

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

held, Wednesday, March 28, 2018 @ 1500 hours  
in the Victoria Hospital Board Room C3-401

### **Board Members Present:**

K. Haines, L. McBride, R. Robinson (Chair), P. Retty, P. Woods, (xo nv) S. Jaekel, M. Hodgson, J. Wright, A. Walby, D. Steven, C. Young-Ritchie, B. Bird, S. Caplan, T. Gergely (t/c), A. Lum (xo-nv), S. Irwin Foulon, M. Wilson, D. Steven (xo-NV) M. Strong (xo- NV), T. Delaire (xo-NV)

### **Healthcare Partner Representatives:**

H. Rundle =R, G. Kernaghan= R

### **Board Member Regrets:**

T. Warner, S. Pandey, A. Hopper

### **Resource:**

T. Eskildsen

\*= teleconference

## **1.0 CALL TO ORDER**

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The meeting of the LHSC Board of Directors was called to order. The Chair reviewed with Directors and guests that the Board of Directors follows an ethical decision making framework which is listed on the back of the agenda. Mrs. Robinson also mentioned the Conflict of Interest policy and indicated that if anyone felt that they are in conflict of interest either now or at the time of a specific agenda item, to please notify the chair.

### *1.1 Patient Experience Video*

A patient experience video was shown.

## **2.0 REVIEW/ OF CONSENT AND FULL AGENDA**

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### *2.1 Approval of Full Agenda*

**The full agenda for the March 28, 2018 meeting was APPROVED by GENERAL CONSENT as written.**

### *2.2. Consent Agenda*

**The Consent Agenda for March 28, 2018 Board meeting was APPROVED by GENERAL CONSENT, consisting of the recommendations and reports submitted into record found in Appendix 1 beginning on page 135 of the agenda package.**

## **3.0 PRESENTATION**

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### *3.1 Ethics*

Mr. Rob Sibbald provided an overview of the ethics program and approaches to the work in each of the work domains. It was noted that there are four large domains of work; clinical, organizational, education and research and the work that falls into each category was detailed. Ethics consultation is accessible not only to teams but is available to all staff and individuals do seek ethical consultation on their own.

In response to a question on the topic of organizational ethics, it was noted that it is for defining fair processes. It was noted the Board should speak about ethics more regularly and embed an approach to question themselves on how decisions reflect a particular value.

Mr. Sibbald further noted that he has sought an opportunity to consult with Christopher Watling, Associate Dean, Postgraduate Medical Education, Schulich School of Medicine & Dentistry to seek advice on providing training for resident on end of life conversations. Mr. Sibbald further identified a future hope that the University could embed educational mechanisms for ethics into the curriculum that looks to find ways to move beyond the strict subject matter to create an academic environment, whereby medical residents would be exposed throughout his or her education to situations or role models who practice and are taught ethics in the context of their normal patient-physician discussions.

In response to a comment with respect to Mr. Sibbald's need for the support of an in-hospital physician advocate to assist in building knowledge in the hospital's physician learners on end of life decisions and to build a structure for ethics included informed decision-making, Dr. Strong suggested that Mr. Sibbald seek the assistance of the Chiefs of the Departments to assist in providing opportunities to build on current education in LHSC physicians and clinical staff.

Mrs. Robinson expressed appreciation on behalf of the Board to Mr. Sibbald for his presentation. Ethical decision making is a component of the Governance Standards for Accreditation Canada. It was noted that this will be a consideration for the governance committee as they review opportunities for the Board to improve on effectiveness.

## 4.0 NEW BUSINESS/RECOMMENDATIONS/FOR INFORMATION

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### 4.1 Chair's Remarks

Mrs. Robinson highlighted the following information and meetings whereby she attended on behalf of the Board:

- LHSC has been notified that Executive Compensation approvals are on hold and this action affects many of the CAHO hospitals. The secretariat has sent a note that all decisions to approve to post are now on hold until after the election.
- Attended a site visit at St. Mary's Hospital (Kitchener) which John S. Toussaint from Catalysis was presenting on their healthcare organization's transformation journey using principles from Thedacare in its implementation. A second opportunity has been offered to LHSC Board for two other Board leaders to attend.

