

**NORTH EAST LOCAL HEALTH INTEGRATION NETWORK
BOARD OF DIRECTORS
2:00 p.m.**

Algoma's Water Tower Inn, C-Nergy Room, Sault Ste. Marie

MINUTES OF PROCEEDINGS

Wednesday, September 22, 2010

CALL TO ORDER

Interim Chair Peter Vaudry called the meeting to order at 2:05 p.m.

ROLL CALL

Members in Attendance: Peter Vaudry, Interim Chair of NE LHIN (Algoma Planning Area)
Leah Welk (Parry Sound Planning Area)
Dr. Ian Cowan (Nipissing Planning Area)
Jib Turner (Manitoulin Planning Area)
Dr. Colin Germond (Sudbury Planning Area)

By Teleconference: Randy Kapashesit (James Bay/Hudson Bay Planning Area)

Staff: Louise Paquette, Chief Executive Officer
Terry Tilleczek, Senior Director, ED/ALC
Tamara Shewciw, Chief Information Officer
Cynthia Stables, Senior Corporate Advisor
Mike O'Shea, Senior Consultant – Mental Health
Mathieu Beausoleil, Corporate Coordinator
Lara Bradley, Board Liaison

Audience: Michael Purvis, Reporter, Sault Star
Listening in: Shirley Childs, Ukrainian Seniors Centre

WELCOME AND INTRODUCTION

Interim Chair Peter Vaudry welcomed Board members, staff and guests to the NE LHIN Board Meeting.

DECLARATION OF CONFLICT OF INTEREST

No conflicts of interest were declared or identified.

AGENDA

{Motion 2010-BD035}

Moved by Colin Germond, seconded by Leah Welk

The agenda for the Board of Directors meeting of Wednesday, September 22, 2010, be approved as presented.

(Carried)

MINUTES OF LAST MEETINGS

{Motion 2010-BD036}

Moved by Ian Cowan, seconded by Leah Welk

The Minutes of Proceedings for the Board of Directors meeting of Tuesday, June 29, 2010, be approved as presented.

(Carried)

BUSINESS ARISING FROM PREVIOUS MEETING

Ian inquired about the status of the LSSAs, whether they had been signed and completed. Of the NE LHIN's 41 Long Term Care homes, 40 have been signed and only one is outstanding --in Sault Ste. Marie. Jib questioned the status of the Wikewemikong Nursing Home's LSSA. It too has been signed.

BOARD CHAIRS' REPORT:

It's been a busy summer, said Peter. Ian offered congratulations on Peter's and staff's hard work on the WAHA integration, scheduled to take place October 1.

The following is a summary of the Interim Chair Peter Vaudry's Activities from June 1 to August 31:

June 03: Open board meeting in Blind River
 June 07: North Bay meeting on 31 Beds with C of C
 June 14: Meeting with NEMHC – in North Bay
 June 15: Meeting with Northshore Tribal Council in SSM
 June 17: Joint LHIN Chairs and CEO meeting in Toronto
 June 21: Meeting with Chair HRSSRH; Meeting with CCAC in Sudbury; Teleconference on Burk's Falls with NSM LHIN
 June 22: Meeting in Thessalon on new rural health model
 June 24: Teleconference on Summit for small hospital in NE
 June 28: Meeting in North Bay with 9 municipal representative from Burk's Falls
 June 29: Teleconference with Ministry
 June 30: Teleconference and meeting with CEO LTC home in SSM on LSAA
 July 07: Meeting with SAH on budget
 July 08: Meeting on Summit
 July 12 to 15: meetings in Moosonee/Moose Factory with boards /Ceo on Voluntary Integration
 July 19: Meeting in Thessalon on new rural health model
 July 21: Meeting in Timmins on Summit and board position interviews for Cochrane and Timiskaming
 July 26: Meeting with CEO OLTCA in North Bay
 July 28: Teleconference with Minister Deb Mathews
 August 05: Meeting in Thessalon on New Rural Health Model
 August 06: Teleconference with Minister
 August 10/11/12: Sudbury – various meetings and teleconferences. On the 12th attended Official Opening of HRSSRH
 August 16: Met with Pam Nolan – Garden River Wellness Centre
 August 19: Meeting in Timmins with Chiefs/ Federal/Provincial Reps/ Operating Committee and Chairs & CEO's of JBG/WHA/And WAHA to discuss Voluntary Integration progress
 August 24: Minister Mathews in SSM announces Six Family Health Teams for the NE (of 30 for entire province)

