

MINUTES
BOARD OF DIRECTORS MEETING
Tuesday March 16, 2010
1:15 pm – 7:30 pm
38 LVIV Blvd, Oshawa

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

Regrets: Mr. William Gleed (Member)

Staff Present: Ms. Deborah Hammons (CEO)
Mr. Paul Barker (Senior Director, Performance, Contracts and Allocations)
Ms. Emily Van de Klippe (Corporate/Project Coordinator, Minutes Recorder)
Ms. Shaguna Khazanchi

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 1:15 pm and welcomed the members of the public to the Central East LHIN Open Board Meeting.

Foster began by introducing David Nichols who lives in the Port Hope area. David is a Chartered Accountant and in addition to his many accomplishments, has a history in municipal politics. David was appointed to the Central East LHIN Board by the Public Appointments Secretariat and the Ministry of Health and Long-Term Care on February 17th, 2010 for a 3-year term.

Mr. Gleed is out of the country and sends his regrets.

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

Item 3.1.1 - Pay For Results Year 3 will be added under Section 3.1 – Quarterly Stocktake Report.

Ms. Achmatowicz MacLeod requested that her report as a panelist on the Hon. Gerry Phillips Renaissance Conference in Scarborough be included. Mr. Loucks agreed to add the item under the Chair's report.

MOTION: By Ms. Jean Achmatowicz MacLeod that the agenda of the March 16th, 2010 meeting of the Central East LHIN Board of Directors be approved as amended.

SECONDED: Mr. David Nichols

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 FEBRUARY 16TH, 2010 MEETING

Mr. Loucks invited comments from the Board with respect to errors or omissions concerning the minutes of the Board of Directors meeting held February 16th, 2010. No errors or omissions to the minutes were noted.

MOTION: By Dr. Alex Hukowich that the minutes of the February 16th, 2010 meeting of the Central East LHIN Board of Directors be approved.

SECONDED: Mr. Steven Kylie

MOTION CARRIED

2.2 BUSINESS ARISING FROM MINUTES

REPORT FROM AUDIT COMMITTEE

Mr. Ron Francis provided a summary of the Audit Committee Meetings held on March 2nd, 2010 and March 16th, 2010. At the March 2nd meeting, the committee met to discuss the Draft Declaration of Compliance Checklist which was developed to provide a mechanism by which the Audit Committee and the Board fulfill the MOHLTC's requirement of a quarterly Declaration of Compliance. The Audit Committee recommended some changes to the framework, including the development of a policy to accompany the checklist. At the March 16th meeting, the checklist completed by the Chair, and the CEO, along with the Declaration of Compliance Policy was reviewed by the Audit Committee.

Minutes of the meetings will be circulated at the next Board Meeting.

DECLARATION OF COMPLIANCE

MOTION:

By Ms. Sikorski that the Audit Committee recommends that the Board adopt the Declaration of Compliance Policy.

SECONDED: Dr. Alex Hukowich

MOTION CARRIED

MOTION:

By Mr. Francis be it Resolved that the CE LHIN Board authorize the Chair, by resolution dated the 16th, day of March 2010, to declare to the Minister of Health and Long Term Care that to the best of the Board's knowledge and belief, upon due enquiry of the Chief Executive Officer and other appropriate LHIN officers and personnel, the CE LHIN:

1. fulfilled its obligations under the Memorandum of Understanding dated April 1, 2007, the Ministry LHIN Accountability Agreement dated April 1, 2007 and applicable law; and

2. without limiting the generality of the foregoing, complied with the provisions of the government directives applicable to it, including the Transfer Payment Accountability Directive, Procurement Directives and the Travel, Meal & Hospitality Expenses Directive;

during the Applicable Period of January 1st, 2010 – March 31st, 2010.

