Audit Committee Meeting

Boardroom
Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN)
211 Pritchard Rd. Unit 1 Hamilton
Webster/Albion Falls Meeting Room
Wednesday, March 21, 2018 at 2:00pm

A G E N D A

~ Dramatically Improving the Patient Experience through Quality, Integration and Value ~

ITEM	TOPIC	PRESENTER / DISCUSSANT	PURPOSES / OUTCOME REQUIRED	
			Information	Decision
A. CONVENING THE MEETING				
A.1	Call to Order – recognition of a quorum	Chair		X
A.2	Approval of the Agenda	Chair		X
A.3	Declaration of Conflicts	Chair/All		X
B. CONSENT AGENDA				
B.1	Consent Agenda of March 28, 2018* i. Minutes of Audit Committee Meeting of February 21, 2018* ii. Posting of Quarterly Expenses* iii. Confirmation of Funding*	Chair	X	
C. NEW/OTHER BUSINESS				
C.1	HNHB LHIN Operations – Monthly Financial Update*	VP Resource Stewardship & CFO (R S & CFO)		X
C.2	2018-19 Budget*	VP R S & CFO		X
C.3	Community Investment i. Parkdale Landing, Mental Health Supportive Housing in Hamilton* ii. Community Paramedicine* iii. Hamilton Integrated Rapid Access Addiction Medicine Pathways Program Phase 1* iv. Niagara Ina Grafton Gage Village Assisted Living Service*	VP Health System Strategy & Integration		 X X X X
C.4	Sole Source Matter*	VP R S & CFO		X
D. ADJOURNMENT				
D.1	Next Meeting **Date:** Wednesday, April 18, 2018 **Location:** 211 Pritchard Rd. Unit 1 Hamilton, ON **Time:** 2:00 p.m.	All		
D.2	Adjournment	Chair		X

Legend: * Circulated with Agenda, ** to be circulated prior to meeting, *** to be circulated at meeting

"A health care system that helps people stay healthy, delivers good care when they need it, and will be there for their children and grandchildren."

Hamilton Niagara Haldimand Brant
Local Health Integration Network
Minutes of the Meeting of the Audit Committee February 21, 2018

A meeting of the Audit Committee of the Board of Directors of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) was held on February 21, 2018, at the Webster/Albion Falls meeting room, Hamilton Niagara Haldimand Brant Local Health Integration Network, 211 Pritchard Rd. Hamilton, Ontario, beginning at 2:05p.m.

PRESENT:

Voting Members: Bill Thompson, Chair
Dominic Ventresca, Member
Saqib Cheema, Member

Teleconference: Madhuri Ramakrishnan, Member

Non voting: Janine van den Heuvel, Board Chair
Shelley Moneta, Member
Bill Chopp, Member
Suzanne Belanger-Fontaine, Member

HNHB LHIN Staff in Attendance: Donna Cripps, Chief Executive Office
Candice Neila, Corporate Coordinator, Recording Secretary
Cindy Ward, VP, Resources Stewardship & CFO
Rosalind Tarrant, VP, Health System Strategy & Integration
Martina Rozsa, VP, Home & Community Care
Chad DeBlock, Director, Finance
Miranda Ingribelli, VP, People & Talent Management

A. Convening the Meeting

A.1 Call to Order

A quorum was present.

A.2 Approval of the Agenda

MOVED: Dominic Ventresca
SECOND: Saqib Cheema

That the agenda of February 21, 2018, be adopted, as circulated.

CARRIED

A.3 Declaration of Conflicts

No conflicts were identified at this time.

B. Education Session

B.1 Overview of Hospice Funding

Presenter: Rosalind Tarrant, VP, Health System Strategy & Integration

Key Points of Discussion:

- The presentation was pre-circulated to the Committee and Board of Directors (Board) and is also available on the LHIN website.
- At this time, the LHIN continues to provide services to hospices, through Home and Community Care (HCC), as historically this was provided by the former Community Care Access Centres (CCACs). With the passing of the Patients First Act, 2016 contracts held by the former CCAC were transferred to the LHIN.
- The Local Health System Integration Act (LHSIA) was amended at the time of the Patients First Act being passed, allowing LHINs to fund hospices as Health Service Providers (HSPs), however patients would no longer be considered home care clients under this new model, and a new framework is required for these patients to ensure eligibility for drug benefits as well as nursing and personal support services.
- Residential Hospices (RH) receive funding for in-home care. It is a set amount from the Ministry of Health and Long-Term Care (ministry) of $105,000 per bed, per year which equates to $287/day. Hospices also rely heavily on donations from the community.
- Complex Care beds in hospital receive funding in the amount of approximately $148,000 per bed, per year. It is noted that hospitals do not receive the same donations that RH do.
- If Board members are out in the community and approached regarding RH, please guide them to reach out to the VP, Health System Strategy & Integration or the Chief Executive Officer.
- Co-pay is at the discretion of the organization, the HNHB LHIN RH's do not request co-pay from patients.

C. Consent Agenda

C.1 Consent Agenda of February 21, 2018

MOVED: Madhuri Ramakrishnan
SECOND: Dominic Ventresca

That the Audit Committee adopts the consent agenda of February 21, 2018 consisting of:

i. Minutes of January 24, 2018

CARRIED

D. New/Other Business

D.1 HNHB LHIN Operations – Monthly Financial Update

MOVED: Saqib Cheema
SECOND: Madhuri Ramakrishnan

That the Audit Committee recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the December 31, 2017 financial update for LHIN operations.

CARRIED

Key Points of Discussion:

- VP, Resources Stewardship & Chief Financial Officer presented the monthly financial update to the Committee.
- The patient contracted out line continues to be the LHIN's greatest financial pressure through this reporting period.
- The LHIN is forecasting a balanced budget for year end.
- Appendix C has been reported by envelope as requested at the January 31, 2018 meeting.
- It was noted that patients require a physician order to access NCC services.
- The LHIN still has not received confirmation from the ministry on the revenue to expect for 2018/19. This will come back to the Committee once the ministry has confirmed funding for 2018-19.

D.2 Presentation of Audit Plan

MOVED: Dominic Ventresca
SECOND: Saqib Cheema

That the Audit Committee recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the 2018 Audit Service Plan prepared by Deloitte LLP.

CARRIED

E. Meeting Adjournment

MOVED: Saqib Cheema
SECOND: Dominic Ventresca

The Audit Committee Meeting adjourned at 3:22p.m.

CARRIED

_____ _____

Bill Thompson, Audit Committee Chair **Date**

_____ _____

Donna Cripps, Corporate Secretary **Date**

Briefing Note

Posting of Quarterly Expenses

To:	Audit Committee Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN)
From:	Cindy Ward VP Resource Stewardship and Chief Financial Officer
Date:	March 21, 2018
Proposed Motion:	N/A
Recommended Action:	☐ For Decision ☒ For Information
Session:	☒ Open ☐ Closed

Background:

- In accordance with Ministry of Health and Long-Term Care's (ministry's) *Directive to Local Health Integration Networks (LHINs) in respect of Reporting Requirements under the Broader Public Sector Accountability Act (BPSAA)* (effective April 1, 2011), every LHIN must post information about expense claims on its public website in a manner that complies with the requirements set out in the Directive.
- Expense claims made for the following types of expenses must be posted:
  - Travel
    - Vehicle rental or own use (mileage)
    - Train or air travel
    - Taxi or public transportation
    - Accommodation
    - Travel incidentals (insurance, parking, tolls)
  - Meal
  - Hospitality
- Every LHIN must post the required information about expense claims made by *Designated Individuals*, defined as follows:
  - Every member of the Board of Directors;
  - Chief Executive Officer;
  - Chief Information Officers, Chief Operating Officers and Senior Directors.

HNHB LHIN Quarterly Posting of Expenses

- Every LHIN must post the following information in respect of each travel, meal and hospitality expense claim made by a Designated Individual:
  - Type of expense claim;
  - Date on which expense was incurred;
  - Amount claimed;
  - Description.
- Every LHIN must complete an expense report for each Designated Individual and post the expense reports on a quarterly basis.
- Prior to posting the expense reports on its public website and within 30 days of the end of the Reporting Period, every LHIN must submit all of its expense reports, as well as an accompanying briefing note, to the ministry.
- The briefing note must be approved by the Chief Executive Officer (CEO) and the Chief Financial Officer (CFO), and must be completed in consultation with the Director of Communications.
- Once submitted, the ministry will review the submission and notify the LHIN by the 45th day after the end of the quarter if there are any issues to be resolved.
- The detailed expense claims must be posted on the LHIN website 60 days after the end of the quarter.
- Communications/Issues Management Strategy:
  - To mitigate any potential contentious issues that may arise from the posting of expenses, the HNHB LHIN will have key messages prepared to address any expense anomalies identified by the HNHB LHIN Finance or Leadership Team.
  - The Director, Communications will share the key messages with the Health System Accountability and Performance Division – Relations and Coordination Unit (HSAPD-RCU).
  - The Board Chair and CEO will be informed of any issues that may arise from the posting of expenses so that the party involved can be notified.

Analysis:

- HNHB LHIN has reviewed the Ontario Public Service (OPS) Travel, Meal and Hospitality Expenses directive (updated January 1, 2017); there have been no substantive changes to the directive that affect reporting at this time
- For HNHB LHIN, the posted expenses are outlined in Table 1 below; detailed expense claims are attached as Appendix A:

HNHB LHIN Quarterly Posting of Expenses

Table 1

October 1 - December 31, 2017	
Board Member	**Expenses Claimed**
Paul Armstrong	$ 34.88
Suzanne Belanger-Fontaine	$ 104.40
Saqib Cheema	152.40
Bill Chopp	142.72
Marianne Knight	-
Shelley Moneta	110.95
Madhuri Ramakrishnan	127.44
William Thompson	134.52
Janine van den Heuvel	969.90
Dominic Ventresca	228.78
Total Board Expenses	**$2,005.99**
Staff Member	**Expenses Claimed**
Emily Christoffersen	$ 152.52
Donna Cripps	404.63
Jennifer Everson	700.25
Miranda Ingribelli	2,961.18
Trish Nelson	175.60
Tom Peirce	180.90
Martina Rozsa	229.00
Cindy Ward	52.84
Total Staff Expenses	**$4,856.92**
Total Board and Staff Expenses	**$6,862.91**

- The CEO and Director, Communications agree there are no line items on any of the submitted Q3 expenses from Senior Leadership or Board members that require issues management planning.

Impact (Patient/System):

- N/A

Community Engagement:

- N/A

Measures of Success:

- N/A

Source of Funding:

- N/A

Author: Cindy Ward, VP Resource Stewardship and CFO

Approved by: Donna Cripps, Chief Executive Officer

File Path: http://portal.lhins.on.ca/hn/administrative/administration/Operational Information/Board Materials/Audit Committee/2017-18/2018-03-21/Briefing Notes/B.1.ii_BN_Posting of Quarterly Expenses.doc

Appendix A

Total expenses claimed in Q3	
Name	**Oct 1 to Dec 31, 2017**
Paul Armstrong	$ 34.88
Suzanne Belanger-Fontaine	104.40
Saqib Cheema	152.40
Bill Chopp	142.72
Emily Christoffersen	152.52
Donna Cripps	404.63
Jennifer Everson	700.25
Miranda Ingirbelli	2,961.18
Marianne Knight	-
Shelley Moneta	110.95
Trish Nelson	175.60
Tom Peirce	180.90
Madhuri Ramakrishnan	127.44
Martina Rozsa	229.00
Rosalind Tarrant	-
William Thompson	134.52
Janine van den Heuvel	969.90
Dominic Ventresca	228.78
Cindy Ward	52.84
Totals:	**$ 6,862.91**

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Paul Armstrong**		
Title:	**Member, Board of Directors**		

Date	$	Expenses	Description
October 25, 2017	$8.72	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
November 30, 2017	$8.72	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 6, 2017	$8.72	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 13, 2017	$8.72	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
Total	**$34.88**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Suzanne Belanger-Fontaine**		
Title:	**Member, Board of Directors**		

Date	$	Expenses	Description
October 16, 2017	$13.60	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
October 25, 2017	$13.60	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
November 30, 2017	$13.60	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 6, 2017	$13.60	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 13, 2017	$50.00	Travel - Board - Automobile (taxi)	Attendance at LHIN/Board/Committee Meeting
Total	**$104.40**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Saqib Cheema**		
Title:	**Member, Board of Directors**		

Date	$	Expenses	Description
October 4, 2017	$50.00	Travel - Board - Automobile (own)	Attendance at Professional Development
October 24, 2017	$11.60	Travel - Board - Automobile (own)	Attendance at Event
October 25, 2017	$23.60	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
November 13, 2017	$22.40	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 6, 2017	$22.40	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 13, 2017	$22.40	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
Total	**$152.40**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Bill Chopp**		
Title:	**Member, Board of Directors**		

Date	$	Expenses	Description
October 18, 2017	$3.60	Travel - Board - Automobile (own)	Attendance at Event
October 25, 2017	$35.20	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
November 30, 2017	$34.64	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 6, 2017	$34.64	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 13, 2017	$34.64	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
Total	**$142.72**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Emily Christoffersen**		
Title:	**VP, Comm, Perform & Accountability**		

Date	$	Expenses	Description
October 3, 2017	$24.00	Travel - Staff - Automobile (Go Train)	Attendance at Meeting (Other)
October 4, 2017	$24.00	Travel - Staff - Automobile (Go Train)	Attendance at Meeting (Other)
October 5, 2017	$48.48	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
October 18, 2017	$9.96	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
October 24, 2017	$24.00	Travel - Staff - Automobile (Go Train)	Attendance at Meeting (Other)
November 1, 2017	$22.08	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
Total	**$152.52**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Donna Cripps**		
Title:	**Chief Executive Officer**		

Date	$	Expenses	Description
October 12, 2017	$2.20	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
October 16, 2017	$2.84	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
October 16, 2017	$10.00	Travel - Staff - Automobile (parking)	Attendance at Meeting (Other)
October 18, 2017	$20.92	Travel - Staff - Automobile (own)	Attendance at Event
October 19, 2017	$3.12	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
October 24, 2017	$32.32	Travel - Staff - Automobile (own)	Attendance at Event
October 24, 2017	$31.00	Travel - Staff - Automobile (parking)	Attendance at Event
October 26, 2017	$15.39	Travel - Staff - Automobile (own)	Attendance at Conference
October 26, 2017	$24.00	Travel - Staff - Automobile (parking)	Attendance at Conference
October 30, 2017	$60.40	Travel - Staff - Automobile (own)	Attendance at Event
November 1, 2017	$36.96	Travel - Staff - Automobile (own)	Attendance at Event
November 9, 2017	$39.36	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
November 9, 2017	$22.00	Travel - Staff - Automobile (parking)	Attendance at Meeting (Other)
November 10, 2017	$8.00	Travel - Staff - Automobile (parking)	Attendance at Event
November 15, 2017	$11.12	Travel - Staff - Automobile (own)	Attendance at Event
November 15, 2017	$12.00	Travel - Staff - Automobile (parking)	Attendance at Event
November 21, 2017	$13.76	Travel - Staff - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
November 23, 2017	$53.36	Travel - Staff - Automobile (own)	Attendance at Community Consultation/Engagement
November 27, 2017	$5.88	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
Total	**$404.63**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Dr. Jennifer Everson**		
Title:	**VP, Clinical**		

