

MEETING MINUTES OF THE BOARD OF DIRECTORS

Held, Thursday, June 25, 2020 @ 1400 hours
By videoconference and teleconference

Board Members Present by Teleconference:

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

Board Member Regrets: B. Bird, Dr. Pandey, J. Wright

Healthcare Partners:

Resource: T. Eskildsen

R- Regrets

1.0 CALL TO ORDER

The meeting was called to order at 2:00 p.m.

The Chair brought the group's attention to the conflict of Interest policy and reviewed that if members felt that they or someone else was in conflict to raise it now or at the time of the item.

1.1 *Patient Experience*

A patient experience was shared by a current Family and Patient Advisor.

2.0 REVIEW of AGENDA

2.1 Review of Agenda

The agenda was review and APPROVED by GENERAL CONSENT.

3.0 RECOMMENDATIONS/REPORTS

3.1 Chair's Report

The Chair of the Board provided some highlights of the last month and the following points were noted:

- The chair expressed appreciation to the Board Directors, ex-officio members and healthcare partners for the work accomplished over the past year and the wealth of advice and experience in the forum of feedback that the group brings to the table.
- Announcement of Suzanne Jaekel leaving the Board at the end of term.
- Announcement of Bill Wilkinson completing his commitment as Chair of Lawson and leaving the St. Joseph's Board at the end of term.

3.2 CEO Report

Dr. Woods submitted the Chief Executive Officer report into record and expanded on some of the items in the report including the work of the Mental Health and Addictions short stay unit as well as highlighting the process for the replacement of the Diagnostic Imaging Replacement Projects as it moves into the construction portion of the project.

3.3 Quality & Performance Monitoring

Mr. McBride provided an overview of the discussions of the committee with respect to the Quality Improvement Plan Recommendation for the 2020/21 year.

3.3.1 2020/21 Quality Improvement Plan Recommendation

The Board of Directors **APPROVED** by **GENERAL CONSENT** the 2020/2021 Quality Improvement Plan including the following indicators and targets:

1. Overall Number of Workplace Violence Incidents Reported by Hospital Workers (Mandatory) – Target 760 reports
2. ED Wait Time for an Inpatient Bed (Mandatory) – 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 90th percentile – Target 17.0 hours
3. Discharge Summaries Available to Primary Care Providers within 48 Hours of Patient Discharge – Target 65%
4. Wellness of Our People: Understanding the level of stress and feelings of support from leaders of our staff, physicians, learners, and volunteers – Target Stress 38%, Support 65%
5. Never Events and Falls with Significant Injury – Baseline Data Collected (Yes or No);

The following targets shall be tied to performance compensation;

1. ED Wait Time for an Inpatient Bed (Mandatory) – 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 90th percentile – 17.0 hours
2. Discharge Summaries Available to Primary Care Providers within 48 Hours of Patient Discharge – Target 65%
3. Wellness of Our People: Understanding the level of stress and feelings of support from leaders of our staff, physicians, learners, and volunteers – Target Stress 38%, Support 65%.

Dr. Woods provided an overview as to why the performance indicators were chosen to be tied to compensation highlighting the stretch components and some of the initiatives that are being implemented that will assist with moving the indicators towards their targets by March 31, 2021.

3.4 Executive Committee

3.4.1 2019/20 Quality Improvement Plan Recommendation

The Board of Directors **APPROVE** the 2019/20 Quality Improvement Plan Indicator Report as of March 31, 2020 of which the following two targets aligned with the corresponding performance compensation for the CEO and executive leaders who report directly to the CEO achieved a total of 50% of targets as noted in appendix 1 and as follows:

1. Overall number of workplace violence incidents reported by hospital workers – Target 886 reports with a final performance of 1057 reports (achieved 50%/50%)
2. Medication Reconciliation at Discharge – Target 85% with a final performance of 75.6% (achieved 0%/50%).

3.5. Medical Advisory Committee

Dr. Scott McKay provided a brief overview of the work ongoing for Medical Advisory Committee.

3.5.1 New Appointments to Professional Staff

The Board of Directors **APPROVED** by **GENERAL CONSENT** the Professional Staff new appointment to the London Health Sciences Centre.

3.5.2 Changes to Professional Staff Appointments

The Board of Directors **APPROVED** by **GENERAL CONSENT** the Changes to the Professional Staff appointments.

3.5.3 Clinical Fellow Appointments

The Board of Directors **APPROVED** by **GENERAL CONSENT** the Clinical Fellow Appointments.

3.5.4 Recommendation for Reappointment Report & Departure Report

The Board of Directors APPROVED by GENERAL CONSENT the Professional Staff Reappointment Report.

3.5.5 PS Reappointment Deferral Report

Dr. McKay highlighted the deferral report submitted into record today with the Board of Directors. These physicians are not leaving the organization, but their renewal of credentials have been deferred.

3.5.6 Recommendation- Chief of Midwifery

The Board of Directors APPROVED by GENERAL CONSENT that upon receipt of a signed letter of offer, the appointment of Katelyn Fisher as the city-wide Chief of Midwifery effective September 1, 2020 until August 31, 2025.

3.5.7 Recommendation Chief of Obstetrics & Gynaecology

The Board of Directors APPROVED by GENERAL CONSENT that upon receipt of a signed letter of offer, the continuation of the appointment of Dr. Tracey Crumley as the interim City-Wide Chief of Obstetrics and Gynaecology, effective July 1, 2020 to December 31, 2020, or until a permanent city-wide chief is appointed, whichever comes first.