SECONDED: Ms. Sikorski

MOTION CARRIED

The point was raised that the LHIN is essentially being asked to make a declaration for something which will occur in the future, as the quarter is not over until the end of March. Mr. Loucks assured the Board that the LHIN will clarify with the Ministry how this should be managed in the future. Ms. Hammons clarified that the Board has authorized Mr. Loucks to sign the document on the Board's behalf and submit it to the MOHLTC at the end of the month, therefore, resolving the issue.

Mr. Francis thanked the audit committee members and staff for all the support.

3.0 NEW BUSINESS

3.1 QUARTERLY STOCKTAKE REPORT

Mr. Laundry, Senior Integration Consultant presented the highlights of the Quarterly Stocktake Report.

Mr. Laundry addressed the question of how the closure of the Village of Taunton Mills transitional care unit will affect the future results and stated that despite its success and quality and safety, the program could not meet the Ministry's revised requirements for restorative convalescent care beds. \$1.4M has been dedicated to transitional care programs out of Aging at Home funding to locate other providers who are willing to provide convalescent care in the community. Over the next couple of weeks, an expression of interest will be issued to retirement homes and/or Long-Term Care homes with an interest in retirement care.

When asked what is happening to ensure that the successful projects promote their best practices. Mr. Laundry responded that the LHIN employs a monthly monitoring tool which collects data on a grassroots level. These reports are being made publically available and to Pay for Results hospitals. Ms. Hammons added that the LHIN hosted an information sharing session with all hospitals in the LHIN and attended a provincial information sharing session with other LHINs. In addition, Ms. Salvaterra regularly meets with peers across the province to discuss best practices.

3.1.1 PAY FOR RESULTS YEAR 3

Ms. Salvaterra, ED/ALC Performance Lead presented the Year 3 Pay for Results funding which was originally received as a draft framework from the MOHLTC March 2nd. LHINs are required to communicate the initiative allocations to the MOHLTC by March 29th, 2010.

Major changes to this year's model is that there will be three funding streams; Fixed Funding, Variable Funding, and Time to Physician Initial Assessment. The MOHLTC also added three additional sites to the designated hospitals; Northumberland Hills Hospital, Peterborough Regional Health Centre and Birchmount, The Scarborough Hospital. Of the projected total CE LHIN funding of \$6,379,300, 10% has been tentatively set aside to allocate to the CCAC.

Hospitals have been asked to submit proposals for fixed funding by March 17th. When asked to explain the difference between variable and fixed funding, Ms Salvaterra reported that the benefit of the fixed funding is that it is received up front, but hospitals run the risk of having the funds recovered if they don't meet outcomes. The variable stream is entirely reward-based and is not paid up front, nor is it designated. The Time to Finish is up-front incentive funding to be used for Emergency Department staffing.

MOTION:

By Mr. Kylie that whereas MOHLTC provided LHINs with Pay-for-Results Year III allocations on 2nd March, 2010, and

Whereas CE LHIN staff, hospital staff, & CCAC staff will be meeting to conduct an evaluation of proposals using the LHIN decision-making framework & other criteria on 19th March, 2010 and

Whereas CE LHIN must provide an action plan to MOHLTC by 29th March, 2010,

Be it resolved that, subject to CE LHIN Senior Team ensuring that the final initiatives approved meet CE LHIN decision-making framework criteria, the Board approve the allocation of the fixed portion of Year III Pay-for-Results funding only.

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SECONDED: Ms. Sikorski

MOTION CARRIED

Staff will report final allocations to the Board at the next meeting

3.1 Q3 MLAA DASHBOARD – PERFORMANCE REPORT

Mr. Barker discussed the Q 3 MLAA Dashboard, which reports on the performance of the indicators specified in the Accountability Agreement between the MOHLTC and the LHIN. The LHIN is meeting targets in hip replacement, knee replacement, cancer surgery and cataract surgery.

With respect to diagnostic imaging (DI), the CE LHIN has a DI group made up of all hospitals that meets monthly, sharing best practices and looking at ways to optimize resources. The additional CT hours approved out of reallocations will improve results in the next quarter.

