

**BOARD APPROVED MINUTES
BOARD OF DIRECTORS MEETING**

Wednesday, November 23, 2016

10:15 am to 3:30 pm

Scarborough Room, Central East LHIN

Ajax

Directors Present:

Mr. Louis O'Brien (Chair)
Ms. Margaret Risk (Vice-Chair)
Ms. Amorell Saunders N'Daw (Member)
Mr. S. Gopikrishna (Member)
Ms. Joanne Hough (Member)
Mr. Glenn Rogers (Member)
Ms. Bonnie St. George (Member)
Ms. Aileen Ashman (Member)

Staff Present:

Ms. Deborah Hammons (Chief Executive Officer)
Mr. Stewart Sutley (Senior Director, System Finance and Performance Management)
Mr. Brian Laundry (Senior Director, System Design & Integration)
Ms. Katie Cronin-Wood (Director, Special Initiatives)
Ms. Heather Roseveare (Director, Communications & Community Engagement)
Ms. Karen O'Brien (Consultant, Public Affairs/Community Engagement, Corporate)
Ms. Chantelle Vernon (Consultant, SDI)
Ms. Romina Vicente (Planner, SDI)
Mr. Dieufert Bellot (Planner, French Language Services, SDI)
Mr. Wendall Mak (Senior Consultant, SDI)
Ms. Ritva Gallant (Director, Finance and Risk Management, SFPM)
Mr. Marco Aguila, (Director, Corporate Services, Controller)
Ms. Antoinette Larizza (Director, SDI)
Ms. Marilee Suter (Lead, Decision Support, Corporate)
Ms. Kasia Luebke (Lead, SDI)
Ms. Jai Mills (Lead, SDI)
Ms. Sheila Rogoski (Executive Coordinator)
Ms. Jennifer Persaud (Governance Coordinator, Minutes Recorder)

Mr. Louis O'Brien, Chair of the Central East Local Health Integration Network (the "Central East LHIN") Board of Directors chaired the meeting.

1.1 MEETING CALLED TO ORDER

Mr. O'Brien called the meeting to order at 10:15 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. O'Brien declared the meeting duly constituted for the transaction of business.

1.2 PATIENT EXPERIENCE – IAN

Ms. Jai Mills, Lead, SDI, introduced Ian, who shared a personal experience with the healthcare system as it relates to his mental health and vascular conditions. Ian offered advice for healthcare practitioners to consider when providing care to individuals with mental illnesses, which included finding alternatives to handouts for information circulated at group meetings and upon discharge from hospital and making sure there is public awareness of the places to go when trying to access mental health services.

A question was raised about how Ian's family was involved in his care experience to ensure they understood what he was going through and Ian noted a respectful absence in family engagement apart from including them in appointments with his psychiatrist at his request.

Members of the Board thanked Ian for his openness and willingness to share his experience and the Board noted their continued focus on mental health issues and that the feedback was helpful.

2.1 CONSENT AGENDA

Prior to introducing the motion, Mr. O'Brien asked if there were any items on the consent agenda requiring further discussion. A request was made for the minutes of the meeting for November 23rd to reflect that the report-back to the Board on the Palliative Aim update will be coming forward in April 2017.

MOTION: Ms. Hough
Be it resolved that the consent agenda of the November 23, 2016 meeting of the Central East LHIN Board of Directors be approved.

- Included are the following items for approval:
 - Board meeting agenda: November 23, 2016
 - Board meeting minutes: Oct. 12 & Oct. 26, 2016
 - Chair's Report to the Board
 - Hospital Working Fund Reports

SECONDED: Ms. Ashman

MOTION CARRIED

2.2 DECLARATION OF CONFLICTS OF INTEREST

Mr. O'Brien requested that those in attendance declare any conflicts of interest. There were no conflicts raised by members in attendance.

3.1 SCARBOROUGH HEALTH COALITION – DELEGATION TO THE BOARD

Mr. O'Brien welcomed Mr. Kingsley Kwok of the Scarborough Health Coalition to present a delegation related to the hospital integrations. Congratulations were offered to Mr. O'Brien for his appointment to the Board. Mr. Kwok provided a background and history on the Scarborough Health Coalition's involvement with the hospital integrations.

It was noted that an electronic written submission has been made to the Minister and the Scarborough Chapter of the Ontario Health Coalition is looking to share this information as well with the Central East LHIN as part of the delegation.

The long-standing demand for investments for hospitals in Scarborough was noted and the masterplan and improvements for existing infrastructure as referenced in the Minister's reports were discussed. Mr. Kwok noted that the Scarborough Health Coalition is optimistic about the Minister's Direction; however, they are also cautious about the cost for the merger.

