Health Professions Appeal and Review Board

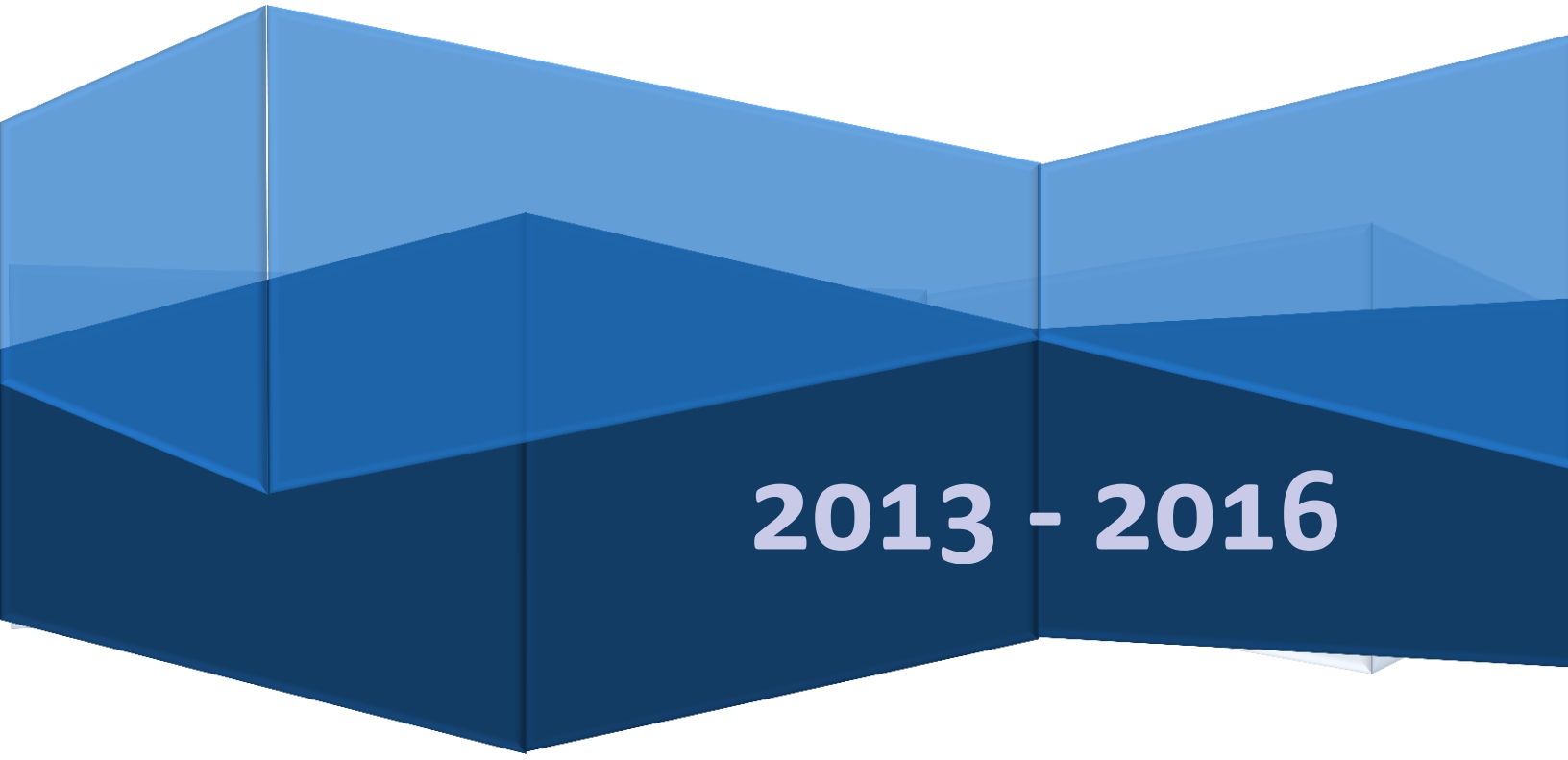
Health Services Appeal and Review Board

Commission d'appel et de révision des professions de santé

Commission d'appel et de révision des services de santé

Ontario

Business Plan



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Ontario

Oct 31, 2013

The Honourable Deb Matthews
Minister of Health and Long-Term Care
Minister's Office
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON
M7A 2C4

Dear Minister:

RE: Health Professions Appeal and Review Board and Health Services Appeal and Review Board 2013 – 2016 Business Plans

On behalf of the Health Professions and Health Services Appeal and Review Boards (the Health Boards), it is my pleasure to submit the Business Plans for the 2013 – 2016 periods.

The Health Boards remain committed to the initiatives outlined in the plan and to ensuring excellence in the service it provides to the Ontario public.

Yours sincerely,

Linda P. Lamoureux

Linda P. Lamoureux
Chair
Health Professions & Health Services Appeal and Review Boards

c: Sara van der Vliet
Chief Operating Officer, Health Boards Secretariat
Registrar, Health Professions & Health Services Appeal and Review Boards

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Introduction

This Business Plan was developed to guide the work of the Health Professions and Health Services Appeal and Review Boards (the Health Boards) for the period of April 1, 2013 to March 31, 2016. It confirms the mission and vision of the organizations and establishes strategic priorities for the next three years.

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A. BOARD MANDATES

HEALTH PROFESSIONS APPEAL AND REVIEW BOARD

The Health Professions Appeal and Review Board (HPARB) is an independent adjudicative tribunal created by the *Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998* [1] that provides oversight to the regulated health professions of Ontario.

The HPARB is made up of members of the public, appointed by the Government of Ontario, none of whom can be or ever have been a member of any of the regulated health Colleges.

Under the *Regulated Health Professions Act, 1991* and the *Veterinarians Act*, the HPARB functions as a quasi-judicial adjudicative and regulatory tribunal with jurisdiction respecting the regulatory activities of twenty-seven Colleges governing twenty-nine regulated health professions (human and animal), and the practice privilege decisions of the Boards of Directors of 155 public hospitals. The Board also hears appeals from the decisions of the Accreditation Committees for pharmacies and veterinarian facilities.

Regulated Health Professions	
Audiology	Midwifery
Acupuncture**	Naturopathy*
Chiropody	Nursing
Chiropractic	Occupational Therapy
Dental Hygiene	Opticianry
Dental Technology	Optometry
Dentistry	Pharmacy
Denturism	Physiotherapy
Dietetics	Psychology
Homeopathy*	Psychotherapy*
Kinesiology**	Respiratory Therapy
Massage Therapy	Speech-Language Pathology
Medical Laboratory Technology	Traditional Chinese Medicine**
Medical Radiation Technology	Veterinary
Medicine	

* Transitional Councils legislated under Schedule 1 to the *Regulated Health Professions Act, 1991*. Appeal processes to the HPARB respecting these Colleges will come into effect when the statutory committee structure and registration processes are completed for the professions.

** Beginning April 1, 2013, individuals who deliver services pertaining to kinesiology and traditional Chinese medicine and acupuncture, are accountable to their respective colleges.

The HPARB conducts hearings and reviews, and makes decisions, orders and recommendations regarding:

- Decisions of the Inquiries, Complaints and Reports Committees (ICRC) of the self-regulating health professions Colleges in Ontario;
- Decisions of the Complaints Committee of the College of Veterinarians of Ontario;
- Applications for professional registration that have been refused or restricted by Registration Committees of the Colleges;
- Physicians' hospital privileges under the *Public Hospitals Act*; and
- Accreditation of veterinary and pharmacy facilities.

[1] Statutes of Ontario, 1998, c.18

The HPARB can inquire into or make a decision concerning the constitutional validity of a provision of an Act or a regulation.

