

OPEN MINUTES OF MEETING BOARD OF DIRECTORS

Held, Wednesday, October 26, 2016
at 1600 hours
in Victoria Hospital Board Room C3-401

Board Members Present:

B. Bird, M. Glendining, K. Haines, S. Jaekel (t), R. Robinson, A. Walby, P. Retty, K. Ross, A. Lum, T. Gergely (Chr), S. Caplan, L. McBride, A. Hopper, D. Woodward, T. Warner, D. Steven, K. Church, M. Wilson, M. Hodgson, C. Young-Ritchie, S. Irwin-Foulon

Board Member Regrets:

J. Wright

Guests:

G. Kernaghan, M. Kellow

Resource:

T. Eskildsen

1.0 CALL TO ORDER/REVIEW OF AGENDA/CONSENT AGENDA

Mr. Gergely called the meeting to order and reminded the Board Directors of the Ethical Decision Making Framework and Conflict of Interest Policy that the Board adheres to and encouraged those members who may feel they have conflict or perceive someone else's conflict to bring it forward, either now or at the time of the item.

After seeking concerns or objections to the items within the consent agenda, the items listed in Appendix 1 and as noted below and starting on page 156 were APPROVED by UNANIMOUS CONSENT:

1.1 Minutes of Regular Meeting 2016/09/28

1.2 Joint Collaboration Committee

1.2.1 Voluntary Integration (for information)

1.3 Committees of the Board- Minutes

1.3.1 Human Resources 20161002

1.3.2 Governance Committee 20161017

1.3.3 Medical Advisory Committee 20161012

1.3.4 Quality and Performance Monitoring 20160917

1.3.5 Joint Collaboration Committee Minutes 20161017

1.3.6 Finance and Audit Minutes 20161013

2.0 NEW BUSINESS/INFORMATION/APPROVALS

2.1 Chair's Remarks

Mr. Gergely and Board Directors reviewed work ongoing in the past month, upcoming events and events attended on behalf of the Board. The following items were highlighted :

- Upcoming Country Classic Auction- November 5, 2016. Tickets are still available
- St. Joseph's was congratulated on Hand Hygiene results
- Ms. Robinson provided an overview of a webcast on Strategic Planning that she was able to attend with St. Joseph's and felt it was a great presentation indicating that the speaker brought some interesting ideas into strategy setting.

2.2 CEO Report

Mr. Glendining submitted his report into record and highlighted the following items:

- Ms. Gould introduced Julie Trpkovski, Vice President focused on Emergency Department, Access and Flow and Mental Health
- Recently released Harm report from Canadian Institute of Health Information
- Reviewed the continuation of Operational Management Process work towards plan. It was noted that the leadership team members are committed to working through the areas to improve in the new methodology. Mr. Glendining has reported that working through these issues will affect the timing of second quarter reports, but they will be provided to the Board as soon as they are available
- Mr. Ed Clarke report is scheduled to be released in the near future and the report is being presented directly to the premier which will result in results being public a bit sooner than normal.
- Highlights were provided on November Board meeting presentations of two exciting new initiatives in the Surgery Department
- Corpus Sanchez is presenting today to discuss hospitals internal processes within LHSC mental health program
- LHIN and CCAC work is moving into an interesting stage of preliminary work with a ministry assessment on the potential approaches to merger

2.3 Lawson Health Research Institute Report

Mr. Ross submitted the Lawson Board report into record and reviewed the activities of Lawson highlighting the following:

- Board continues the work to develop the Finance and Investment Committee for Lawson. Work has now been handed off to an adhoc committee to get to the ultimate formulation of this committee. It is hoped that this will be before the Lawson Board in 2017.
- Dr. David Hill was commended for his leadership in participating in the Canadian Government's independent review for funding of research.
- There was an identified need for a framework for enterprise risk in order to provide enough advance warning of potential issues to not only Lawson but respective hospital boards' as well. It was noted Lawson didn't have an ERM plan but that the hospitals do and the Board will be looking to them to provide advice and inform the work ahead.

2.4 St. Joseph's Health Care, London

Dr. Kernaghan highlighted the following:

In previous updates to LHSC, it was noted that St. Joseph's has been advocating for additional funding to expand their chronic pain program. Dr. Kernaghan was pleased to report that some additional funding has been received. St. Joseph's services areas from Toronto to Windsor.

2.5 Joint Collaboration Committee,

2.5.1 Mental Health Feasibility Study Overview and Recommendation

Dr. Karima Velji introduced the consultants from Corpus Sanchez who have been providing assistance to the two hospitals to oversee a feasibility study to assess the opportunity, impact and a potential approach to improved integration and alignment of their mental health programs.

