

MEETING MINUTES OF THE BOARD OF DIRECTORS

Held, Wednesday, January 29 @ 1500 hours
in the University Hospital Board Room C3-401 or
by teleconference: 1-866-542-9023 passcode 6858262#

Board Members Present:

Mr. J. Brock, Mr. L. McBride, Ms. P. Retty, Ms. R. Robinson, Mr. K. Ross, Ms. A. Walby (Chair), Dr. S. Pandey, Mr. B. Woods, Dr. P. Woods, Ms. C. Young-Ritchie, Dr. S. McKay, Mr. J. Wright, Ms. R. Choja, Mr. T. Marcus, Mr. M. Wilson, Ms. S. Jaekel, K. Haines, M. Hodgson

Board Member Regrets: B. Bird, J. Brock

Healthcare Partner Representatives:

J. Batch, G. Kernaghan, B. Wilkinson, D. Cheng, R. Mikula=R, E. Johnson

Resource:

T. Eskildsen

R- Regrets

1.0 CALL TO ORDER

The January meeting was called to order by Ms. Walby.

Ms. Walby reviewed the Ethical Decision-Making Framework highlighting its use by the Board of Directors at their meetings. The Conflict of Interest policy was highlighted and Directors were reminded that if they felt that they or another Director are in conflict to declare it either at the beginning of the meeting or at the time of item.

2.0 REVIEW OF FULL AGENDA

2.1 Approval of the Agenda

The floor was opened for feedback on the agenda and there were no requests for amendments noted.

The Agenda was APPROVED by GENERAL CONSENT.

3.0 PRIORITY AGENDA

There was no item identified for priority discussion.

4.0 RECOMMENDATIONS/REPORTS

4.1 Chair's Report

Ms. Walby provided a brief report on the items that occurred since the Board last met or upcoming events and the following items were noted:

- Chair, Vice Chair, CEO, and Population Health Lead attended a Western Ontario Health Team information session that was organized by Dr. Kernaghan. Ms. Ann Corbett, BordenLadnerGervais presented on the models of governance. There were no formal recommendations at this time, but was noted to be an informative session.

4.2 CEO Report

Dr. Woods submitted his report into record, offered to answer questions on any item and the following points were highlighted:

- Emergency Department diversion work was discussed on how relative short stays patients could be cared for in other ways. Dr. Woods reported that 83 individuals have been diverted to community through this project. It was estimated that on average, if admitted, the same individuals would have stayed a minimum of three days stay at our organization resulting in approximately 250 patient days which were averted through this process. This work supports a

need that exists in this community and further supports a strong case to Government to continue this funding.

- An update was provided on Novel Coronavirus. The Ministry of Health and Long-Term Care (MOHLTC) is the government body that directs hospitals and other health care facilities on the management of patients with 2019-nCoV. This includes, but is not limited to, direction regarding personal protective equipment (PPE), screening practices, isolation, and case definition. LHSC will follow the MOHLTC directives and will adjust our processes to reflect these directives as they are issued over the course of this virus and the work of the organization in preparation.

4.3 Quality & Performance Monitoring Committee

Mr. McBride highlighted that a meeting in January did not occur. Work continue in February to review and deliberate on the Quality Improvement Plan Indicators.

4.4 Children's Hospital Committee

Mr. K. Ross highlighted the meeting in December. The committee was oriented to the Children's Hospital, funding issues, branding and the sharing of resources to help the Board and Community members level set on the cross section of knowledge of caring for children. Mr. Ross highlighted the regional update that had circulated and noted that that the Ministry is prioritizing their work right now and are currently focusing on 'In development' Ontario Health Teams and that the potential Children's OHT is considered an innovative model and has been delayed. Currently the Ministry has tentatively planned for a site visit in March 2020.

Mr. Hodgson highlighted his recent continuous improvement of care huddle tour of Children's Emergency Department indicating that the team is continuing to improve their work at every opportunity demonstrated through their huddle board. It was noted that area of the hospital, not unlike other areas needs capital investment.

4.5 People and Culture Committee

Ms. Jaekel reported on the recent meeting of the People and Culture committee noting discussions focused on the safety perspective of high-risk training and legislative accountability on emergency management preparedness of the organization. Specifically, an overview of the training initiatives were received including a cross section of electronic and situational training on a regular basis. Other legislative accountabilities reviewed included Freedom of Information Act and Regulated Health Professions Act reporting.

