

MEETING MINUTES OF THE BOARD OF DIRECTORS

Held, Wednesday, April 28, 2021 @ 1500 hours
By WebEx or by teleconference

Board Members Present by Teleconference:

Mr. J. Brock, Ms. L. Conley, Ms. K. Haines, Mr. L. McBride, Mr. K. Ross, Mr. B. Woods, Ms. C. Young-Ritchie (xo), Dr. S. McKay (xo), Ms. R. Chojra, Mr. T. Marcus, Mr. M. Wilson, Mrs. R. Robinson, Ms. P. Retty (Chair), Mr. M. Hodgson, Mr. J. Wright, Dr. S. Pandey, Dr. Schleifer Taylor (CEO-I) (xo)

Board Member Regrets: Mr. T. Marcus, Ms. K. Haines

Healthcare Partners: R. Mikula, E. Johnson, J. Batch, G. Kernaghan=R, Dr. Yoo

Resources: T. Eskildsen, RA Conyngham, Consultant

R- Regrets

1.0 CALL TO ORDER

The meeting was called to order by P. Retty.

The Chair referred to the Conflict of Interest Policy and directed the Board, that should anyone feel that they or another member is in conflict on an item to bring it forward now or at the time of the item.

1.1 Patient Experience

Patient stories bring their experiences to life and make them accessible to other people. It allows the organization to focus on the patient as a whole person rather than just a clinical condition or an outcome. Patient stories are used in board meetings of LHSC to allow patients to share their experience using our services with the aim of understanding what the organization needs to do better.

Given the uniqueness of our current situation, an enhanced briefing note was provided to share the broader challenges associated with developing and continually improving London Health Science's Centre's (LHSC) mass vaccination clinic.

2.0 REVIEW OF AGENDA

The agenda of April 28, 2021 WAS APPROVED BY GENERAL CONSENT with an amendment to the Governance Committee items. The Credentialed Professional Staff By-Laws recommendation was removed.

3.0 PRIORITY AGENDA

3.1 Response to the Pandemic Update

The work of the organization to mount additional beds at LHSC to improve the hospital's capacity was discussed. LHSC continues to assist where needed to receive patients from other areas of the province to support those institutions that have capacity concerns.

LHSC further highlighted the transport team, the equipment and briefly the process that has been developed for this team to travel where required and return with a patient that needs a critical care bed.

Work continues with addressing the different variants of the disease and putting additional but temporary hoarding up to stay in step with our Infection Prevention and Control Department in keeping our patients as safe as possible.

In response to concern raised by the Board about the staff and physicians, it was reported that LHSC has redeployed extra leaders and staff are showing signs of tiredness. The conditions are hard and all citizens need to continue to pay attention to public health measures.

4.0 RECOMMENDATIONS/REPORTS

4.1 Chair's Report

The Chair expressed appreciation to the Leaders, Physicians and staff for their service to LHSC and the community

4.2 CEO Report

Dr. Schleifer Taylor submitted her report into record and introduced two Clinical Vice Presidents, Jatinder Bains, VP Clinical Care focused on the Children's Hospital and Women's Care. Jerry Plastino has been seconded into the Vice President role focusing on Access and Critical Care.

Dr. Schleifer Taylor reported that she has been receiving feedback on the Board's note to the Corporation and that the staff are expressing appreciation for the support.

4.3 Quality and Performance Monitoring Committee

Mr. McBride discussed the vaccination centre and the examples of continuous improvement of care that have been implemented into the processes to move the many people safely through the vaccination experience.

4.4 Finance and Audit Committee

4.4.1 2021/22 Operating Budget Recommendation

Mr. Hodgson reported that at the March meeting of Finance and Audit, Management presented the draft operating budget with a net deficit of \$72.5 million. Subsequent to that meeting, the budget has been revised to include the following items:

- \$8.7 million reduction in salary expenses to reflect 1.5% unpaid vacancy rate
- \$1.0 million reduction in sick time costs to reflect the additional resources added to support attendance management
- Recognition of surplus from COVID testing of \$23.0 million

The impact of these amounts is an operating budget with a deficit from operations of \$26.1 million.

