

**BOARD APPROVED MINUTES
BOARD OF DIRECTORS MEETING
Wednesday, November 25, 2015
Scarborough Room, Central East LHIN
314 Harwood Avenue South, Ajax ON L1H 3C3
9:00 AM – 2:10 PM**

Directors Present: Mr. Wayne Gladstone (Chair) (*via teleconference*)
Mr. David Sudbury (Vice-Chair)
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. Brian Laundry (Senior Director, System Design and Integration)
Ms. Lauren Chitra (Central East Hospice Palliative Care Network Coordinator)
Ms. Marilee Suter (Decision Support Consultant, SDI)
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)
Ms. Vinitha Navarathinam (Corporate Governance Administrative Assistant, 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. Mr. Sudbury noted that Mr. Wayne Gladstone would be joining the meeting via teleconference and taking over as Chair of the meeting following item #5.7 – CEO Report.

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.

Motions as 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 Q2 Working Capital Remedy report of **Northumberland Hills Hospital** for submission to the Ministry of Health and Long-Term Care (MOHLTC).
- Be it resolved that the Central East Local Health Integration Network (Central East LHIN) Board of Directors approve the Q2 Working Capital Remedy report of **Ross Memorial Hospital** for submission to the Ministry of Health and Long-Term Care (MOHLTC).

MOTION: By Mr. Gopikrishna
Be it resolved, that the consent agenda of the November 25, 2015 meeting of the Central East LHIN Board of Directors be approved.

- Included are the following items for approval:
 - Board meeting agenda: November 25, 2015
 - Board meeting minutes: October 28, 2015
 - Hospital Working Fund Deficit Reports
 - Chair's Report to the Board

SECONDED: Ms. Hough

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.

5.1 BUSINESS ARISING FROM LAST MEETING OF OCTOBER 28, 2015

Mr. Sudbury asked for any business arising from the last Board meeting on October 28, 2015. There were no items of business arising by members of the Board.

5.2 HOSPITAL-BASED CHILD ADOLESCENT MENTAL HEALTH SERVICES IN CENTRAL EAST LHIN

Mr. Sudbury welcomed Ms. Sheila Neuburger, Executive Vice-President, Clinical Services, Ontario Shores Centre for Mental Health Sciences to present an update on the Hospital-Based Child and Adolescent Mental Health Services in the Central East LHIN. Ms. Neuburger provided an overview of the progress made to date and indicated that the comprehensive project is divided into three distinct phases:

- Phase 1: System Mapping;
- Phase 2: Standardization and Recommendations; and
- Phase 3: Implementation.

It was noted that the project has successfully completed phases 1 and 2 and will be moving into the next phase, which is anticipated to start in December 2015. It was reported that the expected outcomes of implementing the work of phases 1 and 2 will result in a shared vision, communication, language, tools and technology, assessment methods, considerations for treatment decisions and clinical pathways.

Mr. Sudbury thanked Ms. Neuburger for the presentation and requested that the Children’s Mental Health Ontario 2015 Report Card be shared with the Central East LHIN Board.

5.3 COMMUNITY INVESTMENTS

Mr. Brian Laundry, Senior Director, System Design and Integration, provided an update on the 2015/16 Community Investment initiatives and presented funding recommendations allocated for the following new and repurposed community investments for Fiscal Year (FY) 2015/16:

Type of Investment	IHSP Strategic Aim	2015/16 Annualized Funding
New Direct Services	Multiple	\$6,019,855

New System Strengthening	Multiple	\$267,120
Sub-total		\$6,286,975
Reprofiled Direct Services	Mental Health and Addictions	\$600,000
Total		\$6,886,975

Community Services Investment:

Mr. Laundry reported that proposed allocations total of \$5,416,755 in direct services provision for FY 2015/16 is to support the following:

- Adult Day Programs;
- Assisted Living for High-Risk Services;
- Primary Care Memory Services;
- Palliative Care Community Teams;
- Telehomecare;
- Central East Community Care Access Centre Base Increase for Personal Support Services; and
- Primary Care – Francophone Nurse Practitioner.

