

NOTICE OF MEETING **MINUTES**
 (Original version signed and archived)

Title of meeting:	Board of Directors	Date and time:	June 28, 2016 at 1:00 p.m.
Purpose of meeting:	Public meeting	Location: Atlantic Host Hotel in Bathurst Jade Lounge	
Chairman:	Paul Couturier		
Secretary:	Sonia Haché-Lanteigne		

Participants:

Current members					
Paul Couturier (Chairman)	√	Bonnie Mae Martin	√	Paulette Sonier Rioux	√
Adélard Cormier	√	Pierre Martin	√	Donald Thériault	√
Roger Doiron	√	Christian Mercier	√	Lester Young	√
Philippe Ferguson (Treasurer)	√	Tracy Peters	√		
Ex-officio members					
Gilles Lanteigne	√	Linda Sunderland	√		
Leadership team					
Gisèle Beaulieu	√	Jacques Duclos (replaced by Janice Lizotte-Duguay)	√	Johanne Roy	√
Dr. France Desrosiers	√	Stéphane Legacy	√	Pierre Verret	√
New members					
Lucille Auffrey	√	Wesley Knight	√	Denis M. Pelletier	√
Pauline Bourque	√	Norma McGraw	√	Sonia A. Roy	√
Rita Godbout	√	Gaitan Michaud	√	Claire Savoie	√
Gabriel Godin (Vice-Chairman)	√	Jean-Marie Nadeau	√	Anne C. Soucie	√
Émeril Haché	√	Michelyne Paulin	√		

MINUTES**1. Call to order**

The Chairman of the Board of Directors welcomed the participants and called the meeting to order at 1:00 p.m.

2. Constitution of quorum and notice of meeting

The meeting was duly called and quorum was achieved.

3. Adoption of the agenda

The agenda was presented for approval.

MOTION 2016/06/28-01P

Moved by Christian Mercier;

Seconded by Sonia A. Roy;

That the Board of Directors adopt the agenda as presented.

Motion carried unanimously

4. Declaration of potential conflicts of interest

No conflict of interest was raised.

5. Adoption of the minutes of the April 26, 2016 meeting

The minutes of the April 26, 2016 meeting were submitted for approval.

MOTION 2016/06/28-02P

Moved by Lester Young;

Seconded by Bonnie Mae Martin

That the Board of Directors adopt the minutes of the April 26, 2016 in-camera meeting.

Motion carried unanimously

6. Business arising from the minutes and follow-up

Following an inquiry about the harassment policy, the President and CEO indicated that the policy was on the website and on Boulevard.

7. Report by the President and Chief Executive Officer (President and CEO)

The President and CEO welcomed the new members and thanked the retiring members.

The President and CEO's report covered the period from April 18 to June 17, 2016. It included the main accomplishments involved in meeting the objectives of the 2015-2018 Regional Health and Business Plan and other priority files for the Network. The report addressed the following topics:

- Engagement of employees and medical staff
 - Development of Phase 2 of the Clinical Services Plan
- Financial and physical resources management
 - Innovative project at the Edmundston Regional Hospital
- Human resources management
 - Appointment: Vice-President, Medical Services, Training and Research
 - Vice-President, Clinical Services position
 - Appointment: Scientific Director
- Relations with partners and community groups
 - Representation meetings and steps
 - New Brunswick Nephrology Days
- Strategic management/communications
 - Opening of in situ Clinical Training Centre
 - New developments on the website and General Communication Plan
 - Organizational renewal
- Implementation of a quality and patient safety culture
 - Double patient identification
- Relations with Board of Directors
 - Elections for regional health authorities
- Integration of strategic and operational initiatives
 - Bill C-14 on medical assistance in dying

8. Board of Directors' committee reports**8.1 Executive Committee**

No meeting of the Executive Committee had taken place since the last meeting of the Board of Directors.