#### 4.1.1 **Committee Chair Round table**

The floor was opened to the committee chairs and representatives and the following points were noted:

- Mr. McBride highlighted for Quality and Performance Monitoring the improvements over the last quarter in the key indicators.
- Ms. Walby highlighted for Governance that the OHA self-assessment survey has been sent and all Board Directors were asked to submit by April 9. It is extremely important layer of governance work and by having a good representation of the survey, allows an organization to remove one aspect of required surveying by Accreditation Canada. A reminder that the Board's retreat will be on April 21, 2018. Accreditation Mock survey results will be shared with the committee chairs to ensure that any opportunities to improve are capitalized on through regular committee discussions.
- Ms. Irwin-Foulon indicated the committee regularly seeks ways to ensure that "people" conversations are embedded into all committee conversations. The Mission, Vision and Strategic Plan priorities will likely impact on the work of the committee in the next term.
- Ms. Bird highlighted for Finance and Audit that budget /operating plan work has been delayed to allow the organization to engage in a prioritization exercise to begin the process of selecting and deselecting project in the next year.

- Dr. Lum highlighted that the MAC was engaging in the review of the Professional Staff ByLaws.
- Ms. Haines updated the continuing work of the LHIN to create sub cluster groups of the Board to Board work. These specific groups are currently assessed to meet only two or three times a year. There are currently 25 applicants for some of the regional groups but that an extension has been granted to allow the opportunity to receive additional candidates.

#### 4.2 CEO Report

Dr. Woods submitted his report into the Corporation's records and highlighted the following points:

- Mr. LaRocca has provided notice of his retirement to begin in the fall of 2018. Until that time, Mr. LaRocca and Dr. Strong will be working on a cobranding project between LHSC and Western University.
- Dr. Woods engaged in a series of town halls for both leaders and staff.
- The first 12 beds have been opened and staff members are working around the clock to prepare the next set of beds to be opened.
- Dr. Woods attended the Schulich School of Medicine and Dentistry retreat as a panelist to provide comments with other CEOs on the regionalization of the health network in the province.
- Bus Rapid Transit. There has been activity and LHSC would likely benefit from a better of understanding where the city is in that process as there is potential that this initiative could potentially inhibit our patients from accessing. It was noted that there is an open space strategy on the accessibility. Mr. Ross indicated that with this particular project, it is not clear if LHSC in some way has signed on as approval by being silent. With respect to implementation, the Board asked if there plan in place for hospital locations etc. Ms. Vandersluis indicated that Mr. Patel would be the best to address traffic flow. Dr. Woods will provide an update to the Board as more information is available with respect to the open space strategy at a future meeting.

#### 4.2 Lawson Health Research Institute Report

Mr. Ross noted that he would be providing more detailed comments on the sustainability of hospital based research at the next meeting. Mr. Ross submitted Lawson's report into the corporation's records and highlighted the February budget announcement of \$4 billion in the research enterprise was a good news story. Part of that particular piece of funding was to be for support research as research grants does not fund a support team, that liability comes to Lawson.

#### **4.3.1 Fiscal 2018 Q3 Results for information**

The quarter three results were submitted into record and the results are better than originally predicted.

#### 4.4 St. Joseph's Health Care London Update

The healthcare representatives were not present, however it was noted by Ms. Walby that St. Joseph's did approve their Strategic Plan at their last meeting.

