

**OPEN MINUTES**  
**Toronto Central Local Health Integration Network (TC LHIN)**  
**Board of Director's Meeting**

**June 27, 2018**  
**4:00 p.m. to 6:00 p.m.**  
**Holland Bloorview Kids Rehabilitation Hospital**

**(Board Approved: September 26, 2018)**

**Directors Present**

Vivek Goel, Board Chair  
Carolyn Acker  
Jason Madden  
Christopher Hoffmann  
Myra Libenson

Yasmin Meralli  
Dunbar Russel  
Karen Sadlier-Brown  
Felix Wu  
Natasha VandenHoven

**Regrets:**

Pamela Griffith Jones

**Resources:**

Susan Fitzpatrick, Chief Executive Officer  
Raj Krishnapillai, VP, Finance & IT and CFO  
Tess Romain, VP, Health System Strategy, Integration and Planning  
Gayle Seddon, VP, Home and Community Care  
Chris Sulway, VP, Quality, Performance and Accountability

Manson Locke, VP, Human Resources and  
Corporate Administration  
Matthew Morgan, VP, Clinical  
Miin AliKhan, Executive Lead, Innovation  
Rhea Tubigan, Manager, Corporate Administration  
Vaisny Balamurali, Recorder

**1-2 Welcome and Call to Order**

The Board Chair welcomed the guests and called the meeting to order at 4:00pm

**3- Approval of Agenda**

The Board reviewed and accepted the agenda of the June 27, 2018 meeting as circulated

**Motion:**

UPON MOTION duly made, and unanimously carried, the Toronto Central LHIN Board approves the agenda for June 27, 2018 meeting as circulated.

**4- Declaration of Conflicts**

The Board Chair asked if there were any conflicts of interest, all Board members declared no conflicts

**5- Approval of Minutes**

The Board reviewed and approved the minutes of the open session from the April 25, 2018 Board meeting.

**Motion:**

UPON MOTION duly made, and unanimously carried, the Toronto Central LHIN Board approves the draft minutes for the April 25, 2018 open session of the Board as circulated.

**6- Patient Experience**

Carole Ann shared with the Board her patient experience story of being a caregiver for her husband. Her husband was expected to have one operation with three month recovery, but turned into 10 operations over 7 years. Carole Ann shared first-hand her experience with the healthcare system and how they have allowed her to identify gaps within the system for both patients and caregivers of patients. Carole Ann mentioned she worked closely with Health Quality Ontario on home care standards and The Change Foundation on developing a video based on her "Caregiver Wish List". The purpose of the wish list is to help caregivers on their journey and for health care professionals to ensure they are providing all that can be provided to make this process easier for both the patient and caregiver.

## 7 – CEO Board Report

S. Fitzpatrick highlighted the one year anniversary of the CCAC joining the LHIN as of June 7, 2018 and the success and growth the LHIN has witnessed as a service provider. She further highlighted the progress the Toronto Central LHIN has made toward its mandate letter commitments this fiscal year touching upon the efforts within the following areas:

- The testing of **short-term transitional care models**, which resulted in the opening of more than 203 funded spaces as part of the **Reintegration Care Model initiative**.
- In 2017-18, the Toronto Central LHIN developed a **mental health and addictions action plan** informed through open-invitation consultations with citizens, consumer/survivors, health service providers, and municipal and provincial partners
- Toronto Central LHIN refreshed **our Integration Strategy in late 2017** after engaging with leadership of our health service delivery agencies, front-line staff, partners, and citizen advisors
- **Access to Care** continues to be an important priority for Toronto Central LHIN. We have increased services and care to palliative patients by 5% from the previous year and created a 4-bed homeless hospice that will serve 100 people annually.
- The Toronto Central LHIN advanced a number of recommendations from the **Toronto Indigenous Health Strategy**

S. Fitzpatrick mentioned that a more fulsome and detailed account of the Toronto Central LHIN's activities for the 2017-2018 can be found in the Annual Report which will be available on our website shortly.

## 8 – Toronto Central LHIN Annual Report 2017-2018

### Motion:

T. Romain reviewed the Annual Report 2017-2018 for the Toronto Central LHIN, highlighting that it will be a public document upon Ministry Approval. She invited comments and feedback from the Board Members.

UPON MOTION duly made, and unanimously carried, the Toronto Central LHIN Board of Directors hereby approve the Toronto Central LHIN Annual Report 2017-2018 for it to be issued to the Ministry and tabled in Legislature.

A recommendation that there be an additional focus towards mental health and addiction as this is a very important topic area.

No further questions or concerns were raised.

## 9 – Toronto Central LHIN 2018-2022 Strategic Plan

### Motion:

T. Romain and S. Lockert highlighted the implemented recommendations and changes as discussed during the previous review of the strategic plan and invited Board Members to provide comments and/or feedback.

