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Approved Minutes – Board Meeting

March 22, 2017

Champlain LHIN Boardroom, 1900 City Park, Suite 500, Ottawa

Board Members in Attendance: Jean-Pierre Boisclair (Chair), Randy Reid, Elaine Ashfield, Diane Hupé, Nick Busing, Wendy Nicklin, Pierre Tessier, Abebe Engdasaw

Regrets: Guy Freeman, Marie Biron

Staff Members in Attendance: Chantale LeClerc (CEO), Elaine Medline, Eric Partington, Joanne Yelle-Weatherall, Cal Martell

Guests Speakers:

Marc Sougavinski, CEO, Champlain Community Care Access Centre (CCAC)

Denise Alcock, Board Chair, Champlain Community Care Access Centre

Jennifer Proulx, Director of Quality and Program Evaluation, Champlain Community Care Access Centre

Deryl Rasquinha, Vice President, Performance and Strategy, Champlain Community Care Access Centre

1 Call to Order

The meeting was called to order at 11:03 a.m.

2 Conflict of Interest Declarations

No conflict of interest was declared.

3 In-Camera Session

1100-1130
30 min

Be it resolved that members attending this meeting move into a Closed Session pursuant to the following exceptions of LHINs set out in s.9(5) of the Local Health Integration Act, 2006:”

X Personal or public interest

X Matters subject to solicitor-client privilege

To receive confidential information regarding the following items:

- 3.1 Approval of confidential minutes of February 22, 2017***
- 3.2 To review legal documents related to the transition***
- 3.3 Chair's Report***
- 3.4 CEO's Report***

AND further that the following individuals be permitted to attend for these items:

Chantale LeClerc
Elaine Medline
Eric Partington
Cal Martell
Joanne Yelle Weatherall

Moved: Diane Hupé / Seconded: Randy Reid
All in favour
Carried

4

Welcome and Introduction

Chair's Report & In-Camera Report

The Board Chair welcomed Board Members and guests. Guests were reminded about the rules of engagement for the LHIN's public board meetings and the scheduled break providing members of the public a chance to engage with Board Directors and senior managers, as well as with each other. Participants were asked to introduce themselves.

Chair's Report:

The Chair's activity report was distributed to the Board. A few highlights were noted including a meeting with leaders of the Community Care Access Centre and hospitals across Champlain. The discussion was focused on models for better integration across hospital programs and how services can be brought together more efficiently.

Clarification was provided that the Board meeting would revolve around transition matters and our state of readiness. On March 28, the Board will be asked to approve a special resolution to be communicated to the Provincial Government confirming that the Champlain LHIN is ready to assume the rights and obligations of the Champlain Community Care Access Centre.

In-Camera Report:

The Board did not approve any decision during the in-camera session. Discussions related to confidential legal documents regarding the transition would need to be deliberated during a second in-camera session at the end of the public portion of the board meeting agenda.

5

Approval of Agenda:

Amendments to the agenda were presented by the Chair.

- In order to respect the confidentiality of draft legal documents, i.e. Memorandum of Understanding (MOU) and Ministry LHIN Accountability Agreement (MLAA), agenda items 9.2 and 9.3 must be discussed in-camera.

Moved: Wendy Nicklin / Seconded: Pierre Tessier

All in favour

Carried

6

CEO's Report

Chantale LeClerc highlighted a few points from her monthly report previously distributed to the Board:

- **Health Links:** They are continuing to progress well. Over 1000 patients are connected to a Health Link, which is 77% of our target for this fiscal year. It is anticipated that we will be very close to reaching the target of 1325 patients connected to Health Links by the end of this fiscal year. There were some delays in the startup of two Health Links earlier this year. The other eight Health Links are either meeting or exceeding their targets.
- **Public Meeting Regarding the Use of Opioids:** LHIN staff attended public meetings and will continue to work with Ottawa Public Health to align efforts aimed at preventing the use of opioids and reducing their impacts. LHIN staff reached out to health service providers delivering mental health and addictions services. Some of these providers have been able to adjust their programming to respond to the current needs of the community.
- **Public Health:** Chantale LeClerc spoke at the annual staff meeting of Ottawa Public Health on a panel that reflected on the topic of partnership and collaboration in context of truth and reconciliation with Indigenous Peoples.
- **Linguistic Variable Project:** This initiative will assist the LHIN in providing data on how Francophones are using health services delivered in French. Fourteen hospitals have agreed to participate and are collecting the linguistic identity of patients at the time of registration. This will allow Canadian Institute for Health Information (CIHI) to extract data related to Francophones from the data sets hospitals are routinely required to provide. Findings of this smaller set of hospitals will be evaluated and reported to the LHIN before proceeding with an expansion to other hospitals and health service providers.

