

# OPEN MEETING MINUTES OF THE BOARD OF DIRECTORS

held, Wednesday, October 25, 2017 @ 1500 hours  
in the Victoria Hospital Board Room C3-401

## **Board Members Present:**

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

## **Healthcare Partner Representatives:**

G. Kernaghan, H. Rundle

## **Board Member Regrets:**

M. Strong, T. Gergely

## **Resource:**

T. Eskildsen

\*= teleconference

## **1.0 CALL TO ORDER**

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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.

### 1.1 Presentation- Legacy of Leadership Award – Tony Dagnone

Mr. Dagnone was presented the Legacy of Leadership Award. Remarks were made by Mr. Tom Gergely.

## **2.0 REVIEW/ OF CONSENT AND FULL AGENDA**

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### 2.1 Approval of Full Agenda

The Board of Directors **APPROVED** by **GENERAL CONSENT** the full agenda for Wednesday, October 25, 2017..

### 2.2 Approval of Consent Agenda

The Board of Directors **APPROVED** by **GENERAL CONSENT** the Consent Agenda for October 25, 2017 Open Board of Directors meeting, consisting of the recommendations and reports found in Appendix one be approved as follows:

- 2.2.1 Minutes of Regular Meeting 20170927
- 2.2.2 Governance Committee Workplans/Terms Recommendations
- 2.2.3 Joint Collaboration Committee
  - 2.2.3.1 Current profile of Integration and City-wide Roles
- 2.2.4 Committees of the Board- Minutes
  - 2.2.4.1 Finance and Audit 20171012
  - 2.2.4.2 Quality and Performance Monitoring 20170921
  - 2.2.4.3 Governance Committee 20171016
- 2.2.4.4 Medical Advisory Committee 20171011

## 3.0 EDUCATION/ORIENTATION

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### 3.1 Children's Health Foundation

Mr. Scott Fortnum, CEO of the Children's foundation provided an overview of the foundation organization's work focusing on Children's health through:

- Mobilizing the community support excellence in health care, rehabilitation and research for our region's children and their families.
- How the foundation works closely with the hospital and to work within their mission to support the quality of care for the Children and the family LHSC serves.
- Granting opportunities and an overview was provided of the latest grants to Children's Hospital for the 2017/18 fiscal period
- A review up the upcoming events and opportunities

### 3.2 London Health Sciences Foundation

Mr. John MacFarlane, CEO of the London Health Sciences Foundation provided an overview of the foundation organization's work highlighting the following points:

- Reviewed the current involvement between LHSF and LHSC including Governing Council, Strategic Capital Equipment Committee, cross appointed leadership on committees as well as the initiatives that are jointly spearheaded across the three Foundations.
- Highlighted the campaign goals to raise \$200M within the seven year campaign period. Currently LHSF has 201 million committed over the period of several years. A celebration is planned in May 2018 to move from campaign to campaigning.
- In addition LHSF's future goals include further enhancing the foundation's volunteer engagement, creating a culture of philanthropy inside and outside the hospital, continuing to build a new sustainable level of fundraising and continue to educate with respect to the public perception of hospital funding.
- A casebook for campaign was circulated to the members for their information.

Appreciation was expressed on behalf of the Board to Mr. Fortnum and Mr. MacFarlane for attending LHSC Board of Directors meeting and presenting the work the foundations. The LHSC Board will look to have more regular updates as the term progresses.

## 4.0 NEW BUSINESS/RECOMMENDATIONS/FOR INFORMATION

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### 4.1 Chair's Remarks

It was noted that feedback sheets have been added to the table for October and for the seats in the gallery. Both Board and leadership were encouraged to fill them out as required and provide suggestions where necessary.

