

DRAFT

OPEN MINUTES OF MEETING BOARD OF DIRECTORS

Held, Wednesday, June 1, 2016
at 1600 hours
in Victoria Hospital Board Room C3-401

Board Members Present:

B. Bird, R. Conyngham, M. Glendining, K. Haines, S. Jaekel, J. Wright, R. Robinson, A. Walby, P. Retty, K. Ross, Sharon Irwin-Foulon, M. MacLeod, T. Gergely, V. Burkoski, S. Caplan, L. McBride, R. Sifton, A. Hopper, S. Carlyle

Board Member Regrets:

J. Wright, M. Strong, T. Gergely, D. Woodward, K. Church, V. Fantillo

Guests:

G. Kernaghan, M. Kellow, H. Rundle

Resource:

T. Eskildsen

1.0 CALL TO ORDER/REVIEW OF AGENDA/CONSENT AGENDA

Mrs. Robinson called the meeting and reminded the Board 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 496 were APPROVED by UNANIMOUS CONSENT:

- 1.1 [*Minutes of Regular Meeting 2014/04/27*](#)
- 1.2 [*Committee Minutes*](#)
 - 1.2.1 [*Finance and Audit Committee 20160525*](#)
 - 1.2.2 [*Governance Committee 20160516*](#)
 - 1.2.3 [*Medical Advisory Committee 20160511*](#)
 - 1.2.4 [*Quality and Performance Monitoring 20160421*](#)

2.0 NEW BUSINESS/INFORMATION/APPROVALS

2.1 Chair's Remarks

Mrs. Robinson and Board Directors reviewed work ongoing in the past month, upcoming events and events attended on behalf of the Board. The following items were highlighted:

- Both HR and QPMC meeting were deferred in the past month. The Governance Committee has asked committees with low agenda content months to consider utilizing the available time for deeper learning or orientation purposes in future.
- Board is progressing through completion of the CEO Evaluation. If you have not submitted your evaluation, please do so at your earliest convenience.
- Events attended included: Tastings hosted by the Foundation and the 4th Annual Nursing Gala.

2.2 CEO Report

Mr. Glendining submitted his report into record and indicated he would be pleased to answer questions. The following items were highlighted:

RESPECT, TRUST, COLLABORATION

- Medical Assistance in Dying—the deadline of June 6, 2016 to have legislation in place is approaching and it is not likely that the provincial legislation will go through the appropriate channels by the deadline. The topic is currently being debated at the college level for both the Physicians and the Registered Nurses to really understand the parameters of the law. Internally LHSC has developed a number of guidance documents that addresses the known parameters and to support other key providers that might be involved in a request. A second piece of work is a discussion paper that looks to the region and its ability to coordinate the medical assisted dying through another mechanism other than the hospital. There are a number of access points that requests could come from and as LHSC is central to the LHIN, in its capacity LHSC will want to play a leadership role as well as a support role to position the future coordination through the Healthlinks.
- Patients First Ministry Action Plan work to consolidate the CCAC into the LHINs continues. The LHINs have suggested a number of different approaches on LHIN/CCAC merger and related issues in the province. The Deputy Minister has developed transitional advisory committees relative to LHINs to focus on processes moving forward and the advisory committee has met twice to date. The first meeting addressed the framework development for a merger of this nature from the LHIN perspective. The second meeting was a formal request by the Ministry of Health to pause the ongoing detail work until the legislation is developed and in place. The third meeting will be set to review in depth the proposed legislation, once completed to develop the best uniform approach for the province. The greatest concern for LHSC is that the Community Care Access Centres will lose leadership/staff to other healthcare roles during this transition work, putting the flow of patients to home from hospital at risk.
- Health system funding reform is currently pausing in their work as the Ministry tries to correct some inequities, and will be reviewing if the current formulas are achieving what they are required to for the system.
- Recent media from Toronto highlights the unmet hospital infrastructure needs in the province (\$3.2 billion). This information was provided through a Freedom of Information request to the Ministry of Health on an external report commissioned that reviewed the total amount the province would need to spend to repair or replace every infrastructure need in hospitals.
- Mr. Glendinning reported on the ongoing work of the HIS Advisory group to find recommendations for hospital information systems. The objective of the panel is to maximize the value of current and future HIS investments, while taking into account the need for hospitals to have cost-effective systems supporting the provision of quality care, and the requirements of health system transformation. Overall, the panel has been maintain a focus on improving patient outcomes and value for money through collaboration and innovation ensuring that there is the right foundation for connectivity and integrated care in support of the Patients First Action plan.

2.3 Lawson Health Research Institute Report

Dr. Rundle submitted the May report into record, highlighted Lawson's media items that lead the report and indicated that he would be pleased to answer any questions. There were no questions noted.

2.4 St. Joseph's Health Care London Update

Dr. Kernaghan reported that the Breakfast of Champions on May 11 hosted by St. Joseph's Health Care Foundation officially introduced Canada's first Zero Suicide initiative. This initiative has transformed suicide rates in health systems in the United States and United Kingdom through a system-wide quality improvement initiative that sets a goal of reducing suicides and attempted suicides in the health care system by wrapping care differently around the individual.

