

# OPEN MEETING MINUTES OF THE BOARD OF DIRECTORS

held, Wednesday, November 28, 2018 @ 1500 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, M. Wilson, C. Young-Ritchie, A. Lum, K. Ross, K. Tranquilli, T. Delaire, A. Walby, M. Hodgson, J. Wright, J. Brock, D. Cheng, D. Steven

## Board Directors Present by Teleconference:

S. Caplan, K. Haines, P. Wood, B. Bird, A. Hopper

## Healthcare Partner Representatives:

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

## Board Member Regrets:

S. Pandey, S. Irwin Foulon

## Resource:

T. Eskildsen

\*= teleconference

## 1.0 CALL TO ORDER

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The meeting was called to order by Mrs. Robinson.

### 1.1 Patient Experience

A report was profiled on how the organization would work through a sample case with long term relationship with patient and family.

## 2.0 REVIEW OF AGENDA

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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. It was noted that there may not be time to have generative review on every item, however if there are remaining questions, please fill out your feedback form and the Governance Committee will work to bring them back.

### 2.1 Approval of the Agenda

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

## 3.0 PRIORITY AGENDA

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### 3.1 IT and Digital Strategy

Mr. Glen Kearns provided a review on the digital journey, cloud technologies and the opportunities for LHSC to strategically advance the impact of the health care system in Southwestern Ontario for the families who desire to maximize their health. The ability to leverage the functions of digital health and digital business solutions will help build for success for the regional/provincial residents we serve. LHSC is currently positioned to partner with others and provide leadership to an EcoSystem of health service providers.

Highlights from the presentation include:

- The key successes of the work over the past eight years, resulting in LHSC and St. Joseph's having the most advanced and largest regional HIS system in Ontario.
  1. Ambulatory order entry and documentation system for nephrology,
  2. Regional inpatient/outpatient physician order entry

3. Closed loop medication safety systems,
  4. Regional oncology ordering/documentation system, and
  5. Nursing documentation for surgery and the emergency services
- in 2011, the operations of the HIS were outsourced to the vendor in return for service level agreements that would ensure system stability
  - in 2014, the first of a series of clinical transformation took place through a project to introduce clinician provider order entry, bar code medication administration and electronic medication records.
  - Moving toward an Eco-System that works together to advance health requires a foundation of integrated systems that maximize the role and communication amongst the team.
  - Currently moving from theory to practice to include the patient perspective into the electronic health record to essentially democratize the patient record and result in improving the experience of all patients through this process
  - Peer hospitals in the US are at least 7-10 years ahead of us. They are using competition to drive patient engagement through technology and the mature automation of the electronic record to focus on advanced analytics.
  - In the future preferred systems will use artificial intelligence with a goal to diagnose residents before the onset of illness and treat them at lower acuity levels in the community.
  - LHSC's strategic plan is focused on the next chapter of advancing as an academic health organization.

The foundation of the LHSC Mission is linked with the requirement for technology decisions and key components for the future success for our patients were highlighted as follows:

- Deliver on the foundations of Electronic Clinical Documentation implementation, renew the corporate systems as they are over 15 years old as well as invest in other cloud technologies and the use of Artificial Intelligence principles and embedded AI in all workflows.
- Educate the Health Providers of tomorrow
- Advance new discoveries and innovations that optimize the health and well-being of those we serve

### 3.2 Medical Leadership Review

Dr. Woods provided background and highlighted that the limiting factor in many of the challenges LHSC faces is leveraging the actions of physicians in improving those challenges. In addressing these challenges, Dr. Robin Walker, Integrated Vice President, Medical Affairs, was asked to develop a long term strategy to accomplish a medical leadership and accountability model. While this work was in progress, an interim position of Chief Medical Officer was established to enhance LHSC's efforts with respect to ongoing access and flow challenges and other key improvement initiatives as they are prioritized as part of our strategic planning work. It was noted that Dr. Woods seek to add a permanent position to the leadership team. A current Chair/Chief is carrying out the duties in conjunction with his current Chief duties, but it is has been found extremely difficult to have one person accomplish both roles and do each role justice.

Preliminary validation of the model has been completed and supported by the Joint Medical Advisory Committee. The next steps involve developing, refining, and validating an evaluation instrument that assesses the competencies and core principle in the model. As well, the Board was asked to review the changes to the Chair Medical Advisory Committee role to bring forward a recommendation to support the removal of the Medical Director of Quality portion of the current description. Once a formal position of the CMO can be approved, it is the intention of the President and CEO to conduct a national search with a desire to have a successful candidate in place early in 2019.

The report was submitted into record, noting that there will be additional conversations at appropriate Board Committees or Board of Directors as the recommendations move forward for either approval or implementation.

**ACTION: Chair, MAC role description to be discussed at Governance Committee in 2019.**

### 3.3 Talent Management Overview

Ms. Jaekel provided an overview of the talent management presentation that occurred at People and Culture Committee earlier in November. It was highlighted that there continues to be a pressing need for talent and

that need is anticipated to continue. In order for the organization to achieve its strategic objectives is, to a large degree, dependent upon the cultivation of strong, capable, data-driven and business-aligned authentic leaders at all levels, in both clinical and corporate areas. The incoming leaders needs to be appropriately equipped and supported to demonstrate and role-model our values of compassion, teamwork, curiosity and accountability.

