

OPEN MEETING MINUTES OF THE BOARD OF DIRECTORS

held, Wednesday, October 31, 2018 @ 1400 hours
in the Victoria Hospital Board Room C3-401

Board Members Present:

L. McBride, R. Robinson (Chair), P. Retty, P. Woods, (x0 nv) S. Jaekel, B. Bird, S. Caplan, S. Irwin- Foulon, M. Wilson, A. Hopper, C. Young-Ritchie, K. Haines, A. Lum, K. Ross, K. Tranquilli, T. Delaire, A. Walby, J. Brock

Board Directors Present by Teleconference:

Healthcare Partner Representatives:

H. Rundle, G. Kernaghan=R, B. Wilkinson

Board Member Regrets:

M. Hodgson, D. Steven, S. Pandey, D. Cheng, J. Wright

Resource:

T. Eskildsen

*= teleconference

1.0 CALL TO ORDER

The meeting was called to order by Mrs. Robinson.

1.1 Patient Experience

Patient stories reveal a great deal about the quality of services, the culture of an organization, and the effectiveness of mechanisms to manage, improve and assure quality. They also serve as a reminder to Board of Directors of their accountability for quality.

2.0 REVIEW OF AGENDA

In response to the feedback of the Board of Directors to move conversations to a more strategic and generative conversation, a priority style agenda is under trial for the next few months. The ultimate goal would be to spend half the available meeting time on strategic matters.

2.1 Approval of the Agenda

The agenda was **APPROVED** by **GENERAL CONSENT**.

3.0 PRIORITY AGENDA

There were no priority agenda items noted.

4.0 RECOMMENDATIONS/REPORTS

4.1 Chair's Remarks

The Chair of the Board provided the following highlights:

- The members of the Executive Committee participated in their second mock survey in preparation for Accreditation. The Board's ongoing continuous improvement work and results of the survey have been provided as part of the consent agenda.
- Mr. Michael Hodgson's absence was noted, and wishes for a swift recovery were extended on behalf of the Board.
- In response to a request by the Board for an update on the Ministry of Labour Behaviour Assessment tool, Dr. Woods noted that it is a complex issue and there was considerable work ongoing to address the issues while

remaining compliant under the Ministry requirements. Ms. Nickle, Corporate Counsel and Ms. Trpkovski, Vice President, Mental Health, Emergency Services and Access were present to provide both a backgrounder and an overview of the work ongoing. It was noted that the organization is meeting the requirements in the Minutes of Settlement; however, the application of the tool is not serving our patients well. LHSC is at risk of engendering moral distress in many members of the healthcare team (both compliant and non-compliant) and in alienating patients who feel stigmatized by the arm banding and the permanence of the flag. There is a general consensus that the policy elements that have been raised as concerns need to be addressed and changes made to the approach. This will require re-opening the minutes of settlement and re-negotiating with ONA. There is work ongoing to ensure that this meeting happens prior to the end of the year. Ms. Trpkovski highlighted a meeting with the PEPP Parent Support Group and clients earlier in the day and leadership will continue to work with the PEPP Parent Support Group to incorporate the patient perspective in planning for the BSA screening policies.

4.2 CEO Report

Dr. Woods submitted his report into record and highlighted the following items:

- The Town Halls for the staff have been well received with the roll out of the Mission, Vision and Values.
- Accreditation Survey team will arrive on first Sunday in November and LHSC's goal is to be Accreditation Ready Every Day. The care of our patients, safety and quality of care are the most important things that LHSC provides. It is expected that the organization will do well this year.
- The Core Lab has moved from a regular lab to an automated lab. The core lab provide initial, rapid, ground testing and screening for all the hospital service areas and provide technical expertise and support to smaller laboratories in the community. The lab also works in partnership with other laboratories at LHSC to provide complete investigational results to the clinicians.

ACTION: Gemba Walk to be provided for the Board of Directors on the Core Lab.