8.2 Governance and Nomination Committee

Tracy Peters, Committee Chair, presented the report on the June 8, 2016 meeting of the Governance and Nomination Committee. The following items were raised:

- Report by the Governance Standards Subcommittee
- Revised policies and procedures
 - CA-330 "Finance and Audit Committee" (MOTION 2016/06/08 / 03GMC)
 - CA-410 "Board of Directors Evaluation Framework" (MOTION 2016/06/08 / 04GMC)
 - CA-300 "Board of Directors Committees" (MOTION 2016/06/08 / 05GMC)
- Board of Directors Orientation Manual (MOTION 2016-06-08 / 06GMC)
- Evaluation of the in-camera meeting and public meeting of the Board of Directors (April 26, 2016)
 - Participation of ex officio members in in-camera meetings
 - Evaluation of members' meeting preparation
 - Strategies to keep discussions focused on policies versus operations
 - Topics for future discussion (governance, New Brunswick Health Council, etc.)
 - Continuing education

MOTION 2016/06/28-03P

Moved by Tracy Peters;

Seconded by Paulette Sonier-Rioux;

That the Board of Directors adopt the report on the June 8, 2016 meeting and motions of the Governance and Nomination Committee.

Motion carried unanimously

Tracy Peters presented the report on the June 24, 2016 meeting of the Governance and Nomination Committee. The following items were raised:

- Selection of committee leaders and members (to be adopted at the AGM)
- Opportunity for comments from the public

MOTION 2016/06/28-04P

Moved by Tracy Peters;

Seconded by Philippe Ferguson;

That the Board of Directors adopt the report on the June 24, 2016 meeting and aforementioned motions of the Governance and Nomination Committee.

Motion carried unanimously

Following an inquiry from a member regarding policy CA-300 “Board of Directors Committees,” it was clarified that the chairperson is an ex officio member of all the Board of Directors committees and she has the right to speak and the right to vote, according to the Network By-Laws.

8.3 Finance and Audit Committee

Philippe Ferguson, Committee Chair, presented the report on the June 15, 2016 meeting of the Finance and Audit Committee. The following items were raised:

- Approval of budget amendments for 2015-2016 (MOTION 2016/06/15-03FV)
- Financial statements dated March 31, 2016 (MOTION 2016/06/15-04FV)
- Communication from auditors to those in charge of governance (MOTION 2016/06/15-05FV)
- Food and environmental services project (MOTION 2016/06/15-06FV)
- 2016-2017 Regional Health and Business Plan (MOTION 2016/06/15-07FV)
- 2016-2017 budget

MOTION 2016/06/28-05P

Moved by Philippe Ferguson;

Seconded by Rita Godbout;

That the Board of Directors adopt the report on the June 15, 2016 meeting and aforementioned motions of the Finance and Audit Committee.

Motion carried unanimously

8.4 Client Service, Quality Management and Safety Committee

Anne Soucie, Committee Chair, presented the report on the June 9, 2016 meeting of the Client Service, Quality Management and Safety Committee. The following items were raised:

- Update on 2017 accreditation process
- Quality scorecard - March 2016
- *Health Quality and Patient Safety Act*
- Joint meetings with Finance
- Clinical Services Plan
- 2015-2016 Quality Annual Report
- 2015-2016 Ethics Annual Report
- 2015-2016 Integrated Risk Management Annual Report
- 2015-2016 Satisfaction Survey Annual Report
- 2015-2016 Complaints Annual Report

MOTION 2016/06/28-06P

Moved by Anne Soucie;

Seconded by Lester Young;

That the Board of Directors adopt the report on the June 9, 2016 meeting of the Client Service, Quality Management and Safety Committee.

Motion carried unanimously

8.5 Strategic Research and Academic Affairs Committee

No meeting of the Strategic Research and Academic Affairs Committee had taken place since the last meeting of the Board of Directors.

8.6 Medical Advisory Committee

Dr. France Desrosiers presented the Regional Chief of Staff’s report. The following items were raised:

- Medicinal Cannabis Special Committee (MOTION 2016/05/31-19-MAC)
- Clinical Services Advisory Committee
- Pulse survey on quality of work life for physicians

MOTION 2016/06/28-07P

Moved by Philippe Ferguson;

Seconded by Sonia A. Roy;

That the Board of Directors adopt the report and aforementioned motion of the Regional Chief of Staff.

