

**LONDON HEALTH SCIENCES CENTRE**  
**OPEN MEETING**  
OF THE  
**BOARD OF DIRECTORS**  
Held, Wednesday, January 27, 2016 @ 1630 hours  
in the Victoria Hospital Board Room C3-401

**Board Members Present:**

B. Bird, S. Caplan, R. Conyngham, M. Glendining, K. Haines, S. Jaekel, J. Wright, R. Robinson, A. Walby, P. Retty, K. Ross, L. McBride, D. Woodward, Sharon Irwin-Foulon, K. Church, M. Strong, A. Hopper, M. MacLeod

**Board Member Regrets:**

R. Sifton, T. Gergely, V. Fantillo, S. Carlyle, V. Burkoski

**Guests:**

G. Kernaghan, M. Kellow, H. Rundle, S. Abou-Sweid, D. VanBoxmeer

**Resource:**

T. Eskildsen

## 1.0 CALL TO ORDER/REVIEW OF AGENDA /CONSENT AGENDA

Mrs. Conyngham called the meeting and reminded the Board of the Conflict of Interest Policy and encouraged those members who may feel they have conflict or perceives someone else's conflict to bring it forward, either now or at the time of the item.

**After seeking concerns or objections to the items within the consent agenda, the items listed in Appendix 1 and as noted below and starting on page 133 were APPROVED by GENERAL CONSENT:**

### 1.1 Minutes of Regular Meeting 2014/11/25

#### 1.2 Committee Minutes

[1.2.1 Executive Committee 20151214, 20160118](#)

[1.2.2 Governance Committee 20151123](#)

[1.2.3 Human Resources Committee 20160113](#)

[1.2.4 Medical Advisory Committee Minutes 20151209, 20160113, 20160119](#)

[1.2.5 Quality and Performance Monitoring 20151119](#)

## 2.0 NEW BUSINESS/INFORMATION/APPROVALS

### 2.1 Chair's Remarks

Mrs. Conyngham reported that she was standing in for the Chair today and updated the group on the following activities that occurred since the group last met:

- Welcome was extended to Suzanne Jaekel, who has joined the Board midterm to replace Mr. Shaun Elliott
- Joint Collaboration and Integration Committee met and their focus was a refresh of the Joint Collaboration Agreement. It will be before the Board through due process, likely in March 2016.
- Children's Magical Ball was well attended and congratulations extended to the Children's Health Foundation.

- Service Awards for hospital staff, physicians and volunteers occurred at the end November. Mrs. Conyngham indicated that every Board member receives an invitation and encouraged everyone to attend if they are available next year.
- Professional Practice at it's Best- It is a platform of presentations and posters will highlight a sampling of the many scholarly activities that our care providers deliver in striving for: excellence in their clinical work, fulfillment of our academic mission and promotion of a trusting and collaborative environment. Tom went to this event, and provided some opening remarks and participated in the pinning ceremony.
- President's Awards occurred on December 11, 2015
- Dr. Kernaghan was wished a Happy Birthday and warm congratulations on her new status of grandparent
- A personal thank you was extended to the organization from Ruthe Anne Conyngham on the recognition she received for her time as Chair of the Board.

## 2.2 CEO Report

Mr. Glendining submitted his report into record, highlighted aspects within the report and indicated he would be pleased to answer questions.

Mr. Glendining provided additional update on the following:

- The regional surge plan developed to accommodate the increased volume of patients during the Christmas season was effectively coordinated with the Local Health Integrated Network (LHIN)-wide daily teleconferences designed to identify patient volume pressure points in the regional health care system. LHSC was able to move patients effectively during the Christmas period.
- Highlighted the recent news release by Connecting SouthWest Ontario. Patient health information from across the continuum of care can be accessed by authorized health care professionals to gather essential patient data in seconds from those organizations using ehealth technology. The implementation of an integrated electronic health record (EHR) has been achieved in south west Ontario through four LHINs- from Windsor to Tobermory to Guelph and through Niagara Falls.
- Melissa Farrell, ADM Health System Quality and Funding and the work ongoing with provincial funding formulas
- Mental Health Crisis Centre continuing to receive good feedback from community since it opened and LHSC is starting to see movement towards making a difference for our patients.
- The HIS Advisory Council is finalizing recommendations and directives to the Ministry of Health with respect to Hospital Information Systems (HIS) development and implementation.

