

# OPEN MEETING MINUTES OF THE BOARD OF DIRECTORS

held, Wednesday, November 29, 2017 @ 1500 hours  
in the Victoria Hospital Board Room C3-401

## **Board Members Present:**

K. Haines, L. McBride, R. Robinson (Chair), P. Retty, M. Glendining (xo-NV), S. Jaekel, A. Hopper, M. Hodgson, J. Wright, A. Walby, S. Caplan, D. Steven, T. Delaire, C. Young-Ritchie, B. Bird, A. Lum, S. Irwin Foulon, M. Wilson, K. Ross, T. Warner, S. Pandey

## **Healthcare Partner Representatives:**

H. Rundle

## **Board Member Regrets:**

S. Caplan, D. Steven, T. Warner, M. Strong, G. Kernaghan

## **Resource:**

T. Eskildsen

\*= teleconference

## **1.0 CALL TO ORDER**

---

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 drew the group's attention to 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*

The Board Directors receive patient experience stories/videos at the start of meetings. Stories can complement quantitative data in a powerful way to increase focus and engagement with quality and safety issues.

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

---

### *2.1 Approval of Full Agenda*

**The full agenda for the November 29, 2017 meeting was APPROVED by GENERAL CONSENT as written.**

### *2.2. Consent Agenda*

It was noted that the Finance Quarterly Financial statements are within the consent agenda but the aspects of the hospital's performance will be discussed as part of the scorecard discussion item. **The Consent Agenda for November 29, 2017 Board meeting was APPROVED by GENERAL CONSENT, consisting of the recommendations and reports found in Appendix 1 beginning on page 163.**

## 3.0 NEW BUSINESS/RECOMMENDATIONS/FOR INFORMATION

---

### 3.1 Chair's Remarks

Mrs. Robinson reported that this Board of Directors meeting was Mr. Glendining's last meeting. Mr. Glendining was formally recognized for his contributions to LHSC over the last few years.

#### 3.1.1 Committee Chair Round table

Mrs. Robinson opened the floor for the Committee Chair's to provide updates on committee work which would not be coming forward as part of today's agenda:

- Ms. Irwin Foulon highlighted the work ongoing to fill the position of Chair/Chief, Psychiatry and that the committee is at the candidate review stage.
- The People and Culture Committee highlighted the tour of the Westmount Kidney Centre, the impending retirement of Ms. R. Parkes from the Talent Management portfolio and that a follow up on the people survey results and actions plans will be returning to the Board for an update at a future meeting.
- Ms. Walby reported that the Governance Committee has supported the Lawson Board's request for an additional community member. An introduction letter will be sent to some of the major London organizations to seek an additional avenue to increase the Board's evergreen list. The Governance Committee has also supported the proposal of a Patient Advisor at the board committee level and the Quality and Performance Monitoring Committee has been identified as the first opportunity to add this role. It was noted that QPMC has been asked to develop a patient advisor role description for the Governance Committee's consideration and recommendation to the Board. For the first year the position will be non-voting as the purpose is reviewed and assessed by the Board. Work will be coming forward in January to review the effectiveness of the Board's tool to measure quality in the organization.
- Mr. McBride, Chair of Quality and Performance Monitoring highlighted that there has been a recent announcement by the Ministry of Health of 24 additional beds. Currently LHSC is recruiting for six psychiatrists. An area of concern mentioned briefly and will be returning for additional discussion will be the increase in 30 day readmissions.
- The Finance and Audit Committee received an update on the sustainability program office work which had the executive sponsors of the work streams speak to their areas. It was noted that this presentation should be considered for the Board level as good learning opportunity.
- Dr. Lum highlighted that discussions at the Medical Advisory Committee have included a topic on academic certification. The Royal College of Physicians and Surgeons process for certification has changed. There is a small cohort of physicians that potentially would be affected by the new rule and Medical Affairs is working with the MAC on this issue.

### 3.2 CEO Report

Mr. Glendining submitted his written report into the package and offered to answer any questions.

