

MINUTES OF PROCEEDINGS
NORTH EAST LOCAL HEALTH INTEGRATION NETWORK
BOARD OF DIRECTORS MEETING
THURSDAY AUGUST 22 2013
1:30PM-4:30PM
TELECONFERENCE

DIRECTORS	Elaine Pitcher, Chair Danielle Bélanger-Corbin, Vice Chair Santina Marasco Dr. Colin Germond Cecilia Bruno
STAFF	Martha Auchinleck, Acting CEO Kate Fyfe, Senior Director Terry Tilleczek, Senior Director Cynthia Stables, Director Tamara Shewciew, Chief Information Officer Lynn Despatie, Executive Assistant to the CEO and Board Liaison
REGRETS	NONE
GUESTS	Jim Hanna, West Parry Sound Health Centre Valerie Scarfone, North East Specialized Geriatric Services
ITEM 1.0	CALL TO ORDER The meeting is called to order at 1:30pm. Elaine welcomed Board members, staff, and guests to the NE LHIN Board meeting.
ITEM 2.0	DECLARATION OF CONFLICT OF INTEREST No conflict of interest declared.
ITEM 3.0	APPROVAL OF AGENDA {MOTION 2013-BD0016} <i>That the agenda for the Board of Directors meeting of Thursday August 22 2013 be approved as presented.</i> MOVED: Danielle Bélanger-Corbin / SECONDED: Colin Germond {CARRIED}
ITEM 4.0	APPROVAL OF CONSENT AGENDA

	<p>{MOTION 2013-BD0017}</p> <p><i>That the consent agenda for the Board of Directors meeting of Thursday, May 23, 2013 be approved as presented.</i></p> <p>MOVED: Santina Marasco / SECONDED: Colin Germond</p> <p>{CARRIED}</p>
<p>ITEM 7.0</p>	<p>BUSINESS ARISING FROM PREVIOUS MEETINGS</p> <p>CEO PERFORMANCE EVALUATION</p> <p>Elaine Pitcher</p> <p>The CEO performance evaluation is moving forward. The draft evaluation document was approved in principle and will be finalized and circulated next week for completion by September 6th 2013. The results should be directed to the Board Chair, and Elaine will review and tabulate for Board review. Lynn will correct a mistake on page 8 where “Champlain LHIN” should read “NE LHIN”. The Board recommended that a pan-LHIN approach be taken with regards to CEO evaluations as it would allow for LHINS to share best practices as well as ensure consistency. Elaine will bring forward for discussion at the LHIN leadership meeting on September 19th.</p> <p>MEMO – MINISTRY-LHIN JOINT ADVISORY COMMITTEE</p> <p>Martha Auchinleck</p> <p>With regards to the MLPA, a memo from the Ministry-LHIN Joint Advisor Committee was received indicating that a motion should be circulated to the Board of Directors in September to approve the new agreement. The funding and allocation schedules have not yet been received and will be circulated to the Board in September along with the negotiated targets. Martha highlighted a few key areas of the agreement that have changed as per the slide deck, including the requirement for more specific tracking of LHIN engagements and the outcomes, development of Quality Improvement Plans by Community Health Centres in addition to Hospitals and LHINs and Ministry will have with a greater focus on service capacity planning. The LHINS are also obligated to engage the Ministry with the development of other accountability agreements to ensure that they align with Provincial priorities. The dedicated service funding encompasses certain volume requirements that the LHIN will now be required to submit to the Ministry.. A major change that will affect LTC stipulates that the LHIN cannot provide additional to LTC beyond what is permitted in the funding and financial management policies. The agreement also recognizes the new HSFR funding formula.</p>
<p>ITEM 8.0</p>	<p>REPORT FROM THE CHAIR</p> <p>ANSON GENERAL HOSPITAL</p> <p>The redacted investigator’s report was included in the Board package for the Board’s review. Hal Fjeldsted has now been appointed as supervisor of Anson General Hospital. Essentially, Mr. Fjelsted is now both CEO and Board of AGH, however this is a unique situation as AGH is part of the MICS group of hospitals which includes three hospitals. As such, Mr. Fjelsted represents 1/3 of this group while the CEO of AGH remains CEO of the other two hospitals and maintains a 2/3 position. Elaine and Martha communicated with Mr. Fjelsted this past week and have agreed to be in contact on a weekly basis.</p>

