

**BOARD APPROVED MINUTES
BOARD OF DIRECTORS MEETING
Wednesday, December 3, 2014
Scarborough Room, Central East LHIN
314 Harwood Avenue South, Unit 204A, Ajax ON
8:30 AM – 3:45 PM**

Directors Present: Mr. Wayne Gladstone (Chair)
Mr. David Sudbury (Vice-Chair)
Ms. Valmay Barkey (Member)
Mr. S.Gopikrishna (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 & Implementation)
Mr. Stewart Sutley (Interim Senior Director, System Finance & Performance Management)
Ms. Karol Eskedjian (eHealth Program Manager)
Ms. Marilee Suter (Decision Support Consultant)
Ms. Jeanne Thomas (Lead, SDI (System Design))
Ms. Emily Van de Klippe (Lead, Performance and Accountability)
Ms. Jai Mills (Integration Consultant)
Ms. Trixie Williams (Lead, Diabetes/Vascular Health)
Ms. Sherry Harvey (Senior Finance Consultant, SFPM)
Ms. Katie Cronin-Wood (Communications Lead)
Ms. Karen O'Brien (Public Affairs)
Ms. Jennifer Persaud (Governance Coordinator)
Ms. Vinitha Navarathinam (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 public to the Central East LHIN open Board meeting.

Mr. Wayne Gladstone welcomed Mr. S.Gopikrishna and reminded the Board that appointment for a Board Member is underway again. Mr. Gopikrishna thanked the Central East LHIN for the warm welcome and the Province of Ontario for the opportunity to make a difference in the community.

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. Barkey

Be it resolved, that the consent agenda of the December 3, 2014 meeting of the Central East LHIN Board of Directors be approved.

- Included are the following items for approval:
 - Board meeting agenda: December 3, 2014
 - Board meeting minutes: October 22, 2014
 - Board Correspondence Report
 - Chair's report to the Board
 - Other New Business

SECONDED: Ms. Saunders N'Daw

MOTION CARRIED

2.2 DECLARATION OF CONFLICTS OF INTEREST

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

3.0 MOVED INTO 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 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 and Jennifer Persaud join the Board in the closed session.

SECONDED: Ms. Risk

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 and matters that could prejudice legal proceedings and that a subsequent closed session was scheduled for the meeting.

6.0 DELEGATIONS TO THE BOARD: ROUGE VALLEY HEALTH SYSTEM – HOSPITAL INFORMATION SYSTEM

Mr. Graeme McKay, Vice Chair of Rouge Valley Health System (RVHS) Board of Directors, presented a delegation on the RVHS current state assessment of the Common Hospital Information System (HIS) Strategy. Mr. Rik Ganderton, President and Chief Executive Officer of RVHS, was in attendance for the presentation.

RVHS commissioned PwC to provide information and options to assist the Board of Directors of RVHS in their review of the Central East LHIN's proposal for a common HIS. Mr. McKay summarized the concerns outlined in the report related to the risks of project failure due to the large number of stakeholders and the costs associated with the implementation of the Common HIS Strategy.

Mr. Gladstone thanked Mr. McKay and Mr. Ganderton for their delegation and noted that the HIS item would be discussed at today's meeting.

8.1 BUSINESS ARISING FROM LAST MEETING OF OCTOBER 22, 2014

Mr. Gladstone asked for any business arising from the Board meeting on October 22, 2014. There were no items of business arising raised by members of the Board.

8.2 HOSPITAL INFORMATION SYSTEM (HIS) VISION

Mr. Gladstone reported that the Central East LHIN received correspondence from the Ministry of Health and Long-Term Care (MOHLTC) requesting additional information from the Central East LHIN on the Hospital Information System (HIS) initiative.

Members of the Board noted that the correspondence required the Central East LHIN to defer any further decision-making or discussion on the initiative until the information requested by the Ministry was received and discussed. The Board requested staff to complete this follow-up and present an update on the status at the next Board meeting.

MOTION:

By Mr. Sudbury

Be it resolved that the Central East LHIN Board of Directors receives correspondence from the Ministry of Health and Long-Term Care and notes that additional information has been requested in relationship to any future Hospital Information System(s) procurement, including compliance with the Broader Public Sector Accountability Act (BPSAA) & Procurement Directive.

