

APPROVED MINUTES
BOARD OF DIRECTORS MEETING
Wednesday, October 22, 2014
Scarborough Room, Central East LHIN Office
314 Harwood Avenue South, Unit 204A, Ajax
8:30 AM to 3:30 PM

Directors Present: Mr. Wayne Gladstone (Chair)
Mr. David Sudbury (Vice-Chair)
Ms. Valmay Barkey (Member)
Ms. Joanne Hough (Member)
Ms. Margaret Risk (Member)
Ms. Amorell Saunders N'Daw (Member)
Ms. Samantha Singh (Member)

Staff Present: Ms. Deborah Hammons (Chief Executive Officer)
Mr. James Meloche (Senior Director, System Design and
Implementation (SDI))
Mr. Stewart Sutley (Interim Senior Director, System Finance and
Performance Management, (SFPM))
Ms. Karol Eskedjian (eHealth Program Manager)
Ms. Kasia Luebke (Team Lead, Integration & Implementation)
Ms. Marilee Suter (Decision Support Consultant, SDI)
Ms. Sue Wojdylo (Senior Consultant, SFPM)
Ms. Jenny Greensmith (Central East Hospice Palliative Care Network
Coordinator)
Ms. Karen O'Brien (Public Affairs)
Ms. Sheila Rogoski (Executive Coordinator)
Ms. Jennifer Persaud (Governance Coordinator)
Ms. Jennifer Kerswill (Corporate Governance Administrative Assistant,
Minutes Recorder)

Mr. Gladstone, 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

Mr. Gladstone called the meeting to order at 8:30 am and welcomed the members of the Board 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, Mr. Gladstone declared the meeting duly constituted for the transaction of business.

2.1 CONSENT AGENDA

Prior to introducing the motion, Mr. Gladstone asked if there were any items on the consent agenda requiring further discussion.

There were no items raised for discussion by members in attendance.

- MOTION:** By Ms. Singh
Be it resolved that the consent agenda of the October 22, 2014 meeting of the Central East LHIN Board of Directors be approved.
- Included are the following items for approval:
 - Board meeting agenda: October 22, 2014
 - Board meeting minutes: September 24, 2014
 - Board Correspondence Report
 - Chair's report to the Board
 - Other New Business

SECONDED: Ms. Barkey

MOTION CARRIED

2.2 DECLARATION OF CONFLICTS OF INTEREST

Mr. Gladstone requested that those in attendance declare any conflicts of interest. There were no other conflicts of interest declared by members in attendance.

3.0 CLOSED SESSION

- MOTION:** By Mr. Sudbury
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 concerns personal or public interest
 - √ consider a matter that would prejudice legal proceedings; and

√ consider a personnel matter

And that the following persons including members of the Central East LHIN staff, Deborah Hammons, James Meloche, Stewart Sutley, Jennifer Persaud and Jennifer Kerswill join the Board in the closed session.

SECONDED: Ms. Hough
MOTION CARRIED

5.0 RETURN TO OPEN SESSION

Upon reconvening to the open session, Mr. Gladstone reported that during the in-camera session the Board discussed details pertaining to personnel, consider a matter concerning personal or public interest and matters that could prejudice legal proceedings.

MOTION: By Ms. Risk
Be it resolved that the Chair's report of the October 22, 2014 closed session be received and approved, and further that there will be follow up on the actions discussed.

SECONDED: Ms. Barkey

MOTION CARRIED

Mr. Gladstone welcomed the members of the public to the Central East LHIN open Board meeting and invited the Board members and staff seated around the table to introduce themselves.

6.0 DELEGATIONS TO THE BOARD

Mr. Gladstone indicated that there were no delegations at this time.

7.1 CENTRAL EAST REGIONAL CANCER CENTRE - OVERVIEW

Mr. Gladstone welcomed Mr. Tom McHugh, Executive Vice President and Regional Vice President Cancer Services for Lakeridge Health, who provided an overview of services that the Central East Regional Cancer Program delivers.

Mr. McHugh walked members of the Board through the 20 provincial performance indicators, measuring wait times, quality activities and responsiveness to patients. It was noted that the Central East LHIN is currently ranked 2nd in the province.

Board members were informed that Cancer Care Ontario (CCO) is managing some quality-based procedures in the areas of chemotherapy, Cancer Surgery (colorectal, prostate) and will include endoscopy and colposcopy. It was reported that the future initiatives include a commitment to Oncologist human resource planning in the Scarborough area.

