

DRAFT MINUTES
BOARD OF DIRECTORS MEETING
Wednesday, August 24th, 2011
10:30 am – 4:00 pm
Northumberland Hills Hospital, Education Centre
1000 DePalma Drive, Cobourg, ON

Directors Present: Mr. Wayne Gladstone (Chair)
Mr. David Nichols
Ms. Samantha Singh
Mr. David Sudbury
Ms. Valmay Barkey
Ms. Margaret Risk
Mr. Chuck Powers
Ms. Joanne Hough

Staff Present: Ms. Deborah Hammons (Chief Executive Officer)
Mr. Paul Barker (Senior Director, System Finance & Performance
Management)
Mr. James Meloche (Senior Director, System Design and
Implementation)
Ms. Sheila Rogoski
Ms. Katie Cronin-Wood
Ms. Karen O'Brien
Ms. Jennifer Persaud
Ms. Jennifer Russell (Minutes Recorder)
Ms. Kate Reed
Ms. Jeanne Thomas

Mr. Gladstone of the Central East Local Health Integration Network (the "Central East LHIN") Board of Directors chaired the meeting.

MEETING CALLED TO ORDER

Mr. Gladstone called the meeting to order at 10:37 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 of the Board if there were any items requiring further discussion as listed on the consent agenda.

MOTION: By Ms. Singh that the consent agenda of the August 24, 2011 meeting of the Central East LHIN Board of Directors be approved.

- Included are the following items for approval:
 - Agenda for August 24 Board meeting
 - Minutes from July 27 Board meeting
 - Correspondence report

SECONDED: Ms. Hough

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

There are no delegations to the Board at this time.

4.1 BUSINESS ARISING FROM THE LAST MEETING

As requested at the preceding Board meeting, Ms. Hammons reported on her discussion with Mr. Ken Tremblay, Chief Executive Officer, Peterborough Regional Health Centre (PRHC) regarding infection control. A briefing note was included in the Board package on this subject. It was noted that PRHC has the highest rate of hand washing in the province. The Board was informed that an outside consultant was engaged by PRHC to review infection control measures and ensure that everything possible is being done to prevent further outbreaks at the hospital. Mr. Nichols thanked Ms. Hammons for following up on this issue.

Ms. Hammons also commented on the “*LHInfo Minute: Health Care Update*” document as prepared by the Central East LHIN Communications staff. At the recent Association of Municipal Officers (AMO) conference, this document was made available to those who visited the booth being run by the Local Health Integration Networks. A positive response was received by

stakeholders including positive comments regarding the work of the Central East LHIN. Minister Matthews stopped by at the booth as well.

The Board members discussed social networking. Currently, the Central East LHIN website serves to inform the community about what is going on at the LHIN. It was suggested that networking through mediums such as Twitter could be incorporated in the communications policy as social media is being utilized by many other key stakeholders. One Board member cautioned that dedicated management of incoming and outgoing information will be required and that there needs to be supervisory control over the content that is affiliated with the Central East LHIN when using social media to promote key messages.

A report will come back to the Board at the next meeting regarding the school health programs and children's services, specifically speech therapy provided by the Central East Community Care Access Centre

4.2 COMMUNITY SUPPORT SERVICES SECTOR FUNDING

Mr. Gladstone asked Mr. Meloche, Senior Director of System Design and Implementation to present the Central East LHIN's funding approach for the Community Support Services sector. Of the 3% increase to base funding that was recently announced by the Ministry, 1.5% will be allocated as base funding to each provider and the other 1.5% will be allocated at the discretion of the Central East LHIN across the Community Sector as a whole. Funding approaches have been based on a patient-centred focus and the evidenced-based understanding of community needs.

Home First is still being implemented to support timely and safe transitions from hospital to community. However, in order to provide better care at lower costs, and to reduce the admission of the frail elderly population to the hospital, assisted living services were identified as proven solutions.

