Hamilton Niagara Haldimand Brant
Local Health Integration Network
Minutes of the Business Meeting of the Board of Directors September 30, 2015

A meeting of the Board of Directors of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) was held on September 30, 2015, at the Boardroom, Hamilton Niagara Haldimand Brant Local Health Integration Network, 264 Main Street East, Grimsby, Ontario, beginning at 4:00 p.m.

Present: Michael P. Shea, Board Chair
Ruby Jacobs, Vice Chair
Helen Mulligan, Member
Laurie Ryan-Hill, Member
Mervin Witter, Member
Bill Thompson, Member
Dominic Ventresca, Member

HNHB LHIN Staff in Attendance: Donna Cripps, Chief Executive Officer
Helen Rickard, Corporate Coordinator, Recording Secretary
Derek Bodden, Director, Finance
Steve Isaak, Director, Health System Transformation
Jennifer Everson, Physician Lead
Rosalind Tarrant, Director, Access to Care
Emily Christoffersen, Director, Quality & Risk Management
Linda Hunter, Director, Health Links and Strategic Initiatives

A. Convening the Meeting

A.1 Call to Order

A quorum was present.

A.2 Approval of the Agenda

MOVED: Bill Thompson
SECOND: Dominic Ventresca

That the agenda of September 30, 2015, be adopted, as circulated.

CARRIED

A.3 Declaration of Conflicts

No conflicts were identified at this time.

B. Education Session

B.1 HNHB LHIN Our Population's Health (Presentation provided (Appendix 1) appended to original set of minutes).

Key Points of Discussion:

- Although the HNHB LHIN population tends to be similar to the provincial averages there is considerable diversity within HNHB LHIN.
- It was identified that the Zone data (Public Health Unit) is used because of the accuracy of the data. There is no legal definition for zones.
- It was noted that research data from Six Nations was not included with the data in this report.
- HNHB LHIN has the highest smoking rate in the province with the largest percentage located in the Hamilton Urban Core area
- The HNHB LHIN has currently has six hospices

C. Minutes of the Last Meeting

C.1 Approval of the Minutes of August 26, 2015

MOVED: Laurie Ryan-Hill
SECOND: Bill Thompson

That the minutes of the Board Meeting – Business of August 26, 2015, be adopted as circulated.

CARRIED

D. Reports

D.1 Report of the CEO

MOVED: Michael Shea
SECOND: Mervin Witter

That the Report of the Chief Executive Officer (CEO) be received and filed.

CARRIED

Key Points of Discussion:

- The CEO presented the report as circulated.
- The first meeting of the Dementia Advisory Committee has been held and the LHIN is committed to supporting the provincial strategy.
- It was noted that the LHINs will be actively involved with the ministry for long-term care capacity planning.
- Details of the Deputy Ministers visit to the HNHB LHIN were provided.

D.2 Report of the Chair

MOVED: Mervin Witter
SECOND: Dominic Ventresca

That the Report of the Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Chair reviewed the circulated report and highlighted the meetings he has attended since the last board meeting.
- It was noted that the HNHB LHIN meets with elected officials on a continual basis.

D.3 Report of the Audit Committee Chair

MOVED: Michael Shea
SECOND: Mervin Witter

That the Report of the Audit Committee Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Audit Committee Chair reviewed the circulated report.
- The Audit Committee held a meeting on September 23, 2015. The minutes of the Audit Committee meeting of August 26, 2015, were approved by the Audit Committee for receipt by the Board of Directors.

MOVED: Laurie Ryan-Hill
SECOND: Bill Thompson

That the minutes of the Audit Committee meeting of August 26, 2015, be received and filed.

CARRIED

Consent Agenda

The Audit Committee reviewed the consent agenda of September 23, 2015, consisting of:

i) Posting Quarterly Expenses
ii) Policy and Terms of Reference Review
    - GP-04 Delegation of Authority Policy
    - Decision Making Policy
    - Dedicated Services Funding Policy
    - Terms of Reference

MOVED: Helen Mulligan
SECOND: Ruby Jacobs

That the consent agenda of September 23, 2015 be received and filed.

CARRIED

Quarterly Report – Second Quarter

The Audit Committee reviewed the Second Quarter Report. It is important to note that the report is due to the Ministry of Health and Long-Term Care by September 30, 2015.

On a year-to-date basis, the expenses are tracking below budget. LHIN salaries are trending slightly unfavourable at Q2. Annual LHIN operational costs are expected to be within or under budget at year end based on current planned activities.

There is a significant variance in the Governance per diem account. This is driven by the fact that HNHB started the fiscal year with five board members but budgets on a full complement of nine board members.

MOVED: Laurie Ryan-Hill
SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Second Quarter Report.

CARRIED

Health System Funding Reform Funding
An update was provided on the provincial Health System Funding Reform (HSFR) Strategy. Currently, HSFR impacts hospitals and the CCAC. It is anticipated that this funding methodology will include other sectors in the future.

Under this new model, Health Service Providers' (HSPs) funding is based on the following criteria:

- How many patients the HSP looks after.
- The services delivered.
- The evidence-based quality of those services.
- The specific needs of the population served.

D.4 Report of the Governance Working Group Chair

MOVED: Michael Shea
SECOND: Laurie Ryan-Hill

That the Report of the Governance Working Group Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Governance Working Group Chair reviewed the circulated report.
- The Governance Working Group held a meeting on September 23, 2015. The minutes of the Governance Working Group meeting of June 17, 2015, were approved by the Governance Working Group for receipt by the Board of Directors.

MOVED: Helen Mulligan
SECOND: Laurie Ryan-Hill

That the minutes of the June 17, 2015 meeting be received and filed.

CARRIED

Consent Agenda

The Governance Working Group reviewed the consent agenda of September 23, 2015, consisting of:

iii) Policy and Terms of Reference Review
- GP-01 Code of Conduct
- Post Service Policy
- Workplace Harassment Policy
- Workplace Violence Policy
- Per Diem Guidelines
- Roles and Responsibilities of the Board Policy
- Declaration of Compliance
- Terms of Reference

MOVED: Helen Mulligan
SECOND: Mervin Witter

That the consent agenda of September 23, 2015 be received and filed.

CARRIED

Strategic Health System Plan Implementation Update

Staff presented an update on the Strategic Health System Plan (SHSP) (Appendix 1 – appended to original set of minutes) representing second quarter progress in this, the third year of the SHSP.

MOVED: Michael Shea
SECOND: Ruby Jacobs

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Strategic Health System Plan Quarterly Update.

CARRIED

Key Points of Discussion:

- Emphasis was placed on the Minister's: "Patients First: Action Plan for Health Care" document which outlines the next phase of health care system transformation with particular attention on Home and Community Care and Primary Care.
- It was noted that the HNHB LHIN is working with the Aboriginal Tri-Ministry Initiative. HNHB LHIN is working on coordinating some round table discussions to identify opportunities on integrating and merging traditional medicine with western medicine.

Review of Skills Matrix
A review of the Board membership skills took place in September. Upon review the areas with the lowest concentration of skills/representation of our current Board of Directors were identified.

MOVED: Helen Mulligan
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approves considering the following skill set/representation when reviewing potential board members: Francophone, Aboriginal, Information Technology, Law and Marketing.

CARRIED

Review of Membership on Board Committees and Working Groups
The Committee and Working Group Membership was approved at the June 2015 meeting following the appointment of two new board members. This review takes place upon the appointment of new board members and annually.

MOVED: Helen Mulligan
SECOND: Laurie Ryan-Hill

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approves the existing Committee and Working Group Membership, for the next year with no changes to be made at this time.

CARRIED

Schedule of Board, Committee and Working Group Meetings for 2016
The HNHB LHIN Board Meetings will continue to meet at 4:00 p.m. on the last Wednesday of the month, except December where the meeting will be scheduled earlier due to the holiday season and July and November when no meetings are scheduled.

MOVED: Laurie Ryan-Hill
SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receives and files the update on the Board, Committee and Working Groups Schedule for 2016.

CARRIED

Review of GP-08 Delegation to the Board Policy
The LHIN has a delegations to the Board Policy which provides opportunities for individuals or groups to publicly address the Board. The policy requires the submission of a written Delegation Application a minimum of 15 days prior to the Board meeting.

During the Internal Audit last year there was a recommendation that the Board Delegation Policy be modified such that individuals or groups be provided sufficient time to submit Delegation Applications to the LHIN in order to make presentations to the Board on meeting agenda items.

MOVED: Helen Mulligan
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approves the existing Delegation to the Board Policy with no changes to be made at this time.

CARRIED

D.5 Report of the Quality and Safety Committee Chair

MOVED: Michael Shea
SECOND: Bill Thompson

That the Report of the Quality and Safety Committee Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Quality and Safety Committee Chair reviewed the circulated report.
- The Quality and Safety Committee held a meeting on September 23, 2015. The minutes of the Quality and Safety Committee meeting of June 17, 2015, were approved by the Quality and Safety Committee for receipt by the Board of Directors.

MOVED: Ruby Jacobs
SECOND: Mervin Witter

That the minutes of the Quality and Safety Committee meeting of June 17, 2015, be received and filed.

CARRIED

Consent Agenda

The Quality and Safety Committee reviewed the consent agenda of September 23, 2015, consisting of:

i. Policy and Terms of Reference Review
   - GP 10 – Risk Identification and Management Policy Review
   - GP 14 – Performance Accountability Policy

MOVED: Ruby Jacobs
SECOND: Bill Thompson

That the Consent Agenda of September 23, 2015, be adopted.

CARRIED

Semi-Annual Complaints Report
Decision was made to modify the format of the report in the future to ensure that measures of success more accurately reflect what the LHIN can influence.

