

OPEN MEETING MINUTES OF THE BOARD OF DIRECTORS

held, Wednesday, March 29, 2017 @ 1715 hours
in the Victoria Hospital Board Room C3-401

Board Members Present:

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

Board Member Regrets:

S. Irwin Foulon, Tod Warner

Resource:

T. Eskildsen

1.0 CALL TO ORDER/REVIEW OF AGENDA/CONSENT AGENDA

Mr. Gergely called the meeting to order and reminded the Board Directors of the Ethical Decision Making Framework and Conflict of Interest Policy that the Board adheres to and encouraged those members who may feel they have conflict or perceive 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 107 were APPROVED by UNANIMOUS CONSENT:

1.1 Minutes of Regular Meeting 2017/02/22

1.2 Committees of the Board- Minutes

1.2.1 People and Culture 20170301

1.2.2 Medical Advisory Committee 20170309

1.2.3 Quality and Performance Monitoring 20170216

1.2.4 Finance and Audit Committee 20170309,

1.2.5 Governance Committee 20170221

2.0 PRESENTATION

2.1 Accreditation Readiness- London Health Sciences Centre.

Dr. Jackie Schleifer Taylor delivered a presentation on the work of the organization to align with the transition plan goals to deliver a focused and standardized approach to improving the quality, safety and consistency of care and the patient experience across the organization. This work supports that quality is part of every day and everyone's responsibilities and will align with the goal to achieve exemplary status as the result of our next accreditation.

The Accreditation Canada survey representative assigned LHSC was invited to present and attended a number of meetings and open forums on Monday, March 27, 2017 at LHSC. The representative presented a high level overview to the leaders and the Board Directors that were present at the meeting an overview of the process organizations undergo and the notable changes in the standards since LHSC was last surveyed. There were over 450 individuals in

attendance. Every applicable area is currently undergoing the work to ensure that there is evidence to support LHSC's compliance to the 3000 standards.

3.0 NEW BUSINESS/INFORMATION/RECOMMENDATIONS

3.1 Chair's Remarks

Mr. Gergely highlighted that the larger areas of focus include strategic planning, executive compensation and CEO Selection work which will more formally kick off in April 2017 to replace Mr. Glendining at the end of his contract in 2018.

Mr. Woodward highlighted the recent hire of Mr. Scott Fortnum to the role of President and CEO of the Children's Health Foundation and the strengths that the Children's Health Board felt that he would bring to the role.

3.2 CEO Report

Mr. Glendining submitted his report into record, invited the Board to ask questions and highlighted the following items:

- Mental health patient population continues to be the organization's largest challenge and work continues on initiatives to improve access.
- Strategic Planning Process will be before the Board later in the meeting. Mr. Glendining made note of the planning kick off retreat with the Board in April 2017. The Steering Committee is co-chaired by Anita Sutton, Murray Glendining and Andrea Lum. This committee has worked to develop and subsequently recommend a process for the Board of Directors to consider at today's meeting.
- An RFP for CT is likely to see all major vendors in this line of product delivery submitting proposals which will make the process quite competitive.
- ClinicalConnect work continues and some of the next steps include connecting Primary Care clinicians to health records. There are currently ongoing pilots with family health teams in Hamilton area.

3.2.1. Strategic Planning Process Recommendation

A brief review was provided on the development of Transition Plan to act as a bridge from the previous Clinical Services Strategy, which focused on quality improvement and optimization of several key clinical areas, to a comprehensive strategic plan. The Transition Plan will concluded on March 31, 2018 and currently carries specific work streams that are designed to:

- Improve the quality of LHSC's clinical services
- Advance LHSC's system leadership capabilities
- Transform LHSC's management operating system

Consultations occurred in the fall with both Medical Leaders and Administrative Leaders. A key recommendation from those consultations was that LHSC seek external assistance with the planning process. A Request for Proposal was posted and a review team reviewed and scored seven proponent proposals. Three proponents were interviewed as short-listed candidates and eventually Corpus Sanchez International (CSI) was selected as the successful proponent.

A Strategic Planning Steering Committee was brought together by the CEO to steward the process on the organization's behalf. It is co-chaired by the CEO Murray Glendining, the chair of the Medical Advisory Committee, Andrea Lum and a selected patient and family advisor, Anita Sutton.

Mr. Brad Campbell provided an overview of the three major phases of the process recommended that the organization under go to develop and finalize a Strategic Plan for April 1, 2018. Mr. Campbell highlighted that a strategic planning kick off retreat was planned with

Board of Directors and Senior Leaders for April 8, 2017. The work planned for that day will set context and set the stage to review and update the organization's mission, vision and values. A touchpoint with the Board will be planned for June 2017.

In response to a question about Lawson being considered for the external partner list, it was noted that the researchers have been identified as internal partners for this exercise. There is currently a plan to engage approximately 6000 individuals in the Mission, Vision work prior to the June update to the Board.

ACTION: This topic will go to Medical Advisory Committee for information.

The Board of Directors APPROVED by GENERAL CONSENT the Strategic Planning Process.

3.2.2 2017/18 Goals President and CEO

Mr. Glendinning highlighted that his goals for 2017/18 are focused in three key areas, completing the transition plan, collaborative work with St. Joseph's and the Quality Improvement Plan initiatives.

The Board of Directors APPROVED by GENERAL CONSENT the annual President and CEO Goals for 2017/18.

