

OPEN MEETING MINUTES OF THE BOARD OF DIRECTORS

held, Wednesday, February 28, 2018 @ 1500 hours
in the Victoria Hospital Board Room C3-401

Board Members Present:

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

Healthcare Partner Representatives:

H. Rundle, G. Kernaghan, B. Wilkinson

Board Member Regrets:

T. Gergely, K. Ross, S. Caplan

Resource:

T. Eskildsen

*= teleconference

1.0 CALL TO ORDER

The meeting of the LHSC Board of Directors was called to order. The chair reviewed with Directors and guests that the Board of Directors follows an ethical decision making framework which is listed on the back of the agenda. Mrs. Robinson also mentioned the Conflict of Interest policy and indicated that if anyone felt that they are in conflict of interest either now or at the time of a specific agenda item, to please notify the chair.

2.0 REVIEW/ OF CONSENT AND FULL AGENDA

2.1 Approval of Full Agenda

The full agenda for the February 28, 2018 meeting was APPROVED by GENERAL CONSENT as written.

2.2. Consent Agenda

The Consent Agenda for February 28, 2018 Board meeting was APPROVED by GENERAL CONSENT, consisting of the recommendations and reports submitted into record found in Appendix 1 beginning on page 102 of the agenda package.

3.0 NEW BUSINESS/RECOMMENDATIONS/FOR INFORMATION

3.1 Chair's Remarks

Mrs. Robinson reviewed the work of the past month and upcoming events and the following items were noted:

- Tastings: A wine and food event is scheduled for May 3, 2018. Tickets are going quickly and Board directors wishing to attend were encouraged to purchase their tickets soon.
- 19th Annual Laudable Londoners ceremony is recognizing the work of Howard and Lynda Rundle on April 19, 2018 and a notification was sent by email, with a link to purchase tickets if you wish.

3.1.1 Board to Board

Ms. Haines provided an update of the most recent meeting of the Board to Board group which took place on February 8 including the development of the sub-LHIN regional integration tables. These groups will come together as needed to provide board perspectives to the Sub-region Integration Tables in each of Grey Bruce, London Middlesex, Huron Perth, Elgin, and Oxford. The key responsibility of the groups will be to facilitate broader sub-region board and community engagement with the goal of promoting patient-centred, inter-organization coordination. At the same time, the group will honour each member's obligations to their respective health service provider board.

3.1.2 Executive Compensation

It was reviewed that LHSC is in process with other CAHO hospitals who have submitted their frameworks for approval. A very limited number of hospitals have been given the approval to move to the posting stage. Due to LHSC close connection with St. Joseph's, the Secretariat has asked LHSC to align closely on those particular positions and resubmit. Ms. Nickle will be attending a meeting on Friday of CAHO peers which will include a closed session on Executive Compensation which may glean additional information through the lived experiences of LHSC's hospital's peers in the province.

3.2 CEO Report

Dr. Wood submitted his written report into the record and offered to answer any questions. The following points were noted:

- The mental health update in the media was reviewed briefly. Ms. Trpkovski reported that the organization was very close to opening the first 12 of the beds with final inspection on the space scheduled for March 3, 2018. In response to a question on the feasibility work, Ms. Trpkovski highlighted the ongoing streams and the progress on the current initiatives.
- Erie/St. Chair has chosen to engage with the provincial Cerner instance versus the London version. All providers will be on the provincial Cerner instance eventually but for London, it will be approximately 48 months to allow the provincial instance to stabilize before moving on to it. In response to a question on the translation confidence factor of the investments being made today will be transferrable when the time is right, it was noted that all of the hospitals are on a very current system and compliant with the future goals.

3.3 Balanced Scorecard Committee Reports Q3

3.3.1 Big Dot Orientation

Ms. Walby introduced that through effectiveness of Board materials discussion at the Governance Committee, the Balanced Scorecard was reviewed in January 2018. The Committee membership has been evaluating the oversight tools of the Board to ensure that the right level of information, effectiveness and confidence being provided to produce thorough and ethical decisions at the Board of Directors meetings. A further overview provided at the last quality committee meeting on this topic could be considered at a later time at the Board level if required.

