

DRAFT MINUTES
BOARD OF DIRECTORS MEETING
Wednesday, April 23, 2014
Banquet Room, Don Beer Arena
940 Dillingham Road, Pickering ON
8:30 AM – 3:30 PM

Directors Present: Mr. Wayne Gladstone (Chair)
Mr. David Sudbury (Vice-Chair)
Ms. Valmay Barkey (Member)
Ms. Joanne Hough (Member)
Mr. Chuck Powers (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)
Mr. Paul Barker (Senior Director, System Finance and Performance Management)
Ms. Kasia Luebke (Team Lead, Integration & Implementation)
Ms. Karol Eskedjian (eHealth Program Manager)
Ms. Emily Van de Klippe (Lead, Performance and Accountability)
Ms. Marilee Suter (Decision Support Consultant, SDI)
Ms. Lauren Chitra (Central East Hospice Palliative Care Network Coordinator)
Ms. Emily Van de Klippe (Lead, Performance and Accountability)
Ms. Christine Laity (Coordinator, SFPM)
Ms. Katie Cronin-Wood (Communications Lead)
Ms. Karen O'Brien (Public Affairs)
Ms. Sheila Rogoski (Executive Coordinator)
Ms. Jennifer Persaud (Governance Coordinator, Minutes Recorder)
Ms. Vinitha Navarathinam (Corporate Governance Administrative Assistant)

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 public to the Central East LHIN open Board meeting. Mr. Gladstone noted that Mr. Sudbury will be

taking over as Chair of the meeting following agenda item #4.2 – The Scarborough Hospital/Rouge Valley Health System Hospital Services Facilitated Integration Process.

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 Mr. Sudbury

Be it resolved, that the consent agenda of the April 23, 2014 meeting of the Central East LHIN Board of Directors be approved.

- Included are the following items for approval:
 - Board meeting agenda: April 23, 2014
 - Board meeting minutes: March 26, 2014
 - Board Correspondence report
 - Hospital Service Accountability Agreement (H-SAA) Dashboard
 - Multi-Sector Service Accountability Agreement (M-SAA) Dashboard
 - Chair's Report
 - Other New Business

SECONDED: Mr. Powers

MOTION CARRIED

2.2 DECLARATION OF CONFLICTS OF INTEREST

Mr. Gladstone requested that those in attendance declare any conflicts of interest. Mr. Sudbury declared a conflict with agenda item #4.2 – The Scarborough Hospital/Rouge Valley Health System Hospital Services Facilitated Integration Process. There were no other conflicts of interest declared by members in attendance.

3.0 DELEGATIONS TO THE BOARD

Mr. Gladstone indicated that there were no delegations scheduled for this month.

4.1 BUSINESS ARISING FROM LAST MEETING OF MARCH 26, 2014

Mr. Gladstone asked for any business arising from the Board meeting on March 26, 2014. There were no items of business arising raised by members of the Board.

4.2 THE SCARBOROUGH HOSPITAL – ROUGE VALLEY HEALTH SYSTEM FACILITATED INTEGRATION PLANNING PROCESS

Mr. Robert Biron – President and CEO of The Scarborough Hospital (TSH) presented an update on the integration activities between TSH and Rouge Valley Health System (RVHS) following the March 26, 2014 Central East LHIN Board meeting. Mr. Biron noted that the hospitals will be referring to the 2009 Clinical Services Plan (CSP) and the 2013-2016 Integrated Health Service Plan (ISHP) to guide the implementation of their integration opportunities. Mr. Biron reported that immediate opportunities for integration were selected following a review of the clinical and non-clinical workbooks.

Mr. Biron indicated that planning is expected to begin immediately for the Maternal/Neonatal/Paediatric Service Delivery Model for TSH and RVHS. This will be implemented in a four-phased approach:

- Enablers of success;
- Designing a model;
- Implementing the model; and
- Evaluating the model.

Based on further review of the workbooks, the implementation of opportunities including cardiology, post-acute care, palliative, oncology, diagnostic imaging, laboratory services and information management/information technology will follow. It was noted that the hospitals are committed to pursuing integration work through their involvement with Health Links.

Mr. Biron reported on the continued discussions between the Board Chairs of the hospitals and the LHIN regarding the structure of governance oversight on the joint initiatives.