Corpus Sanchez representatives reviewed with the board of directors the detailed work that has led the group to the next of phase of the feasibility process. While a number of recommendations were identified, the following areas were proposed to move forward to detailed feasibility analysis:

- Geriatric Ambulatory resulting in development of a clear and accessible inventory of services that ensures clients and families get connected to the right service, the first time while also supporting improved inpatient flow.
- Adult Ambulatory will lead to a single coordinated intake with integrated assessment.
- Long Stay will lead to the proactive identification of barriers to discharge and identify alternative settings, and reduce length of stay.

- Transitional Age/Stage Youth (TSY) with a goal to reducing ED visits
- Children & Adolescent study will look at a program of integration of St. Joseph's nine inpatient beds with LHSC to establish a centre of excellence.

The chair opened the floor for questions and comments and the following points were noted:

- In response to a question on areas of risk, it was noted that different funding models, system changes, community partners experience a delay could be uncontrollable risk to timing.
- In response to a question on the education paradigm, it was noted by Dr. Links, that this opportunity is a great example of academic goals, creating a geriatric program, transitional stage youth activity will not reduce any of the education for learners. Support was also provided that by improving our clinical delivery collaboratively creates a better environment to teach the students.
- In response to a question on how does the Board will know that these new processes, that appear to make sense from an intuitive point, will actually work. It was noted that all processes have been built on best practices that are currently being delivered at other centres.

The Board of Directors APPROVED by GENERAL CONSENT that management proceed to phase three of detailed feasibility analysis and planning as it relates to integration opportunities in mental health services.

2.6 Quality and Performance Monitoring

Mr. McBride provided an overview of the last meeting of the Quality and Performance Monitoring Committee and noted his attendance at the patient safety week activities that LHSC held.

2.6.1 Quality Improvement Plan Process 2017/18

A general review was provided in reference to the planning for the next QIP. It was noted that this plan has become a more iterative conversation throughout the levels of the organization. It was noted there will be further updates on this work at the November Board of Directors meeting.

2.7 Medical Advisory Committee Recommendation

Dr. Andrea Lum identified that there were no contentious issues either brought to her attention or discussed at MAC in reference to the regular credentialing recommendations within the package.

2.7.1 New Appointments to Professional Staff

2.7.2 Changes to Professional Staff Appointments

2.7.3 New Clinical Fellow

Mr. Gergely sought objection to laying the first three recommendations as one approval before the Board. No objections were noted.

The Board of Directors APPROVED by GENERAL CONSENT the following recommendations as submitted by the Medical Advisory Committee:

2.7.1 New Appointments to Professional Staff

2.6.3 Changes to Professional Staff Appointments

2.6.4 Appointments to the Clinical Fellows September

2.8 Governance Committee

2.8.1 Community Member Appointment

It was noted that vacancies still remain on some of the committees and the members of Governance continue to work to populate the committees

The Board of Directors APPROVED by GENERAL CONSENT that Ms. Betty Dore be appointed to Human Resources Committee.

2.8.2 Community Member Change of Committee

The Board of Directors APPROVE by GENERAL CONSENT a committee appointment change for Mr. Tom Allen to move from Quality and Performance Monitoring to Finance and Audit.

2.9. Human Resources Committee

2.9.1 Human Resource Indicator Report

Ms. Retty reviewed the committee's work in the last meeting to amend the HR indicators to better align with the new balanced scorecard and be more relevant to organization oversight.

The Board of Directors APPROVED by GENERAL CONSENT the amendments to the Human Resources Quarterly Metrics to remove the following:

- **LHSC WSIB severity rate versus hospital group average**
- **Ministry of Labour visits/orders quarterly summary**
- **Full/Part Time posted vacancies as well as hard to recruit positions**
- **Annual number of grievances by Union group**

2.10 Finance and Audit Committee

2.10.1 Retention and Selection of Professional Services

In response to a question about application to Lawson Research, it was noted that Lawson have their own policy in relation to retention and Selection of Professional Services.

The Board of Directors APPROVED by GENERAL CONSENT the Retention and Selection of Professional Services Policy.

2.10.2 RBC Credit Facilities Renewal

The Board of Directors APPROVED by GENERAL CONSENT the renewal of the existing debt financing arrangements with RBC without renegotiation.

2.10.3 HSAA Amendment Agreement Request

The Board of Directors APPROVED by GENERAL CONSENT the Hospital Service Accountability Agreement (H-SAA) Amending Agreement for a six month period from October 1, 2016 to March 31, 2017.

2.10.4 Stem Cell- Pre-Capital Submission

The Board of Directors APPROVED by GENERAL CONSENT the Stem Cell Transplantation Pre-Capital Submission.

3.0 ADJOURNMENT

The Board of Directors ADJOURNED the MEETING by UNANIMOUS CONSENT. The next meeting of the Board of Directors is currently scheduled for October 25, 2016

Recorded by:
Tammy L. Eskildsen

Tom Gergely, Chair
Board of Directors