

**MEETING MINUTES
OF THE
BOARD OF DIRECTORS**
Held Wednesday February 23, 2022
By Webex or by Teleconference

Board Members Present by Webex/Teleconference

Mr. T. Allen, Mr. J. Brock (2nd VC), Ms. L. Conley, Ms. K. Haines, Mr. J. Leitch, Mr. T. Marcus, Mr. L. McBride, Ms. P. Retty (Chair), Mr. K. Ross, Dr. R. Dinniwel (xo), Dr. T. Mele (xo), Mr. B. Woods, Mr. M. Wilson, Ms. C. Young-Ritchie (xo), Dr. J. Schleifer Taylor, Jeff Wright, R. Choja, H. Wade

HEALTHCARE PARTNERS: B. Morrill (R), T. Brown, R. Butler, N. Tahir, J. Yoo(r)

RESOURCES: T. Eskildsen, RA Conyngham

1.0 CALL TO ORDER

The open meeting of the Board of Directors was called to order. The Conflict of Interest policy was highlighted and members were reminded that should they feel they are in conflict or if they feel someone else is in conflict to either declare it now or at the time of the item. The Chair referenced the Ethical Values Decision-Making Framework on the back of the agenda to support the work of the Board.

1.1 Patient Experience

Patient stories bring 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 both in QPMC committee meetings and Board of Directors meetings to allow patients to share their experience using our services with the aim of understanding what the organization needs to do better.

A video was shown from a patient experience that occurred in late 2015. The Quality and Performance Monitoring Committee discussed the opportunities to improve that were acted on and implemented since that experience.

2.0 REVIEW OF AGENDA

2.1 Approval of Agenda

The full Agenda for the February 23, 2022 Board meeting was APPROVED by GENERAL CONSENT as written.

3.0 PRIORITY AGENDA

3.1 LHSC Response to the Pandemic Update

Due to a steady decline in COVID-19 related hospitalizations and ICU admissions, on February 10, 2022, the government lifted Directive 2 to begin a gradual and cautious resumption of non-urgent and non-emergent surgeries and procedures across the province. The west region has shifted and the foci is on access to care and how nimble hospitals will be able to be across the system. While financial realities remain a topic of discussion, impacts on staff and health care worker safety remains a top concern for the organization.

3.2 Chair/Chief, Midwifery Overview

Ms. Katelyn Fisher, Chief Midwifery Services was present to provide an overview of the department's services and scope of practice.

3.3 LHSC Q3 Performance Indicators

The organizational wide report on indicators was provided by Dr. Adam Dukelow and Mr. Nash Syed.

In Q3, the Quality Improvement Plan (QIP) has remained relatively stable when compared to the previous quarter performance except for two of the indicators. Length of ED Wait for an Inpatient Bed increased to 20.6 hours in Q3. This is the longest wait time that has been experienced in the past six quarters. There

are several factors that influence this indicator including increase in ED volumes, the availability of inpatient beds and the alternative level of care (ALC) rate. The pandemic has had a direct impact on bed availability within LHSC and system capacity across the continuum of care. Another notable indicator change is the increase in overall incidents of workplace violence. There were 870 overall incidents in this quarter (i.e. 223 more incidents when compared to the same quarter last year). The goal for this indicator (as has been for many years; as was directed by Ontario Health) has been to increase reporting of such events within hospitals. However, focused improvement work within LHSC is needed to explore how to effectively decrease serious, preventable incidents.

One will note the increased Hospital Sector Accountability Agreement (HSAA) performance results reported this quarter compared to the Q2 report. In principle, LHSC has adopted the HSAA indicator definition, calculation and performance target(s) and will carry forward this approach in future reports. In the case of "explanatory targets" set by HSAA, they are reported for additional context as such unless an LHSC target had been set internally or mandated by a provincial agency.