August 25/26: With Minister Mathews in James/Hudson Bay Planning Area> Visited 4 communities
August 26/27: Hub meeting in Sudbury
August 31st: Year 3 funding announcement in SSM/ Sudbury & North Bay

Randy Kapashesit's Activities:

Sept 15: Met with Local Aboriginal Health Advisory Committee on Health Status Profile to determine how we respond to areas of need. Randy noted that the material produced will be very useful.
August: Helped prepare for Minister Deb Matthew's visit to the James and Hudson Bay coasts, which went well. Late June: Attended Integration Focus Meeting of the Boards.
Throughout Summer: Met with WAHA CEO Jim Harrold

Dr. Colin Germond's Activities:

Attended Sudbury Regional Hospital's annual general meeting.

Leah Welk's Activities:

June 28: Meeting in North Bay with Burk's Falls group about its Health Centre
July 21: Met in Timmins with committee organizing Rural Health Summit
August 26: Pointe au Baril Nursing Station 25th Anniversary Tour and Information Celebration
September 13: Community Health Partners Conference
Sept. 21: Friends Adult Day a Way Program meeting

Dr. Ian Cowan's Activities:

June 7: Met with North Bay Chamber of Commerce regarding 31 beds.
Sept. 17: HPAC meeting. Ian noted that he enjoyed the new type of technology that enabled participants to follow along on their own computers.

Jib Turner's Activities:

End of June: Met with Manitoulin providers about lack of human resources in home care field.
Attended Annual General Meeting of Manitoulin Health Centre.
Attended municipal council meeting on Centennial Manor to develop feasibility study. Jib noted he urged council to put seed money into it.

Update on Board Vacancies by Peter Vaudry

Interviews were conducted for the Timiskaming and Cochrane board vacancies. Cochrane was re-posted and the NE LHIN is awaiting a report on the applicants. As for the vacancy in the Timiskaming area, a selection has been made. The application is currently in front of the Legislative Committee. If all goes well the new Board Director will attend the Oct. 28 Board meeting in North Bay.

Vice Chair Vacancy

Peter proposed Randy for position of Vice Chair. As the longest serving board member, Randy is also one of the most knowledgeable. Peter also expressed concern with leaving the position unfilled, in case something should happen to him. Board members agreed with the nomination. Randy accepted.

{Motion 2010-BD037}

Moved by Leah Welk, seconded by Colin Germond

Be it resolved that Randy Kapashesit take on the position of Vice Chair.

(Carried)

AUDIT COMMITTEE REPORT

It was reported that the NE LHIN is on budget overall.

{Motion 2010-BD038}

Moved by Randy Kapashesit, seconded by Leah Welk

Be it resolved that the Audit Committee Report be accepted as presents.

(Carried)

REPORTS FROM THE CHIEF EXECUTIVE OFFICER AND SENIOR MANAGEMENT:**Louise Paquette's Update:**

July and August flew by. She has started bi-weekly updates to the Board to help with ongoing communication. Board members are to send items that they may have questions about. During the summer, a new organizational chart was created to change the work flow and focus staff on the priorities over the coming year, for instance ER/ALC. The staff then met in North Bay in early September for a productive meeting on the changes. Community engagement, of course, is another priority. Louise has been booked in to speak at numerous Rotary and other community clubs around the region this fall. For the next board meeting, she said staff will try to address the problem of the extremely small font in the Board's audit documents.

HPAC UPDATE: Louise Paquette

Since 2008, the Health Professionals Advisory Committee (HPAC) has met to provide strategic advice to support the work of the LHIN. HPAC's January Minutes are in the Board Package. Since then it has met on Sept. 17, however, those minutes have yet to be approved. Next HPAC meeting is in November. Included in the agenda documents is a draft advertisement for two positions on the HPAC. Since putting the agenda together, another vacancy has come up for the 10 member committee that draws its membership from 24 professional colleges. When it gets final approval, the HPAC plans to advertise for a member, from one of the 24 professional colleges, to represent the Cochrane area; another for the Algoma (potentially a physician); and a member at large (no particular area) from the Aboriginal/First Nation/Métis community. The advertisements will go in local publications based in those areas. Karen Pine Cheechoo will provide a list of Aboriginal publications. In addition, the committee will use its own members as a network as well as the Ontario Medical Association.