Reference was made to the Panel's recommendation with respect to LHIN boundaries and Mr. Kwok provided comments around slow population growth in Scarborough and lack of funding.

A member asked if the Coalition participated in the community engagement offerings. Mr. Kwok noted that questions were submitted to the hospital website; however, Mr. Kwok did not receive an acknowledgment or answer to date. Mr. Kwok reported that he participated in a telephone townhall meeting.

Mr. O'Brien thanked Mr. Kwok for attending and sharing his presentation with the Board.

3.2 DURHAM HEALTH COALITION – DELEGATION TO THE BOARD

Mr. O'Brien welcomed Ms. Trish McAuliffe, of the Durham Health Coalition to present a delegation related to the hospital integrations. Highlights of The Ontario Health Coalition's report, *The Costs and Consequences of Mega-Mergers: An Analysis of the Hospital Restructuring Plans for Scarborough and Durham*, were provided.

Ms. Sara LaBelle of the Ontario Health Coalition was introduced by Ms. McAuliffe to share additional comments related to activities at Lakeridge Health regarding staff resources and her experience as an employee at Lakeridge Health.

Mr. O'Brien thanked Ms. McAuliffe and Ms. LaBelle for their presentation.

4.1 FINAL REPORT OF THE PATIENT EXPERIENCE PANEL

Mr. Tom McHugh, Vice-President & Interim Chief Transformation Officer of Lakeridge Health walked members of the Board through an overview on the Patient Experience Panel and findings of their August 2016 Report. Recommendations were highlighted as they relate to Operational Performance, Service Excellence and Staff and Physician Engagement. Mr. McHugh reported on the process in place at Lakeridge Health to deliver on the recommendations outlined in the report, which includes a reporting structure, three (3) working groups and a Patient Experience Panel Steering Committee.

Members of the Board encouraged Lakeridge Health to share the findings of the report with other hospitals and Mr. McHugh indicated that posters will be presented if accepted and that various groups around the Greater Toronto Area will be discussing the report. It was also reported that a dedicated mental health room is being added to the Emergency Department and renovations are underway for eight (8) beds and a program area for patients who present in the Emergency Department with mental health issues.

Members of the Board thanked Mr. McHugh for the presentation.

5.1 BUSINESS ARISING FROM LAST MEETING OF OCTOBER 23, 2016

Mr. O'Brien asked for any business arising from the last Board meeting on October 23, 2016.

A question was raised about engagement activities carried out by the Rouge Valley Health System, Lakeridge Health and The Scarborough Hospital. Ms. Hammons noted that the Board's questions and suggestions around engagement in diverse communities and concerns raised about engagement by the Ontario Health Coalition Durham and Scarborough Chapters would be shared with the Hospital CEOs.

Ms. Hammons indicated that ongoing engagement with the respective communities will follow to support decisions on services and locations of programs across the hospital corporations during the next steps of the integrations.

There were no further items of business arising raised by members of the Board.

6.1 UPDATE ON CENTRAL EAST LHIN STRATEGIC AIMS

Vascular

Continue to improve the vascular health of people to live healthier at home by spending 6,000 fewer days in hospital and reducing hospital readmissions for vascular conditions by 11% by 2019.

Mr. Brian Laundry, Senior Director, System Design & Integration introduced Dr. Joe Ricci, Vascular Health Physician Lead, Central East LHIN and Ms. Kasia Luebke, Lead, SDI, to present an update on the Vascular Aim.

Ms. Marilee Suter, Lead, Decision Support, provided a wrap-up on the 2013-2016 Integrated Health Service Plan (IHSP) Vascular Strategic Aim. Ms. Suter reported on the measurement and progress of the vascular aim and supporting indicators:

- *Continue to improve the vascular health of residents so they spend 25,000 more days at home in their communities by 2016.*

It was noted that a total of 33,675 days were saved under the Aim and the following overview of indicator performance was presented:

Indicator	Baseline	CE LHIN Target (MOHLTC or ON Target)	Time Period for Current Performance	Current Performance	Current Status	Direction
30-Day Readmission for select CMG (Cardiovascular) (Goal: decrease) ¹	14.2%	13.4%	15/16 Q3	14.4%		➡
30-Day Readmission for select CMG (CHF) (Goal: decrease) ¹	23.1%	22.1%	15/16 Q3	23.3%		➡
30-Day Readmission for select CMG (COPD) (Goal: decrease) ¹	18.5%	20.1%	15/16 Q3	19.2%		➡
30-Day Readmission for select CMG (Diabetes) (Goal: decrease) ¹	13.3%	15.6%	15/16 Q3	14.4%		➡
Percentage ALC days (stroke) (Goal: decrease)	23.7%	21.4%	15/16 Q4	25.2%		➡
Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation (Goal: increase)	36.2%	45.4%	FY 14/15	42.7%		➡
Proportion of stroke/TIA patients treated on a stroke unit any time during their inpatient stay (Goal: increase)	31.9%	72.3%	FY 14/15	42.7%		➡
Note: 1 Italicized font indicates a MOHLTC calculated target or an Ontario target.						

