

**BOARD APPROVED MINUTES
BOARD OF DIRECTORS MEETING**

Wednesday, November 22, 2017

9:00 am to 4:00 pm

**Ajax/Pickering Room, Central East LHIN – Whitby Branch
920 Champlain Crt, Whitby ON, L1N 6K9**

- Directors Present:** Ms. Amorell Saunders N'Daw (Acting Chair)
Ms. Aileen Ashman (Member)
Ms. Bonnie St. George (Member)
Mr. David Barlow (Member)
Ms. Debbie Doherty (Member)
Ms. Elaine Aimone (Member)
Mr. Glenn Rogers (Member)
Mr. Michael Nettleton (Member)
Mr. Patrick Connolly (Member)
Mr. S. Gopikrishna (Member)
- Regrets:** Mr. Louis O'Brien (Chair)
- Guests:** Ms. Linda Davis (President and CEO, Northumberland Hills Hospital)
Mr. Varouj Eskedjian (Interim President and CEO, Campbellford Memorial Hospital)
Ms. Christine Elliott (Patient Ombudsman)
Mr. Randy Filinski (Co-Chair, Central East LHIN Patient and Family Advisory Committee)
- Staff Present:** Ms. Deborah Hammons (Chief Executive Officer)
Ms. Lisa Burden (Vice President, Home and Community Care)
Dr. Barry Guppy (Vice President, Clinical)
Mr. Stewart Sutley (Vice President, Health System Strategy, Integration, Planning and Performance)
Mr. Marco Aguila (Vice President, Human Resources and Organizational Development)
Ms. Shelley Dagorne (Vice President, Finance and Corporate Services)
Ms. Katie Cronin-Wood (Director, Strategic Communications and Stakeholder Relations)
Ms. Jai Mills (Director, Health System Strategy, Integration, Planning and Performance)

Ms. Karen O'Brien (Manager, Community Engagement and Outreach)
Ms. Tunde Igli (Director, Finance and Risk Management)
Ms. Jennifer Persaud (Governance Coordinator)
Ms. Alison Pickles (Corporate Governance Administrative Assistant, Minutes Recorder)

Ms. Amorell Saunders N'Daw, Acting Chair of the Central East Local Health Integration Network (the "Central East LHIN") Board of Directors, chaired the meeting.

1.1 MEETING CALLED TO ORDER

Ms. Saunders N'Daw called the meeting to order at 9:06 AM and welcomed the members of the public to the Central East LHIN open Board meeting.

Constitution of Meeting and Quorum

Notice of the meeting having been properly given to the public and to each Board member, and a quorum of Board members being present at the meeting, Ms. Saunders N'Daw declared the meeting duly constituted for the transaction of business.

1.2 PATIENT STORY

Ms. Katie Cronin-Wood (Director, Strategic Communications and Stakeholder Relations) introduced the Board to Mr. Randy Filinski (Co-Chair, Central East LHIN Patient and Family Advisory Committee) who shared his healthcare journey. Mr. Filinski shared the following messages with the board regarding what he believes are needs in healthcare, they are as follows:

- Healthcare as a nurtured relationship
- Healthcare as a journey, not a destination
- Shared decision making

Members of the Board thanked Mr. Filinski for sharing his story.

2.1 CONSENT AGENDA

Prior to introducing the motion, Ms. Saunders N'Daw asked if there were any items on the consent agenda requiring further discussion.

MOTION: By Mr. Barlow

Be it resolved that the consent agenda of the November 22, 2017 meeting of the Central East LHIN Board of Directors be approved.

- Included are the following items for approval:
 - Approval of the Agenda; Approval of the Minutes Oct. 25
 - Chair's Report to the Board
 - Capital items – Scarborough Rouge Hospital Emergency Department; Lakeridge Health Ajax Pickering Mental Health Inpatient Unit; Port Hope Community Health Centre Community Capital letter of endorsement
 - 17/18 Reallocations Strategy
 - 2017/18 2nd Quarter Report to the Ministry of Health and Long-Term Care

SECONDED: Mr. Gopikrishna

MOTION CARRIED

2.2 DECLARATION OF CONFLICTS OF INTEREST

Ms. Saunders N'Daw requested that those in attendance declare any conflicts of interest. There were no conflicts raised by members in attendance.

4.1 HEALTH SYSTEM EDUCATION/INFORMATION

Ms. Tunde Igli (Director, Finance and Risk Management) and Ms. Shelley Daborne (Vice President, Finance and Corporate Services) provided an overview of the Darft Enterprise Risk Management (ERM) framework. It was noted that the inventory of risk areas have been broken down and aligned to each division and the divisions are aligned to a Committee of the Board. As Committee structure is evolving, on a go forward basis the Board agreed that each Committee will be assessing the types of risk reported.