Date	$	Expenses	Description
September 11, 2017	$54.24	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
September 11, 2017	$13.00	Travel - Staff - Automobile (parking)	Attendance at Meeting (Other)
October 2, 2017	$23.00	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
October 5, 2017	$12.40	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
October 5, 2017	$6.50	Travel - Staff - Automobile (parking)	Attendance at Meeting (Other)
October 11, 2017	$54.24	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
October 11, 2017	$13.00	Travel - Staff - Automobile (parking)	Attendance at Meeting (Other)
October 23, 2017	$38.00	Travel - Staff - Automobile (Go Train & Parking)	Attendance at Meeting (Other)
October 24, 2017	$33.00	Travel - Staff - Automobile (Go Train & Parking)	Attendance at Meeting (Other)
October 27, 2017	$30.50	Travel - Staff - Automobile (Go Train & TTC)	Attendance at Meeting (Other)
November 3, 2017	$8.44	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
November 16, 2017	$56.32	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
November 17, 2017	$20.75	Travel - Staff - Automobile (parking)	Attendance at Meeting (Other)
November 20, 2017	$23.88	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
November 21, 2017	$34.36	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
November 28, 2017	$91.20	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
November 29, 2017	$23.88	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
November 30, 2017	$49.52	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
November 23, 2017	$10.50	Travel - Staff - Automobile (parking)	Attendance at Meeting (Other)
November 28, 2017	$7.00	Travel - Staff - Automobile (parking)	Attendance at Meeting (Other)
December 1, 2017	$12.00	Travel - Staff - Automobile (parking)	Attendance at Meeting (Other)
December 8, 2017	$30.00	Travel - Staff - Automobile (Go Train & TTC)	Attendance at Meeting (Other)
December 15, 2017	$30.00	Travel - Staff - Automobile (Go Train & TTC)	Attendance at Meeting (Other)
December 18, 2017	$24.52	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
Total	**$700.25**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Miranda Ingribelli**		
Title:	**VP, People and Talent Management**		

Date	$	Expenses	Description
October 23, 2017	$8.00	Travel - Staff - Automobile (parking)	Attendance at Meeting (Other)
November 6, 2017	$24.16	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
November 6, 2017	$22.50	Travel - Staff - Meals	Attendance at Meeting (Other)
November 7, 2017	$35.00	Travel - Staff - Meals	Attendance at Meeting (Other)
November 8, 2017	$22.31	Travel - Staff - Meals	Attendance at Meeting (Other)
November 9, 2017	$24.16	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
November 9, 2017	$1,137.17	Travel - Staff - Accommodations	Attendance at Meeting (Other)
November 9, 2017	$21.75	Travel - Staff - Meals	Attendance at Meeting (Other)
November 14, 2017	$24.16	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
November 14, 2017	$22.50	Travel - Staff - Meals	Attendance at Meeting (Other)
November 15, 2017	$12.50	Travel - Staff - Meals	Attendance at Meeting (Other)
November 16, 2017	$45.00	Travel - Staff - Meals	Attendance at Meeting (Other)
November 17, 2017	$32.50	Travel - Staff - Meals	Attendance at Meeting (Other)
November 18, 2017	$1,505.31	Travel - Staff - Accommodations	Attendance at Meeting (Other)
November 18, 2017	$24.16	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
Total	**$2,961.18**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Marianne Knight**		
Title:	**Member, Board of Directors**		

Date	$	Expenses	Description
		*No expenses claimed	
Total	**$0.00**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Shelley Moneta**		
Title:	**Member, Board of Directors**		

Date	$	Expenses	Description
October 4, 2017	$12.99	Travel - Board - Automobile (TTC)	Attendance at LHIN/Board/Committee Meeting
October 25, 2017	$24.20	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 6, 2017	$23.68	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 13, 2017	$23.68	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 13, 2017	$26.40	Travel - Board - Automobile (own)	Attendance at Professional Development
Total	**$110.95**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Trish Nelson**		
Title:	**Director, Communications and Corporate Services**		

Date	$	Expenses	Description
November 1, 2017	$30.72	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
November 8, 2017	$24.00	Travel - Staff - (Go Train)	Attendance at Meeting (Other)
November 8, 2017	$6.00	Travel - Staff - (TTC)	Attendance at Meeting (Other)
November 30, 2017	$24.00	Travel - Staff - (Go Train)	Attendance at Meeting (Other)
November 30, 2017	$6.00	Travel - Staff - (TTC)	Attendance at Meeting (Other)
December 1, 2017	$24.00	Travel - Staff - (Go Train)	Attendance at Conference
December 1, 2017	$6.00	Travel - Staff - (TTC)	Attendance at Conference
December 12, 2017	$54.88	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
Total	**$175.60**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Tom Peirce**		
Title:	**VP, Exec Lead Transition and Project Management**		

Date	$	Expenses	Description
September 12, 2017	$43.76	Travel - Staff - Automobile (own)	Attendance at Event
September 15, 2017	$8.76	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
September 21, 2017	$4.04	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
September 25, 2017	$4.00	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
October 18, 2017	$23.72	Travel - Staff - Automobile (own)	Attendance at Event
October 23, 2017	$7.92	Travel - Staff - Automobile (own)	Attendance at Meeting (Other)
October 24, 2017	$4.98	Travel - Staff - Automobile (own)	Attendance at Event
October 25, 2017	$9.52	Travel - Staff - Automobile (own)	Attendance at MOHLTC Meeting
November 1, 2017	$39.68	Travel - Staff - Automobile (own)	Attendance at Event
November 20, 2017	$11.64	Travel - Staff - Automobile (own)	Attendance at Event
November 29, 2017	$22.88	Travel - Staff - Automobile (own)	Attendance at Event
Total	**$180.90**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Madhuri Ramakrishnan**		
Title:	**Member, Board of Directors**		

Date	$	Expenses	Description
October 24, 2017	$16.40	Travel - Board - Automobile (own)	Attendance at Event
October 25, 2017	$22.40	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
November 13, 2017	$22.16	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
November 24, 2017	$22.16	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 6, 2017	$22.16	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 13, 2017	$22.16	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
Total	**$127.44**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Martina Rozsa**		
Title:	**VP, Home and Community Care**		

Date	$	Expenses	Description
October 16, 2017	$7.00	Travel - General - Automobile (parking)	Attendance at Meeting (Other)
October 16, 2017	$8.08	Travel - General - Automobile (own)	Attendance at Meeting (Other)
October 18, 2017	$9.08	Travel - General - Automobile (own)	Attendance at Event
October 24, 2017	$43.08	Travel - General - Automobile (own)	Attendance at Meeting (Other)
November 6, 2017	$15.64	Travel - General - Automobile (own)	Attendance at Meeting (Other)
November 8, 2017	$40.76	Travel - General - Automobile (own)	Attendance at Meeting (Other)
November 20, 2017	$15.64	Travel - General - Automobile (own)	Attendance at Meeting (Other)
November 23, 2017	$42.12	Travel - General - Automobile (own)	Attendance at Meeting (Other)
November 27, 2017	$14.24	Travel - General - Automobile (own)	Attendance at Meeting (Other)
November 29, 2017	$14.24	Travel - General - Automobile (own)	Attendance at Meeting (Other)
December 18, 2017	$19.12	Travel - General - Automobile (own)	Attendance at Meeting (Other)
Total	**$229.00**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Rosalind Tarrant**		
Title:	**VP, Health Systems Strategy & Integration**		

Date	$	Expenses	Description
		*No expenses claimed	
Total	**$0.00**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**William Thompson**		
Title:	**Member, Board of Directors**		

Date	$	Expenses	Description
October 25, 2017	$22.52	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
November 13, 2017	$22.40	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
November 24, 2017	$22.40	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
November 30, 2017	$22.40	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 6, 2017	$22.40	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 13, 2017	$22.40	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
Total	**$134.52**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Janine van den Heuvel**		
Title:	**Chair, Board of Directors**		

Date	$	Expenses	Description
October 4, 2017	$11.25	Travel - Board - Automobile (TTC)	Attendance at Professional Development
October 12, 2017	$27.32	Travel - Board - Automobile (own)	Attendance at Meeting (Other)
October 17, 2017	$27.32	Travel - Board - Automobile (own)	Attendance at Meeting (Other)
October 25, 2017	$27.32	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
October 26, 2017	$69.60	Travel - Board - Automobile (own)	Attendance at Meeting (Other)
October 30, 2017	$27.32	Travel - Board - Automobile (own)	Attendance at Meeting (Other)
November 15, 2017	$10.52	Travel - Board - Automobile (own)	Attendance at Conference
November 15, 2017	$27.25	Travel - Board - Automobile (parking)	Attendance at Conference
November 15, 2017	$602.04	Travel - Board - Accommodations	Attendance at Conference
November 15, 2017	$25.00	Travel - Board - Meals	Attendance at Conference
November 16, 2017	$8.40	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
November 16, 2017	$12.00	Travel - Board - Automobile (parking)	Attendance at LHIN/Board/Committee Meeting
November 30, 2017	$31.52	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 6, 2017	$31.52	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 13, 2017	$31.52	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
Total	**$969.90**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Dominic Ventresca**		
Title:	**Member, Board of Directors**		

Date	$	Expenses	Description
October 4, 2017	$44.80	Travel - Board - Automobile (own)	Attendance at Professional Development
October 4, 2017	$10.62	Travel - Board - Automobile (train)	Attendance at Professional Development
October 20, 2017	$4.40	Travel - Board - Automobile (own)	Attendance at Event
October 25, 2017	$43.20	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
November 30, 2017	$41.92	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 6, 2017	$41.92	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
December 13, 2017	$41.92	Travel - Board - Automobile (own)	Attendance at LHIN/Board/Committee Meeting
Total	**$228.78**		

Appendix A

Hamilton Niagara Haldimand Brant LHIN Expense Report

Fiscal Year:	2018		
Quarter:	**3**		
Name:	**Cindy Ward**		
Title:	**VP, Resource Stewardship and CFO**		

Date	$	Expenses	Description
November 17, 2017	$13.40	Travel - General - Automobile (own)	Attendance at Meeting (Other)
November 17, 2017	$16.00	Travel - General - Automobile (parking)	Attendance at Meeting (Other)
November 29, 2017	$23.44	Travel - General - Automobile (own)	Attendance at Meeting (Other)
Total	**$52.84**		

Briefing Note

Confirmation of Funding

To:	Audit Committee Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN)
From:	Cindy Ward VP Resource Stewardship and Chief Financial Officer
Date:	March 21, 2018
Proposed Motion:	N/A
Recommended Action:	☐ For Decision ☒ For Information
Session:	☒ Open ☐ Closed

Background:

- Local Health Integration Networks (LHINs) receive a variety of funding announcements throughout the year:
  - Base funding – continues from year to year without further approval, i.e. becomes part of the organization's global budget.
  - One-Time Funding – flows only within a particular fiscal year; must be approved each year before being paid out.
  - Base funding - is received during the prior fiscal. Funding may be annualized to adjust the funding from a partial year to a full year.
- Appendix A reports the Hamilton Niagara Haldimand Brant (HNHB) LHIN funding received during 2017-18 Q4 (to March 6, 2018).

Analysis:

- N/A

Community Engagement:

- N/A

Measures of Success:

- N/A

Source of Funding:

- N/A

Author: Derek Bodden, Director, Funding

Approved by: Donna Cripps, Chief Executive Officer

File Path: Http://portal.lhins.on.ca/hn/administrative/administration/Operational Information/Board Materials/Audit Committee/2017-18/2018-03-21/Briefing Notes/B.1.iii_BN_Confirmation of Funding.docx

Confirmation of Funding

Appendix A

Funding Received by Sector:

2017-18 Q4					
		Sector		**Amount**	
Addressing Operational Pressures		Hospital		1,600,000	
Support Services to People Living with Mental Health Issues		Mental Health		315,000	
Sustainability Funding Investments		Hospital		1,132,800	
Wound Care Quality Standards Implementation Initiative, Phase 1		Multiple		207,900	
Acute Care/Stabilization Specialty Psychiatric Hospital Beds		Hospital		1,316,400	
Safe Beds		Mental Health		337,500	
Enhancement of Forensic Services		Hospital		749,300	
Total Base					**5,658,900**
Neonatal Intensive Care Unit Capacity		Hospital		1,493,100	
Addressing Operational Pressures		Hospital		3,442,700	
Increase Capacity		Hospital		600,000	
Targeted Net New Surge		Hospital		600,000	
Musculoskeletal Models of Care		Hospital		478,220	
Sustainability Funding Investments		Hospital		283,300	
Provincial Priorities		Hospital		(400,400)	
Targeted Net New Surge (Additional)		Hospital		600,000	
Dementia Strategy		CSS		404,300	
Additional Hip and/or Knee Replacement Surgery		Hospital		258,953	
Long-Term Care Reallocation of Surplus		LTCH		346,776	
Total One-Time					**8,106,949**
Total Funding Received Q4					**13,765,849**

Briefing Note

HNHB LHIN Operations – Monthly Financial Update

To:	Audit Committee Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN)
From:	Cindy Ward VP, Resource Stewardship and Chief Financial Officer
Date:	March 21, 2018
Proposed Motion:	That the Audit Committee recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the January 31, 2018 financial update for LHIN operations.
Recommended Action:	☒ For Decision ☐ For Information
Session:	☒ Open ☐ Closed

Key Messages:

- The Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network's (LHIN's) financial results from operations during the 10-month period April 1 – December 31, 2017 are an in-year surplus of $4.3M.
- The favourable year-to-date (YTD) position is primarily due to $10M in additional one-time funding received in-year, coupled with continued fiscal restraint in non-patient care expenditures that have resulted in a YTD underspend of $2.2M.
- The most significant area of financial pressure is in direct patient care services, where the HNHB LHIN continues to focus on being a key partner in improving system flow, as well as increasing utilization of its Nursing Care Centres.
- Given all known information to date, as well as expectations related to surge from hospital discharges and the current flu season, the LHIN is forecasting a surplus of approximately $3.5M for fiscal 2017/18.

HNHB LHIN Operations – Monthly Financial Update

Background:

- Monthly financial updates related to the LHIN's operations are provided to the Audit Committee for review and discussion.
- Appendix A presents the LHIN's financial results for the ten month period April 1 – January 31, 2018 (inclusive), as well as the forecasted financial position for fiscal year (FY) 2017/18.

Analysis:

- Highlights from Appendix A include the following:

Revenue:

- The detailed components of total budgeted 2017/18 Ministry of Health and Long Term Care (ministry) funding of $345,481,441 are listed in Table 1.
- There has been no change to the total revenue reported in the prior month's report.

