

**BOARD APPROVED MINUTES  
BOARD OF DIRECTORS MEETING  
Wednesday, March 26, 2014  
Banquet Room, Don Beer Arena  
940 Dillingham Road, Pickering ON  
9:00 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. Samantha Singh (Member)

**Staff Present:** Ms. Deborah Hammons (Chief Executive Officer)  
Mr. James Meloche (Senior Director, System Design & Implementation)  
Mr. Paul Barker (Senior Director, System Finance & Performance Management)  
Ms. Emily Van de Klippe (Lead, Performance and Accountability)  
Ms. Karol Eskedjian (eHealth Program Manager)  
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 9:00 am and welcomed the members of the public to the Central East LHIN open Board meeting. Mr. Gladstone noted that Mr. David Sudbury would be arriving late for the 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. Hough  
Be it resolved, that the consent agenda of the March 26, 2014 meeting of the Central East LHIN Board of Directors be approved.

- Included are the following items for approval:
  - Board meeting agenda: March 26, 2014
  - Board meeting minutes: February 26, 2014
  - Semi-Annual Correspondence report
  - Chair 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. There were no conflicts raised 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 FEBRUARY 26, 2014

Mr. Gladstone asked for any business arising from the Board meeting on February 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. Rik Ganderton – President and CEO of Rouge Valley Health System (RVHS) and Mr. Robert Biron – President and CEO of The Scarborough Hospital (TSH) were introduced to present on the TSH-RVHS Facilitated Integration Planning Process. Mr. Biron acknowledged the following TSH representatives in attendance – Mr. Stephen Smith (Board Chair), Mr. Christian Buhagiar (Board Member), Dr. Dov Soberman (Medical Staff Association) and Dr. Elaine Young (President, Medical Staff Association). Mr. Ganderton acknowledged the attendance of Mr. Fred Clifford (Vice Chair, RVHS Board of Directors).

Mr. Ganderton and Mr. Biron provided background information to the Board on the facilitated integration planning process including integration imperatives, fiscal constraints and the value proposition for the merger. It was noted that meetings between the hospital administration and Board members took place with the Minister's office, where the need for funding to support a joint capital plan was expressed. Mr. Ganderton and Mr. Biron reported that throughout the due diligence process, local Members of Provincial Parliament (MPPs) were engaged along with extensive community engagement leading up to the TSH and RVHS Board decisions from TSH and RVHS. An overview was given by each CEO on the rationale for their Board decisions of March 15, 2014 regarding the merger of their two organizations.

##### RVHS

Mr. Ganderton noted that the RVHS Board recognized the value proposition of the merger and supported moving forward on March 15, 2014. It was noted that the RVHS Board of Directors was comfortable with approving a merger decision based on the set of assurances noted by the Minister's office.

##### TSH

Mr. Biron reported on factors influencing the Board decision of TSH to abandon amalgamation discussions with RVHS, this included the consideration of long-term system capacity benefits, feedback from physicians and the facility renewal needs. Mr. Biron noted that upfront investments will be needed in order for the Board of TSH to move forward with further joint capital planning with RVHS. Mr. Biron acknowledged that the hospitals will still need to find operational savings to balance their budgets. The combined financial capacity for TSH and RVHS was noted by Mr. Biron as an exacerbating factor that would negatively affect any merger outcomes.

It was noted by Mr. Biron that the Board of TSH was looking for stronger reassurances to reasonably mitigate the potential and known challenges and risks associated with a merger in order for the Board to have been able to approve the merger.

Mr. Biron reported that the Stage I capital planning approval has been on hold for surgical suites and the diagnostic imaging concourse at the General campus at The Scarborough Hospital and

he informed the LHIN Board that an invitation would be offered for them to tour the hospital's operating suites and a request to 'lift' the hold on these two projects would be forthcoming.

The successes and best practices recognized by TSH regarding the Community Engagement components of the facilitated planning process were reported on by Mr. Biron, he noted that TSH has established an aligned relationship between their Administration, Physicians, Board of Directors and the community which has been a very positive outcome of the process.