Mr. Gopikrishna facilitated a discussion amongst members of the Board on the Draft ERM. A suggestion was made for each Committee to review this information at their next meeting to ensure that the risk oversight reports to the Committee can commence.

MOTION: By Mr. Nettleton
Be it resolved that the Central East Local Health Integration Network Board of Directors approves the Enterprise Risk Management Framework, as revised in November 2017, and instructs staff to return with an updated Enterprise Risk Management Framework in one year.

SECONDED: Ms. St. George

MOTION CARRIED

5.1 BUSINESS ARISING FROM LAST MEETING OF OCTOBER 25, 2017

Ms. Saunders N'Daw asked for any business arising from the last Board meeting on October 25, 2017.

There were no items of business arising raised by members of the Board.

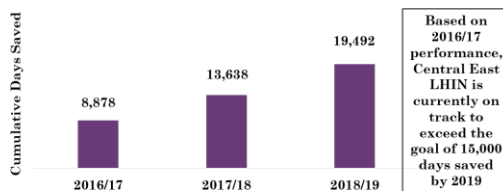
6.1 UPDATE ON MENTAL HEALTH AND ADDICTIONS STRATEGIC AIM

Ms. Jai Mills (Director, Health System Strategy, Integration, Planning and Performance) provided an update on the Integrated Health Service Plan (IHSP) Strategic Aim: Mental Health and Addictions.

The Mental Health and Addictions strategic aim is as follows: *“Continue to support people to achieve an optimal level of mental health and live healthier at home by spending 15,000 fewer days in hospital and reducing repeat unscheduled emergency department (ED) visits for reasons of MHA by 13% by 2019”.*

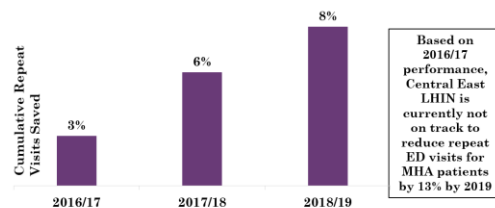
Ms. Mills reviewed the following graphs regarding Central East LHIN’s current status on achieving this aim:

MHA Aim - Cumulative Days Saved











	2016/17	2017/18	2018/19
Projected Patient Days	205,757	210,488	215,082
Estimated Patient Days	196,879	205,728	209,228
Cumulative Days Saved	8,878	13,638	19,492

MHA Aim - Reducing Repeat Unscheduled ED Visits



	2016/17	2017/18	2018/19
Projected Repeat Visits (%)	23.4%	24.3%	25.3%
Estimated Repeat Visits (%)	22.8%	22.1%	22.1%
Cumulative (%)	3%	6%	8%

Ms. Mills discussed the current Mental Health and Addictions supporting dashboard metrics update related to this aim as depicted below:

Indicator	Time Period for Current Performance	Baseline	Central East LHIN Target*	Current Performance	Current Status	Direction of Trend
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (<i>Goal is to decrease the percentage of repeat visits</i>)	2016/17 Q4	18.2%	16.3%	21.0%		
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (<i>Goal is to decrease the percentage of repeat visits</i>)	2016/17 Q4	23.5%	22.4%	25.3%		
Proportion of discharges sent home rather than to an institution for patients with a behaviour support diagnosis (<i>Goal is to increase the proportion of patients with a behavioural support diagnosis who are discharged home</i>)	2016/17 Q4	60.9%	67.0%	64.6%		
Transfers from Long Term-Care (LTC) to ED; mental health patients only, Rate per 1000 (<i>Goal is to decrease the rate of transfers from LTC to ED</i>)	2016/17 Q4	7.8	7.0	11.9		

*Targets that are shown in **bold text** are formal targets. Other targets are calculated as 10% greater or less than the baseline (depending on the desired direction of the indicator)

Ms. Mills provided a brief update on Central East LHIN Mental Health and Addictions Coordinating Council projects. The next steps were outlined as follows:

- Complete establishment of the Central East LHIN MHA Leadership Structure by putting Advisory Committee and Action Groups in place
- Implement remaining MHA Review - Deloitte Report recommendations (beginning with Recommendation # 1), by implementing a Coordinated Access Model
- Determine next steps for the Child and Adolescent Hospital-Based Psychiatric Services Project
- Conclude final phase of ACTT Together Project