#### 4.1.1 **Committee Chair Roundtable**

The Board Chair asked the committee chairs to highlight any important aspects of the work in the last month that was not going to be addressed through normal agenda items:

- QPMC had updates on with respect to Mental Health Challenges from a clinical risk perspective and performance area to improve in Emergency Department metrics. Mr. McBride highlighted that there will be more regular conversations about LHSC Emergency Services and Mental Health Services access to care at the committee meetings.
- Ms. Bird highlighted that there was an excellent presentation by Mr. Patel on environment sustainability including savings achieved to date and should there be time at a future meeting of the Board, it was recommended that this be received. Finance and Audit also received the plan for the Sustainability project office and an overview will be provided to the Board on this work at the second quarter. It was

noted that the discussion was very good at the table on this item. Finance and Audit Committee will be discussing the professional services policy as recent changes in the legislation have removed the competitive bid exemption option in the free trade documents.

- Dr. Lum provided an overview of a discussion that will be occurring at a future Medical Advisory Committee meeting about levels of credentials from a Royal College viewpoint that applicants have. Dr. Lum further updated on the changes in the requirements in training LHSC residents. There was a presentation of the MAC Chair's award to recognize leadership in the Medical affairs and that award was presented to Mr. Bill Davis. The incoming CEO is also a 'hot topic' currently.
- Ms. Walby highlighted that Governance took a small amount of time to review an interesting case study on how things can go wrong at a hospital at both a senior leadership and Board of Directors level and recommended the Brant report as a good read.

#### 4.2 CEO Report

Mr. Glendinning submitted his report into record and highlighted the following points:

- No formal letter has arrived, but LHSC has received funding to open 24 mental health beds.
- Ambulance Act is currently in the legislature to discuss the proposed amendments that will allow ambulances to deliver less acute patients to the Crisis Centre.
- Code orange exercise was completed earlier this month. The Senior Leadership and their portfolio teams learned a lot in the four hour test and allowed the organization to test the assumptions and go beyond the ICU level of the test.
- It was noted that a Health Information System Cabinet has struck three collaborative tables. LHSC is leading the Cerner collaborative.

#### 4.3 Lawson Health Research Institute Report

Mr. Ross submitted the Lawson Board report into record and highlighted that the Lawson Board of Directors had no additional report since the meeting of the Lawson Board was scheduled for the following week. It was noted that the Finance and Audit and Investment committee is up and working. Dr. David Hill presented that this morning the 23 CAHO hospitals had a breakfast meeting at Queens Park, highlighting health innovations. It was reported that Mount Sinai demonstrated a kidney that they created from stem cells. Dr. Hill further reported on the messaging around the research is now resulting in positive progress at the cabinet level of government. An additional example of progress for research is the recent appointment of a chief scientific officer. Mona Nemer, a University of Ottawa biochemistry professor was appointed to the role at the end of September by the Federal government.

#### 4.4 St. Joseph's Health Care London Update

Dr. Rundle highlighted that Strategic planning work is in progress. Dr. Kernahan highlighted that St. Joseph's Healthcare London have been reviewing the evolution of the Urgent Care since its inception. The Urgent care is open 365 days per year within the hours of 0800-1800 hours and has on-site access to diagnostic imaging and laboratory services. Urgent Care team includes emergency physicians, registered nurses, and registered practical nurses. It was established to assist members of the community who were too sick to wait to see their family physicians but not acute enough for the Emergency Departments of LHSC. Traditionally, St. Joseph's treats CTAS 4, however there is evidence of a growing increase in CTAS 3 and CTAS 2 presenting to Urgent Care, who are individuals who are actually too ill to be treated completely at St. Joseph's. However, even with effective communication, patients are still presenting as they feel they obtain the proper care pathway quicker than waiting in the Emergency Department.

Mental Health at St. Joseph's sites are also above capacity and experiencing challenges in ensuring enough community services are available to support patients to live independently in the community successfully with their diagnosis. ACT teams are professionals with clinical

experience in occupational therapy, psychiatric nursing, psychiatry, social work, therapeutic recreation, and vocational support. ACT teams work in the community helping individuals with severe and long-lasting mental illness to live independently and to achieve their personal, educational, and/or vocational goals. St. Joseph's manages seven ACT teams across Southwestern Ontario.

