

**CENTRAL LOCAL HEALTH INTEGRATION NETWORK
BOARD OF DIRECTORS**

October 27, 2015

2:00pm- 4:00pm

Central LHIN, 60 Renfrew Dr. Markham, ON

MINUTES OF MEETING

Board Members Present:

Mr. Warren Jestin, Chair
Mr. Albert Liang, Vice Chair
Ms. Aldous (Sally) Young, Board Member
Ms. Brenda Urbanski, Board Member
Mr. John Rogers, Board Member
Ms. Judy Cameron, Board Member
Mr. Stephen Quinlan, Board Member

Regrets:

Ms. Audrey Wubbenhorst, Board Member
Dr. Uzo Anucha, Board Member

Staff Participants:

Ms. Kim Baker, Chief Executive Officer
Ms. Karin Dschankilic, Senior Director, Performance, Contracts and Allocations & Chief Financial Officer
Ms. Georgina Veldhorst, Senior Director, Planning, Integration & Community Engagement
Ms. Robin Gauzas, Executive Assistant, Recording Secretary
Ms. Rosemary MacGilchrist, Manager, Communications

Guests:

Dr. Michael Sullivan, Central LHIN Critical Care Lead
Ms. Andrea Gates, Director Enabling Technologies and Decision Support

1.0 MEETING CALLED TO ORDER

The meeting was called to order at 2:05 pm

2.0 NOTICE/RECOGNITION OF A QUORUM

This meeting was formally constituted with Board members receiving adequate notice in accordance with By-Law No. 2. The notice, agenda and materials were distributed to the Board and were posted on the Central LHIN website.

Quorum of a Board comprising nine members is 5 directors. A quorum was present at the meeting.

In accordance with the By-law, participants and guest speakers were introduced. No public deputations were noted for the meeting.

3.0 APPROVAL OF AGENDA

“ON MOTION made by Mr. John Rogers and seconded by Ms. Aldous Young, IT WAS RESOLVED THAT,”

“The Agenda be approved as circulated.”

**CARRIED
October 27-15-099**

3.1 PATIENT STORY

Mr. Jestin introduced Ms. MacGilchrist who shared the experiences of patients and families receiving palliative and end of life care in Central LHIN. The perspectives were based on the insights and experiences as shared by Dr. Cindy So who is the Cancer Care Ontario Central LHIN Palliative Care Regional Lead and has been deeply involved with the Central LHIN in the development and implementation of the Palliative Care Action Plan.

4.0 DECLARATION OF CONFLICT OF INTEREST

None

5.0 APPROVAL OF CONSENT AGENDA

“ON MOTION made by Mr. John Rogers and seconded by Mr. Albert Liang, IT WAS RESOLVED THAT,”

“The Consent Agenda be approved and all resolutions contained therein be adopted as follows:

**CARRIED
October 27-15-100**

5.1 APPROVAL OF MINUTES

“The minutes of September 29, 2015 are approved as circulated.”

**CARRIED
October 27-15-101**

5.2 OTHER ITEMS

5.2.1 2016-17 Community Accountability Planning Submission Review Principles

BE IT RESOLVED THAT:

“The Central LHIN Board of Directors:

Approves the following principles to guide the review of the 2016-2017 Community Accountability Planning Submissions:

- a. **An Annual Balanced Budget as defined in the MLAA is required each year of the Agreement**
- b. **Administrative expenses must not exceed 15% of the LHIN funding**
- c. **Functional Centre budgets of \$100,000 or more must have a budgeted cost per unit of service that is within an acceptable range of the Central LHIN average cost per unit of service, as defined by the LHIN**
- d. **No overall service reductions. Health service providers may propose shifts in services to better meet community demand for services and to align with provincial priorities”.**

5.2.2 2016-19 Long-Term Care Home Accountability Planning Submission and Long-Term Care Home Accountability Agreement Approval Process

BE IT RESOLVED THAT:

“The Central LHIN Board of Directors:

- 1. **Approves the process by which the Central LHIN will execute the 2016-2019 Long-Term Care Home Service Accountability Agreement with its long-term care home service providers as follows:**
 - a) **Long-term care home service providers will submit a governing body approved 2016-2019 Long-Term Care Home Accountability Planning Submission to Central LHIN by November 23, 2015; and**
 - b) **Central LHIN staff will review the 2016-2019 Long-Term Care Home Accountability Planning Submissions based on the following set of principles:**
 - i. **All required information is submitted; and**
 - ii. **Where available, the submitted information is verified against existing data sources; and**
 - iii. **Issues and risks identified in the submission that may affect the long-term care home’s ability to meet compliance standards, resident care needs, or maintain financial viability will be ranked as low, medium or high; and**
 - iv. **Any risks identified as high will be addressed with the long-term care home service provider to ensure the provider has a mitigation strategy.**
- 2. **Delegates authority to the Central LHIN CEO to approve the final targets for the indicators in the 2016-2019 Long-Term Care Home Service Accountability Agreement based on the 2016-2019 Performance Target and Corridor Setting Guideline when it becomes available; and**
- 3. **Delegates authority to the Central LHIN CEO to approve LHIN-specific performance obligations for the Debt Service Coverage Ratio at the full corporate entity level to be**

included in the 2016-2019 Long-Term Care Home Service Accountability Agreements where appropriate; and