Mr. Barker was asked whether there was a mechanism to determine the validity or statistical significance of any change in position. Mr. Barker responded that quantifying information is gathered and steps will be taken to further enhance the content of textual information in the dashboard.

It was suggested that this dashboard, be included with the Ministry of Health and Long-Term Care's quarterly report template for the next submission.

3.3 HOSPITAL SERVICE ACCOUNTABILITY AMENDING AGREEMENTS

Mr. Barker provided an overview of the Hospital Service Accountability Amending Agreements. He stressed that an organization must have an accountability agreement in force in order to be funded and since the existing agreement expires on March 31, 2010, an amending agreement, which is an extension of the current agreement for one year, must be executed within the next two weeks. There are two elements to an agreement; funding to be provided as well as performance expectations. The LHIN began meeting with hospitals in June 2009 to work towards achieving a balanced position. Hospitals have a regular inflation rate of 3.5-4% due to their collective agreements and must therefore typically find at least 4% in savings. All hospitals agreed collectively to plan based on the assumption that there will be no funding level increase over the amount received this fiscal year and build a plan based on those numbers. It was stressed that unlike in the past, the hospitals agreed to balance their total entity budgets, taking into account funding outside of the LHIN. It was also noted that all hospitals have significant long-term debt and are paying carrying charges. Hospitals have to dig deeper than operations to address those debt issues.

Every one of the hospitals operated diligently to maximize revenue and cost efficiencies before any service reductions were discussed. Examples of strategies which improve efficiency but do not impact on service include securing additional revenue, outsourcing, reducing administrative overhead and exploring different models of staffing mixes. In evaluating the proposals, hospitals were asked to provide information regarding their communications, engagement strategies and to evaluate the impacts of the proposed plans upon the system. Further, they were asked to consider whether changes align with the CE LHIN aims and priorities, as well as with the core services of the hospital.

There is a cost to restructuring initially but it will generate savings in the long-term. At the end of 2010/11 hospitals will be balanced with the exception with the one time restructuring costs.

Three agreements have not yet been received due to timing of Board Meetings; Bellwood, Northumberland Hills and Ross Memorial Hospital.

It is also important to note that realignment strategies outside corridor change the agreement and affect the hospital's ability to meet the performance corridor, while realignment strategies inside corridor do not.

BELLWOOD HEALTH SERVICES:

MOTION:

By Mr. Francis that whereas Bellwood Health Services requires a signed Private Hospital Service Accountability Agreement (PH-SAA) to continue receiving funding following April 1, 2010; and

The existing 2008-10 PH-SAA for Bellwood Health Services will expire on March 31, 2010; and

Bellwood Health Services has submitted to CE LHIN a Management Plan, Risk Report and related investment strategy that outlines a plan of action for the Hospital

for 2010/11 that staff have confirmed will achieve a balanced operating position at the commencement of fiscal 2011/12 and that plan has been incorporated into a 2010/11 H-SAA Amending Agreement that the Hospital has not yet signed and returned to the CELHIN.

Be it resolved that the CE LHIN Board authorize the Chair and CEO to execute the signed Private Hospital Service Accountability Amending Agreement for Bellwood Health Services, provided that the final private Hospital-signed PH-SAA Amending Agreement reflects the plan as noted above and is received by March 31, 2010.

SECONDED: Ms. Sikorski

MOTION CARRIED

A question was asked as to what the total Bellwood budget would be if all funding sources were included. Ms. Gallant clarified that it was a private hospital and that information was not available.

CAMPBELLFORD MEMORIAL HOSPITAL:

It was noted that smaller hospitals have a more difficult time finding efficiencies and it is to Cambellford's credit that they were able to do so.

MOTION:

By Mr. Nichols that whereas Campbellford Memorial Hospital requires a signed Hospital Service Accountability Agreement (H-SAA) to continue receiving funding following April 1, 2010;.