Highlights were provided on the adoption of the Congestive Heart Failure Program of Cardiac Rehabilitation and Secondary Prevention (CRSP), including identifying program opportunities and challenges. Dr. Ricci and Ms. Luebke reported on the Percutaneous Coronary Intervention (PCI) and Acute Care Hospital Standards Working Groups in addition to Vascular Surgical Service, Ontario Renal Network, Stroke, Centralized Diabetes Intake, Diabetes Education Programs (DEPs) Centre for Complex Diabetes Care, Teleophthalmology, Telehomecare and the Self-Management Program (SMP).

Ms. Hammons commended Dr. Ricci for his work in supporting the CRSP and noted that it is a cost-effective methodology in managing people with vascular illness and that it would not happen without the leadership of Dr. Ricci. Dr. Ricci was acknowledged for the level of physician and clinician engagement that has been achieved.

Members of the Board thanked Dr. Ricci and Ms. Luebke for the update and commended the Vascular Health Strategic Aim Coalition for their work in advancing the Aim.









Mental Health & Addictions

Continue to support frail older adults to live healthier at home by spending 20,000 fewer days in hospital and reducing Alternate Level of Care days for people age 75+ by 20% by 2019.

Ms. Marilee Suter, Lead, Decision Support, provided an overview of the progress on the 2013-2016 Integrated Health Service Plan (IHSP) Mental Health and Addictions Strategic Aim. Ms. Suter reported on the measurement and progress of the mental health and addictions and supporting indicators:

- *Strengthen the system of supports for people with Mental Health and Addiction issues so they spend 15,000 more days at home in their communities by 2016.*

Ms. Suter reported that in 2015-16 a total of 29, 582 days were saved under this Aim. The Supporting Indicators were reported on as follows:

Indicator	Baseline	CE LHIN Target	Time Period for Current Performance	Current Performance	Current Status	Direction
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (Goal: decrease)	18.2%	16.3%	15/16 Q4	19.2%		
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (Goal: decrease)	23.5%	22.4%	15/16 Q4	20.1%		
Proportion of discharges sent home rather than to an institution for patients with a behaviour support diagnosis (Goal: increase)	60.9%	67.0%	15/16 Q4	64.5%		
Transfers from LTC to ED; MH patients only, Rate per 1000 (Goal: decrease)	7.8	7.0	15/16 Q4	11.3		
Note: Bold text indicates a formal Central East LHIN Target						

Ms. Jai Mills, Lead, SDI, provided an update to the Board on the Mental Health & Addictions Coordinating Council, Mental Health and Addictions Physician Lead recruitment and Priority Projects. A summary of next steps was outlined along with a current status of Established Initiatives with respect to Hospital to Home and Community Crisis Beds.

Members of the Board requested a follow-up on indicators for tracking when patients see their family doctor upon discharge from hospital. Information available will be brought forward in the next update on Mental Health and Addictions

Mr. O'Brien thanked the presenters for attending the meeting and noted that the Aim updates would commence again in April 2017.

6.2 DURHAM COMMUNITY CRISIS BEDS

Mr. Laundry presented the Board with a recommendation to permit the full implementation of the Oshawa Community Crisis Beds facility, including the provision of operating funds.

MOTION:

By Ms. Ashman
Whereas, Durham Mental Health Services submitted all required materials, including a capital plan to ensure that an appropriate location was acquired and a robust operational model implemented.

Be it resolved that the Central East LHIN Board of Directors approve the annual base allocation of \$600,000 to Durham Mental Health Services to support the ongoing operation of the Community Crisis Bed facility in Oshawa.

And further be it resolved that the Central East LHIN Board commend Durham Mental Health Services and Lakeridge Health for their collaboration in making this needed service a reality.