Medical Assistance in Dying, St. Joseph's will not be able to provide this service. The Board of Directors endorsed the Vulnerable Persons Standard and a commitment to ensuring that patients receive quality end of life care.

2.5 Medical Advisory Committee Recommendations

2.5.1 New Appointments to Professional Staff

2.5.2 Changes to Professional Staff Appointments

2.5.3 Clinical Fellow Appointments

Mrs. Robinson sought objection to laying the first three recommendations as one approval before the Board. No objection was noted.

The Board of Directors APPROVED by UNANIMOUS CONSENT the following recommendations as submitted by the Medical Advisory Committee:

2.5.1 New Appointments to Professional Staff May

2.5.2 Changes to Professional Staff Appointments May

2.5.3 Appointments to the Clinical Fellows May

2.5.4 2016 Department Reappointment & Departure Report

Dr. Walker and Dr. Filler provided an overview on the process for reappointment for the London hospitals.

The Board of Directors APPROVED By UNANIMOUS CONSENT the Annual Professional Staff Applications for Re-Appointments and Departures.

2.5.5 Chief of Anaesthesia

The Board of Directors APPROVED by UNANIMOUS CONSENT the continuation of the appointment of Dr. Davy Cheng as the city-wide Chief of Anesthesia and Perioperative medicine effective July 1, 2016 to June 30, 2017.

2.5.6 Chief of Family Medicine

The Board Of Directors APPROVED By UNANIMOUS CONSENT, upon receipt of a signed letter of offer, the continuation of the appointment of Dr. Stephen Wetmore as the City-Wide Chief of Family Medicine effective September 1, 2016 To August 31, 2017, or until such time as a permanent Chief is appointed, whichever comes first.

2.5.7 Chief of Paediatrics

The Board of Directors APPROVED By UNANIMOUS CONSENT, upon receipt of a signed letter of offer, the continuation of the appointment Of Dr. Guido Filler As The City-Wide Chief Of Paediatrics effective July 1, 2016 To September 30, 2016, Or until such time as a permanent Chief is appointed, whichever comes first.

2.5.8 Chief of Pathology & Laboratory Medicine

The Board of Directors APPROVED by UNANIMOUS CONSENT upon receipt of a signed letter of offer, the continuation of the appointment of Dr. Subrata Chakrabarti as the city-wide Chief of Pathology and Laboratory Medicine effective July 1, 2016 to June 30, 2017, or until such time as a permanent chief is appointed, whichever comes first.

2.6 Finance and Audit Committee Recommendations

2.6.1 BPSAA Attestation

Ms. Bird presented the Finance and Audit committee recommendation to support the attestation of LHSC. Testing is conducted by Internal Audit on the validity of the organizational policies and processes being followed.

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

2.6.2 HSAA Amending Agreement

Ms. Bird reported that this agreement is before the Board for the third time. This particular agreement recommendation provides language for an extension until March 31, 2017.

The Board of Directors APPROVED BY GENERAL CONSENT to direct Management to sign a Letter of Intent to extend the Hospital Service Accountability Agreement (H-SAA) Amending Agreement for a nine month period to March 31, 2017, effective June 30, 2016.

2.6.3 cSWO Agreement Extension

The Board of Directors APPROVED by GENERAL CONSENT the cSWO Phase 3 Implementation Transfer Payment Agreement (TPA) Extension Amendment #3 with eHealth Ontario in order to fund the continued sustainment, advancement and enhancement of the Connecting South West Ontario (cSWO) Program.

2.6.4 IT Audit and Security Update

Ms. Bird provided an update on the ITS work that is ongoing toward addressing or mitigating risks identified in the report. There were 18 risks identified with 3 being high risk items. These included: authorized hardware, segregation of duties, and privileged access. Several key factors impacted the success of addressing the 18 risk issues, which are still outstanding to date. Mr. Glendinning indicated that LHSC will never be able to cover 100% of risk however it will be a joint decision of the risks that are acceptable prior to approval. The HIS system is an opportunity for consolidation of the acute care record across the London, Thames Valley and the ESC (Erie St. Clair) LHIN hospitals (five organizations) and for a PACS DIR solution to have the potential to expand into a single consolidated system from 18 disparate systems. This is currently not for approval today.

2.6.5 GFT Professor, GFT Secretary Salaries & Benefits Reconciliation 2015/16

It was reported that GFT is an acronym for geographic full-time. This is a funding mechanism by the Ministry of Health that allows academic faculty to be considered full-time while earning most of their income through clinical practice. It also supports up to 50% of the budgeted salaries of the secretaries of the physicians. This is essentially part of the academic engine that supports stipends. The MOHLTC requires Board approval of the annual budget settlement for GFT Professor, GFT Secretary Salaries and benefits and Medical Education Supplies funding.

The Board of Directors APPROVED by GENERAL CONSENT the GFT Professor, GFT Secretary Salaries and Benefits and Medical Education Supplies Funding Annual Budget Settlement for 2015/16.

