

**NORTH EAST LOCAL HEALTH INTEGRATION NETWORK
BOARD OF DIRECTORS
1:00 p.m.**

NE LHIN Office, 555 Oak Street East, North Bay

MINUTES OF PROCEEDINGS

Thursday, October 28, 2010

CALL TO ORDER

Interim Chair Peter Vaudry called the meeting to order at 1:05 p.m.

ROLL CALL

Members in Attendance: Peter Vaudry, Interim Chair of NE LHIN (Algoma Hub Area)
Leah Welk (Sudbury/Manitoulin/Parry Sound Hub Area)
Jib Turner (Sudbury/Manitoulin/Parry Sound Hub Area)
Dr. Colin Germond (Sudbury/Manitoulin/Parry Sound Hub Area)
Randy Kapashesit (James Bay/Hudson Bay Hub Area)
Danielle Belanger-Corbin (Cochrane/Timiskaming Hub Area)

Regrets: Dr. Ian Cowan (Nipissing Hub Area)

Staff: Louise Paquette, Chief Executive Officer
Terry Tilleczek, Senior Director, ED/ALC
Monique Mechevske, Senior Director, Integration French Language and Aboriginal
Tamara Shewciw, Chief Information Officer
Cynthia Stables, Senior Corporate Advisor
Ryan Jeffers, Controller
Carol Philbin-Jolette, Senior Consultant, Hub 1
Karen Pine Cheechoo, Senior Aboriginal/First Nation/Metis Advisor
Gerry Gagnon, Aboriginal Officer
Mathieu Beausoleil, Corporate Coordinator
Lara Bradley, Board Liaison

Reporters: Gord Young, North Bay Nugget
Reporter Rogers Radio, CKAT North Bay
Mackenzie Broddy, CTV

Audience Listening in: Christine Lebert
Elizabeth Laroque
Jane Sippell
Jim Hanna
Linda Watts
Mary Ellen Szadkowski
Mike O'Shea
Ralph Regis
Sally Garland
Sandra Watson

WELCOME AND INTRODUCTION

Interim Chair Peter Vaudry welcomed Board members, staff and guests to the NE LHIN Board Meeting. He introduced the Board's newest member Danielle Belanger-Corbin. New Board Members Colin, Jib and Danielle swore the Oath of Office.

DECLARATION OF CONFLICT OF INTEREST

No conflicts of interest were declared or identified.

AGENDA***{Motion 2010-BD048}***

Moved by Colin Germond, seconded by Leah Welk

The agenda for the Board of Directors meeting of Thursday, October 28, 2010, be approved as presented.

(Carried)

MINUTES OF LAST MEETINGS***{Motion 2010-BD049}***

Moved by Jib Turner, seconded by Colin Germond

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

(Carried)

Special Presentation on Excellent Care for All Strategy by Susan Fitzpatrick, ADM

Louise introduced Susan Fitzpatrick, Assistant Deputy Minister of the Negotiations and Accountability Management Division of the MOHLTC who made the presentation to the Board via videoconference. The premise of the strategy is that it puts patients first. Hospitals will be the first sector to implement this legislative change, which also expands the mandate of the Ontario Health Quality Council to recommend evidence-based delivery of health care for clinical practice guidelines. Since June 8, 2010, when Bill 46 received Royal Assent, the MOHLTC, the LHINs, and the OHA, and the Council have been working to coordinate the implementation of the legislation, its regulations and related quality initiatives.

Susan talked about healthcare expenditures continuing to grow since the 1990s. There is a need to consolidate existing evidence and to shift to patient based funding. Eliminating needless tests, such as for Vitamin D (when patients can just take the vitamin) or pre-op xrays for cardiac patients, would save the system millions.

Terry raised a question regarding patient based payment: What is the cut off and how can this be applied to rural and/or northern hospitals? Susan could not provide an answer but committed to e-mail an answer following the presentation.

Colin noted that Quality Councils at hospitals have been in existence for years. Many questions were raised including "Who will set the benchmarks to across the system?" and "How will it affect small rural hospitals?"

Louise committed to bringing more information on the strategy, back to Board as it becomes available, said Louise.

BUSINESS ARISING FROM PREVIOUS MEETING

Gerry Gagnon was introduced as the new Aboriginal Officer.