Big dots are whole-system measures that reflect the overall quality of the healthcare system. All other smaller measures flow to and from the big dots. If the system is performing well at the highest level of aggregate data, then it is likely performing well at the lower levels. Developing big dot indicators is a joint responsibility between the board and management, as it involves an understanding of both operational and strategic issues. The board and management should clearly understand the rationale for the indicators they develop and how they relate to the overall strategic goals and the broader health care system priorities that shape the quality agenda within and beyond an organization.

The committee chairs then summarized the discussion at their respective committee tables and the following points were noted:

- That a new indicator mechanism has been identified as a red dot with a black circle around it. This is indicative of no statistical change in over three quarters.

- People and Culture metrics are steady with three greens and one persistent red. Ms. Irwin Foulon reported that in the Staff Safety indicator has moved to green ranking. Increased reporting continues to be a focus for LHSC and provides a clearer picture of the nature and frequency of violence in the organization as well as the impact of avoidance and mitigation strategies. Worklife balance continues to trend red, however as initiatives continue to be implemented, (ie new vacation policy), LHSC anticipates this metric to track more favourably.
- In response to a question on worklife balance indicator, it was noted that this is a demonstration of the outcome and subsequent work from the People Survey. It was recognized through operational indicators that staff and leaders do not feel that they have a reasonable work life balance (ie spans of control, high vacation balances, high overtime)
- Financial Indicators will require additional conversation at the Finance and Audit Committee at the next quarter as there are inconsistencies in actuals and performance to budget dot ratios.
- Mr. McBride reviewed the quality metrics and provided some additional orientation with respect to the underlying metrics that roll up to the big dots that the committees review. It was noted that on metrics not performing to target, root cause analysis discussions to occur at each committee meeting to allow a better understanding and generative conversation on next steps and initiatives underway to address the opportunity to improve.
- Dr. Lum reported that of the physician indicators that are measured, two are red. Discharge Medication Reconciliation performance has been unchanged within 2% over the last 7 quarters. Performance fell below expectations in 7 of the 11 portfolios. The second is the resuscitation status recorded In Q3, of the 9,290 admitted patients, only 5,815 (62.6%) had their resuscitation status recorded within 24 hours. This falls well below the target of 90% of measured areas.

3.4 Lawson Health Research Institute Report

Mr. Wilkinson, Vice Chair of the Lawson health Research Institute Board of Directors submitted the Lawson report into record and highlighted the following items:

- The Lawson Impact Awards is Lawson's annual event that honours research making a difference and acknowledges the unique accomplishments of our scientist, staff, trainees and partners in London. With award competitions in seven categories, the Lawson Impact Awards recognize excellence in academics, leadership, training, operations, industry and innovation. The event is planned for April 18, 2018 and an email with a link to purchase tickets will be circulated to you.
- A robust update to the Boards of both LHSC and St. Joseph's Health Care, London on the sustainability of hospital research is planned for the meetings in the month of April 2018.
- Dr. Hill highlighted the messages within the federal budget that focused on research and that new money (\$1.82 Billion) will be flowing through various measures across the three federal granting organizations that fund those developing new ideas at universities and hospitals.

3.5 St. Joseph's Health Care London Update

Dr. Rundle provided updates on St. Joseph's Board of Directors meeting and highlighted the following items:

- St. Joseph's Health Care, London also resubmitted executive compensation framework.
- St. Joseph's noted that the Strategic Plan work reported on by Dr. Woods and Ms. Walby was interesting to St. Joseph's and would ask LHSC to consider presenting their strategic plans with St. Joseph's and Lawson and the integration of those plans.
- Dr. Kernaghan highlighted the recent opening on February 21 of a five bed Dialysis Unit at Parkwood Institute.
- Dr. Kernaghan further expanded on CEO's report on the Mental Health Feasibility recommendations to highlight on the Geriatric Ambulatory Assessment Team which, the GAAT model will also be funded through Post-Construction Operating Plan funds, fronted by St. Joseph's in anticipation that patient volumes generated by the model will support base Post Construction Operating Plan funding from the MOHLTC.