In response to a question about weekend discharges and collaboration with our partners in accepting patient transfers on the weekends, Mr. Syed highlighted that the organization is happy and confident of the flow of patients discharges on weekends. Follow up discussion highlighted that once there was an expectation of a discharge date upon a patient's arrival and if that work continues. LHSC is currently working to reduce variability and a brief overview of the progress made to date was provided. As the resumption of services increases, there will remain focus to sustain the gains made in reducing occupancy, increasing access and continuing to find ways to work differently without affecting the constraints of health human resources.

4.0 RECOMMENDATIONS/REPORTS

4.1 Chair's Report

Ms. Retty extended the Board's appreciation to the leadership and the staff of LHSC for the work involved in serving the community during this unprecedented time.

4.1.1 Chair, Medical Advisory Committee Recommendation

The Board of Directors APPROVED by GENERAL CONSENT that upon receipt of a signed letter of offer, that Dr. Robert Dinniwel be appointed as the Chair, Medical Advisory Committee Effective February 1, 2022 To June 30, 2022 or until such a time as a New Chair, Medical Advisory Committee Is appointed.

4.2 CEO Report

Dr. Schleifer Taylor submitted the CEO's report into record and highlighted that LHSC was named within Newsweek as one of the World's best Hospitals.

4.3 Quality and Performance Monitoring Committee

Mr. McBride highlighted that the Quality Improvement Plan was discussed. However, since this package was posted to the website, the Government has provided direction on required indicators which will alter the material before the group today.

4.3.1 2022/23 Quality Improvement Plan Overview/Feedback

Dr. Dukelow reported that on February 18, 2022 the Government released the newly released Ontario Health (Quality) annual priorities for the 2022/23 Quality Improvement Plan, Ontario Health signaled four "priority indicators" and five "additional indicators" for the Quality Improvement Plan specific to hospitals. As per Ontario Health definition, "priority indicators" address identified local and systemic issues. Each organization is recommended to review and determine which priority indicators are relevant to them, and review current performance against provincial data. If scoring poorly in comparison with provincial averages/benchmarks, then the organization is strongly encouraged to add the indicator(s) to their Quality Improvement Plan.

If the indicator performance already meets or exceeds the benchmark or is at theoretical best, then the reason needs to be documented in the comments section of the Quality Improvement Plan workplan submission, and the indicator is not required to be tracked.

The four identified Ontario Health priority indicators were noted, highlighting that three out of the four were already currently assessed for Quality Improvement Plan 2022/23.

1. Discharge summaries available to primary care within 48 hours of patient discharge
2. Overall incidents of workplace violence
3. Proportion of patients discharged from the hospital for whom medication reconciliation is provided
 - (This is new.
4. Patient Experience (Canadian Patient Experience Survey question) - *Did patients feel they received adequate information about their health and their care at discharge?* • LHSC does not recommend including this in the Quality Improvement Plan as the LHSC performance is better than the NRC average.

A formal recommendation will follow at March 2022 meetings.

4.4 People and Culture

Ms. Choja highlighted the work of the committee, noting the people survey and the future work on developing a People Plan for the organization were the areas of discussion for February.

4.5 Finance and Audit Committee

Mr. Marcus highlighted the discussions at Finance and Audit and reported briefly on the organization's financial results. London Health Sciences Centre (LHSC) is reporting a deficit of \$42.4M as of December 31, 2021, which is \$14.7M unfavourable compared to December's year-to-date plan of a \$27.7M deficit. The aspects of the negative variance were reviewed briefly.

In comparison to fiscal year end (2021/03/31) current ratio has decreased from 1.37 to 1.28, working capital has decreased from \$91.9M to \$76.3M, while total margin worsened from 0.68% to (3.15%). Per our current Hospital Service Accountability Agreement (HSAA), LHSC is required to maintain a margin of 0% (i.e. balanced budget), and a current ratio of 1.72. These parameters are not currently being met.

4.5.1 2022/23 Insurance Recommendation

Increased premiums required the organization to look at alternatives and has resulted in the recommendation that is before the organization to change providers. HIROC is the current insurer of many Ontario hospitals. Mr. Marcus highlighted the benefits of moving providers.