And further be it resolved that the Central East LHIN Board directs staff to provide information requested by the Ministry, including confirming the full range of costs and sources of funding associated with the proposed procurement of any Hospital Information System(s).

And further, be it resolved that the Central East LHIN Board requests that any procurement activities related to Hospital Information Systems continue to be suspended until further notice.

SECONDED: Ms. Hough

MOTION CARRIED

9.1 COMMUNITY HEALTH SERVICES INTEGRATION

Mr. James Meloche, Senior Director, System Design and Implementation, provided an update on the facilitated integration process between The Youth Centre (TYC) and Oshawa Community Health Centre (OCHC). It was confirmed that both Boards have decided to move forward with an

expedited process and have signed a Letter of Intent to establish a single organization by October 2015. A Transitional Governance model is being developed to support the work of the Joint Leadership Committee. Mr. Lee Kierstead has been appointed as the Operational Lead and Mr. Meloche is acting as the Facilitator for the Joint Leadership Committee.

Mr. Meloche indicated that workstreams identified in the Final Integration Plan of December 2013, are being used to address any outstanding issues related to finance, human resources, service/mandate, communications and governance. It was noted that the Final Integration Plan will come to the Central East LHIN Board in January 2015 for approval and that transition costs will be reported to the Board at the next meeting.

Mr. Meloche reported on the capital infrastructure planning and noted that correspondence was received from the Board Chairs of the OCHC and TYC requesting the Central East LHIN to lift the current hold and move forward with the planning for The Youth Centre's Capital Project. It was noted that staff have made recommendations and have confirmed with the Ministry that we can proceed with the plan.

Members of the Board congratulated staff for the efforts in bringing the organizations together and acknowledged the commitment by the Boards and staff from both organizations.

Mr. Meloche presented on the transition of the Adult Day Program from the Victorian Order of Nurses (VON) to Community Care City of Kawartha Lakes (CCCKL). CCCKL identified approximately \$24,600 in one-time transitional costs and VON identified approximately \$19,106 in one-time transitional costs. A total of \$5,000 in annualized base funding increases were identified for Fiscal Year (FY) 2017/18. It was reported that the transition will be completed by April 1, 2015.

MOTION:

By Ms. Risk

Be it resolved that the Central East LHIN Board of Directors receives the Transition Plan for the transfer of the Adult Day Program (ADP) from Victorian Order of Nurses (VON) to Community Care City of Kawartha Lakes (CCCKL).

Be it further resolved that the Central East LHIN Board of Directors approves:

- CCCKL to receive a one-time funding allocation of \$24,600 for the transitional integration expenses for the transfer of the ADP from VON Canada-Ontario Branch.
- VON – Canada – Ontario Branch to receive one-time funding allocation of \$19,106 related to transfer of the ADP to CCCKL.
- CCCKL receive base increase of \$2000 in fiscal years 2015/16 and 2016/17, and an additional \$3000 base increase in 2017/18.

SECONDED:

Ms. Hough

Ms. Barkey abstained from voting due to former association with CCCKL.

MOTION CARRIED

9.2 COMMUNITY INVESTMENT STRATEGY

Mr. Meloche provided an overview of funding received from the MOHLTC and conditions attached to the funding. It was noted that staff are preparing the recommendations for the investment strategy to come forward to the Board at the December 17, 2014 meeting.

Mr. Meloche discussed the following 2014/15 Community Investment Allocations for the Central East LHIN:

Community Investment Initiatives	2014-15 Base Funding	2015-16 Annualized Base Funding
Comprehensive MHA Strategy – Phase 2	\$2,000,000	\$5,301,000
LHIN Targeted Investment	\$4,360,700	\$4,360,700
5 Day Wait Time for CCAC Personal Support and Nursing Services	\$8,985,100	\$8,985,100
Total Community Investment	\$15,345,800	\$18,646,800

Mr. Meloche identified that the funding objectives are aligned with the Minister’s Action Plan for Health and our primary objective is to support accessibility to community based health services for individuals, allowing them to stay in their home and communities. It was reported that the bundle payment system is under review and a report is expected from the Ministry by the end of January. Timelines and next steps were reviewed and a report on the investment strategy, including a multi-year strategy for Mental Health and Addictions will be coming forward to the Board on December 17, 2014.