MOVED: Ruby Jacobs
SECOND: Dominic Ventresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Semi-Annual Complaints Report noting the changes for the future.

CARRIED

Terms of Reference
Decision was made to add the date of origin and review dates to the Terms of Reference documents.

MOVED: Ruby Jacobs
SECOND: Dominic Ventresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the Terms of Reference document ensuring that there is a date of origin and review dates added to the document and this will be included on all committees Terms of Reference.

CARRIED

Ministry-LHIN Accountability Agreement (MLAA) Performance Indicators Quarterly Update
The most recent performance report to the Ministry of Health and Long-Term Care required the submission of data regarding 14 local health system performance indicators. Some of these indicators are new, and some have revised definitions and targets. Provincial targets have been set for each performance indicator.

Staff presented a detailed slide presentation (circulated in your meeting materials) describing current results, analyses, and activities underway to improve the 14 performance indicators, and eight monitoring indicators.

MOVED: Ruby Jacobs
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Ministry-LHIN Accountability Agreement Performance Indicators Quarterly Update and that the Board approves the revised format for future Performance Indicators Quarterly Updates.

CARRIED

Ministry-LHIN Accountability Agreement (MLAA) Incremental Target Setting and Performance Incentives

A new Ministry-LHIN Accountability Agreement (MLAA) is pending. This will govern the relationship between Local Health Integration Networks (LHINs) and the Ministry of Health and Long-Term Care (ministry) effective April 1, 2015 to March 31, 2018.

The draft materials received identify 23 indicators for which LHINs have accountability.

The ministry has established one provincial targets for each of the 14 performance indicators. The ministry recognizes that in some instances, the targets represent stretch targets for the system to achieve over a period of years.

Results for some of our local indicators reflect a significant negative variance from the provincial target. Therefore the HNHB LHIN staff feel that it is unlikely that targets will be successfully met for all 14 performance indicators by March 31, 2016.

It is therefore recommended that the HNHB LHIN set an aim to achieve the provincial targets by March 31, 2018. LHIN specific incremental targets will be established for all indicators. Seven indicators have been identified as priorities for the remainder of this fiscal year. While some improvement against all performance indicators is desired, these seven indicators will be a primary focus and it is expected that the incremental target will be achieved by March 31, 2016.

Achievement of the provincial targets will require the efforts of all hospitals and CCAC within our LHIN. Therefore, it has been recommended by staff that the hospitals and CCAC be incentivized to improve health system issues as measured by these performance indicators.

In 2015-16, as a condition of funding, the hospitals and CCAC will be required to develop a Performance Indicator Action Plan with detailed milestones and incremental targets. The plan must be created such that the 2015-16 priority indicators are addressed, and that incremental targets lead to achievement of all provincial targets by March 31, 2018.

A hold-back of 0.5% global base funding for each hospital and CCAC is proposed. In 2015-16, 100% of the held-back funds will be released to the organization when the Performance Indicator Action Plan is submitted and approved by the LHIN. In subsequent years, 25% of the held-back funds will be released when the updated Plan is submitted and approved, and 75% of the funds will be released if 75% of the incremental target has been achieved as of the Q3 report. If any hospitals or the CCAC do not receive the full amount of their held back funds, these monies will be reinvested in programs or initiatives that will improve the indicators.

MOVED: Ruby Jacobs
SECOND: Dominic Venstresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the HNHB LHIN incremental targets and priority indicators for 2015-16 and approve the performance improvement incentive plan for HNHB hospitals and CCAC.

CARRIED

Performance Accountability Update
Over the past few years, the risk assessment processes at HNHB LHIN have been evolving. There is no provincial or pan-LHIN template to follow, and thus development to ensure reliability and validity of the assessment process continues.

Staff presented a detailed slide presentation (circulated in your meeting materials) regarding the risk assessments conducted for all Health Service Providers with a Multi-Service Sector Accountability Agreement (MSAA) and/or a Hospital Service Accountability Agreement (HSAA).

MOVED: Ruby Jacobs
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Performance Accountability Update, and that HNHB LHIN staff continue with the performance accountability risk assessments and activities as outlined.

CARRIED

Risk Report
The Board of Directors and staff of our LHIN share a responsibility for identifying and reporting in a timely manner any potential risks that may have an impact on patient safety, patient services, the health system, the LHIN, other LHINs, the Ministry of Health and Long-Term Care (ministry) and the health and wellbeing of health service providers (HSP) and LHIN staff.

Staff presented a detailed slide presentation (circulated in your meeting materials) describing Enterprise Risk Management, Ministry Risk Reporting, and next steps.

MOVED: Ruby Jacobs
SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Risk Reporting Update with the request that future reports include more detailed description of the risks where appropriate.

CARRIED

Benevolent Society Heidehof for the Care of the Aged

All Health Service Providers funded by the LHIN have an obligation to provide accurate data as outlined in their service accountability agreement. Inaccuracies in data submissions were recently discovered for the Benevolent Society Heidehof for their Therapeutic Pool Program.

On August 7, 2015, Heidehof was officially notified by our CEO that they have been put on a Performance Improvement Plan related to data quality and are required to submit monthly reports related to this program activity.

A request was also made to provide data on outcomes that measure the value of the program from the client perspective. The PIP will be in place until January 2016. At this time, the HNHB LHIN may elect to extend the PIP, or recommend a decision on the future direction of the Therapeutic Pool Program.

E. New/Other Business

E.1 Quarterly Declaration of Compliance

MOVED: Michael Shea
SECOND: Ruby Jacobs

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network authorizes the Board Chair to declare to the Minister of Health and Long-Term Care that Upon due enquiry of the Chief Executive Officer and other appropriate LHIN officers and personnel, and subject to any exceptions identified on Schedule A, to the best of the Board's knowledge and belief, the LHIN has:

1. the LHIN's compliance with the "Principles for LHIN-Managed Quality Based Procedure (QBP) Volume Movement", per the QBP Volume Management Instructions and Operational Policies for Local Health Integration Networks that are issued by the ministry;
2. the completion and accuracy of reports required of the LHIN, pursuant to section 5 of the Broader Public Service Accountability Act (BPSAA), on the use of consultants;
3. the LHIN's compliance with the prohibition, in section 4 of the BPSAA, on engaging lobbyist services using public funds;
4. the LHIN's compliance with all of its obligations under applicable directives issued by the Management Board of Cabinet;
5. the LHIN's compliance with its obligations under the Memorandum of Understanding with the Ministry of Health and Long-Term Care; and
6. the LHIN's compliance with its obligations under the Ministry LHIN Accountability Agreement/Ministry LHIN Performance Agreement in effect, during the Applicable Period of June 25 to September 30, 2015.

CARRIED

Key Points of Discussion:

- It was noted that Item #1 in the briefing note wording has been updated per a directive from LHIN Legal.
- The LHIN continues to declare non-compliance due to an insurance breach and is working to resolve by seeking alternative insurance on appropriate terms and conditions.

F. Adjournment

MOVED: Michael Shea
SECOND: Dominic Ventresca

The Board of Directors – Business meeting be adjourned **at 5:51** p.m.

CARRIED

Original Signed by: October 28, 2015

Michael P. Shea, Chair **Date**

Original Signed by: October 28, 2015

Donna Cripps, Corporate Secretary **Date**

HNHB LHIN Our Population's Health

Board of Directors Meeting
September 30, 2015

Ontario
Local Health Integration Network

Just to recap….

LHIN population tends to be similar to provincial averages

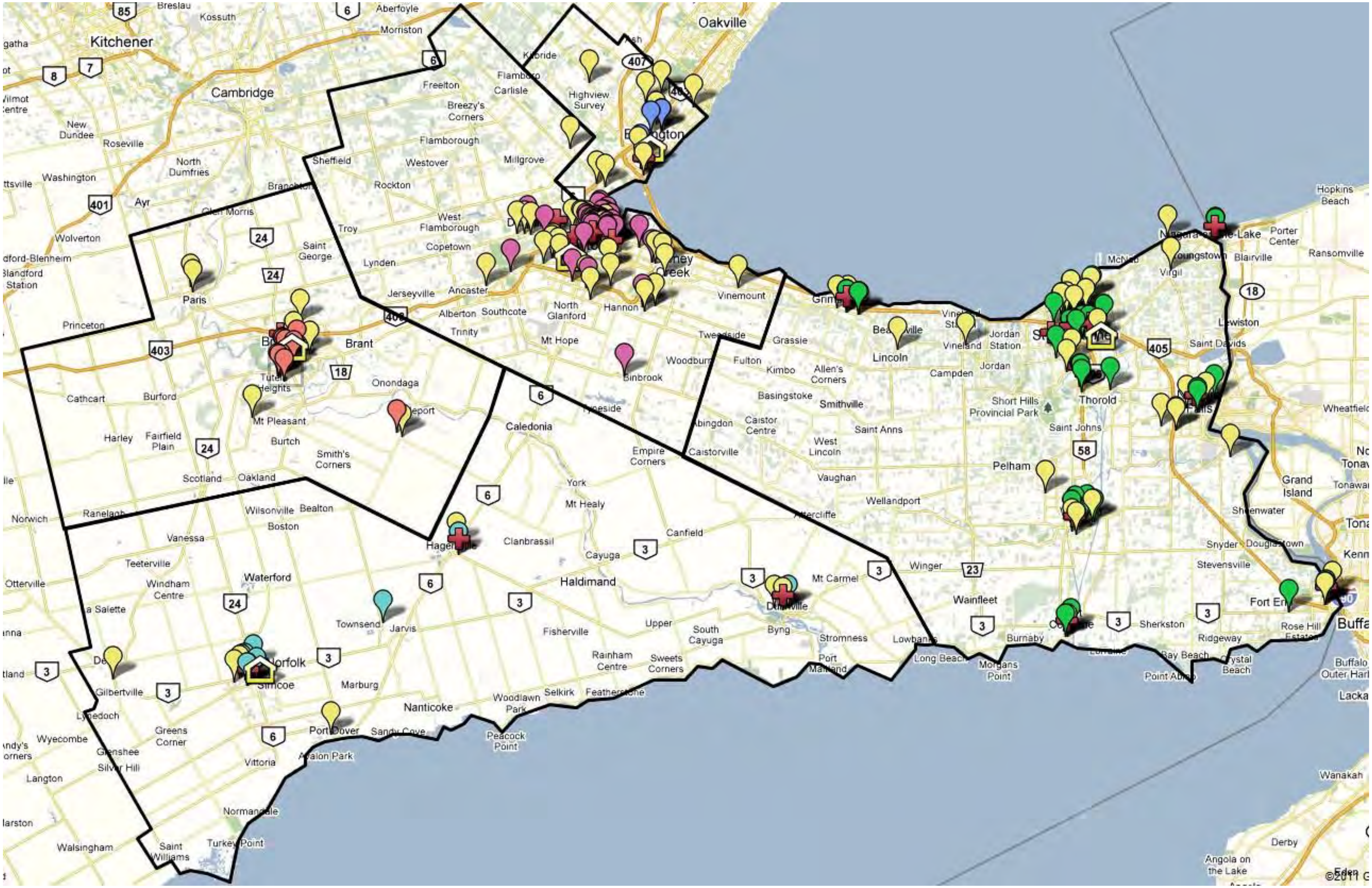
There is considerable diversity within LHIN