	<p>There was a concern regarding staff at AGH but Mr. Fjelsted reassured that the staff was working through the situation.</p> <p>Elaine highlights that there are a number of recommendations that should be considered in order to improve the governance of all Board of Directors. It is advised that these recommendations be shared with other Boards. Elaine and Louise will discuss on the best strategy going forward.</p> <p>The NE LHIN requested that KPMG conduct an independent, 3rd party review. It was anticipated that KPMG would have the opportunity to speak with community members, the hospital Board of Directors as well as the senior team. Unfortunately KPMG was not able to fulfill the objectives of this report as KPMG did not receive full cooperation from the hospital. Further, the investigator’s report does supersede the report commissioned by the NE LHIN.</p> <p>A motion is put forward to request that work on the KPMG report be formally stopped and that they be advised of such.</p> <p>{MOTION 2013-BD0018}</p> <p>WHEREAS <i>The NE LHIN engaged KPMG to assess the validity of complaints received by the NE LHIN concerning the governance and management of Anson General Hospital (the “Hospital”);</i></p> <p><i>The NE LHIN put KPMG’s work on hold when the Minister of Health and Long Term Care (the “Minister”) appointed an investigator under the Public Hospitals Act (the “Investigator”) to review the governance and management of the Hospital.</i></p> <p><i>The Investigator reviewed the work done by KPMG in the preparation of his own report which was submitted to the Minister on June 30th 2013; and</i></p> <p><i>The Minister has now appointed a Supervisor for the Hospital;</i></p> <p>THEREFORE BE IT RESOLVED THAT <i>KPMG not be required to complete its work as outlined in the terms of reference dated March 18, 2013 and that the NE LHIN CEO advise KPMG accordingly.</i></p> <p>MOVED: Colin Germond / SECONDED: Danielle Bélanger-Corbin</p> <p>{CARRIED}</p> <p>BOARD RECRUITMENT UPDATE</p> <p>Interviews have been organized for September 9th at the Sudbury LHIN office. There are 6 candidates who will be interviewed, all with varying skills and experience.</p>
<p>ITEM 9.0</p>	<p>REPORT FROM AUDIT COMMITTEE</p> <p>The last audit committee meeting brought forward an update on the North Bay office space. The committee also accepted the auditor’s report, which was completely satisfactory. The SAH quarterly report was also reviewed and they are in compliance. The next audit committee meeting is scheduled for September 26th via teleconference.</p>
<p>ITEM 10.0</p>	<p>REPORT FROM GOVERNANCE COMMITTEE</p>