BOARD CHAIRS' REPORT:

Interim Chair Peter Vaudry's Activities

Sept. 01: Teleconference with Ombudsman's Office re: 31 beds and met with Sault Area Hospital on budget

Sept. 02 : Visit Kirkwood Site of NEMHC to view progress of renovations for 31 beds

Sept. 03: Meeting with Peer Support in Sudbury

Sept. 10: Opening of Family Health Team offices in Batchewana First Nations

Sept. 15: Chairs retreat in Toronto

Sept. 16: LHIN Chair & CEO meetings in Toronto

Sept. 18: MIC joint board meeting in Cochrane

Sept. 20: Rural Health meeting in Richards Landing, on St. Joseph Island in Algoma

Sept. 22: Audit and Board meeting in SSM

Sept. 23/24: N.E LHIN Small Hospital Summit in SSM

Sept. 25: Board retreat for Kirkland Lake, New Liskeard, and Englehart in New Liskeard

Sept. 30: Meeting in Burks Falls on Health Centre

Oct. 01: Meeting with Parry Sound Municipal Association with Parry Sound Planning Area board member Leah Welk and WAHA celebration by way of teleconference

Oct. 06: Chairs meeting in Toronto

Oct. 13: Attended Substantial Completion celebration at the New SAH. On Budget and on Time

Oct. 14: Meeting with Chair SAH and group on St. Joseph Island in Algoma on Rural Health Care.

Oct. 20: Met in SSM with Ken Brown recovery Home on Integration of Mental Health & Addictions in The Algoma Planning Area.

Oct. 26: Met with Blind River Health Centre board on New Rural Health Model for Lake Huron's North Shore Algoma Area.

Oct. 27: North Bay for orientation of Danielle-Belanger Corbin

Oct. 29: Meeting with MPP Monique Smith in North Bay

Randy Kapashesit's Activities:

Oct. 1: Attended WAHA celebration and launch of OTN network on Hudson and James Bay Coasts. Also teleconferenced with Bob Cunningham of NEHMC on upcoming consultations/ engagements with First Nation communities.

Oct. 3: Met with Leo Loone, WAHA Chair, regarding the board training for those governing the new health authority.

Oct. 7: Met with the Provincial Medical Officer of Health, during her tour of the area.

Dr. Colin Germond's Activities:

Sept. 23/24: N.E LHIN Small Hospital Summit in SSM

Oct. 14: Attended opening of the Nurse Practitioner Clinic in Lively.

Leah Welk's Activities:

Sept. 23/24: N.E LHIN Small Hospital Summit in SSM

Oct. 13: Attended the Parry Sound Alternative level of Care Solutions Group

Oct. 19: WPSHC volunteer recognition event for 100 volunteers

Oct. 20: Cardiac Rehabilitation Symposium: Dr. Andrew Pipe, Professor at the Faculty of Medicine and Chief of Prevention and Rehab at the University of Ottawa Heart Institute, made the presentation on the topic "New Initiatives in the Prevention of Heart Disease."

Jib Turner's Activities:

Sept. 23/24: N.E LHIN Small Hospital Summit in SSM

Did not have any official meetings to report, however, has been urging municipality to establish a new LTC facility in his area.

GOVERNANCE COMMITTEE REPORT

Board vacancies, committee vacancies and the Travel policy was reported on. (See Governance Minutes.)

{Motion 2010-BD050}

Moved by Danielle Belanger-Corbin, seconded by Randy Kapeshesit

Be it resolved that Jib Turner be nominated to the NE LHIN's Governance Committee.

(Carried)

{Motion 2010-BD051}

Moved by Randy Kapeshesit and Leah Welk

Be it resolved that Danielle Belanger-Corbin take position of chair of the Audit Committee.

(Carried)

{Motion 2010-BD052}

Moved by Leah Welk, seconded by Colin Germond

Be it resolved that the Board receive the report of the Governance Committee from its meeting of Thursday, October 28, 2010.

(Carried)

AUDIT COMMITTEE REPORT

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

{Motion 2010-BD053}

Moved by Randy Kapeshesit, seconded by Danielle Belanger-Corbin

Be it resolved that the Audit Committee Report from its meeting of from its meeting of Thursday, October 28, 2010, be accepted as presented.

(Carried)

REPORTS FROM THE CHIEF EXECUTIVE OFFICER AND SENIOR MANAGEMENT:

Integrating Innovative ideas: Small Rural Hospital Summit Summary: Louise Paquette

The Summary of the Summit Proceedings was presented to the Board, as well as, released to the delegates and public. Earlier in the month, the NE LHIN met with the NE CCAC to discuss the summary of the proceedings and it was also sent to the Summit Steering Committee for validation.