The majority of the work conducted by the HPARB involves appeals of the decisions made by the ICRC of the self-regulating health professions Colleges in Ontario under the *Regulated Health Professions Act* and decisions made by the Complaints Committee of the College of Veterinarians of Ontario under the jurisdiction of the *Veterinarians Act*. The HPARB has the authority under these Acts to:

i) Confirm or rescind all or part of the Committee's decision;
ii) Make recommendations to the Committee;
iii) Require the Committee to take further action.

The HPARB also reviews or holds hearings of health professional's applications for registration or the accreditation of pharmaceutical and veterinary facilities. The HPARB has the authority to:

i) Confirm the Registration Committee's order or proposed decision;
ii) Require the College to issue a certificate of registration or licence to the applicant, if he/she completes examinations or training required by the Registration Committee;
iii) Require the College to issue a certificate of registration or licence to the applicant, with any terms or limitations the Board considers appropriate, if the applicant qualifies for registration and if the Registration Committee has exercised its power improperly;
iv) Refer the matter back to the Registration Committee with recommendations.

The HPARB hears appeals with respect to practice privilege decisions of the boards of 155 public hospitals. The HPARB has the authority under the *Public Hospitals Act* to:

i) Confirm the decision;
ii) Direct the Hospital Board, person, or body making the decision to take such action as directed by the HPARB;
iii) Substitute its opinion for that of the Hospital Board, person or body making the decision.

A list of statutes under which appeals and reviews may be conducted by the HPARB can be found at www.hparb.on.ca. Regulations under the statutes that may affect proceedings before the HPARB may be found at www.e-laws.gov.on.ca.

HEALTH SERVICES APPEAL AND REVIEW BOARD

The Health Services Appeal and Review Board (HSARB) is an independent adjudicative tribunal created by the *Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998*[2] that hears and renders decisions on disputes that arise under health-related statutes.

The HSARB is made up of members of the public, appointed by the Government of Ontario, only three of whom can be members of the College of Physicians and Surgeons of Ontario.

While the majority of the work conducted by the HSARB falls under the jurisdiction of the *Health Insurance Act,* the HSARB has a review and appeal mandate under twelve different statutes, listed below:

HSARB Statutes of Authority		
Ambulance Act	*Health Insurance Act*	*Independent Health Facilities Act*
Commitment to the Future of Medicare Act, 2004	*Health Protection and Promotion Act*	*Laboratory and Specimen Collection Centre Licensing Act*
Healing Arts Radiation Protection Act	*Home Care and Community Services Act, 1994*	*Long-Term Care Homes Act, 2007*
Health Facilities Special Orders Act	*Immunization of School Pupils Act*	*Private Hospitals Act*

The HSARB conducts hearings and reviews, and makes decisions, orders and recommendations respecting appeals of the decisions of:

- The General Manager of the Ontario Health Insurance Plan (OHIP) respecting eligibility and payment, and practitioner billing;
- Community placement services regarding eligibility for placement in a long-term care facility;
- Community-based long-term care service providers regarding the scope and level of services provided;
- The Minister and ministry officials regarding health facility licensing and municipal health boards' compliance with mandatory programs; and
- Public health officials regarding community health hazards and communicable diseases.

The HSARB cannot inquire into or make a decision concerning the constitutional validity of a provision of an Act or a regulation, however the courts have clarified that the HSARB is to apply "Charter values" in interpreting legislation.

The HSARB has varied authority under the twelve different statutes for which it has an appeal or review mandate. The majority of the work conducted by the HSARB falls under the jurisdiction of the *Health Insurance Act*. The HSARB has the authority under the *Health Insurance Act* to:

i) Affirm or rescind the decision;
ii) Direct the General Manager to take such action as the Appeal Board considers the General Manager should take;
iii) Substitute its opinion for that of the General Manager.

A list of statutes under which appeals may be conducted by the HSARB can be found at www.hsarb.on.ca. Regulations under the statutes that may affect proceedings before the HSARB may be found at www.e-laws.gov.on.ca.

[2] Statutes of Ontario, 1998, c.18

B. HPARB OVERVIEW OF CURRENT SERVICE

The HPARB is an independent adjudicative tribunal with jurisdiction respecting the regulatory activities of twenty-seven Colleges governing twenty-nine regulated (human and animal) health professions, and the practice privilege decisions of the boards of 155 public hospitals. The Board also hears appeals from the decisions of the Accreditation Committees for pharmacies and veterinarian facilities.

The HPARB was established to conduct hearings and reviews, and to make decisions, orders and recommendations regarding:

- Decisions made by the Inquiries, Complaints and Reports Committees (ICRC) of the self-regulating health professions Colleges in Ontario[3];
- Decisions made by the Complaints Committee of the College of Veterinarians of Ontario;
- Orders of the Registration Committees of the Colleges;
- Physicians' hospital privileges under the *Public Hospitals Act* (PHA); and
- Accreditation of veterinary and pharmacy facilities.

HPARB Recent Activity*				
April 1, 2012 – March 31, 2013	**Intake**	**Matters Heard**	**Decisions Issued**	**Case Conferences Convened**
Complaint Reviews	586	425	400	637
Registration - Hearings	28	2	5	23
Registration - Reviews	62	50	46	58
Accreditation Matters	0	0	3	0
***Public Hospitals Act* Hearings & Motions**	6	9	5	13
Total	**682**	**486**	**459**	**731**

* All statistical information represented throughout the report is accurate +/- 1% unless otherwise noted

[3] Since June 4, 2009, the Complaints Committee has been re-formed into the Inquiries, Complaints and Reports Committee.

HPARB COMPLAINT REVIEW CASELOAD & DISPOSITIONS

HPARB Complaint Review Caseload					
	2008/2009	**2009/2010**	**2010/2011**	**2011/2012**	**2012/2013**
Active Caseload at Beginning of Period	847	875	838	703	546
Intake	386	393	488	629	586
Total Caseload	**1,233**	**1,268**	**1,326**	**1,332**	**1,132**
Decisions Issued	229	301	421	619	400
Resolved*	56	76	169	122	173
Matters Closed**	73	53	33	45	32
Total Matters Disposed Of	**358**	**430**	**623**	**786**	**605**
Active Caseload at End of Period	**875**	**838**	**703**	**546**	**527**

*Previously reported as withdrawn. Change in terminology reflects activity of Board and Staff Members in focus of early resolution of matters.
**Includes those cases not proceeded with due to timeliness, frivolous and/or vexatious, ineligible request, no jurisdiction, and administrative closures.

HPARB Complaint Review Dispositions[4]*					
	2008/2009	**2009/2010**	**2010/2011**	**2011/2012**	**2012/2013**
Confirmed	82%	85%	85%	85%	91.5%
Returned	18%	15%	15%	15%	8.5%
Total Decisions Issued	**229**	**301**	**421**	**619**	**400**

*Percentages rounded to the nearest 0.5

[4] The HPARB does not render a decision on the date of a review/hearing and therefore the number of dispositions issued in a year may not match the total matters conducted.

HPARB REGISTATION MATTERS CASELOAD & DISPOSITIONS

HPARB Registration Matter Caseload					
	2008/2009	**2009/2010**	**2010/2011**	**2011/2012**	**2012/2013**
Active Caseload at Beginning of Period	44	42	66	70	57
Intake	40	71	111	102	90
Total Caseload	**84**	**113**	**177**	**172**	**147**
Decisions Issued	28	21	57	64	51
Resolved*	11	17	39	40	29
Matters Closed**	3	9	11	11	4
Total Matters Concluded	**42**	**47**	**107**	**115**	**84**
Active Caseload at End of Period	**42**	**66**	**70**	**57**	**63**

*Previously reported as withdrawn. Change in terminology reflects activity of Board and Staff Members in focus of early resolution of matters.
**Includes those cases not proceeded with due to timeliness, frivolous and/or vexatious, ineligible request, no jurisdiction, abandonment and administrative closures.