6.2 CENTRAL EAST REGIONAL OPIOID STRATEGY

Ms. Mills provided an update on the Regional Opioid Strategy. The Ministry of Health and Long-Term Care (MOHLTC) is investing more than \$222M over three years to enhance Ontario's Strategy to Prevent Opioid Addiction and Overdose. LHINs will be accountable to plan and carry out the following key components:

- Expansion of RAAM Clinics and services
- Boosting access to CWMS and addictions programs
- Expanding proven harm reduction services

Ms. Mills reviewed the anticipated outcomes of the Central East LHIN Opioid Strategy including that it will:

- Be multi-faceted and reflect the diversity and geography of the LHIN
- Result in fewer opioid-related deaths
- Support increased capacity with substance abuse withdrawal in the community
- Provide better treatment outcomes for people dealing with opioid addictions
- Promote improved access to primary care and opioid addictions services
- Endorse uptake, promotion, and use of newly established Health Quality Ontario Opioid Prescribing Guidelines

6.3 CAMPBELLFORD MEMORIAL HOSPITAL – NORTHUMBERLAND HILLS HOSPITAL INTEGRATION OPPORTUNITIES

Ms. Linda Davis (President and CEO, Northumberland Hills Hospital) and Mr. Varouj Eskedjian (President and CEO, Campbellford Memorial Hospital) provided an update on the Northumberland Hills Hospital (NHH)/ Campbellford Memorial Hospital (CMH) Integration discussions. Ms. Davis reviewed the joint board discussion that occurred in early-October as well as developments made throughout the month. The NHH Board has requested the Due Diligence report be provided from CMH prior to initiating broader community engagement. The next steps outlined include:

- Completion of SWOT analysis with broader understanding of risk and benefits of shared service agreement
- Presentation to NHH and CMH Boards by end of November/early December
- Discussion with Central East LHIN regarding support
- Pending outcome of SWOT analysis, community engagement

6.4 LHIN RESPONSE

Mr. Stewart Sutley (Vice President, Health System Strategy, Integration, Planning and Performance) discussed the information presented by NHH and CMH. It was noted that the LHIN expects to meet with the boards of both hospitals in the near future. We have moved forward to address issues identified with ALC, at NHH in particular.

MOTION:

By Ms. Ashman

Be it resolved that the Central East LHIN Board of Directors requests the Boards and leadership of Northumberland Hills Hospital and Campbellford Memorial Hospital to complete their assessment of any potential cost-effective integration opportunities that support the ongoing delivery of timely, sustainable, safe and quality health care services to their local communities.

Further, be it resolved that the Central East LHIN Board of Directors requests that the two hospitals return in December 2017 with the details of any joint voluntary integration opportunities, including implementation details and timelines, community engagement plans, risks, mitigations, benefits, and costs, as well as a statement of each hospital's projected year-end financial position, including assumptions.

And Further, be it resolved that the Central East LHIN Board of Directors requires that Northumberland Hills Hospital return in December 2017 with an update on any cost-effective integration opportunities it has identified, other than with Campbellford Memorial Hospital, that advance its implementation of its Hospital Improvement Plan.

