

**DRAFT MINUTES  
BOARD OF DIRECTORS MEETING  
Tuesday, February 17, 2009  
9:00 am to 4:00 pm  
Ajax Community Centre, Ajax, Ontario**

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**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. James Meloche (Senior Director – Planning, Integration, &  
Community Engagement)  
Ms. Ritva Gallant (Acting Senior Director, Performance,  
Contracts and Allocations)  
Ms. Sheila Rogoski (Executive Assistant to CEO)  
Ms. Karen Kennedy-Slade (Minutes Recorder)

Mr. Loucks of the Central East Local Health Integration Network (the “CE LHIN”) Board of Directors chaired the meeting.

Mr. Loucks welcomed members of the public to the February 17<sup>th</sup>, 2009 Open Board Meeting.

**1.1 MEETING CALLED TO ORDER**

Mr. Loucks called the meeting to order at 9:10 am.

Ms. Wong arrived at 9:13 am.

**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

Mr. Loucks noted that there would be an addition to the Agenda in respect to having a Closed Session under Item 3.5. "Other New Business."

**MOTION:** By Ms. Achmatowicz MacLeod to approve the Agenda of February 17<sup>th</sup>, 2009 as amended

**SECONDED:** Ms. Sikorski

**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 MEETING OF JANUARY 20<sup>th</sup>, 2009

**MOTION:** By Ms. Sikorski that the minutes of the January 20<sup>th</sup>, 2009 meeting of the Central East LHIN Board of Directors be approved, as amended.

**SECONDED:** Dr. Hukowich

**MOTION CARRIED**

## 2.2 BUSINESS ARISING FROM LAST MEETING

Ms. Wong had a question regarding the status of the Urgent Priorities Funding (Item 4.3 Of Jan. 20/09) to which Ms. Hammons explained that Ms. Wong's query will be covered in the CEO Report.

## 3.0 NEW BUSINESS

### 3.1 ED/ALC OVERARCHING PLAN

Mr. Loucks welcomed Mr. Brian Laundry to the podium to present the ED/ALC Overarching Plan previously distributed to the Board. Mr. Laundry walked the Board through the "ED/ALC Overarching Plan for 2008/2009 and Beyond"

Mr. Loucks thanked Mr. Laundry for such an informative presentation and invited questions and comments from the Board. Discussion ensued with the Board requesting further updates on the status of all ALC/ED projects. Mr. Laundry assured the Board that as they progress further, updates will be given.

When questioned about the projected ER visit data, Mr. Meloche commented it is based on current usage, and expected increase in population.

The Board questioned why the CE LHIN has one of the longest stay of patients, waiting to be placed in LTC. (3,300 a month on a waiting list) Mr. Laundry explained these patients are in hospital waiting for LTC beds. Not everyone is an ALC client, and the wait list changes on a daily basis.

The Board asked if the numbers are provided by the Ministry, or set by the CE LHIN. Mr. Laundry explained that the Ministry expects the number to improve, but the stated goals were established by the LHIN.

The Board would like to see numbers by age group and increase in numbers of ALC by age. Mr. Meloche explained the paradigm of LTC beds should show the types of measures at the rate that patients need care in their homes, before they need to be put on a waiting list to treat people in LTC homes.

The Board questioned the ED/ALC pressures, and raised the issue of the 16,000 unattached patients, and patients on waiting lists. The Board feels we are losing time in preparing for LTC and having the right amount of beds available with the aging population. Ms. Hammons informed the Board of a Ministry initiative for families who do not have family practitioners, which in turn should also help the number of ED visits as well. (Care Connect)

The Board questioned just how many staff hours are put into gathering these numbers for the Ministry. Mr. Laundry informed the Board the Ministry will be providing funding for an ALC Performance position.

The Board commented that there needs to be a change as the Ministry is still dealing with the same issues as 10 years ago. There should be non bed solutions. Mr. Laundry commented that he has seen change, and feels that by the end of the year there will be more improvements. Mr. Meloche commented that his team is motivated and appreciate the comments from the Board as it reflects on the Triple Aim Project as well.

### 3.2 M-SAA PROCESS

Mr. Loucks welcomed Mr. John Lohrenz to update the Board about the due diligence of the M-SAA Process. Mr. Lohrenz explained the legal implications of the processes expected by the Ministry and the guidelines that must be followed.

As the CE LHIN has 80 M-SAA's to approve, the Board will be provided with a one-pager on each M-SAA submission.