HPARB Registration Matter Dispositions[5]*					
	2008/2009	**2009/2010**	**2010/2011**	**2011/2012**	**2012/2013**
Confirmed	74%	52%	88%	83%	92%
Returned	26%	48%	12%	17%	8%
Total Decisions Issued	**28**	**21**	**57**	**64**	**51**

*Percentages rounded to the nearest 0.5

[5] The HPARB does not render a decision on the date of a review/hearing and therefore the number of dispositions issued in a year may not match the total matters conducted.

HPARB *PUBLIC HOSPITALS ACT* CASELOAD

HPARB *Public Hospitals Act* Caseload					
	2008/2009	**2009/2010**	**2010/2011**	**2011/2012**	**2012/2013**
Active Caseload at Beginning of Period	3	4	8	9	8
Intake	3	8	5	5	6
Total Caseload	**6**	**12**	**13**	**14**	**14**
Decisions Issued	0	1	1	4	5
Resolved*	1	1	3	2	3
Matters Closed**	1	2	0	0	0
Total Matters Concluded	**2**	**4**	**4**	**6**	**8**
Active Caseload at End of Period	**4**	**8**	**9**	**8**	**6**

*Previously reported as withdrawn. Change in terminology reflects activity of Board and Staff Members in focus of early resolution of matters.
**Includes those cases not proceeded with due to timeliness, frivolous and/or vexatious, ineligible request, no jurisdiction, abandonment and administrative closures.

C. HSARB OVERVIEW OF CURRENT SERVICE

The HSARB is an independent adjudicative tribunal that hears and renders decisions on disputes that arise under specific health-related statutes.

The HSARB was established to conduct hearings and reviews, and to make decisions, orders and recommendations regarding:

- Decisions of the Ontario Health Insurance Plan respecting eligibility and payment;
- Decisions of agencies under the *Home Care and Community Services Act, 1994* respecting eligibility for service;
- Orders of the Medical Officer of Health or public health inspectors;
- Decisions of the Director with respect to licensing under the *Long-Term Care Homes Act*, *2007*;
- Decisions of the Director with respect to licensing of independent health facilities.

HSARB Recent Activity				
April 1, 2012 – March 31, 2013	**Intake**	**Matters Heard**	**Decisions Issued**	**Case Conferences Convened**
Health Insurance Act	344	108	85	510
Independent Health Facilities Act	9	0	0	18
Health Protection and Promotion Act	17	0	0	35
Home Care and Community Services Act, 1994	11	0	0	29
Long-Term Care Homes Act, 2007	8	1	1	29
Immunization of School Pupils Act	1	0	0	3
Commitment to the Future of Medicare Act, 2004	1	0	1	0
Total	**391**	**109**	**87**	**624**

HSARB CASELOAD SUMMARY

HSARB Caseload Summary					
	2008/2009	**2009/2010**	**2010/2011**	**2011/2012**	**2012/2013**
Active Caseload at Beginning of Period	474	600	535	457	293
Intake	475	424	393	341	391
Total Caseload	949	1,024	928	798	684
Matters Closed**	349	489	471	505	376
Active Caseload at End of Period	**600**	**535**	**457**	**293**	**308**

** Total Matters Concluded includes those matters administratively closed, resolved, abandoned, settled or with a decision issued.

D. PLANNING ENVIRONMENT

The Health Boards share their facility with the Ontario Hepatitis C Assistance Plan Review Committee (OHCAP) and the Physician Payment Review Board at 151 Bloor Street West, 9th Floor, Toronto. The Health Boards Secretariat (the Secretariat) supports each of these adjudicative tribunals. The service delivery model at the Secretariat actions a case management approach designed to handle a high volume caseload in an adjudicative environment where procedures and work volumes are fluid. This model utilizes staff expertise by having one staff member manage a case from start to finish thereby enhancing staff commitment and knowledge of individual cases and clients. The result is a greatly improved experience for parties to the Health Boards' appeals as well as its Board Members.

The Ministry of Health and Long-Term Care continues to work towards providing the right care, at the right time, in the right place for Ontarians. This role will mean that the Ministry will provide overall direction and leadership for the system, focusing on planning, and on guiding resources to bring value to the health system. One of its principal functions will be to monitor and report on the performance of the health system and the health of Ontarians.

While the Health Boards operate at arms-length to the Ministry of Health and Long-Term Care, this business plan is designed to align service delivery at the Health Boards with Ministry priorities to develop a healthier system through ensuring the provision of high quality services to the Ontario public.

HPARB

The HPARB has reviewed its intake volume of requests for complaint reviews based on the five Colleges with the highest volume of related requests. Of the requests for complaint reviews received by HPARB in 2012/2013, 72.5% related to decisions of the Inquiries, Complaints and Reports Committee (ICRC; previously named the "Complaints Committee") from the College of Physicians and Surgeons of Ontario (CPSO), 9.5% from the Royal College of Dental Surgeons of Ontario (RCDSO), 3% from the College of Nurses of Ontario (CNO), 2.5% from the College of Psychologists of Ontario (CPO) and 2.5% from the College of Veterinarians of Ontario (CVO).

HPARB Intake by College: Complaint Reviews*					
College	**2008/2009**	**2009/2010**	**2010/2011**	**2011/2012**	**2012/2013**
College of Physicians and Surgeons of Ontario	61.5%	56.5%	63%	69%	72.5%
Royal College of Dental Surgeons of Ontario	14%	14%	12%	9%	9.5%
College of Nurses of Ontario	4%	4.5%	4.5%	7.5%	3%
College of Psychologists of Ontario	3.5%	4%	5%	2%	2.5%
College of Veterinarians of Ontario	2.5%	5%	3%	3.5%	2.5%
Other Colleges	14.5%	16%	12.5%	9%	10%
Total Complaint Review Intake	**386**	**393**	**488**	**629**	**586**

*Values represented as a percentage of all applications for complaint review received by the HPARB. Percentages rounded to the nearest 0.5

The HPARB closely monitors the volume of cases it receives. The intake of complaint review matters is relatively similar in 2012-13 to the previous year, with the highest number of requests for complaint reviews related to decisions of the ICRC at the CPSO.

In 2009, based on amendments to the *Regulated Health Professions Act, 1991,* the Board has expanded its jurisdiction with respect to the following:

- College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario;
- College of Homeopaths of Ontario;
- College of Naturopaths of Ontario;
- College of Psychotherapists and Registered Mental Health Therapists of Ontario;
- College of Kinesiologists of Ontario.

While some of these colleges are in their transitional phase and establishing their statutory committee structure[6], the Board will not yet receive new appeals related to these Colleges. It is expected that within the next few years these Colleges will have formalized their governance structures and registration procedures and that the Board will then begin to receive appeals. It is likely that as these Colleges proceed with the registration process for members the Board will see higher than usual requests for registration reviews and hearings in comparison to colleges with a similar membership composite. Within one year after members are registered at the respective colleges the Board may begin to receive appeals related to decisions of the ICRC.

[6] Beginning April 1, 2013, individuals who deliver services pertaining to kinesiology and traditional Chinese medicine and acupuncture, are accountable to their respective colleges.

HSARB

The majority of appeals filed with the HSARB are filed under the *Health Insurance Act.* Of those appeals, typically, 20% are with respect to eligibility for health coverage and 80% are with respect to reimbursement for services. Last year, the Out of Country (OOC) Unit of the Ontario Health Insurance Plan (OHIP) rendered approximately 10,005 decisions regarding services. Of those decisions, only a small percentage was appealed to the HSARB.