Mr. Gladstone thanked Mr. McHugh for his presentation and for the efforts of the Central East Regional Cancer Centre in their commitment to regional accountability.

8.1 BUSINESS ARISING FROM LAST MEETING OF SEPTEMBER 24, 2014

Mr. Gladstone asked for any business arising from the last Board meeting on September 24, 2014. There were no items of business arising raised by members of the Board.

8.2 HOSPITAL INFORMATION SYSTEMS (HIS) VISION – DRAFT FINAL REPORT

Mr. Andrew Hussain, Regional Chief Information Officer for the Central Ontario LHINs and Mr. Aaron Berk, Director – KPMG LLP Advisory Services, walked Board members through the Final Report on the *Central East LHIN Shared HIS Vision*, including details on the facilitated integration planning process and the recommendations for a common HIS.

Mr. Hussain and Mr. Berk described the core elements of a common HIS, which are; enabling a patient centered healthcare approach, supporting the delivery of regional specialty services, supporting standardized, integrated inter-LHIN shared clinical services and enhancing care through effective and streamlined clinical information exchange. Benefits for a common HIS include a shared, comprehensive patient hospital record and real time information exchange to provide appropriate care in a timely manner. Mr. Berk noted that from a provincial perspective, there is demonstrated evidence of the government's commitment to raising the bar on patient care.

Mr. Berk reported on the results from an options analysis, supported by a jurisdictional scan and due diligence research, which included two options outlined in the Final Report, a common HIS or a "mixed model" HIS.

Mr. Berk provided insight on best practices for implemented HIS models based on the jurisdictional scan evidence, it was noted that a region opted to obtain a mixed model HIS and then later converted to a common HIS.

It was noted that the HIS implementation should align with broader provincial direction and staff confirmed that discussion with the Ministry is ongoing. Members of the Board agreed that further information is required from the hospitals to outline the interim governance model and provide an overview on the existing plans to finance the implementation of a new HIS system at the individual provider level. The Board requested staff to complete this follow-up and present the recommendations at the next Board meeting.

MOTION: By Ms. Singh
Be it resolved that the Central East LHIN Board of Directors receive the 'Central East LHIN Shared Hospital Information System Vision' Final Report, dated October 22, 2014.

Further, be it resolved that the Central East LHIN Board of Directors refers this matter to LHIN staff for further analysis and the development of a recommendation to be brought forward to the next Central East LHIN Board meeting.

And further, be it resolved that all hospitals within the Central East LHIN continue to suspend any work towards hospital system refresh and/or procurement until such time that the Central East LHIN Board has reviewed the staff recommendations on the 'Central East LHIN Shared Hospital Information System Vision' Final Report, dated October 22, 2014, to be presented at the next Central East LHIN Board meeting.

SECONDED: Ms. Hough

MOTION CARRIED

9.1 **THE SCARBOROUGH HOSPITAL – ROUGE VALLEY HEALTH SYSTEM – REPORT ON INTEGRATION ACTIVITY**

Mr. Robert Biron, Chief Executive Officer of The Scarborough Hospital (TSH), joined by Ms. Michele James, Vice President, Women's and Children's Program and Clinical Support Services at Rouge Valley Health System (RVHS) and Acting CEO, walked members of the Board through the quarterly update on integration activities between TSH and RVHS.

Maternal Child Youth has been identified as a priority and options have been developed to address recommendations put forward. Suggested options will be tabled with the governance oversight committee. The target date for implementation of Regional Advanced Level 2C Neonatal/Pediatric service is early 2015.

Ms. Hammons thanked Mr. Biron and Ms. James for the presentation on the progress made to date. The Board requested an update on the communication strategy and community engagement as part of the next presentation.

MOTION: By Ms. Hough
Be it resolved that the Central East LHIN Board receives the quarterly update on Integration Activity, as presented by The Scarborough Hospital and Rouge Valley Health System, with the next scheduled report to be presented on January 28, 2015.

SECONDED: Mr. Sudbury

MOTION CARRIED

9.2 COMMUNITY HEALTH SERVICES INTEGRATION STRATEGY

Mr. James Meloche, Senior Director, System Design and Implementation, provided an update on the Durham Hospice-Victorian Order of Nurses facilitated integration planning process and noted that this is on target to be presented to the Board for decision at the next meeting.

Mr. Meloche walked members of the Board through recommendations for Phase II of the Community Health Services Integration strategy and identified common recommendations and key initiatives to be rolled out across the Community Health Services (CHS) clusters. It was confirmed that the CHS Aim remains unchanged and will now encompass a regional planning approach.