Motion carried unanimously

Dr. Desrosiers presented the report on the May 31, 2016 meeting of the Medical Advisory Committee. The following items were raised:

- MAC scorecard
- Clinical groups report
- Quality Plan progress report
- 2017 accreditation progress report
- 2015-2016 Medical Complaints Annual Report
- Policies approved
 - Policy GEN.3.80.30 “Living Will” (MOTION 2016/05/31-02-MAC)
 - Policy INF.2.30.05 “Hand Hygiene” (MOTION 2016/05/31-03-MAC)
 - Policy INF.2.40.05 “Single Dose and Multidose Vials” (MOTION 2016/05/31-04-MAC)
 - Policy GEN.3.80.15 “Restraints” (MOTION 2016/05/31-05-MAC)
 - Policy GEN.4.50.05 “Seasonal Influenza Vaccination” (MOTION 2016/05/31-06-MAC)
- Seasonal influenza vaccination
- Requests for privileges
- Requests for appointment change
- List of requests for renewal of privileges for 2016-2018
- Privileges granted to Horizon Health Network physicians (MOTION 2016/05/31-17-MAC)
- Privileges granted to interns and medical learners for 2016-2017
 - Requests for privileges FOR ZONE 1B (MOTION 2016/05/31-10-MAC)
 - Requests for privileges FOR ZONE 4 (MOTION 2016/05/31-11-MAC)
 - Requests for privileges FOR ZONE 5 (MOTION 2016/05/31-12-MAC)
 - Requests for privileges FOR ZONE 6 (MOTION 2016/05/31-13-MAC)

MOTION 2016/06/28-08P

Moved by Christian Mercier;

Seconded by Lester Young;

That the Board of Directors adopt policy GEN.3.80.30 “Living Will.”

Motion carried unanimously

MOTION 2016/06/28-09P

Moved by Gabriel Godin;

Seconded by Adélarde Cormier;

That the Board of Directors adopt in bulk the requests for privileges, the requests for appointment change, and the list of requests for renewal of privileges for 2016-2018 as presented;

Motion carried unanimously

MOTION 2016/06/28-10P

Moved by Sonia A. Roy;

Seconded by Rita Godbout;

That the Board of Directors adopt in bulk the privileges granted to Horizon Health Network physicians and the privileges granted to interns and medical learners for 2016-2017 as presented.

Motion carried unanimously

MOTION 2016/06/28-11P

Moved by Anne Soucie;

Seconded by Paulette Sonier-Rioux;

That the Board of Directors adopt sections 1 to 7 of the Medical Staff Rules of Vitalité Health Network as presented. These are the first in a series of three.

Motion carried unanimously

MOTION 2016/06/28-12P

Moved by Pierre Martin;

Seconded by Rita Godbout;

That the Board of Directors adopt the report on the May 31, 2016 meeting and aforementioned motions of the Medical Advisory Committee.

Motion carried unanimously

8.7 Professional Advisory Committee

Linda Sunderland presented the report on the May 3, 2016 meeting of the Professional Advisory Committee. The following items were raised:

- Follow-up – Ambulatory Care Clinic for Warfarin Monitoring – SJCHC
- PAC’s terms of reference approved
- Recommendation to the Governance and Nomination Committee for new PAC members (MOTION 2016-05-03 04PAC)
- Professional Practice update
- Advanced skills – speculum vaginal examination (MOTION 2016-05-03 03PAC)
- Request for delegated function – pharmacy technical assistants (MOTION 2016-05-03 05PAC)
- Presentation of the following reports:
 - Infection Prevention – March 2016
 - Quality scorecard - March 2016

MOTION 2016/06/28-13P

Moved by Donald Thériault;

Seconded by Sonia A. Roy;

That the Board of Directors adopt the report on the May 3, 2016 meeting and aforementioned motions of the Professional Advisory Committee.