OHIP Applications v. HSARB Intake (Out of Country Services [OOC])		
Fiscal Year	**Number of applications to OHIP for OOC treatment**	**Number of appeals to HSARB regarding decisions of OHIP relating to services**
2008 – 2009	12,393	340
2009 – 2010	11,957	332
2010 - 2011	10,835	292
2011 - 2012	10,009	243
2012 - 2013	10,005	267

As of April 1, 2011, amendments to Regulation 552 of the *Health Insurance Act* take effect [O.Reg. 83/11 (now a part of Reg. 552)]. Changes for eligibility of Out of Country Services provided by OHIP were established, including the requirement to have written consent from a physician who is a specialist in the area of service for which payment is sought. The Board has yet to experience the repercussions of these amendments, however does expect a marked change in the volume and type of cases brought before it dealing with eligibility of services.

As of July 1, 2010, a new statute, the *Long-Term Care Homes Act, 2007*, replaced three previous governing statutes of the HSARB: the *Nursing Homes Act, Charitable Institutions Act,* and the *Homes for the Aged and Rest Homes Act*. The *Long-Term Care Homes Act, 2007* has established a new system of governance for long-term care homes in Ontario. The Act serves to improve the accountability framework of long-term care homes for the care, treatment and well-being of its residents. The Act introduces new types of compliance actions and orders and gives appeal rights corresponding to these new actions and orders. The impact of the new legislation on the caseload of the HSARB is uncertain. The HSARB had anticipated that requests for appeals would begin to occur in the autumn of 2010, however, to date, requests have been limited.

E. HEALTH BOARDS RECENT ACTIVITIES

The *Adjudicative Tribunal Accountability, Governance and Appointments Act, 2009* is aimed at ensuring that adjudicative tribunals are accountable, transparent and efficient in their operations while remaining independent in their decision-making. As required under the legislation, the Health Boards have recently completed the following governance and accountability documents:

1. Mandate and mission statement;
2. Consultation policy;
3. Service standard policy;
4. Ethics plan;
5. Member accountability framework;
6. Annual report; and
7. Business plan.

In late 2008, the Chair of the Health Professions Appeal and Review Board was cross-appointed as the Chair of the Health Services Appeal and Review Board. Since that time, significant steps have been taken towards amalgamating the policies and procedures of the individual Health Boards to be consistent amongst each board. In efforts to enhance the governance and leadership across the Health Boards, as well as to provide better access to regional services, in early 2010 three of the four part-time Vice-Chair positions were converted into full-time positions. Three full-time Vice-Chairs were appointed to the Health Boards. These Vice-Chairs, along with a growing number of the part-time membership, are cross-appointed to both the HPARB and the HSARB allowing for more flexibility in deployment of resources, enhanced service delivery throughout the province, and efficiency in shared common training across the Health Boards. The evolving Health Board membership has added further French speaking members; thereby improving the delivery of French-speaking services to clients. As of March 31, 2013, there were 54 members among the Health Boards, out of which 39 were cross-appointed to both the HPARB and the HSARB, which represented approximately 72% of the total membership. The Health Boards define diversity as cultural (ethnic and religious), geographic (outside the GTA), sexual orientation, and disability. They continue in their commitment to establish a membership that is representative of the diverse population of Ontario.

The Health Boards have seen significant success in reducing its active caseload. While intake remains high, the average lifecycle of an appeal is now less than one year. To further increase efficiency of the appeal cycle, while simultaneously reducing their environmental impact, the Boards have taken steps towards modernizing operations through the electronic transmittal of documents. The Boards continue to work with the regulatory colleges to develop such procedures, and to ensure that personal health information remains protected amid efficiency gains.

All new and continuing members of the Health Boards have been receiving professional development, beginning with an overview of the Boards' mandate and processes and an introduction to decision writing. The Health Boards also hold Presiding Member training and on-going member development. A focus upon education during a period of membership renewal over the past five years has established a sound foundation for high quality service delivery in the years ahead.

The Health Boards are committed to upholding the principles outlined in the *Accessibility for Ontarians with Disabilities Act, 2005* by ensuring that people with disabilities have the same opportunity to access and benefit from the Health Boards' services as others. The Health Boards have met the requirements set out in the Accessibility Standards for Customer Service, including the Integrated Accessibility Standard, released in 2011 as O. Reg. 191/11.

The Health Boards have successfully concluded the fifth year of the Student Advocacy project, in which volunteer law students can represent parties at pre-review conferences and reviews. Operating at arms-length, the Health Boards have partnered with the Medico-Legal Society of Toronto and Pro Bono Students Canada, and

have involved students from the University of Toronto Law School, Osgoode Hall Law School and the University of Ottawa Law School as well as volunteers from the legal and medical professions. This partnership continues to strengthen the Boards' relationship with these organizations as well as to enhance access to justice for the public.

This year also saw a continued commitment towards the Headnotes and Clerkship Program provided by the Boards. Involving law students from the University of Toronto Faculty of Law, York University's Osgoode Hall Law School and the University of Ottawa Faculty of Law, the student volunteers have worked to support special projects with the Board in the development of headnote drafting and case clerk roles.

With the establishment of the governance model in place, the Health Boards' focus is on the key service delivery priority: reducing the length of time of the appeal cycle while maintaining a high degree of quality in service in the fairness, openness and transparency of the adjudicative process.

F. HEALTH BOARDS ENVIRONMENTAL SCAN

Internal Assessment

Strengths

- Members and employees are committed to the mission and values of the Health Boards;
- A comprehensive training process is established for members appointed to the Health Boards;
- The Secretariat provides excellent administrative support;
    - Basic infrastructure is in place (facilities, furniture, equipment);
    - Flexible resources able to support fluctuating caseload; and
- Current process for the appointment of members is working well.

Challenges

- Opportunities to enhance pre-hearing resolutions are limited without access to specialized training;
- The Secretariat is currently prioritizing its policies and procedures to address challenges to accessibility;
- The majority of the Health Boards' applicants are unrepresented; and
- The Health Boards' websites and other information technology are limited, and fiscal/staff resources are needed to improve them and to ensure compliance with the 2014 minimum standards pursuant to the *Accessibility for Ontarians with Disabilities Act, 2005.*

External Assessment

Opportunities

- The public is familiar with and expects to be able to locate up-to-date information on the internet and Health Boards' websites;
- The public is becoming more familiar with electronic filing and online communications with government bodies;
- Each new case is a fresh opportunity to make a good impression as few applicants would have prior experience with the Health Boards; and
- The Health Boards regularly conduct hearings and reviews throughout the province in an effort to provide access to justice for all Ontarians. The Health Boards are able to conduct matters in Toronto, London, Windsor, Ottawa, Kingston, Hamilton and Northern Ontario.

Challenges

- When compared with the 2011-12 fiscal year, the intake of HPARB complaint review matters remains elevated; and there continues to be a high trend of intake for registration matters;
- When compared with the 2011-12 fiscal year, the intake of HSARB *Health Insurance Act* matters has increased; the requests for appeal under the other Acts of the HSARB jurisdiction, such as the *Immunization of School Pupils Act* and the *Independent Health Facilities Act* remain unpredictable and the appeal volume under the *Home Care and Community Services Act, 1994* remains unknown; and
- The Health Boards continue to work to strike a balance between delivering services in a quasi-judicial environment that are easily accessed and understood by largely unrepresented parties, and that allow for fair, equitable processes in an administrative law system.

G. HEALTH BOARDS STRATEGIC PLAN

Vision

In 2016, the Health Boards will be a valued partner in the delivery of quality health care in Ontario.

