

**OPEN Board of Directors Meeting
Minutes of Meeting**

Tuesday, May 31, 2022

1400-1600 hours

Held by Video Conference or Teleconference

PRESENT: Mr. T. Allen, Mr. J. Brock (2nd VC), Ms. R. Choja, Ms. L. Conley, Dr. R. Dinniwell (xo), Ms. K. Haines, Mr. J. Leitch, Mr. T. Marcus, Ms. P. Retty (Chair), Mr. K. Ross, Mr. B. Woods, Mr. M. Wilson (1st VC), Mr. J. Wright, Dr. J. Schleifer Taylor (CEO)

REGRETS: Ms. C. Young-Ritchie, Dr. T. Mele, Ms. H. Wade

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

RESOURCES: T. Eskildsen, RA Conyngham

GUESTS: W. Koopman

1.0 CALL TO ORDER

The meeting was Called to Order.

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 Children's Hospital 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.

2.0 REVIEW OF AGENDA

2.1 Approval of Agenda

The Board of Directors APPROVED by GENERAL CONSENT the Full Agenda for the May 31, 2022 Board meeting be approved as written.

3.0 PRIORITY AGENDA

3.1 Nursing Week Recognition

In further recognition of our nurses, Dr. Wilma Koopman was asked to share her journey as a nurse practitioner. Embracing a lifelong love of learning, she has pursued university nursing degrees in undergraduate, graduate and post graduate programs (BScN, MScN, NP) at Western. Her clinical accomplishments include many publications, book chapters and speaking engagements focused on improving neuromuscular patient care. In 2015, she entered a PhD program in Health Professions Education at Western University with the desire of leaving a legacy that would centre the patients she had learned from over the years. Her thesis titled "Navigating, Negotiating, Narrating: Re-envisioning in Chronic Illness Care" explores how patient-centered care can be derailed and how the stories that unfold in health care encounters are often incomplete.

3.2 Q4 Performance Indicator Report

Dr. Schleifer Taylor provided an overview of the quarterly report on performance, noting that LHSC must ensure the data is reflective for the paediatric space moving forward. Many improvements and advances in reporting metrics have been made from the inaugural Q1-Q2 FY 2022 report, most notably, this report includes a full report out of the Hospital Sector Accountability Agreement (HSAA) performance metrics. Work is underway to develop and report on metrics within the True North Partnership and Research dimensions by end of this fiscal year as part of the refresh work on the Continuous Improvement of Care – Executive Management System. As LHSC recovers from the COVID pandemic and the Continuous Improvement of Care Executive and Daily Management Systems are implemented broadly, improvements in metric results from current state is anticipated.

4.0 RECOMMENDATIONS AND REPORTS

4.1 Chair's Report

4.1.1 Q4 Board Priority Progress Report

This item is deferred until June 2022.

4.2 CEO Report

Dr. Schleifer Taylor submitted her report into record and reported that volunteer services are back in the hospitals. Further update was provided on engagement work ongoing with Master Planning engagement meetings.

4.3 Quality and Culture Committee

Mr. Woods provided an overview of the meeting contents and highlighted the Annual Report of the Professional Practice Leaders which focused on Nursing and Culture.

4.3.1 Q4 Patient Safety Indicators.

The publicly reported indicators were submitted into record.

4.4 Children's Hospital Committee

Mr. Ross presented an update on the May meeting and highlighted a number of items including the performance indicators, committee evaluation and that the Corporation will be moving towards an affiliation agreement with the Shriner's Hospital.

Dr. Schleifer Taylor presented that this first of a kind in Canada initiative brings two hospitals together from different provinces to launch Collaborations in the Making to support integrated clinical care, integrated education, and integrated research. While the overarching goal is to allow the hospitals to see more patients closer to home and improve the care offered through this collaboration, specific outcomes will include:

- Delivering Integrated Clinical Care by sharing leading practices, co-designing new and future practices, enabling access to leading diagnostics, and focused tactics to innovate clinical practices;
- Enabling Integrated Education through joint education sessions, establishing a joint fellowship model to attract the very best, and advancing joint simulation events to share and build expertise; and
- Launching Integrated Research by developing a joint research model, co-creating a college of scientific reviewers to streamline practices, and launching joint seminars.

4.5 Resource and Audit Committee

4.5.1 FY 2021/22 LHSC Draft Audited Financial Statements & Year End Results/Indicators

Mr. Marcus expressed appreciation to the Finance team in getting the reconciliations and audit work completed in a response to the pandemic environment. Additional recognition was provided to Leadership and the Government of Ontario in assisting the hospital in the allocation of funds to ensure that LHSC resulted in a break-even year. LHSC did have a small deficit of \$167K against a total planned deficit of \$39.8M.

From the draft audited financial statements, the following liquidity ratios tracked as per the Hospital Service Accountability Agreement (HSAA) agreement improved since Q3:

- Current ratio increased since Q3 from 1.28 to 1.37. Mr. Marcus provided a brief orientation to the current ratio and generally it is used as a way to measure the overall financial health of an organization. It was noted that the currently ratio is lower than the one highlighted in the Hospital Service Accountability Agreement was established back in 2017 but not a concern at this time.
- Working capital increased from \$76.3M in Q3 to **\$114M**.
- Total margin improved from (3.15%) in Q3 to **0.95%** at year-end.