9.3 REALLOCATIONS

Ms. Sherry Harvey, Senior Finance Consultant, SFPM, provided an overview of the 2014/15 Funding Reallocation Strategy.

Ms. Harvey outlined the LHIN’s ability to reallocate funding, as outline in the Memorandum of Understanding (MOU), the Local Health System Integration Act (LHSIA), 2006 and the Ministry-

LHIN Performance Agreement (MLPA). A review of year-end forecasts for all providers was completed in Q2 and again in Q3. Funding surpluses to be reallocated have included base annual allocations, other one-time funding, unallocated Urgent Priority Funds (UPF) and dedicated funding sources such as the Community Health Centre (CHC) Physician funding.

A recommendation was tabled for the Board to approve the funding allocation strategy and to delegate authority to the Central East LHIN Chief Executive Officer (CEO) to make additional reallocations as needed. With the Board's approval of delegation, staff will report back to the Board in April 2015 to summarize the reallocation funding.

MOTION: By Ms. Singh
Be it resolved that the Central East LHIN Board approves the 2014/15 Central East LHIN reallocation strategy.

Further, be it resolved that the Central East LHIN Board delegates authority to the Central East LHIN Chief Executive Officer (CEO) to make additional reallocations consistent with this strategy and staff are directed to report back on final reallocations on April 2015.

SECONDED: Mr. Sudbury

MOTION CARRIED

9.4 LONG-TERM CARE HOME SERVICE ACCOUNTABILITY AGREEMENTS – FAIRVIEW LODGE RESIDENT PLACEMENT

Ms. Emily Van de Klippe, Team Lead, Performance and Accountability, reported that the Regional Municipality of Durham, the Central East Community Care Access Centre (CECCAC) and the Central East LHIN have worked together to ensure that individuals secured short-term safe accommodations immediately following a fire at Fairview Lodge Long-Term Care Home on October 27, 2014.

Ms. Van de Klippe reported that the LHIN Legal Branch advised that Long-Term Care Home Service Accountability Agreement agreements were required for each new location, regardless of the licensee or the length of time residents occupied a bed during the temporary stays for former Fairview residents. The Central East LHIN will be responsible for flowing funds to the Licensees and, in some cases, the Regional Municipality of Durham will provide staffing to these locations. Other associated costs such as linens, food, etc. will be handled through a Memorandum of Understanding.

MOTION:

By Mr. Sudbury

Be it resolved that the Central East LHIN Board of Directors authorizes the Chief Executive Officer (CEO) and Chair to execute time-limited Long-Term Care Home Service Accountability Agreements or amended schedules with eligible licensees providing care to the former residents of the Fairview Lodge Long-Term Care Home including (but not limited to) those listed below:

- 1) Regional Municipality of Durham operating out of:
 - a) Lakeridge Health Oshawa
 - b) Lakeridge Health Whitby
 - c) Rouge Valley Ajax & Pickering
 - d) Rouge Valley Centenary
 - e) Ontario Shores Centre for Mental Health Sciences
 - f) Hillsdale Terraces
 - g) Hillsdale Estates
 - h) Lakeview Manor
 - i) Village of Taunton Mills Retirement Home
- 2) Revera Retirement Genpar Inc. operating out of:
Cedarcroft Place
- 3) Regency LTC Operating Limited Partnership on Behalf of Regency Operator GP Inc as General Partner operating out of:
The Wynfield
- 4) Ross Memorial Hospital
- 5) Schlegal Villages Inc. operating out of:
The Village of Taunton Mills

SECONDED: Mr. Gopikrishna

MOTION CARRIED

9.5 QUARTERLY CAPITAL INFRASTRUCTURE UPDATE

Ms. Jeanne Thomas, System Design and Implementation Lead, walked the Board members through the Quarterly Capital Infrastructure Report. It was reported that Lakeridge Health is seeking the Board's endorsement for a Pre-Capital Submission to develop a specialized Complex Continuing Care and Rehabilitation Hospital as a regional resource. The construction is envisioned to start in 2024 and be completed in 2026.