Mr. Glendining further highlighted the following:

- Budget advocacy is ongoing and the funding formula is under review to look at ways to make the funding more predictable to hospitals.
- LHIN CEO Search process is underway. It was noted that this would be a 6 month process to replace the position. Mr. Glendining indicated that as the time draws closer, he would meet with the Board Chair with respect to any advocacy opportunities that this process may provide.
- Mock Accreditation occurred earlier in the month to test LHSC by a third party review, invigorate staff, physicians, patients and families to really reengage and assess the gaps in becoming Accreditation Ready every day. The road map to exemplary is now in place and the report is expected in time for the January Quality and Performance Monitoring Committee meeting.
- Ms. Trpkovski updated on the recent announcement of the 24 mental health beds and the 24 surge beds. It was noted that the surge beds will be implemented by the beginning of

February 2018. Work is ongoing with respect to a consultative process and facilities review to look at areas where 24 new Mental Health beds could be added. Leadership is also working with People and Culture as the organization prepares to staff the new beds. A funding letter has not been received as yet.

### 3.2.1 **Mission/Vision Values Recommendation**

Mr. Johnson provided an overview of the documents in the pre-read package and the process undertaken to seek broad based feedback into the organization's Mission, Vision and Values. It was further noted that the Mission, Vision and Values of the organization would not be formally announced or rolled out until all aspects of the Strategic Plan have been approved. In response to a question on communication versus culturally imbedding values into the organization, it was noted that this will be a good opportunity for engagement at all levels of the organization to fully ensure staff and physicians understand how the initiatives that are developed apply to all within the walls.

**The Board of Directors APPROVED by GENERAL CONSENT the new Mission, Vision and Values of London Health Sciences Centre.**

### 3.2.2 Strategic Plan/Directions Recommendation

The strategic directions are broad themes and the proposed next steps include that the initiatives will be developed over December and January and brought to the Board for approval. It was requested that when the initiatives return, that the leadership consider presenting both the prioritization recommendation of the initiatives and the methodology that was utilized to set those priorities.

**The Board of Directors APPROVED by GENERAL CONSENT the Strategic Directions as presented as part of the Strategic Plan.**

### 3.2.3 CEO Goals Q2 Update

Mr. Glendining provided an overview of the 2<sup>nd</sup> quarter of the CEO Goals. It was noted that there are four or five areas to complete the transition plan however the organization is not tracking as originally anticipated but the sustainability office has been initialized and this will assist. LHSC has basically met the goals within the transition plan. Mr. Glendining indicated that he would be pleased to answer any questions. There were no questions noted.

## 3.3 **LHSC Balanced Scorecard Q2**

Ms. Robinson reviewed briefly that the LHSC Balanced Scorecard is a measurement tool for the entire organization and one of the oversight measurement tools of the Board of Directors. The indicators have been consolidated into big dots for the Board Committee's due diligence review, knowledge transfer and advice with respect to items that are not tracking to plan and how these indicators may impact our Strategic Initiatives and plan as the organization moves forward.

**ACTION: T. Eskildsen to change order of documents to align with the quadrants of plan.**

Ms. Bird presented the Finance quadrant discussion, noting that LHSC is reporting a surplus of \$3.9M at September 30, 2017 and a favourable overall run rate of \$5.6M. This is comprised of \$9.6M favourable revenue to budget and \$4.0M in unfavourable expenses to budget. Overall, the quadrant is tracking well to plan. The Hospital has positive working capital of \$178.4M and a current ratio of 2.38 as at September 30, 2017. This is a strong financial position, however, we continue to monitor our liquidity closely as funding impacts and committed project costs will erode this position. It was further noted that the finance and audit committee will be returning to the Board to request consideration of some unplanned expenditures that will erode some the current working capital.

Mr. McBride noted that the quality quadrant were showing red indicators this month. It was identified that from the committee perspective that this is symptomatic of an organization under

clinical stress. One of the indicators provided in the document identified that only 29.4% (from 30% in Q1) of patients received a Discharge Summary within 48 hours (7,149 patients did not) out of 10,413 total patients discharged. It is so important for the discharged patients to be able to move forward in their health care plans as soon as possible so that readmissions can be averted and the organization will continue to work on initiatives to improve.

