

**MINUTES**  
**BOARD OF DIRECTORS MEETING**  
**Tuesday April 20, 2010**  
**9:00 am – 5:00 pm**  
**Peterborough Golf & Country Club**  
**1030 Armour Road, Peterborough, 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)  
Mr. David Nichols (Member)

**Regrets:** Dr. Alex Hukowich

**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 – minutes recorder)  
Ms. Jennifer Russell

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 9:10 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 has been properly given to the public and to each Board member. 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. Jean Achmatowicz MacLeod that the agenda of the April 20<sup>th</sup>, 2010 meeting of the Central East LHIN Board of Directors be approved.

**SECONDED:** Ms. Joseline Sikorski

**1.3 MOTION CARRIED  
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 MARCH 16, 2010 MEETINGS**

Mr. Loucks invited comments from the Board with respect to errors or omissions concerning the minutes of the Board of Directors meeting held March 16th, 2010.

On page 5, the last paragraph in the motion is a duplicate and will be deleted.

**MOTION:** By Ms. Joseline Sikorski that the minutes of the March 16<sup>th</sup>, 2010 meeting of the Central East LHIN Board of Directors be approved (as amended and clarified).

**SECONDED:** Mr. David Nichols

**MOTION CARRIED**

**2.2 BUSINESS ARISING FROM MINUTES**

When asked to report on the status of the recommended enhancements to the Q3 MLAA Dashboard, and whether it had been included with the quarterly performance report to the Ministry of Health and Long Term Care (MOHLTC), Mr. Paul Barker responded that the dashboard is being enhanced and will be included with the next report to the MOHLTC.

In response to an enquiry regarding the status of the Expression of Interest issued to operate convalescent care beds, submissions have been analyzed and a full report is due back to the Board at the May meeting.

Mr. Foster Loucks reported that all of the accountability agreement extensions with the hospitals have been signed according to the MOHLTC deadline.

**3.0 NEW BUSINESS**

**3.1 PETERBOROUGH REGIONAL HEALTH CENTRE (PRHC) PEER REVIEW REPORT**

Mr. Foster Loucks welcomed Mr. Dan Carriere who is the Team Lead for the Peterborough Regional Health Centre (PRHC) Peer Review and is the CEO of the Southlake Hospital in Newmarket. Mr. Carriere introduced the rest of his team with special recognition to Mr. Peter Finkle who passed away recently.

Several members of the Board congratulated Mr. Carriere on how comprehensive, well written and educational the report is. It represents a blueprint for the hospital's leadership to begin developing their hospital improvement plan.

Mr. Loucks summarized by stating that the CE LHIN has now been involved in three peer reviews which in all cases, were initiated in order to address a serious situation. It is not the intent today to go through the detail of each recommendation as the report will be shared with the PRHC Board and then posted online.

**MOTION:** By Mr. Stephen Kylie be it resolved that The Central East LHIN Board acknowledges receipt of the Peterborough Regional Health Centre (PRHC) Peer Review Report for information and thanks the Peer Review Team Lead, Dan Carriere and his team members.

Be it further resolved that the Central East LHIN Board directs staff to forward the Report to the Board of the Peterborough Regional Health Centre with the expectation that PRHC will review and take into consideration the recommendations in the Peer Review Report as it prepares a PRHC board-approved Hospital Improvement Plan (HIP). The PRHC HIP must achieve a balanced or surplus budget position by March 31, 2012 and beyond, while continuing to provide accessible, safe, and high quality care.

PRHC shall engage its stakeholders in the development of the HIP which is to be submitted to the Central East LHIN by June 30, 2010 for consideration at the LHIN Board meeting in July.

Be it Further Resolved that the Board of the Central East LHIN also directs staff to make the Peer Review Report public by posting the report and the transmittal letter on the CE LHIN website.