MOTION:

Be it resolved that the Champlain LHIN Board approves the CEO report for the period of February 11 to March 10, 2017 as presented.

Moved: Pierre Tessier / Seconded: Wendy Nicklin
All in favour
Carried

7

Consent Agenda

There being no objection, the items listed under the consent agenda were approved as distributed:

7.1 Minutes of February 22, 2017

7.2 Elements of the Committees Annual Review, including revised Terms of Reference for the following committees: French Language Services, CEO Performance Evaluation and Compensation Committee and Finance and Audit Committees.

Moved: Diane Hupé / Seconded: Wendy Nicklin
All in favour
Carried

NEW BUSINESS

8

Home and Community Care

8.1 Current Status of Community Care Access Centre (CCAC) accomplishments, challenges, risks

Champlain CCAC CEO Marc Sougavinski presented the current status of community and home care services delivered by the Champlain CCAC and provided the Board his recommendations for the future. He described specific issues that will require attention in the coming months, such as accurately predicting client demand over time, implementing Ontario's Special Needs Strategy, facilitating self-directed care, and providing uniform levels of care across the region ([see slide deck available in the meeting package](#)).

In addition, Mr. Sougavinski indicated that the Champlain LHIN and Champlain CCAC have always enjoyed a close working relationship, which has helped to prepare for a stable transition and will assure the continuity of quality services following the amalgamation.

During the discussion and question period several issues were tabled to obtain Mr. Sougavinski's opinion and clarification. The following points were noted:

- A review of long term care homes, retirement homes and affordable housing is an important component in planning for the vulnerable and aging population.
- The present funding formula has validity, but it is complex, making funding levels difficult to predict.
- Patients with dementia and cognitive problems cared for at home require a different model of care. The demands on the informal caregivers are considerable and the growing number of people with dementia will cause strain on the system.

- The Resident Assessment Instrument (RAI) used for assessing patients is a good tool used by all CCACs. Clarification is provided that it needs however to be used in conjunction with other factors, such as safety of the home environment and presence of social supports. Health care professionals evaluating patients in their environment will take into consideration these other factors along with the RAI score to determine the appropriate level of care.
- What differentiates the Champlain region from other parts of the province has been studied (by a third party, retained by the Champlain CCAC in partnership with the LHIN) from the perspective of our ability to serve demand within current budget allocations. The report demonstrates that additional funding is required to fully service the needs of our community.
- The level of interaction between primary care and community care in our region has been improving. Physicians have a dedicated line to reach care coordinators as well as other electronic means. The relationship and strategies in other regions may be different. The relationship and interaction of these two sectors in the future will continue to develop.

8.2 Community and Home Care -- A forward looking discussion with CCAC & LHIN representatives

This topic was addressed in the presentation under item 8.1

8.3 Presentation of a Transition Handbook to the LHIN Board by Community Care Access Centre (CCAC) Board

Denise Alcock, Champlain CCAC Board Chair, presented a handbook to the LHIN Board that will serve as a resource on governance issues in the amalgamated organization. The document includes tools to assist in the oversight and decision-making of the Champlain LHIN Board in its new responsibilities. Ms. Alcock also emphasized the value of client stories and the CCAC's Patient and Caregiver Council, which have helped to keep the Board grounded in its work by better understanding the challenges and service gaps through people's experiences.

A formal presentation of the handbook was made and photos were taken.