Local Aboriginal Health Council: Louise Paquette

The Local Aboriginal Health Committee was struck after holding engagement sessions in 2009 with Aboriginal/First Nation/ Métis partners across the region. LAHC provides advice to the NE LHIN, with committee members hailing from around the region. The last meeting of the LAHC took place in Sudbury in August. The main focus of the LAHC right now is to provide feedback on both the NE LHIN's Mental Health and Addictions Framework and its Health Status and Environmental Scan, to align provincial and federal programs and better meet the needs of Aboriginal/First Nation/Métis communities. The committee plans to have a rough draft of this report done for the first week of October. The final report will be presented at its October teleconference meeting. Then it will be presented to the NE LHIN board.

HUB Meetings: Terry Tilleczek

The four large hospitals, NEMHC, and the NE CCAC met with the NE LHIN on August 26 and 27 in Sudbury. It was a good meeting. A large part of it was devoted to bringing the health service providers around a table to collectively work on performance indicators, to make it clear what the NE LHIN is being measured on when it comes to ALC and other indicators. New performance indicators have also been added by the Ministry such as mental health. Participants were made aware of the indicators and targets for the North East and the NE LHIN's expectations. There was also a sharing of strategies and best practices.

The NE CCAC presented on a new integrated discharge planning that will come into effect shortly starting in all four Hubs. In Sudbury this new discharge planning should start in eight days. Louise added that some CEOs and Chairs were surprised by the numbers. The hospitals were really encouraged to drill down in their organizations to come up with detailed plans to address performance indicators. The NE LHIN will also meet to do the same with the small hospitals shortly.

Shared Service Organization: Tamara Shewciw

The NE LHIN is proposing to consolidate IT across the region in one integrated model – essentially "putting IT into one pot." This organization would start with the hospitals and then spread from there to offer one centralized shared service organization for the North. So far, Tamara has received feedback from Hub hospitals on this "straw dog." She plans to meet with CEOs to get more feedback. Most appear to be supportive.

Discussion:

Ian applauded this development. In his work as a physician he has seen so much needless repetition of tasks and tests because there is no integrated record keeping. He asked whether the privacy issues would be surmountable. Tamara said those humps can be overcome. In fact, currently the project has seen progress getting through privacy issues when it comes to mental health records. Louise added that she had met with the CEO of E-Health who certainly supports this type of endeavour. Jib questioned whether this could be extended to long term care and ambulatory services as well. Yes it could be. Leah wondered where the small hospitals, in particular, would access funds for training? Within this option you're using the same IT dollars, explained Tamara, just applying them in a different way. "This is the biggest simple thing that could improve patient care," said Ian. "This is huge. This is probably one of the best patient care things we could do."

Communications and Community Engagement Plan: Cynthia Stables

Community engagement is in our legislation and certainly central to the work we do. The plan outlines both internal and external communications, as well as, the use of new technological tools such as Face book, Twitter, blogging and E-newsletters. It also offers a monthly analysis of the NE LHIN's web traffic to see what search words people are employing and tracks the numbers.

The plan also calls for meeting with community groups such as Rotarians to deliver LHIN 101 presentations. In the 24 hours leading up to the board meeting, Louise had made two presentations –to a Rotary club in Elliot Lake and another in Sault Ste. Marie.

It also covers press conferences. The Aging at Home announcement was delivered from three cities – Sault Ste. Marie, Sudbury and North Bay—by staff, board members and MPPs from those areas.

Discussion:

It's excellent that you do all this, said Colin But how do you know whether this is enough? Cynthia explained that staff has been handing out surveys with the LHIN 101 presentations to determine what methods people prefer to receive communication from the NE LHIN by and how they would prefer to give the NE LHIN feedback. The analysis of website statistics also shows that brand recognition is going up as more are using "NE LHIN" as a search word. Louise added that serving a dispersed population of 550,000 requires different communication tools. "I don't think we can ever communicate too much," she said.

Jib asked whether staff are carefully monitoring the Facebook and Twitter accounts. They are.

French Language Services: Louise Paquette

Since July 30, 2010 FLS staff have become fully integrated within the NE LHIN. Three new staff have come over to the NE LHIN to administer the program. They report to Senior Director Monique Meschefske. All LHIN staff understand that each one of them is responsible for FLS.

Transfer of 31 Beds to Sudbury Update: Louise Paquette

We are pleased to report that NEMHC has developed a plan. It will cost \$3.625 million to complete including renovations, human resources, information systems, equipment, moving costs and other sundries. It is progressing well. The beds will be divided into 15 dementia beds and 16 specialized adult transitional service beds.