SECONDED: Ms. Hough

MOTION CARRIED

6.3 ACTION PLAN FOR DEMENTIA CARE

Ms. Antoinette Larizza, Director SDI, presented an update to the Board on the Action Plan for Dementia Care and outlined the recommendations moving forward with the Central East LHIN Dementia Care 2016/17 Action Plan, including the following:

- Sub-Region Planning (Recommendations 2 & 7)
 1. Identify gaps and opportunities for dementia care and caregiver support within sub-region planning.
 2. Plan an integrated care pathway for access to dementia care from assessment/ diagnosis of dementia to specialized services for the Central East LHIN.
- Engagement with Primary Care Providers (Recommendation 6)
 1. Understand the current resources to support primary care provider assessment and diagnosis at the sub-region level, including primary care-based memory services and Health Links coordinated care planning.
 2. With the support of the Central East LHIN Physician Leads, explore education opportunities for primary health care providers to increase their knowledge on dementia.

6.4 NORTHUMBERLAND HILLS HOSPITAL VOLUNTARY INTEGRATION – VOICE RECOGNITION FOR DIAGNOSTIC IMAGING

Mr. Stewart Sutley, Senior Director, System Finance Performance Management, presented on behalf of Ms. Linda Davis, President and Chief Executive Officer at Northumberland Hills Hospital, who was acknowledged for being in attendance at the meeting. Mr. Brad Hilker, President and Chief Executive Office was acknowledged for his role in the integration; however, Mr. Sutley noted that Mr. Hilker was not able to attend the meeting.

It was reported that the Central East LHIN is currently engaged in an ongoing open-ended performance management process with Northumberland Hills Hospital (NHH) and the Voice Recognition Voluntary Integration was noted to be an element of this process.

Mr. Sutley noted that this proposed voluntary integration affects a 0.37 Full-Time Equivalent position at NHH. Projected annualized savings of approximately \$18K are expected in 2017/18, growing to \$78K the following year and thereafter. The combined projected annualized savings of Voice Recognition in Diagnostic Imaging and Clinical Information are approximately \$67K in 2017/18, growing to \$95K the following year, and exceeding \$100K thereafter. NHH will realize projected annualized savings of \$100K due to the implementation of Voice Recognition slightly behind schedule compared to the timelines of the approved Hospital Improvement Plan.

Mr. Sutley outlined the analysis of the integration materials received by the LHIN based on the LHIN Decision Making Framework:

Component	Status
Compliance with Voluntary Integration Guidelines / Legislation	
Transmittal Letter	Received
Approved by NHH and CMH Boards	Received
Business Case	Received
Project Charter	Received
Audited Financial Statement(s)	Received
Community Engagement	
Has the Proponent(s) provided evidence of stakeholder consultation?	Yes
Has the Proponent(s) completed a stakeholder analysis?	Yes
Alignment with LHIN Strategic Directions	
Transformational Leadership, Quality and Safety, Service and System Integration, and Fiscal Responsibility	Yes
Component	Status
Alignment with LHIN IHSP Overarching Goal	
Living Healthier at Home – Advancing integrated systems of care to help Central East LHIN residents live healthier at home.	Yes – low impact
Financial / Service Impacts	
Net Financial Impact	Projected Savings – request for restructuring support
Service Level Changes	Neutral
FTE Impact	Hospital following collective agreement and <i>Public Sector Labour Relations Transition Act</i> as necessary
Efficiency Gain	Ensures quality and sustainability of the service
Alignment with LHIN Decision-Making Framework	
Focus on Population Health, Equity, Efficiency, Access, Effective, Safe, Integrated	Yes

It was noted that a quarterly Hospital Improvement Plan (HIP) update will be coming forward to the Board at the next meeting.

MOTION: By Ms. Hough
Be it resolved that the Central East LHIN Board of Directors not issue a decision to stop the Voluntary Integration of Diagnostic Imaging between Northumberland Hills Hospital and Campbellford Memorial Hospital in accordance with Section 27, (6) of the Local Health System Integration Act, (2006).

SECONDED: Ms. Risk

MOTION CARRIED

6.5 PRE-CAPITAL SUBMISSION: THE SCARBOROUGH HOSPITAL

Mr. Sutley summarized a pre-capital submission from The Scarborough Hospital for the Board's endorsement. It was noted that the current request builds upon a previous capital project approved by the Board in June 2014 related to the Timothy Eaton Chronic Disease Centre.

Members of the Board discussed that the need for services may not be met by the proposed centre due to space limitations and provided comments around the risks associated with the current service provision when The Scarborough Hospital is expected to deliver this care.

A request was made to report-back on the home hemodialysis program in January. The Board also noted that the current facility is not presently accessible in accordance with the *Accessibility for Ontarians with Disability Act* and requested that this be included in the endorsement letter.

