

OPEN MEETING MINUTES OF THE BOARD OF DIRECTORS

held, Wednesday, May 30, 2018 @ 1500 hours
in the Victoria Hospital Board Room C3-401

Board Members Present:

L. McBride, R. Robinson (Chair), P. Retty, P. Woods, (xo nv) S. Jaekel, M. Hodgson, A. Walby, D. Steven, B. Bird, S. Caplan, S. Irwin Foulon, M. Wilson, D. Steven (xo-NV), S. Pandey, A. Hopper

Healthcare Partner Representatives:

H. Rundle, G. Kernaghan

Board Member Regrets:

C. Young-Ritchie, J. Wright, T. Warner, K. Haines, T. Delaire, T. Gergely, A. Lum, M. Strong

Resource:

T. Eskildsen/D. Shaxon

*= teleconference

1.0 CALL TO ORDER

The meeting of the LHSC Board of Directors was called to order. The Chair reviewed with Directors and guests that the Board of Directors follow an ethical decision making framework which is listed on the back of the agenda. Mrs. Robinson also mentioned the Conflict of Interest policy and indicated that if anyone felt that they are in conflict of interest either now or at the time of a specific agenda item, to please notify the chair.

1.1 Patient Experience Video

A patient experience video was shown.

2.0 REVIEW/ OF CONSENT AND FULL AGENDA

2.1 Approval of Full Agenda

The full agenda for the May 30, 2018 meeting was APPROVED by GENERAL CONSENT as written.

2.2. Consent Agenda

The Consent Agenda for the May 30, 2018 Board meeting was APPROVED by GENERAL CONSENT. The agenda consists of the recommendations and reports submitted into record found in Appendix 1 beginning on page 332 of the agenda package.

3.0 NEW BUSINESS/RECOMMENDATIONS/FOR INFORMATION

3.1 Chair's Remarks

Mrs. Robinson highlighted the following information and meetings whereby she attended on behalf of the Board:

- The Donor of Distinction Societies President's Dinner was held on Thursday, May 24th. It was a great night and presentations were very well done.
- Ms. Robinson and Ms. Walby participated in an Advance Board Governance session in Toronto.

- An Ontario Hospital Association (OHA) webcast was earlier this month to understand governance legal accountabilities.

3.1.1 Committee Chair Round table

The committee chairs will discuss their round table items during their quarterly indicator reporting later in the meeting.

3.2 CEO Report

Dr. Woods submitted his report into the Corporation's records and highlighted the following points:

- The Mental Health (MH) program is excitedly evolving in terms of transformation. The report speaks about creating a whole new model of care. The new model is being authored by staff and physicians in the program which attests to the great leadership of Dr. Sarah Jarman, Dr. Bill Sischek (MH Co-Chiefs) and Ms. Julie Trpkovski (Vice President, MH). Dr. Woods will keep Directors apprised of the progress.
- Dr. Jackie Schleifer Taylor, President of Children's Hospital has been appointed as the Co-Chair (along with Dr. Michael Apkon) for the Provincial Council for Maternal and Child Health. The strategy, brand identity and operations of Children's Hospital will be assessed. The goal is to create a provincial system of care with Hamilton along with McMaster Children's Hospital, Children's Hospital of Eastern Ontario and SickKids.

3.2.1 CEO Q4 goals/transition plan update

Paul highlighted items in his predecessor's quarter four transition plan report:

- *Operation Management Planning (OMP)*
OMP was halted and further discussion will occur in the closed session of the Board meeting on how to move forward.
- *Quality Improvement*
There is a good reporting structure and assurance model in place. Going forward, the focus will be on creating a framework. It was noted that a lot of success has been achieved the past two years and is a four to five year multi-planning process. Further discussion will be held in the closed session of the Board meeting.
- *Strategic Plan*
The process was paused when Dr. Woods started his role at LHSC to provide him time to understand the organization and has now been reestablished. Initiatives will be presented to the Board in June 2018. A strategic planning retreat for a comprehensive health network has been scheduled for the end of July 2018 with LHSC, St. Joseph's Health Care, London, Schulich School of Medicine & Dentistry, Western University Health Sciences, and Lawson Health Research Institute.
- *Advancing Feasibility Study Streams*
A new title will be created in the future as all streams are now feasible. Ms. Julie Trpkovski, and Ms. Jodi Younger, Vice President, Patient Care at St. Joseph's are going to meet to review the needs of each hospital and determine ambulatory service models to ensure sufficiency for each hospital.
 - The South West Local Health Integration Network (LHIN) communicated that additional funding will be granted for LHSC and Canadian Mental Health Association to assist with transitioning patients back to the community.
 - A new project lead by Bill Hill, Indigenous Clinical Practice Lead and commissioned by St. Joseph's has started regarding indigenous MH issues. Dr. Kernaghan reported that there is a specific funding stream to develop a model of care for seriously ill MH indigenous patients. The project will bring together the best of western health care with indigenous practices. Smudging ceremonies can now be done in the chapel at St. Joseph's which is only the beginning of the initiatives that will come out of the project. The funding for St. Joseph's has been imbedded in their strategic plan as it is a three year funding agreement. If the project can show efficacy funding may be ongoing. Indigenous training has been offered for the staff and it will be rolled out to the Board members.

- Dr. Woods noted that Mr. Neil Johnson, Vice President Cancer Care and the Cancer program have done a lot Indigenous work and suggested a relationship should be built at the CEO and Chief level as well.
- *Youth Mental Health*
Dr. Woods and Ms. Trpkovski visited the Youth Opportunities Unlimited centre on Friday, May 25th. While it isn't one of the five streams, it is a fascinating program where services are brought to the person. While funding from the Ministry was not allocated to create a youth hub in London (funding went to smaller communities that did not have an academic health centre) the planning still needs to continue for our youth. Updates will be provided to the Board for information in the future.

3.3 *Quarterly Indicator Report Discussion*

Ms. Robinson asked the committee chairs to provide updates in regards to the big dot items noted in the quarterly indicator reports.

People & Culture

Ms. Irwin Foulon reported that there is progress being made in regards to staff safety trending to target. The committee is confident that staff safety is being managed and monitored effectively at this time. In terms of the work life balance indicator, a discussion was held at the last committee meeting about accumulation of vacation balances and the requirement for staff to have time off to rest and recharge. The vacation policy has recently been amended to address this requirement. Leadership felt that vacation balances of staff will continue to naturally decrease over every quarter as individuals are encouraged to take time to rest. This was noted to be a single initiative in a larger project that in the future will inform a wellness strategy for LHSC staff.

Quality Performance & Monitoring Committee

Mr. McBride noted that indicators are a bit misleading as the big dots have remained the same however, a decline in Emergency wait times to the units and ED wait times are noted. The committee needs to understand the challenges staff are reporting in the patient satisfaction surveys. It was noted that there is a correlation between occupancy rates and patient satisfaction. Of high interest to the committee is to learn more about the processes Dr. Calhoun reported at the last committee meeting regarding the National Surgical Quality Improvement Program (NSQIP) for surgical site infections (how to decrease infection rates after surgery for patient safety and dollar savings).

Finance and Audit

Ms. Bird reported that materials for the big dot reporting were not presented at this month's committee meetings. Regarding Financial Health reporting of green, it is pending and up for debate as the organization is meeting its obligations but members are not sure what that entails. The balance sheet is healthy but funds are not being provided for critical infrastructure. The auditors completed an analytical procedure and provide an example how to separate those that are driving sick time. It would be useful as it is data now available in a useable format at no charge. Ms. Laurie Gould has asked the auditors to share the information so it can be put in to LHSCs analytical tool. The data could cross over to People & Culture as well.

Joint Medical Advisory Committee

Dr. Siddiqi on behalf of Dr. Lum reported that the organization has embraced medical reconciliation but some metrics are red. There is now ownership of communication surrounding the metrics to front line staff. While discharges summaries are mostly completed by house staff there is a gap in providing information to physicians. The Medical Advisory Committee is going to ensure appropriate accountability and communications are occurring. Each physician will receive a report and should be able to move the indicators. It was noted that the best performing portfolios are those that have Chairs or Division Chiefs who are very engaged.

3.4 Lawson Health Research Institute Report

Mr. Ross reported that the monthly report has been included in the agenda package. The operational review continues to move forward. Meetings are continuing regarding the investments of Lawson.

