

**MINUTES**  
**BOARD OF DIRECTORS MEETING**  
**Wednesday February 27, 2013**  
**Scarborough Room, Central East LHIN**  
**314 Harwood Avenue South, Unit 1030**  
**9:00 AM –3:00 PM**

**Directors Present:** Mr. Wayne Gladstone (Chair)  
Mr. David Sudbury (Vice-Chair)  
Ms. Margaret Risk (Member)  
Ms. Joanne Hough (Member) – via Teleconference  
Ms. Samantha Singh (Member)  
Mr. Chuck Powers (Member)

**Regrets:** Ms. Valmay Barkey (Member)

**Staff Present:** Ms. Deborah Hammons (Chief Executive Officer)  
Mr. James Meloche (Senior Director, System Design and Implementation)  
Mr. Paul Barker (Senior Director, System Finance and Performance Management) – via Teleconference  
Mr. Marco Aguila (Manager, Corporate Services)  
Ms. Karen O'Brien (Public Affairs)  
Ms. Jeanne Thomas (Lead, SDI)  
Mr. Brian Laundry (Lead, System Design and Implementation – Quality Improvement & Evaluation)  
Ms. Emily Van de Klippe (Senior Consultant, Performance & Accountability)  
Mr. Chad Gyorfi (Senior Finance Consultant, SFPM)  
Ms. Joanne Lau (Senior Analyst, Performance & Accountability)  
Ms. Sheila Rogoski (Executive Coordinator)  
Ms. Jennifer Persaud (Governance Coordinator)  
Ms. Jennifer Kerswill (Corporate/Governance Administrative Assistant)

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.

### 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. Singh  
Be it resolved that the consent agenda of the February 27, 2013 meeting of the Central East LHIN Board of Directors be approved.

- Included are the following items for approval:
  - Board meeting agenda: February 27, 2013
  - Board meeting minutes: January 23, 2013
  - Board Correspondence Report

**SECONDED:** Ms. Risk

**MOTION CARRIED**

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

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

*No conflicts of interest were declared.*

## 3.0 **DELEGATIONS TO THE BOARD: VOICES AGAINST STIGMA EVERYWHERE**

Ms. Sue Cathcart, Peer Support Specialist from Durham Mental Health Services (DMHS), provided background information on the mandate and history of Voices Against Stigma Everywhere (VASE) and provided an update on the Consumer Survivor Initiative (CSI).

The CSI has continually grown and thrived since the decision to transfer funding to DMHS. Several collaborations have occurred with CMHA Durham and Peterborough and Hong Fook to establish a credible and strong voice for Durham Region. DMHS has established a network advisory committee to provide advice on implementation options for services and programs within Durham Region and guidance on LHIN-wide programs and services to support the self-determination of consumer survivors.

Ms. Cathcart highlighted several programs that have been established under the CSI. In partnership with Rouge Valley Health System and Hope Mental Health a drop in program has been established in Ajax.

Ms. Cathcart thanked the Central East LHIN for their continued encouragement and support of this vital aspect of mental health care. Ms. Cathcart introduced Ms. Christine Garbutt, who graciously shared her story of mental illness and recovery.

Mr. Gladstone, on behalf of the Board, thanked Ms. Cathcart for presenting and Ms. Garbutt for her candor in sharing her story.

#### **4.1 BUSINESS ARISING FROM LAST MEETING OF January 23, 2013**

Mr. Chad Gyorfi, Senior Finance Consultant, System Finance and Performance Management tabled revisions to the Q2 Multi-Sector Accountability Agreement Dashboard that was presented at the January 23, 2013 Board meeting and reported on work being done with providers to ensure targets are being met.

#### **4.2 SERVICE ACCOUNTABILITY AGREEMENT UPDATES**

Mr. Paul Barker, Senior Director – System Finance and Performance Management, joined by his staff, provided an overview to the Board on the Service Accountability Agreements.

##### Long Term Care Service Accountability Agreement (L-SAA)

Ms. Emily van de Klippe, Senior Consultant, Performance and Accountability, reported that all Central East LHIN L-SAA agreements have been sent out. Ms. Van de Klippe highlighted the changes to the provincial indicators as well as the LHIN-specific indicators.

##### Hospital Accountability Agreement (H-SAA)

Ms. Van de Klippe and Mr. Barker reported further that the H-SAA process opened provincially on February 1, 2013. There have been major changes to the Hospital Annual Planning Submission (HAPS) process to reflect the Health System Funding Reform (HSFR) model.