4.3 Quality and Performance Monitoring Committee

Mr. Hopper reported on the chair's behalf that three deep dive discussions occurred at this meeting. The first review was on long stay patient care at LHSC and the dynamics of a particular case were explored; secondly, self-harm rates and implementation of the Columbia Suicide Severity Rating Scale at LHSC was discussed; three, readmission rates and the recently adopted risk adjusted measure of unplanned, urgent, all-cause readmissions within 30 days data collection. It was noted that the change in metric calculation methodology was to provide a more comprehensive and risk-adjusted perspective. Other updates included the organizational readiness report for accreditation and the annual review of the ED Return Visit Ministry of Health Quality Program provided by Julie Trpkovski and Adam Dukelow.

4.4. Medical Advisory Committee

4.4.1 New Appointments to Professional Staff

4.4.2 Changes to Professional Staff Appointments

4.4.3 New Clinical Fellows Appointments

The Board of Directors APPROVED by GENERAL CONSENT the following Medical Advisory Committee credentialing recommendations to London Health Sciences Centre:

4.4.1 New Appointments to Professional Staff

4.4.2 Changes to Professional Staff Appointments

4.4.3 New Clinical Fellows Appointments

4.4.4. Dr. R. Chan Recommendation/Report

Dr. Richard Chan did not appear on the reappointment list in July 2018 but rather the reappointment deferral list in June 2018 due to his certificate suspension by the College of Physicians and Surgeons of Ontario (CPSO). The CPSO had reinstated his certificate to practice on October 1, 2018. An overview was provided of the discussions at the Medical Advisory Committee and highlighted that a new certificate has been received identifying the individual as a member good standing with the CPSO with conditions imposed. The MAC was satisfied and supported the recommendation for re-appointment.

The Board of Directors APPROVED by GENERAL CONSENT the RE-APPOINTMENT of DR. Richard Chan effective November 1, 2018.

4.4.5 P. S. Reappointment Recommendation/Report

During the last few months, significant efforts have resulted in all Professional Staff having completed all their outstanding learning modules. Therefore, there are no non-compliant Professional Staff and the attached report will conclude the Professional Staff Reappointment of Privileges process for the July 1, 2018 – June 30, 2019 credentialing cycle.

The Board of Directors APPROVED by GENERAL CONSENT that the October 2018 Professional Staff Applications for re-appointment.

4.4.6 Chief Paediatrics

In response to a question about timing with respect to the Chair/Chief recruitment process, it was reported that while the processes are being further streamlined, this is an interim appointment and that the intent would be to eventually replace or partner Dr. Yoo with a paediatrician until a final candidate can be recruited.

The Board of Directors APPROVED by GENERAL CONSENT that upon receipt of a signed letter of offer, the appointment of Dr. John Yoo as the Interim Citywide Chief of Paediatrics be effective November 1, 2018 to June 30, 2019, or until a new interim city-wide chief or co-chief(s) is appointed, whichever comes first.

4.4.7 Chief Medicine

The Board of Directors APPROVED by GENERAL CONSENT the appointment of Dr. James Calvin as the city-wide Chief of the Department of Medicine for a second five year term, Effective November 1, 2018 to October 31, 2023.

4.5 Finance and Audit

Ms. Bird provided meeting highlights including the work to revise the methodology on big dot reporting for finance. Further details into the discussion at Finance and Audit with respect to the Cardiac Hybrid Operating Room recommendation were highlighted noting that the funds to cover the cost had been donated and pledged through the London Health Sciences Foundation. This item was identified as an exception to policy.

The Board of Directors APPROVED by GENERAL CONSENT the purchase of the equipment and professional construction services to replace the Hybrid OR at UH in order for the work to be completed before summer 2019.

4.6 Governance Committee

Ms. Walby provided an overview of Accreditation preparedness at the Board level and further highlights from the meeting including work plans, terms of reference and the new priority agenda format.

4.7 People and Culture

Sharon Irwin- Foulon reported the approval of the work plan and terms of reference. A discussion with Dr. J. Calvin on physician engagement and academic mission occurred which will be further discussed in 2019 for consideration for an addition to the terms of reference. Accreditation was also a topic and it was noted that there was considerable enthusiasm to share the good work being done at LHSC. The corporate crisis communication plan was shared, exploring mechanisms of the processes through a recent example. A case study utilizing the ethical framework and value based decision making tool was presented and Mr. Sibbald facilitated the group through a better understanding of the complexity of issues before the organization.