3.5 St. Joseph's Health Care London Update

Mr. Rundle highlighted that the St. Joseph's Board of Directors package was 545 pages in length this month. The meeting held on Monday, May 28th was focused on year-end finance results. The hospital started with a deficit budget however, there was turnaround due to increased revenue. After discussions the members agreed to restrict the additional funds in order to pay for the first phase of clinical documentation when it is ready. Other investments were for smaller capital items.

A sold out Breakfast of Champions was held on Tuesday, May 8, 2018.

Dr. Kernaghan reported that it was good year for opportunities as they are on year six of post construction operation plan (PCOP) and St. Joseph's have used dollars to integrate assessment teams and allocate funds to increase ambulatory capacity both in MH and chronic disease areas. Volumes were increased by 13-14%.

3.6 Medical Advisory Committee Recommendations

Ms. Robinson reported that due to the approaching tenure for the Chair and Vice Chair of the Medical Advisory Committee the selection committee will be meeting in June or July 2018 to re-evaluate what will be best for organization going forward. Conversations were held with Drs. Lum and Siddiqi.

3.6.1 **Process overview for re-credentialing suspended professional staff**

Members were referred to the briefing note provided in the agenda package for the process outline. In terms of physician suspensions, LHSC awaits the College of Physicians and Surgeons of Ontario's (CPSO) confirmation if the suspension has been lifted and if the physician has been reinstated with/without restrictions. At that time the Department Chief will be asked for their recommendation on reinstatement, which will then be presented to the City Wide Credentialing Committee, Medical Advisory Committee and then to the Board of Directors.

It was noted there are two levels of Committees at the CPSO. Complaints can take months to be assessed. In regards to hospital processes, careful consideration must be made to not include a lot of staff and physicians as the member has a right to appeal to the Board and therefore the less members that are involved, the less they will remain non-prejudice.

Discussion occurred regarding the internal decisions of the organization to continue physicians to practice after complaints are received. Leaders base the complaint on if there is risk to the patients and their role in the organization. If there is risk then the physician would not work while under investigation. The typical decision makers are the Vice President of Medical Affairs and the Chief of the Department. If needed the Vice President of the Clinical area will be included.

3.6.2 **New Appointments to Professional Staff**

In response to a question why there are duplicate names on the report, it was reported that new physicians would need privileges for the current year which ends June 30th and the new year which commences July 1st.

The Board of Directors APPROVED by GENERAL CONSENT the Professional Staff new appointments to London Health Sciences Centre.

3.6.3 **Changes to Professional Staff Appointments**

The Board of Directors APPROVED by GENERAL CONSENT the Professional Staff appointment changes to London Health Sciences Centre.

3.6.4 New Clinical Fellow Appointments

The Board of Directors **APPROVED** by **GENERAL CONSENT** the New Clinical Fellow appointments to London Health Sciences Centre.

3.6.5 Quarterly Report on Goals – Chair

The Goal report was submitted into record and the floor was opened for questions, noting that Dr. Lum was regrets for today and any questions would be follow up and reported on at the next meeting. No questions were noted.

3.6.6 Quarterly Report on goals – Vice Chair (guest: F. Siddiqi)

The Goal report of Dr. Siddiqi was submitted into record. Dr. Siddiqi noted that he had no additional items to add to the report but invited any questions that the Board may have. There were no questions.

3.7 Governance Committee

3.7.1 Professional Staff By-Law Amendments

The amendments were reviewed at the last Governance Committee meeting and are being presented to the Board as a result of last year's developments. There were a few modifications that the LHSC legal team and Governance members recommend.

The Board of Directors APPROVED by GENERAL CONSENT the Credential Professional Staff By-Law changes as presented and recommended them to the Members of the Corporation for APPROVAL and RATIFICATION.

3.8 People and Culture Recommendation

3.8.1 Ethical Decision Making Framework

Mr. Sibbald was welcomed to the meeting. The framework is presented annually at the People & Culture Committee however, in planning for Accreditation; the new Corporate Ethics Committee reviewed and endorsed a new Ethics Framework. Accreditation Canada's governance standards require that the Board of Directors endorse and support the hospitals Ethics Framework.

Mr. Sibbald presented the framework based on the acronym VALUES and noted that ethics is not just for the bedside but includes governance, organizational, research and clinical ethics as well. Each domain has different tools and approaches that can be accessed through one framework.

