

**DRAFT MINUTES  
BOARD OF DIRECTORS MEETING  
Tuesday April 21, 2009  
9:00 am to 6:45 pm  
Lindsay Golf & Country Club,  
Lindsay, Ontario**

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

**Staff Present:** Ms. Deborah Hammons (CEO)  
Mr. Paul Barker (Senior Director, Performance, Contracts and Allocations)  
Mr. James Meloche (Senior Director, Planning, Integration & Community Engagement)  
Ms. Emily Van de Klippe (Corporate/Project Coordinator)  
Ms. Sheila Rogoski (Executive Assistant to CEO)  
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 9:05 am.

Mr. Loucks welcomed members of the public to the Central East LHIN Open Board Meeting and introduced Board members and staff.

**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 Ms. Achmatowicz MacLeod that the Agenda of April 21st, 2009 meeting of the Central East LHIN Board of Directors be approved.

**SECONDED:** Mr. Gleed

**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**

There was a typo under section 3.6 of the February minutes that should read “going” as opposed to “gong.”

**MOTION:** By Mr. Kylie that the minutes of the February 17th, 2009 meeting of the Central East LHIN Board of Directors be approved (as amended and clarified).

**SECONDED:** Dr. Hukowich

**MOTION CARRIED**

**MOTION:** By Ms. Achmatowicz MacLeod that the minutes of the March 3rd, 2009 meeting of the Central East LHIN Board of Directors be approved (as amended and clarified).

**SECONDED:** Mr. Kylie

**MOTION CARRIED**

Mr. Loucks suggested some minor changes to the March 17<sup>th</sup> minutes as follows:

- Concerning the CHC in Lindsay under item 3.3 CEO Report, it was recorded that Ms. Hammons confirmed that “there is a new facility in Lindsay.” Mr. Loucks requested that the minutes read, “there will be a new facility in Lindsay” as this issue is still under discussion.
- Under item 3.6 M-SAA Approvals, it was recorded that Mr. Loucks mentioned out of all 13 LHINS, the Central East team has provided their board with more information than the other LHIN Boards will receive. Mr. Loucks asked that the minutes show that more information was provided than what ‘some’ or ‘many’ of the other LHIN Boards will receive.

Ms. Wong pointed out that meeting minutes should capture full answers to questions rather than documenting the question only and stating that the question was answered to the satisfaction of the board.

In reference to item 3.6, Mr. Gleed asked if an integration tracking system had been established for agencies providing similar services with potential for integrations. Mr. Loucks asked Ms. Hammons to provide a response. Ms. Hammons confirmed that an online tracking system is in place and that one integration will be coming forward hopefully at the next Board meeting.

**MOTION:** By Ms. Wong that the minutes of the March 17th, 2009 meeting of the Central East LHIN Board of Directors be approved (as amended and clarified).

**SECONDED:** Mr. Kylie

**MOTION CARRIED**

## **2.2 BUSINESS ARISING FROM MINUTES**

*There is no business arising at this time.*

## **3.0 NEW BUSINESS**

### **3.1 ROUGE VALLEY HEALTH SYSTEM**

Mr. Loucks welcomed Mr. Ganderton, CEO of the Rouge Valley Health System (RVHS) to present RVHS's Financial Update, Mental Health Bed Consolidation Status and Peer Review Report, previously distributed to the board.

Mr. Loucks invited comments from the Board.

Prior to their questions, several Board members thanked Mr. Ganderton for an informative presentation and congratulated him on the success of the initiatives implemented at Rouge Valley.

Ms. Hammons confirmed that the LHIN is still working on acquiring medical beds to support the opening of the new Emergency Department at Rouge Valley Ajax Pickering. She further commented that sustainability will be the next issue in light of the fact that Mr. Ganderton will be stepping down as CEO in the fall.

Mr. Gleed asked Mr. Ganderton some questions regarding where the funding for capital projects, deficit elimination, and RVAP expansion came from. Mr. Ganderton responded that the majority of the funding came from the Ministry of Health and the balance from community based campaigns and other fund-raising efforts.

Other strategies that contributed to successes at RVHS include:

- The establishment of a multi-disciplinary team to streamline processes in order to reduce off-load wait times
- Managing patient volumes by reducing length of stay
- More efficient use of beds
- Relationship building with front-line community groups to hear of and learn from their challenges
- Participation in Peer Reviews to create a common understanding of problems

Ms. Achmatowicz noted that she had not heard anything from the community regarding Mental Health beds and inquired whether there was a waiting list for these beds. Mr. Ganderton explained that the approach to Mental Health Care is to avoid admissions into institutions.

Mr. Francis asked Mr. Ganderton for an update on where the RVHS is now in terms of transformation. Mr. Ganderton replied that they are approximately 50% through the journey, 25% through training and 20% through changing the culture.