ACTION: Governance Committee was assigned the review of the need for Board specific crisis communication management policy.

5.0 HEALTHCARE PARTNERS/BOARD REPORTS

5.1 St. Joseph's Healthcare London.

Dr. Rundle highlighted that there was not a lot to report for the month of October. St. Joseph's will be observing your new mechanism to improve efficiency over through the new agenda.

5.2 Lawson Health Research

The report is in the package under the consent agenda for the Board's review. The Lawson Health Research Board has not met since the last LHSC Board meeting. The next meeting is scheduled for November 6, 2018. The Finance, Audit and Investment Committee did meeting on October 25th and some improvements have been made in reporting.

Lawson will host its next Café Scientifique event on Tuesday, November 20. It is a free community event providing an informal opportunity to get involved with science. Through an open-forum discussion in a casual setting, these events address health-related issues of popular interest to the general public. The topic this time is focusing current research on pain and its management, including the use of opioids and cannabis. The scientist panel includes Drs. Dwight Moulin, Naveen Poonai and Dave Walton, with moderator Dr. Kathy Speechley.

Congratulations were extended to Dr. David Hill. The Jurgen Pedersen Lecture is the highest honour bestowed by the group annually. Dr. David Hill (Diabetes) was this year's invited Jurgen Pedersen Lecturer at the 2018 DPSG meeting in Rome, Italy on September 29th.

5.3 London Health Sciences Foundation

Ms. K. Tranquilli reported on the Country Classic Auction, highlighting that tickets were still available for what will be the 31st year for this event. Further updates included that quite some time ago the LHSF set an ambitious and unprecedented goal to raise \$200 million for London Health Sciences Centre. The generosity of the community helped LHSF surpass our campaign goal raising \$215 million in total. Ms. Tranquilli also highlighted the work ongoing at the Foundation on their strategic plan and alignment with the hospital.

5.4 Children's Health Foundation

Mr. Delaire provided an update on the Children's Health Foundation, noting that all financial evidence shows that the organization is in excellent shape and tracking well on every revenue line. An upcoming event is the Magical Winter Ball on December 7, 2018. The organization recently launched a new campaign, Miracle Mission, which allows participants to set up a personal donation page [through the campaign website](#). The campaign runs through the rest of the year and donations will be collected during the Corus Radiothon in support of Children's Hospital in February.

A gift-in-kind of service by a banking institution will be providing donor analytics on CHF's existing donors' demographics. Launching a donor database is an important milestone for any development team. Once a data system is in place, the next step is to use the information it contains to raise money, communicate with donors, and inform strategy.

5.5 Board to Board

Ms. K. Haines provided an update on a recent meeting to discuss the subLHIN mandate. The LHIN is currently in a transformation phase with the recent change in political power. The Chair of the LHIN Board provided a document on the platform for modernizing the way Ontario manages provincial expenditures and the summary of findings through the audit of the provincial expenditures. Those interested in a copy of this document, please contact Ms. Eskildsen for the links to the file.

6. CONSENT AGENDA

The Chair opened the consent agenda and sought the Board's feedback on any item that any member would like to be removed.

The Consent Agenda for the October 31, 2018 Board meeting consisting of the recommendation and reports found in Section 6 beginning on page 34 was approved by GENERAL CONSENT with the removal of the following item(s) for further discussion:

Item 6.2.5 Post Meeting Feedback report, item no. 7.1

7. OTHER BUSINESS/FURTHER DISCUSSION FROM CONSENT AGENDA

7.1 *Post Meeting Feedback report.*

This item was removed from the consent agenda to discuss a concern raised that a member felt that consensus had not been reached in the approval of the Strategic Initiatives in September. Ms. Walby highlighted that consensus is neither compromise nor unanimity - it aims to go further by weaving together everyone's best ideas and most important concerns. Further clarity on the initiatives will be discussed through the committees of the Board.

6 ADJOURNMENT

The meeting was **ADJOURNED** by **GENERAL CONSENT**.

Recorded by:
Tammy Eskildsen

Ramona Robinson,
Chair, Board of Directors