Type of Investment	IHSP Strategic Aim	Investment Area	2015/16 Annualized Funding
Direct Service	Seniors	Adult Day Programs	\$610,000
		Assisted Living Services	\$715,000
		Primary Care Memory Services	\$707,380
	Palliative	Palliative Care Community Teams	\$1,600,875
	Vascular	Telehomecare	\$250,000
	Multiple	Central East Community Care Access Centre Base Increase	\$1,400,000
		Primary Care – Francophone Nurse Practitioner	\$133,500
Sub-total			\$5,416,755

System Strengthening Investments:

Mr. Laundry walked members of the Board through the following system strengthening investments for FY 2015/16:

Type of Investment	IHSP Strategic Aim	Investment Area	2015/16 Annualized Funding
System Strengthening	Seniors	Central East LHIN Physician Lead Seniors Health	\$75,000
	Multiple	Physician Leadership: Health Links Systems of Care	\$192,120
Sub-total			\$267,120

Community Mental Health and Addictions (MHA):

Mr. Laundry indicated that Ontario's Comprehensive Mental Health and Addictions Strategy – Phase 2 Implementation is aligned with the Ministry of Health Long-Term Care (MOHLTC) Mental Health and Addictions Strategy. The following initiatives are proposed for FY 2015/16 community mental health and addiction investments:

Type of Investment	IHSP Strategic Aim	Investment Area	2015/16 Annualized Funding
Direct Service	Mental Health and Addictions	Scarborough Housing Strategy Supports within Housing	\$333,147
		Community Crisis – Hospital to Home Enhancements	\$165,686
		CCAC School Mental Health and Addictions Nurses Program	\$104,267
Sub-total			\$603,100

It was noted that the Central East LHIN Board approved \$600,000 in base funding on December 17, 2014, as part of the 2014/15 Community Investments, to Durham Mental Health Services to identify and procure an appropriate facility to house community crisis beds. However, a suitable property has not yet been secured and therefore it is being recommended that the approved funding be repurposed to create outreach services to people with mental health and/or addictions issues who are currently homeless in the Durham East area.

MOTION: By Ms. Hough
 Be it resolved that the Central East LHIN allocate \$610,000 in annual base funding for Adult Day Programs to be provided in four Health Link communities by the HSPs as outlined in Table 1:

Table 1: 2015/16 Adult Day Program Investments

Health Link Community	Health Service Provider	Recommend Funding (2015/16)	# of Unique Individuals to be Served
Scarborough North/ Scarborough South	Carefirst Seniors and Community Services Association	\$ 200,000	40
	Yee Hong Centre for Geriatric Care	\$210,000	40
Haliburton County and City of Kawartha Lakes	Haliburton Highlands Health Services (HHHS)	\$50,000	10
Northumberland County	Victorian Order of Nurses - Port Hope and Campbellford	\$150,000	40
TOTAL		\$610,000	130

SECONDED: Ms. Singh

MOTION CARRIED

MOTION: By Mr. Gopikrishna
 Be it resolved that the Central East LHIN allocate \$715,000 in annual base funding for Assisted Living Services for High-Risk Seniors to be provided in five Health Link communities by the HSPs as outlined in the Table 2:

Table 2: 2015/16 Assisted Living Services for High-Risk Seniors Investments

Health Link Community	Health Service Provider	Recommend Funding (2015/16)	# of Unique Individuals to be Served
Scarborough North/ Scarborough South	TransCare Community Support Services	\$250,000	25
Durham North East/ Durham West	Community Care Durham	\$300,000	30
Peterborough City and County	Victorian Order of Nurses for Canada - Ontario Branch (Curve Lake)	\$165,000	10
TOTAL		\$715,000	65

SECONDED: Ms. Risk

MOTION CARRIED

MOTION: By Ms. Saunders N'Daw
 Be it resolved that the Central East LHIN allocate \$707,380 in annual base funding for Primary Care Memory Services to be provided by Alzheimer Society Durham in the Scarborough North, Scarborough South, Durham North East and Durham West Health Link communities.

SECONDED: Ms. Singh

MOTION CARRIED

MOTION: By Ms. Risk
 Be it resolved that the Central East LHIN allocate \$67,875 for clinical leadership for Palliative Care Community Teams and \$1,533,000 in annual base funding for direct services to be provided in all seven Health Link communities by the HSPs as outlined in Table 3:

Table 3: 2015/16 Palliative Care Community Teams

Health Link Community	Health Service Provider	Recommend Funding (2015/16)	Proposed # of Unique Individuals Served
Scarborough North/ Scarborough South	Scarborough Centre for Healthy Communities	\$350,000	200
Durham North East/ Durham West	CECCAC (interim)	\$350,000	200
Peterborough City and County	CECCAC (interim)	\$350,000	200
Haliburton County and City of Kawartha Lakes	Haliburton Highlands Health Services	\$133,000	175
Northumberland County	CECCAC (interim)	\$350,000	200
TOTAL		\$1,533,000	975

SECONDED: Ms. Hough

MOTION CARRIED

MOTION: By Mr. Gopikrishna
 Be it resolved that the Central East LHIN allocate \$250,000 in annual base funding for Telehomecare to be provided by the Central East Community Care Access Centre in the Haliburton County/City of Kawartha Lakes and Northumberland County Health Link communities.