##### Multi-Sector Service Accountability Agreement (M-SAA)

Ms. Joanne Lau, Performance & Accountability Consultant, reported that the M-SAA for fiscal year 2013/14 will be a refresh. Ms. Lau went over the indicators by sectors, highlighting new ones.

- All Sectors: percentage of acute alternate level of care (ALC) days.
- CCAC: percentage of registrations with Health Care Connect (HCC) which were referred.
- Community Support Services (CSS): average number of days waited for first service (by functional centre), focusing on Adult Day programs.
- Community Health Centre (CHC): access to primary care.

- Community Mental Health & Addiction (CMH&A): Repeat unscheduled emergency visits within 30 days for mental health conditions and repeat unscheduled emergency visits within 30 days for substance abuse conditions.

Ms. Lau reported that three (3) CAPS review sessions were held to review submissions for each indicator. All 2013/14 M-SAA schedule amendments are due to the LHIN with HSP governance sign-off by March 22, 2013.

**MOTION:** By Mr. Sudbury  
Be it resolved that the Central East LHIN Board authorize the Board Chair and LHIN CEO to execute the 2013-14 M-SAA Refresh Agreements on behalf of the Central East LHIN by March 31, 2013.

**SECONDED:** Mr. Powers

**MOTION CARRIED**

#### 4.3 COMMUNITY HEALTH SERVICES INTEGRATION STRATEGY UPDATE

Ms. Jeanne Thomas, Lead, System Design & Integration, provided an update on the Community Health Services (CHS) Integration.

##### Durham CHS Integration

The DRAFT Integration Plan has been shared with the respective Health Service Provider Boards to review and forward their decisions to the Central East LHIN by mid-March. This item will be tabled for approval by the Central East LHIN Board on March 27, 2013.

##### Northeast CHS Integration

The Northeast CHS Integration process is moving forward based on three areas: Peterborough City/County, Haliburton County/City of Kawartha Lakes and Northumberland County. Ms. Thomas reported that Hospitals will now be included in the Northeast phase of the strategy and listed all the participating organizations for Northumberland County and Haliburton/Kawartha Lakes.

A kick-off meeting was held on January 11, 2013 where guiding principles were established and will be signed off on at the end of February. An initial status report was completed and sent to the Ministry on the Small Rural Northern Hospital Transformation Fund. The next steps are to post a Request for Service for a Literature Review on Hospital and Community Rural Health Hubs. The Central East LHIN is in the process of recruiting two Integration Facilitators to support the Integration Planning Team (IPT) process. An options analysis will begin in April as well as governance face to face meetings scheduled for the Haliburton/Kawartha Lakes Liaisons and the Northumberland County Liaisons.

#### Peterborough Health Link

Mr. Brian Laundry, Lead, System Design & Integration, presented an update on the Peterborough Health Link. Background information was provided and information on common principles and the framework. Mr. Laundry provided a listing of all Health Link partners in Peterborough.

In November 2012 a half day session was facilitated by the Central East LHIN to establish the priority patient cohort. Two were selected: Seniors with exacerbated congestive heart failure and at least one other co-morbidity and patients with serious mental health and/or addictions and at least one other co-morbidity.

The Peterborough Health Link Business Case was submitted to the Ministry on February 22, 2013. On March 8, 2013, the MOHLTC will inform the LHINs of the evaluation and funding allocations. On March 25, 2013 there will be a half day educational event for all Health Link members on evidence based design and quality improvement.

#### **4.4 eHEALTH CLUSTER STRATEGY UPDATE**

Mr. Andrew Hussain, Regional Chief Information Officer (CIO) for Central Ontario Cluster and Ms. Marlene Ross, Senior eHealth Project Manager with the Central East LHIN, presented an update on the eHealth Cluster Strategy. Mr. Hussain reported that there are three key dimensions to support LHIN mandates for the Electronic Health Services Strategy: clinical service delivery on a large scale, LHIN business operations and clinical service delivery for local priorities. As priorities change or slow down, the balance of the three dimensions is maintained through the working together of the Central Ontario LHINs cluster, with a focus two distinct roles: Cluster Project Management Office (PMO) and a LHIN PMO.