The Health Boards will be valued by all of its stakeholders, including users of the health care system, the Regulated Health Colleges, the Ontario Health Insurance Plan, health care professionals, the government of Ontario and the public for the quality, consistency and objectivity of its decisions. Representative of the diversity of Ontario, the Health Boards will fulfill its oversight role in an open, effective and efficient manner. The Health Boards will be leaders amongst administrative tribunals in Ontario in the establishment of governance and accountability frameworks. The members of the Health Boards and the staff of the Health Boards Secretariat will be engaged in continuous improvement of their processes and results.

H. STRATEGIC PRIORITIES AND PERFORMANCE MEASURES

The Health Boards have established five key objectives for the period of 2013 to 2016:

1. The Health Boards will be valued partners in the delivery of health care in Ontario, valued by all of its stakeholders, including users of the health care system, the Colleges, health care professionals, the government of Ontario and the public.
2. The Health Boards will be valued for both the quality and objectivity of its decisions as well as the efficiency of management of appeals from intake to resolution.
3. The members of the Health Boards will represent and respect the diversity of Ontario.
4. The staff of the Health Boards Secretariat will be engaged in continuous improvement of their processes and results with focus placed upon quality of service through greening and modernization initiatives that add value for money.
5. The members of the Health Boards will be engaged in regular training and continuing education sessions, with a focus placed upon case conference facilitation resolution.

Specific initiatives have been designed to accomplish these objectives, and they include outcomes and performance measures in order to ensure that progress can be tracked, and where necessary, additional efforts undertaken to accomplish its goals. They are described as follows:

Priority 1:

The Health Boards will be valued partners in the delivery of general health care in Ontario, valued by all of its stakeholders, including users of the health care system, the Regulatory Health Colleges, health care professionals, the government of Ontario and the public.

Initiative	Outcomes/Results	Performance Measures
Resources for the public will be accessible through a website, and members of the Board will be able to retrieve resources through secure online access.	Applicants and respondents will have online access to decisions. A shared, secure website will provide parties and members with immediate access to electronic communications and increased security of documents.	• Decline in volume of requests for basic information. • More consistency in reasons for decision rendered to the parties. • Decline in financial reliance on couriers. • Expeditious delivery and receipt of case related communication.
The HPARB will enhance communication with the Colleges.	Systemic or procedural issues will be addressed proactively enhancing experiences for applicants and respondents engaged in Board processes.	• Conduct a stakeholder meeting regularly. • Deliver educational sessions to College councils designed to provide an overview of Board jurisdiction and process.
The HSARB will enhance communication with the General Manager of OHIP.	Systemic or procedural issues will be addressed proactively enhancing experiences for applicants engaged in the hearing process.	• Quarterly meetings to be held with the General Manager of OHIP or their delegate to work collaboratively to address any systemic concerns.
The Board will maximize service delivery through exploration of community partnerships.	The Health Boards contribute to the development of legal professionals increasing awareness and interest in administrative health law while furthering Board initiatives, research and projects in a cost effective manner.	• Headnotes (brief summaries of a Board decision that precede the full text opinion in the reasons for decision) made available publicly and translated into French in 25% of Board decisions. • Guidelines for preparing for Board hearings and reviews as well as policies are made available to the public. • Select unrepresented applicants to the Health Boards are referred to a student based advocacy program.

The HSARB will develop increased communication strategies with officials with authority under *the Immunization of School Pupils Act* and *the Home Care and Community Services Act, 1994.*	Systemic or procedural issues will be addressed proactively enhancing experiences for applicants engaged in the hearing process.	• Meet with representatives of Public Health Units to address any systemic concerns. • Communicate with Directors responding to orders of the Medical Officer of Health or public health inspectors to discuss concerns.

Priority 2:

The Health Boards will be valued for both the quality and objectivity of its decisions as well as the efficiency of management of appeals from intake to resolution.

Initiative	Outcomes/Results	Performance Measures
The Health Boards Secretariat will be organized and trained to provide excellent customer service.	Applicants and respondents will know who to speak to about their case and will receive timely, accurate information from the Secretariat.	• Ten-month turn-around for reviews and hearings from intake of appeal to issuance of final decision and reasons. • Meeting all statutory timeframes set out in the Acts. • Reduction in inquiries received from the Ombudsman of Ontario.
Staff who deal directly with the public will receive highly specialized policies and procedures including training in customer service.	The Health Boards Secretariat will be fully accessible to all Ontarians.	• In alignment with *Accessibility for Ontarian's with Disabilities Act, 2005* customer service standards will be fulfilled within mandated timeframes.
General information is made readily available to the public through development of policies, procedures, guidelines and process maps available electronically and in print.	The Health Boards' services are delivered consistently and are of a high quality resulting in a positive experience for parties and stakeholders.	• Rules of Practice are revised and completed in a format that consolidates the individual Rules of the Health Boards into one document. • In addition, 17 Practice Directions are developed and made available to the public as of fall 2013. • Frequently Asked Questions are updated and expanded upon to further define Health Boards' processes and jurisdiction. • Board websites are regularly updated to reflect enhancements to policy and procedure, and facilities of hearing and review processes are provided to increase client comfort upon arrival.

Priority 3:

The members of the Health Boards will represent and respect the diversity of Ontario.

Initiative	Outcomes/Results	Performance Measures
As vacancies occur, the Chair will recommend individuals for appointment who will increase the diversity of background, geography and experience on the Health Boards.	A Board that reflects the diversity of Ontario. Targeted recruitment of Vice-Chair from southwestern Ontario due to higher appeal volume. Reviews will be conducted outside Toronto including; Ottawa/Kingston, London/Windsor, and Thunder Bay. Reviews and hearings will be conducted in French upon request.	• Number of members from outside Toronto and from Ontario's cultural communities. • All parties will be informed of their right to have their appeal heard in regional centres resulting in a minimum of 30% of matters being heard outside of the GTA. • All parties will be informed of their right to have their appeal processed by way of English, French or Bilingual proceedings. 100% of requests for a French proceeding are delivered by French speaking staff and a French speaking panel.
Training is provided to members and staff to ensure they are equipped with resources, which allow them to understand and respect the unique needs and requirements of the diverse customer base.	Parties, stakeholders, members and staff will feel valued, safe and heard within the Boards' context.	• 100% of members and staff have engaged in diversity as well as accessibility training. • 100% of members and staff have participated in training regarding the Board's obligations under the *French Language Services Act*. • Members and staff will attend training to identify and respond to the needs of the Aboriginal Community. • Written feedback received from the constituent base is positive, and recommendations for improvement are implemented where practical.

Priority 4:

The staff of the Health Boards Secretariat will be engaged in continuous improvement of their processes and results with focus placed upon quality of service through greening and modernization initiatives that add value for money.

Initiative	Outcomes/Results	Performance Measures
Greening Initiatives will be engaged which have multifaceted benefits not only to the environment, but also respecting both cost, resource and operational efficiency.	A more energy and eco-friendly environment will be established that has long-term cost savings in the area of distribution and production. Additionally, security settings for electronic documents will allow for enhanced levels of protection of personal health information.	• 50% reduction in the volume of paper purchased. • 100% of membership will receive hearing and review material electronically. • 25% reduction of printing costs associated with hearing and review materials.
Modernization Initiatives will create a pathway for better access to the Health Boards, enhanced security of information, and ease of participation for a part time, geographically diverse membership base.	Parties and members are able to upload and access documents in a shared site forum allowing for enhanced security and better access to service.	• A majority of hearing and review documents are available to the parties and stakeholders to the Health Boards in electronic format. • The Rules of Practice & Practice Directions provide direction for the electronic transfer of documents. • A pilot project is engaged to explore the effectiveness of different technological tools.
	Parties, stakeholders and members are able to fully engage in barrier free service to the Health Boards in ways that meet their needs and are economical and practical.	• The websites will be redesigned meeting all accessibility and French language requirements. • Online, fillable forms are publicly available. • Opportunities are maximized to provide member and staff training through available electronic tools including webcasting, video meetings and teleconferencing.

