

# OPEN MEETING MINUTES OF THE **BOARD OF DIRECTORS**

held, Wednesday, March 27, 2019 @ 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, C. Young-Ritchie, A. Lum, K. Ross, T. Delaire, A. Walby, M. Hodgson, J. Wright, J. Brock, D. Cheng, S. Caplan, K. Haines, B. Bird, A. Hopper, T. Mele, S. Irwin Foulon, M. Wilson, S. Pandey

## Board Directors Present by Teleconference:

## Healthcare Partner Representatives:

H. Rundle, G. Kernaghan\*, B. Wilkinson

## Board Member Regrets:

R. Mikula

## Resource:

T. Eskildsen

\*= teleconference

## 1.0 CALL TO ORDER

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The meeting was called to order by Mrs. Robinson. There was reference made to the Conflict of Interest Policy and members were asked if they felt that they were in conflict for any item on the agenda, to declare their conflict now or at the time of the item.

Condolences were extended to John McFarlane and Ron Mikula on the recent passing of their respective family members.

### 1.1 Patient Experience

The Board of Directors engaged in a tour to better understand the Children's Hospital areas. A discussion was facilitated on items or areas that resonated with each member from the tour.

Mr. McBride provided a brief overview of the patient experience discussion that occurred at Quality and Performance Monitoring Committee that was aligned with the Patient Declaration of Values review.

## 2.0 REVIEW OF AGENDA

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### 2.1 Approval of the Agenda

The agenda was APPROVED by GENERAL CONSENT with an amendment to move Item 4.5.1 Clinical Documentation to the end the session to item 7.1.

## 3.0 PRIORITY AGENDA

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There were no Priority agenda items for March 2019.

## 4.0 RECOMMENDATION/REPORTS

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### 4.1 Chair's Report

The chair highlighted some of the work ongoing and noted that Administrative bylaws would be coming forward for the Board of Directors review and consideration in April. It was highlighted that Dr. Woods was having town halls in the month of April for the staff and if the Board had interest in observing the communications, they were welcome to attend one.

### 4.2 CEO Report

Dr. Woods submitted his report into record and provided updates on the following items:

- Accreditation Ready Every Day and a review of the ongoing quality assurance processes being put into place to support processes and initiatives that have not been fully woven in daily workloads.
- Provincial work continues highlighting that very little detail is available at this time.
- Advisory Board education session for Board Directors on Accountable Care Organizations is currently in progress of being planned for summer 2019.
- 2019/20 Scorecard is being reviewed and developed and Ms. Schleifer Taylor will be seeking committee feedback over the month of April on the new evolution.

### 4.3 Quality and Performance Monitoring

#### 4.3.1 2019/20 Quality Improvement Plan Indicator and Performance Recommendation

Both Mr. McBride and Ms. Walby provided an overview of the document items within this recommendation for the Board. It was noted that there was considerable debate on the reporting of workplace violence metric and its value at the Quality and Performance Monitoring Committee.

The Board of Directors **APPROVED** by **GENERAL CONSENT** the 2019/20 Quality Improvement Plan indicators and targets:

1. Overall number of workplace violence incidents reported by hospital workers – Target 886 reports
2. Medication Reconciliation at Discharge – Target 85%
3. Effective transitions “Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital”? – Target 65%
4. Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient’s discharge from hospital – Target 50%
5. Time interval between the Disposition date/time and the date/time patient Left the Emergency Department (ED) for admission to an inpatient bed or operating room at the 90<sup>th</sup> percentile – Target 17.0 hours

And:

The Board of Directors **APPROVED** by **GENERAL CONSENT** the 2019/20 Quality Improvement Plan indicators tied to performance compensation:

1. Overall number of workplace violence incidents reported by hospital workers – Target 886 reports
2. Medication Reconciliation at Discharge – Target 85%

#### 4.3.2 2019 Quality Improvement Plan Narrative and Workplan

The Board of Directors **APPROVED** by **GENERAL CONSENT** the 2019/20 Quality Improvement Plan Narrative and Work Plan.