Motion carried unanimously

8.8 Ad Hoc Committee on Medical Travel

Donald Thériault presented the report on the June 16, 2016 meeting of the Ad Hoc Committee on Medical Travel. The following items were raised:

- Indicators (MOTION 2016-06-16 – 01adHoc)
 - Period to process a request for appointment: target of 48 hrs.
 - Volume of no-shows: target ↓ 25%
 - Volume of appointments cancelled by the Network: target ↓ 25%
 - Telehealth utilization rate: target ↑ 10%

MOTION 2016/06/28-14P

Moved by Donald Thériault;

Seconded by Christian Mercier;

That the Board of Directors adopt the report on the June 16, 2016 meeting and aforementioned motion of the Ad Hoc Committee on Medical Travel.

Motion carried unanimously

9. Temporary privileges

The Network President and CEO had signed temporary privileges since the last meeting of the Board (April 14 to June 17, 2016). The list was presented for endorsement.

LIST OF TEMPORARY PRIVILEGES – JUNE 16, 2016

Physician	Specialty	Category	Privilege Dates		Zone
			From	To	
COMSTOCK, Dr. Sean	Orthopedic surgery	Consulting	June 23, 2016	Sept. 16, 2016	1B
MORRIS, Dr. Susan	Neurophysiology	Affiliated scientist	June 23, 2016	Sept. 16, 2016	1B

4

BENNANI, Dr. Taher	Family medicine	Associate	June 10, 2016	Sept. 2, 2016	5
CAYARD, Dr. Jean Edward	Family medicine	Associate	June 17, 2016	Sept. 9, 2016	5
CHUNG, Dr. Jonathan	Diagnostic imaging	Locum	June 1, 2016	August 26, 2016	5
OYEYE, Dr. Grant	OBS/GYN	Locum	May 13, 2016	August 5, 2016	5
CHIASSON, Dr. Melissa	Internal medicine	Locum	May 27, 2016	August 19, 2016	6

MOTION 2016/06/28-15P

Moved by Gabriel Godin;

Seconded by Lester Young;

That the Board of Directors endorse the list of temporary privileges (from April 14 to June 17, 2016) tabled by the President and CEO as presented.

Motion carried unanimously

10. Legal matters

No new legal files had been opened since the last meeting of the Board of Directors.

11. Correspondence

A list of the correspondence received or sent by the Board of Directors was presented to the members.

12. Documentation for members

12.1 Documentation for members

Two articles were distributed to the members:

- Reducing Physician Burnout through Engagement;
- *Cybercollaboration Meilleurs ensemble : main dans la main avec les familles.*

The members of the Board of Directors were invited to suggest articles for future meetings.

13. Patient experience history

No patient experience history was presented at the meeting.

14. Community relations/services provided

14.1 Individualized Care Management (ICM)

Stéphanie Roy, Access Manager, Primary Health Care, gave a presentation on the individualized care management (ICM) project. In short, the choice to invest in case management and integrated and coordinated care for heavy users came from an analysis of the impact of problems on the mortality, morbidity and quality of life of the clients affected, on the one hand, and on the social costs to the health system, on the other hand. The objectives of individualized care management are to improve self-management, quality of life and continuity of care and to reduce complications and acute episodes and exacerbation of the illness, thus preventing visits to the Emergency Department and hospital stays. It consists in providing access to safe and quality care through a coordinated and integrated interdisciplinary team that can offer a wide range of services to meet the diversified needs of clients with complex needs. Individualized care management is a pilot project that is conducted in the Northwest and Chaleur regions. A cohort of heavy users was identified based on the following criteria: five visits or more to the Emergency Department, three hospital stays or more in a year.

The Chairman thanked Ms. Roy and said that he was very proud of this new initiative.

15. Other items

15.1 Communication Plan

The Network has started developing a general communication plan for the organization. This plan, which will cover a period of three years, is an essential tool for any organization. It helps to identify the target groups, what we want to tell them, and how we intend to reach them.

The Communication Plan will promote open, proactive, two-way communication with internal and external stakeholders. It establishes the goals and objectives of information communication and the various mechanisms that may be available to reach various groups. It also clarifies what information will be communicated, how and to whom.