8.4 Ensuring Continuity and Quality of Service During Amalgamation Period

This topic was addressed in the presentation under item 8.1

8.5 Recognition of CCAC Board Management and Staff

The Board Chair tabled a resolution to acknowledge the support, goodwill and quality of work by the Board, leadership and staff at the Champlain CCAC in the transition process, as well as their contribution to date to the successful implementation of the *Patients First Act, 2016*

MOTION :

BE IT RESOLVED and it is hereby unanimously agreed by the Board of Directors of the Champlain Local Health Integration Network, joined by its Chief Executive Officer, management and staff, that the support and leadership that have been exercised by the Champlain Community Access Centre (CCAC) Board of Directors and its management, leadership, and staff in planning for the amalgamation of both organizations, be and are hereby recognized with thanks and appreciation. The unalloyed and shared spirit of generosity and goodwill of the CCAC Board, management and staff and the quality of their preparatory work and the exercise of their due diligence exemplify their longstanding commitment of putting patients first and will be instrumental in the successful implementation of the Patients First Act (2016).

Moved: Randy Reid / Seconded: Wendy Nicklin
Approved unanimously
Carried

BREAK (10 minutes)

9

Implementation of Patients First Act

9.1 Readiness Assessment Report and Due Diligence

The Board Chair provided details on the provincial requirements for demonstrating a LHINs readiness to assume the functions of its CCAC. At the beginning of the transition process last year, the Board asked the senior team to report and provide assurances on a number of due diligence questions to help the Board determine the organization's readiness to assume responsibilities under the *Patients First Act (2016)*. The Champlain LHIN CEO Chantale LeClerc discussed each question in detail, affirming that all are being appropriately addressed:

1. Have sub-regions been appropriately defined and 'bought into'?
2. Do we have the requisite management and organization capacity?
3. Do we have the requisite governance capacity?
4. Do we have the requisite processes in place to ensure the continuity and quality of patient services and public confidence in them? Notably, are privacy protection, complaints processes, ethics, research and systems and human resource stability appropriately provided for?
5. Are the basic building blocks to ensure that our human resource capacity is maintained without disruption at the non-management level and that a sound footing is in place for the future?

6. Have the basic mechanisms been planned for and being implemented as foundation blocks to build a cohesive organization at both management and non-management levels?
7. Are the requisite legal, contractual, financial & risk management processes and undertakings in place? (excluding collective bargaining dealt with in item 5)
8. Are we preparing for and maintaining focus on the post amalgamation period in which real transformation will take place?
9. Are we maintaining our capacity to deliver on our IHSP and MLAA targets/commitments?
10. Have supportive relationships been established and appropriate communications and education plans been developed for both the 'leading to' and the 'post' amalgamation periods?

Following the discussion, the Board Chair surveyed each member of the Board. It is noted that subject to the approval of the MOU and MLAA, Board Members were all satisfied that the Champlain LHIN is ready for the merger with the Champlain CCAC. A motion regarding the LHIN's readiness will be tabled at the Board Meeting of March 28, 2017, following further discussion.

As per the amended agenda, the following items were discussed during the in-camera session:

- 9.2 Review of the Memorandum of Understanding
- 9.3 Review of the Ministry LHIN Accountability Agreement
- 9.4 Review of the Minister's Mandate Letter and Response (Note: this was not discussed as the document was not yet available).
- 9.5 Readiness Declaration Protocol

9.6 Quality Improvement Plan (developed by CCAC)

All CCAC's are required by the province to develop an annual Quality Improvement Plan. A summary of the plan was provided by Jennifer Proulx, Director of Quality and Program Evaluation at the Champlain CCAC presented a summary of the plan ([see slide deck available in the meeting package](#)). Some of the plan's indicators include falls prevention, five-day wait time for patients to receive home care and patient/client experience.

The plan outlines opportunities and strategies to improve the quality of services provided to patients by a health service provider. The Champlain CCAC's plan was approved by its Board. An overview of the plan was provided to the LHIN Board as it will be responsible for its implementation post-amalgamation.