**MOTION:** By Ms. Wong that Whereas Rouge Valley Health System (RVHS) has achieved (or is in the process of achieving) the outcomes identified in 27 of the 28 Peer Review recommendations, as evidenced in their December 2008 Progress Report to the Central East LHIN; and

Whereas RVHS is forecasting an operating position for the fiscal year 2008/09 that exceeds the 2008/09 target and is expected to similarly exceed the original 2009/10 operating target.

Be it resolved that RVHS no longer be required to provide 6 month status reports on the Peer Review, but instead report to the CE LHIN as required by the Local Health System Integration Act and Hospital Service Accountability Agreement (similar to other hospitals).

**SECONDED:** Mr. Kylie

**MOTION DEFEATED**

**Three in favour, four opposed**

Mr. Gleed felt it was too soon to have an elimination of the six month report. He suggested having two more six month reports before presenting this motion again.

Ms. Achmatowicz agreed, adding that she would be interested in at least one more report, particularly on Mental Health.

Mr. Loucks thanked Mr. Ganderton, the Board at RVHS, the current Chair and the past Chair upon whom the Peer Review was built.

### 3.2 REPORT ON NINE COLLABORATIVES

Mr. Loucks invited Mr. Meloche to give a report to the board on all Nine Collaboratives.

Mr. Meloche gave a report from the Collaborative Chairs' Retreat held in December and confirmed that collectively all seven functions of the Terms of Reference have been met.

Going forward, Ms. Sikorski inquired about communication and role clarity. Mr. Meloche answered that Staff and the Collaboratives will be working on a development plan.

During a discussion on next steps, Mr. Francis asked what developments have occurred since the last retreat. Mr. Meloche replied that a report was circulated to the Collaborative Chairs to provide feedback on accuracy and then distributed throughout the Collaboratives for discussion.

Ms. Achmatowicz inquired as to how Collaboratives go about recruiting members from the community. Mr. Meloche stated that the keys to success are having a good Chair and strong community representation. Ms. Achmatowicz further commented that in order to avoid intimidation or feelings of inadequacy, there should be two community members in each Collaborative.

**Action Item:**

Mr. Loucks expressed an interest in seeing the revised Terms of Reference and Communications Plan. He asked that these two items be brought back to the Board.

Mr. Loucks requested that the Board recess at 11:26. The Board reconvened at 11:42 am.

**3.3 CHRONIC DISEASE PREVENTION MANAGEMENT PORTFOLIO UPDATE**

Mr. Loucks called on Ms. Thomas, Portfolio Lead for Chronic Disease Prevention Management to give an update on Chronic Disease Prevention, Self-Management and Primary Care.

Ms. Thomas introduced Dr. Harterre, Co-Chair of the Chronic Disease Management Steering Committee to assist with the presentation.

Dr. Harterre explained that more emphasis has been placed on preventing disease than in the past. Given that Cardiovascular and Diabetic related problems account for 45% of Emergency Room visits, prevention is vital to dealing with Chronic Disease. He also pointed out the need of the LHIN to reach out in Primary Care.

When asked how prevention impacts return on Investment and reduced flow into the Emergency room, the presenters replied that studies have shown that when diseases are prevented, expenses and wait times are reduced.

Mr. Loucks gave credit to the team for supporting the 'Diabetes Resource Guide' and drew attention to the 'Living a Healthy Life with Chronic Conditions' book. He acknowledged that because of time constraints, the presentation was abbreviated but stated that the System Goals portion of the presentation will be brought forward to the Symposium for further discussion.

Mr. Loucks thanked Dr. Harterre and Ms. Thomas and asked them to keep the Board in mind in terms of how the Board can support this work. He also thanked the others in the room for their assistance on the LHIN's behalf.

Mr. Loucks requested that the Board withdraw for lunch at 12:45 pm. The Board reconvened at 1:15 pm.

Ms. Sikorski left the meeting at 1:00 pm

### 3.4 **PROPOSED CE LHIN OPERATIONS BUDGET**

Deferred from last month's meeting was the proposed 2009/10 CE LHIN Operations Budget. Mr. Loucks asked Mr. Aguila, Business Support Manager to address the Board.

Mr. Aguila presented the Operations Budget as previously distributed to the Board. He confirmed that his report was based on cost centre analysis and that this year's budget was a twenty percent increase over last year due to the fact that the CE LHIN Staff had doubled in size from 2007/08 to 2008/09.

Ms. Hammons cited the extension of the CE LHIN office as a major achievement this year.

Ms. Wong asked about the priorities to be achieved by the operating budget for next year.

Highlighted items were:

- The hiring of a Partnership Coordinator with Health Force Ontario
- The implementation of the Integrated Health Services Plan
- L-SAA's Working to incorporate the Long Term Care Homes and their accountability agreements by March 31<sup>st</sup> of next year
- Establishing a full Performance Framework for the LHIN

Mr. Aguila stated that each unit of the CE LHIN will be reported in a quarterly Variance Report to the Board.