Discussion:

Colin asked if this \$3.625 million is coming from existing funds. That is correct, however nothing is stopping NEMHC from applying for more, said Louise.

Mike O'Shea added that construction is underway and the transfer is scheduled to take place before the opening of the new hospital, in North Bay, in January. Peter, who had toured the Kirkwood site a couple weeks earlier, said it's looking like everything is on track to meet the deadline.

Ian asked about what was happening to the jobs. Mike O'Shea stated that it is up to staff to decide whether they want to relocate. A group from North Bay has also appealed to the Ontario Ombudsman to look into this decision. NE LHIN Staff and Peter have met with an investigator from Ombudsman Andre Marin's office. The Ombudsman has not decided whether he will be launching an investigation.

Aging At Home Year Three Update: Terry Tilleczek

In May, the LHINs presented their year three plans to the Assistant Deputy Minister. As well, strategies such as Hamilton's approach to ALC were shared. By putting money both into Home First programs as well as Restorative Care (rehab, transitional care beds, also known as assess and restore beds) Hamilton was able to drop its ALC numbers from 25 to 12 per cent. The idea behind Home First is to get patients, mainly frail elderly, back into their homes with enhanced community supports so that then they can make the life changing decision on whether to go into long term care. The area of restorative care is an area we might want to concentrate on with pilot projects in SSM and Sudbury. Assess/Restore beds have short term stays (90 days) with patients also receiving physio to improve or maintain mobility.

Our challenge with our small amount of money is to decide whether the solution lies in assisted living or assess/restore, said Louise. We're trying to do a little of both.

Discussion:

Ian wondered if the case of Hamilton's experience was due to semantics – moving people from differently labelled beds (acute to transitional) still means they are in beds, although added the transitional beds currently available in the area have been beneficial. Colin wondered whether, since 25 % is more of a Northern ALC number, that Hamilton might also have better infrastructure.

We're trying to learn from each other, said Louise. Last week Louise and Terry attended a Stocktake meeting where information was shared regarding what's working and what's not. It was very beneficial, including a presentation on senior friendly hospitals.

There is no magic bullet when it comes to ALC, said Peter. We should prioritize and assess/restore should be available in rural communities, added Jib. Conversations are needed to occur between rural and urban (health care providers) but that will be part of what takes place at the Rural Summit.

It's not without controversy, said Ian. Having residents from one community utilize services in another community will require ongoing dialogue with health service providers and the community at large.

Louise added that Terry has been tasked with drilling down in the system to assess what's working so that it is evidence based

INTEGRATION DECISION – SSM MENTAL HEALTH BEDS: Mike O'Shea

This integration decision calls for the maintenance of the 30 mental health beds. This decision has already come before the Board. After approving the decision it was posted for 30 days for public

comment. Only one comment came forward – from the CEO of the the Manitoulin Health Centre, who wrote a positively worded letter in support of the decision.

{Motion 2010-BD039}

Moved by Jib Turner, seconded by Colin Germond

*Be it resolved that the NE LHIN supports the Integration Decision for the Sault Area Hospital to maintain 30 inpatient mental health beds to be approved as presented on Wednesday, September 22, 2010.
(Carried)*

M-SAA FOR MISIWAY: Louise Paquette

Misiway Milopemahtesewin Community Health Centre, in Timmins, services the Aboriginal, Métis and Inuit persons who reside within a 140 kilometre radius of Timmins, including Kapuskasing, Moonbeam, Fauquier, Smooth Rock Falls, Cochrane, Iroquois Falls, Matheson, South Porcupine, Kirkland Lake, Tunis, Swastika, and unamalgamated townships & hamlets. A full day clinic is available in Timmins only, with in-home visiting in other communities by Nurse Practitioner's as requested or required.

The Ministry of Health and Long-Term Care has been working with the NE LHIN since the fall of 2008 to transition the Misiway Milopemahtesewin Community Health Centre to the NE LHIN. The Misiway CHC's mentoring relationship with Weeneebayko Health Ahtuskaywin (WHA) was to terminate on March 31, 2009. The transition to the NE LHIN was completed on May 28, 2010. The NE LHIN received a letter dated March 31, 2010 on May 29, 2010, notifying the NE LHIN that the transfer was retroactive to November 1, 2009. This transfer of funding also includes funding for a new Traditional Healer Program for Misiway.

