

**DRAFT MINUTES**  
**BOARD OF DIRECTORS MEETING**  
**Monday, June 24, 2013**  
**Community Hall, Shepherd Village**  
**3760 Sheppard Avenue East, Scarborough 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) (*via teleconference*)

**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. Kate Reed (Team Lead, Integration/Implementation)  
Ms. Marilee Suter (Decision Support Consultant, SDI)  
Mr. Chad Gyorfi (Senior Analyst, Performance and Accountability)  
Ms. Katie Cronin-Wood (Communications Lead)  
Ms. Karen O'Brien (Public Affairs)  
Ms. Sheila Rogoski (Executive Coordinator)  
Ms. Jennifer Persaud (Governance Coordinator, Minutes Recorder)

Mr. Gladstone 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 thanked Shepherd Village for hosting the meeting and indicated that Ms. Samantha Singh would be joining the meeting for item 5.1 on the agenda via teleconference.

### **Constitution of Meeting/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 requiring further discussion as listed on the consent agenda.

**MOTION:** By Ms. Hough  
Be it resolved that the consent agenda of the June 24 2013 meeting of the Central East LHIN Board of Directors be approved.

- Included are the following items for approval:
  - Board meeting agenda: June 24, 2013
  - Board meeting minutes: May 22, 2013

**SECONDED:** Ms. Barkey

**MOTION CARRIED**

## **2.2 DECLARATION OF CONFLICTS OF INTEREST**

Mr. Gladstone requested that those in attendance declare any conflicts of interest.

Mr. Sudbury recused himself from discussions around agenda item #5.1 related to the Rouge Valley Health System. There were no other declared conflicts by those in attendance.

## **4.1 BUSINESS ARISING FROM LAST MEETING OF MAY 22, 2013**

Mr. Gladstone asked for any business arising matters from the Board meeting on May 22, 2013. There were no items raised by members of the Board.

## **5.1 THE SCARBOROUGH HOSPITAL – ROUGE VALLEY HEALTH SYSTEM HOSPITAL SYSTEM DIRECTIONAL PLAN**

Mr. Robert Biron, President and Chief Executive Officer of The Scarborough Hospital (TSH) along with Mr. Rik Ganderton, President and Chief Executive Officer of Rouge Valley Health System (RVHS) were introduced to present the RVHS and TSH Hospital System Directional

Plan. Context was provided on the current financial situation facing the province's hospitals. Progress was reported on the motions and directions issued to the hospitals by the Central East LHIN Board on March 27, 2013. The hospitals' Integration Leadership Committee (ILC) has focussed discussions on maintaining quality services for Scarborough communities and creating system-readiness for the fiscal transformation taking place in hospital (acute) care. Based on this approach, Mr. Biron and Mr. Ganderton reported that the ILC is currently exploring merger as an option between the two hospital corporations. This process will take into consideration integration options for patient care services, back-office functions, leadership and governance. The Planning Framework delineates on the Terms of Reference and Goals and Objectives agreed to by members of the ILC.

The hospitals emphasized the importance of reaching out to their respective communities with a merger being the option explored as there is a need to prepare a long-term vision for the hospital services in the Scarborough communities. Moving forward, it was reported that as part of the due diligence, the hospitals will be preparing a financial business case, reviewing impacts to health human resources, legal issues and any risks association with the option of merger. Consideration will also be paid towards the facility and infrastructure upgrades which will be necessary including lifecycle and equipment inventories all sites. It is expected that the Integration plan will be submitted to the LHIN Board in November.

Mr. Biron and Mr. Ganderton reported on a request from their Boards that the Maternal-Child-Youth (MCY) Service Delivery Model motion (1b) be realigned with the timelines and requirements of motion 3 issued by the Central East LHIN Board on March 27, 2013, to allow the hospitals enough time to engage in adequate community consultation and complete the due diligence required.

Mr. Biron reported that the response to the Expert Panel report will be presented to The Scarborough Hospital Board on June 25<sup>th</sup>, 2013 and then submitted to the Central East LHIN by June 27, 2013. Mr. Biron will be sharing feedback and decisions from The Scarborough Hospital Board regarding the report prepared by the Expert Panel with the LHIN.

