

MINUTES
BOARD OF DIRECTORS MEETING
Tuesday October 20, 2009
9:30 am to 5:00 pm
Ajax Community Centre, HMS Room
Ajax, Ontario

Directors Present: Mr. Foster Loucks (Chair)
Ms. Joseline Sikorski (Vice Chair)
Ms. Jean Achmatowicz MacLeod (Secretary)
Mr. Ron Francis (Member)
Mr. Stephen Kylie (Member)
Mr. William Gleed (Member)
Dr. Alex Hukowich (Member)

Staff Present: Ms. Deborah Hammons (CEO)
Mr. James Meloche (Senior Director, Planning, Integration & Community Engagement)
Mr. Paul Barker (Senior Director, Performance, Contracts and Allocations)
Ms. Emily Van de Klippe (Corporate/Project Coordinator)
Ms. Jennifer Russell (Minutes Recorder)

Mr. Loucks of the Central East Local Health Integration Network (the "CE LHIN") Board of Directors chaired the meeting. Jean Achmatowicz MacLeod, Secretary of the LHIN, was Secretary of the meeting.

1.1 MEETING CALLED TO ORDER

Mr. Loucks called the meeting to order at 9:30 am and welcomed the members of the public to the Central East LHIN Open Board Meeting.

Constitution of Meeting and 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. Loucks declared the meeting duly constituted for the transaction of business.

1.2 APPROVAL OF THE AGENDA

MOTION: By Mr. Kylie that the agenda of the October 20th, 2009 meeting of the Central East LHIN Board of Directors be approved.

SECONDED: Dr. Hukowich

MOTION CARRIED

1.3 DECLARATION OF CONFLICTS OF INTEREST

Mr. Loucks requested that those in attendance declare any conflicts of interest.
No conflicts of interest were declared.

2.1 MINUTES OF MEETINGS

Mr. Loucks invited comments from the Board with respect to errors or omissions concerning the minutes of the Board of Directors meeting held September 15th, 2009.

MOTION: By Ms. Achmatowicz MacLeod that the minutes of the September 15th, 2009 meeting of the Central East LHIN Board of Directors be approved (as amended and clarified).

SECONDED: Ms. Sikorski

MOTION CARRIED

Mr. Loucks wished to express his appreciation to Ms. Russell for her diligence in completing accurate minutes.

2.2 BUSINESS ARISING FROM MINUTES

Report from the Audit Committee

Mr. Loucks asked Mr. Francis to provide the report of the Audit Committee. Mr. Francis drew the attention of the Board members to the draft Audit Committee minutes, and a number of policies that the Committee wished to bring forward for approval to the Board.

In section 3.1, one Board member pointed out a correction to the Audit Committee Minutes. The word “verses” should be replaced with “versus.”

MOTION: By Mr. Francis that the Board receive the September 15th, 2009 Central East LHIN Audit Committee’s Chair’s Report and Draft Minutes for information.

SECONDED: Dr. Hukowich

MOTION CARRIED

When queried, Ms. Hammons confirmed that the Scent Reduction Policy also applies to members of the Board.

MOTION: By Ms. Sikorski that the Board approve the Central East LHIN Scent Reduction Policy HR-6 as recommended by the Audit Committee.

SECONDED: Ms. Achmatowicz MacLeod

MOTION CARRIED

MOTION: By Mr. Francis the Board approve the Central East LHIN FOB Request Policy HR-104 as recommended by the Audit Committee.

SECONDED: Mr. Gleed

MOTION CARRIED

MOTION: By Mr. Francis that the Board Approve revisions to the following LHIN policies as recommended by the Audit Committee:
FIN 100 – Procurement of Goods and Services
FIN 101 – Procurement of Consulting Services

SECONDED: Ms. Achmatowicz MacLeod

MOTION CARRIED

Mr. Francis will bring the revised Per Diem Policy to the Board at a future meeting.

One Board member asked for a status report regarding the three new Nurse Practitioner led clinics. Ms. Hammons responded that the clinics are not officially in operation.

3.0 NEW BUSINESS

3.1 Q2 REPORT

Mr. Loucks called on Mr. Barker to speak to the Q2 Report.

Given that there was a significant amount of information circulated to the Board in the Q2 report, Mr. Barker was asked to highlight areas of importance. He explained the items in the package and noted that the Risk Report was of particular importance as it provides engagement opportunities with the Ministry regarding risk that is still present within individual providers or sectors of the LHIN. The staff included a briefing note about Ontario Shores Capital Pressures as this item was recently added to the Risk Report and is more complex in nature.