The M-SAA agreement was then drawn up and forwarded to Misiway for their review and sign-off on June 17, 2010. The sign back agreement was received back in the NE LHIN office July 8, 2010.

{Motion 2010-BD040}

Moved Ian Cowan , seconded by Randy Kapashesit

*Be it resolved that the Service Accountability Agreement between the North East Local Health Integration Network and the MIsiway Milopemahtesewin Community Health Centre be approved as presented on Wednesday, September 22, 2010.
(Carried)*

SPECIAL RESOLUTION TO AMEND BYLAW #1 AND #2 : PETER VAUDRY

Peter noted that the request to amend this by-law came out of the Ombudsman's report: LHIN SPIN. The Ministry has since advised that LHINS not go into closed sessions for educational purposes and that By-laws be amended for the LHIN.

Louise said that the LHIN has received advice on under what circumstances the Board can go into closed sessions such as for personnel matters or prejudice to legal proceedings.

{Motion 2010-BD041}

Moved by Leah Welk , seconded by Jib Turner

WHEREAS the Minister of Health and Long Term Care (the "Minister") has directed the local health integration networks to remove the reference to education from the definition of a Board Meeting set out in ss. 1.01 of By-law #2;

AND WHEREAS the directors wish to amend By-law No. 2 in accordance with the Minister's direction and make a conforming amendment to By-law No. 1;

NOW THEREFORE the undersigned, being all the directors of the Corporation, hereby make the following resolution as of the 22 day of September 2010:

BE IT RESOLVED THAT the definition for "Board Meeting" set out in ss. 1.01 of By-law #1 and ss 1.02 in By-law #2 be, and hereby is, amended by striking out "educational" from the second sentence.

(Carried)

QUARTERLY REPORTS: LOUISE PAQUETTE

Section H-10-11 Risk Template: This template highlights areas of risk for the NE LHIN. It identifies the deficits for Sault Ste. Marie, North Bay, Sudbury and Timmins. These numbers are based on each hospital's annual planning submission (HAPS) which is being updated as well as Hospital Improvement Plans (HIPS) to address these deficits. HIPs are due by Sept 30th to the NE LHIN. Sault Ste. Marie, North Bay and Sudbury are waiting for confirmation of Post Construction Operating Plan (PCOP) funding. St. Joseph's Continuing Care Centre has an outstanding issue with PCOP funding. They are waiting for confirmation of their final PCOP installment of \$1.5M. if they do not receive this PCOP funding they will need to submit a HIP.

Section G-10-11 LHIN Reallocation: Three spreadsheets: a) reallocations between sectors-nothing of note to report; b) reallocation within a sector-indicates the reallocation of James Bay General Hospital funding to WAHA as of October 1, 2010- this is a result of the Integration between JBGH and WHA; c) reallocation between LHINs-nothing of note to report.

Section 1- NE LHIN Operations: This was dealt with this as part of Internal Financial Statements presented during Audit committee.

Section F-NE 247 Balance Sheet:-Ryan addressed this as part of LHIN internal operations Financial Statement review in the Audit meeting

Section E-10-11 LHIN Forecast: This spreadsheet shows the breakdown of the NE LHIN \$1.254B allocation by sector and indicates that we will flow all funds by the end of March 31, 2011. It is important to note that this is based on a draft MLPA (not finalized yet). Initiatives include Aging at Home and Urgent Priority Funding. When funding for these initiatives is approved, the funds move to the appropriate sector. By the end of March, the amount in initiatives will be zero.

Q2 Template (Section B,C and D): Section B is an overview of the IHSP priorities. Section D outlines the integration of WAHA.

Discussion:

This year all four Hub Hospitals received Pay for Results funding but keeping the funding depends on how they meet wait time performance indicators. Letters to the hospitals will be sent within the next five to 10 business days To this effect.

On the subject of ED wait times the NE LHIN is doing well, said Louise. We've had some success in Sudbury, it has gone really well in Timmins and North Bay, however SSM hasn't started yet. The funding is based on volumes.

{Motion 2010-BD042}

Moved by Ian Cowan , seconded by Colin Germond

Be it resolved that Quarterly Reports be approved as presented on Wednesday, September 22, 2010.

(Carried)

UPDATE ON RURAL SUMMIT: PETER VAUDRY

Every hospital has some representation at the Summit over the following two days. There will be groups of 13 in the C-Nergy sessions. The summit was designed by a committee that included three CEOs and three Chairs of small hospitals as well as Peter and Leah from the NE LHIN Board of Directors.