Ms. Hammons thanked Mr. Biron and Mr. Ganderton for presenting to the LHIN Board and acknowledged the commitment made by representatives from both hospital corporations on the work of the ILC.

Mr. Sudbury recused himself from the motion associated with this item on the agenda.

**MOTION:**

By Ms. Singh

Whereas, on March 27, 2013, the Central East LHIN directed The Scarborough Hospital to partner with Rouge Valley Health System in a facilitated integration planning process to design and implement a Scarborough Cluster hospital services delivery model, with the hospitals

submitting to the Central East LHIN, for its review, a directional plan in no more than 60 days; and,

Whereas, The Scarborough Hospital and Rouge Valley Health System have requested that the timing for the LHIN's motion 1b, related to the development of a Service Delivery Model for Maternal Child Youth (MCY) Services for the Scarborough Cluster, as well as a plan for a LHIN regional program for advanced Neonatal and paediatric care, be realigned with the Scarborough Cluster Hospitals integration planning process.

Be it resolved that the LHIN acknowledges receipt of the hospital's directional plan titled "The Scarborough Hospital and Rouge Valley Health System Facilitated Integration Process - Planning Framework" and encourages The Scarborough Hospital and Rouge Valley Health System to move forward with the implementation of their process.

Further, be it resolved that the LHIN extends the timeline for the submission of a proposed integration plan to be no later than November 2013 in order to provide the hospitals with additional time for stakeholder engagement, which as noted in the Planning Framework, will include stakeholders from Scarborough and Durham Region.

And further, be it resolved that the LHIN approves an amendment to the March 27th 1b motion and confirms that the timing be realigned with the Scarborough Cluster Hospitals integration planning process with the clear expectation that a proposed integrated service delivery model for Maternal Child Youth (MCY) services in the Scarborough cluster and a LHIN-wide advanced Neonatal and paediatric program, which will consider the findings of the Expert Panel and be developed in partnership with stakeholder and physician leaders, be submitted to the LHIN no later than March 2014.

**SECONDED:** Ms. Barkey

**MOTION CARRIED**

## **5.2 HEALTH LINKS**

Mr. James Meloche, Senior Director of System Design and Implementation (SDI) presented on future Health Links proposed for the Central East LHIN. Background was provided on the components and schematics of 'Health Links'. Referral patterns were examined by staff when determining the boundaries and catchment areas for the proposed areas as they relate to

hospitals based on specialty care and primary care. A total of six (6) *Health Links* were outlined for the Central East:

- Peterborough Health Link (*Active*)
- Haliburton and Kawartha Lakes Health Link
- Northumberland Health Link
- Scarborough North Health Link
- Durham Networked Health Link
  - Durham North East Health Link
  - Durham West Health Link
- Scarborough South Health Link

An update was provided on the Peterborough *Health Link* (PHL). The PHL team has used the patient-story methodology and then quantified it with data. It is anticipated that 100 patient-care plans will be developed by December 31, 2013. A letter from the Primary Health Care Advisory Group (PHCAG) was referenced which supported the six (6) proposed future *Health Links*. The Central East Community Care Access Centre (CECCAC) is project managing the process where Central East LHIN staff are overseeing meetings between Health Link providers. Governance structures will be outlined in the future.

**MOTION:** By Ms. Hough  
Be it resolved the Central East LHIN Board supports Management's recommendations of future Health Links (*Scarborough North, Scarborough South, Durham West, Durham North East, Northumberland, Haliburton Kawartha Lakes*) within the Central East LHIN.

And further, be it resolved that the Board directs Management to proceed with the implementation of future Health Links and bring back to the Board progress reports and other future items requiring Board approval such as funding or integration opportunities.

**SECONDED:** Ms. Barkey

### 5.3 IMPLEMENTATION OF PHYSIOTHERAPY STRATEGY

Mr. Meloche introduced Ms. Kate Reed, Team Lead, Integration/Implementation to report on the implementation of the Physiotherapy Strategy in the Central East LHIN.

Mr. Meloche and Ms. Reed were commended by members of the Board for their leadership demonstrated in moving the strategy forward and submitting the required reports to the Ministry within the timelines provided. Ms. Hammons assured the Board members that staff will continue to work as hard as possible to ensure that the implementation is seamless.

