

**DRAFT MINUTES
BOARD OF DIRECTORS MEETING
Tuesday September 15, 2009
9:00 am to 5:00 pm
314 Harwood Avenue South, Unit 1030
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 10:40 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.

Mr. Loucks drew the attention of the Board members to a resignation letter from Ms. Wong. He asked Mr. Gleed to bring forward his recommendation previously raised at the Audit Committee meeting to have a gathering of the Board members in recognition of Ms. Wong's efforts.

Mr. Kylie asked that the Chair and CEO give some consideration to the process for recognizing retiring directors.

1.2 APPROVAL OF THE AGENDA

Mr. Loucks reminded the Board members that according to the by-laws of the LHIN, seven days notice should be given to the Secretary for new agenda items that would lead to a decision being made.

MOTION: By Dr. Hukowich that the agenda of the September 15th, 2009 meeting of the Central East LHIN Board of Directors be approved.

SECONDED: Ms. Achmatowicz MacLeod

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 July 21st, 2009. There was a request that tracked changes be used when revised minutes are redistributed.

The dash on page seven will be removed.

MOTION: By Dr. Hukowich that the minutes of the July 21st, 2009 meeting of the Central East LHIN Board of Directors be approved (as amended and clarified).

SECONDED: Ms. Achmatowicz MacLeod

MOTION CARRIED

2.2 BUSINESS ARISING FROM MINUTES

Mr. Kylie reported on a client with chronic back issues who attended the mobile unit in Bethany and was treated under the Unattached Patient Assessment program. He was pleased to share that there are people from Peterborough who are prepared to go to Bethany to see a physician.

Mr. Loucks asked the Senior Directors to respond to a question about MRI funding for Northumberland Hills Hospital (NHH). Mr. Barker answered that at the beginning of the last fiscal year, the funding amount that was originally allocated to the hospital for incremental volumes for MRI is still higher than what the hospital has today.

NHH did not complete all of the original volume that they were funded to perform last year and the unused portion was recovered. As a result, they are receiving more volume this year than what they were paid to do last year.

The minutes referred to a request from the Minister that a response to the report entitled “Every Door is the Right Door” be submitted. The LHIN’s response was distributed to the Board members at the meeting.

There was a question about physicians accessing MRI resources across the LHIN. Mr. Barker mentioned that the LHIN has a diagnostic imaging group with representatives from each of the hospitals with CT and MRI devices. The group meets regularly to assess inventory capacity and demand. He is not aware of an automated central resource for MRI within the LHIN at this time. MRI access has an impact on patient flow at the hospitals.

3.0 NEW BUSINESS

3.1 CE LHIN OPERATIONS STOCKTAKE REPORT

Mr. Loucks asked Mr. Laundry to present highlights of the quarterly Stocktake Report which was submitted to the Ministry in the middle of August. The report is informational for all of the hospitals and can be used for planning. It forms the basis of the quarterly meetings that Ms. Hammons has with Assistant Deputy Minister, Ken Deane.

Mr. Laundry was asked to explain the statement in the report that the LHIN would have “greater confidence in our ability to hit LHIN-wide targets for non-admitted length of stay if we had more flexibility in targeting funding and initiatives.” He responded that under pay for results funding, there are three primary targets that must be met. The targets are: improving Emergency Department (ED) lengths of stay for high acuity non-admitted patients, lower acuity non-admitted patients and admitted patients. Typically, the Ministry expects a ten percent improvement rate for each of the targets, but will consider a total improvement of thirty percent as “meeting target” providing no individual target is less than five percent or greater than fifteen percent.

Mr. Meloche wished to stress the importance of this concept to the Board in light of fact that there is a Ministry/LHIN accountability agreement that looks at the overall performance of the LHIN. He referred to one pay for results hospital that has a ninety-five percent success rate with their non-admitted patients. A ten percent improvement would be impossible, so the hospital is being asked to achieve ninety-eight percent. It is more difficult to gain a three percent increase in a high performing hospital than it is to achieve a ten percent increase in a moderate or poorer performing hospital. Through the MLAA, the LHIN is being assessed on its total ED activity, not just its pay for performance sites. Unfortunately, the LHIN is not able to take pay for results funding and allocate it to a non-dedicated pay for results site. The Ministry chose the pay for results hospitals, not the LHIN. In order to meet their targets, the LHIN is asking for more flexibility to move funding between hospitals.