SECONDED: Ms. Singh

MOTION CARRIED

MOTION: By Ms. Hough
Be it resolved that the Central East LHIN allocate \$1,400,000 in annual base funding for the provision of personal support services by the Central East Community Care Access Centre in all seven Central East LHIN Health Link communities.

SECONDED: Ms. Risk

MOTION CARRIED

MOTION: By Mr. Gopikrishna
Be it resolved that the Central East LHIN allocate \$133,500 for a bilingual nurse practitioner to support TAIBU Community Health Centre to provide primary care services in the Scarborough North and Scarborough South Health Link communities.

SECONDED: Ms. Singh

MOTION CARRIED

MOTION: By Ms. Hough
Be it resolved that the Central East LHIN allocate \$75,000 in annual base funding for a Central East LHIN Physician Lead – Seniors Health to provide leadership for all seven Central East LHIN Health Link communities.

SECONDED: Ms. Saunders N'Daw

MOTION CARRIED

MOTION: By Ms. Saunders N'Daw
Be it resolved that the Central East LHIN allocate \$192,120 in annual base funding to secure physician leadership to strengthen systems of care in all seven Central East LHIN Health Link communities.

SECONDED: Ms. Singh

MOTION CARRIED

MOTION: By Ms. Singh
Be it resolved that the Central East LHIN allocate \$333,147 in annual base funding for Supports within Housing for the Scarborough Housing Strategy for the Scarborough North and Scarborough South Health Link communities.

SECONDED: Mr. Gopikrishna

MOTION CARRIED

MOTION: By Ms. Hough
Be it resolved that the Central East LHIN allocate \$165,686 in annual base funding for Community Crisis – Hospital to Home Enhancements to be provided by Durham Mental Health Services and Canadian Mental Health Association – Haliburton, Kawartha Pine Ridge for the Durham North East, Durham West, and Haliburton County and City of Kawartha Lakes Health Link communities.

SECONDED: Ms. Risk

MOTION CARRIED

MOTION: By Ms. Singh
Be it resolved that the Central East LHIN allocate \$104,267 in annual base funding for the CECCAC School Mental Health and Addictions Nurses Program to provide services for all seven Central East LHIN Health Link communities.

SECONDED: Ms. Risk

MOTION CARRIED

MOTION: Ms. Saunders N'Daw
Be it resolved that the Central East LHIN repurpose \$600,000 in annual base funding for Support to Shelters to be provided by Durham Mental Health Services in the Durham North East and Durham West Health Link communities.

SECONDED: Mr. Gopikrishna

MOTION CARRIED

MOTION: Ms. Hough
Be it resolved that the Central East LHIN Board of Directors delegate the authority to the Central East LHIN Chief Executive Officer to enact the processes that will result in the identification of the Health Service Providers eligible to receive funding necessary to implement the Central East LHIN Physician Lead – Seniors Health initiative (\$75,000), the Physician Leadership: Health Links Systems of Care initiative (\$192,120), and the Scarborough Housing Strategy Supports within Housing initiative (\$333,147). Be it further resolved that the Central East LHIN Chief Executive Officer provide a report back to the Board on these matters in 2015/16.

SECONDED: Ms. Singh

MOTION CARRIED

Members of the Board thanked staff for their hard work in planning the proposed allocations and commitment to improving patient services. Staff were requested to report back on process improvements that have resulted from the funding enhancements.

5.4 NORTHUMBERLAND HILLS HOSPITAL EXTERNAL OPERATIONAL REVIEW UPDATE

Ms. Hammons provided an update on the External Operational Review of the Northumberland Hills Hospital (NHH) and noted that the Central East LHIN staff are continuing to support the leadership of NHH as they develop a Hospital Improvement Plan (HIP). The NHH Board has confirmed that they are on track to submit an NHH Board-approved HIP to the Central East LHIN staff following the hospital's December 3, 2015 Board meeting. Ms. Hammons indicated that the Central East LHIN had directed NHH to defer any communications on proposed operational efficiencies to their internal and external stakeholders until the NHH Board-approved HIP has been submitted to the LHIN. Once received, staff will be reviewing the HIP to ensure that it has the elements that are required in a HIP. The final NHH's Improvement Plan will be brought forward at the December 16, 2015 Board meeting.