9.7 Review and Approval of Delegation of Authority Policies (financial and non-financial)

In view of the transition, policies related to the delegation of authority from the Board to the CEO needed to be revisited and amended. Chantale LeClerc presented the amended policies to

the Board. During the presentation, a few additional changes were requested to the Delegation of Authority (financial decisions) and to the Commitment and Spending Authority policies. The amended policies will be revised and tabled for adoption at the Board Meeting on March 28, 2017.

9.8 By-laws Amendments

The Board Chair reported that a few minor changes (not substantive) were made to the By-Law templates approved by the Board at March 22nd meeting. These additional changes were presented to the Board and the revised By-Laws were tabled for final approval.

MOTION:

Whereas:

- **On Feb 22, 2017 the Board approved amended By Laws 1 and 2 for the Champlain LHIN, and**
- **The LHIN Board has since been advised by legal counsel that the following changes should be made.**

By Law 1

- **Section 6.04 —Second line: Replace the word ‘appoint’ with the word ‘select’**

By Law 2

- **Section 8.02 (iii) insert the word ‘meeting’ after the word Board**
- **Section 11.02 (a) (x) add the word ‘or’ after the semi-colon following the word ‘Session’**
- **Section 11.02 (b) (i) add the word ‘and’ after the semi-colon following the word ‘Members’**
- **Section 11.05 (b) (ii) add the word ‘and’ after the semi-colon following the word ‘Session’**

and

- **None of the above reflect a substantive change to the By-Laws, as approved unanimously by Special Resolution on February 22, 2017, and**
- **The By-Law documents as approved on February 22, 2017, have been amended to reflect the above changes,**

Therefore the following Special Resolutions are proposed:

BE IT RESOLVED THAT:

- **A new By-law No. 1, relating generally to the conduct of the affairs of the Corporation, in the form which has been presented to this meeting and attached to the minutes of this meeting is hereby enacted as a By-law of the Corporation to replace the previous By-law No.1, and the previous By-law No. 1 is hereby revoked; and**

- the Chair and Secretary are hereby authorized and directed to sign the said By-law as so enacted as evidence of the foregoing and to insert the same in the front portion of the minute and record book of the Corporation and remove the revoked By-law No.1.
- A new By-law No. 2, relating generally to the conduct of Board and Board Committee Meetings of the Corporation, in the form which has been presented to this meeting and attached to the minutes of this meeting is hereby enacted as a By-law of the Corporation to replace the previous By-law No.2, and the previous By-law No. 2 is hereby revoked; and
- the Chair and Secretary are hereby authorized and directed to sign the said By-law as so enacted as evidence of the foregoing and to insert the same in the front portion of the minute and record book of the Corporation and remove the revoked By-law No.2.

Moved: Pierre Tessier / Seconded: Elaine Ashfield

Unanimously Approved

Carried

10

Approval of the Draft Annual Business Plan

Every year the LHINs are required to develop a plan that outlines how it will use its resources to advance the strategic priorities of its region and the province. James Fahey, Director of Health System Planning at the LHIN, presented the draft Annual Business Plan for next fiscal that will align with our 2016-2019 Integrated Health Service Plan, the priorities of the Ministry and the *Patients First Action Plan*. It will also advance the LHIN's strategic directions of integration, access and sustainability ([see slide deck available in the meeting package](#)).

Forty-three initiatives are included in the Annual Business Plan. As the LHIN is in the second year of its three-year strategic plan, many of the initiatives from the previous year will continue into fiscal year 2017-2018. The organization will also sustain its efforts to reduce wait times for MRI and CT scans, and to develop Indigenous wellness centres. New interventions include developing a lung health strategy and addressing the needs of people with acquired brain injuries who require community-based rehabilitation services.

The draft Annual Business Plan will be submitted to the Ministry of Health and Long-term Care for review and will be tabled at the Board for final approval later this spring or early summer. During the presentation, the Board provided several suggestions and proposed amendments to the draft plan.

To address increased activities related to integration, within regional programs, it was suggested that the LHIN outline a common methodology/framework to help providers move forward with plans for region-wide programs. This request was originally made at a recent meeting of the CCAC and hospital leadership.