With respect to clients on waitlists for CCAC services, it was questioned why the Durham Region appears to be facing a greater challenge than the other clusters in terms of managing wait times. Mr. Meloche responded that as noted in the Sustainable Access Report, the Durham Region had the lowest rates of access to Long Term Care in comparison to the other clusters. Another factor refers to the socioeconomic determinants which exist in Durham and have resulted in a more complex patient population particularly in the Oshawa area. The Central East LHIN will target the Oshawa and Whitby areas for Assisted Living services based on the identified need.

There was a request by the Board for a better understanding on wait lists and wait times for people waiting for CCAC initial assessment. A follow-up to this will be provided in a subsequent CEO Report.

Mr. Meloche explained that the needs of the Durham cluster are growing and that palliative care, which is currently being provided in the hospitals, can be relocated to the communities with the support of community based Palliative Care Outreach Teams. As a part of the Aging at Home Strategy, a community-based palliative care outreach program was created in the Scarborough area with services being provided through the CCAC. Based on the success of this initial model, it was recommended to the Board that a similar team be established in the Northeast cluster. In the future, the Durham cluster could benefit from implementing a similar program. A province-wide review of palliative care is currently underway in addition to the local review that was recently completed by the Central East Palliative Care Network

MOTION: By Mr. Sudbury that the Central East LHIN Board of Directors approves the following planned allocations, subject to finalization of supporting materials by the CEO.

The Board of Directors also delegates authority to the CEO to amend the affected M-SAA agreements to incorporate health service provider specific targets:

- \$780,200 to Community Care Durham to establish approximately 100 new Assisted Living for High Risk Senior spaces.
- \$153,400 (total) to Canadian Mental Health Association-Peterborough and Kawartha Lakes to support expansion of Mental Health Crisis program at Peterborough Regional Health Centre and Ross Memorial Hospital Health Outreach Case Managers
- \$615,600 (total) to CMHA-Durham, Durham Mental Health Services and Lakeridge Health to support expansion of Mental Health Crisis program at Lakeridge Health - Oshawa and Community Treatment Orders program.
- \$259,300 to Central East Community Care Access Centre (CECCAC) for expansion of Palliative Care Outreach services in the Northeast Cluster.
- \$2,636,272 to CE CCAC for enhance home care services
- \$82,928 to CE CCAC for School Support Program
- \$196,561 (total) to Community Support Services (CSS) for expansion of Home at Last services.
- \$134,739 (total) to CSS for additional Adult Day Program services
- \$3,100 (total) to First Nation health service providers
- \$26,300 (total) to Children's Community Mental Health Service providers (Rouge Valley Health System, Ontario Shores Centre for Mental Health Sciences, Lakeridge Health Corporation).

SECONDED: Ms. Risk

MOTION CARRIED

Ms. Valmay Barkey abstained from voting.

4.3 **URGENT PRIORITY FUNDING (UPF) – MAGNETIC RESONANCE IMAGING (MRI) VOLUMES**

Mr. Barker, Senior Director of System Finance and Performance Management spoke to the Urgent Priority Funding as it relates to Magnetic Resonance Imaging (MRI) volumes. Among the surgical and diagnostic imaging wait time targets, the MRI target, for this fiscal year, was identified by the Central East LHIN staff as one that may not be achievable. A Diagnostic Imaging Operating Group is looking at ways to improve the number of scans that can be completed on an hourly basis to move closer to meet the targets.

MOTION: By Ms. Singh

WHEREAS the Central East LHIN has entered into an MLPA with a wait time target for MRI procedures of 63 days, which is difficult to achieve;

WHEREAS Management recommends the use of UPF to purchase additional MRI volumes in order to meet MRI performance requirements identified in the MLPA;

WHEREAS delegation of authority to the CEO is recommended to determine hospital specific allocations, which will be determined following a survey of hospital capacity to perform additional volumes;

BE IT RESOLVED THAT:

The Central East LHIN Board of Directors:

- Approves \$285,000 in one-time funding allocation for 2011/12 from UPF to purchase additional MRI procedures
- Delegates authority to the CEO to determine hospital specific allocation, and to sign the H-SAA amendment to incorporate hospital-specific volumes.