Priority 5:

The members of the Health Boards will be engaged in regular training and continuing education sessions, with a focus placed upon case conference facilitation resolution.

Initiative	Outcomes/Results	Performance Measures
All members will receive training in the conduct of a hearing and in the respectful treatment of unrepresented parties.	Applicants and respondents feel respected and believe that their views have been heard and considered. Members build, maintain and develop the skill and knowledge base to apply the legislation as intended and to instill confidence in parties in the transparency and fairness in process.	• Delivery of a presiding member training program that combines a mentorship development program supplemented by group sessions designed to maintain consistency and improve member knowledge and skills. • Continuing education program for members bi-annually. • Issue specific training in targeted areas (disclosure, registration, legislative amendments, AODA, etc.). • The average length of time from the date of hearing/review to the date the final decision is issued averages three months.
Select members will receive training in case conference Facilitation Resolution.	Applicants and respondents feel respected and believe that their views have been heard and considered. Members will build, maintain and develop skills in analysis, problem-solving and negotiation, so that matters are resolved before requiring reviews or hearings.	• Development and approval of procurement in line with policy directives. • Creation of a training program that is effective and sustainable. • Participation and success in the program is supported by a certificate or designation.

I. RESOURCE REQUIREMENTS

The resource requirements for the Health Boards overlay with those of the Secretariat. In order to succeed with the initiatives set out in this plan, the Secretariat must maintain the staffing levels assigned in its allocation of human resources and it must continue to be innovative with its financial and I & IT resources. Particularly, the Secretariat must work to increase or adjust deployment of resources to allow for the advancements in I & IT, which will result in both operational and fiscal efficiency.

Funding is allocated to the Health Boards Secretariat from the Consolidated Revenue Fund. There are some limitations in detailing some specific resource requirements as they relate to the individual agencies both for past expenditure as well as for forecast. Expenses such as salaries, including those of full time members of the Health Boards and staff, as well costs associated with facilities are not specified in the resource requirements as it would be arbitrary to determine which portion of cost should be attributed to each individual agency. These costs are incorporated in the fiscal planning cycle of the Secretariat and are both reported and forecast to the Ministry.

The Health Boards anticipate that resources will be required over the next three years to complete the following estimated caseload requirements:

HPARB				
Workload Requirements	**2012/13**	**2013/14**	**2014/15**	**2015/16**
	Actual	**Estimated Work Volume**		
New Appeals Received	692	753	779	794
Case Conferences	731	775	800	820
Reviews and Hearings	483	510	515	520
Decisions Issued	467	510	515	520
HSARB				
Workload Requirements	**2012/13**	**2013/14**	**2014/15**	**2015/16**
	Actual	**Estimated Work Volume**		
New Appeals Received	388	365	365	365
Case Conferences	622	410	410	410
Hearings	107	100	100	100
Decisions Issued	88	120	100	100

In addition to these requirements of the Secretariat, the financial resources that are required to meet the legislated mandates of the Health Boards in line with the historical reporting format of the Health Boards annual reporting is as follows:

HPARB				
	2012/13	**2013/14**	**2014/15**	**2015/16**
Per Diem Honoraria				
Attendance at Proceedings	287,409	242,119	244,897	247,675
Preparation for Proceedings	279,726	242,119	244,897	247,675
Decision Writing	407,715	484,238	489,794	495,350
Disclosure	244,631	238,800	262,680	262,680
Education and Administration	268,961	295,572	276,850	276,850
Case Conferences	159,143	190,263	196,400	201,310
Other Expenses				
Court Reporting	5,382	5,100	5,150	5,200
Legal Services	198,222	180,000	180,000	180,000
Communications	117,586	102,000	103,000	104,000
Travel	112,128	102,000	103,000	104,000
TOTAL	**$2,080,903**	**$2,082,210**	**$2,106,667**	**$2,124,740**

HSARB				
	2012/13	**2013/14**	**2014/15**	**2015/16**
Per Diem Honoraria				
Attendance at Proceedings	85,915	56,538	56,538	56,538
Preparation for Proceedings	65,816	56,538	56,538	56,538
Decision Writing	103,907	113,075	113,075	113,075
Education and Administration	128,488	197,048	184,566	184,566
Case Conferences	88,388	104,338	98,200	98,200
Other Expenses				
Court Reporting	27,622	25,800	25,800	25,800
Legal Services	171,571	152,000	152,000	152,000
Communications	88,541	25,000	25,000	25,000
Travel	27,208	28,800	28,800	28,800
TOTAL	**$787,456**	**$759,136**	**$ 740,516**	**$ 740,516**

J. RISK ANALYSIS

There is inherent risk associated with every decision and action that is undertaken by the adjudicative Boards. With the underpinning of the legislated framework in which the Health Boards are mandated, as well as sound governance and controllership structures in place, these risks are well mitigated. These risks are outlined in five distinct categories:

- Strategic
- Accountability/Compliance
- Operational
- Workforce
- Infrastructure and Information Technology (I & IT)

Strategic Risk

The combined jurisdiction of the Health Boards is both broad and complex, and is layered with expanded jurisdiction to interpret both human rights and Charter[7] issues. Each appeal is adjudicated by a panel that sits independently and is tasked with interpreting and applying the legislation. An inability to demonstrate consistency and accuracy in interpreting and applying the legislation results in a lack of confidence from Ontarians in accessing justice and in the health care sector.

There are a number of mitigating strategies employed which serve to minimize strategic risk. A strong leadership team comprised of the full-time Chair and both full-time and part-time Vice-Chairs works to establish both a proactive as well as reactive support mechanism for the broader membership. A comprehensive training program is established that ranges from new member training through to continuing education for the membership. Access to independent legal counsel allows for ongoing advice and interpretation of jurisdiction and legal concepts, which have or will create complexity for the Health Boards.

Accountability / Compliance

The adjudicative health boards receive administrative and case management support from the Secretariat. Neither human nor financial resources are dedicated to any one Board exclusively; instead, a financial allocation is assigned to the Secretariat. Financial and human resources are distributed in line with the mandate of the Secretariat, which includes supporting the adjudicative agencies to meet their legislated requirements.

With heightened scrutiny of government expenditure, particularly in the sector of agencies, boards and commissions, it is challenging to demonstrate transparency in expenditure related to any one Board in particular given the shared resourcing structure of the Secretariat. There are risks associated with a perception that some costs incurred by any one Board in particular may be reported in line with general Secretariat expense, such as staff salaries or those of the full time members. This risk, however, is offset by the enormous financial and operational efficiencies gained by operating in a shared resourcing structure. Perhaps the most significant benefit of this structure is the ability to shift resources in line with what can be a variable appeal volume to the adjudicative tribunals. This shared resourcing model is in line with recent trends in the administrative tribunal sector in Ontario and in the recommendation of the Drummond Report to cluster agencies together where the outcomes result in efficiency and effectiveness.

Operational

Within the jurisdiction of the Health Boards, a number of pieces of legislation require the Health Boards to comply with mandatory appeal and decision issuance timeframes. From a procedural standpoint, there are other processing metrics, which are not legislatively mandated, but are best practices established by the Health

[7] The HSARB is precluded by legislation from hearing Charter arguments although it must apply Charter principles to its decision making.

Boards. Failure to meet legislative timeframes places the Boards at risk of losing jurisdiction to hear those matters, and then denies the appellant the right of appeal.

