 2017.

- Collaborative approach among LHINs:
  - *Readmissions within 30 days for selected clinical conditions*: TC LHIN is working closely with Champlain LHIN to understand the impact of Readmissions within 30 days for selected clinical conditions for Specialty Children Hospitals.
  - *ALC Rate and Percentage of ALC Days*: TC LHIN is collaborating with all 13 LHINs to review impact of long –stay patients on ALC days and rate, more specifically the impact of non-OHIP patients, non-LHIN residents and long stay patients with Specialized Needs such as Mental Health and Substance Abuse and Behaviours.

- Promising Practices:
  - *Repeat SA visit*: Implementation has started for the META-PHI project -ARTIC program at Women's College Hospital, St. Joseph's Health Centre and St. Michael's Hospital to reduce ED visits for addiction services and establish new rapid access addictions medicine clinics at five additional sites.
  - *ED LOS*: TC LHIN, in collaboration with all eight (8) hospitals Emergency Department , is currently developing a survey to review the implementation of best practices for Performance for Results program (P4R)

Item 13 – Governance and Nominations Committee Report

TOPIC: Committees of the Board - Terms of Reference

PURPOSE OF THIS AGENDA ITEM:
To provide the Board of Directors with the Quality Committee Terms of Reference and the revised Terms of Reference for the other (3) committees of the Board: Finance and Audit, Governance and Nominations, Human Resources as part of transition readiness.
Approval of the new and/or revised Terms of Reference

BACKGROUND:
In order to meet the transition readiness deliverables related to governance, the LHIN is required to have all committees in place prior to integration and dissolution of the Toronto Central CCAC on June 7, 2017. The terms for each committee have been reviewed and approved by the Governance and Nominations Committee and committee Chair. Therefore, each committee's terms of reference has been established and/or updated to reflect minimal changes required for transition day.

NEXT STEPS:
Following this update, the review of the Committees' Terms of Reference will return to the regular schedule and process as per the Board's Annual Work Plan.

Item 14 – Consent Agenda
No Briefing Note
Item 15 – Other Business
No Briefing Note
Item 16 Next Board Meeting
The next Toronto Central LHIN Board of Directors meeting is scheduled for Wednesday, June 28, 2017, 4 - 7 p.m., at the LHIN office.
CLOSED SESSION