Members of the Board asked Mr. Biron to comment on TSH's plans to move beyond the status quo for service delivery in Scarborough. Mr. Biron noted that the hospital will be looking at creating solutions with their community partners and will take the responsibility to manage their budget and create system sustainability through integration activities. Both Mr. Ganderton and Mr. Biron noted that the facilities redevelopment was a cornerstone of work needing to be addressed and it remained as a requirement to deliver the best possible care. Capital grants were requested through the joint process to scope out the feasibility and commence planning.

Ms. Hammons indicated that Central East LHIN staff reviewed the Preferred Integration Model submitted by the hospitals on January 24, 2014. It was noted that LHIN staff found a strong value proposition in moving forward with the merger based on the opportunities identified in the Preferred Integration Model.

Members of the Central East LHIN Board discussed the \$3.8M in funding that was set aside to complete the due diligence as being integral to the successful community engagement results and going forward this funding will be expected to support the ongoing integration work between TSH and RVHS. Ms. Hammons noted that the government showed the hospitals that there was a commitment and support for the hospitals to come together as a merged organization.

A report on the TSH/RVHS Joint Transition Committee was provided to the LHIN Board by Ms. Hammons. She noted that there are a number of activities that have been identified through the facilitated integration planning process which should move forward. Commencing work on the maternal-child youth service delivery integration has been affirmed by both Boards to be completed.

Members of the Board thanked the leaders and the community for their efforts in the last year and requested LHIN staff to work with the hospital CEOs to develop recommendations for next steps on integration opportunities that were identified in the Preferred Integration Model.

**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 direct staff to work with the hospital CEOs to prepare a recommendation on next steps related to the integrations and report back to the Board on April 24, 2014.

**SECONDED:** Ms. Risk

**MOTION CARRIED**

**4.3 HOSPITAL INFORMATION SYSTEMS – UPDATE**

Ms. Karol Eskedjian, eHealth Program Manager, reported on the Hospital Information System facilitated planning process and presented the proposed work plan. Ms. Eskedjian discussed the engagement to date with the Ministry, Central East LHIN hospitals and the Central Ontario Cluster LHINs, following the Board's motion on February 26, 2014. Members of the Central East Executive Council agreed to act as the Leadership Working Group for this initiative. It was noted that the Request for Proposal (RFP) posting for facilitation services closed on March 21, 2014, it is expected that the successful vendor will be selected by April 15, 2014. Ms. Eskedjian reported that any hospital procurement activities with the potential of impacting the Hospital Information Systems Planning Process are being evaluated on a case-by-case basis; however, the procurement pause is not intended to interrupt existing patient services.

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

**5.1 PAY FOR RESULTS – PROVISIONAL APPROVALS**

Mr. James Meloche, Senior Director – System Design and Implementation and Ms. Indra Narula, System Optimization Consultant walked members of the Board through the funding methodology used to determine Central East LHIN Pay for Results (P4R) Provisional Approvals. Ms. Narula noted that the funding has been based on hospital performance in the following five Hospital-Service Accountability Agreement (H-SAA) indicators during the calendar year:

- Emergency Department Length of Stay (ED-LOS) for admitted patients;
- ED-LOS for non-admitted complex patients;
- ED-LOS for non-admitted minor patients;
- Time to Physician Initial Assessment (PIA); and
- Time to Inpatient Bed (for admitted patients).