3.5.8 Recommendation Chief of Oncology

The Board of Directors APPROVE by GENERAL CONSENT the continuation of the appointment of Dr. Glenn Bauman as the city-wide chief of oncology, effective July 1, 2020 to September 30, 2020, or until a permanent city-wide chief is appointed, whichever comes first.

3.6 Finance and Audit Committee

Mr. Hodgson provided context to the Chair's report and highlighted the recommendations that are within the Consent Agenda are not contentious.

3.6.1 PET CT Scan Pre-Capital Submission to MoHLTC

Mr. Hodgson highlighted that Cancer Care Ontario (CCO) has run a program for the last two years sponsoring the purchase price of a replacement PET CT unit when they are located on the campus of a regional cancer center. It was highlighted that the original PET CT scan which services both St. Joseph and LHSC has been experiencing increased downtime.

The Board of Directors APPROVED by GENERAL CONSENT, THAT the Pre-Capital Submission for the PET CT renovations be submitted to the Ministry of Health for their consideration and approval.

3.6.2. Over \$5Million ICD, Pacemakers and Leads

The Board of Directors APPROVED by GENERAL CONSENT that contracts for Implantable Cardiac Defibrillators and Permanent Pacemakers be negotiated with Medtronic for Up to two (2) years or one (1) year and ten (10) months plus three (3) option years.

Ms. Jacquie Davison provided an overview of the upcoming provincial request for proposal process and the options available to LHSC as well as any potential financial risk to the organization in the current recommended approach.

3.7 Children's Hospital Committee

Mr. Ross highlighted the work of the committee members at the most recent meeting, highlighting the education received on the Provincial coroner's report and the work of all children's hospitals to review the provincial findings to assess risk for individual organizations. The self-evaluation results were also reviewed which allowed the committee to have some discussion and thoughts for next year's workplan.

3.8 Governance Committee

There has been a delay with community appointments due to COVID19 and the inability to interview candidates on the normal schedule. The Committee will be completing the remaining interviews by web ex in July. The committee's assignments are delayed as well. There has been a concerted effort by the Governance Committee to keep the committees consistent with current membership where possible but noted that there will be some movement for the 2020/21 year. All Board Directors would have received their assignments recently and those assignments combined with the community member assignments will be confirmed at the July Governance Committee meeting and recommended to the Board at the end of the month.

3.8.1 *Elected Director Nomination*

The Board of Directors APPROVED by GENERAL CONSENT the nomination for appointment of Lisa Conley as an Elected Director to fill the unexpired portion of Ms. Suzanne Jaekel's term until the Annual Members Meeting of June 2022.

4.0 HEALTH CARE PARTNER REPORTS

4.1 Children's Health Foundation

Ms. Johnson highlighted the Foundations' recent Annual General Meeting including new directors and retirements. updated that from the last meeting. Ms. Johnson also highlighted the Children's Health Foundation campaign 'Stand by Me' that will allow the hospital to meet patients' urgent needs and proactively address concerns that are emerging as life with COVID19 continues.

It was highlighted that the children's Magical Winter Ball will be cancelled for 2020. Notice will go out to previous Ball participants early in July 2020.

4.2 Professional Staff Organization

There was no update from the Professional Staff Organization.

4.3 Western University

There was no update from Western University.

4.4 St. Joseph's Health Care, London

Dr. Kernaghan highlighted the work of St. Joseph's as the region begins to reopen and the planning ongoing to be ready should there be a second wave of COVID19. As a provincial update, Dr. Kernaghan reported that there is a meeting scheduled for early fall to look at the sustainability of multiple Ontario Health Teams in the current environment.

4.5 Lawson Health Research Institute

Mr. Wilkinson provided a brief update from the Lawson Board of Directors that they last met on June 10, 2020 to discuss the work in progress with Corpus Sanchez. Work continues on scenario modelling involving Lawson's leaders and staff with CSI. This work is now proceeding with input from all hospital Chairs/Chiefs, Principal Investigators (Researchers) as well as the appropriate senior leaders of each hospital and will continue over the summer.

Mr. Wilkinson expressed appreciation to the LHSC Board of Directors for the experience, guidance and welcome as a valued healthcare partner at the table.

4.6 London Health Sciences Foundation

Mr. Mikula provided an update on the COVID19 response fund and that the Foundation staff are primarily working from home. The virtual forum of the Donor of Distinction was planned for July 7th was highlighted and appreciation was extended to the leadership that have agreed to participate. The lottery has been renewed and at this point over 50% have been sold.

5.0 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 minutes of the last Board meetings and recommendations within the consent agenda in section 6, starting on page 183 be approved.

5.1 Board of Directors Minutes of May 27, 2020 with an amendment as follows:

Item 3.5.1 “Results of the year show that LHSC finished at a 11.6M deficit after all amortization expenses have been reported, as compared to the budgeted deficit of \$25M”.

5.2 2019/20 Multi Sector Service Accountability Agreement Schedule F Reporting

5.3 Hospital Service Accountability Agreement Extension July 1, 2020- March 31, 2021

5.4 Multi Sector Service Accountability Agreement Extension July 1, 2020- March 31, 2021

6.0 WRITTEN UPDATES

Internal Audit Q2 2019/20 and Q1 2020/21

The written updates were submitted into record.

7.0 ADJOURNMENT

The meeting was ADJOURNED by GENERAL CONSENT.

Recorded by
T. Eskildsen

A. Walby, Chair
Board of Directors