Demographics

- More than 260,000 seniors; projected to be 355,000 by 2025
- Lower % of immigrant population and visible minorities
- 2.4% Francophone
- Approximately 28,000 individuals in registered Aboriginal population

Data sources: IntelliHealth Ontario; 2011 Census, Statistics Canada; Community profiles, Aboriginal Affairs and Northern Development as of February 2015; 2011 National Household Survey, Statistics Canada;)

Geography



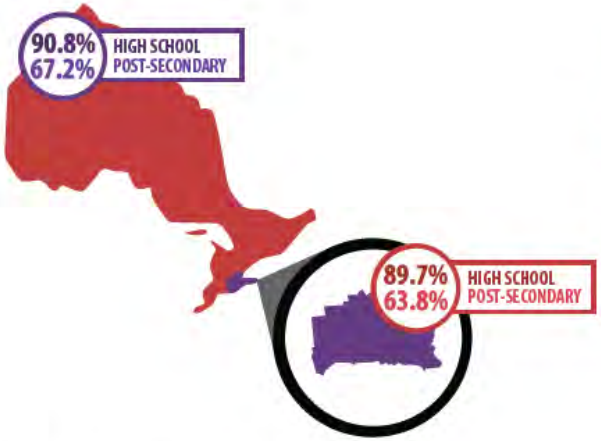
Kitchener
Cambridge
Oakville
Paris
Brant
Caledonia
Haldimand
Norfolk
Simcoe
Lincoln
Thorold
Pelham
Wainfleet
Port Dover
Nanticoke
Grand Island

Socio-Economic Status for HNHB Residents compared with Ontario Averages

INCOME

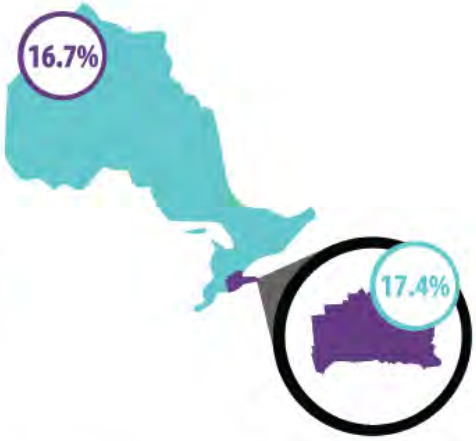
HNHB LHIN has a similar proportion of population with low income, when compared to the province.

EDUCATION



Levels of Education in HNHB LHIN - both high school and post-secondary are below the provincial average.

SINGLE-PARENT FAMILIES



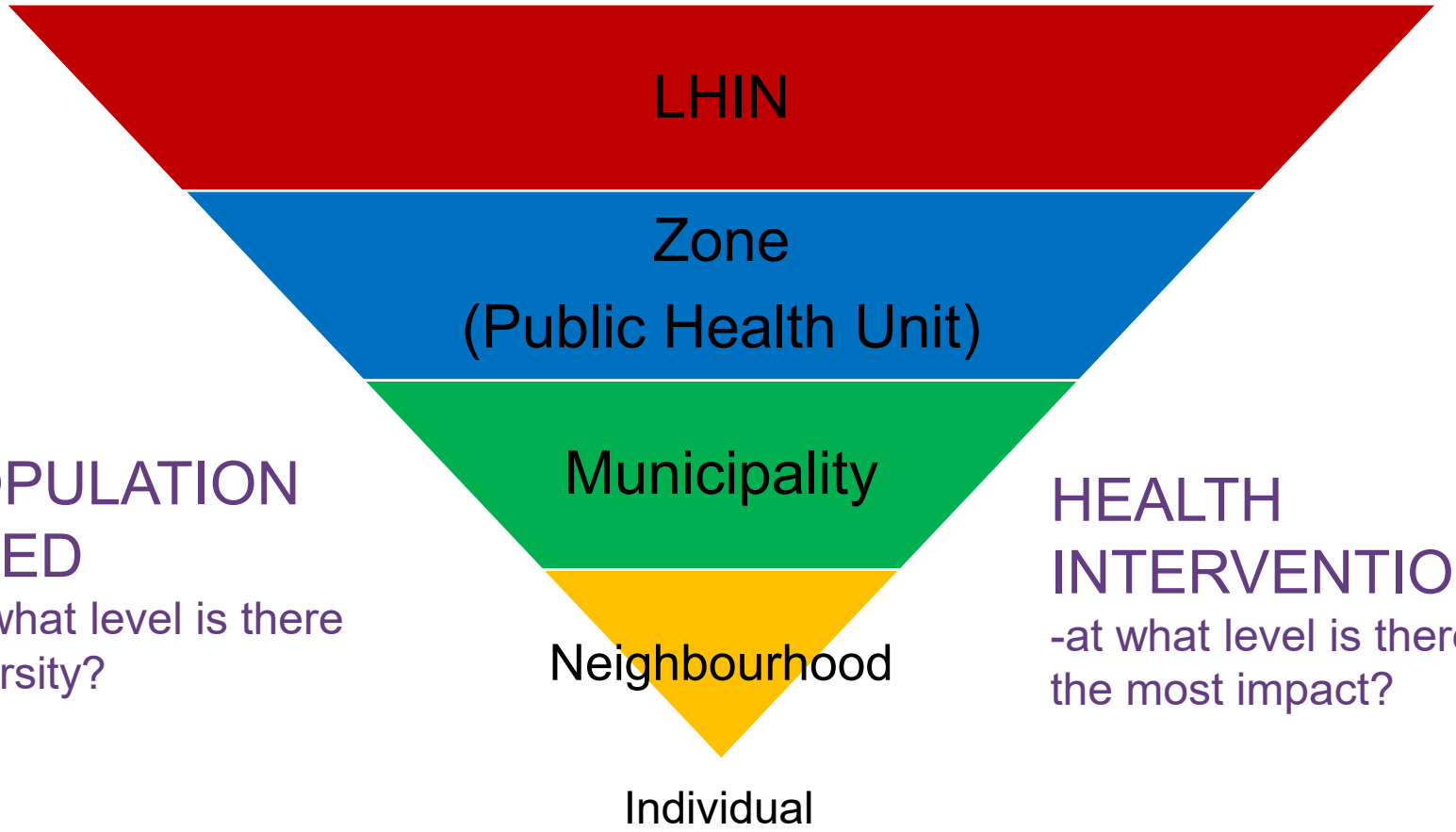
HNHB LHIN has a higher proportion of single-parent families compared to the province.

HNHB Regional Data

Population Health

Plan at a population level to better serve the individual;

Plan at an individual level to better serve the population



POPULATION NEED

-at what level is there diversity?

HEALTH INTERVENTIONS

-at what level is there the most impact?