Ms. Ross highlighted the work and planning that is underway for the Electronic Health Services Strategy within the Central East LHIN. The initiatives that the Central East LHIN will focus on are based on the strategy to advance the eHealth Ontario Blueprint. At a local level, the focus will be on increasing the level of adoption.

eHealth will continue supporting physicians to get on board with Electronic Medical Records (EMRs) by allowing them to participate in data sharing. Ms. Ross provided highlights to illustrate the joint collaboration work that the Central East LHIN is involved with. These include the implementation of the Enterprise Master Patient Index (EMPI) and Resource Matching Referral, the implementation of a common referral process across sectors. Ms. Ross pointed out that the Central East LHIN has a 67% adoption rate for Electronic Medical Systems (EMS) and a 32% adoption rate for Electronic Medical Records (EMRs).

Ms. Ross reported that all nine Central East LHIN hospitals are live on the Timely Discharge Information System (TDIS) and more than 25,000 clinical records are transferred directly into physician EMRs on a monthly basis to 300 physicians. The standardized discharge summary consists of key data elements and will be used by all GTA hospitals and the template has received approval from GTA Hospital Information Collaborative CEOs for piloting.

Mr. Gladstone thanked Mr. Hussain and Ms. Ross for providing the update on the Cluster Strategy.

## 5.1 QUARTERLY CAPITAL UPDATE

Ms. Thomas provided a summary of the Quarterly Capital Updates:

- Lakeridge Health prepared a broad master program for all sites as well as a stage one proposal for Cancer Diagnostic Services Expansion. The Ministry will conduct their review which will be combined with the Central East LHIN review and include preliminary comments to be shared with the Hospital in early Spring 2013.
- Ross Memorial Hospital has been awarded a construction contract in February 2013 for their proposal to upgrade key infrastructure systems.
- Rouge Valley Health System and the Central East LHIN requested of the MOHLTC a repurposing of their Post-Construction Operating Funds (PCOP) for mental health beds to medical/surgical beds. The MOHLTC has declined this request.
- The Ministry has requested The Scarborough Hospital to look at re-scoping the Diagnostic Imaging Concourse Project to align with the surgical suite redevelopment. The Central East LHIN will provide comments.
- The Palliative Care Capital project at Haliburton Highlands Health Services will begin and the Ministry will support a combined stage one and two submission.
- The Hospice Peterborough project is progressing. A building has been purchased near the current location.

## 5.2 HOSPITAL INFRASTRUCTURE RENEWAL FUNDING UPDATE

Mr. Barker reported that hospitals are working with the Central East LHIN to bring forward projects that will improve HVAC and plumbing and work that will address infrastructure initiatives. Ministry HIRF approval letters to the Hospitals have not yet been received.

**MOTION:** By Ms. Singh  
Whereas, primary Delegation of Authority has been assigned by the Central East LHIN Board of Directors to the Chief Executive Officer for the approval of Proposals/Allocations and Reallocations including Hospital Infrastructure Renewal Funding (HIRF); and

Updates on each occurrence within the spending commitment are reported to the Board.

Be it resolved that the Central East LHIN Board of Directors, in accordance with the Central East LHIN Delegation of Authority Policy, receive information on individual hospital 2012/13 Hospital Infrastructure Renewal Funding allocations.

**SECONDED:** Mr. Powers

**MOTION CARRIED**

### 5.3 HOSPITAL WORKING FUNDS QUARTERLY REPORT

Mr. Barker reported that in 2012/13 Lakeridge Health participated in Hospital Working Funds. 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.

Mr. Powers abstained from voting on this point of business.

**MOTION:** By Mr. Sudbury  
Be it resolved that the Central East LHIN Board of Directors receive the quarterly working capital update from Lakeridge Health and approve that a letter of support will be sent to the Ministry of Health and Long-Term Care.

**SECONDED:** Ms. Singh

**MOTION CARRIED**

### 5.4 INTEGRATED ORTHOPAEDIC CAPACITY PLAN

Mr. James Meloche, Senior Director – System Design & Implementation and Mr. Laundry reported that the Central East LHIN is in the process of drafting an Integrated Orthopaedic Capacity Plan (IOCP). Mr. Meloche reported that on March 31, 2013, the future state and implementation strategies will be delivered and will serve as a delivery model for all surgeries across the LHIN.

