

**NORTH EAST LOCAL HEALTH INTEGRATION NETWORK
BOARD OF DIRECTORS**

Teleconference

2:30 p.m.

MINUTES OF PROCEEDINGS

Thursday, May 23, 2013

CALL TO ORDER

Chair Elaine Pitcher called the meeting to order at 2:34 p.m.

ROLL CALL

Members participating
via teleconference

Elaine Pitcher, Chair
Dr. Colin Germond
Santina Marasco

Regrets:

Danielle Belanger-Corbin
Cecilia Bruno

Staff:

Martha Auchinleck, Senior Director
Kate Fyfe, Senior Director
Terry Tilleczek, Senior Director
Louise Paquette, Chief Executive Officer
Tamara Shewciw, Chief Information Officer
Aaron Gordon, Integration Officer
Lara Bradley, Communication Officer

WELCOME AND INTRODUCTION

Elaine welcomed Board members, staff and guests to the NE LHIN Board Meeting.

DECLARATION OF CONFLICT OF INTEREST

No conflicts of interest were raised.

AGENDA

The following item was added to the Board agenda:

- Item 12: Sub bullet on LHIN Evaluation Process

{Motion 2013-BD001}

Moved by Colin Germond, seconded by Santina Marasco.

That the agenda for the Board of Directors meeting of Thursday, May 23, 2013 be approved as amended.

{Carried}

{Motion 2013-BD002}

Moved by Santina Marasco, seconded by Colin Germond.

That the consent agenda for the Board of Directors meeting of Thursday, May 23, 2013 be approved as presented including:

- *Approval of the March 28th, 2013 NE LHIN, Board of Directors Meeting Minutes*

{Carried}

BUSINESS ARISING: Integration Presentation by Martha Auchinleck, Senior Director

The presentation focused on the different types of service level integrations available to coordinate care by the LHIN and the important component of community engagement which must be an integral part of each form of integration. The Board directors remarked that some providers fear the word integration – viewing it as leading to the amalgamation of their corporate structure with another entity. Martha emphasized, and Board directors agreed, that the LHIN's primary focus is on voluntary service level integrations between providers. The LHIN can ask a health service provider to provide, stop or transfer a service, however, only the Minister of Health and Long Term Care can ask a provider to amalgamate (under recommendation by the LHIN). The Board requested that in the future, integrations involving providing or changing funding to a health service provider come to the Board for information only, as this integration type does not require a decision by the Board.

VERBAL REPORT FROM THE AUDIT COMMITTEE: Colin Germond

After hearing the report from the Audit Committee's April 25th meeting, the Board passed the following motion:

{Motion 2013-BD003}

Moved by Santina Marasco, seconded by Colin Germond.

That the Board receive the report from the Audit Committee meeting of April 25, 2013, and approve the following items:

- *2013-2014 Draft Budget as presented at the meeting of April 25, 2013;*
 - *Confirmation of Electronic Signatures;*
 - *Disclosure of Wrongdoing, Fraud and Irregularities, Travel Expense and Local Health Integration Networks Guidelines for the Payment of Per Diems*
- Reimbursement of Expenses incurred by members of the LHINs' Boards of Directors policies as presented on April 25, 2013.*

{Carried}

The focus of the Audit Committee's May 23rd Meeting was the Auditor's Report and receiving the Sault Area Hospital's quarterly report. The committee recommended the Board approve the Auditor's Report and asked that senior directors thank staff on their behalf for a job well done in assisting the auditors. The Auditors found no errors or omissions. In addition the report deemed all disclosures to be appropriate. The Auditors commended the work of the NE LHIN's Controller (Ryan Jeffers) and other staff

in preparing all the necessary documents for Deloitte and Touche to conduct their review three weeks after year-end (March 31st)

{Motion 2013-BD004}

Moved by Colin Germond, seconded by Santana Marasco.

That the North East LHIN Board of Directors approve the 2013/2014 Auditor's Report and the SAH's Quarterly Report as presented to the Audit Committee on May 23, 2013.