Health Status for HNHB Residents compared with Ontario Averages

Significantly Higher in HNHB Residents

- % Self-report health as ‘fair’ or ‘poor’
- % Self-report activity limitations due to pain or discomfort
- % BMI indicating they are overweight or obese
- % Smoke on occasional or daily basis
- % Diagnosed with arthritis
- % Diagnosed with COPD
- % Diagnosed with high blood pressure
- Potential years of life lost from preventable causes*
- Rates of premature mortality and potentially avoidable mortality*
- Rates of ambulatory care sensitive conditions**

Slightly Higher in HNHB Residents

- % Diagnosed with asthma
- % Diagnosed with diabetes
- % Report perceived mental health as ‘fair’ or ‘poor’

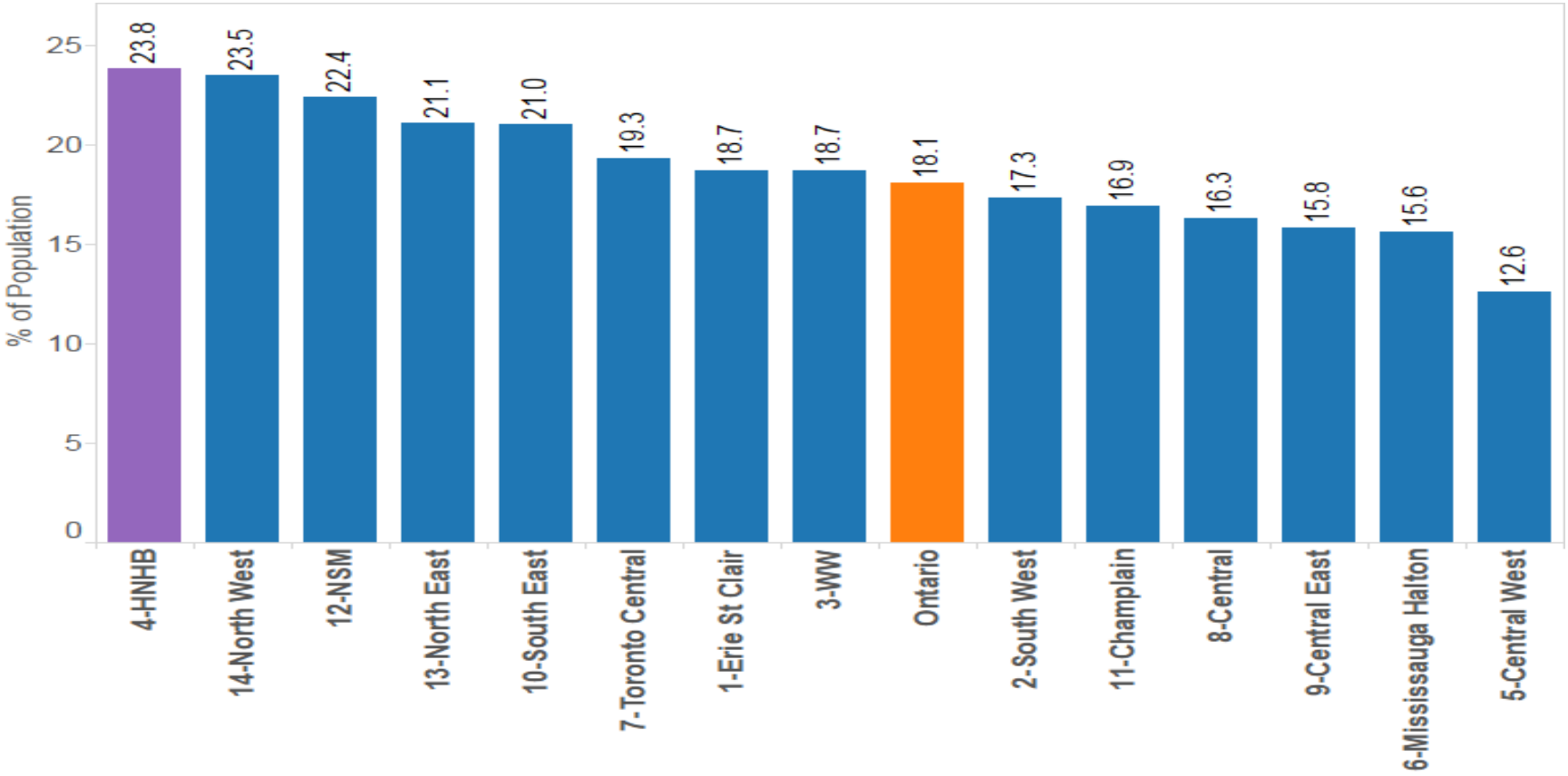
Significantly Lower % of HNHB Residents

- Self report functional health as ‘good’ or ‘full’

Data source: Statistics Canada Canadian Community Health Survey, 2013
*Data source: CIHI Health Indicators Interactive Tool, 2010
**Data source: CIHI Health Indicators Interactive Tool, 2012

Current Smoker: Daily or Occasional

By LHIN

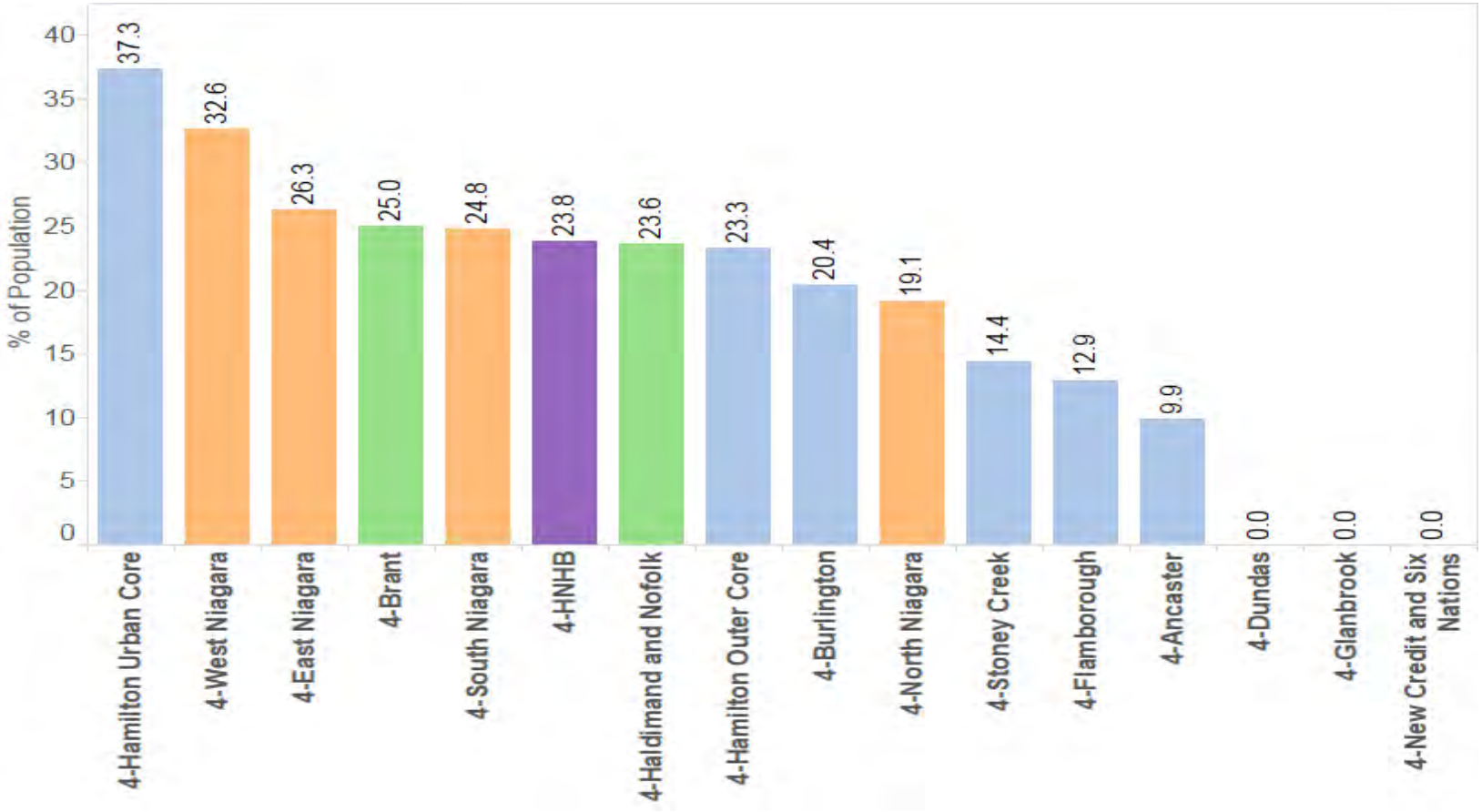


Source: Canadian Community Health Survey, Statistics Canada, 2013.

Current Smoker: Daily or Occasional

By SubLHIN/Community

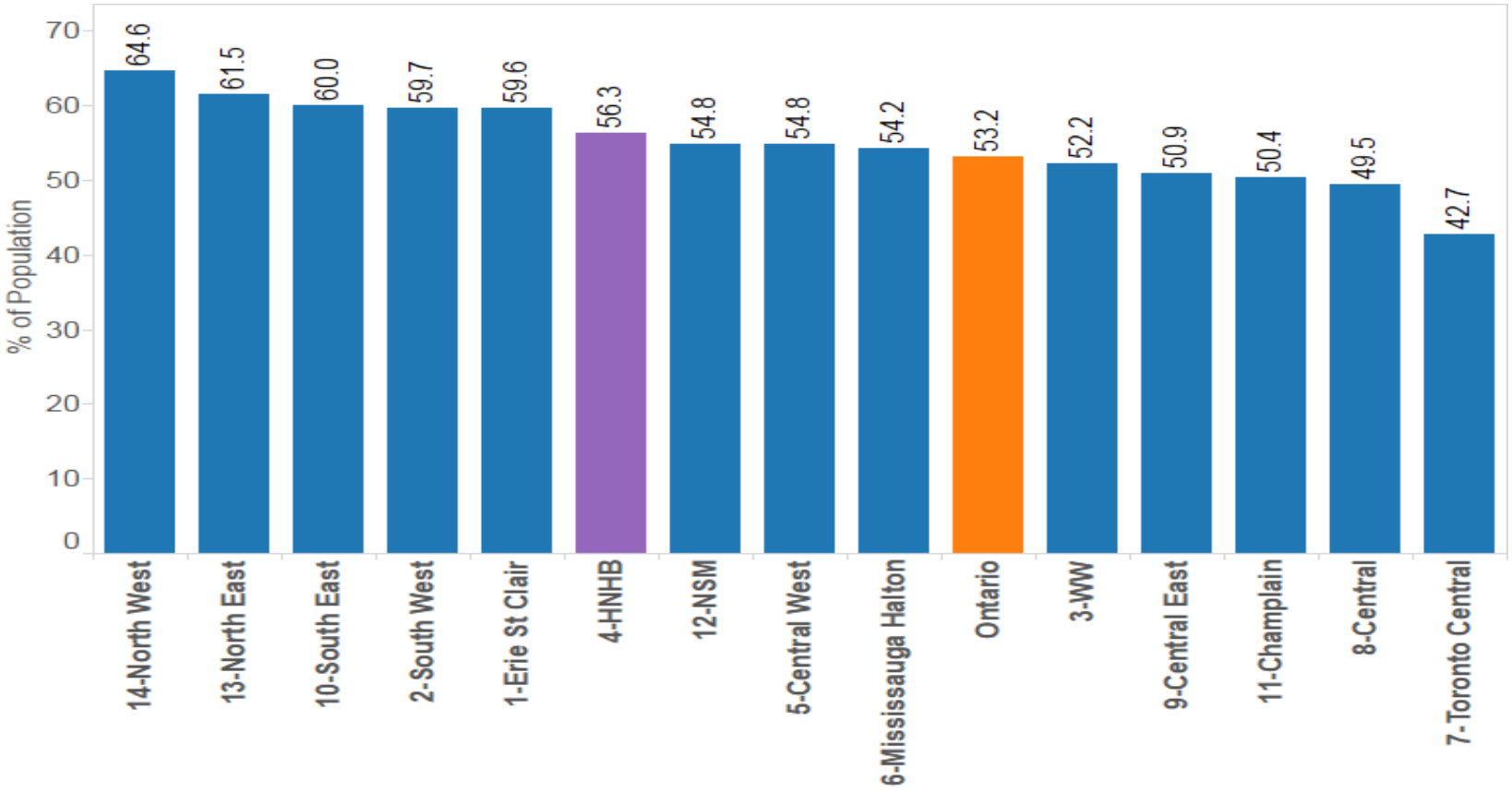
(coloured according to 3 zones)