TRAVEL EXPENSE POLICY: Louise Paquette

This policy reflects the latest guidelines from the Ministry. Directors were asked to rent cars with their corporate charge cards. All expenses and per diems will pass through the Chair for approval. His expenses in turn must be checked by senior director. At the end of each year the expenses of the CEO and Chair are reviewed by the Audit Committee.

{Motion 2010-BD043}

Moved by Ian Cowan, seconded by Jib Turner

Be it resolved that the Travel Expense Policy be approved as presented on Wednesday, September 22, 2010.

(Carried)

WAHA NOTICE TO INTEGRATE

Weeneebayko Area Health Integration Framework Agreement (WAHIFA) was signed in August 2007. WAHIFA described the integration of James Bay General Hospital, Weeneebayko Health Ahtuskaywin into the new corporation of Weeneebayko Area Health Authority. The agreement was signed by the Ministers of Health for Canada and Ontario, Chiefs in the Coast and the mayor of Moosonee.

On July 14th, 2010, the three Boards in the Hudson and James Bay Coast (JBGH, WHA and WAHA) area passed resolutions confirming their commitment to the NE LHIN's voluntary integration process.

On August 2, 2010, James Bay General Hospital submitted a Notice of Intent to Integrate under section 27 of LHSIA. An Asset transfer agreement was submitted with the Notice and was signed by the 3 boards. Integration is to occur on October 1, 2010.

The transfer agreement has closing conditions that must be completed for the integration to take place. Closing conditions include signing of a Hospital Service Accountability Agreement (HSAA must be in place in order to flow funds to WAHA), funding contribution agreements with Health Canada and the Ministry of Health / LHIN, Section 4 approvals by Ministry of Health (approval to transfer JBGH properties to WAHA, approval to use WHA as a public hospital).

The NE LHIN, Ministry of Health and Health Canada have been meeting regularly since the end of August with WAHA to finalize the outstanding items.

Discussion:

Peter explained that this is a voluntary integration, that involved signatories from six tribal councils, that the NE LHIN has been trying to move forward on for three years. This is positive news that is going to make a big difference for the people who live along the Coast. Randy, as a board member and Chief, has been very, very helpful.

Colin asked how the one authority and two sites will work. Part of the transfer agreement will involve building a new facility, said Peter. The location is yet to be determined, added Louise.

She advised that there are still closing conditions that must be met by the Ministry of Health and Health Canada and that another meeting will be held Sept. 23 to deal with outstanding items.

DECLARATION OF COMPLIANCE FOR THE BOARD

{Motion 2010-BD044}

Moved by Ian Cowan, seconded by Jib Turner

Be it resolved that the NE LHIN Board Declaration of Compliance be approved as presented on Wednesday, September 22, 2010.

(Carried)

DECLARATION ON COMPLIANCE CEO

{Motion 2010-BD045}

Moved by Colin Germond, seconded by Jib Turner

Be it resolved that the NE LHIN CEO Certificate of Compliance of the Board be approved as presented on Wednesday, September 22, 2010.

(Carried)

NEW BUSINESS

Jib asked when the Board retreat will be held. Sometime in the new year when all the new Board members have finally been appointed and received their letters of Order in Council, Peter answered. We need to have a full Board at the retreat.

There was a screening of the Friends Adult Day Program in Parry Sound video, brought to the meeting by Leah.

QUESTIONS FROM PUBLIC

None

NEXT MEETING:

In North Bay at the NE LHIN office, October 28: 10-11 a.m. Governance Committee meets; 11a.m.-12 p.m. Audit Committee meets; 1 p.m. Board of Directors meets.

MOVE INTO CLOSED SESSION

{Motion 2010-BD046}

Moved by Leah Welk, seconded by Jib Turner

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:"

X 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

Terry Tilleczek, Senior Director, Planning, Integration and Community Engagement

Lara Bradley, Board Liaison

(Carried)

REPORT FROM CLOSED SESSION: Peter Vaudry

Items discussed in closed session included contingency planning, growth funding, Peer Support, and matters of personnel.

ADJOURNMENT OF THE BOARD MEETING

{Motion 2010-BD047}

Moved by Leah Welk, seconded by Colin Germond

Be it resolved that the Regular Board of Directors meeting of Wednesday, September 22, 2010 be adjourned at 4:50 p.m.

(Carried)

Peter Vaudry
Interim Board Chair