The one-pager will include the following:

- HSP's Mission/Vision Statement
- HSP's Contact Information
- Financial Summary
- Performance by Functional Centre (Example: Social visits, etc)

The Board can expect on March 3<sup>rd</sup> and March 17<sup>th</sup>:

- A summary by Sector of agencies coming forward for approval of M-SAA with appropriate highlights
- A one-pager for each agency being recommended for approval
- A summary of overall completion status
- A motion for Board to delegate authority to Board Chair and CEO to sign on behalf of the Board those M-SAA agreements tabled (with list of agencies), and;
- On March 17<sup>th</sup> a contingency strategy (as required) for outstanding HSPs, M-SAA not expected to be signed by March 31, 2009.

The Board adjourned at 11:16 am for a 15 minute break  
The Board reconvened at 11:35 am

### 3.3 CEO REPORT

Ms. Hammons presented her report previously distributed to the Board.

The Board requested that a hospital operations report be presented at a Board meeting in the future. Ms. Gallant stated it would be presented in March or April. The Board questioned the Q3 finance update and wanted to know which hospitals are in a deficit position.

For the third quarter LHC is reporting a substantial deficit and they will be moving forward with a new updated plan that will be presented to the CE LHIN Board in April or

May. The PCOP issues have been resolved with the Ministry and the TP5 has been approved. The funding for mental health is still outstanding, as well as the issue of the Whitby site fire. The Board inquired as to the status of the dialysis trailer units. The Municipality of Durham has requested further soil tests be done for weight testing of the trailers.

Peterborough Regional Health Centre will be reviewed by an ALC implementation team. Deloitte will be brought in to help do the financial number crunching.

**MOTION:** By Mr. Kylie that the Board receive the February 17, 2009 report of the CEO of the Central East LHIN for information.

**SECONDED:** Mr. Francis

**MOTION CARRIED**

#### 3.4 CHAIR REPORT

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

**MOTION:** By Ms. Wong that the Board receive the February 17<sup>th</sup>, 2009 report of the Chair of the Central East LHIN for information.

**SECONDED:** Ms. Sikorski

**MOTION CARRIED**

#### 3.5 OTHER NEW BUSINESS

At the request of Mr. Loucks it was noted that the Business Support Manager wished to present an update on an Operations Budget pertaining to the retainment of additional office space. Due to the fact of tendering processes and lease negotiations it must be held in closed session to keep the competition fair.

**MOTION:** By Ms. Achmatowicz MacLeod be it resolved that the Board of Directors move into closed session 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. Kylie

**MOTION CARRIED:**

The Board adjourned into closed session at 11:55 am  
The Board terminated closed session at 12:15 pm

The Board adjourned at 12:16 pm for a 45 minute lunch break  
The Board reconvened into an open session at 1:05 pm

*Upon reconvening into open session, Mr. Loucks reported to the public that during the closed session the Board discussed the details and matters of a contractual nature pertaining to the procurement of additional office space for the CE LHIN.*

**3.6 FINAL CLINICAL SERVICES PLAN REPORT**

Mr. Loucks welcomed Dr. George Buldo, Chair of the CSP Steering Committee to the podium to update and present to the Board the Clinical Services Plan Final Report.

As a Doctor and a member of the community, Dr. Buldo stated how pleased he is to be part of this new Clinical Services Plan. Dr. Buldo informed the Board that there are posters at the back of the room listing all of the hospital representatives participating in the various Steering Committees.

Dr. Buldo walked the Board through the slide presentation of the Clinical Services Plan Final Report of the Steering Committee to the Board.

**The Board Chair invited comments and questions from the Board Members.**

All Board Members individually commented on how impressed they were with the presentation, the obvious amount of hard work, talent and detail put into the report, and how appreciative they were for all the information received.

The Board commented on the excellent recommendation to bring together services. The Board would like more information on balanced access on the future state model and transportation among utilizing all sites. If they had more diagnostics at smaller sites it may help relieve some of the transportation problems and pressures. The Board inquired as to whether tele-health was taken into consideration at all. The Board would like to see tele-health used more efficiently. Dr. Buldo explained that it isn't the lack of telehealth but the lack of CT Scanners & MRI's.

The Board noticed that a key issue not in this report is that there is not a cost benefit analysis. Mr. Tom Closson of the OHA mentioned that the health care system is billions of dollars in deficit, so, what is the key to getting the attention of Queens Park on this issue? A cost benefit analysis would demonstrate how the plan could save money. Dr Buldo agrees that an effectiveness analysis is a worthy goal and would welcome a cost benefit analysis done by qualified professionals.

The Board commented on the creation of centers of excellence and considering the current staff, are they going to want to leave the hospital where they are currently employed to go to a centre of excellence? If we are going to bring more responsibilities to one hospital that physical infrastructure must be there to deal with the responsibility. Many patients are currently going to providers outside the CE LHIN, but if the service is available in Oshawa, what is the incentive to bring them back? Scarborough is easily accessible therefore, should have a good selection of services due to transportation availability.