Mr. Ganderton – President and CEO of RVHS, joined Mr. Biron to respond to questions from the Board. Mr. Ganderton and Mr. Biron noted that the immediate short-term opportunities presented will move forward initially. A request was made for a full summary to be presented on the mid-long term opportunities, including details on each projected activity with estimates on costs and timelines for implementation.

Members of the Board inquired about planning for accountability and oversight structures for joint initiatives and it was noted that the existing accountability structures have assumed responsibility and additional joint leadership teams will be put into place as needed.

Mr. Ganderton and Mr. Biron were thanked for their presentation and the Board and staff expressed their gratitude and appreciation to both organizations and their community members for their commitment to improving patient care for residents in Scarborough. The Board proposed that a report back from RVHS and TSH come forward at the meeting on July 23, 2014.

MOTION: By Ms. Singh
Be it resolved that the Central East LHIN Board of Directors receive the status report as presented by The Scarborough Hospital (TSH) and Rouge Valley Health System (RVHS) and request that the hospitals present on a quarterly basis (commencing in July 2014) to the Board on the progress of their integration work outlined in the presentation.

And further requests that the hospitals provide a full summary of mid-to-long-term opportunities including cost, effort and time required captured from the workbooks and report back to the LHIN Board in the form of a summary document in July 2014.

SECONDED: Ms. Hough

MOTION CARRIED

4.3 HOSPITAL INFORMATION SYSTEMS – UPDATE

Mr. Sudbury took over as Chair of the meeting at this time. Ms. Karol Eskedjian, eHealth Program Manager provided a report on the Hospital Information System facilitated planning initiative. Ms. Eskedjian noted that a vendor has been selected to provide facilitation services. Meetings have commenced with members of the Integration Leadership Committee (mainly hospital CEOs).

Ms. Hammons reported on conversations with the Board Chair of Peterborough Regional Health Centre (PRHC) regarding their concerns with the process. Ms. Hammons noted that correspondence addressed to Mr. Gladstone was received from Lakeridge Health urging the Central East LHIN to move ahead quickly and complete the deliverables within the six-month timeframe.

A question was raised about contingency planning in the event of delayed timelines. Ms. Hammons reported that the three vendors interviewed expressed concerns with getting the information in a timely fashion from the hospitals. Staff will be working with the facilitator to ensure that these concerns are addressed.

Members of the Board thanked Ms. Eskedjian for the report and Mr. Sudbury noted that a follow-up report will be presented at the next Board meeting.

5.1 REPORT OF THE AUDIT AND FINANCE COMMITTEE

Mr. Sudbury provided a report on the Audit and Finance Committee meeting which took place on April 9, 2014. The Q4 Board expenses, per diems and governance budget reports were reviewed. The quarterly Declaration of Compliance was reviewed and was recommended for the Board's approval with one exception noted pertaining to the LHINs insurance policy.

MOTION:

By Ms. Hough

Be it resolved that the Central East LHIN Board authorize the Chair, by resolution dated the 23rd day of April, 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 January 1, 2014 to March 31, 2014, with the noted exception to "Insurance", whereby pending resolutions of the issues have been identified.

SECONDED: Mr. Powers

MOTION CARRIED

It was noted that Mr. Sudbury would endorse the Central East LHIN Attestation for submission to the Ministry on behalf of Mr. Gladstone.

MOTION:

By Ms. Barkey

Be it resolved that the Committee Chair's report of the April 9, 2014 Audit and Finance Committee meeting be received by the Central East LHIN Board of Directors.