Source: Canadian Community Health Survey, Statistics Canada, 2007-2010 Combined. Results should be interpreted with caution due to sampling methodology and small cell sizes. Data are suppressed for some geographic areas.

Body Mass Index: Overweight/Obese

By LHIN

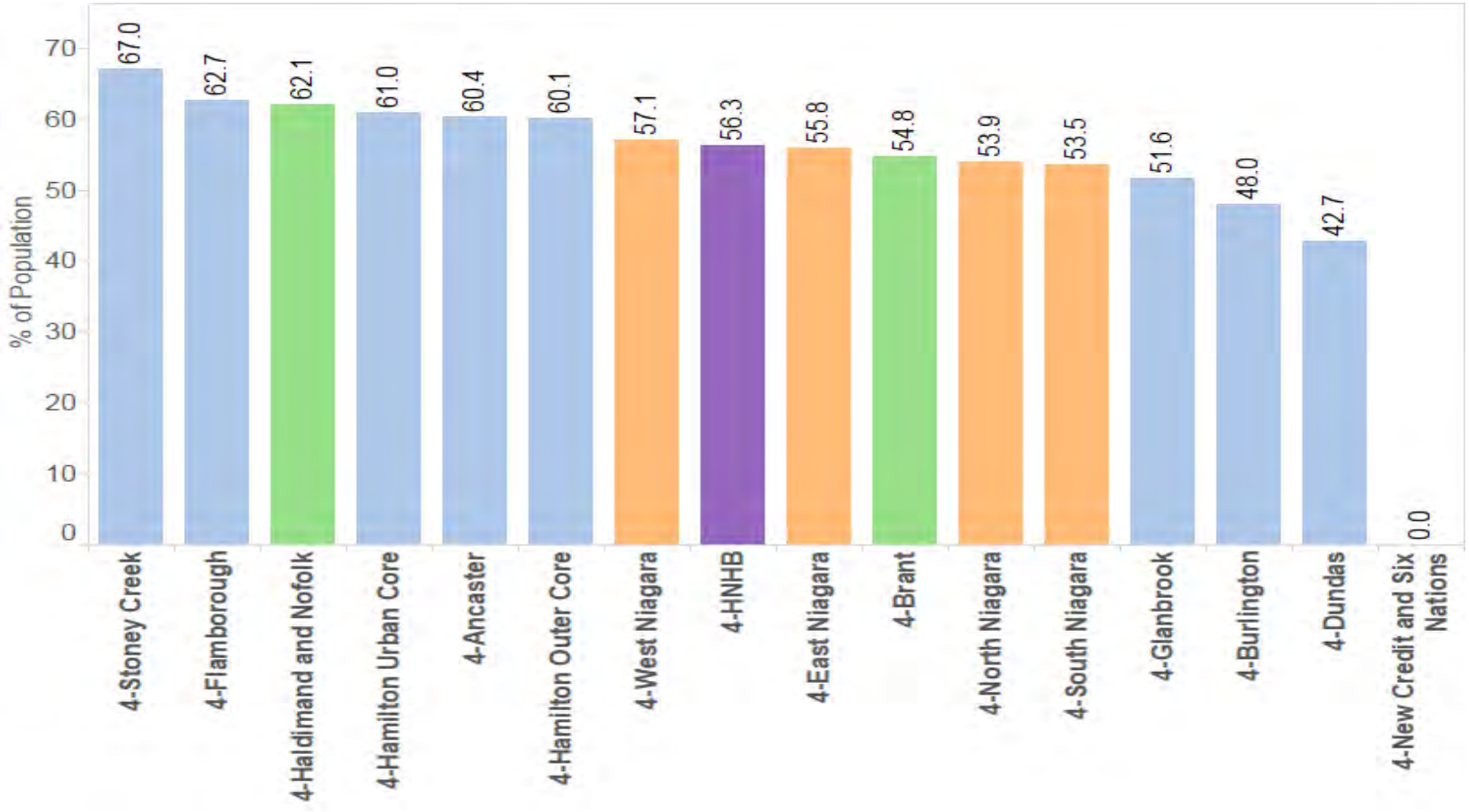


Source: Canadian Community Health Survey, Statistics Canada, 2013.

Body Mass Index: Overweight/Obese

By SubLHIN/Community

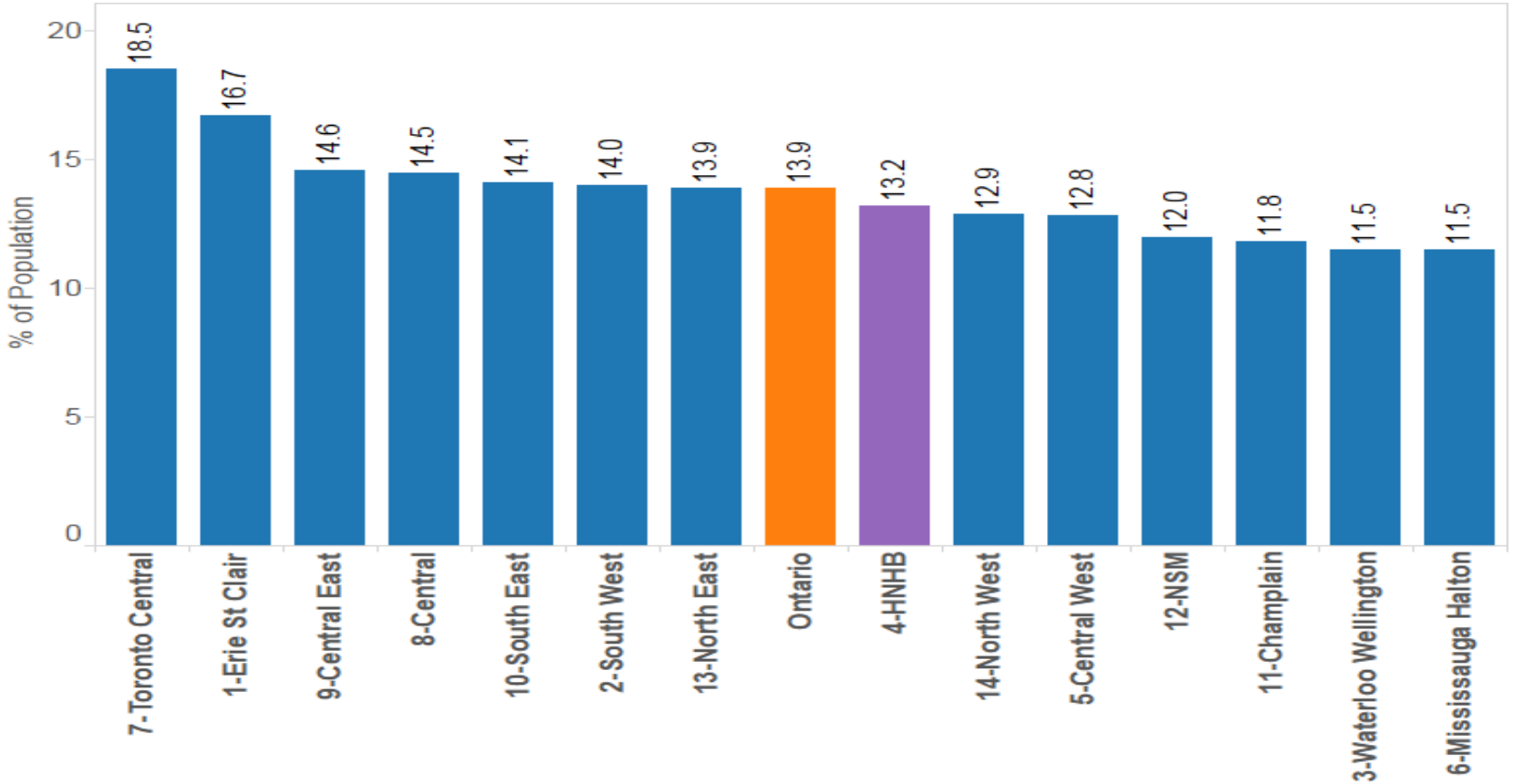
(coloured according to 3 zones)



Source: Canadian Community Health Survey, Statistics Canada, 2007-2010 Combined. Results should be interpreted with caution due to sampling methodology and small cell sizes. Data are suppressed for some geographic areas.

