

**BOARD APPROVED MINUTES  
BOARD OF DIRECTORS MEETING  
Wednesday, February 24, 2016  
Scarborough Room, Central East LHIN  
314 Harwood Avenue South, Ajax ON L1H 3C3  
9:00 AM – 2:00 PM**

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

**Director Regrets:** Mr. S. Gopikrishna (Member)

**Staff Present:** Ms. Deborah Hammons (Chief Executive Officer)  
Mr. Stewart Sutley (Senior Director, System Finance and Performance Management)  
Ms. Jeanne Thomas (Director, System Design & Integration)  
Ms. Katie Cronin-Wood (Director, Communications and Community Engagement)  
Ms. Karen O'Brien (Public Affairs)  
Ms. Sheila Rogoski (Executive Coordinator)  
Ms. Barbara Millar (Governance Coordinator, Minutes Recorder)

Mr. Sudbury, Vice-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. Sudbury called the meeting to order at 9:00 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, Mr. Sudbury declared the meeting duly constituted for the transaction of business.

## 2.1 CONSENT AGENDA

Prior to introducing the motion, Mr. Sudbury 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 included in the consent agenda for the Hospital Working Fund Deficit Reports as follows:

- Be it resolved that the Central East Local Health Integration Network (Central East LHIN) Board of Directors approve the Q3 Working Capital Remedy report of **Northumberland Hills Hospital** for submission to the Ministry of Health and Long-Term Care (MOHLTC).

### **MOTION:**

By Ms. Saunders N'Daw

Be it resolved, that the consent agenda of the February 24, 2016 meeting of the Central East LHIN Board of Directors be approved.

- Included are the following items for approval:
  - Board meeting agenda: February 24, 2016
  - Board meeting minutes: January 27, 2016
  - Hospital Working Funds Report
  - Correspondence
  - Chair's Report to the Board

**SECONDED:** Ms. Risk

### **MOTION CARRIED**

## 2.2 DECLARATION OF CONFLICTS OF INTEREST

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

## 3.0 DELEGATIONS TO THE BOARD

Mr. Sudbury indicated that there were no delegations to the Board.

## 4.1 CHEATING DEATH: CURRENT STATE OF CRITICAL CARE IN THE CENTRAL EAST LHIN

Dr. Randy Wax, Critical Care Lead for the Central East LHIN presented an update on the current state of critical care in the Central East LHIN. Dr. Wax provided an overview of the critical care services, highlights of the presentation included:

- Primer on Critical Care (what is it?)
- Overview of Critical Care services in the Central East LHIN

- Key successes and challenges over past 5 years

Dr. Wax expressed that we all need to work together to support people – providing good end of life care in the right setting.

Mr. Sudbury thanked Dr. Wax for his presentation and Ms. Hammons added that Dr. Wax's leadership over the last 5 years has moved forward items described today. She also thanked him for his support to the LHIN as the Central East LHIN Critical Care Lead

## 5.1 BUSINESS ARISING FROM LAST MEETING OF JANUARY 27, 2016

Mr. Sudbury asked for any business arising from the last Board meeting on January 27, 2016. There were no items of business arising by members of the Board.

## 5.2 HEALTH LINKS UPDATE

Ms. Jeanne Thomas, Director, System Design & Integration presented an update on the Central East LHIN Health Links. Highlights of the Presentation included:

Health Links (HL) are here to stay:

- Provincial recognition that HLs are a significant enabler to achieving the objectives of the Minister's Action Plan.
- Provincial shift in funding model – LHINs are now directly provided with Health Link funding for disbursement.
- Central East LHIN Integrated Health Service Plan (IHSP) planning identifies the importance of continuing to evolve the HL model to advance integrated systems of care.

Health Care Provider Benefits:

- Provide safer health care by reducing risks (e.g. medication errors, contraindicated treatment regimens), and dissatisfaction associated with fragmented care.
- Better support patients with complex health issues by increasing access to up-to-date information about your patient, and improving your ability to communicate and problem solve with an interdisciplinary, multi-organizational team around his/her care.
- Work together to create one, comprehensive Coordinated Care Plan (CCP), by providing the infrastructure needed for successful coordination of care (e.g. tools, processes, electronic information system).

What is next for health Links?