MOTION: By Ms. Saunders N'Daw
Be it resolved that the Central East LHIN Board endorses the programs and services elements [Part A] of Lakeridge Health's Pre-Capital Submission for Replacement Whitby Facility – Regional Rehab/CCC Hospital and instructs Lakeridge Health to submit Part A as submitted to LHIN, and Part B Pre-Capital Submission, to the Ministry of Health and Long-Term Care for review.

SECONDED: Ms. Hough

MOTION CARRIED

9.6 HOSPITAL WORKING FUNDS DEFICIT REPORTS (Q2)

Mr. Stewart Sutley, Interim Senior Director, System Finance & Performance Management, walked members of the Board through the Hospital Working Funds Deficit Quarterly Reports and noted that the Board's approval will be reflected in the submission of the document to the Ministry for Lakeridge Health (LH), Ross Memorial Hospital (RMH), Northumberland Hills Hospital (NHH) and Peterborough Regional Health Centre (PRHC).

Mr. Sutley reported that LH will no longer be in receipt of funds from the Ministry; however, they are still required to report on an ongoing basis for the remaining number of years. The other three hospitals are in the middle of the program and it was noted that this is the last year for both PRHC and RMH, based on the original design. NHH will no longer be receiving funding under this initiative in 2015/16.

Staff have followed up with the hospitals and have determined that LH and RMH have met the terms and conditions of funding to date and it is recommended that the LHIN Board approves the reports for submission to the MOHLTC by December 12, 2014. It was recommended that the LHIN Board also approves the Q2 reports from PRHC and NHH and staff will continue to monitor and investigate the issues related to their ability to meet the requirements for funding.

MOTION: By Ms. Barkey
Be it resolved that the Central East Local Health Integration Network (Central East LHIN) Board of Directors approves the Q2 Working Capital Remedy reports of Lakeridge Health and Ross Memorial Hospital for submission to the Ministry of Health and Long-Term Care (MOHLTC) by December 12, 2014;

And further be it resolved that the Central East LHIN Board of Directors approves the Q2 Working Capital Remedy reports for Peterborough Regional Health Centre and Northumberland Hills Hospital for submission to the MOHLTC, and directs staff to continue to monitor/investigate issues related to

their inability to meet the terms and conditions of their Working Capital Remedy funding.

SECONDED: Ms. Singh

MOTION CARRIED

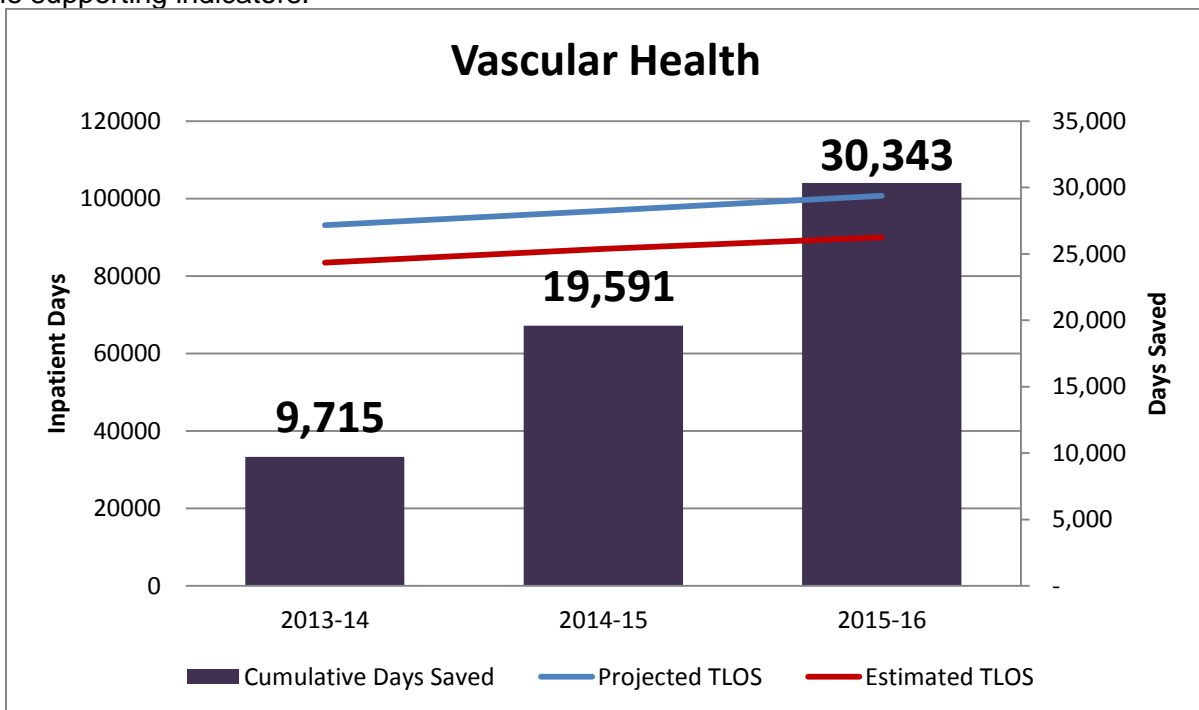
9.7 SEMI-ANNUAL UPDATE ON THE CENTRAL EAST LHIN MENTAL HEALTH & VASCULAR STRATEGIC AIMS