15.2 Clinical Services Plan

Dr. France Desrosiers and Gisèle Beaulieu from the Clinical Services Advisory Committee, presented the Clinical Services Plan. They also provided the five recommendations submitted to the Department of Health, as a result of the work done and consultations conducted by the Clinical Services Advisory Committee. The five recommendations are:

Recommendation No. 1

In view of the broad consensus reached by the Board of Directors, communities, the medical staff, and employees concerning the need to proceed with the transformation and modernization of health care services;

In view of the positive effects that a shift to community-based primary and specialty care would have on the Network's service quality and financial situation;

That the Board of Directors of Vitalité Health Network recommend that the Department of Health give the Board the authority required to reduce the number of beds in the hospitals once the alternatives to hospitalization are in place, with no complete closure of hospital and in a gradual manner as occupancy rates will permit and services will be developed.

Recommendation No. 2

In view of the clinical nature of the Extra-Mural Program and its specific expertise;

In view of the need to maintain effective patient referral processes and of the fact that these processes are proven and operating in an integrated manner;

In view of the ties already forged between the medical staff and the Extra-Mural Program staff;

In view of the Extra-Mural Program's important role in the delivery of community services and its direct impact on the shift to primary care that the Network wishes to make;

In view of the introduction of medical assistance in dying and of the high probability that this type of procedure will take place in patients' homes and that the Extra-Mural Program's staff will already be caring for these patients (given their state of health), the strong ties forged between the medical staff, nurse practitioners, and the Extra-Mural Program must be preserved;

That the Board of Directors of Vitalité Health Network recommend that the Department of Health maintain the management and delivery of the Extra-Mural Program under the authority of Vitalité Health Network to ensure better quality and continuity in services to clients, at a lower unit cost.

Recommendation No. 3

In view of the historical development of health care services in New Brunswick;

In view of the need to develop services for people residing within the territory served by Vitalité Health Network;

In view of the necessity of taking the province's financial capacity and the distribution of the population into account;

That the Board of Directors of Vitalité Health Network recommend that the Department of Health set up a standing joint working committee to identify and plan any new provincial health program, in accordance with the commitment that this mandate should always be entrusted to Vitalité Health Network in the 2013-2018 Plan for Greater Equity in the Provision of Health Care Services (commonly known as the catch-up plan).

Recommendation No. 4

In view of the major challenges around the number of people who are occupying acute care beds but who do not need such care;

In view of the many cases of overlap between Department of Social Development and Department of Health programs as well as the current operations that are not efficient;

In view of the service organization model that does not promote integration of the discharge planning function and that generates major inefficiencies and high resource utilization;

That the Board of Directors of Vitalité Health Network recommend that the Department of Health incorporate services to seniors currently provided by the Department of Social Development, namely regarding accommodation services in nursing homes, evaluations for placement in nursing homes, and services related to activities of daily living.

Recommendation No. 5

In view of the complexity of coordinating the care and services provided to seniors;

In view of the overlap existing between many programs;

That the Board of Directors of Vitalité Health Network recommend that the Department of Health set up a committee with representatives from the regional health authorities, specifically mandated to recommend the removal of regulatory, structural and legislative barriers that interfere with efficient resource utilization, with the aim of improving the quality of services to the population and reducing total costs for the departments concerned.

MOTION 2016/06/28-16P

Moved by Gabriel Godin;

Seconded by Pierre Martin;

That the Board of Directors approve Vitalité Health Network's Clinical Services Plan.

Motion carried unanimously

MOTION 2016/06/28-17P

Moved by Sonia A. Roy;

Seconded by Philippe Ferguson;

That the Board of Directors adopt the five recommendations resulting from the work done and the consultations presented to the Department of Health by the Clinical Services Advisory Committee.

Motion carried unanimously

15.3 2016-2019 Regional Health and Business Plan

Mireille Lanouette presented the 2016-2019 Regional Health and Business Plan. Developing a regional health and business plan on an annual basis for the Department of Health is a legal requirement under Section 32 of the *Regional Health Authorities Act*. Mireille Lanouette presented the plan.