#### 4.5 Medical Advisory Committee Recommendations

##### **4.5.1 New Appointments to Professional Staff**

##### **4.5.2 Changes to Professional Staff Appointments**

##### **4.5.3 Clinical Fellow Appointments**

**The presented credentialing reports were discussed and reviewed, and the Board of Directors APPROVED by GENERAL CONSENT the following three Medical Advisory Committee meeting of March 2018:**

##### **4.5.1 New Appointments to Professional Staff**

##### **4.5.2 Changes to professional staff appointments**

##### **4.5.3 Clinical Fellows Appointments.**

#### 4.6 Governance Committee

##### **4.6.1 Policy Recommendation- Education Policy**

The Board of Directors APPROVED by GENERAL CONSENT the Education Policy as amended.

##### 4.6.2 QPMC – Family and Patient Advisor Recommendation

Ms. Walby provided an overview of the two patient and family advisors that were recommended by Dr. Woods' office and noted that they were both excellent candidates. The position will be appointed for a year and this individual will work with quality to bring the patient voice to the discussions at the table.

The Board of Directors APPOINTED by GENERAL CONSENT the following individual into the Family and Patient Advisor Position on the Quality and Performance Monitoring Committee starting April 1, 2018; Kirk Patterson.

#### 4.7 Quality and Performance Monitoring

##### **4.7.1 Quality Improvement Plan Recommendation**

Dr. Woods provided an overview of the indicators chosen indicators and a brief discussion ensued on discharge summaries and the importance of having those documents as the patients leaves LHSC's care. In response to a question about receiving information about the community supports available for our mental health clients,

**ACTION: Ms. Haines was asked to take this information back to the LHIN Board to Board reference group for discussion and report back to the Governance Committee at a future meeting.**

The Board of Directors APPROVED by GENERAL CONSENT the 2018/19 Quality Improvement Plan, which includes the following five indicators and targets:

1. Workplace violence incidents – 886 reports
2. Medication reconciliation at discharge – 77%
3. Effective transitions (patient satisfaction with discharge) – 62%
4. Emergency department length of stay – 12.7 hours
5. Discharge summaries completed in 48 hours of discharge – 50% and;

It was MOVED by M. Wilson, SECONDED by K. Haines that the Board of Directors APPROVE an AMENDMENT to the 2018/19 Quality Improvement Plan indicators tied to Executive Compensation Recommendation that #1 Workplace violence incidents target is 886 instead of 866 as written in the original motion.

CARRIED

The Board of Directors APPROVED by GENERAL CONSENT that the following 2018/19 Quality Improvement Plan indicators and targets be tied to executive compensation:

1. Workplace violence incidents – 886 reports
2. Medication reconciliation at discharge – 77%
3. Discharge summaries completed in 48 hours of discharge – 50%

##### **4.7.2 Accreditation Readiness**

Mr. McBride submitted the reports of the Quality and Performance Monitoring Committee into record. It was reported that the organization has renewed its support of this process and that it has had some funding assigned to the work to assist in the ongoing processes.

#### 4.8 Finance and Audit Committee

##### **4.8.1 Multi-Service Accountability Agreement**

The Board of Directors APPROVED by GENERAL CONSENT the 2018/19 Multi-Sector Accountability Agreement effective April 1, 2018.

4.9 Executive Committee

**4.9.1 Chair, MAC Goals Year 2**

The Board of Directors **APPROVE** by **GENERAL CONSENT** the Chair Medical Advisory Committee Goals 2017/18 as presented.

**4.9.2 Vice Chair MAC Goals Year 2**

The Board of Directors **APPROVE** by **GENERAL CONSENT** the Vice Chair Medical Advisory Committee Goals for 2017/18 as presented.

## **5.0 ADJOURNMENT**

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Mrs. Robinson reminded the group about appendix II in the package and that Board Directors were welcome to weigh in on the CEO Selection committee policy amendments and to send and feedback or suggested to Amy Walby and her email is listed at the bottom of the recommendation.

**The Meeting was ADJOURNED by GENERAL CONSENT.**

Recorded by  
Tammy L. Eskildsen

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Ramona Robinson, Chair  
Board of Directors