Jib said it was a great start and suggested that next year's Summit perhaps be longer. Terrific dialogue and ideas came out of the last day of the summit, he said.

A small hospital summit gave the small hospitals a a forum similar to what the Hubs have.

Colin suggested that next year's theme might focus on the Excellent Care for All Strategy. Louise acknowledged Lara's contribution in making it so successful.

Auditor General's Report: Louise Paquette and Ryan Jeffers

Auditor General recently released his report "*Consultant Use in Selected Health Organizations.*" The report looked at the hiring practices of consultants and the procurement activities of 16 hospitals, and three LHINS. Three of our hospitals were included in the review – Timmins, Sault and Sudbury Regional. We were not one of the LHINS that was audited.

Every March, for three consecutive years, the NE LHIN is audited by an external accounting firm. Each year, the audit finds that the NE LHIN is a fiscally responsible organization.

In July 2009, the provincial government published new procurement directives for all ministries. The NE LHIN has followed this directive which ensures consistency in the management of procurement processes and decisions.

The NE LHIN has an extensive expense approval process, with every expense reviewed and approved by a minimum of two financial resources and/or a NE LHIN Manager or the Chair.

Since the new directive of July, 2009, the NE LHIN has entered into 12 external contracts at a total value of just over \$500,000. All of these contracts followed the directive and were either selected via the guidelines of the Vendor of Record List or using Merx.

- Five were related to the delivery of primary care (development of a critical care strategy, regional emergency department strategy, surgical optimization of hips and knees).
- Two were audit/peer review related (our own audit and a peer review of a health service provider)
- Two were Aboriginal health related (environmental scan to capture health status and a baseline to improving care for aboriginal/first nation/Métis people.)
- Two were IT related (developing a shared governance model and proposals for such things as ephysician, integration)
- One was HR related (CEO search)

Jib inquired as to how businesses get on the Vendor of Record List. Unfortunately only a handful of Northern Ontario businesses are listed as vendors of records. There is a need to promote this to local businesses. Ryan will provide information to anyone interested. There is no cost involved, only an application.

Louise mentioned that this is an on-going issue for small business particularly in Northern Ontario at both accessing federal and provincial contracts.

Ombudsman's Ruling/Media Coverage: Louise Paquette

The ruling by the Ombudsman not to investigate the NE LHIN's decision to move 31 regional beds to Sudbury and the NE LHIN's letter to the editor was picked up by 11 media sources --radio, television and print-- across the region.

The letter to the editor was sent out as part of our community engagement strategy to ensure the community was made aware of the Ombudsman's decision and to bring closure around the issue. It's important as a LHIN that we continue to engage from start to finish in a transparent fashion.

NEMHC has reported that patient selection decisions are underway and implementation of the 31 bed relocation to Kirkwood Site in Sudbury in January 2011 is on schedule.

Health Professional Advisory Committee: Monique Mechefske

There are currently three vacancies on the HPAC. The NE LHIN will be proceeding with advertisements intended to solicit representation from professionals with knowledge of Aboriginal, First Nations, Métis health care and social issues. In addition, recruitment efforts will also attempt to secure representation from the areas of Algoma, Parry Sound, and Timiskaming. The committee will also look to recruit through the NE LHIN's Local Aboriginal Health Committee.

At the next meeting on Dec. 3, a new chair and co-chair will be nominated. Their names will then be passed to the CEO for approval.

Integration of Algoma Mental health and Addiction Services in Algoma: Louise Paquette

Although listed on the agenda as information, Peter asked that the Board make a decision on whether to form a new "Anchor" agency in Algoma for mental health and addiction services or support a structure where by the Sault Area Hospital would take on the role of "Lead" agency.

In the fall of 2008, the Algoma Health System round Table identified that there was a need to better coordinate and integrate these services. Funding of \$40,000 was provided by the LHIN to conduct a study involving focus group discussions, consumer consultations, a literature review and gap analysis (April to December 2009).

The Board received the report and asked staff to analyze the options and come back with a recommendation. After further engagement sessions with stakeholders, consumers and healthcare providers; applying the NE LHIN's Ethical Decision Making tool; and conducting a high-level financial comparison of the two models; staff recommended the formation of a new Anchor Agency.

Peter reported that he had personally attended some of the engagement meetings. The majority of stakeholders and consumers were in favour of a new Anchor Agency. It wasn't that they were opposed to the SAH but rather, as one person best articulated to him: "Where do you go for a broken soul?"