The plan consists of a commitment by the Network to take part in developing a common accountability agreement for both regional health authorities and the Department of Health.

- Participation in the development of a health system strategy map, resulting from the responsibility agreement
- Description of the Network (facilities, programs and services offered, beds)
- Network's strategy map in line with that of the health system
- Development strategic axes for 2016-2017
 - Clinical Services Plan
 - Strategic planning
 - Plan for Greater Equity in the Provision of Health Care Services (catch-up plan)
 - Quality improvement
 - Performance improvement
 - Service integration
 - Technologies
 - Human resources
 - Infrastructure
- 2016-2017 Budget

	Actual 2014-2015	% inc. (dec.)	Projections 2015-2016	% inc. (dec.)	Budget 2016-2017	% inc. (dec.)
Income						
Department of Health	548,501,239	-2.7%	560,239,920	2.1%	560,010,962	0.0%
Patient recoveries	28,835,333	-9.6%	32,423,995	12.4%	33,462,367	3.2%
Recoveries and sales	7,066,083	0.0%	8,355,010	18.2%	6,253,883	-25.1%
Salaried physician recoveries	74,682,807	-14.5%	66,894,133	-10.4%	65,947,484	-1.4%
Other programs	8,912,161	2.7%	8,860,483	-0.6%	8,131,772	-8.2%
Total income	667,997,623	-4.3%	676,773,541	1.3%	673,806,468	-0.4%
Expenses						
Clinical programs	485,088,008	-1.7%	501,067,043	3.3%	496,610,546	-0.9%
Salaried physicians	75,493,390	-14.0%	67,161,847	-11.0%	66,507,483	-1.0%
Other Department programs	88,233,341	-4.2%	90,925,931	3.1%	91,297,344	5.2%
Research	786,838	-9.2%	782,182	-0.6%	851,250	8.8%
Medical education	5,274,541	-2.0%	5,528,943	4.8%	5,715,548	3.4%
Other programs	9,288,154	5.5%	8,826,847	-5.0%	8,426,648	-4.5%
Modernization and transformation plan				0.0%	4,397,647	0.0%
Total expenses	664,164,272	-3.5%	674,292,793	1.5%	673,806,468	-0.1%
Operating surplus (deficit)	3,833,351	-62.4%	2,480,748	-35.3%	(0)	-100.0%

For further information, see Table 7 in the Regional Health and Business Plan.

- Human and medical resources profile

MOTION 2016/06/28-18P

Moved by Lester Young;

Seconded by Adélarde Cormier;

That the Board of Directors adopt the 2016-2019 Regional Health and Business Plan.

Motion carried unanimously

15.4 Organization of food and environmental services

This file goes back to 2013 when the government announced its intention to subcontract the management of food and environmental services to save money. Both health authorities then issued a call for tenders and Sodexo was selected in January 2014 to proceed with the negotiation of a 10-year provincial contract.

In April 2014, the Board of Directors had decided to withdraw from the call for tenders process, but in April 2015, following discussions with leaders and government authorities, it was decided to continue the process while ensuring that indirect costs such as costs associated with human resources administration and grievance management would be factored into the calculation. These actual costs could reduce expected savings.

Finally, with negotiations lengthening, it was agreed with the Board of Directors that a detailed analysis of both options (maintaining services in house or entrusting them to Sodexo) would be carried out to make a decision by the end of June 2016, at which time the negotiations with Sodexo were expected to be completed.

Vitalité Health Network took an active part in the provincial negotiation process but developed, in parallel, a performance improvement plan for these areas of activity and conducted a financial analysis of this proposal compared to that of Sodexo. Both options were evaluated using a net present value (NPV).

The NPV is a proven approach to evaluate projects in the financial field. It consists in analyzing all the cash flows (in and out) of the projects and converting into today's dollars.

The results of the financial analysis based on NPV show that Vitalité Health Network's proposal generates additional savings of \$3,465,384 over 10 years compared to Sodexo's proposal and this factors in additional costs incurred by Vitalité Health Network in Sodexo's proposal.