Common recommendations included; Community Service Sector (CSS) Program Standards, Intake and Referral to determine standard tools and processes throughout the LHIN and Integrated Information Technology. A recommendation to endorse one-time financial support to establish the Peterborough Leadership Council was put forward for the Board's consideration. This includes a requirement to report back on outcomes and defined deliverables attached to the funding to support the implementation in the next 12-18 months of approved integration plans in Peterborough, under the oversight of the established Leadership/Oversight Governance Council.

Members of the Board requested that a progress report be presented in March 2015 and September 2015.

MOTION: By Ms. Hough
Be it resolved that the Central East LHIN Board approves the allocation of one-time transition resources, up to \$45,000, to support implementation of the approved integration plan in Peterborough City/County, under the oversight of the approved established Leadership Council.

And further, be it resolved that the Central East LHIN Board requests progress reports to be provided in March 2015 and September 2015 to ensure progress against the Peterborough Integration Plan.

SECONDED: Ms. Barkey

MOTION CARRIED

MOTION: By Ms. Saunders N'Daw
Be it resolved that the Central East LHIN Board of Directors endorses the Community Health Services (CHS) Integration Planning Phase 2 Projects and directs staff to engage Health Service Provider stakeholders, as described, and present project charters and business plans (including any one-time funding requirements) to the Board no later than March 31, 2015.

And further, be it resolved that the Central East LHIN Board delegates the authority to the CEO to allocate one-time resources to support the successful completion of Phase 2 CHS project charters and business by March 31, 2015.

SECONDED: Ms. Singh

MOTION CARRIED

9.3 CAPITAL INFRASTRUCTURE REQUESTS

Mr. Stewart Sutley, Interim Senior Director, System Finance and Performance Management, reviewed the proposals with members of the Board, under the Healing Arts Radiation Protection Act (HARPA), as submitted by Lakeridge Health (LH) and Rouge Valley Health System (RVHS) for the enhancement and replacement of equipment. These proposals require LHIN support to advance to the next stage of approvals and are being requested as own-fund initiatives.

MOTION: By Ms. Risk
Be it resolved that the Central East LHIN Board directs the Chief Executive Officer (CEO) to communicate to the Ministry of Health and Long-Term Care (MOHLTC) the Central East LHIN's support of the Lakeridge Health (LH) own funds capital request to designate and operate a replacement Computed Tomography (CT) units in the Diagnostic Imaging (DI) departments at both the LH Oshawa (LH-O) and the LH Bowmanville (LH-B) sites, under the Healing Arts Radiation Protection Act (HARPA).

SECONDED: Ms. Hough

MOTION CARRIED

MOTION: By Ms. Barkey
Be it resolved that the Central East LHIN Board direct the Chief Executive Officer (CEO) to communicate to the Ministry of Health and Long-Term Care (MOHLTC) the Central East LHIN's support of The Lakeridge Health (LH) own funds capital request to designate and operate a replacement Digital Mammography unit with tomosynthesis capabilities for the Diagnostic Imaging (DI) Department at the Oshawa site under the Healing Arts Radiation Protection Act (HARPA).

SECONDED: Ms. Singh

MOTION CARRIED

MOTION: By Ms. Hough
Be it resolved that the Central East LHIN Board directs the Chief Executive Officer (CEO) to communicate to the Ministry of Health and Long-Term Care (MOHLTC) the Central East LHIN's support of the Rouge Valley Health System (RVHS) "own funds" capital request to enhance Digital Mammography units with tomosynthesis capability.

SECONDED: Mr. Sudbury

MOTION CARRIED

MOTION: By Ms. Saunders N'Daw
Be it resolved that the Central East LHIN Board direct the Chief Executive Officer (CEO) to communicate to the Ministry of Health and Long-Term Care (MOHLTC) the Central East LHIN's support of The Rouge Valley Health System (RVHS) "own funds" capital request to designate and operate a replacement Magnetic Resonance Imaging (MRI) at the Centenary site, a replacement Computed Tomography (CT) at the Centenary site, and a new CT at the Centenary site under the Healing Arts Radiation Protection Act (HARPA).

SECONDED: Mr. Sudbury

MOTION CARRIED

9.4 NORTHUMBERLAND HILLS HOSPITAL FINANCIAL STATUS UPDATE

Mr. Gladstone introduced Ms. Linda Davis, President and Chief Executive Officer of Northumberland Hills Hospital (NHH). Ms. Davis walked the Board members through NHH's recent financial history, including deficits resulting from restructuring and service realignments and the associated mitigation strategies.