	<p>The last governance meeting occurred on April 25th, in which the schedule was set until December 2013. At the next meeting (in September), a schedule will be determined for 2014. There has been positive feedback with regards to Elaine and Louise’s participation in HPAC. It has been noted that it is encouraging to have the Board Chair and CEO’s participation in this committee.</p>
<p>ITEM 11.0</p>	<p>REPORT FROM THE CHIEF EXECUTIVE OFFICE AND SENIOR MANAGEMNT</p> <p>Martha Auchinleck, as acting CEO in Louise Paquette’s absence will provide the report from the CEO.</p>
<p>ITEM 11.01</p>	<p>Q1 REPORT FOR THE HOSPITAL WORKING FUNDS INITIATIVE SAULT AREA HOSPITAL AND TIMMINS AND DISTRICT HOSPITAL</p> <p>A briefing note has been provided for the Q1 report for the hospital working funds initiative for each SAH and TADH. These reports are due 45 days after the end of the quarter and ensure that the hospitals continue to comply with the working funds initiative. Neither hospital have issues flagged and they remain in compliance. The briefing notes also indicate that there are two other hospitals working towards eligibility for this program, Health Sciences North and the North Bay Regional Health Centre.</p> <p>{MOTION 2013-BD0019}</p> <p><i>The Board of Directors receive and approve the Sault Area Hospital Working Funds report.</i></p> <p>MOVED: Colin Germond / SECONDED: Santina Marasco</p> <p>{CARRIED}</p> <p>{MOTION 2013-BD0020}</p> <p><i>The Board of Directors receive and approve the Timmins and District Hospital Working Funds report.</i></p> <p>MOVED: Danielle Bélanger-Corbin / SECONDED: Colin Germond</p> <p>{CARRIED}</p>
<p>ITEM 11.02</p>	<p>NOTICE OF INTENDED INTEGRATION NESGS AND NBRHC</p> <p>This is a voluntary integration. The sponsorship of NESGS will transfer from City of Greater Sudbury to NBRHC. In 2012, the City of Greater Sudbury requested that a new sponsor be found that better align with the established regional roles. There were clear expectations and requirements and the NBRHC was the successful applicant. There will be no change in service and employees will be transferred from an administration perspective only, to the NBRHC. The site will remain at Pioneer Manor, however NBRHC will provide operational support. The new sponsorship model will have a clearly defined role for the NBRHC as the sponsor and the NE LHIN as the funder. The Board questions whether this will have an impact on services currently offered in Sudbury but it is maintained that all services offered to the public will remain as they are currently.</p>

{MOTION 2013-BD0021}

RESOLVED THAT:

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 North East Specialized Geriatric Services (NESGS) on Friday, July 26, 2013 of their intent to divest to the North Bay Regional Health Centre (NBRHC);

WHEREAS; Since 2007, the City of Greater Sudbury has been the sponsor of NESGS;

WHEREAS; A Request for Proposal was initiated in the fall of 2012 and the result led to the selection of NBRHC as the new program sponsor;

WHEREAS; The NBRHC passed a motion on June 26, 2013 approving the acceptance of the sponsorship of NESGS;

WHEREAS; The Council of the City of Greater Sudbury on August 9, 2013 passed a motion to support the transfer of the NESGS to the North Bay Regional Health Centre;

WHEREAS; The regional head office of NESGS will remain in the City of Greater Sudbury, at the Pioneer Manor site;

WHEREAS; There will be no disruption of services and that client care needs remain the focus of the program outcomes;

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 NBRHC will be responsible to assume all costs associated with the divestment process. The target date to complete the integration is September 30, 2013. MOVED: Colin Germond / SECONDED: Cecilia Bruno

{CARRIED}

ROCKHAVEN RECOVERY, IRIS ADDICTION RECOVERY FOR WOMEN AND SALVATION ARMY

Rockhaven Recovery and Iris Addiction Recovery for Women will create a new entity in March 2014 with representation from both entities as well as from the Salvation Army. The Salvation Army will transfer their funding for the residential addiction program to the new entity as of November 1st 2013. The Board Chair notes the speed in which the organizations planned the integration and intends to discuss with other Board Chairs. Santina also highlights the need to congratulate the organizations on their efforts. This will be included in the letter in which they are advised of the Board's motion to not stop the voluntary integration request.