Mr. Meloche introduced Ms. Jai Mills, Integration Consultant, Ms. Marilee Suter, Decision Support Consultant and Ms. Trixie Williams, Team Lead, Diabetes/Vascular Health, to provide an update on the initiatives under the Mental Health and Vascular Strategic Aims, outlined in the Central East LHIN 2013-16 Integrated Health Service Plan (IHSP).

Vascular Health

Continues to improve the vascular of residents so they spend 25,000 more days at home in their communities by 2016.

Ms. Suter presented an update on the performance metric for Diabetes and Vascular Health and the supporting indicators:



Indicator	Baseline	CE LHIN Target	Current Performance	Current Status	Trend
30-Day Readmission for select CMG (Cardiovascular) (Goal: decrease) ²	14.3%	12.9%	18%		
30-Day Readmission for select CMG (CHF) (Goal: decrease) ²	23.0%	20.7%	22%		
30-Day Readmission for select CMG (COPD) (Goal: decrease) ²	18.2%	16.4%	17%		
30-Day Readmission for select CMG (Diabetes) (Goal: decrease) ²	13.2%	11.9%	10%		
Percentage ALC days (stroke) (Goal: decrease) ¹	23.7%	21.4%	38%		
Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation (Goal: increase) ^{3,4}	34.7%	38.1%	36.4%		N/A
Proportion of stroke/TIA patients treated on a stroke unit any time during their inpatient stay (Goal: increase) ^{3,4}	28.4%	31.2%	35.3%		N/A
Note: 1 Most recent available data: 13/14 Q4 2 Most recent available data: 13/14 Q3 3 Most recent available data: Fiscal Year 12/13 4 Data consists of less than seven data points, trend is not available.					