## 2.3 Quality and Performance Monitoring Committee

At the last meeting, the committee asked for a deeper understanding of the patient falls indicator and contributing factors to its static performance. LHSC is currently performing at 4.83 falls per 1000 patient days. Mr. McBride indicated that in reviewing available research literature that a certain percentage of all falls could be avoided. The literature indicates that the average fall adds seven days to the stay of a patient. Approximately, an acute care bed costs \$1 100 per day. If an organization was able to reduce preventable falls by 43 people a month, there would be a theoretical \$332,000 savings per month (\$4 million per year).

Dr. Strong reported that there was a physician at Parkwood Hospital that specializes in Falls Prevention and the work that St. Joseph's has undergone to reduce the falls in a very high risk patient population by approximately 34%. This could be another avenue that the leadership could look to for comparison of approach processes and data. Dr. Kernaghan reviewed the methodology at St. Joseph's and some of the changes that were implemented at their facilities to reduce incidences.

Mr. Abou-Sweid noted that in areas where fall rates are higher than normal, the leaders are working to ensure that the assessments are being done, quality and safety huddles are occurring daily and system/operational issues are addressed. (ie shortage of non-slip socks, chair alarms inoperable, medication environment).

## 2.4 Lawson Health Research Institute Report

Dr. Rundle submitted the December and January reports into records and highlighted the following items:

- Dr. Neville Suskin (Cardiology) is testing a novel tool (the AngioDefender) to measure and assess the health of his patients' vascular endothelium – the interior lining of blood vessels – to obtain a more accurate measure of a person's vascular health.
- The prestigious Polanyi Prizes, honouring Nobel Laureate Dr. John Charles Polanyi, this year recognized five exceptional young Ontario researchers. Lawson Scientist Matthew Teeter (MSK) , won for research that explores better ways to design and evaluate hip, knee, and shoulder replacement implants through the use of micro-imaging scans, moving X-rays, and wearable sensor technologies.
- Dr. Vladimir Hachinski (Clinical Neurosciences), Dr. Luciano Sposato, Western, and researchers at the Institute of Clinical Evaluative Sciences (ICES) have published the first study in the world showing a decline in the incidence of dementia at a whole population level, which they believe is connected to the overall decline in strokes.

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

Dr. Kernaghan noted that a celebration marking the one year anniversary of Parkwood Institute would occur on January 28, 2016. St. Joseph's will also be celebrating the launch of a special edition of the publication Healthcare Quarterly. The issue has been dedicated entirely to the success of mental health transformation in Southwestern Ontario and includes articles written by current and former mental health care leaders at St. Joseph's and partners in our region.

## 2.6 Medical Advisory Committee Recommendations

It was noted that Citywide Medical Affairs Department will be instituting a review of the credentialing processes to confirm effectiveness of current procedures, assess practices against peers, as well as review from a potential risk or gap lens. A third party will be conducting the review to bring an impartial opinion to work the department undergoes to credential physicians. The report will be brought before the Board once completed.

### 2.6.1 New Appointments to Professional Staff Jan

Due to delays, the organization has not received CPSO proof of certification that is required for credentialing to be complete for Dr. Nnamdi Ugwunze. The Medical Advisory Committee requested an amendment to motion to remove Dr. Nnamdi Ugwunze from the list of new appointments to the professional staff until all appropriate documentation has been received.

**The Board of Directors APPROVED by GENERAL CONSENT the New Appointments to the Professional with an amendment to remove Dr. Nnamdi Ugwunze from the list for January.**

### 2.6.2 Changes to Professional Staff Appointments Jan

Dr. MacLeod provided a brief overview of the purpose of approving changes to appointments.

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

2.6.3 Appointments to the Clinical Fellows Jan

The Board of Directors APPROVED by GENERAL CONSENT the Appointments to the Clinical Fellows.

