

**Board Members Present:**

B. Bird, M. Glendining, S. Jaekel, R. Robinson, A. Walby, P. Retty, K. Ross, A. Lum, L. McBride, A. Hopper, D. Woodward, T. Warner, D. Steven, K. Church, M. Wilson, M. Hodgson, C. Young-Ritchie, S. Irwin-Foulon, J. Wright

**Board Member Regrets:**

M. Strong, K. Haines, T. Gergely, S. Caplan

**Guests:**

G. Kernaghan, M. Kellow

**Resource:**

T. Eskildsen

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

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Mrs. Robinson 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 83 were APPROVED by GENERAL CONSENT with one amendment to remove Item 1.3.2 Governance Committee minutes from the list:**

- 1.1 Minutes of Regular Meeting 2016/11/30
- 1.2 Governance Committee
  - 1.2.1 Committee Name Change Recommendation
- 1.3 Committees of the Board- Minutes
  - 1.3.1 People and Culture 20161202
  - ~~1.3.2 Governance Committee 20170116~~
  - 1.3.3 Medical Advisory Committee 20161214, 20170111
  - 1.3.4 Quality and Performance Monitoring 20161120
  - 1.3.5 Finance and Audit Committee 20161216, 20170112

## **2.0 Presentations**

The Board of Directors received two presentations from the physicians on two Lean initiatives that had been implemented in their areas to test lean concepts.

The trial of an Operating Procedure room tested a concept of viability of a streamlined surgical process to deliver more efficient care within the same budgetary envelope. The pilot is current demonstrating financial savings in both disposables and human resource usage. The soft savings included:

- Improved access and flow
- Improved patient and staff satisfaction
- Improved relationships, communication and team dynamics
- Optimization of equipment & instrumentation
- Decreased workload MDR sterile processing

RAPSTOR (Rapid Standardized Operating Room) is a pilot that is testing the concept of the development of a high efficiency general surgery OR through case uniformity, efficient turnovers, and equipment standardization. The project outcomes aimed to reduce all times by 20% (Reduce Cycle Time), complete an additional case per OR block (Increase throughput), decrease overall cost (Through reduced unit cost) all while maintaining or possibly improving clinical outcomes. There is only limited data available todate, however the projects have

resulted in 40% reduction in OR time, 3 more cases completed per day (60-75% increase), 27% cost savings, created a positive team environment and decreased wait times.

The acting Board Chair expressed appreciation for the presentation and invited them back to a future meeting to provide an update on the progress of the projects and resulting improvement from those projects for the division.

### **3.0 NEW BUSINESS/INFORMATION/ RECOMMENDATIONS**

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#### **3.1 Chair's Remarks**

Mrs. Robinson highlighted the following items that occurred and that were attended on the Board's behalf since the last meeting:

- LHSC Service awards for those with greater than 10 years of service occurred in November at the Convention Centre
- Cross committee educational meeting occurred in December that most Board and community members attended provide education on quality of care decisions in a limited resource envelope.
- Interviews for new community members occurred and one recommendation has been submitted for the Board's consideration under Governance Committee
- Executive compensation web casts for educational assistance and guidance to the Board in developing the framework have occurred and that work is beginning for LHSC.
- Board Orientation governance refresh is upcoming for Elected Directors and Community Members early in February.

#### **3.2 CEO Report (15 min)**

Mr. Glendining submitted his report for information and highlighted the following items:

- Hospital clinical activity over the Christmas period was highlighted identifying that no major crises occurred during this period. Ms. Carol Young Ritchie was invited to provide an overview on the alternate level of care partnership work that has been ongoing including the home first strategy to reduce the number of patients requiring alternate level of care within LHSC walls. LHSC has experienced a large reduction from 2015 with 110 to approximately 55 today. Across the province, our peers are experiencing similar pressure of alternate level of care patients in acute care beds. This is an ongoing struggle and extends well beyond SouthWestern Ontario.
- In follow up LHSC notified approximately 2,200 former open heart surgery adult patients of the extremely low risk of infection related to potential exposure to bacteria during their procedure. Mr. Glendining highlighted that approximately 120 patients have reached out for additional information.
- The Staff and Physician survey was initiated early in January and there has been a very good response rate to date. (Staff 44%, Physicians 61%). The survey closes January 31, 2017 and reporting outcomes will return to the Board in the spring. It is currently estimated to return to the Board agenda April 2017.

#### **3.3 Lawson Health Research Institute Report**

Mr. Ross reported that the Lawson report had been submitted into the package for the Board's consideration.

Mr. Ross, highlighted the following items:

- Lawson Health Research Institute is ranked eighth in the country according to the 2016 edition of "Canada's Top 40 Research Hospitals List" by Research Infosource. This strong position has been maintained by Lawson for the past three years.
- Mark your calendars for London Health Research Day 2017, presented in partnership by Lawson Health Research Institute and the Schulich School of Medicine & Dentistry on March 28, 2017. This unique event showcases outstanding research by students, trainees and postdoctoral scholars from across the city of London. The day also features workshops with industry leaders and an award reception.
- The fourth annual Lawson Impact Awards will take place on Wednesday, April 19, 2017 at the London Convention Centre. The evening will feature dinner, awards and a keynote address from record-breaking astronaut, aquanaut and researcher, Dr. Dave Williams, CEO of Southlake Regional Health Centre. From space shuttle missions to working in the world's only underwater ocean laboratory, Dr. Williams is

Canada's first dual astronaut and aquanaut. In addition, he has worked as an emergency room doctor and Director of Emergency Services at Sunnybrook Health Sciences Centre, and as Director for the McMaster Centre for Medical Robotics where he led a team dedicated to developing innovative technologies to assist in the development of local and remote patient care.