The 2014/15 Performance Rankings were presented, where it was noted that the Central East allocation for Year 7 increased by 17% to \$12,682,625, compared to the Year 6 total of \$10,827,979. This was based on improvements by hospitals on the performance indicators. The overall provincial ranking of hospitals in the Central East is as follows:

Site	Final Performance Rank (Jan - Dec 2012)	Final Performance Rank (Jan - Dec 2013)
Lakeridge Health – Bowmanville	20	27
Lakeridge Health – Oshawa	67	66
Northumberland Hills Hospital	46	51
Peterborough Regional Health Centre	48	13
Ross Memorial Hospital	17	9
Site	Final Performance Rank (Jan - Dec 2012)	Final Performance Rank (Jan - Dec 2013)
Rouge Valley Health System – Ajax-Pickering	32	34
Rouge Valley Health System – Centenary	39	37
The Scarborough Hospital – Birchmount	26	14
The Scarborough Hospital – General	50	29

Hospitals submitted Action Plans that were reviewed by Dr. Gary Mann (Central East LHIN Emergency Department Physician Lead) and staff of the Central East LHIN before being submitted to the Ministry of Health and Long-Term Care (MOHLTC) on March 10, 2014. The approvals were granted based on initiatives to lower Emergency Department-Alternative Level of Care (ED-ALC) and ED-LOS rates. A number of shared project allocations were proposed which included a total of \$10,694,125.

A question was raised about the best practices being shared between hospitals and Ms. Narula noted that hospitals are in regular contact to ensure they are optimizing their Pay-for-Results performance.

**MOTION:**

By Ms. Singh

Be it resolved that the Central East LHIN Board of Directors approve the final Year 7 Pay for Results Program allocations for Central East LHIN hospitals:

Shared Project	Funding Allocation	Allocated to
Central East LHIN-wide ED Education/Conference	\$5,000	Peterborough Regional Health Centre
Non-P4R Small Hospital	\$125,000	Campbellford Memorial Hospital
Non-P4R Small Hospital	\$125,000	Haliburton Highlands Health Services
Short-Stay Unit at Rouge Valley Health System	\$733,500	Rouge Valley Ajax Pickering
LHIN wide Projects	\$1,000,000	Central East LHIN
Total Shared Projects Allocation	\$1,988,500	
Total Allocation Provided by MOHLTC	\$12,682,625	
Total P4R Funding Available to the LHIN	\$10,694,125	

Hospital Site	Percentage of Total Funding Allocation	Final Expected Funding Allocation for individual Hospitals
Lakeridge Health – Bowmanville	9%	\$735,098
Lakeridge Health – Oshawa	12%	\$1,110,226
Northumberland Hills Hospital	6%	\$514,075
Hospital Site	Percentage of Total Funding Allocation	Final Expected Funding Allocation for individual Hospitals
Peterborough Regional Health Centre	13%	\$1,956,046
Ross Memorial Hospital	12%	\$1,258,717
Rouge Valley Health System – Ajax-Pickering	13%	\$1,295,282
Rouge Valley Health System – Centenary	12%	\$1,195,484
The Scarborough Hospital – Birchmount	11%	\$1,241,368
The Scarborough Hospital – General	11%	\$1,387,829
<b>TOTAL</b>	<b>100%</b>	<b>\$10,694,125</b>

**SECONDED:** Ms. Barkey

**MOTION CARRIED**

**5.2 GERIATRIC ASSESSMENT INTERVENTION NETWORK (GAIN) – REPORT ON COMMUNITY TEAMS**

Mr. Meloche provided an update on the Geriatric Assessment Intervention Network (GAIN) initiative and the establishment of six (6) community teams. Mr. Meloche walked members of the Board through the comprehensive primary health care model for seniors where care is managed through an integrated care plan. It was noted that this model will go-live by April 1, 2014. The GAIN Community Teams will be operated by the following six Central East LHIN Health Service Providers: St. Paul's L'Amoreaux Centre, Carefirst Seniors & Community Services Association, Oshawa Community Health Centre, Community Care City of Kawartha Lakes, Port Hope Community Health Centre and the Peterborough Regional Health Centre.

Mr. Meloche noted that there is a lot of enthusiasm from the stakeholders because this is the first model of its kind in Ontario. Program standards are going to be developed around practice, access, services and quality. Staff reviewed and approved the GAIN functional plans in February and granted flexibility in start-up costs for an implementation date of April 1, 2014.