The Board of Directors APPROVED by GENERAL CONSENT, that LHSC endorse Healthcare Insurance Reciprocal of Canada Insurance Services Limited (HIROC) as their new insurance provider.

4.6 Medical Advisory Committee

Welcome was extended to Dr. Rob Dinniwell who has agreed to take on the interim appointment to the Chair, MAC role. Dr. Dinniwell provided highlights on the Medical Advisory Committee of February and presented the recommendations for consideration.

4.6.1 New Appointments to the Professional Staff

The Board of Directors APPROVED by GENERAL CONSENT the Professional Staff new appointments to the London Health Sciences Centre for February 2022.

4.6.2 Changes to Professional Staff Appointments

The Board of Directors APPROVED by GENERAL CONSENT the Professional Staff appointment changes to the London Health Sciences Centre for February 2022.

4.6.3 Clinical Fellow Appointments

The Board of Directors APPROVED by GENERAL CONSENT the New Clinical Fellow appointments to the London Health Sciences Centre for February 2022.

4.6.4 PS Reappointment Recommendation & Report

The Board of Directors APPROVED by GENERAL CONSENT that the January 2022 professional staff application for re-appointment.

4.6.5 Vice Chair, MAC

The Board of Directors APPROVED by GENERAL CONSENT that upon receipt of a signed letter of offer, the interim appointment of Dr. David Steven as the Vice Chair, Medical Advisory Committee effective February 9, 2022 to June 30, 2022 or until such a time as a new Vice Chair, Medical Advisory Committee is appointed.

4.6 Governance Committee

Mr. Wilson submitted the Committee Chair's report into record and provided a general overview of the committee's discussions.

4.8 Children's Hospital Committee

Mr. Ross provided an overview of the Children's Hospital Committee discussions and submitted the committee chair's report into record. A follow up discussion was reported on with respect to the current state of Branding for Children's Hospital at the Corporate level. Quarterly reports on patient safety, enterprise risk, access and service demands were presented as well as a record number of births that occurred in the last quarter. Children's Hospital is also working to address health human resource shortages.

5.0 HEALTH CARE PARTNER REPORTS

5.1 Lawson Health Research Institute

Mr. Wright reported a summary of outcomes from the last Lawson Health Research Institute Board meeting including budget, fiscal recovery plan, risk and leadership structure for Lawson.

5.2 London Health Sciences Foundation

Ms. Brown provided a financial update for the 10-month period ending January 31, 2022, highlighting four major gifts, legacy gifts, front line fundraising and lotteries.

5.3 Children's Health Foundation

Mr. Morrill provided an update for the 10-month period ending January 31, 2022 highlighting both successes achieved and upcoming events.

5.4 Professional Staff Organization

There were no items for update.

5.5 Western University

There were no items for update.

5.6 St. Joseph's Health Research Institute.

Mr. Tahir provided an update on the work of St. Joseph's Board highlighting self-evaluation, and Board recruitment mechanisms underway. Dr. Butler provided a pandemic update from St. Joseph's perspective noting that St. Joseph's is currently in stable condition and are moving into recovery planning.

6.0 CONSENT AGENDA

It is recommended that the Consent Agenda for the February 23, 2022 Board of Directors meeting, consisting of the recommendations found in Section 6 be approved with an amendment to remove Item 6.2.2 Authorization and Approvals policy:

- 6.1 Board of Directors Minutes – January 26, 2021
- 6.2 Governance Committee
 - Fiscal Advisory Committee Terms of Reference

7.0 WRITTEN UPDATES

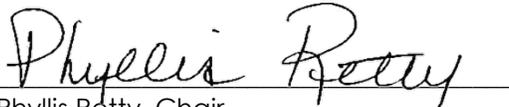
7.1 *Ethics Council Update*

There was no discussion noted for written updates.

8.0 ADJOURNMENT

The meeting **ADJOURNED** by **GENERAL CONSENT**.

Recorded by
Tammy L. Eskildsen

A handwritten signature in cursive script that reads "Phyllis Rétty". The signature is written in black ink and is positioned above a horizontal line.

Phyllis Rétty, Chair,
Board of Directors