It should be noted that as regards reducing operating costs, both proposals involve closing cafeterias that are unprofitable. Sodexo proposes closing seven cafeterias and Vitalité Health Network six (Stella-Maris, Saint-Quentin, Grand Falls, Campbellton, Caraquet and Lamèque). As for the Tracadie cafeteria, Vitalité Health Network intends to keep it open during lunch time while Sodexo would close it. To alleviate the effects of these closures, both proposals include an increased number of vending machines and a larger

amount of ready-to-eat foods. Sodexo will take charge of the vending machines and the revenues anticipated are included in its projected savings. Vitalité Health Network intends to maintain its partnership with auxiliaries and foundations to manage vending machines and, in return, ask them to support required equipment and technology investments.

Both proposals are basically aimed at standardizing processes and policies and procedures, enhancing technology, replacing obsolete equipment, improving client satisfaction, reducing operating costs, contributing to staff training, and implementing monitoring and follow-up systems.

In conclusion, Vitalité Health Network was one of the first organizations to adopt a regional policy on providing healthy food environments and the Network is in a unique position to pursue healthy eating initiatives for patients, the staff, and the general public.

Vitalité Health Network has very close ties with communities, which will promote acceptance of cafeteria closures and implementation of alternatives. Respecting people's eating habits and traditions and buying locally (when economical) are other important benefits.

The proposal to improve the Network's performance was developed with the internal expertise and collaboration of employees and leaders. Its chances of success are considered to be higher.

Recommendations

The financial analysis of Vitalité Health Network's performance improvement plan, compared to the costs and impacts of Sodexo's proposal, shows that there are financial and qualitative (while reducing risk) benefits to maintain services in house and proceed as quickly as possible with the implementation of this initiative.

The analysis of the net present value shows that Vitalité Health Network's proposal will generate \$3,465,383 more than Sodexo's proposal.

For all the above reasons, it is recommended that the Board of Directors maintain the management of food and environmental services under the responsibility of Vitalité Health Network and support the implementation of the performance improvement plan.

MOTION 2016/06/28-19P

Moved by Pierre Martin;

Seconded by Paulette Sonier-Rioux;

That the Board of Directors maintain the management of food and environmental services under the responsibility of Vitalité Health Network and support the implementation of the performance improvement plan.

Motion carried unanimously

15.5 Meeting schedule for the Board of Directors and meeting schedule for the Board committees

The meeting schedule for the Board of Directors and the meeting schedule for the Board committees were presented. The time of public meetings will be corrected (1:00 p.m. instead of 1:30 p.m.).

MOTION 2016/06/28-20P

Moved by Christian Mercier;

Seconded by Sonia A. Roy;

That the Board of Directors adopt the meeting schedule for the Board of Directors and the meeting schedule for the Board committees, with the change in the time of public meetings, i.e. 1:00 p.m. instead of 1:30 p.m.

Motion carried unanimously

15.6 Living Will Policy

The Living Will Policy (GEN.3.80.30) was adopted as part of the presentation of the report on the May 31, 2016 meeting of the Medical Advisory Committee (as mentioned under item 8.6 of these minutes).

15.7 Medical Staff By-Laws

Sections 1 to 7 of Vitalité Health Network's Medical Staff By-Laws, which are the first in a series of three and were legally revised and submitted to the medical staff for feedback, were adopted as part of the

presentation of the report on the May 31, 2016 meeting of the Medical Advisory Committee (as mentioned under item 8.6 of these minutes).

16. Adjournment

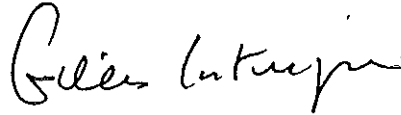
Rita Godbout moved to adjourn the meeting at 3:50 p.m.

17. Session evaluation

The members of the Board were invited to evaluate the session.



Paul Couturier
Chairman of the Board of Directors



Gilles Lanteigne
Secretary of the Board of Directors