While appeal processing times for matters that do not have legislated timeframes may vary, the Boards must balance the needs of individual applicants to ensure that applications are processed fairly and in line with the principles of natural justice.

Workforce

In receiving administrative and case management support from the Secretariat, which is staffed by 19 of 21 positions belonging to bargaining agents, the Health Boards are at risk of delay in process resulting from a union action. The activities of the Health Boards are not deemed to be essential services; however, the mandate is vital to the parties engaged in the appeals process. Prolonged disruption to service may result in a lack of confidence in the ability and authority of both the Health Boards and the Ministry.

Experienced and efficient staff at the Secretariat is vital to the Health Board's operational efficiency and to the delivery of their legislated mandate. As such, a comprehensive education and training program must be in place for all staff, particularly those members of the Case Management Team. Prolonged vacancy rates or further reduction to the 21 person complement, impact the appeal processing times and may impede upon the quality of services provided to the Health Boards and, in turn, to the public.

Given the complexity of the matters before the Health Boards, and the founding principle that the Board is established as a lay board, it is critical that members are not only appointed from diverse communities around the province, but also that those individuals have the ability to understand and appreciate both the legal and medical issues that arise in the context of the appeals process.

Infrastructure and Information Technology

In the course of the appeals process, the Health Boards are required to handle highly confidential personal health information. Breaches in privacy may result in significant risk not only to the Ministry, but also to the health and well-being of the Boards' constituents. As such, the Health Boards have implemented a number of measures to mitigate against these risks. Members and staff are trained in best practices of I & IT security; members and staff are required to communicate information related to appeals solely through government assigned email accounts or courier; and all members and staff have access to encrypted drives for storage of Health Board related materials. Further to these precautions, development of a shared, secured website for document exchange is underway to expedite processes and increase security of case related materials.

With a highly administrative appeals process that is driven by the exchange of documents between the Health Boards and the parties, the health boards are heavily reliant upon I & IT resources. Without adequate resources to maintain and develop the case management system(s) and the computer infrastructure, the Health Boards are at risk of not meeting their legislated mandates. A comprehensive Continuity of Business Operations Plan is in place, as is a daily backup of all systems information, which is stored at an offsite location.

The Health Boards are open to the public, and both staff and members have daily contact with parties of appeals. The risk of physical and verbal abuse has been met with preventative measures to ensure the safety not only of members and of staff, but also the safety of the public and parties before the Board. Emergency planning procedures are in place and the office and hearing space has been designed to maximize security with the resources available while maintaining an open and welcoming environment.

K. COMMUNICATIONS PLAN

The Health Boards recognize that their ability to deliver fairness and transparency in process and consistent access to justice is contingent on establishing and maintaining strong communications with the public and stakeholders. The key strategy for maintaining communications with parties to appeals is the delivery of a case management model in delivering services. This structure was introduced at the Health Boards in 2008, and it is founded in the principle that any party to an appeal will primarily receive service from one case manager who will maintain their file from the time an application is received until the time that the Board has rendered its final disposition. This structure is designed to maintain consistency in communications to the parties, and works towards providing a more enhanced, tailored level of customer service to parties.

External communications are delivered through a number of different vehicles. The Health Boards each maintain a public website, which includes general information about their respective boards, links to relevant pieces of legislation, policy information including a complaints process for concerns regarding members and/or staff, and contact information. Each year the Health Boards publish an annual report, which is submitted to the Minister of Health and Long-Term Care and is posted on the Health Boards' websites. The annual reports contain information regarding the Health Boards' operational and financial activity for the year. In addition, the Boards make available to the public the documents required under the *Adjudicative Tribunals Accountability, Governance and Appointments Act.*

In 2010, the Health Boards established an enhanced degree of access to justice through publication of their decisions online at www.canlii.org. CanLII is a non-profit organization managed by the Federation of Law Societies of Canada, and it allows free public access to the decisions of courts and tribunals in Canada. A key impetus for posting the Health Boards decisions online resulted from communications with the broad stakeholder base who had identified a need to have access to previous decisions of the Health Boards to help better understand the jurisdictions of the Health Boards and to assist in preparation for hearings and reviews.

The Health Boards are committed to ensuring that the websites are maintained with the most up to date information regarding their activities in line with requirements under the *Accessibility for Ontarians with Disabilities Act* and the *French Language Services Act.* This information will be written in plain language that can be understood by both the public as well as customers accessing the Health Boards' services. As detailed in the priorities set out previously in this Plan, the Health Boards will continue to consult with stakeholders as required, and to provide annually key stakeholder groups with annual forums for discussion and the exchange of information and procedural updates.

L. MEMBERSHIP

HPARB Membership List as at March 31, 2013					
Last Name	**First Name**	**OIC Original Start Date**	**OIC Expiration Date**	**Position**	**Location**
Bates*	Timothy	28-Jul-10	27-Jul-15**	Public Member	Toronto
Beamish*	James T.	02-Dec-09	01-Dec-14	Public Member	Toronto
Bélanger-Hardy*	Louise	20-Jun-07	19-Jun-16	Public Member	Ottawa
Bossin*	Michael	07-Mar-07	06-Mar-17	Public Member	Ottawa
Boucher*	Michael	03-Sep-08	02-Sep-13	Public Member	London
Bryant*	Sally	20-Jun-12	19-Jun-14	Public Member	Toronto
Burstyn*	Marla K.	11-Mar-09	10-Mar-14	Public Member	Toronto
Cohen	Sheldon	22-Dec-05	21-Dec-13	Public Member	Toronto
D'Amours*	Marc	18-Feb-09	17-Feb-14	Public Member	L'Original
Dault*	James F.	20-Jun-07	19-Jun-16	Public Member	Barrie
Denov	Celia	05-Jan-06	04-Jan-14	Public Member	Toronto
Downing*	Beth	02-Dec-09	01-Dec-14	Public Member	Oakville
Farha*	Soraya	11-Mar-09	10-Mar-14	Public Member	Toronto
Foda	Rabiz	27-Jun-07	26-Jun-15	Public Member	Mississauga
Getson	Gary	03-Feb-06	02-Feb-14	Public Member	Unionville
Giroux*	François	14-Nov-12	13-Nov-13	Public Member	Ottawa
Go*	Avvy Yao-Yao	02-Mar-05	01-Mar-16**	Public Member	Toronto
Goldberg*	Bonnie	13-Feb-08	12-Feb-18**	Public Member	Toronto
Grant*	Norma D.	03-Sep-08	02-Sep-13	Public Member	Toronto
Gruben*	Vanessa	02-Dec-09	01-Dec-14	Public Member	Ottawa
Heyninck*	Emanuela	15-Sep-10	14-Sep-15**	Public Member	London
Huscroft*	Grant	09-Jul-08	08-Jul-18**	Public Member	London
Jovanovic*	Stephen	30-May-06	29-May-14	Public Member	Windsor
Kelly*	Thomas J.J.	15-Dec-05	14-Dec-13	Public Member	London
King	Christopher	03-Feb-06	02-Feb-14	Public Member	Markham
Kovanchak*	Stephen G.	08-Apr-09	07-Apr-14	Public Member	Thunder Bay
Lamoureux*	Linda P.	23-Aug-05	22-Aug-13	Chair	Markham
Lobu*	Taivi	11-Apr-06	23-Feb-18**	Vice-Chair	Toronto
Makhamra*	Samia	07-May-08	06-May-16	Public Member	Toronto
McGee*	Sean	14-Nov-12	13-Nov-13	Public Member	Ottawa
McKelvey	Darcie	13-Feb-08	12-Feb-18**	Public Member	Caledon
McKeown*	Sharon	25-Feb-09	24-Feb-14	Public Member	Windsor
Moss*	Christine T.	11-Mar-09	10-Mar-14	Public Member	Toronto
Ouellet*	Sonia	07-Mar-07	06-Mar-17	Public Member	Ottawa
Petryna	Brenda	10-Aug-06	09-Aug-14	Public Member	Sudbury
Proulx*	Chantal	18-Feb-09	17-Feb-14	Public Member	Ottawa
Ryan Elliott*	Kathleen	07-Mar-07	06-Mar-17	Public Member	Cobourg
Sanchez de Malicki	Elvira	28-May-08	27-May-13	Public Member	Toronto
Scrimshaw*	David	20-Jun-12	19-Jun-14	Public Member	Ottawa
Shamess	Carol	30-May-06	29-May-14	Public Member	Sault Ste. Marie
Siddiqui*	Yasmeen	12-May-10	11-May-15**	Public Member	Toronto
Sossin*	Lorne	25-Oct-06	24-Oct-16**	Public Member	Toronto
Stanton*	Kim	01-Aug-12	31-Jul-14	Public Member	Toronto
Steele*	Robert L.	08-Oct-08	07-Oct-13	Public Member	Burlington