It was also noted that the Board will discuss in the near future, some proposed community engagement activities as well as communications strategy in the context of the transition to the LHIN's new and expanded mandate.

Chantale LeClerc clarified that the final version of the LHIN's annual business plan will also capture the initiatives currently underway at the Champlain CCAC to advance the provision of quality home and community care.

MOTION:

Whereas the Champlain LHIN will have an opportunity to revise the Annual Business Plan subsequent to the release of the 2017-18 Provincial Budget,

Be it resolved that the Champlain LHIN Board of Directors approves the Draft Annual Business Plan 2017-18.

Moved: Pierre Tessier / Seconded: Randy Reid

All in favour

Carried

11

Update & Approval on 2017-2018 Service Accountability Agreements

Elizabeth Woodbury, Champlain LHIN Director of Health System Accountability, presented an update on the status of these agreements. Clarification is provided that the Champlain LHIN has negotiated extended and amended accountability agreements in the long-term care, community and hospital sectors. The majority of the agreements have been finalized ([see slide deck available in the meeting package](#)).

In the long-term care sector, all agreements have been completed. In the community health sectors, 94 of 96 agreements are completed; the remaining two require a short extension of the existing agreements to allow for further review of the ones proposed for 2017-2018.

In the hospital sector, 16 of 20 agreements are near completion. The other four hospitals will require short-term extensions of current agreements to allow time for further review and negotiation of the new ones. Of those four, a motion was tabled for the Pembroke Regional Hospital. Further discussion regarding the other three hospital agreements will be tabled at the next Board meeting.

MOTION:

- **Whereas the LHIN and hospital must have a service accountability agreement in place in order for funding to be provided to the hospital;**
- **Whereas the LHIN's current accountability agreement with the hospital expires March 31st, 2017;**

- Whereas the hospital submitted a Hospital Annual Planning Submission to the LHIN and LHIN staff has completed satisfactory due diligence in reviewing the planning submission;
- Be it resolved that the Chair of the Board of Directors and the Chief Executive Officer are authorized to execute the 2017-18 Hospital Service Accountability Agreement with Pembroke Regional Hospital with a temporary waiver of the balanced budget requirement on the condition that: the Hospital provide by June 30, 2017 a strategy to achieve a balanced operating position and a multi-year plan to replenish working capital to achieve a current ratio of 0.8 within 5 years.

Moved: Randy Reid / Seconded: Nick Busing

All in favour

Carried

12 **Provide Guidance Prior to Drafting Annual Report 2016-2017**

The LHIN Communications Director, Elaine Medline sought guidance from the Board in preparation to drafting the annual report 2016-2017. Last year the Board for the inclusion of patients stories based on priorities of the Integrated Health Service Plan. This time, some of the Board's suggestion included: adding elements of the quarterly performance report, as well as elements of the revised health service providers funding allocation report, as well as continuing to include patients' stories. Finally it was agreed to also include elements regarding the amalgamation with the Community Care Access Centre in support of the Patients First Act (2016).

13 **Board Committee Stewardship Reports and Matters Arising Therefrom:**

14.1 Governance

The board education sessions proposal and tentative schedule for 2017-2018 was tabled for approval. This proposal was based on input from Board Members and senior management. It was clarified that some topics would be part of regular board meetings and others would be longer and held during separate board education sessions. Clarification is also provided that dates proposed may be moved as needed depending on emerging priorities.

14.2 French Language Services

Pierre Tessier reported on a meeting held last month with representatives from Le Réseau des services de santé en français de l'est de l'Ontario, to discuss a future board-to-board meeting. The goal of the meeting will be to share knowledge of each other's roles and responsibilities and have a discussion regarding French Language Services. It was agreed that this meeting will be organised later this year, once new Champlain LHIN Board members have been appointed. This proposal was agreed to in principle and will be further discussed at the next meeting of the Governance committee on April 18, 2017.

14.3 CEO Performance Evaluation & Compensation

The evaluation process of the CEO's performance is underway. The committee will present a report to the Board on April 26, 2017.