% of Population Living in Low Income

By LHIN

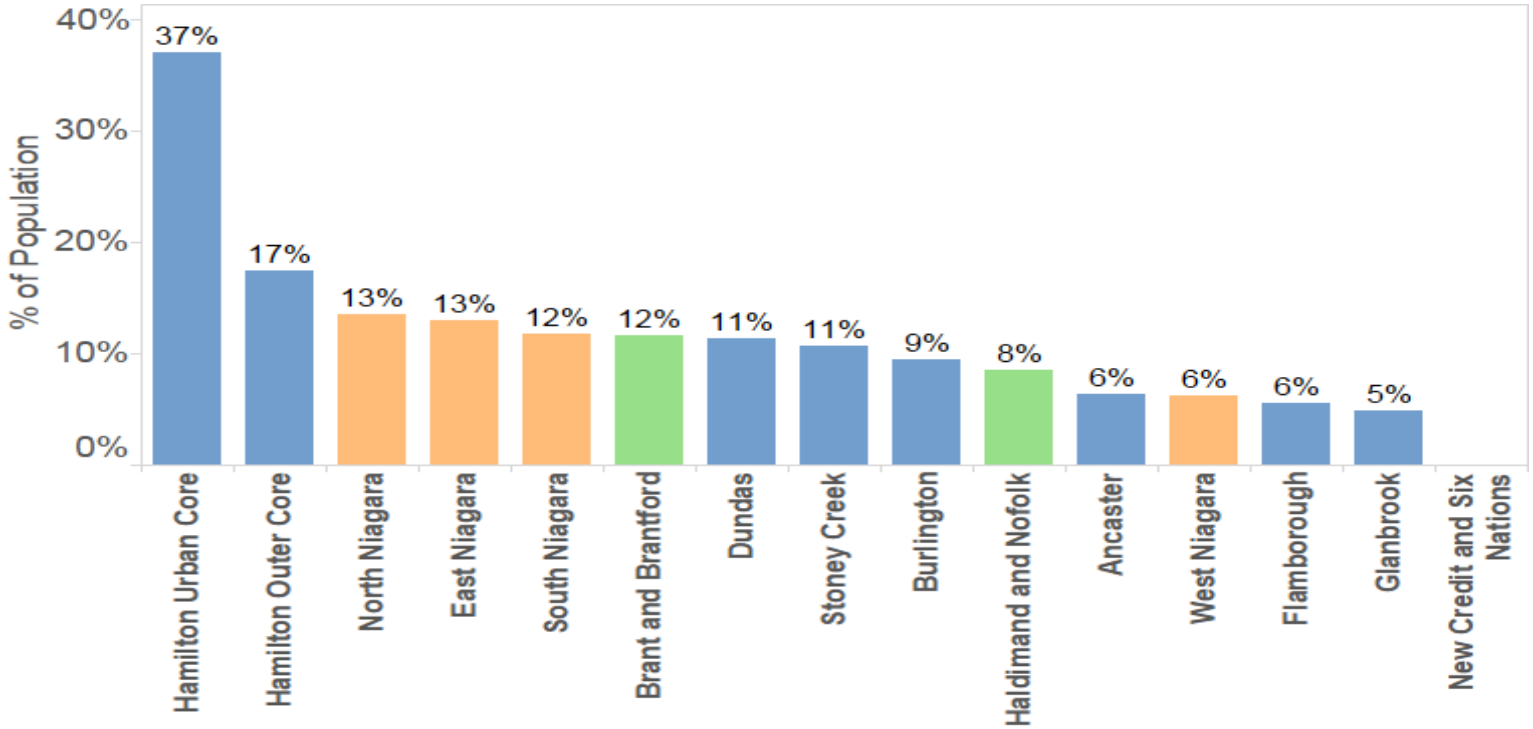


Source: National Household Survey, Statistics Canada, 2011. Global non-response rate of survey is a limitation.

% of Population Living Below Low Income Cutoff

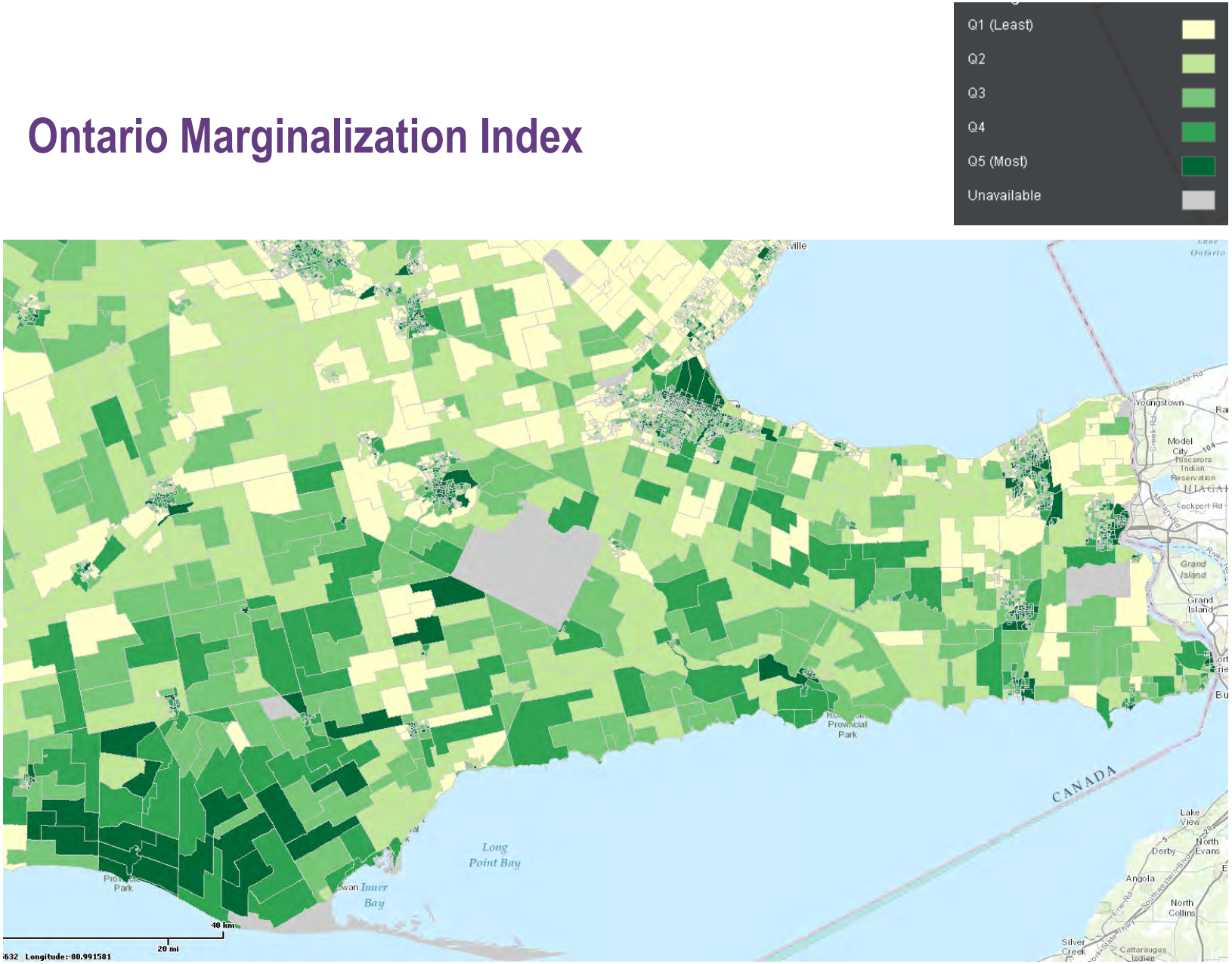
By SubLHIN/Community

(coloured according to 3 zones)



Source: Census, Statistics Canada, 2006. Data not available for all geographic areas.

Ontario Marginalization Index



HNHB Regional Data

Healthcare Improvement

Care Transitions

From the patient's perspective, we strive to create a seamless health care system.

For the providers, we should strive to make every seam visible. This is a critical step to better understanding and improvement in the system.

How many transitions?

Maggie is a 72 year old woman sees her primary care physician for abdominal pain and distension. She is assessed and ordered stool softener. The next day, after experiencing worsening symptoms, Maggie presents at the ED and is diagnosed with a small bowel obstruction. She is admitted and undergoes a resection. Maggie is then discharged 4 days post-op with home care and a recommendation to see her primary care physician next week.

Imagine the number of care transitions…..