**SECONDED:** Ms. Joseline Sikorski

**MOTION CARRIED**

### 3.2 MISSION STATEMENT

Ms. Croninwood, Communications Lead, provided some background on how the Central East LHIN Mission Statement evolved and how it fits with the values and vision of the CE LHIN. The goal is to officially unveil the following mission statement at the May 5th Symposium: *“To lead an integrated, sustainable healthcare system that ensures better health, better care and better value”.*

**MOTION:** By Ms. Jean Achmatowicz MacLeod be it resolved that the Board of the Central East LHIN approves and endorses the Central East LHIN Mission Statement.

**SECONDED:** Ms. Joseline Sikorski

**MOTION CARRIED**

The Board commented that the mission is clear and represents a rallying cry to ensure better health, care, and value. It was also suggested that when unveiling the mission, that the mission, vision and values be presented in that order.

When asked if the same mission statement applied to all LHINs, Ms. Croninwood responded that there are similarities between the LHINs but all have a local emphasis. Mr. Loucks commented that there has to be a tradeoff between consistency and local flexibility.

**3.3 CDPM UPDATES**

Ms. Jeanne Thomas, Lead, System Design presented highlights of the Chronic Disease Prevention and Management Strategy over the last few years. The Central East LHIN was one of only a few LHINs which identified CDPM as a priority area in the first IHSP and has invested over 4 million dollars in CDPM initiatives since then.

**Diabetes Strategy**

Ms. Thomas also provided a presentation about the Provincial Diabetes Strategy which will establish 14 Regional Coordination Centres across the province.

When asked what role the LHIN had in designating the Regional Coordination Centre, she responded that the LHIN was asked to provide advice but the negotiations are taking place at the Ministry level.

An enquiry was also made as to how the individuals in the community will know the services exist. Ms. Thomas clarified that within each service cluster, the Ministry will be developing a community based outreach strategy.

**Self-Management Project:**

Ms. Margery Konan, Senior Manager CE LHIN Self Management Program provided a presentation, wrapping up the deliverables of the Self-Management Priority Project. She thanked the LHIN for the opportunity to be involved in this rewarding project for the last two years. The project has successfully transferred to a program under the auspices of the CECCAC after a thorough evaluation. Appreciation was expressed to Kathy Ramsey, Senior Director, Strategic Planning and Integration, CECCAC who has been very supportive in providing sponsorship and oversight to the project.

### Renal Projects

Jai Wilson who is the Project Coordinator for the Central East LHIN Renal Priority Projects, provided a wrap up summary for the Scarborough, Peterborough and Durham area Chronic Kidney Disease Priority Projects. She reported that the Ontario Renal Network commented on the fact that CE LHIN CKD models should be viewed as champions across the province, and are ahead of other areas in terms of collaboration.

The Board commented it is important to see closure and outcome of investments we have been involved in. The work of the three projects is impressive and it is encouraging to see how well it has been received by the Renal Network.

### 3.4 H-SAA Q3 DASHBOARD

Ms. Nancy Hunter, Lead, Performance and Accountability presented the 3rd Quarter Hospital Service Accountability Agreement (H-SAA Dashboard), which assesses performance for the 9 public hospitals. The dashboard measures not only the MLAA indicators but also indicators that help us to understand what drives the other outcomes. Recently the hospitals have all agreed to share the local dashboards with each other which is an important step to working at a system level.

Mr. Barker elaborated on how weighted cases were calculated and offered to provide Ms. Sikorski with supplementary information to address her questions about budgetary affects on volumes.

Ms. Hunter was asked how the Ministry's changes to the method in which weighted cases are calculated would affect our results. She responded that the new method was more standardized and represented a full capture of data. Mr. Barker also explained that the targets for the hospitals have all been recalibrated according to the new definition.

A question was also raised about how the CE LHIN is assessing performance outside of the hospital sector at a system level. The M-SAA dashboard will be presented next month to assess the performance of the community agencies sector. The long-term care sector will also have a dashboard. Once these have been completed, the CE LHIN can focus on a system level dashboard.

Mr. Loucks congratulated Ms. Hunter on the development of the dashboard.