**MOTION:** By Ms. Risk

Be it resolved that the Central East LHIN Board of Directors endorses the provisional plan for Exercise and Falls Prevention classes as outlined in the presentation and delegates authority to the Chief Executive Officer to determine specific service provider allocations as the plan evolves over the coming weeks.

Further, be it resolved that the Central East LHIN Board of Directors agrees with the population based approach used to develop recommendations for demand for clinic-based physiotherapy services in Central East.

And further, be it resolved that the Central East LHIN Board of Directors directs Management to report back to the Board in July 2013 on the status of all five streams related to the physiotherapy changes in Ontario.

**SECONDED:** Ms. Hough  
**MOTION CARRIED**

#### **5.4 REPORT ON HOSPITAL QUALITY IMPROVEMENT PLANS (QIPs)**

Ms. Marilee Suter, Decision Support Consultant, System Design & Implementation (SDI) was introduced to report on the Hospital Quality Improvement Plans (QIPs) in the Central East LHIN. Staff conducted a review of initiatives included in the Hospital QIPs and mapped it against the most valid documents for analysis (Hospital-Sector Service Accountability Agreements, Ministry-LHIN Performance Agreement and Canadian Hospital Reporting Project (CHRP)).

An analysis was provided for each of the nine (9) Central East LHIN hospitals. In conclusion, there is a strong alignment between the hospital QIP's and the LHIN priorities. There have been opportunities for improved patient safety and quality identified that have not been included in the hospitals' 2013/14 QIPs. Findings from the QIP review present an opportunity to review the Balanced Scorecard dimensions and indicators. The Board may request further details from identified hospitals on how they will address identified gaps in patient safety and quality.

The Board directed staff to focus on the identified gaps in patient safety and quality indicators.

#### **5.5 PRESENTATION BY SHEPHERD VILLAGE**

Mr. Brock Hall, Vice-President, Client Care at Shepherd Village presented on the services available at Shepherd Village. Challenges include the complexity of care for the client population and changes to physiotherapy programs. Both the lodge and the retirement home are accredited facilities through the Commission on the Accreditation of Rehabilitation Facilities (CARF). Staff from Shepherd Village spoke about the LHIN-funded support initiatives in place

such as Behavioural Supports Ontario (BSO) and Nurse Practitioner Supporting Teams Averting Transfers (NPSTAT).

Board members extended appreciation to the staff and Board of Shepherd Village for hosting the Board meeting and commended them for the excellent care standards offered to their residents.

## **5.6 CENTRAL EAST LHIN ANNUAL REPORT**

Ms. Katie Cronin Wood, Communications Lead, was asked to address the Board regarding the Central East LHIN 2012/13 Annual Report.

The Annual Report is produced each year as per the Ministry-LHIN Performance Agreement (MLPA) and contains progress towards achieving the LHIN's Integrated Health Service Plan (IHSP), community engagement activities, Francophone/Aboriginal initiatives, operational performance and reporting on the Audited Financial Statements.

The report has been translated into French and will be submitted to the Ministry by June 28<sup>th</sup>, 2013, pending approval from the Central East LHIN Board. Once it is proclaimed by the Minister in the House, it will become a public document and will be posted on the Central East LHIN website.

The Central East LHIN reached 12/13 of our MLPA targets. The Board commended the LHIN staff for their hard work and their appreciation on a well written and detailed report.

**MOTION:** By Ms. Risk  
Be it resolved that the Central East LHIN Board of Directors approve the Annual Report for submission to the Ministry of Health and Long-Term Care by June 28, 2013.

And further be it resolved that the Board congratulates and acknowledges the staff on the tremendous efforts that resulted in favourable Annual Report for the Central East LHIN.

**SECONDED:** Ms. Barkey

## **5.7 QUARTERLY WORKING FUNDS REPORT – LAKERIDGE HEALTH**

Mr. Paul Barker, Senior Director, System Finance and Performance Management (SFPM) reported that Lakeridge Health participated in Hospital Working Funds for 2012/13. Lakeridge Health has submitted quarterly attestations to the Central East LHIN that they have been meeting set targets with the intention to complete the requirements and be in receipt of the \$13 Million in Hospital Working Funds. The report was signed off by the Board Chair and CEO of

Lakeridge Health and with the Board's endorsement of this submission, Central East LHIN staff will forward a copy to the Ministry.