UPON MOTION duly made, and unanimously carried, the Toronto Central LHIN Board of Directors hereby approve the Toronto Central LHIN Strategic Plan for 2018-2022

One recommendation that arose through discussion was to add clarity and/or further details to the term “digital connectivity”, perhaps elaborate on what avenues will be used to drive and implement that component i.e. telemedicine, virtual care, and mention of the other technology that will be leveraged for this.

As discussion ensued Board Members provided positive feedback, no further questions or concerns were raised.

## 10- Learning LHIN

M. Alikhan provided an overview and update on the “Learning LHIN” as part of the strategic direction within the Innovations portfolio. She explained that the Learning LHIN strategic direction stems from the growing recognition that the health care system is changing and that Toronto has the highest density of applied research, academic and clinical talent and is one of the fastest growing innovation hubs in North America. After numerous consultations with clinical and administrative leaders across sectors, applied health services researchers and innovators, general themes emerged which reflect an opportunity for the Toronto Central LHIN to leverage its role to create a more connected health system platform to translate applied knowledge into system learning for impact on today's local complex challenges and on planning for the future.

Board Members inquired if it was feasible to leverage some of these learnings and innovations to help mitigate our budget deficit, M. Alikhan confirmed that across the healthcare sector there are many problems without solutions, however collaborating with the aforementioned innovators will foster an environment where solution creation for “OUR” problems can occur. M. Alikhan added that we can steer the boat on how we use innovation to enhance our healthcare landscape, so there is definite potential in leveraging these partnerships to assist in mitigating our financial deficits.

No further questions or concerns were raised.

## 11 – Toronto Central LHIN Clinical Portfolio Overview

Dr. Morgan introduced himself as the Vice President of the Clinical Portfolio, which is a newly developed arm of the LHINs strategic streams. Dr. Morgan stated he will provide clinical leadership and strategic direction to advance the priorities of the LHIN focusing on clinical change management and leadership, health system planning, performance management and quality improvement.

Clinical portfolio is accountable for all clinical leadership positions in the LHIN. Currently 12 Clinical Lead positions are embedded within the LHIN structure, with additional positions in development. Clinical Leads ensure clinical expertise is integrated into local planning and priority setting activities, alongside the voices of patients, caregivers and local health care partners. Dr. Morgan then introduced Dr. Jocelyn Charles as a clinical lead to discuss some of the hurdles she has witnessed as a primary care physician within Toronto Central LHIN and how the LHIN can help mitigate some of the road blocks to a truly integrated and seamless health system at the primary care level.

Dr. Morgan and Dr. Charles concluded by stating that strong clinical leadership will enable our LHIN to engage a wide range of clinicians, drive the adoption of evidence-based clinical standards, support clinical change management and quality improvement, contribute to population-based health care planning / delivery and advance clinical activities related to service integration and performance improvement.

## 12- Governance and Nominations Committee Report

### Motion

C. Hoffmann provided an overview of the Governance and Nominations Committees activities since the last Board meeting, highlighting that the Committee has been predominantly reviewing the work plans and terms of references for the Board and all committees of the Board. C. Hoffmann stated that the committee has reviewed all work plans and all terms of reference with the exception of the Quality Committee Terms of Reference as it will be reviewed at the PAN LHIN level to ensure consistency across all LHINs prior to revision locally.

The Governance and Nominations Committee recommends all submitted work plans and terms of reference for approval by the Board.

UPON MOTION duly made, and unanimously carried, the Toronto Central LHIN Board of Directors approves the Committee Terms of References and Work Plans as listed below

- Governance and Nominations Committee Terms of Reference
- Human Resources Committee Terms of Reference
- Finance and Audit Committee Terms of Reference
- Governance and Nominations Committee Work Plan for 2018-2019
- Human Resources Committee Work Plan for 2018-2019
- Finance and Audit Committee Work Plan for 2018-2019
- Quality Committee Work Plan for 2018-2019
- Board Work Plan 2018-2020

## 13 – Finance and Audit Committee Report

### Motion

F. Wu highlighted the discussions of the Finance and Audit Committee meeting. The Board of Directors reviewed the draft financial statements for the 2017-2018 fiscal year, auditors have confirmed that the audit was conducted as per the audit plan and there were no areas of major concern.

Board members requested to have separate financial overview for legacy CCAC and legacy LHIN to help differentiate the funds from each entity in this year of overlap.

R. Krishnapillai then shared with the Board of Directors through the 2018-2019 investment approach and plan as well as the allocations for the Learning LHIN investments.

UPON MOTION duly made, and unanimously carried, the Toronto Central LHIN Board of Directors approves the following: draft audited financial statements for 2017/18, 2018-19 Investment approach and plan and the framework and allocations for the Learning LHIN investments

### **Moving to a closed session**

UPON MOTION duly made, and unanimously carried, the Toronto Central LHIN Board of Directors meeting is being moved into a closed session pursuant to s.9(5) of the Local Health Systems Integration Act, 2006 to:

- consider financial and other matters concerning personal or public interest and personnel matters

and that Board Members, Susan Fitzpatrick, Manson Locke, Raj Krishnapillai, Rhea Tubigan and Vaisny Balamurali join the closed session.