Dr. Buldo realized that expatriation is going to happen when programs move out since those choices are limited, why not access Oshawa? The key to success is to provide a sustainable hospital where the quality of service is good. The system needs to have a transportation structure where it is convenient locally for the needs of all patients, and hopes with the weight of the CE LHIN this will be looked at and further investigated. Physicians will come to programs that are helping the patients and they see a sustainable service being offered. You cannot overlook the problems we have now. The reality of it is that we do not have the capacity to operate in a sustainable manner.

The Board commented on how they had been approached by constituents in the Peterborough area regarding post operative services in their community. They feel there is not enough post operative engagements with their doctors. Dr. Buldo said it is safe to surmise that most instances where there is a void or a shift, they need to work to realign this service to make sure it is a service of excellence.

The Board then requested some answers regarding the following issues:

- The report centers on the fact that we will be providing better services to the people in the CE LHIN, so how confident are you we will still have value at the end of the day for our patients
- Cost: A lot of these people on the CSP Steering Committee are medical professionals and giving feedback but is there only a small part of the report that shows cost. How firm is the ideal of doing this without cost?



- Population projections were questioned, for example, why are Scarborough's growth projections showing the least in the report, when in reality it is growing faster than Durham Region. How much area is there for change and what would be the cost?

Dr. Buldo has no doubt that these recommendations can be followed through, although implementation will not be easy. The opportunities are incredible in what they can do. If the changes are shelved, the damages are inconceivable.

Dr. Buldo feels everyone needs to thoroughly review the report, listen to your community members, there is going to be an overall a difference in opinion and many will be opposed.

### **NEXT STEPS**

Mr. Meloche led the Board through the "CSP Next Steps" slide presentation. Mr. Meloche explained to the Board what the legislation calls for and what is expected of the Board. Mr. Meloche explained with all the hospital deficits there is not really any other option but to go with the CSP. The amount of work done by people, consultants, doctors, advisors is phenomenal and we do not want to see this hard work go unheeded.

The Board commented on the 30 day period timeframe and questioned whether any funding has been being approved. Mr. Meloche explained that the Cancer Care Ontario will receive requests from HSP's on funding, and if the CSP is approved, it will improve their case.

Mr. Loucks also explained that if we keep motivated, the plan will still move quickly and go forward. If the time frame changes to 60 days from 30 days there could be a loss of motivation. The Board questioned the feedback forms and who exactly will receive them, and how are the recommendations from the public going to be presented to the Board in further sessions. Most Board Members feel the 30 days should be extended to 60 days to allow sufficient time to review and respond to the document.

**MOTION:**                    **By Ron Francis WHEREAS the Central East LHIN supports all continuing efforts towards the vision of a "One Acute Care Network": *Improved and equitable patient access to an integrated hospital system that provides the highest quality of care across the Central East LHIN, and,***

**WHEREAS the Staff of the Central East LHIN, Hospital Leadership, and other local stakeholders have invested**



**significant efforts and resources to the achievement of the Clinical Services Plan, and,**

**WHEREAS the Central East LHIN Board of Directors is committed to achieving results as informed by the Clinical Services Plan,**

**THEREFORE BE IT RESOLVED THAT the Central East LHIN Board receives the Clinical Services Plan and its recommendations and,**

**FURTHER BE IT RESOLVED THAT the Central East LHIN Board of Directors requires its staff and Hospitals within the Central East LHIN to make the Clinical Services Plan available to the public, allowing for a period of 60 days in which to receive public feedback which will then be summarized and made available to the Central East LHIN Board of Directors, Hospitals, and the general public by the end of April 2009, and that the CE LHIN management report back to the Board in June 2009 on the initial progress related to the Hospital Clinical Services Plan and its vision of a “One Acute Care Network”, and,**

**FURTHER BE IT RESOLVED THAT the Central East LHIN Board of Directors recognizes, with thanks, the significant efforts of the Clinical Services Planning Committee and all of its sub-committees and Advisory Groups.**

**SECONDED:** Dr. Hukowich

**MOTION CARRIED**

**4.0 MOTION OF TERMINATION**

**MOTION:** By Mr. Kylie that the February 17<sup>th</sup>, 2009 Central East LHIN Board meeting be adjourned.

**SECONDED:** Mr. Francis

**MOTION CARRIED**

The Chair declared the February 17<sup>th</sup>, 2009 Board of Directors meeting be adjourned at 4:00 pm.

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Mr. Foster Loucks,  
Chair

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Ms. Jean Achmatowicz-MacLeod,  
Secretary