5.5 CLINICAL INFORMATION SYSTEM PARTNERSHIP

Ms. Hammons provided feedback on the request made by the Clinical Information Partnership, involving Lakeridge Health, Ross Memorial Hospital, Northumberland Hills Hospital, Campbellford Memorial Hospital and Haliburton Highlands Health Services to have the Central East LHIN Board rescind their suspension on any procurement activities related to Hospital Information System (HIS). Ms. Hammons highlighted the current position of each hospital relating to the purchase of an HIS. It was noted that the eHealth Investment and Sustainment Board has been meeting regularly and in discussions with members of the Board, they are poised to issue their preliminary direction by February 2016.

Members of the Board agreed that the Central East LHIN will continue to hold on moving forward with the Clinical Information System, pending further information from the Deputy Minister and the eHealth Investment and Sustainment Board. Ms. Hammons indicated that staff will notify the Ministry of the correspondence received from Lakeridge Health on November 24, 2015 and determine a timeline for the release of the information regarding the HIS initiative. Staff were also requested to follow up with the five hospitals and ensure a plan is in place to continue to provide quality services and mitigate any identified risks in the absence of a newer clinical information system and report back on any communications from the Minister's office.

MOTION:

By Mr. Gopikrishna

Be it resolved that the staff be directed to respond to the delegation (Lakeridge Health, Ross Memorial Hospital, Northumberland Hills Hospital, Campbellford Memorial Hospital and Haliburton Highland Health Services) who presented at the LHIN's October 28th Board Meeting on a *Clinical Information System Partnership* confirming that the Central East LHIN

Board will not be rescinding their suspension on the procurement of a Clinical Information System as it awaits further information from the Deputy Minister of Health and Long-Term Care and the eHealth Investment and Sustainment Board on the provincial approach to procurement of hospital Clinical Information Systems.

Further, LHIN staff are directed to contact the Ministry to ascertain the timeline for the release of this information and to forward Lakeridge's November 24th correspondence to demonstrate the level of enquiry from the LHIN's stakeholders.

Additionally, in response to subsequent correspondence received from Lakeridge Health on November 24th, LHIN staff are directed to confirm with all Central East LHIN hospitals the steps they have taken to continue to provide quality services and mitigate any identified risks related to Patient Safety, Physician Recruitment and retention and Efficiency in the absence of new clinical information systems.