When asked to provide an update on Ross Memorial Hospital, Mr. Barker responded that there was an arbitration award that was not anticipated by the hospital which increased their deficit amount by \$300,000. The hospital is working on a mitigation strategy to deal with this additional pressure.

There was a question about stabilization funding for Ontario Shores. Mr. Barker mentioned that although this funding is still anticipated, it has been identified as an area of risk in order to keep it highlighted at the Ministry level.

One member was not confident that the Community Care Access Centre (CCAC) would be able to balance its budget without serious repercussions to service. Mr. Barker responded that the CCAC has made impressive efforts in looking for savings.

They approached the LHIN about the execution of a “Value for Money” Audit and asked for LHIN participation in the procurement process to select a consulting firm. Currently, they are at the end of an eight week engagement process during which the consulting firm has identified \$6,000,000 in savings. Mr. Barker anticipates that a comprehensive report will come forward to the Board in the coming months which will outline the details of the Audit.

One Board member asked for a one page summary of any pools of funding that are available to the LHIN. The staff will bring this forward to the Board at a future meeting.

In response to a question about the LHIN's role in encouraging deficit reductions, Ms. Hammons spoke of the work that is currently underway with the hospitals. The Board will hear from Lakeridge Health in today's meeting. Future meetings with Northumberland Hills Hospital and Peterborough Regional Health Centre are pending.

Mr. Loucks asked Mr. Aguila if there were any items that he wished to highlight for the members of the Board with respect to the internal operations of the LHIN office. Mr. Aguila mentioned that the Q3 and Q4 projections were not included in this report but are projected at “break even”. The 2009-10 fiscal year budget has not been approved by the Ministry yet and the LHIN is currently operating with no increase in funding.

There was a request to provide more detail on three budget lines that were beyond 50% expenditure. Mr. Aguila identified the three budget lines as follows:

- communications costs due to blackberry usage and voice data plans
- community engagement costs due to the up front costs for the Annual Symposium in May
- office supplies

The LHIN is exploring cost saving measures in each of these areas.

MOTION: By Mr. Glead that the Board receive the Q2 Report and the Q2 Operations Report for information

SECONDED: Mr. Francis

MOTION CARRIED

Mr. Loucks acknowledged the amount of work that is required to complete the Q2 reports and thanked Mr. Barker and Mr. Aguila for their efforts.

Mr. Loucks called for a break at 10:30 am. The Board reconvened at 10:45 am.

3.2 INTEGRATED HEALTH SERVICE PLAN

Mr. Loucks invited Mr. Meloche to introduce the 2010/11 – 2012/13 Integrated Health Services Plan (IHSP). The plan is a Board approved document that is to be made public across the province no later than November 30th, 2009.

Mr. Loucks wished to recognize the team and in particular Ms. Grant, for her efforts in producing the IHSP document. He cited this document as being more readable and consumer friendly than it's predecessor.

With respect to the Strategic aims, Mr. Meloche was asked to explain how the goal of saving a million hours will be measured. Mr. Meloche responded that through the use of decision support tools, the staff have been able to make projections on ED utilization and time spent in the ED for the next three years. Every clinical group has been mapped out from now until the year 2013. The data collected will be used to make educated guesses on the amount of time saved.

A question was raised as to what has been accomplished to improve healthcare within the LHIN. Mr. Loucks referred to the following items as examples:

- supportive housing allocations that were made in Peterborough
- the designation of the district stroke centre in Durham
- the development of the diabetes booklet with thousands of copies in circulation
- LHIN Self Management projects to help people to self manage their chronic conditions and reduce Emergency Department (ED) visits
- wait time improvements

Mr. Loucks drew the attention of the Board to page six of the IHSP where the Ministry of Health and Long Term Care's five initial strategic directions to the LHINs are outlined. These strategic directions have been established in the absence of the Ministry's upcoming 10-year Provincial Health System Strategic Plan.

Mr. Meloche wished to highlight other achievements of the LHIN:

- several Board approved projects were peer nominated as best practices in the province of Ontario.
- the self management project recently celebrated it's 1000th person for self management training.
- the deferral of eight times the amount of the cost on one of the renal projects in the LHIN

One Board member expressed their interest in seeing measurable outcomes going forward. Mr. Meloche responded that using the Triple Aim Approach, the staff will come back to the Board with measurements such as ED wait times, ALC rates, cost avoidance strategies, lipid levels and how people are self managing their conditions. All of these data points will be brought together to achieve the three main goals of improving the health of the population, improving the value for money of the system and improving the client experience.