Table 1

	Total
MOHLTC - Base Operations:	
Base Funding	$ 316,540,150
One-Time Recurring	15,546,500
One-Time - to increase capacity	10,015,700
Total MOHLTC - Base Operations	**$ 342,102,350**
MOHLTC - Other (Initiatives):	
Aboriginal Community Engagement	37,500
French Language Services	106,000
ED/ALC Lead	100,000
Primary Care Lead	75,000
Critical Care Lead	75,000
ED Lead	75,000
Chronic Disease Management Lead	75,000
Subregion Clinical Leads	450,000
French Language Planning Entity	411,693
Diabetes Regional Coordination Centre	749,475
Patients First Transition	180,000
Base Technology Infrastructure	534,393
E-Health	510,000
Total MOHLTC - Other	**3,379,061**
Total 2017/18 MOHLTC Funding	**$ 345,481,411**

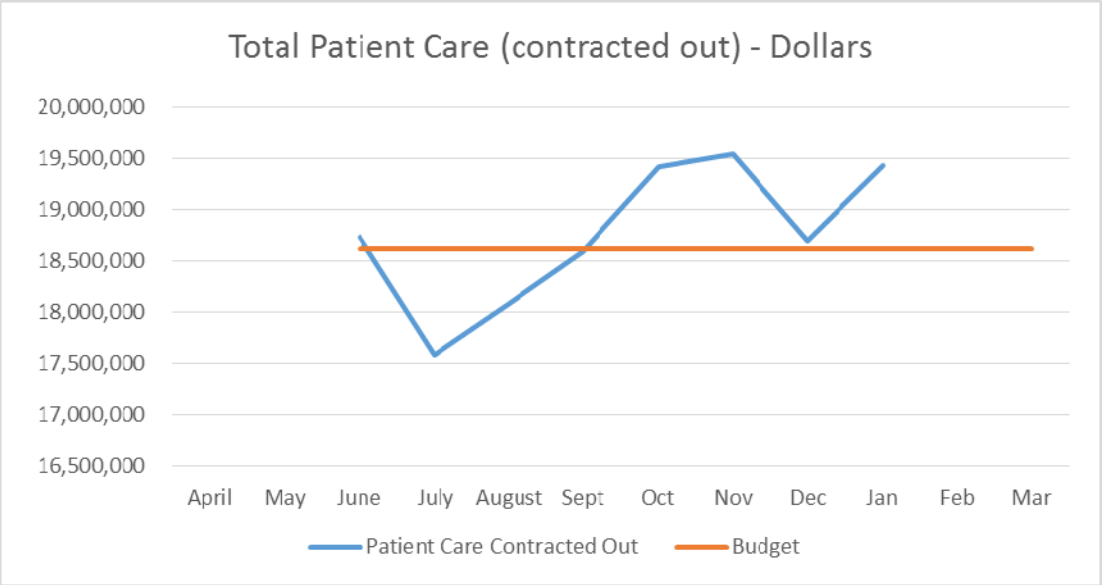
HNHB LHIN Operations – Monthly Financial Update

- The base ministry funding is received twice per month; other ministry funding related to initiatives is deferred until the related expense is incurred, thereby matching the revenue with the expense.
- The HNHB LHIN also receives minimal funds from other miscellaneous sources (eg, recoveries for staff on secondment, WSIB funding for eligible patient services delivered).
- Additional explanations related to revenue variances are included on Appendix A.

Expenses:

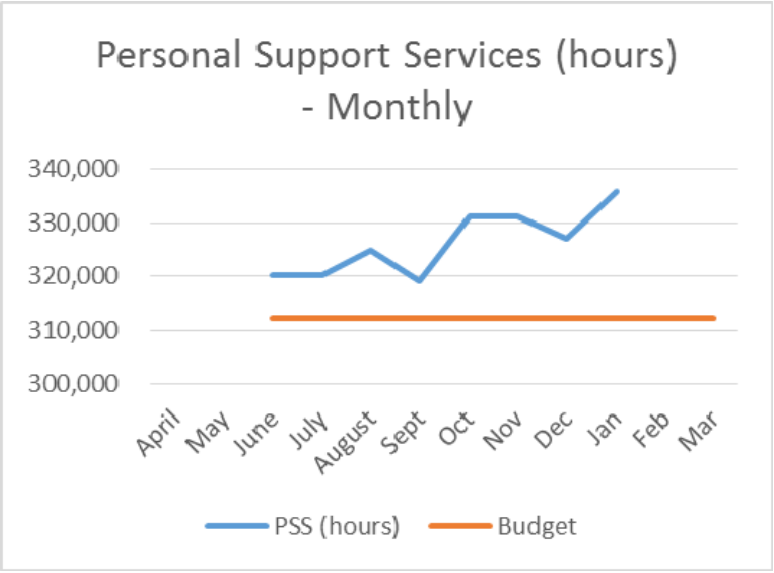
Patient Care – Contracted Out

- As shown in Appendix A and also in the graph below, this expense line continues to be the greatest point of financial pressure for the HNHB LHIN.
- Since the last update to Audit Committee, this expense line has increased as expected due to the LHIN's continued and deliberate focus on bringing home patients with higher care needs to relieve hospital pressures:

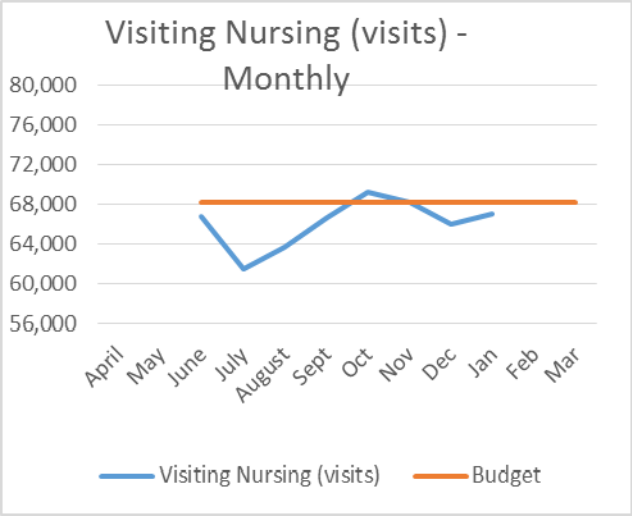


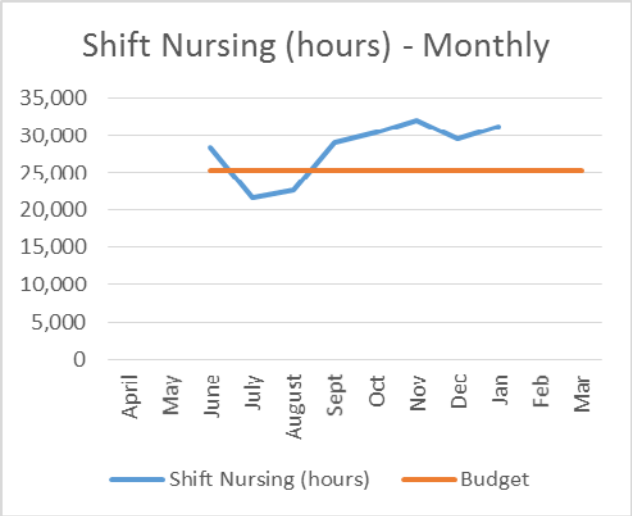
- As shown in Appendix B, as well as in the graph below, the largest component of services within the Patient Care – Contracted Out expense line is Personal Support Services (PSS) and as such, has the biggest impact on overall results
  - PSS increased in January, a situation that was expected given the known pressures related to system flow and surge from hospital discharges and flu season:

HNHB LHIN Operations – Monthly Financial Update



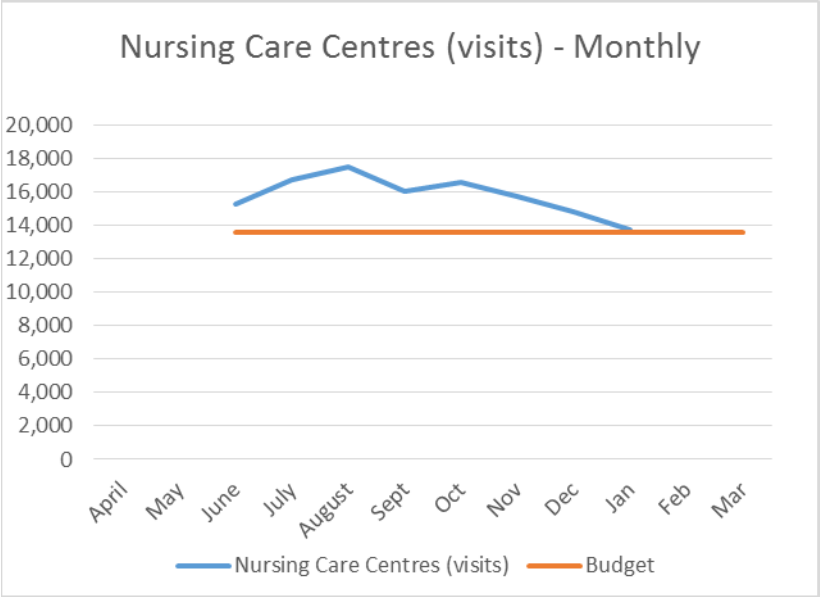
- As a result of a shortage of PSS available across many of the LHIN's service provider organizations, there has been a need to utilize Registered Practical Nurse/Registered Nurse services (if available) as an option to allow patients to receive care in a non-hospital setting
- This strategy has added to the pressures in both Visiting Nursing and Shift Nursing as shown in the graphs below:





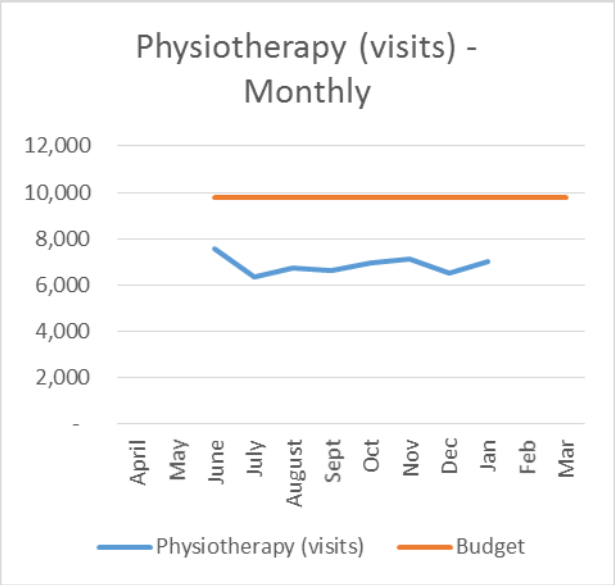
- o During Q3, the LHIN completed an intensive review of all Nursing services, to ensure patients are receiving the appropriate level of care in the most appropriate setting. The effects of which continue to be seen in a reduced number of nursing visits at the Nursing Care Centres (NCCs) as shown in the graph below:

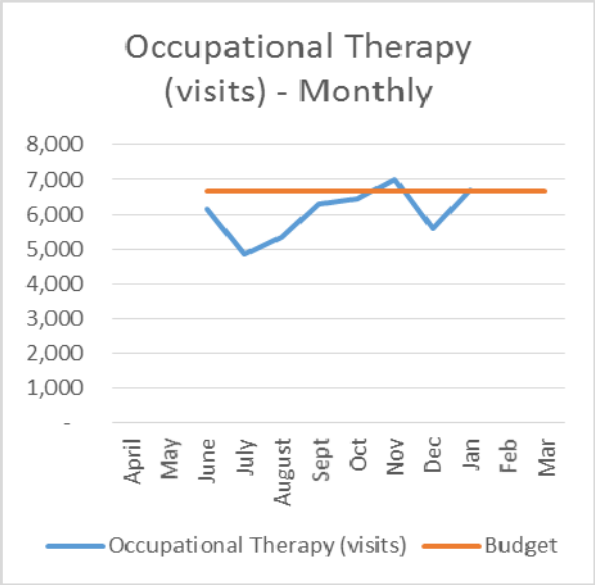
HNHB LHIN Operations – Monthly Financial Update



- Despite the slight decrease in NCC visits over the past 3 months, it is important to note that the LHIN continues to focus on strategies to increase utilization of its 11 NCCs to ensure patients who are appropriate to receive care in an NCC are being treated in that setting.

- Volumes related to Physiotherapy and Occupational Therapy continue to be well-aligned with the budgeted volumes, and are monitored weekly to ensure they remain on track:





- Additional explanations related to variances for non-patient care expenditures are included in Appendix A, as well as provided below.

Medical Supplies & Equipment (MS&E)

- As a crown agency, the LHIN is eligible for a 100% rebate of the HST paid, a practice that the ministry directed the LHINs to continue for all expenditures post transition-day.
- However, this practice has not yet been authorized by the Canada Revenue Agency (CRA) and as such, HNHB LHIN has recorded a potential liability of $1.4M related to MS&E expenses for the year (and an additional $400k potential liability in the Supplies & Other expense line).
- As such, the positive variance in MS&E has now been eliminated due to the LHIN needing to recognize the potential impact if the final CRA decision is contrary to the current practice.

Salaries, Wages & Benefits

- Compensation costs continue to trend to a YTD favourable variance of $350k.
- The 2017/18 budget was created using a benefits rate of 29.3%; monthly analytics related to benefits as a percentage of salaries & wages (cumulative YTD) reveals the following:

	Jun '17	Jul	Aug	Sep	Oct	Nov	Dec	Jan '18
Salaries & Wages	16,563,237	21,902,403	27,642,337	33,037,176	38,851,980	44,982,545	50,266,748	56,310,164
Benefits	4,692,620	6,173,347	7,589,609	9,004,446	10,496,712	12,016,666	13,359,413	15,561,898
Benefits %	28.3%	28.2%	27.5%	27.3%	27.0%	26.7%	26.6%	27.6%

Other Information:

- Efficiency Savings:
  - The LHIN's required efficiency savings of $993,100 are reflected in Appendix A vis-à-vis budget reductions in the non-patient care expense lines, which are still showing a favourable spending variance resulting from focused fiscal restraint in these areas; ie, total YTD underspend of $1.9M.
- Forecast for 2017/18:
  - Appendix A includes a forecast of the LHIN's financial position for the entire fiscal period, and has been updated to reflect service volumes expected over the final quarter of 2017/18.
  - It is important to note that the LHIN has not experienced the pressures in patient care that were expected due to these factors:
    - Flu season that was not as impactful as was being predicted and planned for;
    - Shortages in the health human resources of service providers with which the LHIN contracts for delivery of care to patients (in particular, Personal Support Workders);
    - Opening of 202 net new hospital beds between November 2017 and February 2018 to address surge pressures, experienced by hospitals in fall and winter.

HNHB LHIN Operations – Monthly Financial Update

Impact (Patient/System):

- Improved overall system flow by applying additional supports to get patients discharged from hospital.
- Increased use of NCCs for patients appropriate for this type/level of care has also been demonstrated to provide improved health outcomes and greater independence for patients on their journey to self-care.

Community Engagement:

- N/A

Measures of Success:

- HNHB LHIN monitors its direct patient care costs through a metric called “Daily Spend”, as well as NCC Utilization rates specific to each clinic.
- Administrative costs are trending to a favourable variance, consistent with the ministry’s requirement for LHINs to demonstrate efficiencies in this area.

Source of Funding:

- Budgeted funding is flowed to the LHIN primarily from the ministry, with some additional minor sources of funding included, eg, WSIB, secondments, recoveries.