There are currently efforts ongoing to evolve and adapt current talent practices and have developed a new Talent Management Framework to support a systematic approach to spotting, developing and growing talent.

### 3.4 Q2 Balanced Scorecard

A presentation of some of the key metrics of the Quarter two report was highlighted by leadership and the following points were noted:

- Staff Safety is still slightly outside the target, which is not unusual as our number of Workplace Safety and Insurance Board (WSIB) claims fluctuate at this time of the year.
- Wellness metric saw a significant improvement from Q1, as summer is a high vacation time. We continue to be challenged with this metric for a number of reasons including staffing and workload issues. There is currently work in progress to look at monitoring more timely metrics.
- There are a number of initiatives underway that will continue to drive satisfaction, noting that this indicator was red for the last five quarters
- The organization needs to remain vigilant in managing our processes so that patient wait times, organization capacity and treatment occur as fast, yet as safe as possible. Two of the five big dots showed poorer performance (Emergency Wait and Treatment Diagnostic Wait). However, there were small improvements in 9 of the 20 indicators. Physicians, staff, patients and their families are working to understand the root cause and barriers that are hindering improvement, and implementing actions proactively as there are several key areas of focus to improve how we continue to manage our processes of care and service delivery at LHSC.
- In response to a question on the current Government statements from Queen's Park on initiatives to end hallway medicine, it was noted that metrics have not be received from the Ministry, however it was noted that the Ministry is actively looking at alternative care, and delivery of care model to better serve patients of Ontario.
- Financial metrics are red, and the Board was reminded that a review of the weightings of some of the indicators is underway to improve accuracy where possible.

## 4.0 RECOMMENDATIONS/REPORTS

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### 4.1 Chair's Remarks

The Chair of the Board provided the following highlights:

- It was noted that the organization was successful in meeting their goal of Accreditation with Exemplary Standing.
- Service Awards for the staff, physicians and volunteers occurred late in November recognizing staff who had earned 25 or more years of service.
- A recent event sponsored by the Children's Health Foundation that was well supported with 75 attendees and commitments of donations materialized for the Neonatology Cardiology area of the organization.
- Ms. Robinson reminded the Board that the President's awards are in the near future and that an appointment was in the calendar.
- Lawson's Leaders in Innovation Event was well attended with over 400 in attendance.
- Dr. Jorge Burneo, a professor in clinical neurological sciences, has been chosen as the first Jack Cowin Chair in Epilepsy Research. Dr. Burneo, who is also co-director of the epilepsy program at the Schulich School of Medicine and Dentistry and London Health Sciences Centre, will be tasked with bridging clinical practice and the school's research in areas such as medical imaging and neuroscience. The final goal will be to develop better surgical outcomes and less invasive surgical approaches that could improve patient quality of life.

### 4.2 CEO Report

Dr. Woods submitted his report and CEO Goals Quarter 2 results into record and reviewed the progress on the Quarter 2 goals including the Children's Hospital Strategic Plan in progress with the assistance of Corpus Sanchez. Further detail was shared on surgical service work group, city wide research and the positive work ongoing in the staffing and scheduling project which is beginning to demonstrate savings in staffing.

Dr. Woods further highlighted from his report and noted that the Core Lab Transformation has recently been completed and highlighted that there are some opportunities emerging in microbiology to improve quality across Southwestern Ontario through regionalization opportunities.

**ACTION: Gemba walk to be planned for the Core Lab in 2019.**

#### **4.3 Quality and Performance Monitoring Committee**

Mr. Wilson reported on the work of the committee, highlighting the Strategic Plan Initiative, and the work ongoing to develop the 2019/20 quality improvement plan.

#### **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. Chief, Department of Clinical Neurosciences

**The Board of Directors APPROVED by GENERAL CONSENT the appointment of Dr. David Steven as the city-wide Chief of the Department of Clinical Neurosciences for a period of five year term, Effective January 1, 2019-December 31, 2023.**

#### **4.5 Finance and Audit**

4.5.1 Medical Imaging Fleet

Ms. Bird reported that based on recent due diligence by leadership, it was discovered that renovation costs associated with the Diagnostic Imaging fleet replacement were not sufficient. The current gap in the renovation budget is approximately \$10M (above the Board approved amount of \$8.5M) for a total construction cost of \$18.4M at a "Preliminary" estimate (with 50% of those costs being assigned to meet declining infrastructure and new code requirements).

It was noted that the motion before the Board was not the same one approved at Finance and Audit, with members of that committee asking for additional language be added to the motion after the adjournment of the meeting. This is a minor procedural error in an effort to ensure that the Board was well informed and the motion wasn't appropriately amended. The chair supported that the motion before the Board was the will of the committee and would ask the Board to endorse the motion as currently written.