3.3 Lawson Health Research Institute Report

Mr. K. Ross highlighted that the most recently Lawson presented their fiscal budget to St. Joseph's Resource Planning and Audit Committee and the Finance and Audit Committee for LHSC. The Finance and Audit and Investment committee will be starting soon.

Dr. David Hill highlighted the continuing scarcity of funding and expanded on how researchers approach the use of their grant dollars. It was confirmed that the highest expenditures are senior technicians and coordinators. This group of individuals also represents the collective research memory and experience for the organizations. In progress, for consideration in the next research budget includes the development of a fund to keep that experience within Lawson and bridge those individuals until other sources of revenue come in. The federal budget was discussed briefly and it was noted that there was not an announcement for funding.

3.4 St. Joseph's Health Care London Update

None noted.

3.5 Quality and Performance Monitoring

3.5.1 2017/18 Quality Improvement Plan Indicators Recommendation

In response to a question about the recommendation of specific targets to align with executive compensation, it was noted that Health Quality Ontario has recommended that the patient experience and effective transitions not be tied to compensation this year, as the tools and indicators were new and organizations should take the time to develop baselines to compare against.

Directors for APPROVAL the 2017/18 Quality Improvement Plan, which includes the following five indicators and targets:

1. Medication Reconciliation at Admission – Target 85%

2. Medication Reconciliation at Discharge – Target 77%

3. Emergency Department Length of Stay at the 90th Percentile for Complex Patients – Target 10.3 hours

4. Patient Experience: Would you recommend this emergency department to your friends and family? – Target 74%

5. Effective transitions “Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital”? – Target 71% and;

The Quality and Performance Monitoring Committee ENDORSE AND RECOMMEND to the Board of Directors that the following 2017/18 Quality Improvement Plan indicators and targets be tied to executive compensation:

1. Medication Reconciliation at Admission – Target 85%

2. Medication Reconciliation at Discharge – Target 77%

3. Emergency Department Length of Stay at the 90th Percentile for Complex Patients – Target 10.3 hours

3.6 Medical Advisory Committee Recommendations

Dr. Lum provided a brief overview of the city wide process that the Medical Advisory Committee undergoes to assess individual professional staff members for appointments or changes to their appointments.

3.6.1 New Appointments to Professional Staff – Mar

3.6.2 Changes to Professional Staff Appointments – Mar

3.6.3 Clinical Fellow Appointments – Mar

The Board of Directors APPROVED by GENERAL CONSENT the new appointment, changes to appointments and clinical fellow appointments in the following reports.

3.6.1 New Appointments to Professional Staff – Mar

3.6.2 Changes to Professional Staff Appointments – Mar

3.6.3 Clinical Fellow Appointments – Mar

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3.6.4 Chair/Chief Recommendation Medical Imaging

Mr. Glendining acknowledged Dr. Lum's contribution to the program. Mr. Glendining reviewed briefly Dr. Paul's background.

The Board Of Directors Approved By General Consent The Appointment Of Dr. Narinder Paul as the City-Wide Chief Of Medical Imaging, Effective July 1, 2017 to June 30, 2022.

3.6.5 2017/18 Goal Recommendation

That the Board of Directors APPROVE by GENERAL CONSENT the Chair and Vice Chair Medical Advisory Committee Goals as presented.

3.7 Governance Committee

3.7.1 Eligibility of Prizes Amendments

Ms. Robinson highlighted that amendments are coming forward to provide additional clarity on where Board Directors would be allowed and would be in conflict to take part in some of the fundraising mechanisms.

The Board of Directors APPROVED by GENERAL CONSENT the amendments to the Eligibility for Prizes Policy.

3.7.2 Board and Committee Evaluation feedback

Ms. Robinson reviewed that the prereading material included the process from past years and the importance that the board continue to make this a living process. Ms. Robinson engaged

the Board directors in a conversation about evaluations of the past and a recommended approach for 2017. The Board Directors engaged in discussion and the following points were noted:

- That using a facilitator was not recommended
- The LHSC participation rates were low. Validity of the results are better confirmed when participation rates were higher.
- Asked Governance to pull the information together and facilitate a conversation in closed session.

3.7.3 Board Representative Appointment for Chair/Chief, Anesthesia & Perioperative Medicine Selection Committee

The Board of Directors APPROVED BY GENERAL CONSENT and Recommended the Appointment of Mr. Kevin Ross as the LHSC Board of Directors Representative on the Chair/Chief, Anesthesia & Perioperative Medicine Selection Committee.

3.8 Finance and Audit

3.8.1 HSAA Recommendation

It was noted that the Ministry provided an amendment to the accountability agreement between original recommendation and Board submission. The amendment was considered not substantial and no risk to the organization. The amendment was circulated to the Finance and Audit Committee members to ensure that there were no objections to the recommendation moving forward in its amended form. There were no objections.

The Board of Directors APPROVED by GENERAL CONSENT the Amendment of the 2008/17 Hospital Accountability Agreement (H-SAA) for 2017/18 effective April 1, 2017 to March 31, 2018 including the amendment to Total Margin as provided by the Southwest LHIN on March 14, 2017.

3.8.2 MSAA Recommendation

The Board of Directors APPROVED by GENERAL CONSENT the Amendment of the 2014/17 Multi-Sector Accountability Agreement (MSAA) for 2017/18 effective April 1, 2017 to March 31, 2018.

4.0 ADJOURNMENT

The meeting was adjourned by GENERAL CONSENT.

**Recorded by:
Tammy Eskildsen**

**Tom Gergely, Chair
Board of Directors**