- Identify and address quality improvement and capacity building needs of HL partners
- Launch Durham West Health Link (Whitby, Ajax, Pickering)
- Strengthen primary care linkages and participation
- Dissemination of the Central East LHIN Toolkit
- Central East Continuing Medical Education – Leaders in Integrated Care for Patients with Complex Health Needs
- Health Link community profiles
- Interim electronic IT solution that supports collaboration for all HL partners
- IHSP 2016-19 alignment

- Expanded partnerships with broader health and social service system within HL communities

Health Links Support the Achievement of the LHINs Overarching Goal - Advancing integrated systems of care to help Central East LHIN residents live healthier at home:

- The evolution of Health Link communities and the established Health Link networks is of foundational importance in advancing integrated systems of care.
- Through enhanced collaboration amongst the network of health service providers within a Health Link community and patients & caregivers themselves, the overall goal of advancing integrated systems of care will be achieved.

The Board Members offered congratulations to the staff on the progress of the Health Links initiative.

### **5.3 PATIENTS FIRST: A PROPOSAL TO STRENGTHEN PATIENT-CENTRED HEALTH CARE IN ONTARIO – DISCUSSION PAPER**

Ms. Hammons gave an update on the status of the Patients First Proposal to Strengthen Patient-Centred Health Care in Ontario – Discussion Paper.

The Discussion Paper released by the Ministry on December 17, 2015 outlines proposed changes for the health system:

- Local Health Integration Networks would assume responsibility for home and community care and system integration;
- have greater involvement with primary care, and;
- improved linkages with population health planning.

As per the Ministry request for feedback on the Discussion Paper, the Central East LHIN is collecting comments through discussions and consultation with:

- Local planning partner teams, indigenous and francophone stakeholders, Medical officers of Health, primary care providers
- Webinar with LHIN funded HSPs
- General Public engagement sessions in three LHIN clusters
- Online surveys

All feedback has to be completed, compiled and submitted to the Ministry by Feb 26<sup>th</sup>. The staff will provide a summary of the feedback at the March board meeting.

### **6.1 LONG-TERM CARE REDEVELOPMENT UPDATE**

Mr. Sudbury welcomed Ms. Emily Van de Klippe, Lead, System Finance and Performance Management, who provided an overview on the Enhanced Long-Term Care Renewal Strategy.

Highlights of the presentation included:

- Key Components of the Enhanced Renewal Strategy

- The Redevelopment project encompasses 30,000 beds in 300 LTC Homes across all LHINs
- Redevelopment Strategy Engagement Structure
  - The Enhanced Long-Term Care Home Renewal Strategy Stakeholder Advisory Committee oversees three groups: Financial Policy Working Group, Design Working Group and Scheduling Process Working Group. Central East LHIN CEO is a member of the Advisory Committee.
- Redevelopment Timelines and Process
- Scope - Central East Local Health Integration Network (Central East LHIN) Redevelopment
  - In the Central East LHIN, 38 out of 68 (56%) Homes are currently scheduled for redevelopment.
  - With 4,779 beds, the Central East LHIN has the largest number of beds scheduled for redevelopment among the LHINs.
  - The Central East LHIN has the 3<sup>rd</sup> largest number of Homes (38) scheduled for redevelopment among the LHINs.
- A review of the Central East LHIN Redevelopment Principles

### 6.2 COMMUNITY HEALTH SERVICES INTEGRATION UPDATE

Ms. Jeanne Thomas introduced guests from Victorian Order of Nurses (VON) and Durham Community Health Centre who provided updates on their integration projects.

Ms. Lori Cooper, District Executive Director, Community Support, Victorian Order of Nurses (VON), Ontario Branch provided an update on the integration journey of the VON and Durham Hospice. Highlights included:

- The timeline was from February 2013 when the planning table was approved by Central East LHIN to February 1, 2016 – when VON programs in Durham region co-located to complete the functional integration
- Expected benefits included client access to broader basket of services, increased presence in North Durham, retention of clients, staff and volunteers and standardized processes.
- Integration learnings included: the need for clear and consistent communication articulating benefits and reasons for the transition, each organization completing its due diligence, and managing expectations and timelines for transition.
- Next priorities include: continuing functional integration of programs, Palliative Care Community Teams, Hospice Hubs, Residential Hospice and to expand collaboration with Health Links.