Mr. Barker added that the LHIN is working with the Central East Quality Performance and Effectiveness Steering Committee in order to bring the hospitals and the CCAC together to review their balanced scorecards and to map them to a new balanced scorecard for the LHIN.

One member expressed their concern that some of the priorities in the first IHSP may be missed as the second IHSP appears to reflect more of the Ministry's priorities than the needs of the community.

Mr. Meloche pointed out that despite efforts at extensive community engagement for the first IHSP, there were members of the LHIN who felt that they were not included in the first plan. The LHIN is committed to community engagement and to building partnerships around common goals.

Ms. Hammons reported that the staff are excited about the plan and thanked them for their hard work in bringing it together. She is confident that the goals in the plan are achievable over the three year period as outlined.

MOTION: By Ms. Achmatowicz MacLeod that the Central East LHIN Board of Directors approves the 2010-2013 Integrated Health Service Plan.

That the integrated Health Service Plan shall be made available to the public on November 30, 2009.

That in accordance with the Local Health System Integration Act, health service providers within the Central East Local Health Integration Network shall align their strategic and operational activities in order to support the vision, directions and aims of the 2010-13 Integrated Health Service Plan.

SECONDER: Dr. Hukowich

MOTION CARRIED

3.3 H1N1 PRESENTATION

Mr. Loucks asked Ms. Hammons to provide an overview of what the LHIN has been doing to prepare for an H1N1 pandemic. Ms. Hammons informed the Board that the LHIN has met with the public health partners and asked the hospitals to report to their pandemic plans to the LHIN. Lakeridge Health was recently granted A1 status as they have reported H1N1 clients that were overwhelming the ED. The LHIN is monitoring the situation very closely.

A question was asked whether an inventory of people to fill vacancies was explored in the event that hospital staff become ill with H1N1. Ms. Hammons responded that if there is a full blown pandemic, there will be a call for volunteers. There was a discussion about worker compliance to immunization. Although it is not mandatory at this time, hospital staff will be encouraged to get immunization to protect themselves against the H1N1 virus.

Ms. Hammons was asked why the LHIN was designated to address the H1N1 issue. She answered that the LHIN is viewed by the Ministry as being in the best position to manage this situation.

Mr. Loucks thanked Ms. Hammons for her report.

3.4 LAKERIDGE HEALTH QUALITY AND SUSTAINABILITY PLAN

On behalf of Mr. Empey, Mr. Loucks invited Mr. Allingham to present the Quality and Sustainability Plan from Lakeridge Health. Mr. Loucks highlighted the voluntary integrations from Lakeridge that were included in the Board package for information.

Mr. Allingham assured the Board members that the submitted materials had been vetted and endorsed by the Lakeridge Health Board of Trustees. Lakeridge began this fiscal year projecting a significant shortfall in funding. Administrative cuts, salary freezes, efficiencies and operational changes has eliminated 80% of the shortfall, but a deficit still remains. Mr. Allingham introduced Ms. Carol Anderson, Vice President of Patient Services and Ms. Natalie Hovey, Vice President of Finance and Information Management to assist with the presentation to the Board.

There was a question about the impacts on the level of care in relation to beds available at smaller sites such as Port Perry. Ms. Anderson acknowledged that over time, there has been an erosion of support services at some of the smaller hospital sites because the number of available beds has been reduced. The reduced bed count is taken into consideration when patient types for these locations are chosen. Lakeridge has moved to a centralized deployment of health disciplines within the last year which enables them to more easily deploy staff to sites as needed.

Ms. Anderson was asked to summarize the impact of potential clinic closures or reductions and the ability of the community to compensate for the loss of services. Ms. Anderson summarized the impacts as follows:

- Should the rehab respiratory clinic be closed, no other organization exists within the community that could provide this service.
- Rather than a closure, Lakeridge is proposing a reduction in volume and a merger between the Rossland Road site and the day hospital. Combining the sites will allow for a more efficient operation.
- The scope of the Mental Health clinic could be affected
- The elimination of all outpatient physiotherapy programs offered by Lakeridge Health

Mr. Allingham responded to a question about strategic planning. Lakeridge's new strategic plan was initiated at a recent retreat of their Board. He anticipates that their strategic plan will be developed over an 18 month period in consultation with all of their stakeholders.

Mr. Loucks acknowledged the extent of the work that Lakeridge Health is undertaking. He expressed appreciation to their Board of Trustees and to the presenters for their cooperation and support.