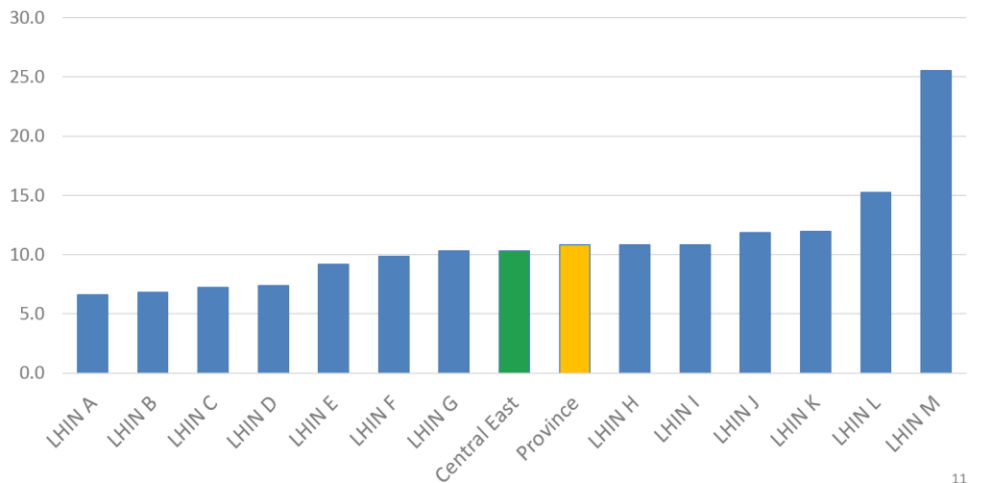
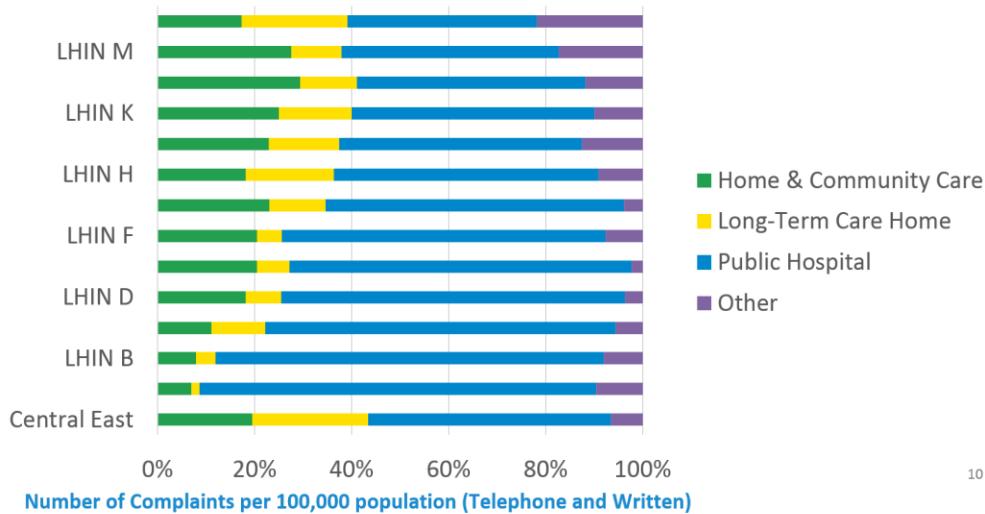
SECONDED: Mr. Nettleton

MOTION CARRIED

6.5 PATIENT OMBUDSMAN OVERVIEW

Ms. Christine Elliott (Ontario Patient Ombudsman) reviewed the role of the Patient Ombudsman's Office and the process by which they handle patient complaints. Patients register complaints to help make changes in the health system so other patients/caregivers do not have the same experience. The Patients Ombudsman's office oversees 146 public hospitals, 14 LHIN's and 630 long-term care homes. The office has received almost 2,000 complaints in the one year it has been open. There are two open investigations at this moment. Most complaints get resolved during early resolution and therefore do not require investigation. Of the complaints received so far 70.1% have been against public hospitals, 19.2% against home and community care providers and 10.7% against long-term care homes. Of the complaints received many focused on inappropriate discharge, lack of communication, policies/procedures, access to care and services, poor care, attitude and behavior, inadequate patient relations process, patient safety, competency of staff and lack of consent.

The chart below depicts the complaints received in Central East LHIN compared to the other LHIN's:



Ms. Elliott reviewed the recommendations and themes including: improving communications, strengthening patient relations processes across Ontario, streamlining the experience for patients with complex complaints and improving planning for discharge.

Members of the Board thanked Ms. Elliot for the informative presentation.

6.6 VOLUNTARY INTEGRATION – MEDITECH CLUSTER

Mr. Nettleton declared that his past tenure in various roles on the Board at Ontario Shores Centre for Mental Health Sciences would have involved him being knowledgeable of this project. He did not feel that a conflict was to be declared but states his position of awareness.

Mr. Stewart Sutley (Vice President, Health System Strategy, Integration, Planning and Performance) provided an update on the voluntary integrations of the hospital

information system and services between Ontario Shores, Waypoint Centre, and The Royal Ottawa Health Care Group. This voluntary integration will achieve the following cost savings:

Cost Element	Ontario Shores	Waypoint	The Royal	Total
Total Costs of Operating the Existing Ontario Shores/ Waypoint HIS Cluster and The Royal Upgrading By Itself	\$21.6M	\$22.1M	\$34.0M	\$77.7M
Total Costs of Operating An Expanded HIS Cluster	\$19.1M	\$19.9M	\$31.0M	\$69.9M
Difference	\$2.5M	\$2.2M	\$3.0M	\$7.7M*

* Numbers may not add due to rounding.

In addition to cost savings the other key benefits of this integration include:

- Clinical opportunities to improve patient outcomes and support collaboration in developing and implementing best practices, evidence-based care and common clinical standards.
- Enhanced opportunities to collaborate on and support mental health research aimed at improving patient care and enhancing best practices.
- Use of common technology, nomenclature and standardized processes.
- Cost efficiency and system (practice and operational) efficiency.