3.6 Medical Advisory Committee

3.6.1 New Appointments to Professional Staff

3.6.2 Changes to Professional Staff Appointments

3.6.3 Clinical Fellow Appointments)

Dr. Lum confirmed that there was nothing in the reports that caused her concern and supported their recommendation to the Board.

The Board of Directors APPROVED by GENERAL CONSENT the credentialing recommendations as listed in the following reports:

3.6.1 New Appointments to Professional Staff

3.6.2 Changes to Professional Staff Appointments

3.6.3 Clinical Fellow Appointments.

3.6 People and Culture

3.6.1 Corporate Communication Plan

Ms. Sharon Irwin-Foulon submitted the Corporate Communication Plan into record and highlighted the discussions at the People and Culture meeting with respect the work ongoing in the organization.

Mr. LaRocca, Dr. Woods and Ms. Trpkovski updated on mechanisms of proactive communication on current issues before the corporation currently.

ACTION: Corporate Communication Plan to return to the Board at a future meeting for additional discussion and review of the website as redesign advances.

3.8 Governance Committee

3.8.1 Patient and Family Advisor-Quality and Performance Monitoring Committee

It was noted that this initial appointment will be a one year role, non-voting focused on the original concept focus of integrating where possible the Patient and Family voice at governance level committees.

The Board of Directors APPROVED by GENERAL CONSENT the role description for a Patient Advisor on Board level committees;

and,

The Board of Directors APPROVED by GENERAL CONSENT that a current LHSC Patient Advisor be appointed for a one year term to the QPMC Committee of the Board.

3.8.2 LHSC Board Retreat

A brief review of the retreat planning was shared, and it was highlighted that this retreat was formulated from feedback of the Board during the 2016/17 self-evaluation.

The Board of Directors APPROVED by GENERAL CONSENT that an LHSC Board retreat will be planned on the following topic:

“Revisiting our governance role” and that an external facilitator will be sought for this process.

3.9 Quality and Performance Monitoring

3.9.1 Accreditation Readiness

The organization’s readiness was discussed and the plan was presented to on the required steps to move the organization to exemplary status and that a budget infusion would be required.

Monthly updates are reviewed at the Quality and Performance Monitoring Committee and deep dive reviews on areas with more significant opportunities to improve before them.

In response to a question about resourcing this project, Dr. Woods indicated that some funds will flow, but at a staged rate. The original estimate was approximately \$4 million, but \$2 million will be infused into the project and further review will be completed prior to any further disbursements occur.

3.9.2 2018/19 Quality Improvement Plan

The Board of Directors **APPROVED** by **GENERAL CONSENT** the following indicators and targets be recommended to the Board of Directors for approval for the LHSC 2018-19 Quality Improvement Plan.

Indicator Target

1. Workplace violence incidents 886 reports
2. Medication reconciliation at discharge 77%
3. Effective transitions (patient satisfaction with discharge) 62%
4. Emergency department length of stay 12.7 hours
5. Discharge summaries completed in 48 hours of discharge 50%

3.10 Executive

3.10.1 Chair/Vice MAC Selection Committee

It was reported that Dr. Lum and Dr. Siddiqi will be completing their terms at the end of September.

The Board of Directors **APPROVED** by **GENERAL CONSENT** that the Board establish the Chair/Vice Chair MAC Selection Committee to commence in March 2018 to review selection processes of the following positions:

- Chair, Medical Advisory Committee and Director of Medical Care current term expires September 30, 2018
- Vice Chair, Medical Advisory Committee and Assistant Director of Medical Care current term expires September 30, 2018.

The Board of Directors **APPROVED** by **GENERAL CONSENT** that the Board formally requested that the Medical Advisory Committee to poll its membership to provide three volunteers to take part in the committee as addressed in the Terms of Reference.

3.11 Finance and Audit Committee

3.11.1 LHSC Credit Facility

The Board of Directors **APPROVED** by **GENERAL CONSENT** the proposed CIBC Credit Agreement dated January 5, 2018 for immediate signback.

4.0 ADJOURNMENT

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

Recorded by
Tammy L. Eskildsen

Ramona Robinson, Chair
Board of Directors