SECONDED Ms. Singh

MOTION CARRIED

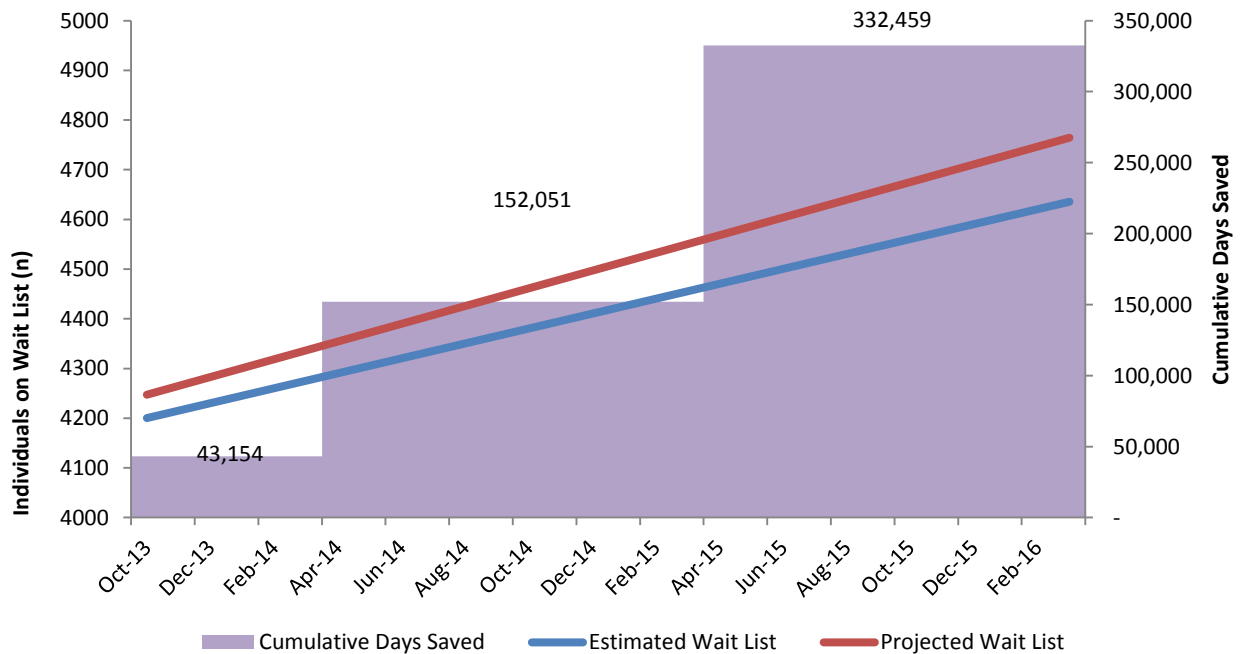
5.2 UPDATE ON THE CENTRAL EAST LHIN STRATEGIC AIMS

Mr. James Meloche, Senior Director – System Design and Implementation introduced Ms. Kasia Luebke, Team Lead, Integration & Implementation as a new staff member. Ms. Marilee Suter, Decision Support Consultant, provided a progress report on the Seniors and Palliative Aims outlined in the Central East LHIN 2013-16 Integrated Health Service Plan (IHSP).

Seniors

Reduce the demand for long-term care so that seniors spend 320,000 more days at home in their communities by 2016.

Ms. Suter reported on the seniors aim calculation and reviewed the assumptions and parameters being incorporated into the figures for projected savings:



Ms. Suter provided a report on the following supporting indicators:

Indicators	Baseline	Central East LHIN Target	Current Performance	Time Period for Current Performance	Current Status	Compared to Most Recent Past Performance
CCAC – 90th Percentile Wait Time for Home Care Services From Discharge to First Service (in Days for Hospital Clients) (decrease)	10.8	6.5	12.0	Q1 13/14	●	↓
Clients With MAPLe Scores High And Very High Living In The Community Supported by CCAC (increase)	7831	6000	8016	Q1 13/14	●	↓
Falls-Related ED Visits in older adults aged 75+, Rate per 1,000 (decrease)	17.7	15.9	18.9	Q2 13/14	●	↑
Low-Acuity Emergency Visits for LTCH residents, Rate per 1,000 (decrease)	24	21.6	19.8	Q3 12/13	●	↓
Percentage of ALC days by age (75+) (decrease)	22.6%	20.3%	23.6%	Q2 13/14	●	↑
Individuals on LTC Wait List, Rate per 1,000 (decrease)	34.9	31.4	36.7	Average for Q2 13/14 (July-Sept inclusive)	●	↑

Mr. Meloche provided a report on the assisted living services for high-risk seniors and adult day programs in the Central East LHIN. Ms. Kelly Kay, Executive Director, Regional Specialized Geriatric Services (RSGS), walked members of the Board through the Senior Friendly Hospital strategy in the Central East LHIN. The 2013/14 and 2014/15 Senior Friendly Hospital Working Group Regional workplan was reviewed. Ms. Kay noted that recommendations may come forward from the RSGS to the Central East LHIN Board to assist in the adoption of senior friendly initiatives and supporting performance indicators related to seniors care.