Author: Cindy Ward, VP Resource Stewardship and CFO

Approved by: Donna Cripps, Chief Executive Officer

File Path: http://portal.lhins.on.ca/hn/administrative/administration/Operational Information/Board Materials/Audit Committee/2017-18/2018-03-21/Briefing Notes/C.1_BN_HNHB LHIN Monthly Financial Update.doc

HNHB LHIN Operations – Monthly Financial Update

Appendix A

Hamilton Niagara Haldimand Brant LHIN

Statement of Operations (unaudited)

	April 1, 2017 - January 31, 2018				April 1, 2017 - March 31, 2018		
	Actual	**Budget**	**Variance**		**Forecast**	**Budget**	**Variance**
REVENUE							
MOHLTC - base operations	287,686,406	286,081,907	1,604,499	**1**	**344,879,789**	**342,102,350**	**2,777,439**
MOHLTC - Other	2,411,510	2,819,882	(408,372)	**2**	**3,032,474**	**3,379,061**	**(346,587)**
Other Income	1,134,321	316,667	817,654	**3**	**2,505,642**	**380,000**	**2,125,642**
Amortization	326,417	291,667	34,750		**391,700**	**350,000**	**41,700**
TOTAL REVENUE	**291,558,654**	**289,510,123**	**2,048,531**		**350,809,605**	**346,211,411**	**4,598,194**
EXPENSES							
Patient Care Contracted out	187,740,227	187,137,695	(602,532)	**4**	**224,847,580**	**223,467,428**	**(1,380,152)**
Medical Supplies & Equipment	14,906,970	15,549,216	642,246	**5**	**19,157,207**	**18,547,267**	**(609,940)**
Hospice	4,482,098	4,482,098	-		**5,378,517**	**5,378,517**	**-**
Salaries & Wages	56,310,164	56,048,539	(261,625)		**67,251,819**	**66,846,881**	**(404,938)**
Benefits	15,561,898	16,171,403	609,505	**6**	**19,839,950**	**19,286,994**	**(552,956)**
Supplies & Other	7,878,506	9,735,405	1,856,899	**7**	**10,374,457**	**12,221,404**	**1,846,947**
Board Expenses	68,851	94,100	25,249		**92,621**	**112,920**	**20,299**
Amortization	326,417	291,667	(34,750)		**391,700**	**350,000**	**(41,700)**
TOTAL EXPENSES	**287,275,131**	**289,510,123**	**2,234,992**		**347,333,851**	**346,211,411**	**(1,122,440)**
REVENUE LESS EXPENSES	**4,283,523**	**-**	**4,283,523**		**3,475,754**	**-**	**3,475,754**

1 - Due primarily to lower amount the LHIN expects to contribute to the ICCP 2.0 Bundled Care initiative.

2 - Due to lower rate of expenditures being realized for LHIN Initiatives relative to revenue received to date; variances related to this line will generally be a result of timing differences.

3 - Other Income is recorded as received, and the budget is only an estimate based on prior years' amounts. The favourable variance in the fiscal forecast is due to the LHIN receiving (in March) its final reconciliation of funding related to the Chronic Kidney Disease (CKD) initiative funded by Cancer Care Ontario (CCO). This revenue of $1.3M is directly related to expenses already being accounted for in the Patient Care expense line.

4 - See explanations related to volume variances contained within briefing note. Additional one-time funding of $10M has been applied to the Patient Care Contracted Out expense line which has helped to minimize the service pressures.
The forecasted annual negative variance of $2.8M has been adjusted to reflect the pressures in patient care services that are expected, using updated January volumes as a proxy and expectations related to surge from hospital discharges and remaining effects from the flu season.

5 - See explanations related to Medical Supplies & Equipment contained within briefing note.

6 - See explanations related to Salaries and Benefits contained within briefing note.

7 - Supplies & Other favourable variance is now being tempered by the decision to accrue for a potential liability related to 100% HST rebate.

HNHB LHIN Operations – Monthly Financial Update

Appendix B

Monthly Patient Care - Contracted Out (Volumes)

	Actual Volumes Jun '17	Actual Volumes Jul	Actual Volumes Aug	Actual Volumes Sep	Actual Volumes Oct	Actual Volumes Nov	Actual Volumes Dec	Actual Volumes Jan '18
Service Type:								
Personal Support (hours)	309,945	309,826	312,873	307,190	317,423	317,662	313,779	322,243
Respite (PSS hours)	10,310	10,456	11,947	11,865	12,264	13,590	13,316	13,709
Visiting Nursing (# of visits)	66,785	61,481	63,697	66,686	68,871	68,234	66,019	67,094
Shift Nursing (hours)	28,386	21,697	22,657	29,049	30,014	32,027	29,461	31,270
Nursing Care Centres (# of visits)	15,276	16,741	17,490	16,020	16,563	15,725	14,793	13,720
Physiotherapy (# of visits)	7,551	6,342	6,727	6,652	6,922	7,150	6,531	7,040
Occupational Therapy (# of visits)	6,135	4,852	5,352	6,295	6,525	6,999	5,583	6,694
Speech Language (# of visits)	2,380	412	461	1,986	2,027	2,822	1,789	2,240
Registered Dietician (# of visits)	821	745	857	682	705	830	642	792
Social Work (# of visits)	518	483	507	509	523	588	441	421
Speech Language Clinics (# of visits)	321	46	43	183	228	689	318	499
Medication Management (# of incidents)	96	87	71	100	102	115	90	116
Respiratory Therapy (# of visits)	8	3	7	5	5	8	4	10
Total Patient Care Services	**448,531**	**433,171**	**442,689**	**447,222**	**462,172**	**466,439**	**452,766**	**465,848**

Note: Volumes related to homecare services delivered in April and May are excluded from the data above. The May 10, 2017 transition date of the CCAC operations to the LHIN required a formal cut-off of all activities as at May 9, 2017 to accommodate reporting needed for the external audit. As a result, the CCAC did not conduct its normal month-end processes as at April 30, 2017 and it will be more relevant to review the monthly 2017/18 volumes trends for the period commencing June 1, 2017.

Briefing Note

2018-19 Budget

To:	Audit Committee Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN)
From:	Cindy Ward VP Resource Stewardship and Chief Financial Officer
Date:	March 21, 2018
Proposed Motion:	That the Audit Committee recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the Annual Business Plan Spending Plan (Table A) and Staffing Plan (Table B) as contained in this briefing note and direct the CEO to submit the Plans to the Ministry of Health and Long Term Care.
Recommended Action:	☒ For Decision ☐ For Information
Session:	☒ Open ☐ Closed

Key Messages:

- The Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) presented draft 2018/19 Spending and Staffing Plans to the Audit Committee at the January, 2018 meeting.
- The Ministry of Health and Long-Term Care (ministry) reviewed the LHIN's Spending and Staffing Plans, and the LHIN has now received confirmation from the ministry of its 2018/19 base funding.
- An amended plan to balance LHIN activities to expected resources has been completed and is contained within this briefing note.
- In the absence of additional resources to fund 2018/19 operations, and in particular, the loss of one-time funding of $10M received in 2017/18, the LHIN will be unable to deliver the same level of care to patients that was delivered in 2017/18.
- The revised budget has been created to easily facilitate the following:
  - New funding from the ministry can be moved directly into patient care services;
  - Potential savings in administrative areas can be moved directly into the patient care services envelope (i.e., without ministry approval, providing in-year flexibility).
- FTEs have increased from 2017/18 expected levels by 16.7 FTEs, all of which are fully funded by new ministry dollars specifically targeted for priority initiatives.

2018-19 Budget

Background:

- The HNHB LHIN's final Annual Business Plan (ABP) submitted to the ministry in February 2018 included draft 2018/19 Spending and Staffing Plans to the ministry.
- The LHIN submitted the drafts, fully recognizing that both plans would need to be re-submitted when total 2018/19 resources were confirmed by the ministry at a later date.
- The ministry confirmed resources on March 6, 2018 and the LHIN's senior team is requesting approval from the Board of Directors (Board) of the updated Spending Plan (Table A) and Staffing Plan (Table B) attached to this briefing note as Appendix A and Appendix B.

Analysis:

Spending Plan

- The ministry has confirmed the 2018/19 base funding allocation at $338,950,214.
- The LHIN is required to also include other confirmed ministry funding and income expected from other sources, resulting in total revenues (by bucket) as follows:

Envelope	Ministry Base	Ministry Other	Other Sources	Total Available Resources
Home Care/LHIN Delivered Services	315,657,748	439,951	2,021,926	318,119,625
LHIN Operations	3,291,582	1,112,101	-	4,403,683
LHIN Operations - Initiatives	1,305,193	-	-	1,305,193
LHIN Operations - Digital Health	-	-	510,000	510,000
Integrated Administration/Governance	18,695,691	-	884,393	19,580,084
	338,950,214	1,552,052	3,416,319	**343,918,585**

- Using the above information related to total 2018/19 resources, the LHIN's Spending Plan was revised with the following results:

Envelope	Total Available Resources	Updated Spending Plan (Mar 21/18)	Estimated Surplus/ Deficit (by envelope)
Home Care/LHIN Delivered Services	318,119,625	319,118,120	(998,495)
LHIN Operations	4,403,683	4,513,744	(110,061)
LHIN Operations - Initiatives	1,305,193	1,305,193	-
LHIN Operations - Digital Health	510,000	510,000	-
Integrated Administration/Governance	19,580,084	18,471,528	1,108,556
	343,918,585	**343,918,585**	**-**

2018-19 Budget

- The above total spending amounts in each envelope are strategically important, as the forecasted surplus in the Integrated Administrative/Governance envelope may be transferred to the Home Care/LHIN Delivered Services (HC/LDS) envelope at the LHIN's discretion, whereas the reverse transfer is not allowable without ministry approval.
- Moreover, it is less operationally crippling to the LHIN's mandate if fiscal restraint is targeted in the administrative expense lines where savings are typically more easily attainable.
- In terms of comparing the previous Spending Plan to the revised Spending Plan, the following results are noted:

Envelope	**Updated Spending Plan (Mar 21/18)**	**Original Spending Plan (Jan 24/18)**	**Difference**
Home Care/LHIN Delivered Services	319,118,120	329,204,179	(10,086,059)
LHIN Operations	4,513,744	6,229,839	(1,716,095)
LHIN Operations - Initiatives	1,305,193	1,305,193	-
LHIN Operations - Digital Health	510,000	510,000	-
Integrated Administration/Governance	18,471,528	16,188,306	2,283,222
	343,918,585	**353,437,517**	**(9,518,932)**

- The reduction in HC/LDS is a direct impact of the loss of the one-time funding of $10M received in 2017/18.
- The reduction in LHIN Operations is due to:

	$	**FTEs**
Quality & Risk and Decision Support department costs moved to Integrated Admin	(2,828,196)	(21.75)
Additional costs for Healthlinks initiative (100% funded with new ministry dollars)	1,015,000	9.00
Additional costs for Palliative Director (100% funded with new ministry dollars)	97,101	1.00
	(1,716,095)	**(11.75)**

- The addition in Integrated Administrative/Governance is due to:

	$	**FTEs**
Quality & Risk and Decision Support department costs moved to Integrated Admin	2,828,196	21.75
Reductions in targeted admin expense lines	(544,974)	-
	2,283,222	**21.75**

2018-19 Budget

- Taking into account all of the above, the following table represents the amended Spending Plan from a consolidated perspective (i.e., individual expense lines of each reporting envelope collapsed into single expense lines):

Total: LHIN Spending Plan (Consolidated)	2017/18 Estimated Actuals	2018/19 Allocation	% Change
Salaries	$ 67,251,818	$ 70,843,718	5.3%
Salaries - new positions, fully funded by MOHLTC		1,479,934	-
Benefits	19,839,951	19,128,303	(3.6%)
Benefits - new positions, fully funded by MOHLTC		504,567	-
Med/Surgical Supplies & Drugs	14,783,535	15,613,866	5.6%
Supply & Sundry Expense	3,469,495	4,152,503	19.7%
Equipment Expense Patient	2,973,671	2,946,799	(0.9%)
Equipment Expense	1,329,645	1,242,867	(6.5%)
Amortization on Major Equip, Software License & Fees	166,630	125,000	(25.0%)
Contract Out Expense Services	230,226,097	222,316,918	(3.4%)
Contract Out Expense	1,676,566	1,885,143	12.4%
Building & Grounds Expense	3,591,371	3,453,967	(3.8%)
Building Amortization	225,072	225,000	(0.0%)
Total: LHIN Spending Plan	**$345,533,851**	**$343,918,585**	**(0.5%)**

- In the above analysis, it is important to note the break-out in the Salaries and Benefits expense lines that are a result of new positions fully funded by additional ministry resources specifically designated for priority initiatives.

Staffing Plan

- When updating the Staffing Plan, the ministry's instructions were very clear:
  - 2017-18 FTEs should match the FTE breakdown by envelope in the Q3 LHIN Quarterly Report under the Q4 Forecast.
  - The Staffing Plan should not include any planned increases for 2018-19 and out-years that have not been confirmed by the ministry.
- The LHIN has amended its Staffing Plan as noted in Appendix B, incorporating the additional ministry-approved FTEs described above, as well as ensuring the 2017/18 estimated actuals matches the LHIN's most recent forecast submitted to the ministry.
- The change in FTEs by envelope is as follows:

2018-19 Budget

	2017/18 Estimated Actuals	2018/19 Allocation	Change
Envelope			
Home Care/LHIN Delivered Services	712.88	718.66	5.78
LHIN Operations	25.25	34.25	9.00
LHIN Operations - Initiatives	2.72	2.36	(0.36)
LHIN Operations - Digital Health	-	-	-
Integrated Administration/Governance	97.17	99.43	2.26
Total FTEs	**838.02**	**854.70**	**16.68**

- As noted previously, the increase in FTEs is related to achieving the ministry's priority initiatives and are fully funded with funding designated for the purposes.

Impact (Patient/System):

- Without additional resources, the HNHB LHIN will be unable to maintain the 2017/18 levels of care provided to patients which may result in the need to wait list for services and/or result in patients remaining in hospital.
- The ability to deliver care to patients will be affected by the current shortage in human resources available to deliver that care, a concern which is expected to intensify over the next few years.

Community Engagement:

- N/A

Measures of Success:

- N/A

Source of Funding:

- The ABP Spending Plan assumes all LHIN activities will be funded with resources provided by the ministry and with additional minor sources of other income (e.g., WSIB, secondments, recoveries).