2.6.6 2015/16 Draft Audited Financial Statements and Year End Results

Management was thanked for their work on the Audited Financial Statements and Year End Results. It was noted that Ernst and Young put forward unqualified financial statements for the year ending March 31, 2016.

The Board of Directors APPROVED by GENERAL CONSENT the Q4 financial results and draft audited financial statements for the fiscal year ending March 31, 2016.

2.6.7 2016/17 External Auditor Recommendation

The Board of Directors APPROVED by GENERAL CONSENT, the reappointment of Ernst & Young as auditors for London Health Sciences Centre for the fiscal year 2016/17, subject to finalization of an audit engagement agreement with the Finance & Audit Committee in the Fall of 2016.

2.6.8 Fund Manager Performance and Custodian Review

The Board of Directors APPROVED by GENERAL CONSENT CIBC Wood Gundy as the Fund Manager Selection for FY2017.

2.6.9 Statement of Investment Policy and Procedures

The Board of Directors APPROVED by GENERAL CONSENT the revised statement of Investment Policy and Procedures to indicate a change to moving the average credit rating from AA to A, and the minimum credit rating from A to BBB in the short term fund fixed income.

2.7 Governance Committee Recommendations

2.7.1 Professional Staff ByLaw Amendments

The Board of Directors APPROVED BY GENERAL CONSENT and recommended to the Members of the Corporation for Approval the Credential Professional Staff By-Law changes as outlined below including:

- Heighten focus of quality and patient safety;
- A change to reflect the requirement all credentialed Professional Staff to hold certification and membership in their Colleges;
- The inclusion of the department of Medical Imaging, resulting from the merging of the departments of Diagnostic Radiology and Nuclear Medicine as of July 1, 2016;
- Division Chief of Nuclear Medicine as a non-voting member of the Medical Advisory Committee for a five year period;
- Extension for emergency requirements for Chair/Vice Chair roles;
- Clarification noted in Board hearing request;
- Housekeeping amendments in the Definitions, amendments to update to current terminology and titles.

2.7.2 Medical Advisory Committee Rules and Regulations

The Board of Directors APPROVED by GENERAL CONSENT that the Credentialed Professional Staff Rules and Regulations with amendments as listed below:

- 1) Definitions (I) – removal of reference to Senior Medical Directors
- 2) Patient Care Responsibilities (B) IX - Transfer of Patients between Hospitals
- 3) Documentation (C) II - Deaths/Autopsies; (C) III – Health Records
- 4) Special Area (E) VI - Pathology and Laboratory Medicine
- 5) Clinical (G) I – Medications
- 6) Housekeeping – update the names of the hospital buildings at St. Joseph's Health Care, London to align with St. Joseph's approved nomenclature (e.g. Parkwood Institute, Southwest Centre for Forensic Mental Health Care) as required throughout the document

2.7.3 Medical Advisory Committee Chair/Vice Chair Role Amendments

The Board of Directors APPROVED by GENERAL CONSENT the amendments to the Chair and Vice Chair, Medical Advisory Committee and Director, Quality of Medical Care role document.

2.7.4 Medical Advisory Committee Selection Update/Recommendation

The Board of Directors APPROVED by GENERAL CONSENT that the delay in recruitment of the Chair and Vice Chair roles of the Medical Advisory Committee constitutes an 'exceptional circumstance' requiring consideration to extend the terms of the current Chair MAC as well as the Vice Chair MAC for a period of time.

2.7.5 2016/17 Elected Director Renewals

The Board of Directors ENDORSED by GENERAL CONSENT and RECOMMENDED to the Members of the Corporation the nomination for reappointment of the following individuals for terms to the Board of Directors of London Health Sciences as listed below:

Sandi Caplan – 3 years

Kimberlee Haines—3 years

Tom Gergely—2 years

2.7.6 2016/17 Elected Director Nomination

THAT the Board of Directors APPROVED by GENERAL CONSENT the nomination to the Corporation the of the following individuals for appointment to the London Health Sciences Centre Board of Directors:

Sharon Irwin- Foulon 3 Years

Suzanne Jaekal 3 Years

Mike Hodgson 3 Years

Matt Wilson 1 Year

2.7.7 2016/17 Board Officer Recommendation

The 2015/16 Board of Directors **ENDORSED** by **GENERAL CONSENT** and **NOMINATE** the following individuals for 2016/17 Board Officer positions to the 2016/17 Board of Directors for **APPROVAL**:

Mr. Tom Gergely, Chair

Mrs. Ramona Robinson, 1st Vice Chair

Ms. Amy Walby, 2nd Vice Chair

Ms. Brenda Bird, Treasurer

Mrs. Conyngham highlighted that at the last Ethics Committee meeting shared the request of the Board that the community member be specifically a Board Director and that the committee should consider an additional community appointment as well.

3.0 ADJOURNMENT

The Board of Directors **ADJOURNED** the **MEETING** by **UNANIMOUS CONSENT**. The next meeting of the Board of Directors is currently scheduled for **June 27, 2016**

Recorded by:
Tammy L. Eskildsen

Ramona Robinson, Acting Chair
Board of Directors