MOTION: By Mr. Gopikrishna
Be it resolved that the Central East Local Health Integration Network Board endorses the program and service elements (Part A) of The Scarborough Hospital's Bridletowne Neighborhood Centre new build Pre-Capital Submission and requests the Ministry of Health and Long-Term Care to complete its review of the physical and cost elements (Part B).

SECONDED: Ms. Ashman

MOTION CARRIED

Ms. Saunders N'Daw left the meeting at this time.

6.6 2016/17 REALLOCATIONS STRATEGY

Mr. Sutley and Ms. Ritva Gallant, Director, Finance and Risk Management, SFPM, presented the current estimate of 2016/17 funds available for reallocation and the potential 2016/17 reallocation requests were outlined. A request was tabled to delegate authority to the Chief Executive Officer to make reallocation decisions consistent with the 2016/17 Reallocations Strategy.

MOTION: By Ms. Risk
Be it resolved that the Central East LHIN Board of Directors approve the 2016/17 Reallocation Strategy, delegate authority to the Chief Executive Officer to make reallocations consistent with this Strategy, and direct staff to report back on final reallocations in the 1st Quarter of 2017/18.

SECONDED: Mr. Rogers

MOTION CARRIED

6.7 LHIN RENEWAL

Ms. Hammons walked members of the Board through an overview of Bill 41 and LHIN transition activities. It was noted that the work underway is predicated on if the legislation is passed. A report will come forward in December on the Annual Business Plan

Mr. O'Brien tabled for the Board's approval the Terms of Reference for the Joint Board Transition Committee.

MOTION: By Ms. Risk
Be it resolved that the Central East LHIN Board of Directors approve the Draft Terms of Reference for the Joint Board Transition Committee.

SECONDED: Ms. Ashman

MOTION CARRIED

6.8 **CEO REPORT – Q & A**

Ms. Hammons presented the CEO report for review and questions and highlighted the following:

- Work is underway to get the Palliative Care Community Teams up and running. Residential hospices have organized an Expression of Interest that will be posted. The Residential Hospice strategy has been developed.
- Service Accountability Agreements are being worked through, the Hospital Accountability Planning Submissions (HAPS) and Long-Term Care Accountability Planning Submissions (LAPs) are being submitted to the LHIN, meetings with each respective provider will be taking place to determine levels of service.
- Staff have commenced preparation activities to support this Fiscal Year's Audit.
- A Board education presentation on Health Links will come forward at a future meeting to highlight the achievements of the planning partners. In Q2, our providers reported that a total of 651 individuals were introduced to a Coordinated Care Plan (CCP), the second largest number in the province.

MOTION: By Ms. Ashman
Be it resolved that the Central East LHIN Board of Directors receive the November 23, 2016 report of the Central East LHIN CEO for information.

SECONDED: Mr. Rogers

MOTION CARRIED

7.0 **MOVED INTO CLOSED SESSION**

MOTION: By Ms. Hough
Be it resolved that the Board of Directors move into closed session, pursuant to Section 9, subsection 5 of the Local Health System Integration Act (LHSIA) to:

- ✓ consider a matter that concerns personal or public interest
- ✓ consider a matter that would prejudice legal proceedings; and
- ✓ consider a personnel matter.

And that the following Central East LHIN staff, Deborah Hammons, Stewart Sutley, Brian Laundry, Katie Cronin-Wood, Irem Ali, Ritva Gallant, Karen O'Brien, Heather Roseveare, Marco Aguila, Jennifer Persaud and Sheila Rogoski join the Board in the closed session.

SECONDED: Mr. Gopikrishna

MOTION CARRIED

12.1 **REPORT ON CLOSED SESSION**

Upon reconvening to the open session, Mr. O'Brien reported that during the in-camera session the Board discussed details pertaining to personnel, consider a matter concerning personal or public interest and matters that could prejudice legal proceedings.

MOTION: By Ms. Hough
Be it resolved that the Chair's report of the November 23, 2016 closed session be received and approved, and further that there will be follow up on the actions discussed.

SECONDED: Ms. St. George

MOTION CARRIED

12.2 **MOTION OF TERMINATION**

MOTION: By Ms. Ashman
Be it resolved that the November 23, 2016 Central East LHIN Board meeting be adjourned.

SECONDED: Mr. Gopikrishna

MOTION CARRIED

The meeting was terminated at 4:40 PM

Louis O'Brien
Chair, Central East LHIN

Deborah Hammons
Chief Executive Officer, Board Secretary