Through the development of partnerships, NHH has increased the number of patients they can support and created a readiness for further collaboration with the Port Hope Community Health Centre and Health Links.

Ms. Davis noted that NHH is anticipating a shortfall of \$1.45 M at the end of the current Fiscal Year. There are several mitigation strategies identified for 2015/16 and some cost reduction potential without service impact; however, they are insufficient to mitigate the projected deficit.

Mr. Sutley reported to the Board on the management analysis of the deficit and noted that Health Based Allocation Methodology and Health System Funding Reform is a challenge for the entire province and that the NHH community demographics are comparable to other areas in the Central East LHIN. Mr. Sutley proposed a recommendation for the Board's approval of NHH to obtain a coach to review its current financial and operational situation and report back to the Board by January 28, 2015.

MOTION: By Mr. Sudbury
Be it resolved that the Central East LHIN Board approve Northumberland Hills Hospital to obtain a coach to review its current situation and provide the Hospital with an accurate depiction of its current financial position, including any suggested actions to address financial pressures which ensures sustainability of the organization going forward.

And further be it resolved that the Northumberland hills Hospital Financial Position Report be presented to the Board in January 2015.

SECONDED: Ms. Risk

MOTION CARRIED

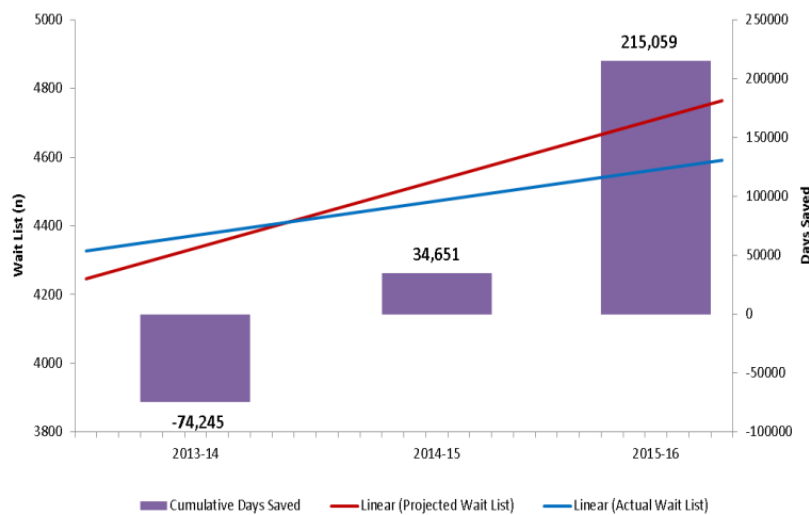
9.5 STRATEGIC AIMS – SEMI-ANNUAL UPDATE

Seniors

Mr. Meloche introduced Ms. Marilee Suter, Decision Support Consultant, SDI, who provided an overview of the progress on the IHSP Seniors Strategic Aim. Based on Long-term Care Home (LTCH) demand and historical data from 2010, Ms. Suter provided a year to year summary of changes and noted a statistically significant change in the number of people on the LTCH waitlist.

Indicator	Baseline	CELHIN Target	Current Performance	Current Status	Trend
CCAC – 90th Percentile Wait Time for Home Care Services From Discharge to First Service (in Days for Hospital Clients) (Goal: decrease) ¹	10.8	9.7	15.0	●	↗
Clients With MAPLe Scores High And Very High Living In The Community Supported by CCAC (Goal: increase) ¹	7831	6000	8332	●	↗
Falls-Related ED Visits in older adults aged 65+, Rate per 1,000 (Goal: decrease) ¹	17.7	15.9	19.0	●	↗
Low-Acuity Emergency Visits for LTCH residents, Rate per 1,000 (Goal: decrease) ²	22.8	20.5	18.8	●	↘
Percentage of ALC days by age (75+) (Goal: decrease) ¹	23%	20%	26%	●	→
Waitlisted patients to LTC, rate per 1000 age 75+ (Goal: decrease) ¹	34.9	31.4	37.6	●	↗

Notes:
1 Most recent available data: 13/14 Q4
2 most recent available data: 13/14 Q1