4. Delegates authority to the Central LHIN Board Chair and CEO to sign and execute the 2016-2019 Long-Term Care Home Service Accountability Agreements.”

CARRIED
October 27-15-102

5.2.3 2015/16 Q2 Chief Executive Officer Compliance Declaration

BE IT RESOLVED THAT:

“Having received and considered the CEO’s Declaration of Compliance as at September 30, 2015, the Central LHIN Board of Directors authorizes the CEO and Board Chair to execute and submit the Declaration of Compliance to the Ministry for the 2015/16 second quarter.”

CARRIED
October 27-15-103

Discussion ensued around schedule A

5.2.4 2015/16 Based Investment Community Care Access Centre Nursing Services

BE IT RESOLVED THAT:

“The Central LHIN Board of Directors approves base funding of \$4,300,000 and one-time funding of \$800,000 for Central CCAC to sustain and improve access and performance by providing additional services in Nursing Visit, Nursing Shift and Personal Support for fiscal 2015-16 as follows:

Functional Centre	Base Funding Allocation	# of Additional Individuals Served (Annualized)	# of Additional Activities (Annualized)	One-time Funding Allocation	# of Additional Individuals Served (2015/16 only)	# of Additional Activities (2015/16 only)
Nursing – Visiting	\$2,500,000	570	18,229 Visits	\$800,000	182	5,833 Visits
Nursing – Shift	\$1,300,000	14	22,414 Hours of Care	n/a	n/a	n/a
Combined Personal Support and Home Making Services	\$500,000	89	14,355 Hours of Care	n/a	n/a	n/a

CARRIED

Discussion ensued around Community Care Access Centres and the differences in cost structure between community clinics and in-home care models.

5.3 REPORTS OF COMMITTEE

No reports.

6.0 CHAIR’S REPORT

Mr. Jestin provided the Board with an update on the following items:

- Minister’s Medal Honoring Excellence in Health Quality and Safety on October 14, 2015 was presented to Dr. Jeremy Theal from North York General Hospital . Mr. Jestin congratulated Dr. Theal and Team on the accomplishment.
- Reminded the Board of the Annual LHIN Board Evaluation process that will begin in November. Mr. Jestin noted that the electronic surveys are expected to be launched on Monday, November 2, with responses requested by Friday, November 13.

7.0 CEO REPORT – ITEMS FOR APPROVAL

7.1 2014-17 Multi Sector Service Accountability Agreement Amendment to Exercise Program Performance Targets

An overview of the 2014/17 Multi Sector Service Accountability Agreement to Exercise Program Performance Targets was provided by Ms. Dschankilic.

“ON MOTION by Mr. John Rogers and seconded by Mr. Albert Liang , IT WAS RESOLVED THAT,”

“The Central LHIN Board of Directors:

- i. Approves Central LHIN staff to formally communicate to the Ministry that Central LHIN will not achieve its performance targets as follows:**

Current Performance targets (from Ministry letter dated June 21 2013) cascaded to Health Service Providers	Proposed Performance targets to be cascaded to Health Service Providers	Reduction
<ul style="list-style-type: none"> • 390 sessions provided to 13,825 unique individuals served across geographic areas, including small and rural communities 	<ul style="list-style-type: none"> • 390 sessions provided to 9,750 unique individuals served across geographic areas, including small and rural communities 	<ul style="list-style-type: none"> • 4,075 individuals served

and;

- ii. Approves the following performance target changes in the 2014-17 Multi-Sector Service Accountability Agreements for fiscal year 2015-16:

Health Service Provider	Total Classes (A)	Current Target - Clients per Class (B)	Proposed Target - Clients per Class ©	Current Target - Exercise Clients (A x B)	Proposed Target - Exercise Clients (A x C)	Current Target - Attendance Days (A x B x 48 weeks)	Proposed Target - Attendance Days (A x C x 48 weeks)
Better Living Health and Community Services	158	35	25	5,530	3,950	265,440	189,600
Carefirst Seniors and Community Services	122	35	25	4,270	3,050	204,960	146,400
Circle of Care Home Care Services	110	35	25	3,850	2,750	184,800	132,000

”
CARRIED
October 27-15-105

8.0 CEO REPORT-ITEMS FOR INFORMATION

Ms. Baker provided the Board with an overview on the recent Annual Health Quality Transformation conference held on October 14th and encouraged Board members to attend this annual event if interested

Ms. Baker provided a brief overview of her presentation on Patient Experience Measurement: Building a Strategy for Ontario at Health Quality Transformation. This session at HQT reflected the work to date of the Patient Experience Measurement Committee co-chaired by HQT and Ms. Baker.