When asked if the Ministry was receptive to the suggestion to provide the LHIN with more flexibility, Mr. Meloche stated that although the Ministry did recognize this issue as a challenge, they have not permitted the LHIN to move pay for results funding between hospitals at this time.

A concern was expressed that the LHIN does not appear to be doing very well in any of the measures outlined in the report. Mr. Laundry responded that compared to other LHINs, Central East LHIN is in the middle. In terms of the provincial targets and performance over the time period shown, there is room for improvement. Ken Deane did mention that he was pleased with some of the first quarter results for this fiscal year and stated that it appears that the province has hit the targets for lower acuity non-admitted length of stay.

In reference to the target of saving one million ED hours by 2013, a question was raised whether there is a strategy that could be adopted that allows for the measurement of a worthwhile achievement with more immediate results. Mr. Laundry responded that the measurement has already started. He anticipates that hours saved will be measured on a quarterly basis and be reflected on the next Stocktake Report.

One member expressed their struggle with the fact that the hospitals were the only ones included in the pay for performance initiative and that investments in other areas of the community such as Community Care Access Centres (CCAC) were not made. Mr. Laundry clarified that approximately \$2,200,000 of \$7,000,000 was allocated to community organizations in support of their efforts to reduce visits to the ED. The focus is not on the hospitals because they are the only ones that need to improve, it is there because the hospitals are the ones with the ED and that is where the measurement has to take place.

There was a suggestion that items such as the number of available long term beds, outreach programs from CCACs and physicians on call should be standardized in the LHINs across the province. Mr. Laundry acknowledged that while there is value in taking a provincial view, it is also a local issue as every community and every LHIN has different priorities and responses.

Mr. Meloche wished to bring two key messages back to the Board from a previous meeting with Ken Deane:

- a) Mr. Deane very clearly expressed that the LHIN is on the right track. He has a great deal of confidence in the team and is particularly impressed with our involvement in the community and with our measurements around the 1 million hours.
- b) He would like to see continued evidence that the hospitals are making their best efforts towards collaboration and innovation in attaining their targets.

Mr. Loucks thanked Mr. Laundry for his report.

3.2 COMMUNITY NOMINATIONS COMMITTEE

In the absence of Ms. Wong, Mr. Loucks walked the members of the Board through the items with respect to the Community Nominations Committee with the help of Ms. Achmatowicz MacLeod, Dr. Hukowich and Ms. Van de Klippe.

Mr. Loucks expressed his appreciation for Ms. Wong's preparation of a report of the last meeting prior to her departure. He drew the attention of the Board to the draft minutes of the Community Nominations Committee.

MOTION: By Dr. Hukowich that the Board receive the August 18th, 2009 draft minutes of the Community Nominations Committee for information.

SECONDED: Ms. Achmatowicz MacLeod

MOTION CARRIED

Mr. Loucks asked that a motion not be entertained for the report of the Committee but that it be noted that the report was circulated to the Board for their information only.

Mr. Loucks asked if there was anything that should be highlighted regarding the updated Board Member Recruitment Policy. Ms. Achmatowicz MacLeod confirmed that a letter was written to Jim Loftus of the Public Appointments Unit (PAU) and that Mr. Loftus answered the Committee's questions regarding the Policy in his response letter. She also added that the updated Policy had been reviewed by all of the members of the Community Nominations Committee.

MOTION: By Dr. Hukowich that the Board approve the revised Board Member Recruitment Policy dated August 26th, 2009.

SECONDED: Ms. Achmatowicz MacLeod

MOTION CARRIED

The Minister's office was made aware of Ms. Wong's resignation and a request was made to the Public Appointments Secretariat (PAS) that the names submitted by the Board of Directors to fulfill the current Board vacancy also be considered for the vacancy created by Ms. Wong's departure. The members of the Board were advised that Ms. Achmatowicz MacLeod has agreed to chair and Ms. Sikorski has agreed to become a member of the Community Nominations Committee as invited by Mr. Loucks.