4.6 Medical Advisory Committee

Dr. McKay provided an overview of the work of the Medical Advisory Committee since the Board last met. There is ongoing work with the continuous improvement of care initiatives and discussions on influenza vaccination rates were topics on the agenda. Dr. McKay presented his recommendations for approval.

4.6.1 New Appointments to Professional Staff

The Board of Directors APPROVED by GENERAL CONSENT the Professional Staff New Appointments to the London Health Sciences Centre for the month of January.

4.6.2 Changes to Professional Staff Appointments

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

4.6.3 Clinical Fellow Appointments

In response to a question from the previous meeting, it was highlighted that the majority of Clinical Fellow appointments were Canadian with a smaller number of international fellows from various countries.

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

4.7 Finance and Audit Committee

Mr. Michael Hodgson highlighted the work of the committee in January.

4.7.1 Signing Authority Policy Matrix Amendments Recommendation

The purpose of this recommendation is to recognize portfolio realignment since the leadership restructure in the fall of 2019. It was noted that there will be other work ongoing to review the policy in detail to better understand the internal control measures currently in place and address any gaps that arise through this latest review for both monetary and non-monetary approvals. While the return date on the policy amendments is tentative, it is expected that an update would return to Finance and Audit Committee in April 2020.

The Board of Directors APPROVED by GENERAL CONSENT the Signing Authority Policy Matrix that has been updated for the current organizational structure.

4.7.2 Bed Replacement Capital Contingency Recommendation

Mr. Hodgson highlighted the bed replacement discussions that occurred at Finance and Audit. It was noted that this was discussed initially at the Joint Quality and Finance Meeting in December which followed with a formal request for funds at the Finance and Audit Committee meeting in January. It was reported that the committee has asked Governance Committee to consider a process change whereby Quality and Performance Monitoring Committee assist in providing oversight to the prioritization from Quality of Care perspective with Finance and Audit perspective to deliberate capital decisions. It was identified that any such process could be hindered by emergency replacement needs, but governance level discussion will occur in summer of 2020 on this topic.

The hospital beds represent a part of a patient's care which will support a quality improvement initiative to make pressure ulcers a never event at LHSC. It was further clarified that this particular recommendation is a ramp up in priority, however that leadership has committed to bringing an evergreen report/approach around future replacement of other beds to allow for further clarity to decision makers.

The Board of Directors APPROVED by GENERAL CONSENT the replacement of 360 Medical Surgical beds at University Hospital in fiscal 19/20 in the amount of \$5.616M.

4.7.3 Medical Imaging Acceleration Financing Option Review and Recommendation

There were various options reviewed with respect to funding the medical imaging acceleration. In response to a question, it was highlighted that operational revenue secures the line of credit and that it is not as formal as margining.

The Board of Directors APPROVE by GENERAL CONSENT Option 4 to increase LHSC's operational line of credit to \$75,000,000 as the most appropriate cash source for the expedition of the Medical Imaging Fleet replacement.

4.8 Governance Committee

Ms. Retty provided a brief overview of the Governance Committee's work and highlighted the following:

- Continuous improvement of care lean management at the governance level was discussion and how to meet Board due diligence in the interim. Opportunities to orient the Board will be fleshed out over the next couple of months. Board members were encouraged to participate in Gemba Huddles as opportunities to observe the work at the operational level.
- Strategic Planning work will begin and the Board will see that introduced at the March 2020 Board of Directors meeting.
- Internal Audit and Ethics have been working on updating a conflict of interest and whistleblower policy. More work continues and the Board will tentatively be asked to approve the new policy at the May 2020 Board meeting.
- Agenda package consideration was discussed and supported in a trial form for the months of March, April, May, June to prepare a summarized report for the package no longer than two

pages on the activities of the committee versus submitting the minutes into the package. Members of the Board will still be able to access the minutes on the committee pages, should they require additional background to support the parliamentary right to information principle in their deliberations.

5.0 HEALTHCARE PARTNERS

5.1 Lawson Health Research Institute

Mr. Wilkinson provided a brief overview of the materials in the package. It was highlighted that the operational review work continues. It was highlighted that a small task force worked over the summer with third party expertise to conduct a thorough review and ultimately proposed a new asset mix, which is predicted to result in a higher rate of return. This will not address short term issues to remediate the funding but will provide better returns on a go forward basis. Appreciation was extended to the members of the task group that took this work on.

