

OPEN MEETING MINUTES OF THE BOARD OF DIRECTORS

held, Wednesday, April 24, 2019 @ 1500 hours
in the Victoria Hospital Board Room C3-401

Board Members Present:

R. Robinson (Chair), P. Retty, P. Woods* (xo nv), C. Young-Ritchie, A. Lum, K. Ross, A. Walby, M. Hodgson, J. Wright, J. Brock, D. Cheng, S. Caplan, K. Haines, S. Pandey, R. Mikula

Board Directors Present by Teleconference:

T. Mele

Healthcare Partner Representatives:

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

Board Member Regrets:

S. Jaekel, L. McBride, M. Wilson, T. Delaire, B. Bird, A. Hopper

Resource:

T. Eskildsen

*= teleconference

1.0 CALL TO ORDER

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.

1.1 Patient Experience

A patient experience video was provided.

2.0 REVIEW OF AGENDA

2.1 Approval of the Agenda

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

3.0 PRIORITY AGENDA

3.1 Children's Hospital Board Committee

Ms. Walby highlighted the discussions at the most recent Governance committee with respect to strategies being investigated to incorporate Children's Hospital into LHSC Governance Structure. Work is ongoing to review models in the province and across the country to look at the governance focus for those particular organizations. It was identified that this will be a leverage point moving forward. LHSC cares for children over five separate LHINs as far away as Thunder Bay.

The Ontario maternal-neonatal-paediatric health system has evolved over the past several years. Today, increased accountability and authority rests with the distinct provincial children's hospitals to ensure regional service delivery that is efficient, equitable and of optimal quality. Provincial performance reporting of paediatric service delivery has undergone a heightened level of oversight in the past 18 months alone (e.g. paediatric critical care beds and emergency transport). Additionally, sector collaboration on paediatric policy and advocacy, although to be

implemented locally, has progressed to decision items at provincial and national tables. Maternal, neonatal and paediatric care at LHSC accounts for approximately 27% (F17 data) of our entire LHSC volume of activity, and comprise the highest clinical risk area of any Canadian hospital. Continued work will be ongoing with respect to an appropriate governance structure. A review of current assignments and commitments of the Board Directors will be reviewed.

4.0 RECOMMENDATION/REPORTS

4.1 Chair's Report

The chair noted that there are feedback sheets at everyone's place setting highlighting the Governance Committee request for feedback on areas to improve. Members were reminded to fill out their Board and Committee evaluations as the material will be reviewed at the next Governance committee meeting and then out to the Board of Directors in the near future.

Ms. Caplan noted that she was one of the Board volunteers taking the Indigenous Cultural Safety Training and highlighted that the learning was informative and supported that others should take the training.

4.2 CEO Report

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

- Recent media coverage of LHSC Psychiatrists resignations and highlighting the recent psychiatrist resignations in Hamilton. Dr. Woods highlighted that this issue is not unique to London or Ontario as there is rising demand for psychiatry services that has not been matched in medical students selecting psychiatry as their area of practice. It was noted that Dr. A. Dukelow, Interim Chief Medical Officer, who will also retain some of his Chair/Chief Emergency Department duties, will be providing some dedicated time to partnering with the leadership team in developing solutions for this issue.
- The Ontario Health Teams (OHT) was highlighted indicating that considerable work appears to be going on in the province with respect to applications. Dr. Woods highlighted that the organizations is contacted almost daily with respect to this ongoing work to develop groups of providers and organizations that are clinically and fiscally accountable for developing a full and coordinated continuum of care to a defined geographic population. LHSC's intention is to collaborate with partner organizations to explore options for the future of health care in our region. LHSC is in process of completing a readiness self-assessment as a first step toward the Ministry of Health and Long-Term Care OHT requirements. In response to a question on the affect to physician payments, Dr. Woods indicated that it had not been discussed.
- The Ontario Hospital Association invited Dr. Woods to present on an issue dealing with a crisis. The OHA requested that Dr. Woods discuss the item in recent media on Behavioural Safety and identifying two separate perspectives patient safety and employee safety.
- Dr. Woods highlighted that a provincial strategy is in development.
- Dr. Kernaghan was invited to update on the Indwell which is a charity that creates affordable housing communities that support people seeking health, wellness and belonging. With the development of the Ontario Health Board, there has been a delay but it was noted that there has been word that a funding letter is imminent. This funding will allow for clinical support housing be created. In response to question on how this work will map to the future needs of the area, Dr. Kernaghan highlighted that it is a beginning only at this time, and the work will create capacity within St. Joseph's

4.3 People and Cultural Committee

In Ms. Jaekel's absence, a brief update was provided on the 2019/20 metrics approach and review that was conducted by T. Quigley.

4.4 Quality and Performance Monitoring

The report was deferred

4.5 Medical Advisory Committee

4.5.1 New Appointments to Professional Staff

4.5.2 Changes to Professional Staff Appointments

4.5.3 Clinical Fellow Appointments

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

4.5.1 New Appointments to Professional Staff

4.5.2 Changes to Professional Staff Appointments

4.5.3 New Clinical Fellows Appointments

4.6 Finance and Audit

4.6.1 Medical Imaging Fleet Phase II-Magnetic Resonance(MR)/Interventional Radiology(IR)

Ms. Walby, who chaired the committee meeting in an acting capacity, highlighted that there have been some conversations since the recommendation was endorsed and in light of the unanswered questions that it would be in the best interest to have those further conversations at the next Finance and Audit Committee meeting.