Mr. Francis mentioned that it would be helpful in the future to see how we are doing in comparison to our Colleagues in the other LHINS and what factors would explain any differences. Mr. Aguila confirmed the CE LHIN is working with the LSSO and that they do get together regularly with Colleagues to compare notes.

**MOTION:** By Mr. Francis that Board of Directors approve the Central East LHIN Operating Budget of 2009/10 as presented by Staff.

**SECONDED:** Mr. Gleed

**MOTION CARRIED**

### 3.5 **MINISTRY LHIN ACCOUNTABILITY AGREEMENT (MLAA) SCORE CARD**

Mr. Loucks invited Mr. Barker, Senior Director of Performance, Allocations and Contracts to come forward and clarify the final version of the MLAA Score Card.

Mr. Barker walked the Board through the MLAA System Level Status / Health Service Provider Level Supplementary Status Reports and explained the role of the indicators to aid in working with HSP's on best practices. He further commented that M-SAA and L-SAA summaries will follow in the future.

Mr. Loucks invited questions from the Board.

Mr. Francis inquired whether there was any information on what is happening in Emergency rooms. Mr. Barker answered that two new indicators are coming. Currently, ALC is only given at a system level not a provider level. To address this, a tool was built where hospitals will be reporting on ALC situations on a regular basis. This information will then be used as a management tool to assess the local impacts on performance.

Mr. Loucks wanted to know if indicators are a formal part of H-SAAs. Mr. Barker replied that they will be a part of H-SAA with the refresh and that the board will need to approve them.

Ms. Wong commended staff on the development of such an excellent tool to manage and monitor performance.

### 3.6 CEO REPORT

Due to time constraints, rather than have Ms. Hammons walk the Board through the CEO Report, Mr. Loucks asked if all the Board members had read the CEO report and whether they had any comments.

Mr. Gleed congratulated Ms. Hammons on the CEO report, stating that it was detailed, precise and very informative.

Mr. Loucks questioned whether MOHLTC would support the transition of the twenty beds that were held up at Taunton Mills. Ms. Hammons confirmed that the transition would be moving ahead soon with the Ministry's support.

Mr. Loucks wanted to know if written confirmation of the Aging at Home proposal was received. Ms. Hammons commented that the LHIN was waiting for the final letters confirming funding.

**MOTION:** By Dr. Hukowich that the Board receive the April 21<sup>st</sup>, 2009 report of the Central East LHIN CEO for information.

**SECONDED:** Mr. Gleed

**MOTION CARRIED**

### 3.7 CHAIR REPORT

Mr. Loucks presented his report previously distributed to the Board.

**MOTION:** By Mr. Kylie that the Board receive the April 21<sup>st</sup>, 2009 report of the Central East LHIN Chair for information.

**SECONDED:** Ms. Wong

**MOTION CARRIED**

**3.8 OTHER NEW BUSINESS**

Ms. Achmatowicz outlined the agenda of the upcoming 2009 Symposium. This year's theme is "Making a Difference". At the Symposium, participants will be challenged on how they can make a difference. One of the objectives of the Symposium is to develop priorities or big green dots for the Integrated Health Services Plan.

Referring to the morning discussion, Dr. Hukowich made some suggestions:

- The Board should further discuss reasonable long term debt levels for HSP's operating in our area.
- The LHIN's role should be defined in ensuring that information from successful organizations is circulated to other organizations.
- The full version of the Canadian Health Council document entitled 'Value for Money' should be provided to the Board for review.

**MOTION:** By Mr. Francis to move in camera in order to consider a matter pertaining to negotiations or anticipated negotiations between the network and a person, bargaining agent, or party to a proceeding or an anticipated proceeding, pursuant to Section 9, subsection 5(h) of the Local Health System Integration Act.

**SECONDED:** Mr. Gleed

**MOTION CARRIED**

**4.0 CLOSED SESSION**

The Board adjourned into a closed session at 3:00 pm.

*Upon reconvening to the open session, Mr. Loucks reported that during the in camera session the Board discussed details pertaining to the Financial Performance Improvement Plan at Lakeridge Health, the CEO's goals and evaluation and correspondence relating to Haliburton Highlands Health Services.*

**5.0 MOTION OF TERMINATION**

**MOTION:** By Mr. Loucks that the April 21st, 2009 Central East LHIN Board meeting be adjourned.

**SECONDED:** Mr. Francis

**MOTION CARRIED**

The April 21, 2009 Board of Directors meeting was adjourned at 6:45 pm.

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Mr. Foster Loucks  
Chair

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Ms. Jean Achmatowicz MacLeod  
Secretary