Mr. Lee Kierstead, Chief Executive Officer, Durham Community Health Centre (DCHC) provided an update on the integration of Oshawa Community Health Centre (OCHC) and The Youth Centre (TYC).

Highlights and Key milestones included:

- In November 2014 the boards of the TYC and OCHC confirmed their intent to a full merger. The two organizations were officially amalgamated on November 1, 2015.
- Governance and Leadership built through active recruitment.
- Development of Foundational/Strategic Building Blocks – Vision, Mission and Values and Strategic Planning.
- Harmonization of Human Resources practices.
- Tactical planning and execution of back office and system integrations.

Next steps include

- DCHC Culture and Team Building
- Integrated Service Model Planning and Implementation
- Pickering Capital Project

Learnings:

- Leadership alignment at Governance and Operational levels is a key enabler of change and success.
- Requires significant commitment and investment in change management and stakeholder engagement for people in transition.
- Day to day operations require resource balancing to facilitate successful transition activities.

The Board members commented on how rewarding it is to see the full cycle of these integrations coming back to the Board. Mr. Sudbury and Ms. Hammons thanked and congratulated the presenters, their staff and boards. Both Ms. Cooper and Mr. Kierstead were thanked for the leadership they provided to their boards and staff to create new organizations that will make a difference to how care will be delivered in the Central East LHIN.

The Central East LHIN Board looks forward to the official openings of both new organizations to meet the respective boards and talk to staff.

### 6.3 CAPITAL APPROVALS

Mr. Stewart Sutley provided an overview of the capital request of Lakeridge Health Emergency Mental Health Services Unit, Domestic Violence, Sexual Assault Centre and Administration Offices at its Oshawa site, for endorsement by the Board. Mr. Sutley explained that we have been assured by the Hospital that funding has been set aside and that the hospital will track performance of this item.

LH proposes to create a short-stay Emergency Mental Health Unit (EMHU). From a program and service perspective, the EMHU is designed to address the unmet needs of those individuals with mental health issues who require hospitalization, but not long-stay admission or the associated extensive psychiatric resources. The EMHU is targeted to individuals at a high risk of relapsing in the community and returning to the Emergency Department (ED). LH proposes to provide eight extended-observation beds as an alternative both to a community referral and long-stay hospitalization. LH further

proposes to locate the EMHU adjacent to the Oshawa ED in order to provide extended assessments and observation in a dedicated 24/7, secure, safe, and structured setting. In short, the EMHU is designed to provide Psychiatric Intensive Care. LH believes that the EMHU will support adult and pediatric patients “respite and time to mobilize defenses and community service providers to adjust to treatment strategies”.

**MOTION:** By Mr. Gladstone  
Be it Resolved that the Central East Local Health Integration Network Board endorses the programs and services elements (Part A) of Lakeridge Health’s combined/modified Stage 1 and 2 capital submission for the Oshawa Emergency Department Mental Health Services Unit, Domestic Violence, Sexual Assault Centre and Administration Offices and requests the Ministry of Health and Long-Term Care to complete its review of the physical and cost elements (Part B).

**SECONDED:** Ms. Hough

**MOTION CARRIED**

#### 6.4 **CEO REPORT – Q & A**

Ms. Hammons presented the CEO report for review and questions.

**MOTION:** By Ms. Singh  
Be it resolved that the Central East LHIN Board of Directors receive the February 24, 2016 report of the Central East LHIN CEO for information.

**SECONDED:** Ms. Risk

**MOTION CARRIED**

#### 7.0 **MOVED INTO CLOSED SESSION**

**MOTION:** By M. Risk  
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, Jeanne Thomas, Karen O’Brien, Sheila Rogoski, and Barbara Millar join the Board in the closed session.

**SECONDED:** S. Singh

**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 A. Saunders N'Daw  
Be it resolved that the Chair's report of the February 24, 2016 closed session be received and approved, and further that there will be follow up on the actions discussed.

**SECONDED:** M. Risk

**MOTION CARRIED**

**12.2 MOTION OF TERMINATION**

**MOTION:** By Ms. Hough  
Be it resolved that the February 24, 2016 Central East LHIN Board meeting be adjourned.

**SECONDED:** M. Risk

**MOTION CARRIED**

The meeting was terminated at 2:00 PM

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David Sudbury  
Vice-Chair, Central East LHIN

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Deborah Hammons  
Chief Executive Officer, Board Secretary