HPARB Membership List as at March 31, 2013					
Stewart-Ferreira	Lydia	04-Feb-09	03-Feb-14	Public Member	Toronto
St-Hilaire*	Gabrielle	30-Apr-08	29-Apr-13	Public Member	Ottawa
Taylor	Phillip S.	05-Jan-06	04-Jan-14	Public Member	Toronto
Tye*	Hugh	16-Apr-08	15-Apr-13	Public Member	Hamilton
Vauthier*	Janice H.	15-Dec-05	23-Feb-18**	Vice-Chair	Thunder Bay
Wilton*	Carol	20-Oct-10	19-Oct-15**	Public Member	Hamilton

*Cross-appointed to the HSARB

** Beginning In the 2012 fiscal year, reappointments of members are made in accordance with the provisions of O. Reg 88/11 of the *Adjudicative Tribunal Accountability, Governance and Governance and Appointments Act.*

HSARB Membership List as at March 31, 2013					
Last Name	**First Name**	**OIC Original Start Date**	**OIC Expiration Date**	**Position**	**Location**
Bates*	Timothy	28-Jul-10	27-Jul-15**	Public Member	Toronto
Beamish*	James T.	02-Dec-09	01-Dec-14	Public Member	Toronto
Bélanger-Hardy*	Louise	25-Mar-09	24-Mar-14	Public Member	Ottawa
Bossin*	Michael	23-Mar-11	22-Mar-16**	Public Member	Ottawa
Boucher*	Michael	18-Nov-09	24-Nov-14	Public Member	London
Bryant*	Sally	20-Jun-12	19-Jun-14	Public Member	Toronto
Burstyn*	Marla K.	03-Nov-04	10-Mar-14	Public Member	Toronto
Cohen	May	09-Apr-03	08-Apr-14	Public Member	Toronto
D'Amours*	Marc	18-Feb-09	17-Feb-14	Public Member	L'Original
Dault*	James F.	02-Dec-09	01-Dec-14	Public Member	Barrie
Downing*	Beth	15-Jul-05	14-Jul-13	Public Member	Oakville
Farha*	Soraya	03-Mar-04	02-Mar-17	Public Member	Toronto
Giroux*	François	14-Nov-12	13-Nov-13	Public Member	Ottawa
Go*	Avvy Yao-Yao	18-Apr-11	17-Apr-13	Public Member	Toronto
Goldberg*	Bonnie	23-Mar-11	22-Mar-16**	Public Member	Toronto
Grant*	Norma D.	23-Mar-11	22-Mar-16**	Public Member	Toronto
Gruben*	Vanessa	02-Dec-09	01-Dec-14	Public Member	Ottawa
Heyninck*	Emanuela	15-Sep-10	14-Sep-15**	Public Member	London
Huscroft*	Grant	09-Feb-11	08-Feb-16**	Public Member	London
Jovanovic*	Stephen	11-Mar-09	10-Mar-14	Public Member	Windsor
Kelly*	Thomas J.J.	11-Mar-09	17-Jul-14**	Vice-Chair	London
Kovanchak*	Stephen G.	08-Apr-09	07-Apr-14	Public Member	Thunder Bay
Lamoureux*	Linda P.	23-Apr-08	22-Aug-13	Chair	Markham
Lobu*	Taivi	11-Mar-09	10-Mar-14	Public Member	Toronto
Lum	Lillie Lai Quon	01-Feb-99	22-Mar-16**	Public Member	Thornhill
Makhamra*	Samia	23-Mar-11	22-Mar-16**	Public Member	Toronto
McGee*	Sean	14-Nov-12	13-Nov-13	Public Member	Ottawa
McKeown*	Sharon	25-Feb-09	24-Feb-14	Public Member	Windsor
Moss*	Christine T.	01-Feb-99	22-Mar-16**	Public Member	Toronto
Mullan	Elizabeth A.	15-Apr-03	14-Apr-14	Public Member	Toronto
Ouellet*	Sonia	03-May-10	02-May-15**	Vice-Chair	Ottawa
Proulx*	Chantal	18-Feb-09	17-Feb-14	Public Member	Ottawa
Ryan Elliott*	Kathleen	23-Mar-11	22-Mar-16**	Public Member	Cobourg
Scrimshaw*	David	20-Jun-12	19-Jun-14	Public Member	Ottawa
Siddiqui*	Yasmeen	12-May-10	11-May-15**	Public Member	Toronto
Sossin*	Lorne	11-Mar-09	10-Mar-14	Public Member	Toronto
Stanton*	Kim	01-Aug-12	31-Jul-14	Public Member	Toronto
Steele*	Robert L.	23-Mar-11	22-Mar-16	Public Member	Burlington
St-Hilaire*	Gabrielle	11-Mar-09	10-Mar-14	Public Member	Ottawa
Tye*	Hugh	23-Mar-11	22-Mar-16	Public Member	Hamilton
Vauthier*	Janice H.	11-Mar-09	10-Mar-14	Public Member	Thunder Bay
Wilton*	Carol	20-Oct-10	19-Oct-15**	Public Member	Hamilton
Yedvab	Jay Okun	05-Jul-04	04-Jul-14**	Public Member	Toronto

*Cross-appointed to the HPARB

** Beginning In the 2012 fiscal year, reappointments of members are made in accordance with the provisions of O. Reg 88/11 of the *Adjudicative Tribunal Accountability, Governance and Governance and Appointments Act.*

M. HEALTH BOARDS SECRETARIAT STAFF

Health Boards Secretariat Staff List as at March 31, 2013		
Last Name	**First Name**	**Position**
Coleman	Lori	Registrar
Van der Vliet	Sara	Deputy Registrar
Popovich	Chris	Executive Assistant / Researcher
Demyanenko	Natalya	Case Management Coordinator
Baker	Maureen	Case Officer
Choudhary	Sofiea	Case Officer
Clifford	Andrew	Case Officer
Dunscombe	Anna	Case Officer
Evora	Sandra	Bilingual Case Officer
Franklin	Kate	Case Officer
Sequeira	Glenn	Case Officer
D'Mello	Julie	Administration Coordinator
Aberra	Alpha	Bilingual Administrative Assistant
Ashton-Kirby	Desiree	Administrative Assistant
Bolinas	Margaret	Administrative Assistant
Persaud	Shanti	Administrative Assistant
Kailas	Mathanan	Senior Technology / Business Systems Administrator
Ramalingam	Aravinth	Systems Support Analyst
Kassam	Ashif	Systems Officer