#### 4.5 Finance and Audit Committee Recommendations

##### 4.5.1 **Signing Authority Policy**

**The Board of Directors APPROVED by GENERAL CONSENT the Signing Authority Policy and Signing Officers.**

#### 4.6 Medical Advisory Committee Recommendations

##### 4.6.1 **New Appointments to Professional Staff**

##### 4.6.2 **Changes to Professional Staff Appointments**

##### 4.6.3 **Clinical Fellow Appointments**

**The Board of Directors APPROVED by GENERAL CONSENT the following credentialing appointment reports:**

##### 4.6.1 **New Appointments to Professional Staff**

##### 4.6.2 **Changes to Professional Staff Appointments**

##### 4.6.3 **Clinical Fellow Appointments**

##### 4.6.4 **Professional Staff Reappointment**

Dr. Lum referenced and briefly reviewed the re-credentialing work that Medical Advisory Committee was engaged in last spring 2017. Currently, Dr. Lum can attest that the outstanding criteria which deferred the individuals in the attached recommendation from being re-credentialed in June have now been met. On behalf the Medical Advisory Committee, Dr. Lum presents this recommendation for the Board's consideration.

**The Board of Directors APPROVED by GENERAL CONSENT the 2017 Professional Staff Applications for re-appointment.**

#### 4.7 Joint Collaboration Committee Recommendations

##### 4.7.1. **Erie St. Clair Memorandum of Understanding**

The agreement basically identifies that all parties agree that this is a logical cluster and the parties agree to keep working towards the possibility of a regional shared services organization.

**The Board of Directors APPROVED BY GENERAL CONSENT the ESC LHIN and ESC LHIN hospitals expression of interest document with the following directions to management:**

- i) **A cover letter be provided with the signed EOI that indicates the following:**
  - **Any future documents related to the cluster or the regional shared services organization be developed collaboratively, not by one party.**
  - **The governance models be fully aligned to the work of the HIS Renewal Task Force Implementation Team and other HIS Secretariat directions**
  - **That the interaction between ESC LHIN hospitals and Transform with Cerner be fully transparent and aligned to the work of the Cerner Collaborative.**
  - **That the ESC LHIN and ESC hospitals understand any adoption of a technology platform except the current London/Thames Valley Cerner instance will result in a delay of patient information integration/standardization by a minimum of five years**
- ii) **The Board of Directors receive quarterly updates on the progress of the next steps**

iii) The Board Chairs/CEOs of the ESC LHIN hospitals meet with the LHSC/St. Joseph's Board Chairs/CEOs to review a presentation by the HIS Secretariat and Cerner Collaborative in the next 60 days.

4.8 Governance Committee Recommendation

4.8.1 **Regional Base Hospital Committee Chair Delegate**

Ms. Walby provided an overview of the presentation that Governance received with respect to Regional Base Hospital work. A brief background was provided for the Board of Directors. Through a recent review of the Base Hospital Program, it was found that two requirements by the Ministry were not being met. A Board Director or delegate was required to chair their oversight committee and that the Board of Directors has an obligation to accept a formal report annually from the Base Hospital. The Governance Committee recommended that the annual report be presented through the Quality Committee of the Board to the Board of Directors for approval. The workplan change recommendation has been shared with the Chair of the committee and today, Governance requests the Board of Directors support that the Chair role be delegated as identified.

**The Board of Directors for APPROVED BY GENERAL CONSENT that the chairperson role for the Base Hospital Program Committee be delegated to two individuals a) the person that holds the title of Vice President, Emergency Services and b) the person that holds the title of Regional Medical Director Base Hospital accountable to the President and Chief Executive Officer of the London Health Sciences Centre.**

## 5.0 ADJOURNMENT/ NEXT MEETING

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The meeting of the Board of Directors was ADJOURNED by GENERAL CONSENT.

Recorded by  
Tammy L. Eskildsen

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Ramona Robinson, Chair,  
Board of Directors