

Board Meeting Summary

Highlights from the Tuesday, March 24, 2009 Meeting

Emergency Department/Alternate Level of Care (ED/ALC) Performance Update

There are approximately 40 ED/ALC initiatives moving forward at this point that are targeted at relieving ED pressures, increasing performance and patient flow in EDs and developing options for faster discharge. The initiatives are in various stages of implementation. The North West LHIN continues to see a reduction in the number of ALC patients at Thunder Bay Regional Health Sciences Centre.

There was discussion on the importance of measuring the effectiveness of the ED/ALC initiatives.

Hospital Service Accountability Agreement (H-SAA) – Thunder Bay Regional Health Sciences Centre

TBRHSC signed its H-SAA with the North West LHIN on February 17th. The LHIN now has all of its 2008-2010 H-SAAs signed.

2009-2011 Multi-Sectoral Service Accountability Agreements (M-SAA)

The North West LHIN is negotiating its first service accountability agreements with health service providers in the community support services and mental health and addictions sectors as well as the Community Health Centres and the North West Community Care Access Centre. All of these providers are to have a signed M-SAA with the LHIN by March 31, 2009.

As of the date of this board meeting, 72 of the 92 service providers have submitted their agreements, with more coming in each day.

Regional Emergency Department (ED) Study

KPMG is conducting the ED study, involving the 12 EDs in the North West LHIN. The site visits at each of the EDs have been completed. Some interviews, data collection and information gathering are still taking place.

The purpose of the study is to:

1. Identify opportunities for the creative/innovative use of existing resources and enablers to improve ED services, reduce wait times and decrease ALC pressures in the Northwest.
2. Identify strategies to address the Health Human Resources issues that impact emergency department services in the Northwest.
3. Identify strategies to improve system integration and coordination of ED services in the Northwest for enhancement of system efficiencies and effectiveness.

The North West LHIN Emergency Department Advisory Team provides oversight of this study. The report is to be ready in late spring.

Hospital Infrastructure Renewal Fund (HIRF)

HIRF is one-time funding provided to all hospitals to help maintain their capital infrastructure (extending a facility or building's useful life or improving its quality or functionality). The minimum base amount for Northern hospitals is \$172,500 per site for 2008/09. The North West LHIN distributed \$2,953,116 in HIRF funding to the 13 hospitals in the region.

Voluntary Integration

The Board approved a voluntary integration of the LHIN funded programs of Riverside Health Care Facilities Inc. and LaVerendrye Non-Profit Supportive Housing. The two service providers deliver one program, yet receive the LHIN funds separately. The integration consolidates their funding into one accountability agreement (M-SAA), effective April 1, 2009.

Meeting with Health Service Provider Boards

Jan Beazley, Chair continues to meet with Chairs of Health Service Provider Boards, when possible, to discuss key responsibilities and roles between their organization and the LHIN. These meetings have been positive and an opportunity to gain greater understanding of each respective organization.

Attempts will be made to continue to meet with Health Service Provider Boards when the LHIN conducts its meetings in the region.

Lake of the Woods District Hospital (LWDH) Review Steering Committee

A meeting of this committee, with board and staff members from the hospital and the LHIN, was held at the beginning of March to discuss LWDH's progress with regards to the Third Party Evaluation report. The hospital is moving forward with the recommendations in the report, which was undertaken to help the hospital find solutions to achieve a balanced budget. The Steering Committee's work is to wrap up in June.

Governance to Governance Sessions

Relationship building with health service provider Boards is an important priority for the North West LHIN Board. The Board's first of three governance-to-governance sessions was held March 23rd, with around 20 people in attendance. The sessions are being facilitated by Linda Moore of **tng**. Participants are set up in small discussion groups to encourage casual dialogue about working together with the LHIN

The next two sessions are scheduled for May 1 in Dryden and May 11 in Terrace Bay. Up to two Board members, along with the CEO/Executive Director, are welcome to attend either of these sessions.

A report on the outcomes of the sessions will be prepared and distributed to the participants

Nominations Committee Report

Applicants for the two vacant Board positions were shortlisted and interviews were held. Two candidates have been recommended by the Board and forwarded to Minister's office for approval. Board members are appointed through the Order in Council process.

Aboriginal Health Forum

The 2nd Aboriginal Health Forum, held March 4th and 5th saw many new participants from around the region. The theme was “Pathways for Collaboration” where delegates looked at how to work together with existing resources to meet the health care needs of Aboriginal people. Panel members from our region and other jurisdictions talked about success stories using collaborative models, partnerships and linkages that leverage available health care services and improve patients’ outcomes. A summary report of the event will be distributed once completed.

Financial Report

The financial statement ending February 2009 was approved. It shows the LHIN is on budget and will likely have a small surplus.

Performance Measurement Wait Times

According to results from the 4th quarter the North West LHIN has met MLAA targets for cancer surgery, cataract surgery, knee replacement. The LHIN is outside of the MLAA target but within the performance corridor for hip replacement surgery and CT scan wait times. With respect to MRI wait times, the report shows that the LHIN is outperforming the provincial average, but is above the provincial target.

For system integration indicators, the 4th quarter report only includes data up to September, 2008 as more recent data is not available. As of September, the LHIN had met the target for the rate of ED visits and the hospitalization rates for ambulatory sensitive conditions. The LHIN did not meet the target, but was within the performance corridor for acute myocardial infarctions. The LHIN was outside of the performance corridor with respect to ALC. High levels of ALC were seen during the first half of the year. The ALC issue resulted in increased waits for long-term care placement. Both ALC rates and long-term care waits have decreased significantly in the second half of the year.