Mr. Meloche thanked the Regional Specialized Geriatric Services (RSGS) for their commitment in launching these teams and noted that regular reports will be provided to the Board on the progress of the community teams.

A question was raised about the potential of expanding the community team model into all areas of the Central East LHIN. Mr. Meloche noted that the program is scalable and can be incorporated into planning in areas like Haliburton. Mr. Meloche will be sharing research on care by interdisciplinary teams for medically-complex patients in Ontario with the Board.

### **5.3 GRANDVIEW CHILDREN'S CENTRE – OVERVIEW**

Mr. David Sudbury joined the meeting at this time.

Ms. Lorraine Sunstrum-Mann, Executive Director, Grandview Children's Centre was welcomed by Mr. Gladstone to provide an overview for the Board's education on services provided by the organization. Ms. Sunstrum-Mann acknowledged representatives from Grandview Children's Centre who were in attendance, namely, Ms. Chris Kooy (Board Member), Scott Ovenden (Board Member) and Dr. Carolyn Hunt (Medical Director).

An overview of the services provided by Grandview Children's Centre and the Children's Treatment Centres in Ontario were presented. Ms. Sunstrum-Mann noted that the Ministry of Children and Youth Services (MCYS) provides funding for the Children's Treatment Centres. The 2012-2017 Strategic Plan for Grandview Children's Centre was reviewed where initiatives related to the *Excellent Care for All Act* (ECFAA) and the Ontario Early Years' agenda were highlighted.

Ms. Sunstrum-Mann reported on a capital development project and requested a letter of support to be submitted from the Central East LHIN to the Ministry of Children and Youth Services (MCYS). It was noted that the Grandview Children's Centre recognizes synergies with the Central East LHIN 2013-16 Integrated Health Service Plan and requested further that staff at the LHIN continue to engage Grandview on any work pertaining to children and youth.

Members of the Board thanked Ms. Sunstrum-Mann and accompanying representatives for their presentation and Mr. Gladstone noted that the recommendations and requests will be referred to staff for their review.

### **5.4 HEALTH LINKS ROADMAP**

Mr. Meloche provided a report to the Board on the implementation and current status of Health Links in the Central East LHIN.

It was noted that approvals have not been received for the Durham North East (DNE) Health Link from the Ministry of Health and Long-Term Care. An update was given on the Peterborough Health Link (PHL), where 40 individual integrated care plans (IICPs) are being



completed. There are ongoing discussions about Information Technology (IT) exchanges between health service providers, there are also interim solutions being explored for communications between the providers.

Mr. Meloche walked members of the Board through the implementation process for future Health Links. By April 2014, groundwork will be conducted in the Trent Hills area to engage primary care to allow this area to move forward with developing the Health Link without conflicting with the PATH project.

An Expression of Interest to determine readiness will be sent out in the Haliburton-Kawartha Lakes and Scarborough South/Scarborough North areas. Mr. Meloche noted that plans for the Durham West Health Link have not been developed.

Mr. Meloche noted the following next steps:

- Engage primary care providers and roll out Health Links in Trent Hills (Northumberland) and Haliburton/Kawartha Lakes.
- Initiate the Expression of Interest process in Scarborough to determine readiness and select the first Scarborough Health Link to move forward.
- Design and develop oversight infrastructure for Health Links across Central East.
- Support development of capacity within the Central East Community Care Access Centre project management office to undertake additional administrative leadership of Health Link processes.
- Ensure performance measurement and evaluation evolves to show that outcomes meet Ministry and LHIN expectations.
- Coordinate LHIN-funded initiatives (i.e. Geriatric Assessment Intervention Network (GAIN)) with Health Link developments.

A question was raised about the role of the Central East Community Care Access Centre in managing the Health Links system and Mr. Meloche made a comparison to the Home First initiative, where the LHIN has empowered planning partners and can support the oversight vision, but the LHIN requires the partners to support the project management and administration of the initiatives. Progress reports will be provided as needed to the Board on the roll-out of future Health Links in the Central East LHIN.