{Carried}

VERBAL REPORT OF THE GOVERNANCE COMMITTEE: Elaine Pitcher

In Danielle's absence, Elaine presented the report of the Governance Committee. At the meeting of April 25th, 2013 the Committee approved the meeting schedule for the coming year. The Committee also recommended that Elaine Pitcher take the Board director's seat on the Health Advisory Professional Committee (HPAC).

After the verbal report, it was suggested that an additional Board meeting be held on June 27, at 8:30 a.m. in Sault Ste Marie so that the Board can hear from hospitals who have hospital improvement plans (HIPs) in progress. The Board recommended that the hospitals be available during the meeting to answer questions directors might have.

{Motion 2013-BD005}

Moved by Santana Marasco, seconded by Colin Germond.

The Board received the report of the Governance Committee from its meeting of April 25, 2013. As part of this report it approved the nomination of Elaine Pitcher to represent the NE LHIN Board on the Health Professional Advisory Committee (HPAC).

{Carried}

UPDATE FROM THE CHAIR: Elaine Pitcher

- **The Temiskaming District Integration Process**

Elaine met with the Temiskaming and District Hospital on May 6, 2013. The hospital board voiced concern that integration meant amalgamation. Elaine emphasized that the LHIN's area of focus is on voluntary integration and that integration can take many forms such as back-office, sharing of human resources positions, eliminating duplication of services, and more. The Temiskaming Hospital and its partners should be considering all integration options with the ultimate goal of enhanced patient care.

Elaine further emphasized as partners in one system, everyone has to work with the realities of fiscal restraint, aging and decreasing demographics, and the need for innovative approaches to a strong local continuum of care.

At the meeting with Elaine, the Hospital Board asked that integration of governance be removed from any options. Elaine responded that all options should be considered if they could help the system move forward and bring better value and care to patients. Elaine noted that the physicians at the meeting were

both insightful and helpful and indicated a willingness to move forward. Elaine asked that they hold a special board meeting to consider the matter again.

Elaine commended the work of Board Director Danielle Belanger- Corbin and LHIN officer Carol Phibin-Jolette who have met repeatedly with the hospital and Board and provided support to them.

LHIN Board Evaluation Process:

A LHIN Board evaluation tool has been developed by the pan-LHIN leadership. There has been much discussion at the LHIN Leadership Chair table regarding the value of conducting a Board evaluation each year. Many LHINs are in the same position as the North East, either with many new members or “under-staffed” in terms of their full Board complement.

At this time, two other LHINs were not in agreement with implementing the evaluation. Concerns were raised about costs that would have to be assumed by the Board to implement the process, however the NE LHIN Board agreed to the process if all other LHINs opted to implement it. At this time, two other LHINs were not in agreement with implementing process.

INTENT TO INTEGRATE: Martha Auchinleck

Timmins and District Hospital and the Canadian Mental Health Association (CMHA) Cochrane-Timiskaming

The Board heard how this voluntary integration has been developing well over eight months. With it three mental health programs – the Community Seniors Mental Health Program, the Mid Step Program and the Concurrent Disorder Case Manager-- delivered by the hospital will be transferred to the Canadian Mental Health Association (CMHA).

The divestment of the three community mental health programs from Timmins and District Hospital (TADH) to the community was identified in the hospital's 2011 - 2012 Hospital Improvement Plan and the release of the NE LHIN Cochrane Realignment Report in June 2012 provided the hospital with the opportunity to initiate the process.

On February 5, 2013 TADH Board of Directors passed a motion to divest the three community mental health programs to CMHA. On February 20th, 2013 the CMHA Board of Directors passed a motion approving Section 27 of the integration process (intent to integrate) with TADH. On April 15th, 2013 the NE LHIN received the Section 27 from TADH and CMHA.

Prior to their Boards passing a motion to voluntarily integrate these services, health providers engaged in significant outreach and community consultation. By not stopping this integration, the North East LHIN Board is allowing it to move forward and indicating its support. The organizations will be responsible to assume all costs associated with the integration process. The target date to complete the integration is October 2013.

{Motion 2013-BD006}

Moved by Colin Germond, seconded by Santina Marasco

WHEREAS; In compliance with section 27 (3)(a) of the Local Health System Integration Act, 2006, the health service provider shall give notice to the LHIN of any integration that relates to services that are funded, in whole or in part, by the LHIN.