SECONDED: Ms. Singh

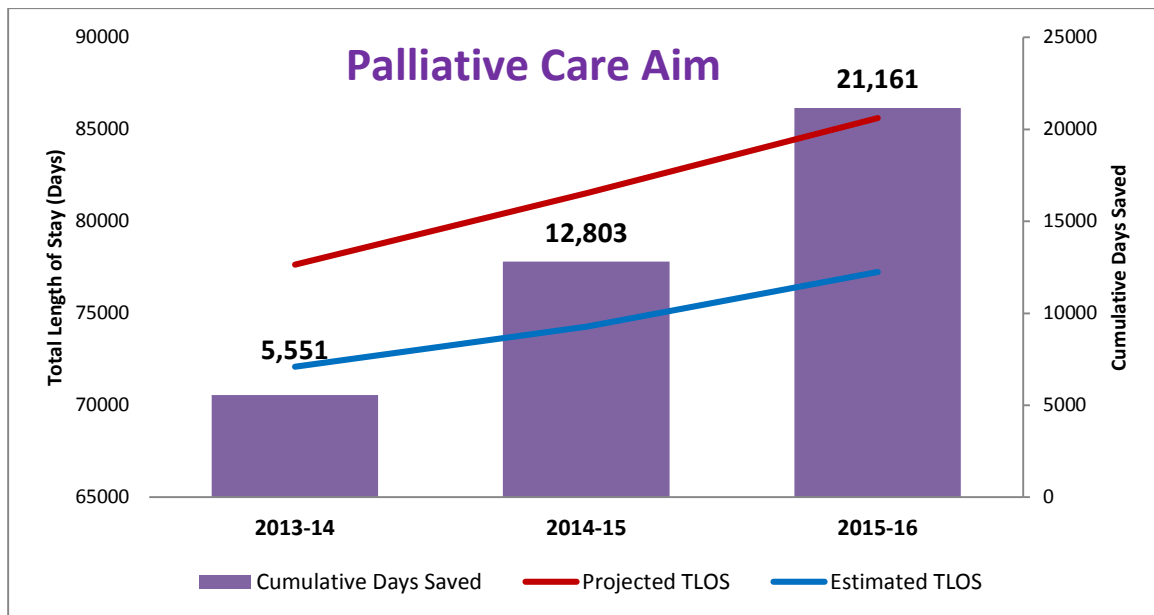
MOTION CARRIED

5.6 UPDATE ON CENTRAL EAST LHIN STRATEGIC AIMS

Palliative Care Aim

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

Ms. Marilee Suter, Decision Support Consultant, provided an overview of the progress on the Integrated Health Service Plan (IHSP) Palliative Care Strategic Aim. Ms. Suter reported on the measurement and progress of the palliative care and supporting indicators:



Indicators	Baseline	CE LHIN Target	Current Performance ¹	Current Status	Direction
Average Hospital Length of Stay for Palliative Patients, in Days (decrease)	14.8	13.3	14.5	●	↔
Percentage ALC days for Palliative Patients (decrease)	16.0%	14.4%	17.3%	●	↔
Percentage of Palliative InPatients who were discharged "Home with Support Services" (increase)	66.0%	72.6%	82.5%	●	→
Percentage of Palliative InPatients who Died in Hospital (decrease)	65.7%	59.1%	69.1%	●	↔

Notes:
¹ Most recent available data: 14/15 Q4

Ms. Lauren Chitra, Central East Hospice Palliative Care Network (CEHPCN) Coordinator, reported on the Declaration of Partnerships forming the provincial framework and noted that the provincial End of Life Care Network is developing a comprehensive integrated regional palliative plan. Ms. Chitra reviewed the following five priority recommendations of the Central East LHIN Regional Palliative Care Plan:

- Establish Dedicated Interdisciplinary Palliative Outreach Teams;
- Enhance Hospice Palliative Care (HPC) Education and Training;
- Create Integrated HPC Hospital Programs;
- Create Integrated HPC Programs in Long-Term Care Homes; and
- Promote Community Hospices as Central Hubs.

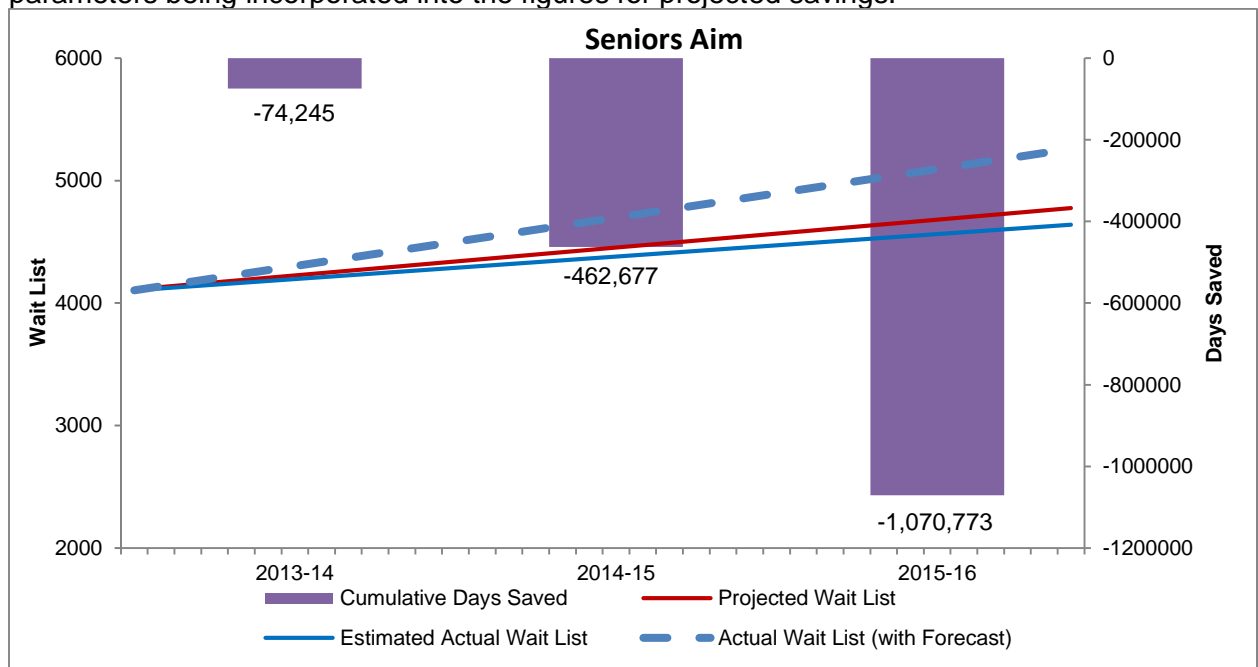
It was communicated that Dr. Ed Osborne has been announced as the Central East LHIN Palliative Care Regional Lead supporting joint leadership and accountability to the Central East LHIN and Cancer Care Ontario. Next steps include deployment of a LHIN-wide palliative education and capacity building strategy in January 2016, continued collaboration to support Residential Hospice planning activities and ongoing communication and promotion of Integrated Health Service Plan (IHSP) 4 including updated palliative aim, metrics and priority initiatives.