Author: Cindy Ward, VP Resource Stewardship and CFO

Approved by: Donna Cripps, Chief Executive Officer

File Path: http://portal.lhins.on.ca/hn/administrative/administration/Operational Information/Board Materials/Audit Committee/2017-18/2018-03-21/Briefing Notes/C.2_BN_2018-19 Budget.docx

HNHB LHIN

Table A: LHIN Spending Plan (Updated March 21, 2018)

Allocation: Home Care/LHIN Delivered Services	2017/18 Estimated Actuals	2018/19 Allocation	2019/20 Planned Expenses	2020/21 Planned Expenses
Salaries	$ 55,697,961	$ 58,439,603	$ 58,439,603	$ 58,439,603
Salaries - new positions, fully funded by MOHLTC		738,984	738,984	738,984
Benefits	15,752,293	15,778,693	15,778,693	15,778,693
Benefits - new positions, fully funded by MOHLTC		230,517	230,517	230,517
Med/Surgical Supplies & Drugs	14,783,535	15,613,866	15,613,866	15,613,866
Supply & Sundry Expense	1,614,726	2,021,066	2,021,066	2,021,066
Equipment Expense Patient	2,973,671	2,946,799	2,946,799	2,946,799
Equipment Expense	214,597	305,174	305,174	305,174
Amortization on Major Equip, Software License & Fees				
Contract Out Expense Services	230,226,097	222,316,918	222,316,918	222,316,918
Contract Out Expense	300,383	321,500	321,500	321,500
Building & Grounds Expense	350,792	405,000	405,000	405,000
Building Amortization				
Total: Home Care/LHIN Delivered Services	**$ 321,914,055**	**$ 319,118,120**	**$ 319,118,120**	**$ 319,118,120**

Allocation: Aggregated Operation of the LHIN	2017/18 Estimated Actuals	2018/19 Allocation	2019/20 Planned Expenses	2020/21 Planned Expenses
Salaries	$ 2,981,173	$ 3,062,097	$ 3,062,097	$ 3,062,097
Salaries - new positions, fully funded by MOHLTC		740,950	740,950	740,950
Benefits	1,022,787	826,766	826,766	826,766
Benefits - new positions, fully funded by MOHLTC		274,050	274,050	274,050
Med/Surgical Supplies & Drugs				
Supply & Sundry Expense	590,536	677,181	677,181	677,181
Equipment Expense Patient				
Equipment Expense	13,315	21,200	21,200	21,200
Amortization on Major Equip, Software License & Fees				
Contract Out Expense Services				
Contract Out Expense	558,693	686,693	686,693	686,693
Building & Grounds Expense	15,000	40,000	40,000	40,000
Building Amortization				
Total Aggregated Operation of the LHIN	**$ 5,181,504**	**$ 6,328,937**	**$ 6,328,937**	**$ 6,328,937**
Sub-total: LHIN Operations	$ 3,533,090	$ 4,513,744	$ 4,513,744	$ 4,513,744
Sub-total: LHIN Operations Initiative	$ 1,138,414	$ 1,305,193	$ 1,305,193	$ 1,305,193
Sub-total: LHIN Operations Digital Health	$ 510,000	$ 510,000	$ 510,000	$ 510,000

Allocation: Integrated LHIN Administration/Governance	2017/18 Estimated Actuals	2018/19 Allocation	2019/20 Planned Expenses	2020/21 Planned Expenses
Salaries	$ 8,572,684	$ 9,342,018	$ 9,342,018	$ 9,342,018
Benefits Contributions	3,064,871	2,522,844	2,522,844	2,522,844
Med/Surgical Supplies & Drugs				
Supply & Sundry Expense	1,264,233	1,454,256	1,454,256	1,454,256
Equipment Expense Patient				
Equipment Expense	1,101,733	916,493	916,493	916,493
Amortization on Major Equip, Software License & Fees	166,630	125,000	125,000	125,000
Contract Out Expense Services				
Contract Out Expense	817,490	876,950	876,950	876,950
Building & Grounds Expense	3,225,579	3,008,967	3,008,967	3,008,967
Building Amortization	225,072	225,000	225,000	225,000
Total: Integrated LHIN Administration/Governance	**$ 18,438,292**	**$ 18,471,528**	**$ 18,471,528**	**$ 18,471,528**
Total: LHIN SPENDING PLAN	**$ 345,533,851**	**$ 343,918,585**	**$ 343,918,585**	**$ 343,918,585**

HNHB LHIN

Table B: LHIN Staffing Plan (Full-Time Equivalents or FTE1) (Updated March 21, 2018)

Allocation: Home Care/LHIN Delivered Services[2]	2017/18 Estimated Actuals	2018/19 Allocation	2019/20 Planned Expenses	2020/21 Planned Expenses
Management and Operation Support (MOS) FTE	238.67	220.85	220.85	220.85
MOS - new positions, fully funded by MOHLTC		2.00	2.00	2.00
Unit Producing Personnel (UPP) FTE	465.62	480.81	480.81	480.81
UPP - new positions, fully funded by MOHLTC		6.60	6.60	6.60
Nurse Practitioner (NP) FTE	8.40	8.40	8.40	8.40
Physician FTE	0.19	-	-	-
Total Home Care/LHIN Delivered Services FTE	712.88	718.66	718.66	718.66

LHIN Operations[3]	2017/18 Estimated Actuals	2018/19 Allocation	2019/20 Planned Expenses	2020/21 Planned Expenses
MOS FTE	24.76	24.76	24.76	24.76
MOS - new positions, fully funded by MOHLTC		9.00	9.00	9.00
UPP FTE	-	-	-	-
NP FT	-	-	-	-
Physician FTE	0.49	0.49	0.49	0.49
Total LHIN Operations FTE	25.25	34.25	34.25	34.25

LHIN Operations Initiatives[4]	2017/18 Estimated Actuals	2018/19 Allocation	2019/20 Planned Expenses	2020/21 Planned Expenses
MOS FTE	1.39	1.03	1.03	1.03
UPP FTE	-	-	-	-
NP FT	-	-	-	-
Physician FTE	1.33	1.33	1.33	1.33
Total LHIN Operations Initiatiave FTE	2.72	2.36	2.36	2.36

LHIN Operations Digital Health[5]	2017/18 Estimated Actuals	2018/19 Allocation	2019/20 Planned Expenses	2020/21 Planned Expenses
MOS FTE				
UPP FTE				
NP FT				
Physician FTE				
Total LHIN Operations Digital Health	-	-	-	-

Integrated LHIN Administration/Governance[6]	2017/18 Estimated Actuals	2018/19 Allocation	2019/20 Planned Expenses	2020/21 Planned Expenses
MOS FTE	41.94	40.42	40.42	40.42
UPP FTE	55.00	58.78	58.78	58.78
NP FT	-	-	-	-
Physician FTE	0.23	0.23	0.23	0.23
Total FTE	97.17	99.43	99.43	99.43
Total FTE Summary	838.02	854.70	854.70	854.70

Notes:

1. One Full Time Equivalent equals 1950 hours per year. One FTE may be comprised of multiple staff.
2. Home Care/LHIN Delivered Services envelope includes direct services as defined in Schedule 7, Table 1 of the 2015-18 Ministry LHIN Accountability Agreement.
3. LHIN Operations includes LHINs' mandated system operations/activities related to planning, funding and integrating.
4. LHIN Operations includes activities that are one-time and/or require separate reporting as per ministry funding letters. (E.g. French Language Services and Aboriginal Engagement).
5. LHIN Operations Digital Health includes the coordinated and integrated use of electronic systems, information and communication technologies to facilitate the collection, exchange and management of personal health information in order to improve the quality, access, productivity and sustainability of the healthcare system.
6. Integrated LHIN Administration/Governance envelope includes indirect costs such as administration and overhead expenses of the combined organization.

Briefing Note

Parkdale Landing, Mental Health Supportive Housing in Hamilton

To:	Audit Committee Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN)
From:	Cindy Ward, VP, Resource Stewardship and Chief Financial Officer
Date:	March 21, 2018
Proposed Motion:	That the Audit Committee recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to $661,068 annualized base funding to St. Joseph's Healthcare Hamilton to support Indwell Community Housing's Parkdale Landing 57 unit mental health and addictions supportive housing program in 2018-19. Start-up costs of $152,823 will be funded from the annualized base funding in 2018-19 as the 57 units will not be fully operational until the summer of 2018.
Recommended Action:	☒ For Decision ☐ For Information
Session	☐ Open ☐ Closed

Key Messages:

- In 2015, the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) approved funding to St. Joseph's Healthcare Hamilton (SJHH) to fund a Mental Health Supportive Housing Model - Strathearne Suites, operated by Indwell, a not for profit charity.
- The Starthearne Suite program reports positive outcomes for residents specific to housing stability, employment and reduced emergency department (ED) visits.
- Indwell has secured $8.7 million in capital funds to construct 57 new apartment units at 205 Melvin Avenue, Hamilton, to be known as Parkdale Landing Phase 1

Parkdale Landing, Mental Health Supportive Housing in Hamilton

Background:

- In December 2015, the HNHB LHIN approved funding to SJHH to support a Mental Health Supportive Housing Model at Strathearne Suites, a 39 bachelor apartment unit building in Hamilton.
- Access to affordable, stable housing and providing essential mental health services and supports for individuals who are chronically homeless has been shown repeatedly through research to be a less expensive and progressive solution.[1] Permanent affordable housing is a key social determinant of health.
- Providing supports within housing is a critical component of the recovery of individuals with mental health and addicition (MHA) conditions, and is a necessary and core component of the continuum of care within the MHA system.
- The third strategic pillar of Phase 2 of the Ministry of Health and Long Term Care's (ministry's) Open Minds, Healthy Minds - *Ontario's Mental Health and Addictions Strateg*y identifies supportive housing as a priority.
- The ministry's Mental Health and Addictions Provincial Advisory Committee in their 2016 report *Moving Forward Better Mental Health Means Better Health* stressed the gap that exists in supportive housing for persons with Mental Health and Addiction issues. Further noting that access to supportive housing achieves better outcomes for Ontarians, reduces the use of health and emergency services, and is essential to meeting the province's goals for ending chronic homelessness.[2]
- Indwell has secured $8.7 million in capital funds to construct a 57 unit apartment complex at 205 Melvin Avenue, Hamilton, referred to as Parkdale Landing Phase 1.
- Indwell has requested $661,088 base funding to provide high level mental health support for the residents admitted to this building seven days per week, 365 days per year.

Analysis:

Access to Mental Health Supportive Housing

- In 2017, the Long Inpatient Stay Working Group of the HNHB LHIN Mental Health and Addictions Advisory Committee reviewed the patients who had a long inpatient stay in Schedule 1 Mental Health beds and completed a review of literature. The working group identified that a lack of appropriate supportive housing options in the community can lead to unnecessary extended stays in Schedule 1 hospital beds.

[1] National At Home/Chez Soi Final Report, The Mental Health Commission of Canada, April 3, 2014. Mhcc_athome_report_national_cross-site_eng.2.pdf

[2] Mental Health and Addictions Moving Forward Better Mental Health Means Better Health 2016 Annual Report of Ontario's Mental Health & Addictions Leadership Advisory Council

Parkdale Landing, Mental Health Supportive Housing in Hamilton

- Parkdale Landing Phase 1 has been designed to serve individuals experiencing high levels of functional impairment arising from mental illness, addictions, and co-morbid physical health disorders. The target population may have history of high housing instability and frequent or prolonged psychiatric hospitalization, frequent Emergency Department (ED) visits, ongoing issues with the criminal justice system, and have few social supports.
- Parkdale Landing Phase 1 is intended to facilitate successful community integration of individuals with mental health and/or addiction issues who have experienced housing instability, prolonged and frequent use of institutions such as psychiatric facilities i.e. Schedule 1 Mental Health beds identified as requiring an Alternate Level of Care (ALC), or experiencing long stays, as there is no appropriate discharge destination within the community at present that can meet their needs.
- Parkdale Phase 1 aims to address health equity by serving a complex population:
    - The project is designed to serve adults, 18 years of age and older, with a disability, on or qualifying for the Ontario Disability Support Program.
    - Individuals with a history of mental illness and/or addiction, many who will also have other chronic diseases.
    - Most individuals served in the program will have experienced housing instability; prolonged and frequent use of institutions like psychiatric facilities, correctional facilities, and/or emergency shelters.
- Indwell has identified that there are currently 39 individuals on the waitlist for Strathearne Suites who are currently located in hospital at SJHH and 99 individuals on the waitlist in total. This waitlist demonstrates the need for additional high supportive housing programs that can support patients with chronic medical conditions in addition to mental health and/or addiction issues.
- Indwell reports that their Strathearne Suite 39 unit site has served 51 individuals to date. Characteristics of individuals served at Strathearne include:
    - Location at time of referral: 52% admitted from hospital, 25% were homeless, 8% from jail, and 15% from group homes/precarious housing.
    - Primary Diagnosis: 80% Clinical Disorders (e.g. Schizophrenia, Depression) and 13% Personality and Intellectual Disorders (e.g. Borderline Personality Disorder), and 6% of individuals served have no confirmed mental health diagnosis.
    - Approximately 48% of the individuals served have a concurrent disorder (both a mental health and addiction) or comorbidity.

Parkdale Landing, Mental Health Supportive Housing in Hamilton

- Outcomes reported by Indwell on the program model implemented at Strathearne Suites include:
    - residents who measured housing stability in days, are now approaching one year of continuous housing,
    - 75% reduction of individuals served had no emergency department (ED) visits,
    - one resident has graduated university
    - five residents have found paid employment (two) or volunteered (three) and
    - of the seven residents admitted to hospital returned home with no delay in hospital discharge.
- Residents' average length of stay within the program for the period April 2016 to January 31, 2018 was 427 days.

Program Design

- Parkdale Landing Phase 1 will consist of 57 studio apartments, eight of which will be barrier free with high accessibility through the building.
- Building on lessons learned from the Strathearne Suites project, Parkdale 1 proposed program model will include an expanded housing support team comprised of; Housing Support Workers, Nurses, an Occupational Therapist, Peer Support Worker, an Addictions Counsellor and a "Food Security" Worker.
- Occupational Therapy is a new addition to the model that does not currently exist at Strathearne. Occupational therapy will assist a person to complete everyday tasks such as:
    - Self-care - getting dressed, eating, moving around the house,
    - Being productive - going to work or school, participating in the community, and
    - Leisure activities - sports, gardening, social activities.
- Peer Support is also a new addition to the model. An important contributor to recovery, peer support is a supportive relationship between people who have a lived experience in common. The peer support worker provides emotional and social support to others. Peer support programs work by offering people support, encouragement, and hope that recovery is possible.
- The design of Parkdale Landing Phase 1 advances health equity by addressing several important social determinants of health:
    - Providing access to safe, affordable, permanent housing for marginalized individuals
    - Providing access to health education and primary care
    - Promoting social support
    - Providing food security
    - Providing physical accessibility (includes eight barrier free units to create accommodation for individuals with complex needs that include accessibility challenges).

Parkdale Landing, Mental Health Supportive Housing in Hamilton

Future Plans

- Indwell reports receipt of $5.25 million in capital funding to support the construction of a second 50 units facility on the same site, referred to as Parkdale Landing Phase 2.
- The second complex (Parkdale Landing Phase 2) would target a population who would require less daily support and provide an opportunity to facilitate the move of a number of tenants from high supportive housing to more independence using outreach capacity from Indwells services (i.e. Parkdale 1 and Strathearne) for residents who are able to transition to independent community living.
- Indwell, in planning Parkdale Landing Phase 2, will collaborate with De Dwa Da Des Nye>s and the Native Women's Health Centre to identify future opportunities to serve Indigenous Peoples and capacity to integrate some of the services offered by the Aboriginal Health Centre.

Decision Making Framework:

- Application of the LHIN's Decision Making Framework (DMF) was used to assess this initiative. Refer to Appendix A.

Financial Analysis:

- Across the province, the ministry funds a mental health supportive housing model where individuals in independent apartment units are provided with a rent supplement, and the LHIN funds $84,000 for one case manager to support eight units. This equates to $10,500 per unit. The ministry funds the rent supplement at $4,908 per year, for a total unit cost of $15,408 per unit for this low-support model.
- The LHIN costs for the existing Strathearne Suites building are $12,794 per unit per year (LHIN funded cost - $498,981 for 39 units.) The total cost of the program is $27,124 per unit (all revenue sources - $1,057,818 for 39 units).
- The LHIN costs for the Parkdale Landing Phase 1 proposal are $11,598 per unit (LHIN funded cost - $661,068 for 57 units). The total cost of the program is $24,317 per unit (all revenue sources - $1,386,057 for 57 units).

Impact (Patient/System)

Patient

- People will be provided with greater access to high support mental health supportive housing as the current demand for housing exceeds available supply.
- People who are homeless or at risk of homelessness will be provided with safe and supportive housing.

- People will be provided the external resources they need to complement their strengths to move toward recovery.

System

- Housing with supports delivers better outcomes for individuals and reduces the risk that people will become homeless. Further, these benefits lead to a reduction in the number of unnecessary hospital visits and admissions.[3]
- In December 2017, the occupancy of acute mental health beds within HNHB LHIN was 97.2%, higher than the provincial rate of 93.6%[4]. Availability of appropriate supportive housing can help to improve flow out of inpatient mental health beds.
- Across HNHB LHIN and other parts of the province, access to safe, affordable housing is a challenge. According to Canadian Housing and Mortgage Corporation, Ontario's vacancy rate is at its lowest since the year 2000 which has pushed rents above provincial guideline increases. This has impacted MHA providers in trying to secure safe and affordable units for their clients in the Rent Supplement Program funded by the Ministry of Health and Long Term Care.