{MOTION 2013-BD0022}

WHEREAS in compliance with section 27 (3)(a) of the Local Health System

	<p><i>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;</i></p> <p><i>AND WHEREAS the NE LHIN was advised by the Iris Addiction Recovery for Women and Rockhaven on July 19, 2013 of their intent to proceed with integration;</i></p> <p><i>THEREFORE BE IT RESOLVED THAT pursuant to subsection 27(3)(a) of the Local Health System Integration Act, 2006 (LHSIA), Addiction Steering Committee submitted to the NE LHIN a Notice of Intended Integration to integrate Rockhaven with Iris Recovery for Women. The organizations will be responsible to assume legal costs associated with the integration process.</i></p> <p>MOVED: Colin Germonde / SECONDED: Santina Marasco {CARRIED}</p>
<p>ITEM 11.03</p>	<p>H-SAA EXTENSION</p> <p>An extension of the current H-SAA is required to allow the H-SAA steering committee to complete any changes to the new H-SAA template. The time required to complete this work is March 31st 2014. This extension will be applicable to all hospitals province wide.</p> <p>{MOTION 2013-BD0023}</p> <p><i>The NE Board of Directors approves the proposed H-SAA Amending Agreement, effective as the 1st day of October 2013, which amends the 2008/2013 H-SAA by extending its term to March 31, 2014.</i></p> <p>MOVED: Danielle Bélanger-Corbin / SECONDED: Colin Germond {CARRIED}</p>
<p>ITEM 11.04</p>	<p>NORTH BAY REGIONAL HEALTH CENTRE FLS DESIGNATION</p> <p>NBRHC is seeking partial designation. The plan submitted has been reviewed by the NE LHIN as well as the Réseau du mieux-être francophone du nord de l'Ontario and it is in line with our priorities.</p> <p>{MOTION 2013-BD0024}</p> <p><i>RESOLVED THAT:</i> <i>WHEREAS the NE LHIN Board supports the request for partial designation of French language health services under the French Language Services Act, submitted by the North Bay Regional Health Centre;</i></p> <p><i>THEREFORE the North East LHIN Board recommends its approval to the Office of French Language Services of the Ontario Ministry of Health and Long Term Care as agreed upon at its meeting of Thursday, August 22, 2013.</i></p> <p>MOVED: Colin Germond / SECONDED: Cecilia Bruno {CARRIED}</p>
<p>ITEM 11.05</p>	<p>WAHA STAGE 1 CAPITAL PROPOSAL</p> <p>The plan is currently in Stage 1. It includes an overview of current services to develop a business case. The proposal includes a look at current programs and how they are delivered, as well as what is the current and future demand in relation to population projections. WAHA has engaged in extensive community consultations and is currently doing a broad community</p>

	<p>engagement in a number of communities. Our staff member Carol Philbin-Jolette is participating in these sessions. The plan looks at specific community needs and possible options to address them. The Board questions whether we are confident that they have the capacity to oversee this type of project. A consultant has been hired and should the project go into planning, WAHA would be given a planning grant to hire consultants. The next stage of the proposal process includes a more detailed functional plan.</p> <p>{MOTION 2013-BD0025}</p> <p>RESOLVED THAT:</p> <p><i>WHEREAS The Weeneebayko Area Health Integration Framework Agreement (WAHIFA) section 5 commits the Weeneebayko area Health Authority (WAHA) to develop a plan for hospital infrastructure/facility development based on the Ontario Ministry of Health and Longterm Care (MOHLTC) capital planning process and within the plan to making improved facilities for the Kashechewan community a priority;</i></p> <p><i>WHEREAS WAHA submitted a Stage 1 Proposal for the redevelopment of the Weeneebayko General Hospital (WGH) on Moose Factory Island and Kashechewan to the NE LHIN and the MOHLTC;</i></p> <p><i>WHEREAS WAHA has revised the proposal to reflect the comments raised by the NE LHIN and the MOHLTC;</i></p> <p><i>WHEREAS The NE LHIN recognizes that WGH which is a 64 year old building is in urgent need of replacement and Kashechewan is in need of a health care facility to service the community.</i></p> <p><i>BE IT RESOLVED Upon review of the revised Stage 1 Proposal, the NE LHIN will provide a letter of support to the MOHLTC for the WAHA Stage 1 capital proposal to replace the WGH and to build a facility in Kashechewan.</i></p> <p>MOVED: Danielle Bélanger-Corbin / SECONDED: Santina Marasco {CARRIED}</p>
<p>Item 11.06</p>	<p>Q2 DELEGATION OF AUTHORITY</p> <p>{MOTION 2013-BD0026}</p> <p>RESOLVED THAT:</p> <p><i>WHEREAS the Q2 Reports are due to the Ministry of Health on September 30th 2013;</i></p> <p><i>AND WHEREAS the North East LHIN has not received the templates in time to meet the deadlines for the August 22 2013 meeting;</i></p> <p><i>THEREFORE: The North East LHIN Board of Directors appoint delegates, Elaine Pitcher and Louise Paquette to review and approve the Q2 reports in order to meet the Ministry deadlines and that the Q2 Reports then be brought to Board for review at its October meeting.</i></p> <p>MOVED: Danielle Bélanger-Corbin / SECONDED: Colin Germond {CARRIED}</p>
<p>ITEM 11.07</p>	<p>PHYSIO UPDATE</p> <p>The physiotherapy reform was announced in April of 2013. As of August 1st, physiotherapy services currently billed to OHIP would transfer to a more program-based funding model. This would affect five key services, specifically</p>