SECONDED: Mr. Powers

MOTION CARRIED

4.4 **REGIONAL SPECIALIZED GERIATRICS SERVICES ENTITY**

Mr. Gladstone welcomed Ms. Kate Reed, Team Lead, System Integration to address the Board regarding the progress towards the establishment of the Central East LHIN Regional

Specialized Geriatrics Services Entity, specifically the identification of a host agency. Ms. Reed noted that a call for Expressions of Interests (EOIs) from health service providers interested in becoming the Host Agency for the Regional Specialized Geriatric Services entity in the Central East LHIN was posted on the Central East LHIN website. A team reviewed the proposals based on how each site exemplified “Senior Friendliness” as well as what initiatives have been put in place to connect with other hospitals on the need to provide Senior Friendly care across the LHIN.

Ms. Barkey, who participated on the review panel, expressed her thanks to the team under Ms. Reed’s supervision for their participation and to the Senior Team for moving the recommended agency forward for Board approval.

MOTION: By Mr. Nichols that the Central East LHIN Board approve Northumberland Hills Hospital as the Host Agency for the Central East Regional Specialized Geriatric Services.

SECONDED: Ms. Barkey

MOTION CARRIED

Mr. Gladstone extended the congratulations of the Board to the team for bringing this matter forward.

5.1 NORTHUMBERLAND HILLS HOSPITAL’S STRATEGIC & QUALITY IMPROVEMENT PLANS

Mr. Gladstone invited Mr. Robert Biron, Chief Executive Officer, Northumberland Hills Hospital (NHH), to present the Strategic Plan and Quality Improvement Plan of the hospital. On behalf of Mr. John Hudson, Board Chair, NHH who was unable to attend the Central East LHIN Board meeting, Mr. Biron extended a welcome to the Central East LHIN Board and Staff.

Mr. Biron provided some history on the Northumberland Hills Hospital, which opened in 2003 as a consolidation of the Port Hope and Cobourg hospitals and provided an improved scope of services in West Northumberland County.

The hospital’s Strategic Plan and Quality Improvement Plan include the following key commitments:

- Achieving a balanced budget and maintaining low administrative / management costs;
- Implementing a hospital-wide program for continuous quality improvement;
- Reducing operating costs by pursuing additional regional shared services;
- Investing in the health professional team to maximize the expertise on staff;
- Addressing the Alternate Level of Care (ALC) issue;
- Improving access to Community Mental Health Services;

- Creating a safer hospital and a senior friendly environment;
- Reducing wait times for emergency care, diagnostic services and cancer surgery.

Challenges still exist particularly with the recruitment of physicians to support both the emergency department and the in-patient units. Mr. Biron pointed out that in a time when much focus is placed on securing more hospital beds, NHH made a great effort to look at ways to improve efficiency, patient care and performance (e.g. ALC) while slightly reducing the total medicine in-patient capacity. The outcomes have been extremely positive as evidenced by a reduction of ALC rates from 25-30% to less than 5% recently.

The Board members congratulated the NHH team for the comprehensiveness of the Strategic Plan and Quality Improvement Plan for this fiscal year. Mr. Gladstone also expressed thanks on behalf of the Board and staff of the Central East LHIN to NHH for hosting the Board meeting.

5.2 SENIOR FRIENDLY HOSPITAL REPORT

Mr. Meloche presented highlights from the Senior Friendly Hospital report which has been posted on the Central East LHIN website. The provincial version of this report is yet to be released.

The Senior Friendly Hospital strategy was initiated by the LHIN CEO's to enhance the care of seniors and to reduce their risk of further health issues during their stay in the hospital. The Regional Geriatric Program of Toronto has undertaken the design and analysis required to form the Senior Friendly Hospital report.

A question was asked about the role of the Governance Advisory Councils (GACs) and other non-hospital healthcare providers in this initiative. Ms. Hammons responded that this is a large undertaking that will need to be brought forward to groups such as the GACs in order to gain the support of the Boards involved at the health service provider level. The implementation of the Regional Specialized Geriatrics Entity will also be used to develop a plan to educate the providers on their role in delivering Senior Friendly care.