Community Engagement:

- The HNHB LHIN identified through a collaborative Mental Health and Addictions (MHA) strategy planning process in 2015 for the 2015-18 HNHB LHIN MHA Strategic Plan including engagement of persons with lived experience to prioritize improving access to MHA supportive housing.

Measures of Success:

- The HNHB LHIN uses the Institute for Healthcare Improvement's Triple Aim Framework for measuring the outcomes of new investments. For Parkdale Landing the Triple Aim measures will be as follows:
    - Better Health Domain:
        - Decreased number of unmet needs from initial assessment to six month assessment using the Ontario Common Assessment of Needs Tool
        - Eighty percent of individuals will have 365 days of tenancy (indicating housing stability)
    - Experience of Care Domain: Perception of Care of individuals served and their families (as appropriate) using the Ontario Perception of Care Tool

[3] Ontario's Mental Health and Addictions Leadership Advisory Council. 2015 Report, Better Mental Health Means Better Health.
[4] Adult Mental Health and Addiction Occupancy Report, Hamilton Niagara Haldimand Brant, December 2017. Criticall Ontario

- Per Capita Cost Domain: Reduction in the use of EDs between the year prior to admission, and the full year following admission.

Source of Funding:

- 2017-18 Community Investment Funding.
- Indwell has requested that funding would flow in the first quarter of 2018-19 in order to support the hiring of staff and assessment of prospective tenants, with move-ins starting August 2018 and completed by November 1, 2018 for Parkdale Landing Phase 1.

Author: Rosalind Tarrant, Vice President, Health System Strategy & Integration

Approved by: Donna Cripps, Chief Executive Officer

File Path: http://portal.lhins.on.ca/hn/administrative/administration/Operational Information/Board Materials/Audit Committee/2017-18/2018-03-21/Briefing Notes/C.3.i_BN_Parkdale Landing MH Supportive Housing in Hamilton.docx

Appendix A

Decision Making Framework

Framework Domain	Attributes of Proposed Investment
Alignment - Strategic Fit Does the investment align with LHIN Integrated Health Service Plan (IHSP) and health service provider roles?	The need for additional supportive housing in Ontario is well documented and rests at the centre of a number of key Government of Ontario strategies – Mental Health and Addictions, Poverty Reduction, Long-Term Affordable Housing and the government's long-term commitment to end homelessness. Parkdale Landing aligns with the provincial Mental Health and Addictions Leadership Advisory Council's recommendations in their 2015 and 2016 reports to increase the number of mental health and addiction supportive housing units across the province and the provincial mental health (Open Minds Healthy Minds) Strategy expected result of more people living in safe, stable homes and fewer living in shelters or hospitals. The government has recently made investments in 1,150 new supportive housing units. This is a start to a larger investment that is necessary to provide some of the most vulnerable Ontarians with the supports they need to live as independently and productively as possible. Using the LHIN's Community Investment Funding to complement that investment will help to work towards the provincial goals.
System Performance How will the investment impact quality, access, integrated care and system level sustainability?	Too many Ontarians with mental illness and addictions have to endure long wait times, service gaps, and a lack of social supports, particularly supportive housing (Ontario's Mental Health and Addictions Leadership Advisory Council 2015 Report, Better Mental Health Means Better Health). One of the biggest challenges experienced by health service providers is the availability of quality, affordable rental housing stock. Providing operational funding for supports to an organization that has new stock will provide access to 57 new units of supportive housing where organizations with support dollars only are challenged to find available units due to very low vacancy rates and high costs. Providing a higher level of support than the rent supplement units funded by the Ministry will continue to build towards a comprehensive continuum of mental health and addictions supportive housing within HNHB which will improve access. As an example, when an individual is discharged after a lengthy hospitalization, they may require the increased supports of Parkdale Landing, however, once they have built back up their skills, they may choose to move to lower support housing (such as rent supplement units). Conversely, if an individual residing in a rent supplement unit has the need for increased support, they could move to higher support when needed.

System Values How does the investment support a client focus, Partnerships, innovation, equity and organizational efficiency?	The partnership between SJHH and Indwell has helped to provide an appropriate discharge destination for many individuals. It is also intended that reciprocally SJHH will provide psychiatric and other clinical support to residents of Parkdale Landing as required. The LHIN is particularly interested in leveraging this expertise to support admission avoidance.
Population Health How will the investment impact health outcomes and quality of life, condition/disease prevalence and health promotion/prevention?	There is a clear, two-way link between homelessness and mental illness. Researchers estimate that up to 67% of people who are homeless have experienced mental illness in their lifetime and people with severe and persistent mental illness are considered to be at imminent risk of homelessness. Even when someone with a mental illness or an addiction finds housing, there is a risk that he or she will not be able to keep it in the absence of proper support services. For these reasons, supportive housing is critical to reducing homelessness among people with mental illness and addictions. Research has proven that housing with supports delivers better outcomes for individuals and reduces the risk that people will become homeless again. Further, these benefits lead to a reduction in the number of unnecessary hospital visits and admissions (Ontario's Mental Health and Addictions Leadership Advisory Council 2015 Report, Better Mental Health Means Better Health).

Briefing Note

Community Paramedicine

To:	Audit Committee Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN)
From:	Cindy Ward VP, Resource Stewardship and Chief Financial Officer
Date:	March 21, 2018
Proposed Motion:	That the Audit Committee recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve: • Up to $278,877 one-time funding in 2018-19 to support the Emergency Medical Services Community Paramedicine Programs to the Health Service Providers identified in Table 1.
Recommended Action:	☒ For Decision ☐ For Information
Session:	☒ Open ☐ Closed

Key Messages:

- The Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) funds four Community Paramedicine (CP) programs, located in Brant, Hamilton, Niagara and Norfolk. These programs were initially funded directly by the Ministry of Health and Long-Term Care (ministry) on a one-time basis.
- To support the four CP programs to maintain current operations in 2018-19 the continuation of one-time funding of $278,877 is required.
- HNHB LHIN-funded CP programs provide three models of care: Home Visits, CP Led Wellness Clinics and Remote Patient Monitoring.

Community Paramedicine

Background:

- Community Paramedicine programs use paramedics to provide immediate or scheduled primary, urgent, and/or specialized healthcare to vulnerable patient populations by focusing on improving equity in healthcare access across the continuum of care.[1] Community Paramedics provide health education, clinical assessment and monitoring, diagnostics, and treatment modalities within and beyond the role of traditional emergency care and transport.[1]
- In 2014, the ministry announced a $6 million investment to support the expansion and development of new CP programs across the province. This included four CP programs in the HNHB LHIN. The ministry's recurring one-time funding was scheduled to end on March 31, 2017.
- On January 25, 2017 the HNHB LHIN Board approved one-time funding of $966,877 in 2017-18 for the four CP programs.
- On March 6, 2017 the ministry notified the HNHB LHIN that it would receive base funding of $688,000 in 2017-18 for the four CP programs.
- An initial report on the CP program for 2017-18 has been completed. A final report will be completed when year-end financial and statistical data is submitted and reviewed by the LHIN.
- To support the continuation of the CP programs in 2018-19 one-time funding of $278,877 is required. Refer to Table 1 for CP Programs and funding.

Table 1

CP Programs and 2018-19 Funding				
Health Service Provider	**CP Program**	**2018-19 Base Funding**	**2018-19 One-Time Funding**	**2018-19 Total Funding**
Alzheimer Society of Brant Haldimand Norfolk Hamilton Halton Brant	Brant Emergency Medical Services (EMS)	$181,200	$80,660	$261,860
City Housing Hamilton	Hamilton Paramedic Services (HPS)	$237,000	$5,022	$242,022
Niagara EMS	Niagara EMS	$164,200	$154,095	$318,295
Alzheimer Society of Brant Haldimand Norfolk Hamilton Halton	Norfolk EMS	$105,600	$39,100	$144,700
Total		**$688,000**	**$278,877**	**$966,877**

[1] Canadian Standards Association Group, *Community Paramedicine: Framework for Program Development*, June 2017.

Community Paramedicine

Analysis:

- The HNHB LHIN-funded CP programs focus on supporting patients who have had five or more visits by Emergency Medical Services (EMS) in a calendar year or who have been referred to the CP program by other community agencies with concerns for the patients' wellbeing. The goals identified for the CP programs include:
    - Helping frequent users of 911 services live better at home.
    - Reducing need for emergency services, including Emergency Department (ED) visits and hospitalizations.
    - Working with local partners to coordinate care for those living with chronic conditions and to support the spread and scale of the Health Links model of care.
    - Improving system partnerships, collaborations, and resource sharing among service providers.
- HNHB LHIN-funded CP programs provide three models of care:

  Home Visit Program:
    - Community paramedics visit seniors and high risk patients in their homes for assessment and follow up for short-term assistance or for longer-term monitoring in collaboration with primary care.
    - All four CP programs in the HNHB LHIN provide the home visit model of care. Although the CP programs have some differences, this model of care relies on the CP program staff to work closely with health care partners, including Primary Care.
    - From April to December 2017, a total of 414 patients were served across the four home visit programs for a total of 1,977 visits.

  Community Paramedic Led Wellness Clinics:
    - Community paramedics provide early identification of health problems, referrals to primary care, health education, and preventative interventions. Clinics are often in geographic areas with high 911 call volumes, and/or locations with a high number of seniors living with frail conditions or in isolation.
    - Three CP programs operate Wellness Clinics
        - Hamilton Paramedic Service was the first paramedic service in the province to adopt the CP@Clinic program. The clinics are held in City Housing Hamilton buildings that have a large number of seniors and a high 911 call volume. A study from Hamilton from 2011 to 2013 identified a 25% reduction in 911 call volume and increased health benefits to building residents where clinics were held including a reduction in blood pressure and an increase in healthy living habits.[2]

[2] Agarwal G, Angeles R, Pirrie M, Marzanek F, McLeod B, Parascandalo J, et al. Effectiveness of a community paramedic-led health assessment and education initiative in a seniors' residence building:

Community Paramedicine

- Norfolk and Brant CP programs offer CP wellness clinics which are similar to the CP@Clinic model. The similarities include assessments on participants such as vital signs, falls risk, health and medication education, medication compliance, and making referrals to community health and support services.
- A total of 1,996 patients were seen across the three CP@Clinic programs in the HNHB LHIN from April to December 2017.

Remote Patient Monitoring*:*

- Remote Patient Monitoring (RPM) programs enroll patients with congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and diabetes. A wireless Bluetooth device, or combination of devices, is installed in the home and data from these devices is sent to a community paramedic to monitor the patients' health condition(s). The devices available for use are a weight scale, blood pressure monitor, heart rate monitor, glucometer. If/when daily readings are outside of the established threshold, an alert is generated and the community paramedic follows up with the patient.
- Early results from the addition of RPM technology and communication with care providers to CP programs has identified a 60-70% reduction in 911 calls among high volume callers.
- During the past year, the Hamilton CP program installed RPM technology into 48 patient homes. On average, patients were enrolled for 108 days and there were 10,426 readings. Of these, there were 369 alerts (highest number of alerts were because of changes in weight) sent to the CP program for patient follow up. In terms of EMS use for the 48 patients, there was a 58% reduction in 911 calls while on the program (222 calls pre-program compared to 70 calls while on the program).
- The Brant CP program implemented a RPM program in September 2017. Ten patients are enrolled in the program and four are on the wait list.

- In 2016, a report on the first year outcomes of the Provincial Ontario CP program pilot project, showed that all 30 CP programs demonstrated improved outcomes, such as reduced numbers of 911 calls and ED visits. In the first 15 months, a total of 19,077 patients were enrolled across the 30 programs and achieved a 14% overall decrease in the volume of 911 calls from patients enrolled more than six months in a program.[3]
- In May 2017, the HNHB LHIN Emergency Services Steering Committee (ESSC) engaged a full-time CP Strategic Lead to support the ongoing development, implementation and integration of the Community CP program, such as shared

---

The Community Health Assessment Program through Emergency Medical Services (CHAP-EMS). BMC Emerg Med. BMC Emergency Medicine; 2017;17(1):1–8.

[3] Dr. Sinha, Nolan, M., Foster, N., Wang, J. (2016). First Year Outcomes of the MOHLTC Funded Community Paramedicine Programs.

access to medical records (e.g. Clinical Connect) and improved communication processes through pre-hospital electronic notifications.

- The four CP programs currently collaborate with providers in the care of shared patients (e.g. Health Links, Integrated Comprehensive Care model). Opportunities for greater collaboration and integration with other providers serving the same populations will be a focus in 2018-19.
- An initial report on the HNHB CP programs indicates that the programs are making a difference in patients' lives (e.g. reduction of 911 calls, avoidance of ED visits and lengthy hospital admissions). The report incorporates qualitative and quantitative data submitted for the first nine months of the 2017-18 fiscal year. Refer to Appendix A for patient stories.

Decision Making Framework:

- The LHIN's Decision Making Framework was used and applied to the attributes of the proposed investment (Refer to Appendix B).

Impact (Patient/System):

Patient Impact

- Patients are supported in the community and their own homes. The CP program enables early identification of health problems, referrals to primary care, health education, and preventative interventions.
- Patients living with frail conditions or are socially isolated benefit from a response in the home instead of transport to an ED and potential hospital admission. CP programs focus on helping frequent users of services live longer at home.
- RPM benefits patients by alerting community paramedics to readings that are outside of the patient's specified range so they can intervene and avoid an ED visit/hospital admission. This connectivity to patients allows paramedics to respond to a patient's immediate need, in their home.

System Impact

- CP programs focus on reducing the need for emergency services and costly transfers to the ED thereby potentially avoiding hospital admissions.
- Community Paramedics are a resource to Primary Care physicians through their knowledge and skills in assessing the patient's condition, which can avoid a more serious outcome resulting in an ED visit/hospitalization.
- Community paramedics are a mobile resource that can manage comprehensive emergency and chronic disease management in the out-of-hospital environment.
- Community paramedics help identify patients who have unmet needs and connect them to appropriate resources to provide services in collaboration with their healthcare partners.

Community Paramedicine

Community Engagement:

- The CP Strategic Lead:
  - facilitates considerable community engagement in the development of LHIN CP programs;
  - participates on several committees including ESSC, ED Management Collaborative, and the Hamilton Integrated Seniors Systems Tables;
  - engages regularly with multiple stakeholders including:
    - HNHB LHIN-funded CP programs on a monthly basis, at minimum;
    - Halton Region Paramedic Service, Six Nations EMS, and Haldimand County EMS, as needed;
    - Other EMS leaders in the province, as needed;
    - McMaster CP researchers, bi-weekly;
    - HPS Chief, monthly one-on-one meetings;
    - HPS Social Navigator Program Coordinator, as needed;
    - RPM program team members, as needed;
    - LHIN Home and Community Care, as needed; and
    - LHIN Sub-Region Directors, as needed.

Measures of Success:

- The following process and outcome metrics will be collected in 2018-19 to evaluate the CP programs:
  - Number of individuals served and clinic visits
  - Number of 911 calls for enrolled CP patients
  - Number of discharges from the CP program
  - Number of referrals to primary and community resources
  - Number of ED visits per patient pre- and post-enrolment in the CP program
  - Number of hospital admissions per patient pre- and post-enrolment in the CP program
  - Number of days in hospital per admission for CP patients

Source of Funding:

- 2016-17 Community Investment discretionary funding for LHIN local priorities to expand community capacity, support government priorities, and LHIN-specific service requirements.