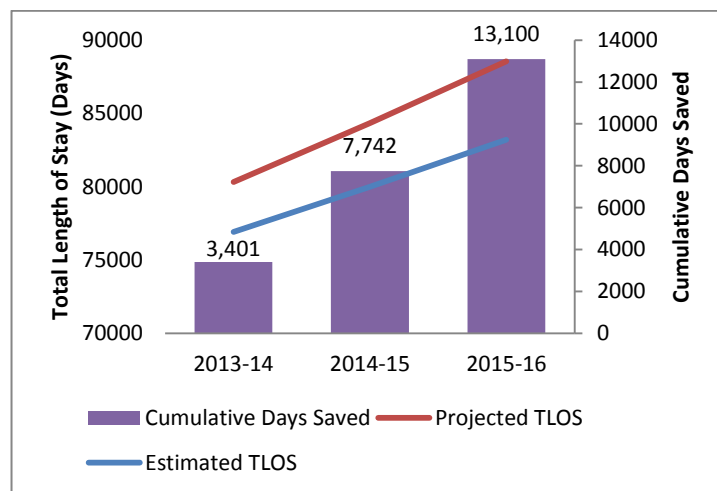
Members of the Board commended staff on their evidence-based approach in developing the initiatives to advance the Seniors aim. It was requested that staff provide a report back on the average wait times for other LHINs.

Palliative

Increase the number of palliative patients who die at home by choice and spend 12,000 more days in their communities by 2016.

Ms. Lauren Chitra, Hospice Palliative Care Network Coordinator, Ms. Linda Sunderland, Executive Director, Hospice Peterborough and co-chair of the Central East LHIN Hospice Palliative Care Network reviewed the key provincial frameworks and planning partners involved in the Network and the current state of services and capacity in the Central East LHIN.

Ms. Suter reported on the measurement and progress of the palliative aim and supporting indicators:



Indicators	Baseline	Central East LHIN Target	Current Performance ¹	Current Status	Compared to Most Recent Past Performance
Average Hospital Length of Stay for Palliative Patients, in Days <i>(decrease)</i>	14.8	13.3	14.1	●	↓
Percentage ALC days for Palliative Patients <i>(decrease)</i>	16%	14%	15%	●	↓
Percentage of Palliative InPatients who were discharged "Home with Support Services" <i>(increase)</i>	66%	73%	67%	●	↓
Percentage of Palliative InPatients who Died in Hospital <i>(decrease)</i>	66%	59%	61%	●	→
Notes:					
1 Current reporting period: 13/14 Q3					
2 Most recent previous reporting period: 13/14 Q2					

Ms. Chitra reported on the Declaration of Partnerships forming the provincial framework and noted that the provincial End of Life Care Networks are developing a comprehensive integrated palliative plan. The mandate, vision and mission for the Central East Palliative Care Network was outlined and findings of the 2013/14 Environmental Scan were noted. The following priority recommendations were tabled by the Central East Palliative Care Network for the Board to consider in support of achieving the Palliative Care Aim:

- Establish dedicated interdisciplinary palliative outreach teams;
- Enhance Hospice Palliative Care (HPC) Education & Training;

- Create integrated HPC Hospital programs;
- Create integrated HPC programs in Long-Term Care Homes; and
- Promote Community hospices as Central Hubs.

MOTION: By Ms. Barkey
Be it resolved that the Central East LHIN Board endorses the Regional Palliative Plan as identified by the Central East Hospice Palliative Care Network ('the Network'). The Board requires that staff collaborate with the Network on further planning, potential investment and integration strategies, and implementation of the priority initiatives, including:

- a. Dedicated Community Palliative Outreach
- b. Palliative Education and Training
- c. Integrated Hospice Palliative Care Hospital Programs
- d. Integrated Hospice Palliative Care LTCH Programs
- e. Community Hospice Hub Programs

LHIN staff and the Network shall provide regular reports back to the Board, with the first status report to occur no later than October 2014.

SECONDED:

MOTION CARRIED

Members of the Board congratulated staff on the progress made in developing the Palliative plan and Mr. Sudbury noted that a report back will be provided in October 2014.