The existing 2008-10 H-SAA for Campbellford Memorial Hospital will expire on March 31, 2010; and

The Campbellford Memorial Hospital has submitted to CE LHIN a Management Plan and Risk Report and related investment strategy that outlines a plan of action for the Hospital for 2010/11 that staff have confirmed will achieve a balanced operating position at the commencement of fiscal 2011/12 and that plan has been incorporated into a 2010/11 H-SAA Amending Agreement that the Hospital has signed and returned to the CE LHIN.

Be it resolved that the CE LHIN Board authorize the Chair and CEO to execute the signed Hospital Service Accountability Amending Agreement for Campbellford Memorial Hospital.

SECONDED: Dr. Hukowich

MOTION CARRIED

When asked whether or not the agreements will be available for public viewing, Mr. Barker replied that they will be available on-line once executed.

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HALIBURTON HIGHLANDS HEALTH SERVICES:

Today the Haliburton Highlands Health Services has no debt due to realignments, positive working capital and will be running at a full balanced position next year. It has taken them five years to achieve a sustainable position but they should be applauded.

MOTION:

By Ms.Sikorski that whereas Haliburton Highlands Health Services requires a signed Hospital Service Accountability Agreement (H-SAA) to continue receiving funding following April 1, 2010; and

The existing 2008-10 H-SAA for Haliburton Highlands Health Services will expire on March 31, 2010; and

Haliburton Highlands Health Services has submitted to CE LHIN a Management Plan and Risk Report and related investment strategy that outlines a plan of action for the Hospital for 2010/11 that staff have confirmed will achieve a balanced operating position at the commencement of fiscal 2011/12 and that plan has been incorporated into a 2010/11 H-SAA Amending Agreement that the Hospital has signed and returned to the CE LHIN.

Be it resolved that the CE LHIN Board authorize the Chair and CEO to execute the signed Hospital Service Accountability Amending Agreement for Haliburton Highlands Health Services.

SECONDED: Mr. Kylie

MOTION CARRIED

Mr. Barker was asked to comment on whether the reconfiguration strategies addressed the clinical services plan. He responded that the CSP is not imbedded in the agreement but it has been taken into consideration and the goal is to move the clinical services plan forward.

LAKERIDGE HEALTH CORPORATION (LHC):

LHC was originally forecasting a \$24,000,000 deficit in 09/10 and has since demonstrated considerable efficiencies, including some service realignments. They are now moving into a balanced position, and will be able to replenish equipment and begin to eliminate debt. The realignment strategies included capital planning submissions which are less critical and can be deferred.

MOTION:

By Ms. Achmatowicz MacLeod that whereas Lakeridge Health Corporation requires a signed Hospital Service Accountability Agreement (H-SAA) to continue receiving funding following April 1, 2010; and

The existing 2008-10 H-SAA for Lakeridge Health Corporation will expire on March 31, 2010; and

Lakeridge Health Corporation has submitted to the CE LHIN a Management Plan and Risk Report and related investment strategy that outlines a plan of action for the Hospital for 2010/11 that staff have confirmed will achieve a balanced operating position at the commencement of fiscal 2011/12 and that plan has been incorporated into a 2010/11 H-SAA Amending Agreement that the Hospital has signed and returned to the CELHIN.

Be it resolved that the CE LHIN Board authorize the Chair and CEO to execute the signed Hospital Service Accountability Amending Agreement for Lakeridge Health Corporation.

SECONDED: Ms. Sikorski

MOTION CARRIED

The question was posed as to whether there are any indices that can be tracked to provide the Board with some assurance that the healthcare remains at an acceptable and increasing level and to what extent are the two main goals of the IHSP being pursued? Mr. Barker responded that in addition to the MLAA dashboard, the LHIN collects data on the HSAA dashboard, which compiles more comprehensive detailed scorecards. The results of these are all included in the performance discussions with hospitals. In addition, we will continue the practice of inviting hospitals to update the CE LHIN Board on their status.