Ms. Walby MOVED that the motion “ That the Finance and Audit Committee RECOMMENDED by GENERAL CONSENT to the Board of Directors, APPROVAL of the Medical Imaging MR/IVR Fleet Replacement Costs – Phase II of \$34,278,424.” **be withdrawn. Objections were sought by the presiding officer. Noting that there were no objections noted, the motion was withdrawn with the GENERAL CONSENT of the Board.**

4.7 Governance Committee

4.7.1 LHSC Administrative Bylaw

The Board of Directors APPROVED by GENERAL CONSENT the Administrative By-Law amendments and forward to the Members of the Corporation for approval.

4.7.2. LHSC Professional Staff By Law

Dr. Lum was invited to speak the changes in the By-law highlighting the changes to identify the (Interim) Chief Medical Officer and the work completed to remove the reference of certification by the Royal College on international medical graduates and the processes in place with respect to practices assessments and promotions for these individuals.

The Board of Directors APPROVED by GENERAL CONSENT the Credential Professional Staff By-Law changes and forward to the Members of the Corporation for approval.

4.7.3 Board Director Reappointments

The Board of Directors APPROVED by GENERAL CONSENT and RECOMMENDED to the Members of the Corporation the nomination for re-appointment of the following individuals for terms as noted to the Board of Directors of London Health Sciences:

Mike Hodgson -3 years

Suzanne Jaekel -3 years

Kimberlee Haines -3 years

4.7.4 *Board Director Appointments*

The Board of Directors **APPROVED** by **GENERAL CONSENT** and **RECOMMENDED** to the Corporation the nomination for appointment of the following individuals for terms as noted to the Board of Directors of London Health Sciences as listed below:

Rhonda Choja - 3 years

Terry Marcus - 3 years

5.0 HEALTHCARE PARTNERS/BOARD REPORTS

5.1. St. Joseph's Health Care, London

Dr. Rundle highlighted that the Board of Directors meet after LHSC's meeting and will report on April and May on May 29, 2019. Dr. Kernaghan highlighted ongoing work with Biigajiikaan : Indigenous Pathways to Mental Wellness which is being co-led by the Atlohsa Family Healing Service and Parkwood Institute Mental Health. This is a care model that will include both traditional healing and other clinical care that is accessed both in hospital and within the community.

5.2. Lawson Health Research Institute

Mr. Wilkinson provided an overview of the Lawson acknowledgements on research activities. Lawson Impact Awards continues to be successful and Lawson is appreciative of all leaders that have signed up to attend. The next Board meeting is scheduled for June 2019. Mr. Wilkinson requested time on the next agenda to provide a robust overview of the work ongoing at Lawson Health Research Institute. It was further noted that an invitation will be circulated on a Lawson symposium that will be held on June 12 at 4:00 p.m. at LHSC Boardroom (C3-401) VH. The guest speaker will be Dr. Michael Julius, Vice-President Research, at the Sunnybrook Research Institute.

5.3 London Health Sciences Foundation

Mr. Mikula highlighted the past fiscal year revenues of approximately \$14 million and disbursements of over \$12 million. Everyone was reminded of the upcoming Donor of Distinction Dinner and the recent launch of the Dream Lottery.

5.4. Children's Health Foundation

Update deferred.

6.0 CONSENT AGENDA

The Board of Directors **APPROVED** by **GENERAL CONSENT** the Consent Agenda for xxxxx consisting of the following recommendations and reports:

6.1 Minutes of Meeting—March 27, 2019

The minutes of March 27, 2019 were **APPROVED** by **GENERAL CONSENT**.

6.2 Governance Committee Recommendations

6.2.1 *Community Advisory Committee Dissolution*

The Board of Directors **APPROVED** by **GENERAL CONSENT** the decision for the Community Advisory Council to dissolve and that Article 9 of the Administrative Bylaws be met by the Patient Experience Advisory Council.

6.2.2 *Patient Experience Advisory Council Terms of Reference*

Board of Directors **APPROVE** the Terms of Reference for the Patient Experience Advisory Council with the additions of the reporting relationship and reporting timeline to the Board as outlined in Article 9 of the Administrative Bylaws.

6.3 Lawson Health Research Reports

6.3.1 *Q3 Financial Results*

6.3.2 *Fiscal 2019/20 Operating and Capital Budgets*

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6.4 Committee Minutes of Meeting

6.4.1 Finance and Audit Committee 20190411

6.4.2 Medical Advisory Committee 20190410

6.4.3 People & Culture Committee 20190409

6.4.4 Quality and Performance Monitoring Committee 20190321

6.4.5 Governance Committee 20190415

7.0 OTHER BUSINESS

No items were removed from the consent agenda.

8.0 ADJOURNMENT

The meeting was ADJOURNED by GENERAL CONSENT.

Recorded by
Tammy L. Eskildsen

Ramona Robinson, Chair
Board of Directors