Mr. Barker noted that additional hospitals in the Central East LHIN have entered into agreements to participate in this initiative to reduce the amount of debt in working funds deficit and reports will be coming forward to the Board in future months for submission to the Ministry.

Mr. Gladstone indicated that the work done by Lakeridge to make progress on this initiative and meet the requirements should be commended.

**MOTION:** By Ms. Risk  
Be it resolved that the Central East LHIN Board of Directors approve the Annual Report for submission to the Ministry of Health and Long-Term Care by June 28, 2013.

**SECONDED:** Ms. Barkey

**MOTION CARRIED**

## **5.8 HEALTH SYSTEM FUNDING REFORM UPDATE & QUALITY-BASED PROCEDURE ALLOCATIONS**

Mr. Chad Gyorfi, Senior Finance Consultant, SFPM provided a status report on the Health System Funding Reform. On June 6, 2013, funding information was shared with the hospitals and the LHINs. Mr. Gyorfi reviewed the breakdown in funding at present related to Quality-Based Procedures (QBPs), Health-Based Allocation Model (H-BAM) and Global funding. An overview of the proposed QBP volumes for 2013/14 was presented for the Central East LHIN hospitals which highlighted the percentage of change to any existing volumes. Mr. Barker discussed the unique pricing affiliated with acuity adjustments, based on total weighted cases and case-mixed indexes for QBPs. Acuity adjustments present a challenge for managing QBP volumes from a system perspective. Post Mitigation Variances were presented for each of the affected Central East LHIN hospitals.

The Central East LHIN Local Partnership continues to meet regularly and includes membership from Long-Term Care Homes (LTCHs), the Central East Community Care Access Centre (CECCAC) and hospitals. The group identified Meditech data issues which have negatively affected H-BAM results and staff are working to resolve these identified issues with the Ministry; however, the Ministry has indicated that no adjustments will be made to the completed data sets.

The Ministry of Health and Long-Term Care has created reallocation policies that detail funding transfer provisions within QBPs, between QBPs and approvals required for cross-sector

reallocations. There are no reallocations permitted between LHIN and Cancer Care Ontario-managed QBPs.

**MOTION:**

By Mr. Powers

Be it resolved that the Central East LHIN Board approve the 2013/14 Year 1 and Year 2 QBP volumes by facility if not materially different from the final 2013/14 LHIN allocations received from the Ministry:

Facility	Cataract	Hip	Knee	IP Rehab – Hip	IP Rehab – Knee
TSH	5,571	290	735	45	105
RVHS	-	170	384	64	183
LH	5,340	186	472	58	55
PRHC	1,774	152	371	8	7
RMH	1,347	77	190	15	13
NHH	1,193	-	-	14	12
<b>Total</b>	<b>15,225</b>	<b>875</b>	<b>2,152</b>	<b>204</b>	<b>375</b>

Facility	COPD	CHF	Stroke (H)	Stroke (I)	Stroke (TIA)	NCV (AA)	NCV (LEOD)
TSH	620	507	23	261	67	30	23
RVHS	440	334	26	231	46	n/a	n/a
LH	436	565	42	301	60	n/a	n/a
PRHC	286	478	17	151	33	50	119
RMH	118	240	3	71	14	n/a	n/a
NHH	110	193	2	81	17	n/a	n/a
<b>Total</b>	<b>2,010</b>	<b>2,317</b>	<b>113</b>	<b>1,096</b>	<b>237</b>	<b>80</b>	<b>142</b>

**SECONDED:** Ms. Risk

**MOTION CARRIED**

**5.9 URGENT PRIORITY FUNDING ALLOCATIONS**

Mr. Meloche introduced two initiatives through the Palliative care funds (reallocation of existing dollars that were approved by the Board in July 2012). The Board discussed the approval of dollars to be reallocated for funding a Palliative Pain and Symptom Management Consultant working out of the Victorian Order of Nurses (VON) to create equitable funding flow between palliative care organizations.

**MOTION:** By Mr. Powers  
 Be it resolved that funding for Palliative Pain and Symptom Management Consultation at Lakeridge Health in the amount of \$117,965 be recovered and redistributed to the Victorian Order of Nurses as ongoing base budget for 2013/14.