Mr. Loucks advised the members of the Board that the staff recommendations and protocols for these proposals are forthcoming.

3.5 VOLUNTARY INTEGRATION – ALZHEIMER SOCIETY / ONTARIO SHORES

This item will be tabled at the November Board meeting pending receipt of staff recommendations and protocols.

3.6 CEO REPORT

Mr. Loucks called on Ms. Hammons to answer questions pertaining to the CEO report as previously distributed.

Ms. Hammons was asked to provide more detail on a request from the Ministry to develop proposals for urgent care centres in Scarborough and Peterborough under ED/ALC. Three LHINs were approached and asked to submit a business case within one week. Central East LHIN submitted two proposals but has not heard from the Ministry whether the proposals will be funded.

When asked about the role of the Nurse Practitioner (NP) Clinical Director position and the CCAC, Ms. Hammons informed the members of the Board that the position would be hosted through the CCAC to provide clinical guidance and support through leadership to the NPs in the LHIN.

In relation to the expansion of comprehensive geriatric assessments in the LHIN, Ms. Hammons reported that an initial obstacle was the lack of funding for physicians. This initiative should be able to move ahead as the funding issue has now been resolved.

The ten main recommendations as referenced in the CEO report with respect to the Culture, Diversity and Equity Project have not been shared with the Board yet as they are still out for consultation. They will come forward to the Board once the consultation period has concluded.

More detail was requested regarding the new LHIN Collaborative (LHINC). A more in depth review of the development of LHINC will be given at the Board Education Session in November.

One Board member wished to congratulate the CEO and staff for securing continued sponsorship for the "Living Well with Diabetes Guide".

MOTION: By Mr. Francis that the Board receive the October 20th, 2009 report of the Central East LHIN CEO for information.

SECONDER: Dr. Hukowich

MOTION CARRIED

3.7 CHAIR REPORT

The representatives from KPMG are not able to attend the November Education Session to discuss the evaluation process and LHIN Governance Guide. This meeting will be deferred to the December Board Education session.

One member asked if there was anything to report about the intentions of the new Minister of Health and Long Term Care regarding Mental Health. Mr. Loucks responded that in general, the Minister is committed to the initiatives that are underway although delivery dates have changed. More detail is available in the CEO report.

A question was raised whether the Board would have an opportunity to discuss lessons learned from the Cancer Care Ontario and eHealth Ontario Auditors' reports and whether a copy of the eHealth policy related to risk management could be obtained. Mr. Loucks suggested having these discussions at either the Audit Committee or at a Board Education Session.

MOTION: By Dr. Hukowich that the Board receive the October 20th, 2009 report of the Central East LHIN Chair for information.

SECONDED: Mr. Kylie

MOTION CARRIED

4.1 CORRESPONDENCE

Mr. Loucks referenced one item of correspondence that he wished to bring forward to the in camera session of the Board.

4.2 OTHER NEW BUSINESS

In response to a request to have more information on the 1% Challenge, Ms. Hammons suggested that the staff prepare a report for the Board for informational purposes.

MOTION: By Ms. Sikorski that the Board of Directors move into closed session in order to consider matters of financial, personal or other matters that may be disclosed of such a nature that the desirability of avoiding public disclosure of them in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that meetings be open to the public; or negotiations or anticipated negotiations between the network and a person, bargaining agent or part to a proceeding or an anticipated proceeding relating to labour relations or a person's employment by the network will be discussed, pursuant to Section 9, subsection 5(a) and 5(h) of the Local Health System Integration Act.

SECONDED: Mr. Kylie

MOTION CARRIED

5.0 CLOSED SESSION

The Board adjourned into a closed session at 3:15 pm.

Upon reconvening to the open session, Mr. Loucks reported that during the in camera session the Board discussed the CEO report, an item of correspondence and the Voluntary Integration Review Worksheet.

6.0 MOTION OF TERMINATION

MOTION: By Mr. Gleed that the October 20th, 2009 Central East LHIN Board meeting be adjourned.

SECONDED: Mr. Kylie

MOTION CARRIED

Harwood Plaza, 314 Harwood Ave. South,
Suite 204A Ajax, ON, L1S 2J1
Tel 905 427-5497 • Fax 905 427-9659
www.centraleastlhin.on.ca

The October 20th, 2009 Board of Directors meeting was adjourned at 5:00 pm.

Mr. Foster Loucks
Chair

Ms. Jean Achmatowicz MacLeod
Secretary