**The Board of Directors APPROVED by GENERAL CONSENT the Medical Imaging CT Fleet Replacement costs of \$12,550,000 and MRI/IVR Design of \$1,608,000.**

**The following projects previously approved are being cancelled in favor of the new one being recommended below. The net new spending request is for \$951,000.**

#### **Cancelling**

**Fiscal 2016/17 CT Units \$4,467,000**

**Fiscal 2017/18 CT/MRI/Neuro Angio \$6,156,000**

**Fiscal 2018/19 Neuro Angio \$2,584,000**

**Total Approved \$13,207,000**

**New Approval**

CT Equipment Purchase \$6,300,000 – PO Execution November 2018

CT Renovation Cost \$ 6,250,000- Design PO Execution November 2018 - Contract Award February 2018

MRI/IVR Design \$1,608,000 - Design PO Execution November 2018

Total Requested \$14,158,000

**4.6 Governance Committee**

Ms. Walby reported that the Governance Committee will be looking to review the administrative bylaws and amend to match the new prototype where appropriate. The committee also reviewed Board communication and crisis management planning oversight work as requested by People and Culture and further updates will be brought to the committee as more information develops.

**4.7 People and Culture**

Ms. Jaekel provided an update on the Strategic Initiatives that were presented to the committee including, acuity based staffing, staffing and scheduling as well as the important work ongoing to implement the values through the organization.

**5.0 HEALTHCARE PARTNERS/BOARD REPORTS**

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**5.1 St. Joseph's Healthcare London.**

Dr. Rundle highlighted the most recent Board meeting highlighting the advocacy work of leadership over three years in gaining aligned understanding with Ministry that the current funding model was unfair to St. Joseph's. This understanding led to a funding correction which has allowed St. Joseph's to balance. Dr. Kernaghan announced the official opening of the palliative care unit at Parkwood with 21 bed capacity and that the first patients will be in those beds the week of December 3<sup>rd</sup>. Formal congratulations were extended on behalf of the St. Joseph's Board for LHSC's achievement in the most recent accreditation process. .

**5.2 Lawson Health Research**

The report is in the package under the consent agenda for the Board's review. Mr. Wilkinson highlighted that an operational review is underway. The Lawson Finance and Audit and Investment committee continues to tackle issues with investment policy and the tolerance for risk.

**5.3 London Health Sciences Foundation**

Ms. K. Tranquilli reported on the results of the Country Classic Auction, highlighting that the Make a difference appeal raised approximately \$342K in 20 minutes which will be targeted for Mental Health. LHSF has approved their strategic plan and a call for applications for new Board members publishing it on social media.

**5.4 Children's Health Foundation**

Mr. Delaire reported that the Foundation is seven months through the fiscal year and on plan. Mr. Delaire provided further highlights on the November 15 donor event in which Dr. Schleifer Taylor was a key note speaker was provided.

**5.5 Ethics Committee**

Mr. Ross reported that he and Ms. Caplan were appointed to the Ethics Committee as Board representatives. Mr. Ross highlighted the make up of the committee and noted that this committee acted in an advisory capacity. The focus of the committee over the last few months has been organization readiness for accreditation, focusing on how LHSC puts an ethical lens on everything that LHSC does.

The Board Chair expressed appreciation to Mr. Ross and Ms. Caplan for providing an update on this important work. There was a brief discussion on ways in which the Board could be kept abreast of the work of this important committee. Further discussion will occur on opportunities to update on this important work regularly.

## 6. CONSENT AGENDA

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The Chair opened the consent agenda and sought the Board's feedback on any item that any member would like to be removed. No request to discuss an item occurred.

**The Board of Directors APPROVED by GENERAL CONSENT the reports and recommendations within the Consent Agenda.**

- 6.1 Board of Directors Minutes October 31, 2018
- 6.2 Governance Committee
  - 6.2.1 Terms of Reference Recommendation, People & Culture, Quality and Performance Monitoring, Executive
  - 6.2.2 Work plan Recommendations People & Culture, Quality and Performance Monitoring, Joint Collaboration
  - 6.2.3 Board Policy Amendments, Board Meeting, Confidentiality Waiver, Retention and Selection of Consultants
- 6.3 Finance and Audit Committee
  - 6.3.1 Q2 Financial Results
- 6.4 President and CEO Report
- 6.5 Lawson Health Research Report and Lawson - Fiscal 2019 Q1 Financial Results□
- 6.6 Committee Minutes of Meeting
  - 6.6.1 Finance and Audit Committee 20181115
  - 6.6.2 Fiscal Advisory Committee 20180605, 20181003
  - 6.6.3 Medical Advisory Committee 20181010
  - 6.6.4 Quality and Performance Monitoring Committee 20181018
  - 6.6.5 Governance Committee 20181015
  - 6.6.6 People and Culture Committee 20181026
- 6.7 Strategic Initiatives Briefing notes

## 7. OTHER BUSINESS/FURTHER DISCUSSION FROM CONSENT AGENDA

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## 8. ADJOURNMENT

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

Recorded by:  
Tammy Eskildsen

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Ramona Robinson,  
Chair, Board of Directors