Two task groups commenced in November 2012; the Orthopaedic Surgical Task Group (OSTG), which will work with Health Quality Ontario (HQO) on developing quality procedures and the Rehab Services Task Group (RSTG). They are presently drafting a Central East LHIN future



plan for Orthopaedics with recommendations and rationale. Mr. Laundry highlighted some of the barriers and as well as opportunities for the OSTG.

On March 5, 2013 the DRAFT IOCP will be shared with the Central East Executive Committee (CEEC). In March, the FINAL IOCP will be shared with appropriate Hospital Boards for review and endorsement. On March 27, 2013 the future state and implementation strategies will be presented to the Central East LHIN Board for review and endorsement and on March 31, 2013 the FINAL IOCP will be submitted to the Ministry.

## 5.5 ANNUAL BUSINESS PLAN

Ms. Lisa Kitchen, Health Planner, SDI, Project Manager for the 2013/14 Annual Business Plan (ABP), reported that the DRAFT Annual Business Plan will be submitted to the Ministry for approval before March 29, 2013. The overall draft plan outlines how the LHIN will achieve its financial goals for the upcoming fiscal year allocations and aligns closely with the Ministry-LHIN accountability framework. With the recent endorsement of the 2013-16 Integrated Health Service Plan, the ABP will focus on the four priority areas: Seniors, Vascular Health, Mental Health and Addictions and Palliative Care and will include the six enablers: Improving Access to Primary Care, Access and Wait Times, Health System Funding Reform, System Design & Integration, Transitions in Care & Electronic Health Information Management and Quality & Safety.

The Board commended the staff for their collaborative efforts in putting together the DRAFT Annual Business Plan.

**MOTION:** By Ms. Risk  
Be it resolved that the DRAFT Central East LHIN Annual Business Plan be approved for submission to the Ministry of Health and Long Term Care by March 29, 2013.

**SECONDED:** Mr. Powers

**MOTION CARRIED**

## 5.6 HEALTH SYSTEM FUNDING REFORM UPDATE

Mr. Gyorfı provided an update to the Board on the Health System Funding Reform (HSFR) implementation. A local partnership was formed with members from clinical and program leadership, financial leadership, clinical health informatics and decision support and quality and performance improvement. The first meeting of the Central East LHIN Local Partnership (LP) was held on January 30, 2013. A review of the Health Based Allocation Model (HBAM) materials will be conducted to calculate the impact for the next fiscal year.



Mr. Gyorfı reported for the fiscal year 2013/14 there will be ten new Quality Based Procedures (QBPs) introduced in May 2013. The Clinical Handbooks were released on February 26, 2013 with a detailed clinical plan for services provided and pricing; however, no volumes have been determined or prices set as yet. There are no updates on new volumes for the current QBPs.

## 5.7 CEO REPORT – Q&A

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

**MOTION:** By Mr. Sudbury  
Be it resolved that the Central East LHIN Board receive the February 27, 2013 report of the Central East LHIN CEO for information.

**SECONDED:** Ms. Singh

**MOTION CARRIED**

## 5.8 CHAIR REPORT – Q&A

Mr. Gladstone presented the Chair's Report for review and questions. Mr. Gladstone reported that the Ministry and the LHINs have established a Joint Advisory Committee (JAC) that will jointly develop a Ministry-LHIN Agreement for two years (April 1, 2013 – March 31, 2015) whose key deliverable is to create a template agreement by March 31, 2013.

**MOTION:** By Ms. Risk  
Be it resolved that the Central East LHIN Board receive the February 27, 2013 report of the Central East LHIN Chair for information.

**SECONDED:** Mr. Powers

**MOTION CARRIED**

## 5.6 OTHER NEW BUSINESS

There were no items of other new business raised.

## 6.0 CLOSED SESSION

**MOTION:** By Mr. Sudbury  
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, Sheila Rogoski, Jennifer Persaud, Karen O'Brien, Jeanne Thomas, Emily Van de Klippe, Chad Gyorfi and Jennifer Kerswill join the Board in the closed session.

**SECONDED:** Ms. Singh

**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 February 27, 2013 closed session be received and approved, and further that there will be follow up on the actions discussed.

**SECONDED:** Ms. Risk

**MOTION CARRIED**

## 12.2 MOTION OF TERMINATION

**MOTION:** By Ms. Singh  
Be it resolved that the February 27, 2013 Central East LHIN Board meeting be adjourned.

**SECONDED:** Mr. Powers

**MOTION CARRIED**

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Mr. Wayne Gladstone