The identified benefits will have no immediate impact on the public and patients. Benefits to these groups are only expected to become evident through time as the standardization of clinical nomenclature, data, data sets, databases, screens, interventions, processes, reporting, and research opportunities occurs.

MOTION:

By Mr. Gopikrishna

WHEREAS the Local Health System Integration Act, 2006 (the “Act”), section 27. (1), allows for health service providers to integrate services with those of another person or entity; and

WHEREAS Section 27(3) (a) of the Act requires a health service provider to give notice to a LHIN of any integration that relates to services that are funded, in whole or in part, by the LHIN; and

WHEREAS The Board of Directors of the Ontario Shores Centre for Mental Health Sciences, Waypoint Centre for Mental Health Care, and The Royal Ottawa Health Care Group have endorsed the Voluntary Integration of Hospital Information Systems between Ontario Shores, Waypoint, and The Royal;

BE IT RESOLVED that the Central East Local Health Integration Network Board of Directors will receive the Notice of Intended Integration of the Hospital Information System under Section 27 of

the Local Health System Integration Act between Ontario Shores Centre for Mental Health Sciences, Waypoint Centre for Mental Health Care, and The Royal Ottawa Health Care Group, and will not issue a decision that will stop this integration.

BE IT FURTHER RESOLVED that the Central East Local Health Integration Network Board of Directors requires Ontario Shores Centre for Mental Health Sciences to complete the development of indicators that would support subsequent reporting of the impact of the integration, consistent with the LHIN Framework for Assessing the Impact of Integration Activities, by the end of the 4th Quarter of 2017/18.

SECONDED: Ms. St. George

MOTION CARRIED

6.7 REPORT OF THE GOVERNANCE AND COMMUNITY NOMINATIONS COMMITTEE

Mr. Gopikrishna, Chair of the Governance and Community Nominations Committee, provided an update from the Governance and Community Nominations Committee including:

- Education sessions are being scheduled to align with Board meeting dates and will include overview presentations from the Divisions for all Board members.
- Staff are in the process of revising the mission, vision and values
- Governance engagement strategy will be developed with a view of focusing on sub-regions rather than cluster-based engagement

MOTION: By Mr. Rogers
Be it resolved that the Central East LHIN Board of Directors receive the Chair's report of the Governance and Community Nominations Committee meeting from November 8, 2017.

SECONDED: Ms. Ashman

MOTION CARRIED

6.8 CEO HIGHLIGHTS

Ms. Hammons reported on highlights from her report and took questions from the Board.

The board thanked Mr. David Stringer for his 30 years of service and wished him the best in his retirement.

7.0 MOVED INTO CLOSED SESSION

MOTION: By Ms. St. George
Be it resolved that the Board of Directors move into closed session, pursuant to Section 9, subsection 5 of the Local Health System Integration Act (LHSIA) to:

- √ consider a matter that concerns personal or public interest
- √ consider a matter that would prejudice legal proceedings;
- and
- √ consider a personnel matter.

and that the following Central East LHIN staff, Deborah Hammons, Stewart Sutley, Lisa Burden, Barry Guppy, David Stringer, Shelley Dagonne, Katie Cronin-Wood, Karen O'Brien, Marco Aguila, Tunde Igli, Gurjeet Dosanjh, Michelle Nurse, Sheila Rogoski, Jennifer Persaud and Alison Pickles join the Board in the closed session.

SECONDED: Mr. Nettleton

MOTION CARRIED

12.1 REPORT ON CLOSED SESSION

Upon reconvening to the open session, Ms. Saunders N'Daw reported that during the in-camera session the Board discussed details pertaining to personnel, considered a matter concerning personal or public interest and matters that could prejudice legal proceedings.

MOTION: By Mr. Nettleton
Be it resolved that the Chair's report of the November 22, 2017 closed session be received and approved, and further that there will be follow up on the actions discussed.

SECONDED: Mr. Connolly

MOTION CARRIED

12.2 MOTION OF TERMINATION

MOTION: By Ms. Aimone
Be it resolved that the November 22, 2017 Central East LHIN Board meeting be terminated.

SECONDED: Mr. Barlow

MOTION CARRIED

The meeting was terminated at 4:36PM

ORIGINAL SIGNED BY

Amorell Saunders N'Daw
Acting Chair, Central East LHIN

ORIGINAL SIGNED BY

Deborah Hammons
Chief Executive Officer,
Board Secretary