Be it resolved that funding for Palliative Pain and Symptom Management Consultation at Lakeridge Health in the amount of \$6,965 be recovered and redistributed to Hospice Peterborough for 2013/14, to constitute a new base investment of \$117,965.

Be it resolved that funding for Palliative Pain and Symptom Management Consultation at Lakeridge Health in the amount of \$35,629 be recovered and redistributed to the Central East CCAC to constitute a new base investment of \$117,965 for 2013/14.

**SECONDED:** Mr. Sudbury

**MOTION CARRIED**

Ms. Indra Narula, System Optimization Consultant, SDI reported on the background of the Senior Friendly Hospital Strategy, current state review and next steps with regards to total investments.

**MOTION:** By Ms. Hough  
 Be it resolved that \$100,000 for Senior Friendly Hospital Strategy be distributed to the six hospitals for FY2013-14:

Hospital	Amount
Ross Memorial Hospital	\$ 20,000
The Scarborough Hospital	\$ 20,000
Northumberland Hills Hospital	\$ 20,000
Campbellford Memorial Hospital	\$ 15,000
Peterborough Regional Health Centre	\$ 15,000
Lakeridge Health Corporation	\$ 10,000
<b>TOTAL</b>	<b>\$100,000</b>

**SECONDED:** Ms. Risk

**MOTION CARRIED**

Benefits associated with Common Assessment tools were reviewed by Ms. Narula, such as the Integrated Assessment Record (IAR). It is intended that all assessment information be available in the electronic medical record for all Ontarians to advance the eHealth agenda. CCIM has finished implementation and the shared assessment is required to flow between partners while sustaining the implemented practices.

CCIM was a project initiated by the Province of Ontario. They implemented the tool and the project wound down at the end of this past calendar year. We understand that we will have no support structures in place on a go-forward basis. We have asked the CECCAC to be the Centre of Excellence to lead training, address duplicate assessment efforts and ensure sustainability.

Staff will report back on significant events pertaining to the implementation of common assessments amongst providers.

**MOTION:** By Mr. Sudbury  
Be it resolved that the Central East LHIN Board of Directors approve that the Central East CCAC receive a funding allocation of \$217,900 in the FY 2013-14 and a funding allocation of \$217,900 in the FY 2014-15 for the interRAI Community Health Assessment (CHA) Centre of Excellence.

**SECONDED:** Ms. Risk

**MOTION CARRIED**

**5.10 CEO REPORT – Q & A**

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

**MOTION:** By Mr. Powers  
Be it resolved that the Central East LHIN Board receive the June 24, 2013 report of the Central East LHIN CEO for information.

**SECONDED:** Ms. Risk

**MOTION CARRIED**

#### 5.11 CHAIR REPORT – Q & A

Mr. Gladstone announced that Ms. Singh, Mr. Sudbury and Mr. Gladstone were reappointed to the Central East LHIN Board for a second term. Mr. Gladstone presented the Chair's Report for review and questions.

**MOTION:** By Mr. Sudbury  
Be it resolved that the Central East LHIN Board receive the June 24, 2013 report of the Central East LHIN Chair for information.

**SECONDED:** Ms. Hough

**MOTION CARRIED**

#### 5.12 OTHER NEW BUSINESS

There were no items of other new business raised.

#### 6.0 CLOSED SESSION

**MOTION:** By Mr. Powers  
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

And that Deborah Hammons, James Meloche, Paul Barker, Jeanne Thomas, Sheila Rogoski, Jennifer Persaud, Katie Cronin-Wood and Karen O'Brien join the Board in the closed session.

**SECONDED:** Ms. Hough

**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 and matters that could prejudice legal proceedings.*

**MOTION:** By Mr. Sudbury

Be it resolved that the Chair's report of the June 24, 2013 closed session be received and approved, and further that there will be follow up on the actions discussed.

**SECONDED:** Mr. Powers

**MOTION CARRIED**

## 12.2 **MOTION OF TERMINATION**

**MOTION:** By Ms. Risk  
Be it resolved that the June 24, 2013 Central East LHIN Board meeting be adjourned.

**SECONDED:** Ms. Barkey

**MOTION CARRIED**

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Mr. Wayne Gladstone