5.3 **CALLS FOR PROPOSALS ON PHYSIOTHERAPY CLASSES AND FALLS PREVENTION FUNDING DECISION/EXPANSION**

Ms. Chitra provided an update on the implementation of exercise and falls prevention of physiotherapy classes in the community with a report on lead agency collaboration including:

- Carefirst Seniors
- TransCare Community Support Services
- Community Care Durham
- Oshawa Senior Citizens Centres
- Community Care Peterborough
- Community Care Northumberland
- Community Care Haliburton County
- Community Care City of Kawartha Lakes

An overview on the 2013/14 Exercise & Falls Prevention by lead agency was provided:

Lead Agency	Exercise		Falls Prevention		Total Annualized Funding
	# of Sites	# of Classes	# of Sites	# of Classes	
CareFirst	13	16	18	84	\$119,040
TransCare	25	35	26	120	\$199,200
Community Care Durham	19	28	10	44	\$109,440
Oshawa Senior Citizens Centre	14	19	14	56	\$99,360
Community Care Peterborough	14	27	10	48	\$110,880
Community Care Northumberland	14	26	15	59	\$119,040
Community Care City of Kawartha Lakes	10	13	6	17	\$47,520
Community Care Haliburton	3	3	3	12	\$18,720
Total		167		440	\$823,200

Ms. Chitra reported that a 2nd Expression of Interest was issued to identify additional expansion exercise and falls prevention sites/classes with targeted groups; including, community support service agencies, community health centres, public health units and municipalities. The 2014/15 base funding allocations to support the expansion of classes were presented for the Board's approval and Ms. Chitra noted that all exercise and falls prevention classes are expected to be operational by May 2014.

MOTION: By Ms. Hough
 Be it resolved that the Central East LHIN Board of Directors approve the base funding allocations as indicated to Health Service Providers listed in the following table, amounting to \$1,071,840 in annualized funding for fiscal year 2014/15, to support all exercise and falls prevention classes:

Lead Agency	Total Annualized Funding for ALL Classes FY 2014/15
CareFirst	\$151,680
TransCare	\$236,640
Community Care Durham	\$129,120
Oshawa Senior Citizen's Centre	\$130,080
Community Care Peterborough	\$198,240
Community Care Northumberland	\$142,080
Community Care City of Kawartha Lakes	\$65,280
Community Care Haliburton	\$18,720
Total	\$1,071,840

SECONDED: Mr. Powers

MOTION CARRIED

5.4 CENTRAL EAST COMMUNITY CARE ACCESS CENTRE – STRATEGIC PLAN AND QUALITY IMPROVEMENT PLAN

Mr. Don Ford, Chief Executive Officer and Ms. Kathy Ramsay, Senior Director, Performance, Accountability and Strategic Planning from the Central East Community Care Access Centre (CECCAC) provided an overview of the CECCAC’s Strategic Plan, Quality Improvement Plan and measures in place to address wait lists for speech language therapy services for school-aged children.

Strategic Plan

Ms. Ramsay noted that the CECCAC Board focused on three core areas to monitor directional progress:

1. *Patient and Caregiver overall experience:* Results are gathered using a province-wide CCAC survey.
2. *Personal Support Waitlists:* The numbers have come down substantially for wait lists; however, a climb in November-December was triggered by a labour disruption resulting in significant service capacity issues as well as the ice storm in December 2013.
3. *Palliative Patients who choose to Die at Home:* The CECCAC is looking to revise the way in which the data is communicated to the Board as it relates to the correct pronouncement of death and the transportation arrangements required. Ms. Ramsay noted that 60% of patients who have “death at home” packages, provided by the CECCAC are successfully going through all of the steps to die at home.

Speech Language Wait Lists

Mr. Ford noted that the start date shown on the waitlists is defined as the initial point in time for when an individual was first added to receive services and if the individual periodically goes on and off of the waitlist, their initial start date is still used as an identifier. Mr. Ford provided an update on strategies in place to address the wait lists including ongoing services beyond the school year and continued speech therapy clinics that the CECCAC has implemented.

Mr. Ford indicated that the numbers on the wait lists have reduced and the CECCAC is projecting that by halfway through the following fiscal year, the waitlists will be eliminated.

Members of the Board thanked Mr. Ford and Ms. Ramsay for the information.

5.5 LONG-TERM CARE HOME UPDATE

Ms. Emily Van de Klippe, Lead, Performance and Accountability walked members of the Board through information on the Long-Term Care home sector in the Central East LHIN. Details were reported outlining the functions and accountabilities of the Ministry of Health and Long-Term Care and the LHINs. Patient demographics and the bed supply in the Central East LHIN were also reviewed.

Ms. Christine Laity, Coordinator of the System Finance Performance Management Team presented an overview on the short-stay respite care bed program. Details were given on the LHIN's role and the short stay booking process.