Randy wanted stated on the record, that he asked the question "Whether the LHIN had done all it could in terms of its due diligence in coming up with the recommendation?"

Peter responded that he believed the NE LHIN had gone well beyond what normally would be required for community engagement.

Jib asked if this model could eventually be transferred elsewhere. There is a possibility that the model could be applied to other hub areas in the North East.

{Motion 2010-BD054}

Moved by Randy Kapashesit, seconded by Leah Welk

Be it resolved that the Board of the North East Local Health Integration Network approve and instruct staff to develop a plan to integrate community addictions and mental health services and form a new "Anchor" agency in Algoma.

(Carried unanimously)

Alternate Level of Care Update: Terry Tilleczek

A bed "census" of ALC patients in acute beds is taken on a weekly basis, each Friday, by the Hub hospitals. The Sault Area Hospital (SAH) is experiencing the greatest pressures hovering around 45% -- in contrast North Bay General is at 26%, Sudbury at 14% (the 128 beds at Memorial are not included in that percentage) and Timmins at 13%. The temporary use of the Memorial site in Sudbury to care for ALC patients will end, as planned on March 31, 2011 and the NECCAC will look to transfer patients to other locations in the community. Timmins' encouraging numbers are due to the work they've done around patient-flow through the hospital. The NE CCAC is now responsible for preparing these weekly trend reports. In addition, it meets with the CEOs of the Hub hospitals bimonthly to review reports.

Monitoring of the small hospitals will be implemented mid-November with a shorter version of the Hub hospitals ALC surveys. Overall the small hospitals are operating at about 40% ALC patient days – some as high as 75 %, which can be misleading as each small hospital serves a different role in its community. For some this is not a problem, for others it is.

“We want to make sure we address the flow of the patient through the entire continuum. That is what we are doing with Home First,” said Terry.

The NE LHIN is focusing on enhancing resources/building capacity within the communities through new programming as well as developing the system such as improving hospital performance related to seniors. The goal is to stop “creating” ALC patients and provide an appropriate destination for them when they recover from the illness that landed them in hospital.

A complex problem, it will take many small changes to show an improvement.

We could spend the whole meeting on this, said Jib. Due to time constraints, Terry offered to take any additional questions Directors might have after the meeting.

Staff Organization: Louise Paquette

Louise introduced the five Senior Directors and their team priorities and stated that the new organizational structure is in place and working well

SHEGUIANDAH INTEGRATION WITH MNAAMODZAWIN HEALTH SERVICES: Carol Philbin-Jolette

Sheguiandah First Nation has requested to integrate their funding and services with Mnaamodzawin Health Services First Nation, effective April 1, 2010.

Sheguiandah is approved to provide social and congregate dining, transportation and home maintenance. Mnaamodzawin currently provides these services to Sheguiandah First Nation. They also provide other community support services to four other First Nations in the Manitoulin/Sudbury district as well as completes the financial reports for Sheguiandah First Nation.

The proposed integration will assist in ensuring that client services will continue in a coordinated manner and meet the reporting requirements as outlined in the M-SAA. The integration will not change the type and level services currently provided to Sheguiandah.

Questions were asked by Directors concerning the wording of the motion. The motion before the Board, means the NE LHIN will not prevent the voluntary integration from happening, thereby allowing it to take place.

{Motion 2010-BD055}

Moved by Jib Turner, seconded by Leah Welk

The decision of the North East LHIN, pursuant to subsection 27 of the Local Health System Integration Act, 2006 (LHSIA), is to not issue a decision on the proposed Voluntary Integration of the Sheguiandah First Nation Band Council's Funds and services with the Mnaamodzawin Health Centre.

(Carried)

Community Engagement Guidelines: Cynthia Stables

As outlined in the Local Health Systems Integration Act, or LHISA, there are specific community engagement requirements that LHINs need to follow, notably under integration decisions.

Within LHISA, "community" includes patients and other individuals in the geographic area of the network, health service providers and any other person or entity that provides services in or for the local health system, and employees involved in the local health system.

New reporting guidelines are in the process of being drafted for the LHINS and are expected to be released soon. Under the new guidelines, the North will continue with its engagement rigour, but we will do so in a consistent manner across all 14 LHINS.