Mr. Meloche pointed out that the 14 LHINs, in partnership with Ontario's Public Health Units, have been working to develop a Falls Prevention Framework to further aid in the care of seniors.

5.3 QUARTERLY M-SAA DASHBOARD

The quarterly Multi-Sectoral Accountability Agreement (M-SAA) Dashboard was presented by Mr. Barker. Which also included an explanation of the variances outlined in the report. Mr. Barker explained some of the issues that have had an impact on the M-SAA indicators. The Central East Community Care Access Centre (CECCAC) is experiencing some challenges with

wait lists. This should be corrected in time now that the CECCAC is operating with a balanced budget. Ongoing issues still exist regarding funding to the CECCAC in order for them to sustain their participation in the Home First Program.

With respect to the Community Health Centres (CHCs), a provincial issue exists as it relates to physician recruitment. The lower complement of physicians results in the providers not being able to complete the volumes for which they are funded. Physician recruitment challenges are currently being dealt with three CHCs in the Central East LHIN.

LHIN staff will continue to follow up on the indicators where there are more than 10% variances identified.

Mr. Gladstone thanked Mr. Barker for the update.

5.4 CEO REPORT – Q & A

Ms. Hammons provided the following highlights from the CEO report:

- Two Expressions of Interest (EOI) applications were issued by staff in August for specialized geriatrics and assisted living programs;
- Integration discussions continue with the Canadian Mental Health Association branches in the Northeast Cluster, the focus remains on identifying service gaps and overlapping services that may exist;
- The Central East LHIN submitted a proposal for a Complex Care Diabetes Centre;
- A second physician has been hired at the Brock Community Health Centre (CHC) and funding was received for them to move ahead with their plans for a new site;
- The Youth Centre was approved to move ahead with building a satellite location in Pickering;
- Ms. Hammons also verbally updated the Board of more recent news: The Central East LHIN was one of four LHINs to receive funding to become an early adopter of the Behavioural Support Ontario Initiative.

MOTION: By Ms. Hough that the Board receive the August 24th, 2011 report of the Central East LHIN CEO for information.

SECONDED: Mr. Powers

MOTION CARRIED

5.5 CHAIR REPORT – Q & A

Mr. Gladstone presented the following highlights from the Chair's report:

- The meetings with Members of Provincial Parliament (MPPs) will begin to get scheduled again following the upcoming election;
- At a recent visit to the Port Hope CHC, there was an opportunity to meet with the Premier who expressed his appreciation for the accomplishments of the Central East LHIN;
- Meetings have been held with all proposed bidders under the Request for Service procurement process for the Central East LHIN Board Retreat. Board members are encouraged to submit issues that they would like discussed at the Retreat.

There was a request that the retreat include a team-building exercise given that the current Board is comprised of mostly new members.

MOTION: By Ms. Risk that the Board receive the August 24th, 2011 report of the Central East LHIN Chair for information.

SECONDED: Ms. Barkey

MOTION CARRIED

5.6 OTHER NEW BUSINESS

No items of new business were discussed.

6.0 CLOSED SESSION

Mr. Gladstone asked for any items that should not be included in the closed session. No items were brought forward.

MOTION: By Mr. Powers 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 concerning personal or public interest
- consider a matter that would prejudice legal proceedings
- consider a matter that concerns personnel

and that the following staff members of the Central East LHIN, Deborah Hammons, James Meloche, Paul Barker, Katie Cronin Wood, Karen O'Brien, Sheila Rogoski, Jennifer Persaud and Jennifer Russell, join the Board in the closed session.

SECONDED: Ms. Barkey

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 various providers and the closed CEO and Chair reports.

MOTION: By Ms. Hough that the Chair's report of the August 24th, 2011 closed session be received and approved, and further that there will be follow up on the actions discussed.

SECONDED: Mr. Sudbury

MOTION CARRIED

12.2 MOTION OF TERMINATION

MOTION: By Mr. Powers that the August 24th, 2011 Central East LHIN Board meeting be adjourned.

SECONDED: Ms. Barkey

MOTION CARRIED

Mr. Wayne Gladstone