14.4 Finance & Audit

The committee did not meet in March and there was no information or item to bring forward to the Board at this time.

14

Other Business

5:00 p.m.

In-Camera Session

Be it resolved that members attending this meeting move into a Closed Session pursuant to the following exceptions of LHINs set out in s.9(5) of the Local Health Integration Act, 2006:"

X Matters subject to solicitor-client privilege

To receive confidential information regarding the following items:

- To review legal documents related to the transition*

AND further that the following individuals be permitted to attend for these items:

Chantale LeClerc

Elaine Medline

Eric Partington

Cal Martell

Joanne Yelle Weatherall

Moved: Pierre Tessier / Seconded: Diane Hupé

All in favour

Carried

15 Adjournment of Meeting

There being no further business the meeting adjourned at 5:20 p.m.

Moved: Elaine Ashfield

Jean-Pierre Boisclair
Chair, Board of Directors
Champlain Local Health Integration Network

Chantale LeClerc
CEO
Champlain Local Health Integration Network

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BOARD MEETING -- Approved Minutes

March 28, 2017

Champlain LHIN Boardroom, 1900 City Park, Suite 500, Ottawa

Board Members in Attendance: Jean-Pierre Boisclair (Chair), Marie Biron (Vice-Chair), Randy Reid, Elaine Ashfield, Diane Hupé, Nick Busing, Wendy Nicklin, Pierre Tessier, Abebe Engdasaw

Regrets: Guy Freeman

Staff Members in Attendance: Chantale LeClerc, Elaine Medline, Eric Partington, Joanne Yelle-Weatherall, Cal Martell

Guests Speakers:

Marc Sougavinski, CEO, Community Care Access Centre

Deryl Rasquinha, Vice President, Performance and Strategy, Community Care Access Centre

1 Call to Order

The meeting was called to order at 13:00.

2 Conflict of Interest Declarations

No conflict of interest was declared.

3 In-Camera Session

13:00- *Be it resolved that members attending this meeting move into a Closed Session pursuant*
14:30 *to the following exceptions of LHINS set out in s.9(5) of the Local Health Integration*
Act, 2006:"

X Matters subject to solicitor-client privilege

To receive confidential information/documents relating to the transition.

3 ***AND further that the following individuals be permitted to attend for these items:***

Chantale LeClerc

Elaine Medline

Eric Partington

Cal Martell

Joanne Yelle Weatherall

Moved: Randy Reid / Seconded: Pierre Tessier

All in favour

Carried

4 **Welcome and Introduction**

The Board Chair noted there were no member of the public in attendance. No further introductory remarks were made.

5 **Approval of Agenda**

One change was made to the agenda:

- The Board having to respect the confidentiality of the following legal documents: Memorandum of Understanding and the Ministry LHIN Accountability Agreement, the following agenda items were therefore tabled during the in-camera session and a verbal report provided by the Chair under item 5.

There being no objection, the agenda was approved as amended.

Moved: Pierre Tessier / Seconded: Randy Reid

All in favour

Carried

Chair's & CEO's Comments

The Chair and CEO had no report and no further comments to make. Their monthly reports were provided to the Board at the last meeting on March 22, 2017.

Report of In-Camera Session:

Jean-Pierre Boisclair reported that the Memorandum of Understanding and the Ministry LHIN Accountability Agreement were approved by the Board during the in-camera session. These documents will become public once signed by the Minister and will be available on our website. Also during the in-camera session the Board approved the Declaration of Readiness for the Champlain Local Health Integration Network to proceed with the transition and assume responsibilities of the Community Care Access Centre.

6 **Implementation of Patients First Act**

6.4 Approval of Delegation of Authority Policies (non-financial decisions, financial decisions and commitment to spending authority)

In preparation for the transition with the Community Care Access Centre, the Board reviewed and proposed amendments to the above-mentioned policies.

The following comments/changes are proposed regarding the policy dealing with delegation of authority for non-financial decisions:

- Clarification: It is noted that at some point in time, additional responsibilities related to primary care, should be reflected under this policy. Clarification was provided that accountability agreements related to primary care may fall under the category of health service providers – no change made to the policy regarding this matter.
- Addition: Under item 5 (page 2) checklist of risks. It was agreed to add one risk to the list related to patient safety.