### 3.5 CAPITAL PROJECTS

Ms. Thomas addressed the Board regarding the following Capital Project submissions:

- Brock Community Health Centre for a new facility
- Lakeridge Healthcare Corporation's (LHC) Bowmanville site for a Critical Care Unit
- LHC Oshawa Site - Breast Assessment Unit
- LHC Oshawa Site - Education/Training Expansion
- Ross Memorial Hospital - Physical plant infrastructure upgrade

The refreshed capital process leverages LHIN expertise in identifying and implementing integrated system solutions while the MOHLC will focus on the bricks and mortar and build-related finances. The LHINs' role will be to work through the Capital Planning Stage 1 Proposal and make any recommendations to the MOHLTC to move forward with Stage 2. For future projects a checklist will be developed to assess how projects will align to the MOHLTC process as well as advance the CE LHIN IHSP.

**MOTION:** By Mr. Bill Gleed that the Central East LHIN Board authorizes Management to issue a letter of support to enable Stage 1 of the Brock CHC Capital Project to be submitted to the MOHLTC.

**SECONDED:** Mr. Stephen Kylie

**MOTION CARRIED**

It was questioned whether the LHIN should endorse both stage 1 and 2 for the Brock Community Centre given the current stage they are at in the project. Mr. Barker responded that in the new protocol, the MOHLTC retains the authority to approval stage 1 projects for progression to stage 2. It was further suggested that the minutes reflect that the CE LHIN Board looked favourably on the Brock CHC's readiness to move forward to Stage 2.

An enquiry was made regarding whether the LHIN has assessed the impacts of these capital proposals on global budgets? Will there be a risk to the LHIN if projects are over budget? Mr. Barker responded that the MOHLTC has a large capital branch that has a role in reviewing project costs. Mr. Barker also clarified that the hospitals are accountable to achieve a balanced budget through the Hospital Service Accountability Agreements.

Mr. Barker clarified that the process regarding own-funds and minor capital has not yet been finalized by the Capital Branch.

**MOTION:** By Ms. Joseline Sikorski that the Central East LHIN Board authorizes Lakeridge Health Corporation to proceed to implement the minor capital, own-source funding Breast Assessment Centre and Corporate Education and Conference Centre fit out projects, as submitted to the CE LHIN.

**SECONDED:** Ms. Jean Achmatowicz MacLeod

**MOTION CARRIED**

In response to a question regarding risk, Mr. Barker commented that the foundation has committed to fundraising and has a good track record of doing so. This project will yield significant improvement in care, delivery and impact on our ability to use that facility.

Note that the checklist should be revised to state construction costs are \$4,247,699 and project management costs are \$692,533.

**MOTION:** By Mr. Bill Glead that the CE LHIN Board authorize Lakeridge Health Corporation to proceed to implement the minor capital, own-source funding project to redevelop the Critical Care Unit.

**SECONDED:** Ms. Jean Achmatowicz MacLeod

**MOTION CARRIED**

**MOTION:** By Mr. Bill Glead that the Central East LHIN Board endorses the submission of Pre-Capital HSIP Part A to MOHLTC to support the infrastructure renewal at Ross Memorial Hospital.

Further, the Board emphasizes to the MOHLTC the need to expedite the approval process as the infrastructure upgrade will take approximately 2 years to complete and the useful life of equipment has been exceeded.

**SECONDED:** Ms. Joseline Sikorski

**MOTION CARRIED**

It was recommended that an environmental scan highlighting the capital needs for the whole LHIN be presented to the Board at a future meeting.

**3.6 MINISTRY-LHIN PERFORMANCE AGREEMENT (MLPA) 2010 - 2012 (Formerly MLAA)**

Mr. Loucks reported that the MLPA agreement was due to be finalized this week, based on the discussion at the MLPA education session held on April 7<sup>th</sup>, however it was not received. It will come forward to the May meeting for endorsement or approval.

**3.7 PROPOSED VOLUNTARY INTEGRATION—ONTARIO SHORES/NORTHUMBERLAND HILLS HOSPITAL**

Mr. Meloche presented the Voluntary Integration Decision Making Checklist for the proposed voluntary integration between the Northumberland Hills Hospital and Ontario Shores Centre for Mental Health Sciences. This integration model focuses on capacity building. Ontario Shores, as the Tertiary Care Centre for the Central East LHIN is proposing to collaborate with the Northumberland Hills Hospital in order to build the capacity of the NHH to provide psychiatric services in their service area.