ONTARIO SHORES CENTRE FOR MENTAL HEALTH SCIENCES

MOTION:

Ms. Sikorski that whereas Ontario Shores Centre for Mental Health Sciences requires a signed Hospital Service Accountability Agreement (H-SAA) to continue receiving funding following April 1, 2010; and

The existing 2008-10 H-SAA for Ontario Shores Centre for Mental Health Sciences will expire on March 31, 2010; and

Ontario Shores Centre for Mental Health Sciences has submitted to CE LHIN a Management Plan and Risk Report and related investment strategy that outlines a plan of action for the Hospital for 2010/11 that staff have confirmed will achieve a balanced operating position at the commencement of fiscal 2011/12 and that the

plan has been incorporated into a 2010/11 H-SAA Amending Agreement that the Hospital has signed and returned to the CELHIN.

Be it resolved that the CE LHIN Board authorize the Chair and CEO to execute the signed Hospital Service Accountability Amending Agreement for Ontario Shores Centre for Mental Health Sciences.

SECONDED: Ms. Achmatowicz MacLeod

MOTION CARRIED

A comment was made that the overall budget appears low and it was questioned whether it was inclusive of other sources of funding such as forensic. Staff confirmed the budget numbers.

At this point in the agenda, Mr. Huckowich requested that for the benefit of the audience, the Northumberland Hills agreement discussion be moved forward in the agenda.

NORTHUMBERLAND HILLS HOSPITAL:

Mr. Loucks referred to the several items of correspondence received by the LHIN, with respect to the realignment strategies proposed by the Northumberland Hills Hospital. Mr. Loucks read the names of those who sent correspondence to the LHIN, and read one of the letters out loud. Mr. Loucks acknowledged to the audience that the LHIN has received their feedback and understands it is a reflection of the level of concern expressed by the community.

Mr. Barker commented that in the last two years, this hospital has extracted about \$2M in savings and cost efficiencies, based on benchmark assessments. They have the lowest administrative costs in almost all departments compared to peers. As a result, they are challenged with finding service adjustments and realignments of \$1.3M.

There was extensive discussion regarding the proposed realignment strategies in the Northumberland Hills Agreement. The issues discussed included the outpatient diabetes program, the outpatient rehabilitation program, the closure of beds, and the administrative costs of the hospital. Other comments reflected that a distinction must be made between availability and accessibility.

Mr. Loucks clarified that the Outpatient Diabetes Program is a program over which the LHIN does not have jurisdiction. The hospital was supplementing the funding base provided by the MOHLTC and can no longer afford to do so. The MOHLTC will now be investigating opportunities to establish this service in a community setting.

Regarding the discontinuation of outpatient rehabilitation services, the province has defined that these do not fall under the core business of hospitals. Generally speaking there are opportunities to deal with exceptions where individuals are unable to access alternative services, such as those services provided by the CCAC. Hospitals continue to provide inpatient rehabilitation services.

The plan is to open 8 restorative care beds with occupational and physiotherapy services in place of 7 complex continuing care and 16 acute care beds. The new 8 beds will help people regain independence

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and have a higher success in returning to the community. The interim care beds are not the core business of the hospital. The LHIN will attempt to secure an alternative provider in the community. When asked what is in place to transition people from LTC and convalescent beds, Mr. Barker responded that the LHIN will be working with the Hospital, CECCAC and MOHLTC to develop a transition plan.

The LHIN is funding other initiatives in the hospital such as the WRAP program, and the HELP program to build independence and capacity for clients to return home.

Mr. Loucks commented that at the end of the day, it is the hospital's responsibility to have an appropriate level of dialogue with their community, however, the LHIN Board encourages the Northumberland Hills Hospital Board to have a dialogue with some of the members of the community who have communicated with the LHIN.

