

**ATTENDEES:**

(P) Jane McMullan	(P) Ricco Bhasin	(P) Susan Britton Payne	(P) Lisa Coulman
(P) Kulvir Singh Gill	(P) Linda Franklin	(P) Mark Beckles	(P) Vanita Varma
(P) Silvia Montefiore	(P) Geoffrey Ritchie	(P) Jasmine Tehara	(P) Dr. Brendan Carr
(P) Dr. Frank Martino	(P) Tiziana Rivera	(R) Dr. Michael Van Gulik	(R) Dr. Pavi Kundhal
(P) Laurie Gehrling (Resource)			

Kim Bellissimo	Val Carter	Kiki Ferrari	Ann Ford
Florine Lobo	Ken Mayhew	Dr. Naveed Mohammad	

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**1.0 OSLER REACTIVATION CARE CENTRE**

The meeting was called to order. The purpose of the teleconference was to seek the Board's approval for the assignment of a 30-bed Osler unit at the Reactivation Care Centre – Church Site as a hospital group under the Public Hospitals Act. In addition, authorization was also sought to allow management to enter into a lease with Humber River Hospital for the Reactivation Care Centre – Church Site.

A detailed briefing note was distributed in advance of the discussion. Board members were asked if there were any points of clarification required. The following questions were addressed:

***Q: Who are the patients that would fall into the category of ALC?***

Patients who would be moved to the RCC are individuals who have experienced an acute episode and now require a different level of care. They are short term rehab patients requiring some level of conditioning before moving to the next destination (including home).

***Q: What are the financial implications for Osler?***

This initiative is fully funded based on a 30-bed unit and an expected caseload of 1000 cases. If numbers are not achieved, monies will be subject to a claw back.

***Q: Is there a risk of signing a five-year lease with Humber?***

Theoretically there is a risk to signing the lease however, the signed agreement is with a government agency. A termination agreement is being reviewed which would support any issues and provide mitigating strategies in the event that this agreement needs to be cancelled.

***Q: Have we seen a draft of the PCOP funding agreement?***

No, not at this time. Management has consulted with Humber and has comfort regarding the approximate amount that can be expected and process for distribution of funds. The activity is already pre-defined which makes the process easier.

***Q: What associated risks do you foresee?***

There are more opportunities than risks associated with this initiative. The risk is low given the population and related needs; an analysis has been completed regarding utilization patterns and management is confident that the full service will be utilized. Operationalizing this initiative was also identified as a risk given the human resources required to make this successful.

It was noted that from a quality and safety perspective there is little or no risk as Osler will be utilizing its existing systems of care which are already well supported.

***Q: Is there any risk for patients and families i.e. financial burden or inconvenience?***

There is a moderate level of risk, although it was stated that Osler faces this type of risk every day. The risk is emphasized because of consent and transfer in the current system. Efforts to balance and remove artificial barriers will be key to the success of this model. Osler will be sensitive to patient needs and will deal with the issues on a case-by-case basis. Feedback to date from patients utilizing services at the RCC has been positive.

The four key considerations to this agreement were identified as follows: funding, staffing, beds and partner commitment. Mitigating strategies for each were discussed. Further explanation on the medical model of care was requested. Patients will continue to receive care in the same manner as they currently do at Osler's other sites. Family physicians do not generally visit patients in hospital, however care will be coordinated with other members of the team including Nurse Practitioners, Allied health, Hospitalists, etc. Further updates regarding the level and sources of care for this patient population will be provided to the Board through the Health Services & Quality Committee.

**MOVED, Seconded**

***That the Board of Directors authorize management to pursue assignment of the Reactivation Care Centre – Church Site of William Osler Health System as a Group C Hospital (hospital with fewer than 100 beds) classification under the Public Hospital Act, provided the terms of the assignment include:***

- ***Osler to be funded for all operating costs for the duration of the term the facility is open under the terms of the funding agreement; and***
- ***The government commits to funding all capital costs for the term the facility is open.***

***That the Board of Directors also authorize management to enter into a lease for the Reactivation Care Centre – Church Site of Osler for a period of five years and any other agreements required to effect opening of the Osler Reactivation Care Centre - CARRIED***

**3.0 ONTARIO HEALTH**

An update was provided regarding the new legislation tabled this week regarding the creation of a new super agency entitled Ontario Health. Highlights of the announcement included:

- Integration of multiple agencies including: Cancer Care Ontario, Health Quality Ontario, eHealth, Trillium Gift of Life, Health Shared Services Ontario, HealthForce Ontario and the 14 LHINS
- Creating 30-50 Ontario Health Teams to service approximately 300,000/team
- Provides designation of integrated care delivery systems
- Allows for voluntary proposals for integration (approx. 30 proposals already submitted)
- Provides substantial power to Ontario Health and Minister of Health.

Osler is well positioned given its current strategic cycle and will be making a proposal submission. Efforts are currently underway to review the population through a market segment lens. This will help to identify discreet pockets of populations. External resources have been engaged to assist with this initiative. A Project Manager will also be secured to oversee the development of a proposal. Additional discussion will occur with the Board over the coming months. Osler is taking a proactive approach to this situation.

A question was asked regarding current relations with the LHIN and what that will look like going forward. LHINS will be integrated into Ontario Health, however, for the immediate future Osler's relationship with the LHIN will continue. The 2019/20 accountability structure will remain in place for now.

The governance model for the new teams is not yet known.

The Board was advised that given the speed at which change is occurring, it may be necessary to add additional teleconference and/or meetings to address progress. A request was made to ensure that management provides ample time to prepare for these discussions given the magnitude of the topics to be discussed.

#### **4.0 ADJOURNMENT**

The next meeting is scheduled to take place on March 27, 2019.

**MOVED, Seconded**

***That the meeting be adjourned – CARRIED***