### **3.4 St. Joseph's Health Care London Update**

Dr. Kernaghan reported the following highlights:

- St. Joseph's Board of Directors has initiated a committee on Executive Compensation and looking forward to sharing experiences with LHSC so that the London hospitals can learn from each other.
- Urgent Care Clinic at St. Joseph's has been very busy. It was noted that Urgent Care Clinic traditionally sees patients that are ranked on the acuity scale as a three and defined as moderately ill (CTAS3). However there has been an uptick in patients presenting that are ranked very ill at a two on the acuity scale (CTAS2). These patients shouldn't be at Urgent Care but seem to be presenting due to the perception of a lessor wait time.
- St. Joseph's Health Care, London is also experienced increased Alternate Level of Care patients and concurred that this is not just an acute care issue but a system problem.

### **3.5 Quality and Performance Monitoring**

3.5.1 Quality Indicators Q2

3.5.2 Patient Experience Catalyst for Quality

Mr. McBride submitted both the second quarter metrics and the Patient Experience catalyst for Quality into record for the Board's information and learning.

Mr. McBride provided an overview of the work of the QPM committee in January highlighting the deep dive discussion that occurred on Medication Reconciliation from the Q2 metrics.

Deep dives occur on metrics that are performing below target. This also assists Committee members to have a better understanding of the metric and the challenges that the staff members are faced to ensure that Medication reconciliation is completed at admission and discharge. While Medication Reconciliation on Admission continues to perform below target, completion rates for December 2016 were the highest since May 2014 showing improvement but still quite a long way for the organization to go.

### **3.6 Medical Advisory Committee Recommendations**

Dr. Andrea Lum identified that there were no contentious issues either brought to her attention or discussed at MAC in reference to the regular credentialing recommendations within the package and asked to bring the first three recommendations together as one.

3.6.1 New Appointments to Professional Staff – Dec & Jan

3.6.2 Changes to Professional Staff Appointments – Dec & Jan

3.6.3 Clinical Fellow Appointments – Dec & Jan

Ms. Robinson sought objection to laying the first three recommendations as one approval before the Board. No objections were noted.

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

**3.6.1 New Appointments to Professional Staff**

**3.6.2 Changes to Professional Staff Appointments**

**3.6.3 Appointments to the Clinical Fellows**

3.6.4 Chief of Family Medicine Recommendation.

**The Board of Directors APPROVED by GENERAL CONSENT that, Upon Receipt of a signed letter of offer, Dr. Stephen Wetmore be APPOINTED as the City-Wide Chief of Family Medicine for a second five year term, effective February 1, 2017 to January 31, 2022.**

### 3.6.5 Chief of PM&R Recommendation

**The Board of Directors APPROVED by GENERAL CONSENT that, upon receipt of a signed letter of offer, Dr. Timothy Doherty be appointed as the City-Wide Chief of Physical Medicine and Rehabilitation for a second five year term, effective February 1, 2017 To January 31, 2022.**

## 3.7 Governance Committee

### 3.7.1 Community Member Appointment

Ms. Walby highlighted that there are still a few vacancies at the non-board community level and the Governance Committee remains diligent in seeking qualified candidates to become part of LHSC's governance team.

**The Board of Directors APPROVED by GENERAL CONSENT the appointment of Amy Grant as a non-board community member on the People and Culture Committee.**

## 3.8 People and Culture Committee

### 3.8.1 People Indicators Q2

Ms. Retty submitted the People and Culture quarter two indicators into record and identified the committee's discussions centred on leadership turnover as it has been trending towards a non-favourable position but leadership is expecting that metric to level off by next quarter. People and Culture in December also had an overview of the work that is currently being done to align People strategy to the pillars in the current Transition Plan. It was noted that the planning work is nimble and will be able to flex easily with the outcomes from the strategic planning exercises that the organization will be undergoing over the next twelve months.

## 3.9 Finance and Audit Committee

### 3.9.1 Annual Credit Facility Renewal

Ms. Bird highlighted that there were 2 tranches available under Credit F. The second tranche of \$4.5M was not required and thus has been removed.

**The Board of Directors APPROVED by GENERAL CONSENT the proposed CIBC Credit Agreement dated January 4, 2017 for immediate signback.**

### 3.9.2 Pre-Capital Submission – LRCP Renovation

Mr. Johnson provided a brief overview of the required renovation in the London Regional Cancer Program. It was noted that this was an own funds project. The current space is insufficient and poorly arranged for cancer patients receiving chemotherapy treatment. It is also insufficient to store chemotherapy supplies, medications and to complete patient care documentation. The area lacks sufficient private treatment space for patients with medical requirements of privacy. It was further highlighted that this work will allow the organization to remediate the current pharmacy, create a central registration. This work has also been aligned with the recent Stem cell proposal. When approved, the tendering and construction could be scheduled together. It is felt that this will reduce costs and lead to efficiencies in tendering and construction.

The Board of Directors **APPROVED by GENERAL CONSENT** the Pre-Cap submission to renovate the second level of the Fregin Building (London Regional Cancer Program).

**ACTION: A request was made that the Operating Capital Plan be brought forward with the Budget recommendation in March.**

## 4.0 ADJOURNMENT

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

Recorded by  
Tammy Eskildsen

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Ramona Robinson, Chair  
Board of Directors