One of the members commented that although the issues are understood, we are looking today at creating a transition plan to keep the hospital in its position as a model of excellence. Periodic reports on the evolution of the plan and the results should be shared with the Board.

Mr. Loucks agreed and stated that with respect to all hospitals on an ongoing basis, it is important that we continue to monitor their performance closely.

MOTION:

By Mr. Kylie that whereas Northumberland Hills Hospital requires a signed Hospital Service Accountability Agreement (H-SAA) to continue receiving funding following April 1, 2010; and

The existing 2008-10 H-SAA for Northumberland Hills Hospital will expire on March 31, 2010; and

Northumberland Hills Hospital has submitted to CE LHIN a Management Plan and Risk Report and related investment strategy that outlines a plan of action for the Hospital for 2010/11 that staff have confirmed will achieve a balanced operating run rate at the commencement of fiscal 2011/12 and that plan has been incorporated into a 2010/11 H-SAA Amending Agreement that the Hospital has not yet signed and returned to the CELHIN.

Be it resolved that the CE LHIN Board authorize the Chair and CEO to execute the signed Hospital Service Accountability Amending Agreement for Northumberland Hills Hospital, provided that the final Hospital-signed H-SAA Amending Agreement reflects the plan as noted above and is received by March 31, 2010.

SECONDED: Mr. Francis

MOTION CARRIED

PETERBOROUGH REGIONAL HEALTH CENTRE:

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The Peterborough Regional Health Centre has tabled a plan with \$26,000,000 in efficiencies without affecting services. In the case of PRHC because it is under a Peer Review, the hospital will be required to submit a Hospital Improvement Plan two months following the tabling of the report.

MOTION:

By Dr. Huckowich that whereas Peterborough Regional Health Centre requires a signed Hospital Service Accountability Agreement (H-SAA) to continue receiving funding following April 1, 2010; and

The existing 2008-10 H-SAA for Peterborough Regional Health Centre will expire on March 31, 2010; and

Peterborough Regional Health Centre has submitted to CE LHIN a Management Plan and Risk Report and related investment strategy that outlines a plan of action for the Hospital for 2010/11 that staff have confirmed will achieve a balanced operating position at the commencement of fiscal 2011/12 and that plan has been incorporated into a 2010/11 H-SAA Amending Agreement that the Hospital has signed and returned to the CELHIN.

Be it resolved that the CE LHIN Board authorize the Chair and CEO to execute the signed Hospital Service Accountability Amending Agreement for Peterborough Regional Health Centre.

SECONDED: Ms. Achmatowicz MacLeod

MOTION CARRIED

ROSS MEMORIAL HOSPITAL:

Ross Memorial Hospital has a broad scope of core services, with few alternatives in the community. If there is funding forthcoming from the MOHLTC, they would prefer not to execute all realignment strategies.

MOTION:

By Mr. Francis that whereas Ross Memorial Hospital requires a signed Hospital Service Accountability Agreement (H-SAA) to continue receiving funding following April 1, 2010; and

The existing 2008-10 H-SAA for Ross Memorial Hospital will expire on March 31, 2010; and

Ross Memorial Hospital has submitted to CE LHIN a Management Plan and Risk Report and related investment strategy that outlines a plan of action for the Hospital for 2010/11 that staff have confirmed will achieve a balanced operating position at the commencement of fiscal 2011/12 and that plan has been incorporated into a 2010/11 H-SAA Amending Agreement that the Hospital has not yet signed and returned to the CELHIN.

Be it resolved that the CE LHIN Board authorize the Chair and CEO to execute the signed Hospital Service Accountability Amending Agreement for Ross Memorial Hospital provided that the final Hospital-signed H-SAA Amending Agreement reflects the plan as noted above and is received by March 31, 2010.