A general overview of the new guidelines include:

1. Ensure community engagement is part of the earliest stages of planning – building into our existing project processes. – complete the templates
2. Provide a demonstrable record and evaluation of our community engagement practices
3. Either establish an evaluation committee, or make use of an existing one to review our templates at least once within every 3-year planning cycle
4. Be able to demonstrate how community engagement results have been tabled to LHIN decision-makers including the Board for planning, funding and decision-making process.
5. Our LHIN will continue to work closely with the MOHLTC to see the guidelines through to completion and will advise the Board when they are final.
6. They will be posted to our website on our community engagement page at that time

The different levels of engagement, as defined by the new guidelines, include: educate and inform; consult; involve; collaborate; and empowerment

A form called Community Engagement, (available on the portal) will be used to document and keep track of the community engagements of Board Directors. Directors are asked to fill out the form prior to the meeting so that their engagement activities are being tracked and any staff support can be determined in advance.

NORTH BAY CO-GENERATION PLANT

North Bay General Hospital (NBGH) and the North East Mental Health Centre (NEMHC) are requesting a letter of support for a cogeneration plant at the new North Bay Regional Hospital. Because this project is an own-funds project (meaning the hospital is funding it themselves), the Ministry of Health and Long-Term Care (MOHLTC) is requesting a letter of support from the NE LHIN as part of the Capital Project approval process.

As part of the Business Case, a financial model review was conducted and the following elements were considered: an initial capital investment of \$4,675,000, the annual benefit of \$522,673, the proposed financing rate, inflation, electric rate and gas rate increase assumptions, annual maintenance and major overhaul requirements. After reviewing several financial options it was decided and approved by both Boards of Directors, that direct financing by NEMHC was the best option.

The NEMHC is in a position to pay in full for the cogeneration plant from uncommitted cash funds. It was agreed that at a rate 2%, the cash flow will remain positive throughout the 30 year life cycle and that full payback will be achieved within 14 years.

Without a cogeneration plant, in the event of a power failure, approximately 40% of the new complex would be serviced with emergency power. However, with the plant, there would be close to 100% emergency service.

Discussion:

Randy asked if the plant falls under the Green Energy Act, whether financing for the project would be available under the act, and who would get the carbon credits – the hospital, province or LHIN?

The answer was provided the next week by David Smits, of the NBGH:

"It does not have anything to do with the Green Energy Act as that legislation is targeted at renewable forms of energy. There are other programs that are currently being discussed that could shorten our payback but the details of these have not yet been firmed up. With regards to Carbon Credits, if they are implemented, will belong to the hospital."

Danielle asked if the hospital could generate energy back to the grid. No.

{Motion 2010-BD056}

Moved by Danielle Belanger-Corbin, seconded by Jib Turner

Be it resolved that the Board is in favour of the building of a cogeneration plant at the new North Bay General Hospital and that it direct staff to write a letter of support for the project.

(Carried)

NORTHBAY GENERAL AND NORTHEAST MENTAL HEALTH CENTRE INTEGRATION

The two health service providers are preparing a notice of voluntary intent to Integrate, which the NE LHIN should receive in early January. In order to support the move towards full voluntary integration, NEMHC and NBGH submitted a "Phase One Amalgamation Plan" to the NE LHIN. This plan was approved by both boards on June 25, 2010.

In order to oversee the activities related to the amalgamation, the two Boards established an Amalgamation Steering Committee (ASC)

The two Boards have approved the North Bay Regional Health Centre as the name of the new amalgamated entity. Mark Hurst will become CEO of both the hospital and mental health centre under the new structure.

Meeting was paused for 25 minute Media Conference regarding the release of the Rural Summit Summary with media from across the North participating via teleconference

ANNUAL SERVICE PLAN – RESULTS BASED PLANNING

This document is part of the Annual Business Plan, which the Ministry of Finance requires to determine the consolidated provincial budget. The plan details multi-year funding and spending for HSPs and our LHIN. It helps inform the Ministry of Finance in their planning for the next 3 years.

{Motion 2010-BD057}

Moved by Leah Welk, seconded by Colin Germond

Be it resolved that the Annual Service Plan be approved as presented on Thursday, October 28, 2010

(Carried)

HOSPITAL SERVICE ACCOUNTABILITY AGREEMENTS 2010-11

The LHINs extended the 2008/10 HSAA's with hospitals in March 2010. The agreements were extended as the LHINs did not have multi-year planning targets for hospitals. The hospitals signed the agreements with the understanding that once the funding was announced for 2010/11, they would revise their Hospital Annual Planning Submissions (HAPS) and if they were in a deficit position they would need to develop an improvement plan to balance by March 2011. The funding was announced in June 2010 and the hospitals had until Sept 10th to revise their HAPS. The staff has been negotiating a new amended extending agreement based on the revised HAPS.

