

DRAFT

OPEN MEETING MINUTES OF THE BOARD OF DIRECTORS

held, Monday, June 26, 2017 @ 1600 hours
in the Victoria Hospital Board Room C3-401

Board Members Present:

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

Healthcare Partner Representatives:

Dr. Kernaghan, M. Kellow=R

Board Member Regrets:

T. Warner, K. Church

Resource:

T. Eskildsen

*= teleconference

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.

The full agenda was **APPROVED** by **GENERAL CONSENT** with one addition to add London Health Sciences Foundation Update.

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 209 were **APPROVED** by **GENERAL CONSENT**:

1.1 Minutes of Regular Meeting 20170531 □

1.2 Committees of the Board- Minutes □

1.2.1 [People and Culture, 20170607](#)

1.2.2 [Quality and Performance Monitoring 20170615](#)

1.2.3 [Governance Committee 20170612](#)

1.3 Quality and Performance Monitoring

1.3.1 [Patient Experience](#)

1.4 Committee Work plans

2.0 NEW BUSINESS/INFORMATION/RECOMMENDATIONS

2.1 Chair's Remarks

Mr. Gergely highlighted the following items from the previous month:

- Acknowledged and congratulated senior leadership on the Continuing Care to Home (CC2H) initiative – an innovative partnership led by London Health Sciences Centre, the Southwestern Community Care Access Centre (CCAC) and engaging multiple system partners that has received the 3M National Health Quality Team Award.
- Strategic planning continues to move forward and it was noted that good progress was made at the second Board retreat. The work plan is progressing to plan and it is projected that LHSC will have proposed strategic initiatives by the end of the fall 2017.
- Executive Compensation Committee and CEO Selection Committee are progressing to plan, however both committees will continue their work over the summer months in order to meet the submission directive by the Ministry of Health on September 29, 2017.

2.2 CEO Report

Mr. Glending submitted his report into record, encouraged questions on any of the items and highlighted the following:

- Emergency Department is currently experiencing a more seasonally normal flow for patients. LHSC is continuing the work to divert, where possible, appropriate mental health cases to the Crisis Centre.
- Alternate Level of Care patients are considered to be a system issue in the province. Many hospitals are struggling with moving patients into appropriate care streams.
- Development on the Surgicentre continues and there has been considerable participation of the surgeons assisting in leading this process and continue to assess the value add of the project.
- A Request for Proposal for MRI and CT has been now closed to any further submissions. Currently the organization is looking to September 2017 as a potential award date for the successful vendor.

2.3 Lawson Health Research Institute Report

Mr. Kevin Ross submitted the Lawson Health Research Institute report into record, indicating that there has been a great deal of work and recognitions to note in the report and further highlighted the following items:

- Work continues with Mr. Bill Wilkinson on the Lawson Finance, Audit and Investment Committee that will begin to operate in the fall, creating terms of reference. The nominating committee has been asked to assist Lawson Board in identifying three community members, part of a commitment to report to the respective hospital Boards in the fall.
- Lawson is also at the initial stages of development of a research specific enterprise risk management universe.
- Lawson has also engaged in work on their Strategic Plan renewal as the current 4 year plan comes to end in 2018.
- In response to a question on the Strengthening the Foundations of Canadian Research 2017, led by Dr. Naylor and released in April 2017, it was noted that a one day summit was held to constructively discuss moving forward and implementing the recommendations of this essential report on the future of science in Canada. One outcome of the report noted that Canada is investing too little in basic science, and is falling behind internationally. Next step outcomes from the summit held in May 2017 are not available as yet, and Lawson will update the Board of Directors when they become available.

2.4 St. Joseph's Health Care London Update

Dr. Kernaghan updated on the topic of the work ongoing to establish the sublhins in the province. A sub-region is a smaller geographic planning region within the South West LHIN that will help the South West LHIN to better understand and address patient needs at the local

level. The sub-regions have existed informally within South West LHIN for many years but now they have been formalized. There are 5 sublhins within the SouthWest LHIN.

Further work ongoing at St. Joseph's Health Care, London includes that the strategic plan renewal work has begun. The organization has hired a consultant to assist with this process.

2.5 Finance and Audit

2.5.1 Western Counties Pavilions and Land Divestment Extension

It was noted that investigations into remediation are required to be completed to fully understand what the increased cost will be.

The Board of Directors APPROVED by GENERAL CONSENT an extension until January 31, 2018 for LHSC to continue the work to seek a divestment partner for the four Cultural heritage buildings and adjacent land subject to meeting divestment conditions and land title transfer at a nominal amount. If Management was unable to find a suitable tenant as a result of the RFI, Management will bring forward to the Board of Directors a recommendation to demolish the four Cultural heritage buildings and to include costs .

2.6 London Health Sciences Foundation

The co-chairs of the Country Classic Auction were present to review the history of the event, noting that this is the 30th anniversary event in November 2017. Mr. Mallek indicated that the organization was looking to the LHSC Board along with LHSF Board to make a lead in gift to make a difference to a specific clinical program at the beginning of the evening. LHSF is not asking for a specific amount in particular, just a full Board commitment.

Appreciation was expressed for the presentation and it was noted that the LHSC Board would follow up in the fall with respect to the request.

2.7 Quality and Performance Monitoring

2.7.1 Declaration of Patient Values Recommendation

It was reported that a comprehensive process was completed that engaged patients, staff and community in the evolution of the patient values. In response to a question on diversity of opinion, it was noted that the results were indeed diverse. There was an online questionnaire open to everyone to participate. As well, staff went out into the community to seek feedback from community in public gathering places recognizing that not everyone uses technology. The survey also asked individuals diversity questions to ensure that LHSC was consulting with as many populations from a cultural perspective as possible.