	<p>in LTC, in-home physio, exercise and fall classes, physio clinics as well as primary care. The LHINS are involved in all areas to some degree but in the case of LTC, in-home physio and exercise and fall classes, the funding flows through the LHIN. A transition to a more program-based funding model ensures more equitable access to physiotherapy, particularly in our area in which there was no equitable opportunity for access for our residents. The NE LHIN organized an internal team to address the changes in physiotherapy and brought in external expertise as well.</p> <p>Leading up to the August 1st deadline, a group of physiotherapists put in an application for judicial review. The judge who heard the review put forward a decision that designated physiotherapy clinics would continue to bill OHIP and the changes would not be effective August 1st but rather August 21st. A three panel judge heard the review and a decision was made that the judicial review was dismissed. As such, DPCs could not bill OHIP as of August 22nd. The NE LHIN is now working with providers to ensure continuity of service provisions and as such, LHIN staff, Ministry staff as well as HSP staff are involved to ensure that there is continuity of services across the province. The Board of Directors questions what this means to those who are actually providing services? This would vary on provider and the location of the service provision. In the case of the NE LHIN, all clinics were given the opportunity to move towards a transfer payment model. The two providers in the Sault Ste Marie were part of this application process.</p>
<p>ITEM 12.0</p>	<p>PROCEED TO CLOSED SESSION</p> <p>{MOTION 2013-BD0027}</p> <p><i>RESOLVED THAT:</i> <i>"The members attending this meeting move into a Closed Session pursuant to the following exceptions of LHINS set out in s.9(5) of the Local Health Integration Act, 2006."</i></p> <p><input checked="" type="checkbox"/> <i>Prejudice to legal proceedings</i></p> <p><i>BE IT FURTHER RESOLVED THAT; the following persons be permitted to attend:</i></p> <p><i>Martha Auchinleck, acting CEO, Senior Director</i> <i>Kate Fyfe, Senior Director</i> <i>Terry Tilleczek, Senior Director</i> <i>Cynthia Stables, Director</i> <i>Tamara Shewciw, Chief Information Officer</i> <i>Lynn Despatie, Executive Assistant and Board Liaison</i></p> <p>MOVED: Santina Marasco / SECONDED: Colin Germond</p> <p>{CARRIED}</p>
<p>ITEM 16.0</p>	<p>REPORT FROM CLOSED SESSION</p> <p>The Board of Directors discussed the judicial review launched through Anson General Hospital.</p> <p>{MOTION 2013-BD0028}</p> <p><i>The North East LHIN Board of Directors receives the report of its Closed Session meeting of Thursday August 22 2013.</i></p>

	<p>MOVED: Colin Germond / SECONDED: Cecilia Bruno</p> <p>{CARRIED}</p>
ITEM 17.0	<p>NEXT MEETINGS</p> <p>The next scheduled Audit and Governance Committee meetings will take place on September 26th 2013 by teleconference.</p> <p>The next scheduled Board of Directors meeting will take place on October 24th in Sudbury.</p>
ITEM 18.0	<p>ADJOURNMENT OF BOARD MEETING</p> <p>{MOTION 2013-BD0029}</p> <p><i>The regular North East LHIN Board of Directors Meeting of August 22, 2013 be adjourned at 3:15pm.</i></p> <p>MOVED: Danielle Bélanger-Corbin / SECONDED: Santana Marasco</p> <p>{CARRIED}</p>



Elaine Pitcher
Chair