Five hospitals that will not balance by March 2011 but will develop Hospital Improvement plan to balance by March 2012:

1. Sault Area Hospital- HIP has been submitted –assumes that the % of ALC days is reduced to 15%
2. North Bay General Hospital-HIP is being developed-will include NEMHC as they are working towards integrating by April 1, 2011
3. Sudbury Regional-small deficit this year-they will develop plan to be balanced by March 2012
4. Timmins District Hospital- will develop a plan to balance by March 2012-still in discussions
5. Chapleau-will develop plan to balance by March 2013 when FHT is implemented. FHT is being implemented in 2012

Eleven hospitals that are in a balanced position include:

1. Lady Minto Cochrane
2. Espanola
3. NEMHC
4. Iroquois Falls
5. WAHA
6. Matheson
7. Mattawa
8. Little Current
9. Sturgeon Falls
10. Parry Sound

Seven hospitals that have working funds to cover current deficit:

1. Blind River
2. Elliot Lake
3. Englehart
4. Hearst
5. Hornepayne
6. New Liskeard
7. St Josephs continuing Care Centre

Three Hospitals are not balanced, and the LHIN is still negotiating HSAA:

1. Kapuskasing-refusing to sign until funding inequities are addressed
2. Kirkland Lake-no working funds
3. Smooth Rock Falls-no working funds

{Motion 2010-BD058}

Moved by Jib Turner, seconded by Danielle Belanger- Corbin

Be it resolved that:

- 1) *the amending hospital service accountability agreements (the "H-SAAs") negotiated and agreed to by the North East LHIN and each of the hospitals listed below, draft copies of which will be included with the minutes of this meeting, be approved; and*
- 2) *the Chair and the CEO of the LHIN be directed to execute the H-SAA extensions on behalf of the LHIN, provided that the final version is substantially similar to the drafts appended to the minutes of this meeting.*

List: Anson General Hospital (MICs); Bingham Memorial Hospital (MICs); Blind River District Health Centre; Chapleau Health Services; Englehart and District Hospital; Espanola General Hospital; Hôpital Notre Dame; Hôpital régional de Sudbury Regional Hospital; Hornepayne Community Hospital; James Bay General Hospital; Lady Dunn Health Centre; Lady Minto Hospital (MICs); Manitoulin Health Centre; Mattawa General Hospital; North Bay General Hospital; Northeast Mental Health Centre; Sault Area Hospital; St. Joseph's Continuing Care Centre; St Joseph's General Hospital; Temiskaming Hospital; Timmins and District Hospital; Weeneebayko Area Health Authority, and West Nipissing General Hospital

(Carried)

DECLARATION OF COMPLIANCE FOR THE BOARD

{Motion 2010-BD059}

Moved by Leah Welk, seconded by Randy Kapeshesit

Be it resolved that the NE LHIN Board Declaration of Compliance be approved as presented on Thursday, October 28, 2010.

(Carried)

DECLARATION ON COMPLIANCE CEO

{Motion 2010-BD060}

Moved by Danielle Belanger-Corbin, seconded by Jib Turner

Be it resolved that the NE LHIN CEO Certificate of Compliance of the Board be approved as presented on Thursday, October 28, 2010.

(Carried)

NEW BUSINESS

None

QUESTIONS FROM PUBLIC

None

NEXT MEETING:

November 25, 1:30 p.m., by teleconference

MOVE INTO CLOSED SESSION

{Motion 2010-BD061}

Moved by Leah Welk, seconded by Randy Kapeshesit

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

X Personnel matters

X 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,

Cynthia Stables, Corporate Advisor

Mathieu Beausoliel, Corporate Coordinator

Lara Bradley, Board Liaison

(Carried)

REPORT FROM CLOSED SESSION: Peter Vaudry

Three issues were discussed in closed session: LSSO business plan, Peer Support and Aboriginal Services.

{Motion 2010-BD062}

Moved by Colin Germond, seconded by Danielle Belanger-Corbin

The Board receive and accept the report of the Chair from the Closed Session of the Meeting of the Board of Directors on October 28, 2010.

ADJOURNMENT OF THE BOARD MEETING

{Motion 2010-BD063}

Moved by Colin Germond, seconded by Danielle Belanger-Corbin

Be it resolved that the Regular Board of Directors meeting of Thursday, October 28, 2010 be adjourned at 4:40 p.m.

(Carried)

Peter Vaudry
Interim Board Chair