Author: Rosalind Tarrant, Vice President, Health System Strategy and Integration

Approved by: Donna Cripps, Chief Executive Officer

File Path: http://portal.lhins.on.ca/hn/administrative/administration/Operational Information/Board Materials/Audit Committee/2017-18/2018-03-21/Briefing Notes/C.3.ii_BN_Community Paramedicine.docx.

Appendix A

Martha's Story

- The Community Paramedics noted on a regular monthly visit with Martha that her heart rate was significantly lower than normal.
- In speaking with Martha they learnt that she was not feeling herself and that she had started a new medication that slowed her heart rate.
- The Community Paramedics asked her to call her doctor to discuss a medication change. Martha responded that she could not. When asked why, Martha explained that "they have one of those machines and it talks too fast and I can't understand it."
- The Community Paramedics called her doctor for her and faxed the physician a copy of her electrocardiogram (ECG). The doctor immediately reduced her medication to half of what she was taking and scheduled Martha to be seen within two days.
- At this appointment her doctor discontinued the medication and asked the community paramedic to follow up with Martha weekly for 30 days and fax him the ECGs.

Bill's Story

- Bill is over 60 and lives by himself. His family does not live close by and he has limited social contact. Bill has a number of chronic conditions and over a nine month period before joining the CP program visited the ED 74 times for pain.
- When Bill joined the CP program, he was referred to a number of community programs, including a pain clinic, where he is learning to manage his chronic conditions.
- The Community Paramedic attends Bill's medical appointments with him. This helps Bill understand his health conditions and symptoms, helps him manage his pain, and increases Bill's confidence to advocate for himself. His ability to manage his health and medications has improved.
- The Community Paramedic visits Bill on a weekly basis to perform a full health assessment and provide coaching/education on certain topics (e.g. smoking outdoors, getting exercise, etc.).
- This visit provides Bill with the relief of knowing that he is doing well and that while certain symptoms are serious, they may be able to be addressed without having to attend the ED.
- During the nine month period after joining the CP program, Bill has only visited the ED 11 times, which accounts for an 81% reduction in ED visits over a nine month period.
- When Bill started the program he called the CP program on a daily basis. Now that he is knowledgeable of his health issues he is better able to advocate for himself. His ability to manage his health has improved and his calls to the Community Paramedic have significantly reduced.

Community Paramedicine

Appendix B

Decision Making Framework

Framework Domain	Attributes of Proposed Investment
Alignment – Strategic Fit Does the investment align with the LHIN Integrated Health Service Plan (IHSP) and health service provider roles?	• CP programs align with HNHB LHIN strategic directions of: improving access, well-being, and quality of life for vulnerable populations, right resources delivered at the right time in the right place. • Aligns with direction of alleviating ED pressures and providing increased and consistent home and community care. • Programs capitalize on the unique clinical skill set of paramedics to assess high users of 911 and ED visits.
System Performance How will the investment impact quality, access, integrated care and system level sustainability?	• All four CP programs have demonstrated connections with local health service providers and attempted to eliminate any duplication of services while addressing gaps within their respective sub-regions. • Patient satisfaction and safety demonstrated by keeping vulnerable populations in their homes and out of EDs, hospitals – connecting individuals to quality care in the community. • Improving access to resources by identifying high needs patients who would benefit from a Coordinated Care Plan using the Health Links approach to care.
System Values How does the investment support a client focus, partnerships, innovation, equity and organizational efficiency?	• CP programs meet the needs of vulnerable populations such as those seniors who are frail or elderly, those experiencing transportation issues, those not connected to primary care, and those with socioeconomic gaps. • Client focused by providing highly skilled paramedics with advanced assessment skills to provide teaching and health promotion within the community. • Linkages made with primary care to “extend” primary care services into individual’s homes.
Population Health How will the investment impact health outcomes and quality of life, condition/disease prevalence and health promotion/prevention?	• CP programs aim to early-detect medical conditions, resulting in treatment outside of the hospital setting (or reduced hospital stays), leading to reduced medical costs for the health system. • Improved health literacy through education provided in-home. • Address holistic needs of patients, including non-medical needs (i.e. Nutritional support or transportation services, etc.).

Briefing Note

Hamilton Integrated Rapid Access Addictions Medicine Pathways Program Phase 1

To:	Audit Committee Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN)
From:	Cindy Ward VP, Resource Stewardship and Chief Financial Officer
Date:	March 21, 2018
Proposed Motion:	That the Audit Committee recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to: • $414,000 base funding and $19,000 one-time funding in 2018-19 to St. Joseph's Healthcare Hamilton; and • $135,000 to Good Shepherd Non-Profit Homes Inc. in 2018-19 to implement the Hamilton Integrated Rapid Access Addictions Medicine Pathways Program - Phase 1
Recommended Action:	☒ For Decision ☐ For Information
Session:	☒ Open ☐ Closed

Key Messages:

- People experiencing substance use issues face barriers to recovery that include: long wait times for treatment, difficulty navigating a complex system of services, stigma associated with treatment, and a lack of access to evidence-based treatments.[1]
- The Rapid Access Addictions Medicine (RAAM) Program model has been shown to improve access to patient centered evidence-based treatment for patients with substance use issues.[2]
- St. Joseph's Healthcare Hamilton (SJHH) is proposing to implement a RAAM Clinic in the Hamilton sub-region.

[1] Evidence In Action. META:PHI- How One Initiative is Increasing Access to Evidence Based Treatments for Substance Use Issues. Evidence Exchange Network for Mental Health and Addictions. http://eenet.ca/sites/default/files/Evidence%20in%20Action_metaphi_0.pdf
[2] META:PHI Improves Care for Patients with Addictions. Health Quality Ontario. http://www.hqontario.ca/Portals/0/documents/qi/artic/metaphi-results-en.pdf

Hamilton Integrated RAAM Pathways Program Phase 1

Background:

- People experiencing substance use issues face barriers to recovery that include: long wait times for treatment, difficulty navigating a complex system of services, stigma associated with treatment, and a lack of access to evidence-based treatments.[1]
- In 2015, RAAM clinics were developed at Women's College Hospital in Toronto by Dr. Mel Kahan, his team, and hospital leadership and were piloted across Ontario through a collaborative initiative to create new care pathways for addictions that is referred to as the *Mentoring, Education, and Clinical Tools for Addiction: Primary Care–Hospital Integration or* META:PHI project.
- RAAM clinics have been shown to: reduce the time patients wait to access addiction specialists (from months to days), reduce Emergency Department (ED) visits, and improve the patient experience. Patients have expressed that the patient-centered approach provided by the RAAM clinic approach has lessened the stigma they experience when accessing addictions services.[3]
- The Minister in his 2017-18 Mandate letter to Local Health Integration Networks (LHINs), asked LHINs to make progress on mental health and addictions (MHA) services based on advice from Ontario's Leadership Council. Areas of priority identified included:
    - Expand access to structured psychotherapy and supportive housing
    - Establish referral networks with primary care providers
    - Make access to community Mental Health services a priority for sub-region planning
    - Support the Ontario Opioid Strategy; and provide support to connect patients with high quality addictions treatment.
- In 2017-18 the Hamilton Niagara Haldimand Brant (HNHB) LHIN was approved $3,574,500 base funding for MHA services this included:
    - $1,304,500 under the LHIN's Community Investment Discretionary Funding, to support MHA agencies to sustain and improve access and coordination of MHA services, including building linkages with primary care.
    - $2.27 million in base funding under Ontario's Opioid Strategy to enable LHINs to respond urgently to the opioid crisis. In 2017-18, this funding was to support increased human resources within the addictions treatment and services framework based on population and priority of need. The funding could also support priority areas for key investment including RAAM clinics which provide an addictions treatment pathway between EDs and Primary Care.

[3] META:PHI Improves Care for Patients with Addictions. Health Quality Ontario. http://www.hqontario.ca/Portals/0/documents/qi/artic/metaphi-results-en.pdf

Hamilton Integrated RAAM Pathways Program Phase 1

- In December 2017, SJHH submitted a collaborative proposal to the HNHB LHIN requesting $1.88 million in base funding to support the implementation of a Hamilton Wide Integrated RAAM Pathways Program.
- In January 2018, SJHH submitted a revised proposal requesting $414,000 in base and $18,000 one-time funding to support the implementation of a RAAM clinic at SJHH.

Analysis:

Population Need

- In 2012, 4.2% Ontarians age 15 years and older surveyed for Canadian Community Health Survey-Mental Health reported symptoms of substance abuse or dependence. The survey also noted that men are more likely to report substance use problems compared to women (6.2% of men and 2.3% of women).[4]
- Between July 1 and September 30, 2017 (Q2 of 2017-18), there were 2,307 ED visits for substance use conditions among 345 people (average six to seven visits per person) in the HNHB LHIN. The percentage of repeat ED visits was 29.6% in HNHB LHIN compared to 33.4% for Ontario.[5]
- The highest number of ED visits for substance use conditions occurred at hospitals in the Hamilton sub-region (46%) followed by Niagara (30%), Brant (11%), Burlington (7%), and Haldimand Norfolk (1%) in Q2 of 2017-18.[6]
- Rates of morbidity and mortality associated with opioid use are higher in the HNHB LHIN compared to Ontario. In 2016, the HNHB LHIN had the highest rate of ED visits for opioid use compared to all other LHINs. There were 780 ED visits, 306 hospitalizations, and 120 deaths associated with opioid use in the HNHB LHIN in 2016 and these rates have increased over time. For specific substances, there has been an increase in fentanyl present among deaths in the HNHB LHIN (12 deaths in 2012 compared to 49 deaths in 2016).[6]
- In Hamilton specifically, there were 297 opioid related ED visits, 135 hospitalizations, and 52 deaths in 2016, all of which are higher than the provincial rate per 100,000 people. Refer to Appendix A.[7]
- Alcohol abuse and dependence are the most common types of addiction. The consumption of alcohol has been linked to the development of more than 65 medical conditions ranging from injuries (e.g., increased risk of trauma secondary to motor vehicle accidents) to chronic medical conditions. Excessive alcohol use

[4] Taking Stock, A Report on the Quality of Mental Health and Addictions Services in Ontario. 2015. Health Quality Ontario and Institute for Clinical Evaluative Sciences.
[5] IntelliHealth Ontario, Ontario Ministry of Health and Long-Term Care.
[6] Public Health Ontario, Opioid Interactive Tool.
[7] Interactive Opioid Tool, Public Health Ontario. Accessed February 20, 2018 http://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx

has been: strongly associated with heart disease and stroke and linked to Type 2 diabetes.[8]

- People with opioid use disorder have a mortality rate that is more than ten times that of the general population. Fatal opioid overdoses being one cause for the increased mortality rate. People with opioid use disorder are also at higher risk for death from a variety of other causes, such as cardiovascular conditions and infectious diseases.[9]

RAAM Clinic Program:

- The purpose of META:PHI is to integrate addiction care provided by the ED, hospital units, addiction medicine specialists, family doctors, and community programs, allowing individuals to move smoothly between these services.
- Clinical education, tools, and ongoing support are provided to health care professionals working in these settings to ensure that individuals are receiving the best possible care.
- In the META:PHI model, individuals presenting to any health care setting (ED, hospital, primary care) with an alcohol or opioid-related condition receive evidence-based treatment, and upon discharge are referred to a RAAM clinic.
- No referrals are required to access RAAM clinic services, patients can self-refer or be referred to the clinic by the ED, community programs, primary care, hospitals and the criminal justice system.
- At the RAAM clinic, the team immediately provides counselling, prescribes addiction medications and connects individuals to community treatment programs.
- Once an individual is stabilized, they are referred back to primary care for long-term follow-up and the RAAM team provides ongoing support by being available to family physicians for re-assessments, consultations, and advice about addiction care.[10]
- A sample of 152 patients across five partner sites in the META:PHI project showed a significant reduction in ED visits and time spent in hospital. Patients in the program were also much more likely to be prescribed appropriate medications to treat addiction than similar patients not involved in the program.[11]
- One of the seven sites of the original project was the Niagara Health System (NHS) RAAM Clinic in St. Catharines which was started in 2015. The HNHB LHIN supported expansion of the NHS RAAM Clinic at the October 2017 LHIN Board meeting through the addition of a Nurse Practitioner.

---

[8] Opening Eyes, Opening Minds, The Ontario Burden of Mental Illness and Addictions Report. October 2012. Institute for Clinical Evaluative Sciences and Public Health Ontario.
[9] Draft Quality Standards – Opioid Use Disorder, Care for People 16 Years of Age and Older. August 2017. Health Quality Ontario
[10] META:PHI. Women's College Hospital http://www.womenscollegehospital.ca/programs-and-services/METAPHI
[11] ARTIC accelerating the spread of proven care in addiction health http://www.hqontario.ca/portals/0/Documents/newsroom/artic-accelerating-the-spread-of-proven-care-in-addiction-health-en.pdf

Hamilton Integrated RAAM Pathways Program Phase 1

SJHH Proposal

- SJHH is proposing to implement a RAAM Clinic at their Charlton site.
- The goal of the RAAM clinic is to create a coordinated service that spans hospital and community to allow for seamless transitions building on existing providers in community, primary care and hospitals.
- The RAAM Clinic would be located adjacent to SJHH Charlton Site, allowing quick access to the hospital while keeping a low barrier approach to service in a wheelchair accessible space at the convergence of multiple bus routes.
- The RAAM Clinic would be staffed by addictions workers and physicians with training in Addictions Medicine who have extensive connections to a number of community programs including: MHA services and primary care.
- SJHH has proposed a phased approach to manage the demand based on guidance received from other organizations who have implemented RAAM Clinics.
- The initial focus will be on people presenting to the ED with opiate use disorder (OUD) and alcohol use disorder (AUD) or who are admitted to an inpatient unit with serious medical complications.
- To assist with integration of primary care services for eligible individuals (those who are homeless or precariously housed), patients from the RAAM clinic will be able to access all services available through the Shelter Health Network. Also, individuals who require ongoing opioid agonist treatment (OAT) such as methadone or suboxone will be referred to The Hamilton Clinic for ongoing care.
- Capacity will be increased within these services to manage this expected demand for primary and/or addictions care through the addition of a Nurse Practitioner at Good Shepherd Non-Profit Homes Inc.

Impact (Patient/System):

Patient

- Patients will have timely access to evidence-based addiction medicine.
- Patients who withdraw in the ED will have access post discharge to outpatient services through the RAAM clinic. Providing timely access to community supports has been associated with higher rate of treatment compliance.
- Patient may experience reduction in overdose related ED contacts.
- Access to substitution therapy during the acute hospitalization may improve the patient’s recovery.

System

- Reduce ED repeat visits and admissions for substance use disorder (SUD).
- Decrease length-of-stay (LOS) in population admitted for SUD.
- Support addiction system integration in Hamilton by developing an addictions pathway between hospital services, primary care, and community mental health and addictions agencies.

- Build capacity within ED and inpatient physicians and primary care providers to provide and manage addiction care.

Decision Making Framework:

- The LHIN's Decision Making Framework was used to guide analysis of this proposal. Refer to Appendix B.

Health Equity Impact Assessment:

- SJHH completed a Health Equity Impact Assessment. Refer to Appendix B Decision Making Framework.

Community Engagement:

- In 2017, the HNHB LHIN led mapping of an individual's journey through the current state of addictions services in the Hamilton sub-region together with Health Service Providers and partners to design a future state for addictions services.
- A prioritization exercise was undertaken using a Prioritization Matrix with the group and the availability of a RAAM clinic was ranked as tied for the highest priority.