**MOTION:** By Mr. David Nichols that in accordance with the Local Health System Integration Act (Section 27, Subsections 4 And 6), the Central East LHIN is issuing a proposed decision to stop the voluntary integration for Northumberland Hills Hospital and Ontario Shores.

**SECONDED:** No Seconder

**MOTION DEFEATED**

Engaged Communities.  
Healthy Communities.

Mr. Meloche elaborated that this is another key lever to provide crisis mental health services in the community and because it involves no transfer of dollars or staff, it is really a partnership between two organizations.

After a lengthy discussion about the required timelines for handling a voluntary integration request, and the importance that the Board receive the materials in ample time to review them, it was concluded that due diligence was taken to review the materials at the operations level. It was also clarified that although the formal submission was dated April 15<sup>th</sup>, previous documents were submitted by the two parties.

Some discussion also ensued regarding why the Northumberland Hills Hospital did not explore outreach options through the Peterborough Regional Health Centre. Mr. Meloche clarified that the intention is not to redirect patients but to provide the clinical expertise to the staff.

The Board expressed some concern over the most appropriate way to word motions while handling the issues of voluntary integrations. Staff will obtain clarification with the LHIN Legal Services Branch and report back at a future education session.

Mr. Loucks requested that the minutes reflect the support of the Board for this Voluntary Integration initiative.

### 3.8 CEO REPORT – Q & A

Ms. Deborah Hammons entertained questions pertaining to the activities outlined in the CEO Report. She emphasized that the staff have been very busy with year-end activities and in preparation for the May 5<sup>th</sup> Symposium and the official launch of the two strategic aim coalitions and the Integrated Health Services Plan.

Mr. Loucks requested that an e-health update come forward at one of our education sessions and that he would like to clarify the formal governance relationship with the e-health program. Ms. Hammons responded that a quarterly update has been scheduled in the Board Calendar.

**MOTION:** By Mr. Ron Francis that the Board receive the April 20th, 2010 report of the Central East LHIN CEO for information.

**SECONDED:** Ms. Joseline Sikorski

**MOTION CARRIED**

### 3.9 CHAIR REPORT – Q & A

Mr. Loucks provided a few highlights from the Chair's report and entertained questions. He commented that the LSAA process was moving along as the final templates are being finalized. The agreements are expected to be in place by July 1<sup>st</sup>.

Ms. Jean Achmatowicz MacLeod commented on the upcoming Symposium and urged Board Members to participate in this opportunity to meet with our health service providers.

Mr. Loucks also highlighted that the Ministry's plans to review the Local Health System Integration Act has been delayed for a period of two years.

He encouraged Board Members to review the newly revised orientation manual which is a good source of reference material for all board members.

**MOTION:** By Ms. Joseline Sikorski that the Board receive the April 20<sup>th</sup>, 2010 report of the Central East LHIN Chair for information.

**SECONDED:** Mr. David Nichols

**MOTION CARRIED**

**4.1 CORRESPONDENCE**

The Board members discussed an item pertaining to procurement.

**4.2 OTHER NEW BUSINESS**

Mr. Stephen Kylie enquired about the status of the Clinical Services Plan. Mr. Loucks will add this item to an education session.

**MOTION:** By Mr. Bill Gleed 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 as 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. Ron Francis

**5.0 CLOSED SESSION**

The Board adjourned into a closed session at 3:30 pm.

Upon reconvening to the open session, Mr. Loucks reported that during the in camera session the Board discussed details pertaining to the CEO's goals and to receive an update of the status of one of the LHIN's Long Term Care Homes.

**6.0 MOTION OF TERMINATION**

**MOTION:** By Ms. Joseline Sikorski that the April 20<sup>th</sup>, 2010 Central East LHIN Board meeting be adjourned.

**SECONDED:** Mr. David Nichols

**MOTION CARRIED**

\_\_\_\_\_  
Mr. Foster Loucks

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Ms. Jean Achmatowicz MacLeod