**ACTION:** the 2018/19 Workplan progress report to be shared with the Board at the 4<sup>th</sup> quarter reporting (May 2019).

#### 4.4 Medical Advisory Committee

The next meeting of the Medical Advisory Committee will focus on the annual review of the Professional Staff Bylaws.

4.4.1 New Appointments to Professional Staff

4.4.2 Changes to Professional Staff Appointments

4.4.3 Clinical Fellow 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

#### 4.5 Finance and Audit

Item 4.5.1 moved to item 7.1 by the consent of the Board.

#### 4.6 Governance Committee

Ms. Walby provided an update on the continued work of committee members highlighting the decision to move to the Ontario Hospital Association (OHA) template of the Administrative Bylaws. An opportunity to review the bylaws in advance will be provided to the Board so that feedback can be provided directly to the committee in advance of a recommendation for approval. Due to the size of the Board package, they have not been included in this package but will be shared under separate cover.

Evaluation of Committees, Board and Chairs will begin next week as part of the annual process.

Ms. Amy Walby highlighted a discussion at Governance with respect to Indigenous Cultural Safety Learning Program and that volunteers are being requested to take the education and provide feedback on the content to the Governance Committee of the Board.

##### 4.5.1 HMMS CEO Evaluation Recommendation

The Board previously approved that the Governance Committee move to the process to select a consultant utilizing the Broader Public Sector Accountability Act process to engage a consultant for two years with an option to renew up to a maximum \$80,000 for the four years. A small subset of the governance committee completed the evaluation mechanisms earlier in March and the resulting recommended proponent is before the Board of Directors today for approval.

It was MOVED by A. Hopper, SECONDED by B. Bird that the submitted motion be amended by striking wording after \$52,277.50 and replacing wording with "options to extend with options to extend for up to two years with consideration of the Board after that initial period."

CARRIED

The Board of Directors APPROVED by GENERAL CONSENT HMMS and the Governance Committee proceed with the award of HMMS03323 – CEO Evaluation Program to for the two year commitment of total fees \$52,277.50 with options to extend for up to two years with consideration of the Board after that initial period.

##### 4.5.2 People and Culture Chair role

The Board of Directors APPOINTED BY GENERAL CONSENT THAT Suzanne Jaekel be the Chair of the People and Culture Committee for the remainder of the term 2018/19.

## 5 HEALTHCARE PARTNERS/BOARD REPORTS

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### 5.1. St. Joseph's Health Care, London

Dr. Rundle highlighted agenda topics from the most recent St. Joseph's Health Care, London Board of Directors meeting including the approval of Scorecard for the next year which includes the quality measures. Work was completed on the CEO Succession policy. St. Joseph's Health Care also noted that they had also contracted Verity Consultants for the purposes of their CEO Evaluation.

The St. Joseph's Health Care, London Board of Directors further approved the first phase of Clinical Documentation at the last meeting. Dr. Rundle further noted that St. Joseph's had also approved a plan B on how to move forward without LHSC should the LHSC Board of Directors decide not to move forward with Clinical Doc. Plan B was not defined.

Dr. Kernaghan highlighted that the Premier's consultation is moving forward and a report is expected from the Premier's Council at the end of June.

### 5.2. Lawson Health Research Institute

Mr. Wilkinson highlighted that Lawson was unable to meet and their Board meeting was deferred until April 3, 2019. The request for proposal for the operational review process is ongoing and the proposals are in the progress of being graded.

The Lawson Impact Awards are planned for April 11, 2019 and the guest speaker will be Dr. Dorin Comaniciu on "Artificial Intelligence for Health Care: The Road Ahead." If Board Directors are interested in joining in purchasing a table, please contact Suzanne Jaekel.

### 5.3 London Hospital Linen Services

Mr. McBride provided an overview of the London Hospital Linen Services and highlighted that after 40 years Mr. John Sealey, Executive Director has retired. An interim appointment has been made while a selection process is undertaken. Mr. Brendan O'Neill is acting as Interim Executive Director.