5.6 NORTHUMBERLAND HILLS HOSPITAL – REVISIONS TO FINANCIAL OBLIGATIONS

Mr. Paul Barker, Senior Director, System Finance and Performance Management briefed the Board on a request to revise the previously approved LHIN Board motion regarding financial obligations for Northumberland Hills Hospital.

Mr. Barker provided an update on the Northumberland Hills Hospital's deficit repayment obligations that were approved by the Board in July 2013 and noted that the hospital is forecasting to run a surplus based on their current 13/14 fiscal position. Mr. Barker reported that changes in the hospital's financial situation and sources available to the hospital may allow them to eliminate the deficit funding in its entirety; however, this can only be accomplished if the decision is rescinded by the LHIN Board which requires Northumberland Hills Hospital to follow the repayment plan to eliminate the working funds deficit.

A question was raised about the status of short-term and long-term debt of the hospital and Mr. Barker noted that Northumberland Hills Hospital will keep the LHIN apprised of their repayment progress.

MOTION: By Mr. Powers
Whereas Northumberland Hills Hospital is implementing a strategy to eliminate their accumulated Working Funds Deficit no later than April 1, 2018.

Be it resolved that the direction that Northumberland Hills Hospital adhere to the plan presented to and approved by the Central East LHIN Board on July 24, 2013 is rescinded. Northumberland Hills Hospital is to proceed with the new strategy and report back semi-annually to the Central East LHIN on progress.

SECONDED: Ms. Barkey

MOTION CARRIED

5.7 TRANSFER OF FUNDS FOR ASSERTIVE COMMUNITY TREATMENT TEAMS – ONTARIO SHORES CENTRE FOR MENTAL HEALTH SCIENCES TO NORTHUMBERLAND HILLS HOSPITAL

Mr. Meloche tabled a friendly amendment to a previously approved Board motion from October 23, 2013 regarding the approval of funds for Ontario Shores Centre for Mental Health Sciences to support the Assertive Community Treatment Teams. It was clarified that the Assertive Community Treatment Team operating out of Northumberland Hills Hospital requires a revision to the Board motion to transfer the funds from Ontario Shores Centre for Mental Health Sciences to Northumberland Hills Hospital.

MOTION: By Ms. Hough
Be it resolved that the Central East LHIN Board of Directors approve the transfer \$111,563 in annualized funding from the Ontario Shores Centre for Health Sciences to the Northumberland Hills Hospital to support the implementation of The Assertive Community Treatment Team (ACTT) Stepped Model of Care at the Northumberland Hills Hospital.

SECONDED: Ms. Singh

MOTION CARRIED

5.9 CEO REPORT – Q & A

Mr. Sudbury asked for questions of Ms. Hammons regarding the CEO Report to the Board.

Ms. Hammons noted that a comprehensive review of the Mental Health and Addictions Aim will be coming forward to the Board in May. It was noted that staff successfully facilitated the execution of all Service Accountability Agreements with Central East LHIN health service providers.

An overview of the Emergency Management processes across the province in preparation for the PanAm/Parapan games will be presented to the Board at a future meeting.

MOTION: By Ms. Barkey
Be it resolved that the Central East LHIN Board receive the April 23, 2014 report of the Central East LHIN CEO for information.

SECONDED: Mr. Powers

MOTION CARRIED

6.0 CLOSED SESSION

MOTION: By Ms. Singh
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 would prejudice legal proceedings
- √ consider a matter that concerns personnel
- √ consider a matter concerning personal or public interest

And that Deborah Hammons, James Meloche, Paul Barker, Katie Cronin-Wood, Karen O'Brien, Karol Eskedjian, Sherry Harvey, Marco Aguila, Sheila Rogoski, Jennifer Persaud and Vinitha Navarathinam join the Board in the closed session

SECONDED: Ms. Saunders N'Daw

MOTION CARRIED

12.1 REPORT ON CLOSED SESSION

Upon reconvening to the open session, Mr. Sudbury 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. Hough

Be it resolved that the Chair's report of the April 23, 2014 closed session be received and approved, and further that there will be follow up on the actions discussed.

SECONDED: Ms. Risk

MOTION CARRIED

12.2 **MOTION OF TERMINATION**

MOTION: By Ms. Risk
Be it resolved that the April 23, 2014 Central East LHIN Board meeting be adjourned.

SECONDED: Ms. Singh

MOTION CARRIED

The meeting was terminated at 3:30 PM

Mr. David Sudbury
Vice Chair

Deborah Hammons
Chief Executive Officer
Board Secretary