Discussion occurred regarding the high cost drug session held last year. The framework may not be able to clearly assist with all situations however; there is a checklist on how to make the processes fair.

For Accreditation, staff must have knowledge of and access to the framework. The tools and framework are being rolled out to the organization. In regards to a question if physicians have their own framework from a professional and teaching aspect, Mr. Sibbald advised that the most common framework nursing and medical schools use is the Principlism framework which helps academically. There are no inconsistencies between the framework they are academically taught and LHSC's framework for practical decision making.

In response to a question if the organization follows the resource allocation tool in budgeting decisions, it was noted that over last couple of years there has been a greater effort to use ethics. Mr. Shawn Gilhuly used ethics in his presentation to the Finance & Audit Committee which was self-explanatory.

ACTION: Ms. Robinson invited Mr. Shawn Gilhuly to present budget ethics at a future Governance Committee Meeting.

The Board of Directors APPROVED by GENERAL CONSENT the new Ethics Framework.

3.9 Quality and Performance Monitoring

3.9.1 Patient Experience Semi Annual Update

Mr. Wilson reminded members that in 2016 Accreditation Canada updated their standards to firmly ground client and family-centred care language in each set of standards with emphasis on partnership and collaboration with patients and families. The Patient Experience report is provided on a semi-annual basis and provides great information. Congratulations were extended to Dr. Schleifer Taylor and her team for the work completed to date.

3.10 Finance and Audit Recommendations

Ms. Bird referred members to the recommendations from the Investment Sub-Committee that were approved at the last Finance and Audit Committee meeting.

3.10.1 LHSC Year-end Performance

The year ended with a small surplus of \$8.2M. The surplus was primarily due to M2P1 reconciliation of funding net equipment amortization.

The Board of Directors APPROVED by GENERAL CONSENT the Year End Financial Results for the fiscal year ending March 31, 2018.

3.10.2 LHSC Draft Audited Financial Statements

The full set of Audited Financial Statements are included in the agenda package along with the audit results package that Ernst & Young presented to the Finance & Audit Committee.

In response to a question regarding what the internal and external restricted funds are for in Note 5, the funds are earmarked for Capital equipment. Discussion occurred at the investment sub-committee.

ACTION: Mr. Shawn Gilhuly will report back to the Finance and Audit Committee on why there is a decrease in external restricted funds.

The Board of Directors APPROVED by GENERAL CONSENT the draft Audited Financial Statements for the fiscal year ending March 31, 2018.

3.10.3 Broader Attestation Public Posting Strategy

Ms. Bird reported that considerable discussion ensued at the Finance & Audit Committee regarding the current strategy of posting of a factually accurate but high-level statement acknowledging a material amount of un-attestable activity (~10-15%) without publically disclosing the specific relationships. Mr. Toby O'Hara, Executive Director, of Health Care Materials Management Services (HMMS) was comforting in his presentation on how decisions are being made line by line. The materials are prepared in the event that they become a subject of a provincial audit. The Finance and Audit Committee is recommending to continue with the current strategy.

The Board of Directors APPROVED by GENERAL CONSENT that the fiscal year 2018 Attestation Public Posting strategy does not change from previous years.

3.10.4 Broader Public Sector Attestation (BPSAA) Statement

The Board of Directors APPROVED by GENERAL CONSENT the Broader Public Sector Attestation Statement that has been signed by the CWEO and prepared in accordance with section 15 of the BPSAA Act, 2010

3.10.5 2018-20 Hospital Service Accountability Agreement (HSAA)

The Hospital Service Accountability Agreement is a three year agreement and the changes are listed in the briefing note provided in the agenda package. From a legal standpoint LHSC is in compliance. Accountabilities will be part of the Finance & Audit Committee workplan.

It was MOVED and SECONDED that the motion be AMENDED to include HSAA accountabilities in the Finance and Audit workplan.

The Board of Directors APPROVED by GENERAL CONSENT the 2018-2020 Hospital Service Accountability (H-SAA) effective April 1, 2018 to March 31, 2020. Accountabilities will be included the Finance and Audit workplan.

4.0 ADJOURNMENT

The Meeting was ADJOURNED by GENERAL CONSENT.

Recorded by
Deanna Shaxon

Ramona Robinson, Chair
Board of Directors