Measures of Success:

- Percent reduction in 30 day return rate to ED. SJHH Q2 2017-18 Baseline data: 36.8% rate of unscheduled repeat visits to the ED within 30 days when substance abuse was the primary reason for index visit.
- Percent reduction in overdose related ED contacts. Baseline 2017-18 data.
- Percent reduced LOS population admitted for SUD. Baseline 2017-18 data.
- Percent increase in show rates for community based appointments that SJHH refers to following RAAM intervention.
- The program and outcome indicators will be monitored by the Hamilton Sub-region Anchor Table.

Source of Funding:

- Unallocated Community Investment Funding from 2017-18 and prior years.

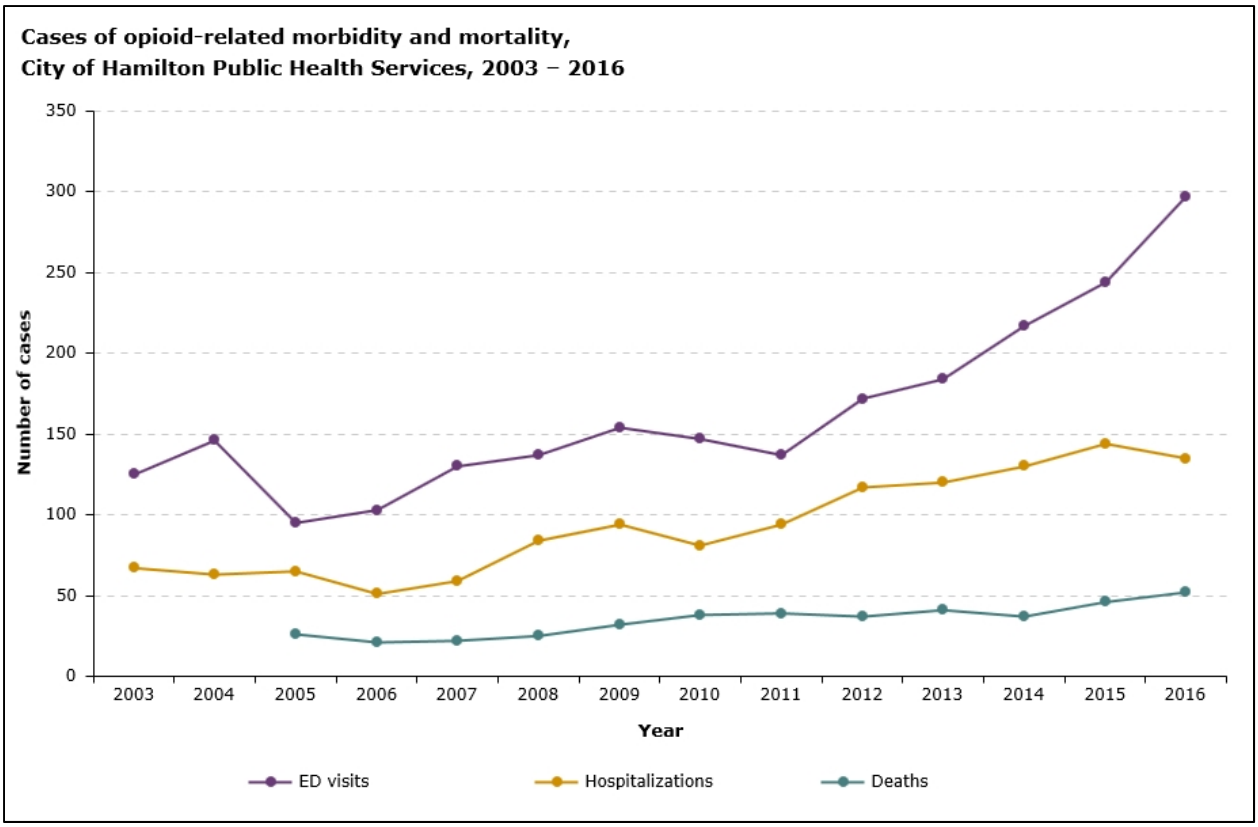
Author: Rosalind Tarrant, VP, Health System Strategy and Integration

Approved by: Donna Cripps, Chief Executive Officer

File Path: http://portal.lhins.on.ca/hn/administrative/administration/Operational Information/Board Materials/Audit Committee/2017-18/2018-03-21/Briefing Notes/C.3.iii_BN_Hamilton Integrated RAAM Pathways Program Phase 1.docx

Appendix A

Cases of Opioid Related Morbidity and Mortality in Hamilton 2003-2016



Source: Interactive Opioid Tool, Public Health Ontario. Accessed February 20, 2018
http://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx

Hamilton Integrated RAAM Pathways Program Phase 1

Appendix B

HNHB Decision Making Framework

Alignment – Strategic Fit Does the investment align with LHIN Integrated Health Service Plan (IHSP) and health service provider (HSP) roles?	• Aligns with the Ministry and LHIN priorities. • Aligns with the Ministry's Provincial Opioid Strategy • Strategic Fit – SJHH as Regional Centre for MHA services is aligned to operate this program. SJHH has addiction infrastructure in place and are leaders in the field of Concurrent Disorders within the HNHB LHIN.

System Performance
How will the investment impact quality, access, integrated care and system level sustainability?
	• The RAAM Clinic will support integration by building:
	  • an addictions pathway between hospital services, primary care, and community mental health and addictions agencies.
	  • capacity within ED and inpatient physicians and primary care providers will help to improve system sustainability.

System Values How does the investment support a client focus, partnerships, innovation, equity and organizational efficiency?	• The RAAM Clinic will be located on a bus route and will be accessible. Services will be available in French from two French speaking physicians. Staff will be required to complete Indigenous Cultural Safety Training as a condition of funding. SJHH will work together with De Dwa Da Dehs Nye>s Aboriginal Health Centre to develop a culturally sensitive approach to addictions care. • The RAAM Clinic model is reported to decrease stigma that individuals face when accessing addictions services. • The RAAM Clinic will provide an opportunity to build partnerships between hospitals, addiction medicine specialists, primary care providers, and community MHA agencies.
Population Health: How will the investment impact health outcomes and quality of life, condition/disease prevalence and health promotion/prevention?	• Proving people with OUD treated with Opioid Agonist Therapy (OAT) have better retention in addiction treatment, less use of addictive substances, improved health and social functioning, and lower rates of mortality. Nearly all people who stop taking opioids without first being stabilized on OAT will relapse. People who relapse have an increased rate of overdose and death.

Briefing Note

Niagara Ina Grafton Gage Village Assisted Living Service

To:	Audit Committee Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN)
From:	Cindy Ward VP, Resource Stewardship and Chief Financial Officer
Date:	March 21, 2018
Proposed Motion:	That the Audit Committee recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to $47,425 base funding in 2017-18 (annualized up to $284,554 in 2018-19) to Niagara Ina Grafton Gage Village to increase supports within their Assisted Living Program at their St. Catharines site.
Recommended Action:	☒ For Decision ☐ For Information
Session:	☒ Open ☐ Closed

Key Messages:

- Niagara Ina Grafton Gage Village (NIGGV) is funded by the LHIN to provide Assisted Living (AL) services. These services can include: personal support/attendant services, essential homemaking services with staff available 24/7 to respond to scheduled and emergency care needs.
- NIGGV reports a population within their AL program that requires a higher level of supports to enable them to remain at home.
- Based on the current budget, the cost per resident is $16.26/resident/day.
- Should the new funding be approved, the cost per day would be $20.01/resident/day. This is lower than the average per resident cost per day of six similar AL programs ($22.84).
- In comparison the level of care per-diem funding for long term care (LTC) is $169.47 per day.

Niagara Ina Grafton Gage Village Assisted Living Service

Background:

- NIGGV is a non-profit organization that provides services to seniors in the Niagara Region. NIGGV has two sites in St. Catharines and Niagara on the Lake (opened in 2012).
- The NIGGV St. Catharines site consists of: rental or rent-gear to income apartments, life lease bungalows and/or apartments, wellness suites, and a 40 bed long-term care home (LTCH).
- The LHIN funds NIGGV to provide AL services at their St. Catharines site. In 2017-18 the annual budget allocated to NIGGV for AL services is $1,358,765.
- The supportive care services provided by AL programs can consist of personal support/attendant services, essential homemaking services with staff available 24/7 to respond to scheduled and emergency (unscheduled) care needs[1].
- Access to AL programs supports individuals to remain in their homes as they age deferring the need for LTC.[1] Access to services provided by the AL program can also support a person's discharge from hospital or avoid an emergency room visit.
- In 2010, the HNHB LHIN identified improving access to Supported Housing (SH)/AL services as a key initiative to assist people in remaining in their own homes as they age. These programs continue to be a core component of the HNHB LHIN's strategy to support seniors remaining in their homes and improve patients' discharge from hospital.
- The Minister of Health and Long-Term Care (Minister), in his 2017-18 Mandate letter to LHINs, asked LHINs to make progress in a number of priority areas including: improving patient flow through hospitals, avoiding unnecessary hospital stays and reducing the time people spend in hospital waiting for the right level of care.
- In October 2017, NIGGV advised the LHIN of increased operating pressures from the need to provide higher levels of supports including the use of mechanical lifts requiring a minimum of two staff for transfers.
- In November, 2017 NIGGV submitted a proposal to the HNHB LHIN requesting $284,554 base funding to allow their AL program to meet the current care needs of residents in order to avoid premature admission to LTC.

[1] Sinha, Dr. S. K. Living Longer, Living Well. Ministry of Health and Long-Term Care. December 2012.

Niagara Ina Grafton Gage Village Assisted Living Service

Analysis:

NIGGV AL Program

- In November 2017, NIGGV reported serving 207 clients in their AL program. Of these 31% (64) were reported as having a MAPLe score of 4 or 5 (excluding four residents requiring lifts) and 68% (140) as having a MAPLe score of 3, 4 or 5 (included seven residents requiring mechanical lifts).
- The MAPLe Score 'Method for Assigning Priority Levels' is a decision support tool that is used to prioritize clients needing community resources and services and is a predictor of admission to residential care and may indicate caregiver distress. The MAPLe score assigns one of five priority levels. A score of one indicates low needs and a score of five indicates very high needs.
- NIGGV reported seven residents requiring mechanical lifts for transfers, which requires two staff. These residents also required transfers up to four to five times a day, with one resident requiring three staff to assist with transfers. Access to mechanical lifts and the necessary supports to operate them allow these residents to remain in their homes and avoid premature discharge to LTC.
- A survey of five HNHB AL health service providers who serve a similar population revealed one reporting provision of two person mechanical lift and a resident cost per day higher than that reported by NIGGV.
- In 2016, NIGGV admitted 12 new residents of whom 11 were from hospital and six of these new residents were assessed as MAPLe score of 4 or 5. In 2017, NIGGV due to program pressures, reported that of the ten new residents admitted only five were from hospital and only three residents were assessed as MAPLe score of 4 or 5.
- In order to provide this higher level of service and maintain service levels for other residents NIGGV has requested additional resources of $284,554 in base funding.
- The additional funding will allow NIGGV to maintain and increase the number of residents who require a higher level of care within their AL program. This will include:
    - providing supports for a total of 11-12 residents who require mechanical lifts or two person transfers
    - 77% of residents will be assessed as a MAPLe score of 3, 4 and 5.

Niagara Ina Grafton Gage Village Assisted Living Service

Target Population and Evidence of Need

- The importance of ensuring the availability of a range of affordable AL and SH options in the community to support older adults who wish to remain in their homes as they age was identified in the 2012 report Living Longer, Living Well.[1]
- While individuals requiring higher levels of care within AL programs may be eligible for LTC, the cost to support these residents has been demonstrated to be substantially lower than the cost of LTC. The 2012 Living Longer, Living Well report shows the cost of AL to be approximately one third the cost of LTCH per day.[1]
- The Niagara and Niagara West sub-region is home to 43,035 seniors over the age of 75 years. In the next ten years, the population of seniors over the age of 75 years in Niagara is projected to grow by 45.8% to 62,759[2].
- Continued demand for AL Services for those in the Niagara community is also evidenced by a growing wait list at NIGGV, which as of January 2018, reported 35 individuals from the community.

Financial Analysis

- The current program supports 207-210 residents with a range of low to high care needs.
- Based on the current budget, the cost per resident is $16.86/resident/day.
- Should the new funding be approved, the cost per day would be $20.01 per resident/day.
- NIGGV reports the lowest cost per resident day when compared to five similar AL programs (ranged $19.24 to $28.93) and the average per resident day cost ($22.84) of the six AL programs.
- In comparison the LTCH level of care per-diem funding is $169.47 per day.

Impact (Patient/System):

Patient

- Residents of NIGGV AL program needing higher levels of support will be able to remain in their homes longer and potentially avoid admission to LTCHs.
- The increased staffing levels will allow NIGGV to continue to support residents who have a palliative diagnosis and wish to remain at home.

[2] 2016 Census Canada Data. Intellihealth Population Projection.

Niagara Ina Grafton Gage Village Assisted Living Service

System

- Supporting individuals in AL setting has been reported to reduce system costs and defer and/or delay the need for LTC.
- LHIN LTCH resources can be targeted for persons who cannot be supported in the community.
- Reduce unnecessary and/or avoidable Emergency Department (ED) visits from high risk older adults.
- Timely discharge from hospital of patients who receive services within an AL Program.

Community Engagement:

- NIGGV engaged with LHIN Home and Community Care on options to meet residents' care needs.

Measures of Success:

- NIGGV will provide evidence of the following in their reporting to the LHIN:
    - Percent of residents assessed as a MAPLe score of three, four and five will be greater than or equal to 77%
    - Report on the number of residents who require mechanical lift
    - Report on the number of new residents admitted from hospital annually.

Source of Funding:

- Unallocated Community Investment Funding from 2017-18 and prior year.

Author: Rosalind Tarrant, VP Health System Strategy and Integration

Approved by: Donna Cripps, Chief Executive Officer

File Path: http://portal.lhins.on.ca/hn/administrative/administration/Operational Information/Board Materials/Audit Committee/2017-18/2018-03-21/Briefing Notes/C.3.iv_BN_Niagara Ina Grafton Gage Village Assisted Living Service.doc

Niagara Ina Grafton Gage Village Assisted Living Service

Appendix A

Decision Making Framework

Framework Domain	Attributes of Investment
System Alignment (Does the expansion align with the LHIN Integrated Health System Plan (IHSP) and health service provider roles?)	• Aligns with the LHIN IHSP, 2017-18 Annual Business Plan and Minister's Mandate letter to LHINs to: improve patient flow through hospitals, avoid unnecessary hospital stays, and reduce the time people spend in hospital waiting for the right level of care. • Aligns and supports the ministry's Seniors Strategy.
System Performance: (How will the expansion impact quality, access, integrated care, and system-level sustainability?)	• Supporting individuals in AL setting has been reported to reduce system costs and defer and/or delay the need for LTC. • LHIN LTCH resources can be targeted for persons who cannot be supported in the community. • Reduce unnecessary and/or avoidable Emergency Department (ED) visits from high risk older adults. • Timely discharge from hospital of patients who receive services within an AL Program.
System Values: (How does the expansion support a client focus, partnerships, innovation, equity, and efficiency?)	• Support individuals remain in their homes as they age and potentially avoid admission to LTCH. • AL demonstrates cost efficiency.
Population Health (How will the expansion impact health outcomes and quality of life, condition/disease prevalence, and health promotion/prevention?)	• Provides the person with the opportunity to remain in their own home, maintain social supports which are factors that improve quality of life.