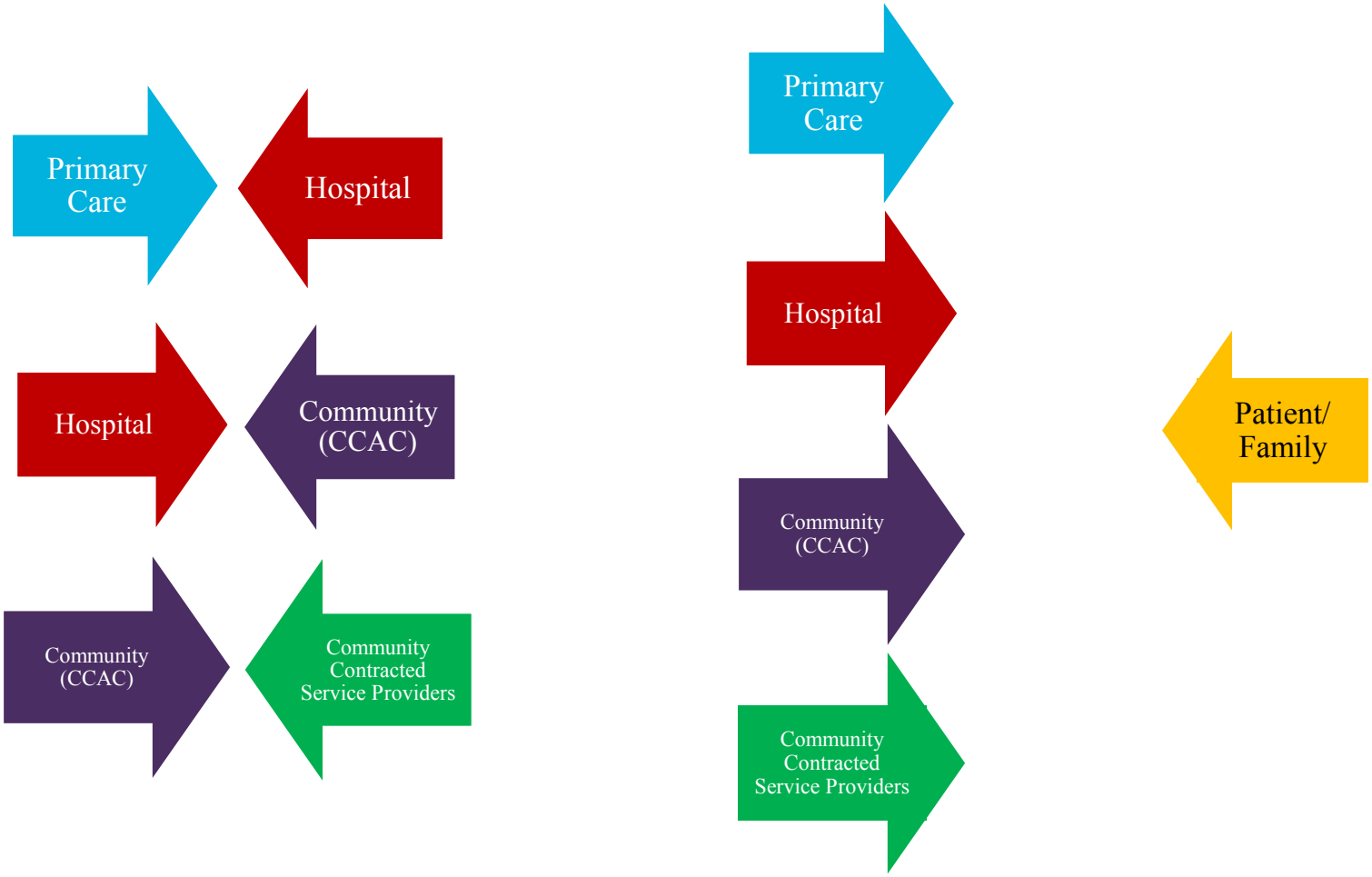
Poor Maggie

- FP to patient
- Patient to pharmacist
- Patient to ED
- ED registration to triage nurse
- Triage nurse to ED nurse
- ED nurse x2 + 2 for break coverage
- ED nurse to unit nurse
- Unit nurse to preop nurse
- Preop to OR nurse
- OR nurse to post op nurse
- Post op nurse to unit nurse
- Unit nurse to next shift nurse (8)
- Discharge- nurse to patient/family; surgeon to FP
- Patient/family to pharmacist for meds
- Patient to FP
- Hospital nurse/surgeon to CCAC care coordinator
- CCAC care coordinator to contracted service provider
- PSW to PSW (3)

*(doesn't account for diagnostics or allied health)

31 care transitions= a risk to patient safety, positive patient experience, efficient and effective care

Opportunities for improvement in care transitions

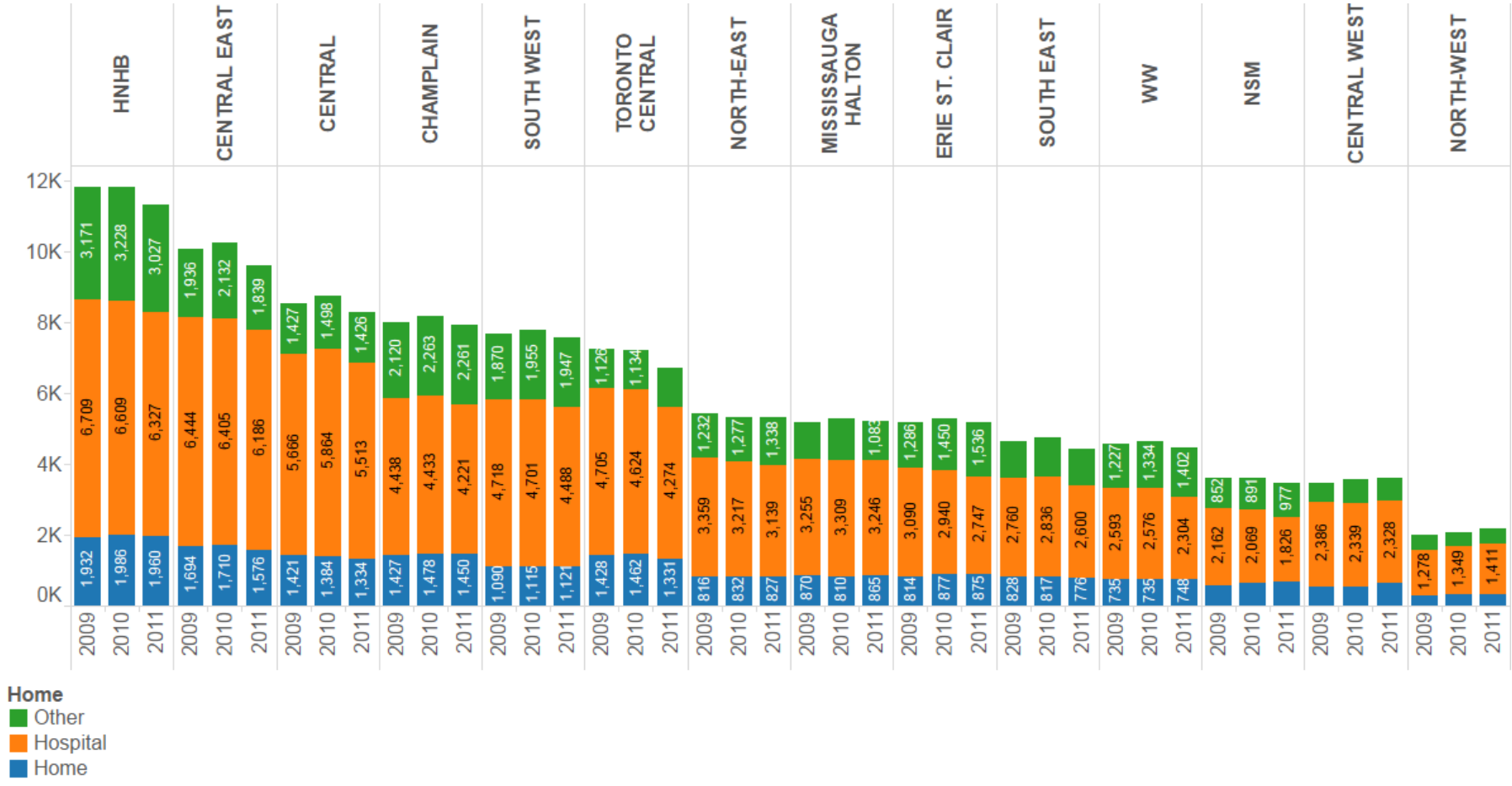


Challenges with Care Transitions

- Communication systems- IT, “collision points”
- Data quality- availability, validity, and reliability
- Measurement- appropriate indicators and targets
- Vision and strategy- alignment and priority
- Trust- between sectors and between individuals

How is the system impacted by these challenges?
How can they be addressed?
What questions do we need answered?