## **5.5 LONG-TERM CARE SERVICE ACCOUNTABILITY AGREEMENT**

Ms. Emily Van de Klippe, Team Lead, Performance and Accountability provided an update on the Long-Term Care Service Accountability Agreements (L-SAA). A three-year L-SAA was executed on March 31, 2013 that will be in effect to April 1, 2016.

The provincial L-SAA Indicators Working Group made recommendations to the L-SAA Working Group on indicators for 2014/15, which include the following:

- Long-stay utilization
- Compliance status

A status report on the LHIN-specific performance obligations was provided where *Accreditation* and *Response Time to Application to Long-Term Care* are being maintained as performance requirements in 14/15. The *Resident Transfers to Emergency Department* and *Hospital Inpatient Admissions* performance requirements are being removed and new wording has been introduced for the *Behavioural Supports in Ontario* obligations to align with the provincial Behavioural Supports Ontario reporting requirements.

A letter will be sent to all Central East LHIN Long-Term Care Homes outlining the proposed changes to the 2014/15 provincial indicators, the LHIN-specific performance obligations for 2014/15 and the process for renewing Schedule D, pending the outcome of the provincial process.

## 5.6 HOSPITAL SERVICE ACCOUNTABILITY AGREEMENTS

Ms. Van de Klippe provided an update on the Hospital Service Accountability Agreements (H-SAA). The templates were finalized and issued to all LHINs for an extension of the current agreement for up to a three-month period. The H-SAA and the Private-Hospital Service Accountability Extending Agreement will be valid between April 1, 2014 – June 30, 2014. A new Amending Agreement is expected to be finalized over the next three months. The Central East LHIN has finalized all indicators and negotiated targets for all ten (10) hospital corporations. The new Amending Agreement with 2014/15 schedules will be brought forward for the Board's approval after the new templates are released.

Ms. Van de Klippe reported that all Central East LHIN hospitals have balanced budgets and there are no service reductions outlined in the negotiated targets.

**MOTION:** By Mr. Powers  
Be it resolved that the proposed Hospital Service Accountability Amending Agreement (H-SAAA) made as of the 1st of April, 2014, and amending the 2008-14 H-SAA by extending its term up to June 30, 2014, be approved as presented to the Board.

Be it further resolved that the Board delegate authority to the Central East LHIN Chair & Chief Executive Officer to execute the H-SAAA on or before March 31, 2014.

**SECONDED:** Ms. Barkey

**MOTION CARRIED**

**MOTION:** By Ms. Hough  
Be it resolved that the proposed Hospital Service Accountability Amending Agreement (P-SAAA) made as of the 1st of April, 2014, and amending the 2008-14 PH-SAA by extending its term up to June 30, 2014, be approved as presented to the Board.  
Be it further resolved that the Board delegate authority to the Central East LHIN Chair & Chief Executive Officer to execute the PH-SAAA on or before March 31, 2014.

**SECONDED:** Ms. Singh

**MOTION CARRIED**

## 5.7 MULTI-SECTOR SERVICE ACCOUNTABILITY AGREEMENT

Ms. Van de Klippe provided an update on the Multi-Sector Service Accountability Agreements (M-SAAs) and acknowledged the efforts of staff in reviewing each agreement for any changes or inconsistencies following sign-off by the providers. The provincial core indicators were reviewed as follows:

- Balanced Budget;
- Activity Targets/Volumes must either increase or remain within corridor;
- Activity Targets are established for any new base funding for 2014/15; and
- % Alternate Level of Care (ALC) Days Applied to Home at Last and Home First Programs including:
  - Community Care Access Centre (CCAC);
  - Community Health Centres (CHCs);
  - 10 Community Agencies; and
  - 12 Mental Health and Addictions Agencies.

It was noted that reductions in agency service volumes listed in the M-SAAs are attributable to changes with the Ontario Health Reporting Standards (OHRs) definitions. Outcomes from various integration initiatives and changes in standards of care were outlined as reasons for other revisions to the SAAs.