WHEREAS; The NE LHIN was advised by the Timmins and District Hospital and the Canadian Mental Health Association Cochrane –Temiskaming Branch in May 2012 of their intent to proceed with the

divestment of the following mental health programs currently located at the hospital to the community mental health organization:

- Community Seniors Mental Health Program
- Mid Step Program
- Concurrent Disorder Case Manager

WHEREAS; The divestment of the three mental health programs from the Timmins and District Hospital to the Canadian Mental Health Association Cochrane-Temiskaming Branch is in line with milestone 11 of the Cochrane Realignment Report dated June 2012.

BE IT RESOLVED; Upon the NE LHIN's review of the Section 27 notice, the Board of Directors will not stop the voluntary integration request. The organizations will be responsible to assume all costs associated with the divestment process. The target date to complete the integration is October 2013.

{Carried}

Timiskaming Health Unit (THU) and the CMHA Cochrane-Timiskaming

Due to the fact this is voluntary funding integration, no decision is required by the NE LHIN Board. This integration will continue to mitigate service fragmentations, increase service continuity, and contribute to reducing the number of M-SAAs in the area.

In March 2013, the boards of the CMHA and THU passed motions supporting the creation of a single M-SAA for mental health and addictions services in the Temiskaming district and the transfer of THU's funding for those services to the CMHA, without disruption to clients.

The NE LHIN received the funded integration proposal on March 22, 2013. On April 29, 2013, the NE LHIN issued a 60-day notice to the THU informing them of the termination of their M-SAA by July 1, 2013, and a notice to the CMHA regarding the amendment of their M-SAA by July 1, 2013 to include the additional services. Both HSPs will enter into an agreement concerning the delivery of services and will submit to the LHIN a transition plan to outline how services will be maintained to the residents of Temiskaming.

This funding integration is in line with one of the Temiskaming Realignment's goals of eliminating duplication of services and pooling resources. It also corresponds to Milestone 12 of the NE LHIN realignment report which calls for the creation of one service accountability agreement for the mental health and addictions sector in the Temiskaming district.

This integration is one step closer towards creating one point of access in the area for Mental Health and Addiction Services.

Q1 Delegation of Authority

Initially this motion was proposed due to the fact no Board meeting was scheduled for June. With the addition of a Board Meeting on June 27th, the Q1 report can go forward to that meeting and no delegation of authority is required.

MOVE TO CLOSED SESSION: Elaine Pitcher

{Motion 2013-BD007}

Moved by Santina Marasco, seconded by Colin Germond.

Be it resolved that the members attending this meeting move into an closed session pursuant to the following exceptions of LHINS set out in s.9(5) of the Local Health Integration Act, 2006:"

- Personal or public interest*
- Public security*
- Security of the LHIN and its directors*
- Personal health information*
- Prejudice to legal proceedings*
- Safety*
- Personnel matters*
- Labour relations*
- Matters subject to solicitor client privilege*
- Matters prescribed by regulation*
- Deliberations on whether to move into a Closed session*

Be it further resolved that the following persons be permitted to attend:

Louise Paquette, Chief Executive Officer

Martha Auchinleck, Senior Director

Terry Tilleczek, Senior Director

Kate Fyfe, Senior Director

Lara Bradley, Communications Officer

{Carried}

REPORT FROM CLOSED SESSION: Elaine Pitcher

The Board was apprised that an investigator was appointed to Anson General Hospital by the Minister of Health and Long Term Care. The Board also approved the Annual Report and Annual Business plan which will subsequently be sent to the Ministry for approval before being released to the public.

{Motion 2013-BD008}

Moved by Santina Marasco, seconded by Colin Germond.

Be it resolved that the Board receive the report of its Closed Session meeting of March 28, 2013.

{Carried}

NEXT MEETING

The next scheduled Board of Directors meeting will take place on June 27, 2013 in Sault Ste Marie.

ADJOURNMENT OF THE BOARD MEETING

{Motion 2013-BD009}

Moved by Colin Germond, seconded by Santina Marasco

Be it resolved that the Regular Board of Directors meeting of Thursday, May 23, 2013 be adjourned at 4:28 p.m.

{Carried}

Elaine Pitcher
Chair