Ms. Baker noted that staff is currently working toward completing the draft Integrated Health Service Plan 2016-2019. The strategic plan will be brought forward to the Board at the November Board meeting for consideration.

Ms. Baker provided updates on the following items:

8.2 2014/15 Q4 Hospital Sector Performance

8.3 2014/15 Year-End Community Sector Performance

8.4 Health Links Update

8.5 The Baker Price Report and Strengthening Primary Care in Ontario

8.6 PACE and abi Possibilities Post Integration

8.7 Humber River Hospital Update

Ms. Baker congratulated the leadership of Humber River Hospital on a successful move from three sites to one on October 18, 2015. Humber River Hospital increased their capacity for critical care beds to 48 beds from 27.

8.8 Funding Allocation

9.0 OTHER BUSINESS

None at this time

10.0 FUTURE MEETINGS

Tuesday November 24, 2015

2:00pm-4:00pm

60 Renfrew Drive, Markham ON

11.0 BOARD DEVELOPMENT AND EDUCATION

Dr. Michael Sullivan, Critical Care Lead for Central LHIN provided the Board with a status update on the implementation of the Provincial Life or Limb Policy, a recent Town Hall engagement among three LHINs and the Critical Care Secretariat of Ontario and hospital to hospital repatriation.

Ms. Andrea Gates, Director, Enabling Technologies and Decision Support presented an environmental scan with data analysis and support that captures the backdrop behind the development of the IHSP 2016-2019, planned for consideration by the Board at the November meeting.

12.0 MOTION MOVING INTO A CLOSED SESSION

“ON MOTION by Ms. Judy Cameron and seconded Mr. Stephen Quinlan IT WAS RESOLVED THAT,”

“The 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 Systems Integration Act, 2006:”

- Personal or public interest**
- Public security**
- Security of the LHIN and its directors**
- Personal health information**
- Prejudice to legal proceedings**
- Safety**
- Personnel matters**

- Labour relations
- Matters subject to solicitor client privilege
- Matters prescribed by regulation
- Deliberations on whether to move into a closed session

and further that the following persons be permitted to attend:

Ms. Kim Baker
Ms. Karin Dschankilic
Ms. Georgina Veldhorst
Ms. Robyn Saccon
Ms. Robin Gauzas
Ms. Rosemary MacGilchrist”.

CARRIED
October 27-15-106

13.0 CLOSED SESSION CALLED TO ORDER

The session was called to order at 4:00 pm.

14.0 APPROVAL OF AGENDA

“ON MOTION by Ms. Judy Cameron and seconded by Mr. Albert Liang, IT WAS RESOLVED THAT,”

“The Agenda of the Closed Session of October 27, 2015 be approved as circulated.”

CARRIED
October 27-15-107

15.0 APPROVAL OF MINUTES

“ON MOTION by Ms. Aldous Young and seconded by Mr. Albert Liang, IT WAS RESOLVED THAT,”

“The minutes of the Closed Session of September 29, 2015 be approved as distributed.”

CARRIED
October 27-15-108

16.0 MOTION MOVING OUT OF CLOSED MEETING

“ON MOTION by Mr. Albert Liang and seconded by Ms. Judy Cameron, IT WAS RESOLVED THAT,”

“The Closed Session is terminated (5: 15 p.m.) and that closed session minutes are permitted to be shared with all Board members and permitted attendees.”

CARRIED

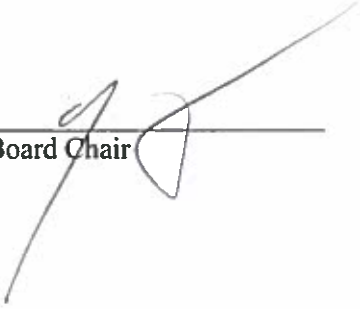
October 27-15-109

17.0 MOTION TO TERMINATE SESSION


“ON MOTION by Ms. Judy Cameron and seconded by Mr. John Rogers, IT WAS RESOLVED THAT,”

“The session be terminated (5:15 p.m.).”

**CARRIED
October 27-15-110**



Warren Jestin, Board Chair



Robin Gauzas, Recording Secretary