4.5.2 F2022 Internal Cash Restriction Recommendation

As the pandemic continues to create challenges in the supply/resourcing chain and impact project completion timelines, the unspent capital budget allocation continues to grow. LHSC must ensure that sufficient cash is available to complete these capital acquisitions/projects.

The Board of Directors APPROVED by GENERAL CONSENT, the allocation of net assets on the financial statements to disclose internally restricted net assets, externally restricted net assets and unrestricted net assets.

4.5.3 External Auditor Update and Audit Results

The auditors presented an overall clean audit and reviewed the areas of emphasis that were discussed in the fall 2021. It was noted that the disclosure of the internally, externally and unrestricted net assets were included in the Audited financial statements.

4.5.4 LHSC Draft Audited Financial Statements Recommendation

The Board of Directors APPROVED by GENERAL CONSENT, the draft audited financial statements for the year ended March 31, 2022 as adjusted due to the categorization of net assets.

4.5.5 External Audit Evaluation Verbal Report and LHSC External Auditor Recommendation

The Board of Directors APPROVED by GENERAL CONSENT and forward to the Members of the Corporation the reappointment of Ernst & Young Limited Liability Partnerships (LLP) as external auditors for London Health Sciences Centre for the fiscal year 2022/2023. The remuneration of the auditor shall be fixed by the Board of Directors.

4.5.6 2021/22 Broader Public Sector Accountability Act Attestation

The Board of Directors APPROVED by GENERAL CONSENT, the Broader Public Sector Accountability Agreement Attestation Statement for F2021-22 that has been signed by the CEO and prepared in accordance with section 15 of the Broader Public Sector Accountability Act, 2010 (BPSAA).

4.6 Medical Advisory Committee

Dr. Dinniwell provided an overview of the May Medical Advisory Committee Meeting and highlighted the work to sunset the use of handwritten prescriptions and talent management.

4.6.1 Recommendation – Chief of Ophthalmology

The Board of Directors APPROVED by GENERAL CONSENT, Upon Receipt Of A Signed Letter Of Offer, the Appointment Of Dr. Cindy Hutnik As The City-Wide Chief Of Ophthalmology For A Five-Year Term Effective July 1, 2022 To June 30, 2027.

4.6.2 Recommendation – Interim Chief of Dentistry

The Board of Directors APPROVED BY GENERAL CONSENT upon receipt of a signed letter of offer, the continued appointment of Dr. Michael Shimizu as the Interim City-Wide Chief of Dentistry Effective July 1, 2022 To December 31, 2022 or until such a time as a new Chief Is appointed, whichever comes first.

4.6.3 Recommendation – Interim Chief of PM&R

The Board of Directors Approved By General Consent, upon receipt of a signed letter of offer, the continued appointment of Dr. Keith Sequeira as the Interim City-Wide Chief of Physical Medicine and Rehabilitation Effective July 1, 2022 To June 30, 2023 or until such a time as a new Chief Is appointed, whichever comes first.

4.6.4 Expedited Credentialing Report

Dr. Dinniwell provided an update on the currently active expedited credentialing report.

ACTION: Item referred to the Governance and Transition Committee.

4.7 Governance and Transition Committee

Mr. Wilson submitted the Governance and Transition Chair's report into record. It was noted that the Credentialed Professional Staff By-Laws had some housekeeping amendments but did not make it to meet the notice requirements to be included in the Annual Members Meeting.

4.7.1 2022 Administrative Bylaw Amendments

The Board of Directors APPROVED by GENERAL CONSENT and recommended to the Corporation for ratification the following amendments and any housekeeping amendments to the Administrative By-law:

- Article 3.4 Meetings of Members Held Electronically
- Article 3.6 Notice
- Article 3.8 Chair of the Meeting
- Article 5.4 Meetings held remotely
- Article 5.5 Notices
- Article 16.3 Waiver of Notice
- Article 17.4 Notice

5.0 CONSENT AGENDA

The Board of Directors APPROVED by GENERAL CONSENT the Consent Agenda for May 31, 2022 Board of Directors meeting, consisting of the recommendations found in section 5 beginning on page 258:

5.1 Board of Directors Minutes April 27, 2022

5.2 Finance and Audit

- Investment Subcommittee
 - o Fund Manager Performance and Criteria Evaluation Recommendation
 - o Investment Maturities Recommendation
 - o Investment Allocation Recommendation
- Recommendation - 2021-2022 M-SAA Schedule F -Declaration of Compliance
- Geographic Full Time (GFT) Professor, Geographic Full Time (GFT) Secretary Salaries and Benefits and Medical Education Supplies Funding.

6.0 WRITTEN UPDATES

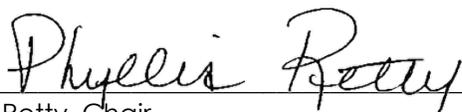
There was no discussion on the written updates noted.

7.0 ADJOURNMENT

The meeting was ADJOURNED by GENERAL CONSENT.

Recorded by:

T. Eskildsen



P. Retty, Chair
Board of Directors