2.6.4 Clinical Fellow Appointments- July-Aug

The Board of Directors APPROVED by GENERAL CONSENT that the Clinical Fellow Appointments- July-August be APPROVED by GENERAL CONSENT.

2.6.5 Reappointment

The Board of Directors APPROVED by GENERAL CONSENT the reappointment of Dr. William Hodge, subject to the development of a proposal that is satisfactory to the Medical Advisory Committee chairs and based on the framework set out in correspondence between legal counsel dated December 8, 2015, and as endorsed by the LHSC MAC, effective December 9, 2015 to June 30, 2016.

## 2.7 Governance Committee Recommendations

2.7.1 Board Role Document Amendments

The governance annually reviews all role and policy documents. This month there were some amendments to the role of the Individual Director and housekeeping changes to both policies to align with some of the suggested changes that were addressed within the 3<sup>rd</sup> edition of the Guide to Good Governance.

The Board of Directors APPROVED by GENERAL CONSENT the amendments to the Individual Director and Chair of the Board role descriptions.

2.7.2 Board Mentor Description

At a meeting of the Governance Committee in the summer of 2015, it was identified that a Mentorship Program be developed to provide a framework for mentor's to work from and provide advice on consistency of approach

The Board of Directors APPROVED by GENERAL CONSENT the development of a mentorship program and mentor role description.

2.7.3 Selection Committee Appointments

The Board of Directors APPOINTED by GENERAL CONSENT the following individuals to the respective Chair/Chief Selection Committee:

Psychiatry – Sharon Irwin-Foulon  
Obs/Gyne—Brenda Bird  
Clinical Neurological Sciences—Phyllis Retty  
Physical Medicine & Rehabilitation—Kevin Ross

2.7.4 Board Policy Amendments

The Board of Directors APPROVED by GENERAL CONSENT that the following Board policies be amended:

- Confidentiality
- Code of Conduct
- Conflict of Interest
- Conflict of Interest Disclosure (previously known as Disclosure of Relationships that May Result in a Conflict of Interest)

2.7.5 Annual Community Meeting

Every year the Board of Directors is required to have an Annual Members Meeting (a legislated requirement). In addition to this, for the past few years, LHSC has held an Annual Community

Meeting (ACM) immediately following the Annual Members meeting with the intent of reaching a broader audience with important LHSC information.

A review was undertaken by the Communication Department and ACM attendance remains relatively low, with the vast majority of attendees being internal audiences. Very few community representatives attend the ACMs, despite a robust advertisement plan each year. Both internal and external audiences can easily access the same information through LHSC's other communication channels.

The Communications Department further reviewed the practices of peer Ontario hospitals. It was found that several hospitals are undertaking similar assessments of their ACMs, both from an effectiveness lens and a cost lens.

**The Governance Committee RECOMMENDED that the Board of Directors APPROVE the discontinuation of a formal Annual Community Meeting for 2016.**

#### 2.7.6 Board Learning Session

Mrs. Conyngham reported that the Governance Committee engaged in a discussion about Education for the spring 2016. It was recommended that Board focused education on Quality and Patient Safety within the governance role would be the most appropriate topic. Mrs. Conyngham identified that the sessions would be split into three manageable portions and tacked onto Board and Quality and Performance Monitoring Committee meetings. As plans are developed, the Board will be contacted.

#### 2.7.7 Board and Board Leadership Succession

The Annual Members Meeting will be upon the organization soon. The Governance Committee requests as they move forward with recruitment, that everyone provide two names to populate the ever-green candidate listing. To help guide the journey ahead, LHSC is seeking volunteers from London or the region to join its Board Committees to assist with the oversight of the hospital's operations. The individuals should have previous Board experience, have a passion for health care and enjoy working collaboratively with a diverse team. Mrs. Conyngham requested that everyone provide their recommended names within 30 days.

## 3.0 ADJOURNMENT

**The Board of Directors ADJOURNED the MEETING by GENERAL CONSENT. The next meeting of the Board of Directors is currently scheduled for February 24, 2016.**

Recorded by:  
Tammy L. Eskildsen

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Ruthe Anne Conyngham, Chair – Acting  
Board of Directors