The structural deficit still remains but is deferred out to a future year. The 2021/22 Budget was developed on what a normal year of operations pre-covid would look like, and it was noted that the leadership will be trying to identify \$13M per quarter of savings.

The Board of Directors APPROVED by GENERAL COSENT the operating budget with a deficit from operations of \$26.1 million and a GAAP deficit of \$39.6 million.

4.4.2 2021/22 Capital Budget Preparation Recommendation

Leadership has requested that the Board approve the development of a prioritized capital budget using up to \$30M in debt. It was identified that rates are reasonable and this will allow for the prioritized existing capital needs to be addressed.

The Board was alerted that this is new ground where the organization is considering long term debt for short term items. It will be required that the organization focus on the desired savings to support sustainability, or the use of debt to purchase capital could be problematic.

The Board of Directors APPROVED by GENERAL CONSENT, the development of a prioritized capital budget for fiscal 2021-2022 for Board approval utilizing up to \$30 million in debt in addition to the annual amortization amount.

4.4.3 South Western Ontario Diagnostic Imaging Repository CBE Recommendation

The Board of Directors APPROVED by GENERAL CONSENT the 5-year renewal for software licensing and support with General Electric (GE) Healthcare for the Southwestern Ontario Diagnostic Imaging Repository for a total amount of \$ 8,551,366.96.

4.4.4 Ambulatory Surgical Centre Pre-Cap Submission

Mr. Hodgson provided an overview of the history of the Ambulatory Surgical Centre and highlights from the Finance and Audit Committee.

The Board of Directors APPROVED by GENERAL CONSENT, the submission of the Ambulatory Surgical Centre Pre-capital Submission (inclusive of the completion of level 4 and development of level 3) to Ontario Health West and the Capital Branch of the Ministry of Health.

4.5 Medical Advisory Committee

4.5.1. New Appointments to Professional Staff

Were there discussions, conversations or concerns on that list.

The Board of Directors APPROVED by GENERAL CONSENT the Professional Staff new appointments for April 2021.

4.5.2 Clinical Fellow Appointments

The Board of Directors APPROVED by GENERAL CONSENT the new Clinical Fellow appointments to LHSC for April 2021.

4.5.3 Changes to Appointments to Professional Staff

The Board of Directors APPROVED by GENERAL CONSENT the Professional Staff appointment changes for April 2021.

4.5.4 Expedited Credentialing Report

The Expedited credentialing process is reviewed every ninety days. The Medical Advisory Committee has not had to use the expedited credentialing recommendation to date but the MAC felt that it should remain active at this time.

4.6 Governance Committee

4.6.1 Elected Directors Renewal Recommendation

It was MOVED by J. Wright, SECONDED by K. Ross that Dr. Jeff Wright's Term renewal be for a single year.

CARRIED

The Board of Directors APPROVED by GENERAL CONSENT the nomination of the following Elected

Director for renewal:

Phyllis Retty -3 year

Larry McBride- 2 year

Jeff Wright – 1 year

Kevin Ross- 1 year

4.6.2 Elected Director Recommendation to Lawson

Mr. Wilson encouraged members to reach out if they were interested in the leadership appointment to Lawson Health Research Institute Board of Directors.

4.7 People and Culture Committee

Ms. Robinson reported that the Corporate Communication plan for 2021/22 is in process of development with leadership and will be completed by the end of May 2021. It will return to the Committee in June. The Committee will bring that work forward to the Board at the June meeting.

The People and Culture committee also received a report on the Fire Protection and Prevention policy focused on the education of staff and physician in being prepared in the event of an emergency. The People survey originally was delay and is out to staff and is scheduled to return soon. The results report will be brought to the committee in June 2021.

5.0 CONSENT AGENDA

The Board of Directors APPROVED by GENERAL CONSENT the Consent Agenda for the April 28, 2021 Board meeting, consisting of the recommendations and reports found in Section 5 beginning on page 78:

5.1 Board of Directors Minutes – March 31, 2021

5.2 Governance Committee

• **Fiscal Advisory Committee Terms of Reference**

6.0 ADJOURNMENT

The Open Board of Directors Meeting was ADJOURNED BY GENERAL CONSENT.

Recorded by:

T. Eskildsen

Phyllis Retty, Chair
LHSC Board of Directors