MOTION: By Mr. Kylie that Ms. Achmatowicz MacLeod be appointed to the position of Chair, Community Nominations Committee.

SECONDED: Ms. Sikorski

MOTION CARRIED

MOTION: By Dr. Hukowich that Ms. Sikorski be appointed as a member of the Community Nominations Committee.

SECONDED: Mr. Gleed

MOTION CARRIED

Ms. Hammons arrived at 11:40 am

At the September 1st, 2009 Education Session, the LHIN Board skills matrix was distributed to each Board member to complete a self assessment. All Board member submissions have been received as of today's meeting.

Mr. Loucks asked Mr. Francis how he would like to proceed with filling the vacancy created by Ms. Wong on the Audit Committee. Mr. Francis spoke of the interest on the part of Dr. Hukowich to join the committee.

MOTION: By Mr. Francis that Dr. Hukowich be appointed as a member of the Audit Committee.

SECONDED: Ms. Achmatowicz MacLeod

MOTION CARRIED

Mr. Loucks called for a break for lunch at 12:00 pm. The Board reconvened at 12:45 pm

3.3 VOLUNTARY INTEGRATION – JOINT SYSTEMIC THERAPY PROGRAM

Mr. Loucks welcomed Dr. Dixon, Regional Vice President, Cancer Services, R.S. McLaughlin Durham Regional Cancer Centre and Mr. Meloche to present the Voluntary Integration Proposal between Rouge Valley Health System, Lakeridge Health Corporation and The Scarborough Hospital.

Dr. Dixon reported that cancer care treatment is currently being delivered by local providers to less than 50% of the population in Scarborough. To address this, a proposal was submitted to the Scarborough Hospitals in conjunction with LHIN colleagues to increase capacity to deliver high quality systemic therapy in the area.

One member asked about the date for notice of intention, approvals from the Hospital Boards and the most recent audited financial statements. The date for notice of intention was August 13th, 2009. For the purposes of this integration, Mr. Meloche advised that the signatures on the Memorandum of Understanding (MOU) indicated each organization's support for integration. The LHIN has audited statements for each Hospital but does not audit individual hospital base-budget programs.

Dr. Dixon noted that one of the initial tasks in the first transitional year is to produce mutually agreed upon financial statements from each contributing organization. These statements will form the basis of the core budget for the joint venture.

A concern was expressed regarding physician alternative funding arrangements. Dr. Dixon explained that the alternative funding arrangement is a provincial agreement between the Medical Oncologists of Ontario and the Ministry of Health. Essentially, it is a salary that is given as long as they can demonstrate that certain work is being done. It is one of the main methods by which Medical Oncologists are remunerated in Ontario.

Two problems of the arrangement are the inadequate growth of positions in order to service the need for Oncologists in the community and the unclear method of distribution. The strategy is to recruit people and to use seed funding as bridge funding until such positions become available.

Another Board member expressed the desire to have an opportunity to review budgetary information for this integration. Staff was encouraged to make sure that the protocol used to respond to this integration should be the same one that is used for future integrations.

When asked about the potential for labour disruptions, Dr. Dixon responded that he does not anticipate one as both sites will continue to operate their units. At some point, there may be a consolidation of the systemic therapy program to a single site but that is not what is being proposed at this time. Dr. Dixon expects staffing to grow rather than reduce. Mr. Barker added that the communications strategy for this integration addresses this issue. Mr. Meloche sees this integration as a key lever to enable other integrations proposed through the Clinical Services Plan, specifically Thoracic surgery.

There was some discussion about whether a motion should be tabled at this point. Mr. Barker advised the Board that a full review of the submission was completed from a financial and risk perspective prior to it being brought forward to the Board. Mr. Meloche added that a motion is a very strong way of supporting this integration. In his determination, the criteria for voluntary integration has been met in this case. He asked that the minutes reflect the commitment of Senior Management to continue to monitor this program through regular reporting processes to ensure that the parties involved are living up to their agreement.

In response to the concerns expressed by the Board members, the staff recognized the need to develop a standardized assessment protocol for voluntary integration and to table it so that these proposals can come forward to the Board in a uniform way.