Clarification is provided that there is no further change to the policy dealing with delegated financial authority. This policy was approved by the Board on March 22, 2017.

The following changes are proposed to the policy dealing with commitment to spending authority:

- Amendments: Amounts were increased for several categories, including salaries, purchase orders, vendor payments. To address the payment of orders, under contracts with providers of community and home care services, it was agreed to add in the narrative of the policy a statement that will address the CEO's delegated authority to sign payments of all expenditures under the normal course of events (including supplier invoices as per providers' contracts).
- Amendment: The amount related to consultants was decreased to \$150,000.

MOTION:

That the Champlain LHIN Board approves the *delegation of non-financial authority* and the *commitment to spending authority* policies related to the CEO's delegation of authority subject to the proposed amendments listed above.

Moved: Pierre Tessier / Seconded: Nick Busing

All in favour

Carried

7 **Follow up to the Auditor General 2015 Report**

7.1 Champlain LHIN Response to the Auditor General's 2015 Report

In 2015, the Office of the Auditor General of Ontario conducted reviews of four LHINs. The findings of this review produced recommendations that are included in the Auditor General's 2015 Annual Report.

Eric Partington, Champlain LHIN Senior Director, Health System Performance, reported that the Champlain LHIN has already implemented actions in response to the majority of the auditor General's recommendations. Initiatives are underway to address the few that remain ([see slides included in the board meeting package](#)).

7.2 Champlain Community Care Access Centre Recommendations and Proceeding on Standing Committee on Public Accounts

In 2015, the Auditor General conducted two reviews of CCACs. Deryl Rasquinha, Vice President, Performance and Strategy, Champlain CCAC, presented the efforts undertaken by the Champlain CCAC to address the recommendations made by the Auditor General. He reported that over 50 per cent of the recommendations have been fully addressed and work is in progress by the Champlain CCAC and the Ministry of Health and Long-Term Care to address the remaining actions ([see slides included in the board meeting package](#)).

The Board advised that it will continue to monitor the LHIN's efforts to action the Auditor General of Ontario's recommendations.

8 **Approval of Service Accountability Agreement for Bruyère Continuing Care**

Attendance Update: Nick Busing recused himself for this item.

Chantale LeClerc presented an update regarding one outstanding hospital sector agreement for 2017-2018 pertaining to Bruyère Continuing Care. LHINs staff require additional information in order to finalize a new agreement. Therefore, staff is recommending an extension to the hospital's current accountability agreement for a three month period to allow for the necessary information to be obtained. LHIN staff will seek approval from the Board to execute the new agreement in June. The following motion was tabled.

MOTION:

Whereas the LHIN and hospital must have a service accountability agreement in place in order for funding to be provided to the hospital;

Whereas the LHIN's current accountability agreement with the hospital expires March 31st, 2017;

Whereas the hospital submitted a Hospital Annual Planning Submission to the LHIN and LHIN staff has completed satisfactory due diligence in reviewing the planning submission;

Be it Resolved that: The Chair of the Board of Directors and the Chief Executive Officer are authorized to execute a short-term simple extension to the Hospital Service Accountability Agreement with Bruyère Continuing Care until June 30, 2017 with the condition that the Hospital provide a supplementary submission to the LHIN by May 15, 2017 describing how it will: 1) manage potential fluctuations in Non-Ministry/Non-LHIN revenues; 2) achieve the planned expense reductions; 3) achieve Alternate Level of Care reductions; and 4) replenish working capital while making priority investments in electronic medical record project in the coming 1-5 years.

**Moved: Randy Reid / Seconded: Elaine Ashfield
All in favour
Carried**

9 Other Business

No further business was tabled.

10 Adjournment of Meeting

There being no objection, the meeting adjourned at 4:00

Moved: Diane Hupé

Jean-Pierre Boisclair
Chair, Board of Directors
Champlain Local Health Integration Network

Chantale LeClerc
CEO
Champlain Local Health Integration Network