Staff were requested to consider services provided through palliative care volunteers and cultural diversity in the community and report back at a future meeting.

Seniors Aim

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 calculations and reviewed the assumptions and parameters being incorporated into the figures for projected savings:



Indicators	Time Period for Current Performance	Baseline	CE LHIN Target*	Current Performance	Current Status	Direction
CCAC – 90th Percentile Wait Time for Home Care Services From Discharge to First Service (in Days for Hospital Clients) (decrease)	14/15 Q4	10.8	6.5	11.0		
Clients With MAPLe Scores High And Very High Living In The Community Supported by CCAC (increase)	15/16 Q1	8533	6000	9839		
Falls-Related ED Visits in older adults aged 75+, Rate per 1,000 (decrease)	15/16 Q1	17.7	15.9	19.3		
Low-Acuity Emergency Visits for LTCH residents, Rate per 1,000 (decrease)	13/14 Q4	32.3	29.07	21.2		
Percentage of ALC days by age (75+) (decrease)	15/16 Q1	22.1%	19.9%	19.2%		
Individuals on LTC Wait List, Rate per 1,000 (decrease)	Average for 14/15 Q4 (Jan-Mar inclusive)	34.9	31.4	39.5		

*Targets that are shown in **bold text** are formal targets. Other targets are calculated as 10% greater or less than the baseline (depending on the desired direction of the indicator)

Mr. Brian Laundry, Senior Director, System Design and Integration, introduced Ms. Kelly Kay, Executive Director, Seniors Care Network, to provide an overview of the Seniors Care Network and the 2015-16 Service Plan. Ms. Kay highlighted the five programs offered by the specialized geriatric clinical services in the Central East LHIN:

- Behavioural Supports Ontario (BSO);
- Geriatric Assessment and Intervention Network (GAIN);
- Geriatric Emergency Management (GEM) Nurses;
- Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT); and
- Senior Friendly Care.

Members of the Board thanked staff for their presentations and Ms. Hammons noted that updates on the Vascular Health and Mental Health and Addictions aims would be presented at the next Board meeting in December.

5.7 CEO REPORT – Q & A

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

MOTION: By Ms. Hough
Be it resolved that the Central East LHIN Board of Directors receive the November 25, 2015 report of the Central East LHIN CEO for information.

SECONDED: Mr. Gopikrishna

MOTION CARRIED

7.0 MOVED INTO CLOSED SESSION

MOTION: By Ms. 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, Brian Laundry, Stewart Sutley, Katie Cronin-Wood, Karen O'Brien, Sheila Rogoski, Barbara Millar, and Vinitha Navarathinam join the Board in the closed session.

SECONDED: Ms. Hough

MOTION CARRIED

Mr. Sudbury left the meeting at this time and Mr. Gladstone took over as Chair of the meeting.

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. Singh
Be it resolved that the Chair's report of the November 25, 2015 closed session be received and approved, and further that there will be follow up on the actions discussed.

SECONDED: Ms. Saunders N'Daw

MOTION CARRIED

12.2 MOTION OF TERMINATION

MOTION: By Ms. Hough
Be it resolved that the November 25, 2015 Central East LHIN Board meeting be adjourned.

SECONDED: Ms. Singh

MOTION CARRIED

The meeting was terminated at 2:05 PM

Wayne Gladstone
Board Chair, Central East LHIN

Deborah Hammons
Chief Executive Officer, Board Secretary