MOTION: By Dr. Hukowich that the Central East LHIN Board of Directors support and congratulate the Rouge Valley Health System, Lakeridge Health and The Scarborough Hospital for undertaking their initiative to integrate medical oncology services in Scarborough.

SECONDER: Ms. Sikorski

MOTION CARRIED

Mr. Loucks thanked Dr. Dixon and wished to signal to the Hospitals that this is exactly the kind of integration that the LHIN is looking for.

3.4 CEO REPORT – Q & A

Mr. Loucks asked Ms. Hammons to address any questions regarding the CEO report previously distributed to the Board. He also wished to congratulate Ms. Hammons on her efforts to involve the hospitals and the CCAC Financial Leadership Group as reported in the Hospital Infrastructure Renewal Funding (HIRF) section of her report. Ms. Hammons extended her congratulations to Mr. Barker for his work in getting the group together.

When asked about building a model for Community Comprehensive Geriatrics Assessment (CCGA), Ms. Hammons responded that efforts are being made to develop the model and then duplicate it across the LHIN.

A discussion ensued about the format of the CEO report. Most members felt that the level of detail was suitable while others commented that a summary of the CEO's activities and meetings would also be appropriate.

There was a suggestion to expand successful initiatives like UPA in Bethany and the Nurse Practitioner led clinics. Ms. Hammons mentioned that the location of the Nurse Practitioner clinics is still to be determined across the province. Mr. Meloche added that the clinic in Bethany is one that will be traveling to areas within the Northeast cluster. It is not a permanent clinic. Clients are seen first for an initial assessment and again for the follow up. A ribbon cutting ceremony will be held on September 23rd in the library in Bethany. The one permanent clinic location is in Scarborough at the Centenary site.

MOTION: By Ms. Achmatowicz MacLeod that the Board receive the September 15th, 2009 report of the Central East LHIN CEO for information.

SECONDED: Ms. Sikorski

MOTION CARRIED

3.5 CHAIRS REPORT

In lieu of presenting a Chair's report, Mr. Loucks elected to address the Board work plan. He asked Mr. Kylie, Mr. Francis and Ms. Sikorski to take strategic leadership roles to help develop the Board to Board Strategy in the eastern part of the LHIN, in Scarborough and in Durham respectively.

There was a question about the completion dates for the items in the work plan. Ms. Van de Klippe explained that this is still a draft which will reflect not only future but also completed tasks.

4.1 CORRESPONDENCE

No correspondence items were brought forward at this time.

4.2 OTHER NEW BUSINESS

Mr. Loucks inquired about Board member attendance at the Triple Aim Summit on September 18th. Mr. Francis and Ms. Sikorski confirmed that they will participate.

Mr. Francis reported on his attendance at the Annual General Meeting (AGM) for Carefirst Seniors where he spoke on behalf of Mr. Loucks.

Ms. Achmatowicz MacLeod attended the opening of the new MRI at Lakeridge Health. She was pleased to share the story of a patient who received MRI services within weeks at Lakeridge despite being initially told by their doctor that they would have to wait months.

Mr. Loucks and Mr. Francis attended the opening of the new Emergency and Critical Care centre at The Scarborough Hospital where there was an announcement of \$3,000,000 for the redevelopment of their surgical suites.

Dr. Hukowich and Mr. Loucks also met with Mr. Hudson at Mr. Hudson's request in his new capacity as Chair of the Northumberland Hills Hospital.

MOTION: By Mr. Kylie 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 party 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. Achmatowicz MacLeod

MOTION CARRIED

5.0 CLOSED SESSION

The Board adjourned into a closed session at 2:40 pm

Upon reconvening to the open session, Mr. Loucks reported that during the in camera session the Board discussed details pertaining to a request from Haliburton Highlands Health Services for a CE LHIN Board review, Lakeridge Health's Communication Plan, and the CEO's Goals.

6.0 MOTION OF TERMINATION

MOTION: By Mr. Loucks that the September 15, 2009 Central East LHIN Board meeting be adjourned.

SECONDED: Mr. Gleed

MOTION CARRIED

The September 15th, 2009 Board of Directors meeting was adjourned at 5:00 pm.

Mr. Foster Loucks
Chair

Ms. Jean Achmatowicz MacLeod
Secretary