## 5.8 DURHAM COMMUNITY HEALTH SERVICES – FINAL TRANSITION PLANS

Mr. Meloche took questions on the Final Transition Plans from Faith Place-Community Care Durham and Victorian Order of Nurses-Community Care Durham in relation to the Durham Community Health Services Integration Strategy.

It was noted that there were no anticipated service changes at any of the organizations, Faith Place will continue to operate as an organization but will no longer be accountable to the LHIN. Clients at Faith Place will benefit from having access to a wider basket of services under Community Care Durham.

**MOTION:** By Ms. Risk  
Be it resolved that the Central East LHIN Board of Directors approve the transition of supportive housing and congregate dining from Faith Place Support Services to Community Care Durham

**SECONDED:** Mr. Sudbury

**MOTION CARRIED**

A question was raised about the bookkeeping services that Faith Place will be establishing for their remaining non-LHIN-funded services. Staff will follow-up with Faith Place to ensure that there are no issues in carrying on this administrative function.

Mr. Meloche presented a report on the voluntary visiting SMART program (Seniors Maintaining Active Roles Together). Funding in the amount of \$120,000 is being transferred from the Victorian Order of Nurses (Ontario Branch) to Community Care Durham which will yield approximately \$50,000 in savings to be reinvested. It was further noted that approximately \$180,000 was saved through the transfer of services from Sunrise Seniors to Community Care Durham.

**MOTION:** By Ms. Risk  
Be it resolved that the Central East LHIN Board of Directors approve the transition of volunteer visiting services from Victorian Order of Nurses Canada, Ontario Branch, Durham to Community Care Durham.

**SECONDED:** Ms. Barkey

**MOTION CARRIED**

Members of the Board acknowledged the positive outcomes that have resulted from the integration work under the Durham Community Health Services Integration Strategy. Mr. Meloche acknowledged the staff that have been working on this project from our health service providers, namely, Mr. Ray Latour – Manager, Faith Place. Mr. Latour was commended for his enabling efforts in moving the Transition Plan forward. Mr. Brent Farr, Executive Director, Community Care Durham was also acknowledged for his strong efforts. Mr. Meloche noted that a summative evaluation on benefits and potential risks around financial savings, improving client access and creating future readiness for system transformation will be presented to the Board

along with the key lessons learned throughout the Community Health Services Integration Strategy.

## 5.9 CEO REPORT – Q & A

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

Ms. Hammons highlighted the following from her report:

- *Physiotherapy reform* - \$375,000 has been set aside and will be allocated through an Expression of Interest process. Additional community-based clinics will be announced by the Members of Provincial Parliament (MPPs); a report on these announcements will come forward at the next Board meeting.
- *Orthopaedic Plan* – the plans from each cluster are expected to be received by the end of the month.
- The Minister’s announcement of the *Adolescent In-Patient Eating Disorders unit* at Ontario Shores Centre for Mental Health Sciences was noted as being a tremendous boost to the system in being able to provide these services in Ontario. A physician has been recruited from the Hospital for Sick Children and she will be working to ensure this program is well-recognized.

**MOTION:** By Mr. Sudbury  
Be it resolved that the Central East LHIN Board receive the March 26, 2014 report of the Central East LHIN CEO for information.

**SECONDED:** Ms. Risk

**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, Karol Eskedjian, Karen O’Brien, Sheila Rogoski, Jennifer Persaud, Vinitha Navarathinam and Katie Cronin-Wood, join the Board in the closed session

**SECONDED:** Mr. Powers

**MOTION CARRIED**

## 12.1 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. Hough  
Be it resolved that the Chair's report of the March 26, 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 March 26, 2014 Central East LHIN Board meeting be adjourned.

**SECONDED:** Ms. Singh

**MOTION CARRIED**

The meeting was terminated at 3:00 PM

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Mr. Wayne Gladstone  
Chair

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Deborah Hammons  
Chief Executive Officer  
Board Secretary