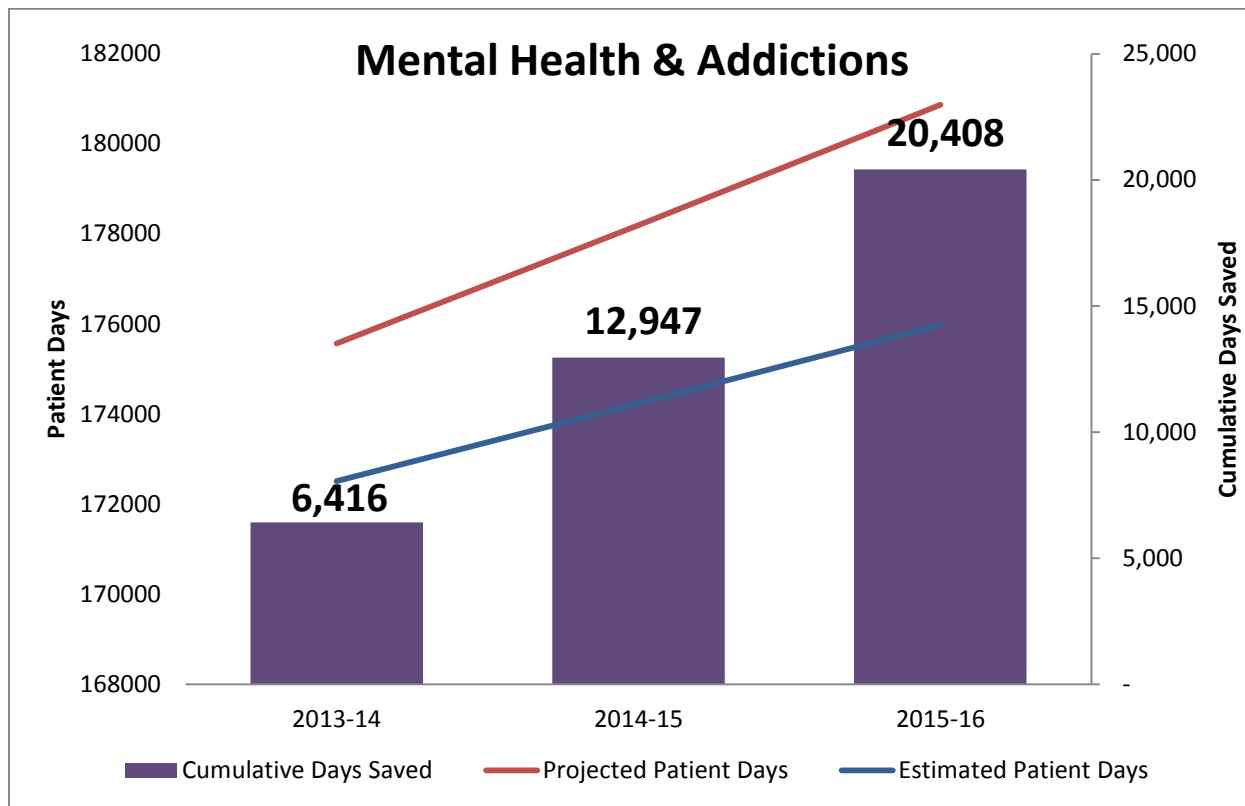
It was noted that the Central East LHIN will meet its target of saving 25,000 days by 2016. However, this projection can be changed due to the identified risks of trending for future performances based on the historical trends.

Ms. Williams noted that the Centre for Complex Diabetes Care (CCDC) is a regional approach to acute complex diabetes care. They are housed within three hospitals throughout the region – The Scarborough Hospital, Lakeridge Health and Peterborough Regional Health Centre. Ms. Williams highlighted the current initiatives and outcomes of the Diabetes and Vascular Health portfolio.

Mental Health & Addictions

Strengthen the system of supports for people with Mental Health and Addictions issues so they spend 15,000 more days at home in their communities by 2016.

Ms. Suter presented an update on the performance metric for Mental Health and Addictions and the supporting indicators:



Indicator	Baseline	CE LHIN Target	Current Performance	Current Status	Trend
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (Goal: decrease) ¹	18.2%	17.0%	20%	●	↗
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (Goal: decrease) ¹	23.5%	22.5%	20.7%	●	→
Proportion of discharges sent home rather than to an institution for patients with a behaviour-support related diagnosis home (Goal: increase) ^{3,4}	52.4%	57.7%	53.0%	●	N/A
Transfers from LTC to ED; MH patients only, Rate per 1000 (Goal: decrease) ²	7.79	7.01	7.75	●	↗

Note:

1 Most recent available data: 13/14 Q4

2 Most recent available data: 13/14 Q2

3 Most recent available data: Fiscal Year 13/14

4 Data consists of less than seven data points, trend is not available.

It was noted that the Central East LHIN will meet its target of saving 15,000 days by 2016. However, current projections can be changed due to alterations in hospital Mental Health and Addictions capacity, and/or historical trends.

Ms. Mills reviewed the key initiatives of the Mental Health and Addictions strategy and reported on the progress made towards the achieving the strategic aim.