5.2 London Health Sciences Foundation

There was no update available.

5.3 Children's Health Foundation

Ms. Johnson reported that the Children's Health Foundation is financially tracking to plan. The LCBO campaign is ahead of last year at the current time which will result in a commitment over \$700K. Children's Health Foundation in partnership with London Health Sciences Foundation are investing in donation kiosks to be located high traffic areas. Magical Winter Ball sold out in less than 24 hours and revenue from the event is netting over \$225K, which is higher than last year. Ms. Johnson highlighted upcoming events including new event entitled 'Wine, Women and Shoes, scheduled for October 2, 2020 at Museum London', February 7 will be the Radiothon and February 12, Bubbles and Baubles which is a networking and fundraiser event.

5.4 Professional Staff Organization

Dr. Pandey provided an overview of the disbursements of the PSO for a leadership development bursary as well as recent disbursements for professional staff to attend the Canadian Conference of Physician Leadership at the end of May 2020.

5.5 Western University

Dr. Davy Cheng provided updated on recent Western University activities including:

- Schulich Dean Appointment – Dr. John Yoo (Otolaryngology & Head/Neck Surgery), May 1st, 2020
- Vice Dean Faculty Affairs Appointment – Dr. Andrea Lum (Medical Imaging), Jan 1st 2020 (expanded mandate to working closely with Hospitals and linkage with Western Faculty Relation on faculty appointment, promotion, development, professional affairs and wellbeing)
- Associate Dean LEW – Dr. Sandra Northcott (Psychiatry), Learners Equity Wellness
- Associate Dean PGME & Associate Director Medical Education (Hospitals)– Dr. Lois Champion (Anesthesia & Perioperative Medicine) – improving integration with hospitals.

Education

- Post graduate medical education accreditation: 53 Programs (including first Institutional accreditation) – tentatively 4 programs (3 Departments) unfortunately put on intent to withdraw status in 2 years (Adult Psychiatry, OBS, Maternal-fetal, Anesthesia & Periop Med). Feb narratives to response.
- UGME: Schulich Medicine & Dentistry has been selected as the host site for the 2020 Annual General Meeting (AGM) of the Canadian Federation of Medical Students (CFMS), taking place September 18 to 20, 2020.

Research

- CIHR 30% success rate at Schulich (national average 17.4%) - \$10M
- ImPaKT facility (Imaging Pathogens for Knowledge Translation): symposium next month. One of a kind in Canada – level 3 biocontainment facility with state of art imaging equipment

- Centre for Population Health, Primary Care and Public Health consolidated in September 2020 and have moved into family medicine building.

5.6 St. Joseph's Health Care, London

Mr. Batch provided an update on the St. Joseph's Board of Directors including:

- Mr. Batch highlighted that the Board participated in an education session on the Improving CARE Together project, funded by the Change Foundation through their Changing CARE initiative.
- Work continues on Board of Directors succession planning.
- St. Joseph's highlighted their attendance WOHT governance session, noting that Governance Committee will unpack what they have learned.
- Dr. Kernaghan highlighted work ongoing in the organization to make the environment more senior friendly at St. Joseph's Health Care, London sites which was supported financially from the surplus in the 2018/19 fiscal budget.
- The good collaboration work ongoing with the Stroke Navigator was highlighted noting that most recently there have been 10 individuals that were expedited to the program.
- Appropriate clinically supportive housing conversations continue to find housing for alternate level of care patients. It was reported that up to 28% of patients with alternate level of care needs could potentially wait up to seven years for a place in the community and St. Joseph's will not discharge to homelessness.

6.0 WRITTEN UPDATES

There were no comments about the written updates.

7.0 CONSENT AGENDA

The chair opened the floor for any Director to consider any of the approvals under a separate item. There were no requests to move an item to open session noted.

The Board of Directors APPROVED by GENERAL CONSENT the recommendations and minutes of the last Board meeting within the consent agenda in section 7, are approved.

8.0 OTHER BUSINESS

There was no other business noted.

9.0 ADJOURNMENT

The meeting was ADJOURNED by GENERAL CONSENT.

Recorded by
T.Eskildsen

Amy Walby, Chair
Board of Directors