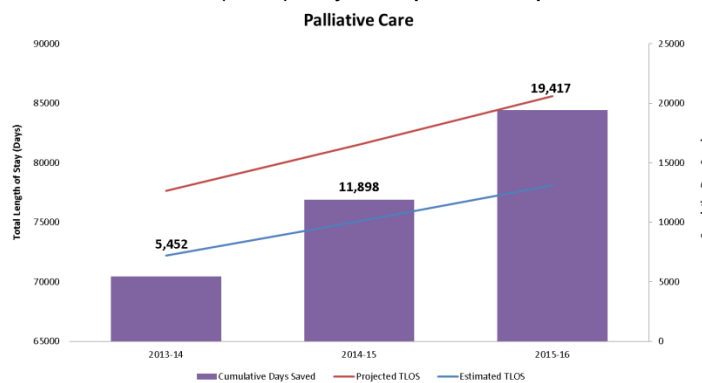


Members of the Board requested that staff report back on mitigation strategies that will be implemented to improve performance under the Seniors Aim and report back at a future meeting.

Ms. Kasia Luebke, Team Lead, Integration & Implementation introduced Ms. Kelly Kay, Executive Director, Seniors Care Network to provide an update from the Seniors Care Network on initiatives underway, including progress to date by the Geriatric Assessment & Intervention Network, the Senior Friendly Hospital initiative and the Assisted Living for High-Risk Seniors.

Palliative Care

Ms. Suter presented an update on the progress under the Palliative Care Aim and noted that in 2013/14, there was a decrease in the number of palliative patients and a decrease in the percentage of Alternate Level of Care (ALC) days for palliative patients.



Ms. Jenny Greensmith, Central East Hospice Palliative Care Network Coordinator, provided an update on the initiatives under the Palliative Strategic Aim, including the Central East Regional Palliative Care Plan.

It was noted that the goal to establish dedicated interdisciplinary Palliative Care Community Teams (PCCTs) to support patients diagnosed as palliative to be cared for in the community or at home, providing 24/7 care is well underway. A Request for Proposal is being developed and will be presented to the Board in December.

Members of the Board thanked staff for their presentations and Mr. Meloche noted that updates on the Mental Health and Vascular Aims would be presented at the next meeting.

9.6 HEALTH SYSTEM FUNDING REFORM (HSFR) UPDATE (PART 1)

Mr. Sutley provided an overview of the HSFR and Health Based Allocation Methodology (HBAM) for the Board and discussed the issues and risks associated with them. It was noted that the late timing of funding announcements could pose potential operational implications where HBAM

funding has decreased. Mr. Sutley noted that health service providers (HSPs) are addressing current operational challenges, and this may limit opportunities to collaborate in improving long-term regional trends and increase market share competition under the HSFR model.

Mr. Sutley will report back to the Board with a balance confirmation of funding allocations for Central East LHIN hospitals, including Quality Based Procedures (QBPs), wait times and global funding budgets, once this information is made available by the Ministry.

9.7 REPORT OF THE AUDIT AND FINANCE COMMITTEE

Mr. Sudbury provided a report on the business of the Audit and Finance Committee that took place on October 8, 2014. The Committee reviewed the Board budget, expense and per diem claims from Q2. The quarterly Declaration of Compliance report was tabled for review and approval by the Board for submission to the MOHLTC, with one exception which was carried forward from the committee's Q1 review relating to the insurance policy of all 14 LHINs.

Mr. Sudbury noted the next meeting of the Audit and Finance committee will be January 14, 2015.

MOTION:

By Mr. Sudbury

Be it resolved that the Central East LHIN Board authorize the Chair, by resolution dated the 22nd day of October, 2014, to declare to the Minister of Health and Long-Term Care that to the best of the Board's knowledge and belief, upon due enquiry of the Chief Executive Officer and other appropriate LHIN officers and personnel, the Central East LHIN:

1. fulfilled its obligations under the Memorandum of Understanding dated April 1, 2007, the Ministry LHIN Performance Agreement and applicable law; and
2. without limiting the generality of the foregoing, complied with the provisions of the government directives applicable to it, including the Transfer Payment Accountability Directive, Procurement Directives and the Travel, Meal & Hospitality Expenses Directive.

during the Applicable Period of July 1 to September 30, 2014, with the noted exception to "Insurance", whereby pending resolutions of the issues have been identified.

SECONDED: Ms. Saunders N'Daw

MOTION CARRIED

MOTION: By Ms. Barkey
Be it resolved that the Committee Chair's report of the October 8, 2014 Audit and Finance Committee meeting be received by the Central East LHIN Board of Directors.