Members of the Board congratulated staff on their evidence-based approach in developing the initiatives to advance the Mental Health and Addictions and Vascular Health Aims.

9.8 HEALTH SYSTEM FUNDING REFORM (HSFR) UPDATE (PART II)

Mr. Sutley addressed the Board regarding the 2014/15 Quality Based Procedures (QBPs) and Wait Time Strategy (WTS) allocations. It was noted that the Central East LHIN has applied a local allocation methodology to the Primary Hip Joint Replacement (QBP) and the Primary Knee Joint Replacement (QBP) and the cataracts are allocated in accordance with the Ministry's method. Mr. Sutley indicated that the Central East LHIN is awaiting confirmation from the MOHLTC to flow funding for FY 2014/15 HSFR Funding, including QBPs.

9.9 CENTRAL EAST LHIN EMERGENCY MANAGEMENT/ EMERGENCY PREPAREDNESS

Ms. Katie Cronin-Wood, Communications Lead, provided an overview of the Central East LHIN's role of Emergency Management and Emergency Preparedness. It was noted that the Central East LHIN emergency management role is intended to support the local health system to prepare for, respond to and recover from emergency events and with an overarching goal of ensuring continued access to health care services and maintain local health system capacity during emergency events. A MOHTLC-LHIN Implementation Working Group has been established and the deliverables are scheduled over a three-year implementation period. It was noted that seven (7) LHINs are involved in Emergency Preparedness preparations for the Pan Am and Parapan Am Games in July 2015.

Ms. Cronin-Wood referred to the Central East LHIN After-Hours Emergency Contact Binder and the After-Hours Blackberry Pager and noted that the contact information for our Hospitals, CCACs, Ministry Partners, Emergency Management Services Partners and Public Health Partners are kept up to date regularly.

Ms. Saunders N'Daw left the meeting at this time.

MOTION: By Ms. Barkey
Be it resolved that the Central East Local Health Integration Network (Central East LHIN) Board directs staff to prepare a letter of congratulations to

Fairview Lodge Long-Term Care Home and their partners for their efforts in emergency management during the fire and subsequent placement of all residents.

And further be it resolved that the Board directs staff to contact management at Fairview Lodge Long-Term Care Home to discuss lessons learned and knowledge sharing opportunities with Long-Term Care partners in the Central East LHIN.

And further be it resolved that the Central East LHIN Board congratulates Central East LHIN staff for their efforts in managing the system-level coordination.

SECONDED: Mr. Gopikrishna

MOTION CARRIED

9.10 CEO REPORT – Q & A

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

Ms. Hammons indicated that an update on Maternal Child and Health Links will be coming forward to the Board at a future meeting. It was noted that a report on Vision Planning will be presented at the next Board meeting on December 17, 2014.

It was stated that the Hospital Service Accountability Agreement negotiation meetings are underway. Ms. Hammons reported on the two day visit from the Deputy Minister to the Central East LHIN on November 5 to 6, 2014. A copy of the itinerary of the Deputy Minister's tour will be shared with the Board.

MOTION: By Ms. Barkey
Be it resolved that the Central East LHIN Board receive the December 3, 2014 report of the Central East LHIN CEO for information.

SECONDED: Mr. Sudbury

MOTION CARRIED

10.0 MOVED INTO 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, Karen O'Brien, Jennifer Persaud, Vinitha Navarathinam and Katie Cronin-Wood, join the Board in the closed session

SECONDED: Ms. Risk

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 Ms. Risk
Be it resolved that the Chair's report of the December 3, 2014 closed session be received and approved, and further that there will be follow up on the actions discussed.

SECONDED: Mr. Sudbury

MOTION CARRIED

12.2 MOTION OF TERMINATION

MOTION: By Mr. Sudbury
Be it resolved that the December 3, 2014 Central East LHIN Board meeting be adjourned.

SECONDED: Mr. Gopikrishna

MOTION CARRIED

The meeting was terminated at 3:00 PM

Mr. Wayne Gladstone
Chair

Deborah Hammons
Chief Executive Officer
Board Secretary