The Board of Directors APPROVED by GENERAL CONSENT the 2017/18 Declaration of Patient Values.

2.7.2 2016/17 Quality Improvement Plan Results Recommendation

The Board of Directors APPROVED by GENERAL CONSENT the 2016/17 Quality Improvement Plan Indicator Report as of March 31, 2017 of which the following three targets aligned with the corresponding performance compensation for the CEO and executive leaders who report directly to the CEO achieved a total of 62.8% of targets as noted in Table 1 and as follows:

- **Medication Reconciliation at Admission (%) with a target of 85% and a final performance of 82.80%(achieved 0%/33.3%)**
- **MED Wait Times: 90th%ile ED LOS for Admitted Patients with a target of 25.0 hours and a final performance of 25.3 hours (achieved 29.5%/33.3%)**
- **Inpatient Satisfaction - Percent Positive (Excellent, Very Good and Good) with a target of 96.0% and a final performance of 98.0 (achieved 33.3%/33.3%)**

2.7.3 2017/18 Balanced Scorecard Report

Mr. Larry McBride reviewed the next evolution of the Balance Scorecard for the organization's measurements for the coming year. From a Board perspective, the goal of moving to a more focused group of big dots was to be achieved after two years. Due to the success and strength of accountabilities at the end of year 1, Ms. Schleifer Taylor has indicated that LHSC is ready to shift the reporting at the Board level to a report card that uses indices within the four quadrants of the balanced scorecard. The Board will move from 49 metrics to 16 over four quadrants. As part of the tool, aligned with Enterprise Risk Management, the organization will see the areas of clinical risk within the report in future.

2.8 Medical Advisory Committee Recommendations

2.8.1 New Appointments to Professional Staff

2.8.2 Changes to Professional Staff Appointments

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

2.8.1 New Appointments to Professional Staff – May

2.8.2 Changes to Professional Staff Appointments – May

2.8.3 2017 Reappointment & Departure Report

Dr. Lum provided an overview of the 2017 Reappointment and Departure Report and the annual nature of this work. Dr. Lum indicated that through her role as Chair of Medical Advisory Committee that she has reviewed this report and has no concerns about anything contained within the report.

The Board of Directors APPROVED by GENERAL CONSENT the 2017 Reappointment & Departure Report.

2.8.4 Briefing Note regarding Reappointment Deferrals

Each year members of the Professional Staff (PS) need to be reappointed for the period July 1 to June 30. In late spring, early summer the MAC receives a recommendation from each Chief to reappoint the members of their departments. The MAC then approves the Chiefs recommendations, and forwards the complete list to the Board for their approval. In some cases the Chief and the MAC may not be able to make a recommendation as there may be outstanding issues with a particular member of the Professional Staff.

As was previously reported at the May Board meeting, the MAC in an effort to achieve 100% compliance with learning module completion is now requiring that individuals need to have completed 100% of the mandatory learning modules, otherwise MAC will be deferring making a recommendation for reappointment of a particular member of the PS effective July 1, 2017

As of June 8th there are 27 individuals with 187 modules outstanding. This is a considerable improvement over the last status update.

2.8.5 Recommendation – Chief Anesthesia

The Board of Directors APPROVED by GENERAL CONSENT that upon receipt of a signed letter of offer, the appointment of Dr. Ramiro Arellano as the interim Chief of Anesthesia and Perioperative Medicine, effective July 1, 2017 to June 30, 2018, or until such time as a permanent chief is appointed, whichever comes first.

2.8.6 Recommendation – Chief of Otolaryngology

The Board of Directors APPROVED by GENERAL CONSENT that upon receipt of a signed letter of offer, the appointment of DR. KEVIN FUNG as the Chief of Otolaryngology – Head and Neck Surgery, effective JULY 1, 2017 TO JUNE 30, 2022.

2.8.7 Chair/Vice Chair –MAC Goal Report Update

Dr. Lum provided an overview on the progress to date on the combined Chair and Vice Chair Annual Goals. In review, the MAC Chair and Vice Chair had identified in their annual goals the “gap in understanding of hospital accountability and the need for alignment of Professional Staff Leadership Structure at LHSC”. The proposed process was previously presented to LHSC Chair and Vice Chair of the Board, CEO, and Executive Council. As MAC meetings are not an appropriate venue to enable time for fulsome discussion we requested and were provided time at Clinical Chairs meeting of April 7, 2017.

A brief overview of Dr. Kitts journey of physician engagement at the Ottawa Hospital was discussed, although it was noted that there are many other successful working models of Physician Leadership through the province.

Appreciation was expressed to Dr. Lum for her update and it was noted that the next update will be in September 2017.

2.9 **Governance Committee**

2.9.1 Chair/Chief Medicine Selection Committee Recommendation

The Board of Directors APPROVED by GENERAL CONSENT that Mr. Adam Hopper be appointed as the Board representative on the Chair/Chief Medicine Selection Committee.

2.9.2 Meeting dates 2017/18

The meetings dates were submitted into record. It was noted that the People and Culture meetings have been changed to the second Tuesday of the Month.

3.0 **ADJOURNMENT**

The open meeting of the Board of Directors on June 26, 2017 was ADJOURNED by GENERAL CONSENT.

Recorded by:
Tammy L. Eskildsen

Tom Gergely, Chair
Board of Directors