Ms. Irwin Foulon reviewed the Our People quadrant and indicated that the indicators are stable from Quarter one with the exception of one indication that has digressed. The performance review completed which indicates that 410 staff members have not received feedback in their two year cycle. The work life indicator which is red has initiatives in place or is in progress which includes items such as a new vacation policy and the continuing work to standardize approaches to scheduling.

Dr. Lum provided an overview of the five physician-related indicators that highlight the contribution that physicians make to quality and performance at LHSC. The five indicators being measured and were presented at Medical Advisory Committee for the first time in November include; admission medication reconciliation, discharge medication reconciliation, discharge summaries within 48 hours, resuscitation status recorded for inpatients and length of stay.

The floor was opened for questions and comments and a discussion ensued on the technical reports and the leadership demonstrated through the lens of leadership when items are not tracking to plan. Deep dives on indicators and corresponding initiatives occur on the red indicators and their causes and resolution initiatives. Each Board committee has its own cadence to evaluate escalation; however the governance committee will be reviewing at its next meeting the effectiveness of the tool in governance work of the Board.

**ACTION: Executive and Governance Committees to have conversations on the effectiveness of Board oversight utilizing this tool.**

### **3.4 Lawson Health Research Institute Report**

Mr. Ross reported that the package includes the Lawson Q1 Financial results for the Board's information. It was noted that the Chair of Lawson requests an opportunity to present a robust update on the sustainability of the Lawson Health Research from the research perspective, returns on investment funds, enterprise risk, and investigate additional ways for hospitals to grant further assistance to the funding of Lawson.

The floor was opened for comments and questions and there was a brief discussion on the hospital's work with World Discoveries and the income sharing model.

### **3.5 St. Joseph's Health Care London Update**

Dr. Rundle provided a brief overview on the work of the St. Joseph's Board of Directors who are in the development stages of their Strategic Plan. Mrs. Robinson thanked Dr. Rundle for the opportunity to weigh in on strategic objectives on the collaborative regional partnership "hive". T

The South West LHIN has asked St. Joseph's to take a leadership role in developing a leadership regional model for geriatric psychiatry. Dr. Rundle covered off changes in governance practices to introduce consent agendas and also end of board meeting evaluations.

### 3.6 Finance and Audit Committee Recommendations

#### 3.6.1 Transfer Payment Agreement Amending Agreement – Supply Chain Transformation and Clinical Product Information Optimization Projects

The Board of Directors **APPROVED** by **GENERAL CONSENT** the TPA Amending Agreement from the Ministry of Government and Consumer Services.

### 3.7 Medical Advisory Committee Recommendations

#### 3.7.1 New Appointments to Professional Staff

#### 3.7.2 Changes to Professional Staff Appointments

#### 3.7.3 Clinical Fellow Appointments

Dr. Lum confirmed that there was nothing in the reports that caused her concern and supported their recommendation to the Board.

The Board of Directors **APPROVED** by **GENERAL CONSENT** the credentialing recommendations as listed in the following reports:

#### 3.7.1 **New Appointments to Professional Staff**

#### 3.7.2 **Changes to Professional Staff Appointments**

#### 3.7.3 **Clinical Fellow Appointments**

#### 3.7.4 Chair/Chief Anesthesia Recommendation

The Board of Directors **APPROVED** by **GENERAL CONSENT** the appointment of Dr. Homer Yang as the Chief of Anesthesia and Perioperative Medicine, effective January 1, 2018 to December 31, 2022.

#### 3.7.5 Q4 MAC Chair/Vice Chair Goals Update

Dr. Lum provided a fourth quarter goals report for the Board of Director's consideration and indicated that she would be pleased to answer questions. It was noted that the actions items for the first two goals have been fulfilled however important activities continue that are interconnected and will not be able to move forward until the following aspects have been completed.

- i. Further outcome of Goal 3 and 4 requires the new CEO Dr. Paul Woods to be involved with any future direction
- ii. Executive Compensation Model completed by Board.
- iii. Strategic planning with Strategic Directions to be finalized

## 4.0 ADJOURNMENT

---

The meeting of the Board of Directors was **ADJOURNED** by **GENERAL CONSENT**.

Recorded by  
Tammy L. Eskildsen

---

Ramona Robinson, Chair  
Board of Directors