Deaths by LHIN of Residence and Death Setting

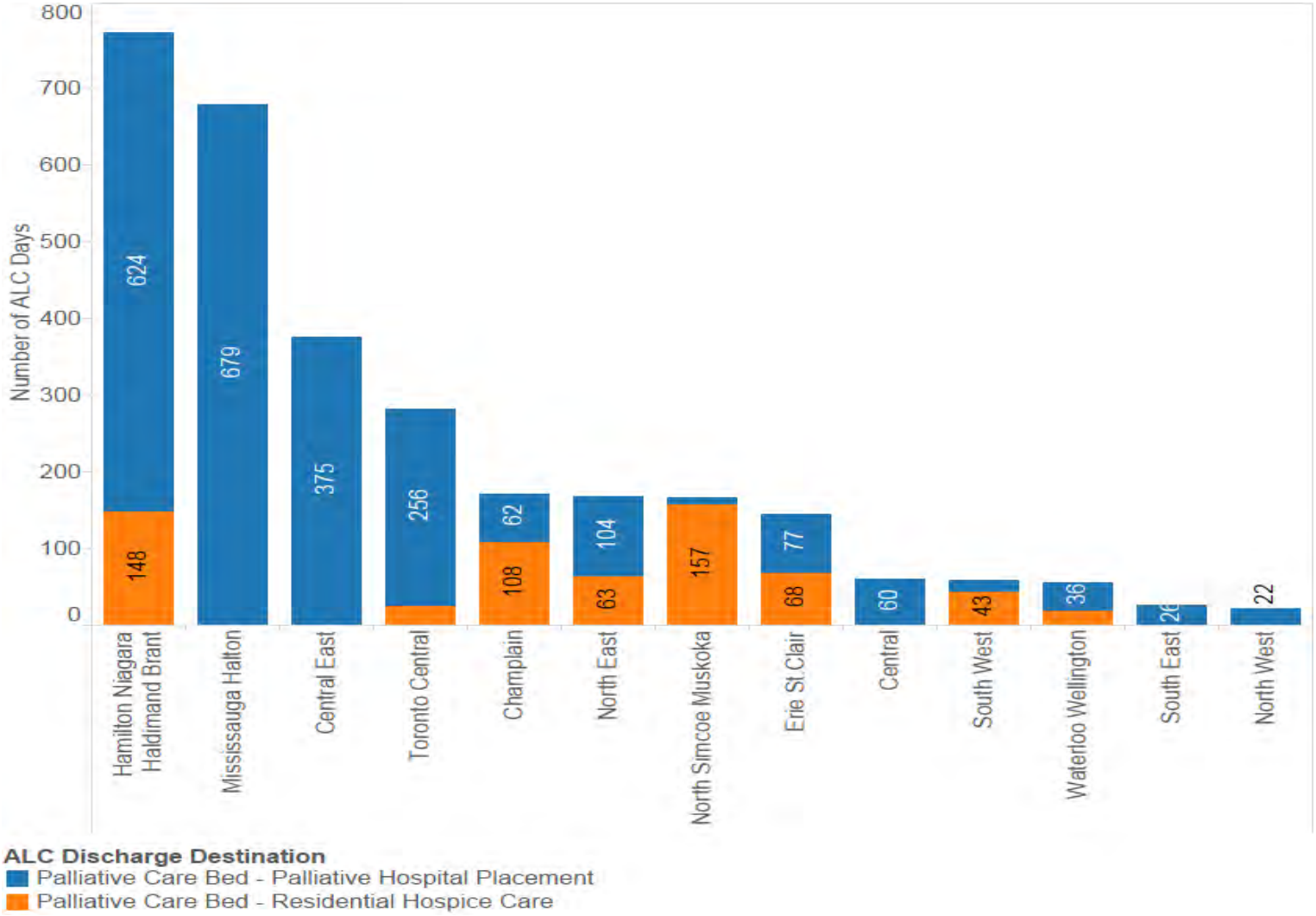


Source: IntelliHealth Ontario, Ontario Ministry of Health and Long-Term Care. Deaths.

Deaths by Area of Residence and Death Setting

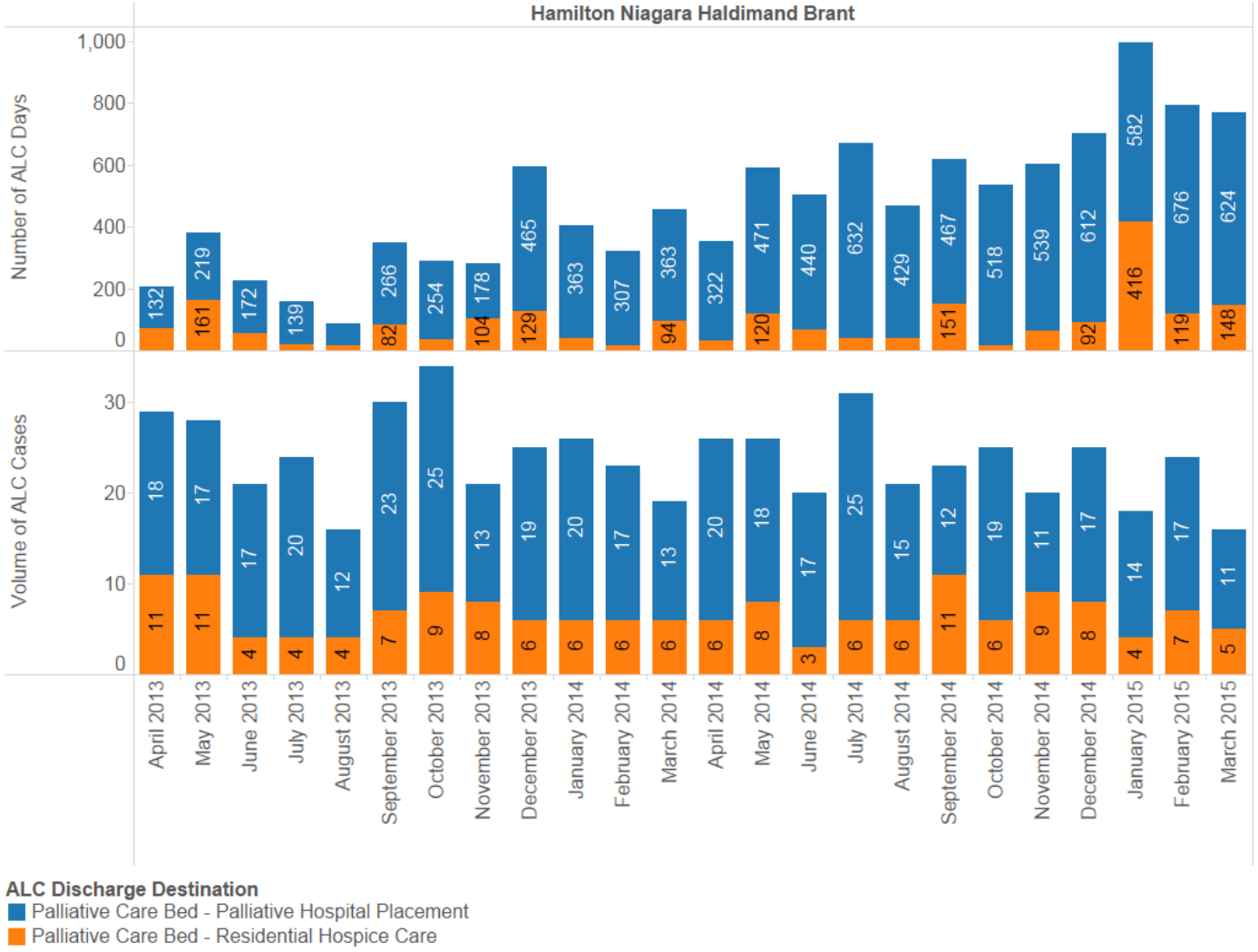
Source: IntelliHealth Ontario, Ontario Ministry of Health and Long-Term Care. Deaths.

Open ALC Days for Palliative Care Destinations as of March 2015 by LHIN



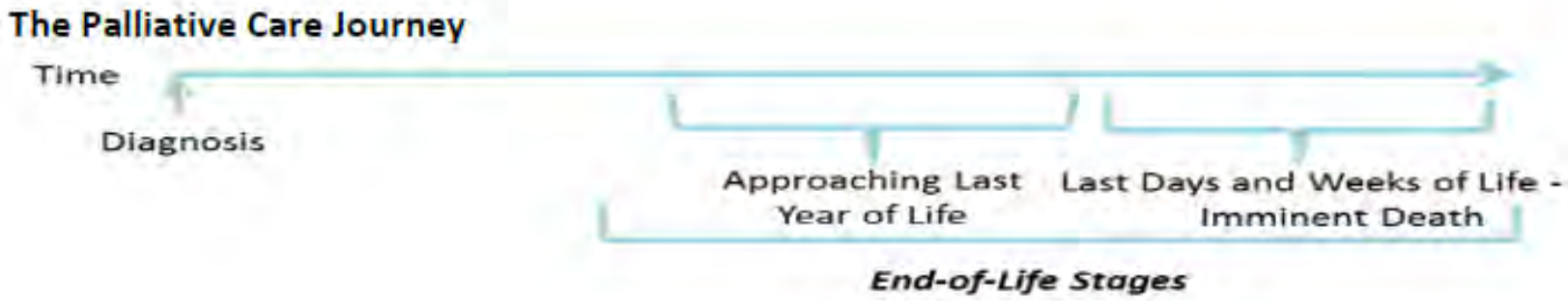
Source: WTIS, Cancer Care Ontario.

Open ALC Days and Cases for Palliative Care Discharge Destinations in the HNHB LHIN



Source: WTIS, Cancer Care Ontario.

End of Life Care



Adults and children are “approaching end-of-life” when they have:

- Advanced, progressive, incurable conditions;
- General frailty and co-existing conditions that mean they are expected to die within 12 months;
- Existing conditions from which they are at risk of dying if a sudden acute crisis in their condition occurs;
- Life-threatening acute conditions caused by sudden catastrophic events.

(UK General Medical Council, 2010 cited in GSF Prognostic Indicator Guidance 2011)

Bell , D. & Gillis, K. (2015) Strengthening Ontario’s End of Life Continuum- Advice regarding the role of residential hospices.

End of Life Care Programs in HNHB LHIN

- Residential hospices
- Nurse Practitioner integrated palliative care home
- CCAC- contracted service provision
- Visiting hospice services
- Pain and symptom management
- Shared care outreach teams
- Complex care end of life beds
- Regional cancer centres
- Acute care hospitals

Challenges in End of Life Care

- Palliative care needs to be redefined and broadened so that care at the end-of-life can be normalized
- Currently not everyone who could benefit from a palliative philosophy of care does
- Organizing care around patient preferences and needs
- Capacity and integration of end-of-life care

Adapted from Bell , D. & Gillis, K. (2015) Strengthening Ontario's End of Life Continuum- Advice regarding the role of residential hospices.

How is the system impacted by these challenges?
How can they be addressed?
What questions do we need answered?

Strategic Health System Plan Refresh - Fall 2014