SECONDED: Ms. Sikorski

MOTION CARRIED

The question was raised to address how long the hospital will delay implementation of the strategies awaiting word of an increase in funding from the MOHLTC. Mr. Barker responded that they can wait no longer than three or four months to achieve desired results.

Mr. Barker also responded to an enquiry as to whether or not adjustments have been made as a result of the Clinical Services Plan. Not in this case.

ROUGE VALLEY HEALTH SYSTEM:

Rouge Valley has had a remarkable turn around and is digging deeper to address debt reductions. Their realignment strategies involve services and clinics that are not core business for the hospital and are already in process with their plan for cost saving efficiencies.

MOTION:

By Mr. Nichols that whereas Rouge Valley Health System requires a signed Hospital Service Accountability Agreement (H-SAA) to continue receiving funding following April 1, 2010; and

The existing 2008-10 H-SAA for Rouge Valley Health System will expire on March 31, 2010; and

Rouge Valley Health System has submitted to CE LHIN a Management Plan and Risk Report and related investment strategy that outlines a plan of action for the Hospital for 2010/11 that staff have confirmed will achieve a balanced operating position at the commencement of fiscal 2011/12 and that plan has been incorporated into a 2010/11 H-SAA Amending Agreement that the Hospital has signed and returned to the CELHIN.

Be it resolved that the CE LHIN Board authorize the Chair and CEO to execute the signed Hospital Service Accountability Amending Agreement for Rouge Valley Health System.

SECONDED: Ms. Achmatowicz MacLeod

MOTION CARRIED

A comment was made that Rouge Valley is considered a success story for making such a dramatic improvement.

THE SCARBOROUGH HOSPITAL:

This hospital is essentially in a balanced position and although they have one of the largest proposed realignment amounts, none of them fall outside corridor.

MOTION:

By Dr. Huckowich that whereas The Scarborough Hospital requires a signed Hospital Service Accountability Agreement (H-SAA) to continue receiving funding following April 1, 2010; and

The existing 2008-10 H-SAA for The Scarborough Hospital will expire on March 31, 2010; and

The Scarborough Hospital has submitted to CE LHIN a Management Plan and Risk Report and related investment strategy that outlines a plan of action for the Hospital for 2010/11 that staff have confirmed will achieve a balanced operating position at the commencement of fiscal 2011/12 and that plan has been incorporated into a 2010/11 H-SAA Amending Agreement that the Hospital has signed and returned to the CELHIN.

Be it resolved that the CE LHIN Board authorize the Chair and CEO to execute the signed Hospital Service Accountability Amending Agreement for The Scarborough Hospital.

SECONDED: Mr. Francis

MOTION CARRIED

3.4/3.5 CEO REPORT & CHAIR REPORT– Q&A

MOTION: By Dr. Huckowich that the Board receive the March 16th, 2010 reports of the Central East LHIN CEO and the Board Chair for information.

SECONDED: Ms. Sikorski

MOTION CARRIED

Ms. Achmatowicz MacLeod will provide a report regarding the Renaissance Conference to Board members at another time.

4.1 CORRESPONDENCE

A letter regarding the French Language Health Services program was distributed to the Board for information.

4.2 OTHER NEW BUSINESS

Mr. Loucks asked the Board members if there was any additional new business. There was none.

MOTION:

By Dr. Huckowich 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: Ms. Sikorski

MOTION CARRIED

5.0 CLOSED SESSION

The Board adjourned into a closed session at 5:30 pm.

Upon reconvening to the open session, Mr. Loucks reported that during the in camera session the Board met with representatives of the PRHC Peer Review Team to receive an update and report of progress.

6.0 MOTION OF TERMINATION

MOTION: By Mr. Francis that the March 16th 2010 Central East LHIN Board meeting be adjourned at 7:30 pm.

SECONDED: Mr. Kylie

MOTION CARRIED

Mr. Foster Loucks

Ms. Jean Achmatowicz MacLeod