It was highlighted that the organization ran a small surplus in the past year however their biggest challenge remains to be lost linen. Patient transfers seem to be the challenge for lost linen with an approximate loss of \$800,000. Initiatives have been put into place to assist in the recovery of the linen.

### 5.4. Western University

Dr. Davy Cheng, Acting Dean, Schulich School of Medicine and Dentistry, highlighted that the government changes to funding for post-secondary education has required all program faculties to reduce their budget by over 5%. Emphasis for hiring is for need only, not necessarily for replacement.

## 6.0 CONSENT AGENDA

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The Board of Directors APPROVED by GENERAL CONSENT the Consent Agenda for March 27, 2019 consisting of the following recommendations and reports

### 6.2 Governance Committee

#### 6.2.1 Chief, Dentistry Selection Committee

The Board of Directors APPOINTED by GENERAL CONSENT the following individual to the Chief Selection Committee for Dentistry:

Jim Brock

#### 6.2.2 Chief, Surgery Selection Committee

The Board of Directors **APPOINTED** by **GENERAL CONSENT** the following individual to the Chief Selection Committee for Surgery:  
Kimberlee Haines

#### 6.2.3 CEO Succession Policy Amendments

The Board of Directors **APPROVED** by **GENERAL CONSENT** amendments to CEO Succession and Selection Policy as follows:  
Housekeeping and language edits

#### 6.2.4 Patient Advisor – Finance and Audit Recommendation

The Board of Directors **APPROVED** by **GENERAL CONSENT** a patient advisor role be added to the following committee;  
Finance and Audit Committee

### 6.3 Finance and Audit Committee

#### 6.3.1 Hospital Service Accountability Agreement

The Board of Directors **APPROVED** by **GENERAL CONSENT** the 2019/20 Hospital Accountability Amending Agreement (H-SAA) effective April 1, 2019 to March 31, 2020.

#### 6.3.2 Multi Service Accountability Agreement

The Board of Directors **APPROVED** by **GENERAL CONSENT** the 2019/2022 Multi-Sector Accountability Agreement (M-SAA) effective April 1, 2019.

#### 6.3.3 Additional Information Clinical Documentation

#### 6.3.4 Q3 Financial Reports deferred from February

### 6.4 President and CEO Report

### 6.5 Lawson Health Research Reports

### 6.6 Committee Minutes of Meeting

#### 6.6.1 Finance and Audit Committee 20190320

#### 6.6.2 Medical Advisory Committee 20190313

#### 6.6.3 Quality and Performance Monitoring Committee 20190221

#### 6.6.4 Governance Committee 20190219, 20190318

### 6.7 Quality and Performance Monitoring Committee

#### 6.7.1 Patient Experience

## 7.0 OTHER BUSINESS

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### 7.1 Clinical Documentation

It was **MOVED** by B. Bird, **SECONDED** by A. Hopper to moved Item 4.5.1 Clinical Documentation to closed session.

**CARRIED**

**The guests, members of the public were asked to recuse themselves for this item. The following individuals were invited to stay Mr. Shawn Gilhuly, Mr. Neil Johnson.**

The Board of Directors engaged in closed discussion on this item.

It was **MOVED** by B. Bird, **SECONDED** by A. Hopper that the session be moved to open session.

**CARRIED**

**The guests, members of the public were invited to return for this item.**

The Board of Directors APPROVED by GENERAL CONSENT the Clinical Documentation/One Chart Phase 1 with St. Joseph's and other Regional partners, at a one-time cost to LHSC of \$22,153,177 and an annual ongoing cost to LHSC of \$2,950,927.

ACTION: The Board as a whole has requested an opportunity to review the financial sustainability recovery of the organization from the LHSC leaders.

## 8.0ADJOURNMENT

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The meeting was ADJOURNED by GENERAL CONSENT.

Recorded by  
Tammy L. Eskildsen

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Ramona Robinson, Chair  
Board of Directors