SECONDED: Ms. Hough

MOTION CARRIED

9.8 **REPORT OF THE GOVERNANCE AND COMMUNITY NOMINATIONS COMMITTEE**

Ms. Singh provided a report on the business tabled at the October 8, 2014, meeting of the Governance and Community Nominations Committee. The Committee reviewed Governance Advisory Council (GAC) membership across all clusters. Mr. Gladstone will be reaching out to unrepresented organizations to encourage membership on the council. Ms. Singh reported that evaluations from the 2014 meetings of the GACs were reviewed by the Committee and future agenda items were developed.

The committee endorsed the Board Balanced Scorecard and reviewed the 16 indicators. LHIN staff will provide updates to the committee on a semi-annual basis.

MOTION: By Ms. Singh
Be it resolved that the Central East LHIN Board of Directors approves the Board Balanced Scorecard and endorses the Governance and Community Nominations Committee review schedule, as presented.

SECONDED: Ms. Risk

MOTION CARRIED

Ms. Singh reported on the recruitment process for new Board members, which is currently underway. Changes to the Governance and Community Nominations Terms of Reference (TOR) were made and were presented for Board approval.

MOTION: By Ms. Singh
Be it resolved that the Central East LHIN Board of Directors approves the revised Terms of Reference for the Governance and Community Nominations Committee.

SECONDED: Ms. Barkey

MOTION CARRIED

A survey was conducted by LHIN staff on Board meeting materials. Ms. Singh discussed the comments and recommendations, which included a streamlining of staff presentations and briefing notes. Overall, it was noted that members of the Board are generally satisfied with the Board meeting packages.

Ms. Singh reported on the Committee's review of Board Development opportunities and noted that Health System Information/Education items will be presented in the context of Board meetings. It was noted that the Board Work Plan is on track.

MOTION: By Ms. Singh
Be it resolved that the Central East LHIN Board of Directors approves the 14/15 Board Workplan as presented by the Governance and Community Nominations Committee.

SECONDED: Ms. Hough

MOTION CARRIED

MOTION: By Ms. Singh
Be it resolved that the Central East LHIN Board of Directors receives the Chair's report of the Governance and Community Nominations Committee meeting from October 8, 2014.

SECONDED: Mr. Sudbury

MOTION CARRIED

9.9 CEO REPORT – Q & A

Ms. Hammons presented the CEO report for review and questions and provided the following highlights:

- LHIN staff are working diligently preparing for Hospital Service Accountability Agreement (H-SAA), Multi-sector Service Accountability Agreement (M-SAA) and Long-Term Care Home Service Accountability Agreement (L-SAA) negotiations.
- On September 19, 2014, Minister of Children and Youth Services, The Hon. Tracy MacCharles, officially opened the new residential Adolescent Eating Disorders Clinic at Ontario Shores Centre for Mental Health Sciences.

- The launch of the GAIN Community Team at St. Paul L'Amoreaux Centre in Scarborough on September 26, 2014 was a success.

MOTION: By Ms. Risk
Be it resolved that the Central East LHIN Board receive the October 22, 2014 report of the Central East LHIN CEO for information.

SECONDED: Ms. Barkey

MOTION CARRIED

10.0 CLOSED SESSION

MOTION: By Ms. Hough
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 concerns personal or public interest
√ consider a matter that would prejudice legal proceedings; and
√ consider a personnel matter

And that the following persons including members of the Central East LHIN staff, Deborah Hammons, James Meloche, Stewart Sutley, Sherry Harvey, Karen O'Brien, Sheila Rogoski, Jennifer Persaud and Jennifer Kerswill join the Board in the closed session.

SECONDED: Mr. Sudbury

MOTION CARRIED

14.1 REPORT ON CLOSED SESSION

Upon reconvening to the open session, Mr. Gladstone reported that during the in-camera session the Board discussed details pertaining to personnel, consider a matter concerning personal or public interest and matters that could prejudice legal proceedings.

MOTION: By Mr. Sudbury
Be it resolved that the Chair's report of the October 22, 2014 closed session be received and approved, and further that there will be follow up on the actions discussed.

SECONDED: Ms. Risk

MOTION CARRIED

14.2 MOTION OF TERMINATION

MOTION: By Ms. Hough
Be it resolved that the October 22, 2014 Central East LHIN Board meeting be adjourned.

SECONDED: Ms. Barkey

MOTION CARRIED

The meeting was terminated at 3:25 pm.

Mr. Wayne Gladstone
Chair

Deborah Hammons
Chief Executive Officer
Board Secretary