

DRAFT

OPEN MEETING MINUTES OF THE BOARD OF DIRECTORS

held, Wednesday, September 26, 2018 @ 1500 hours
in the Victoria Hospital Board Room C3-401

Board Members Present:

L. McBride, R. Robinson (Chair), P. Retty, P. Woods, (x0 nv) S. Jaekel, B. Bird, S. Caplan, S. Irwin- Foulon, M. Wilson, A. Hopper, C. Young-Ritchie, J. Wright, K. Haines, A. Lum, K. Ross, S. Pandey, K. Tranquilli, T. Delaire, M. Strong, A. Walby

Board Directors Present by Teleconference:

Healthcare Partner Representatives:

H. Rundle, G. Kernaghan=R B. Wilkinson

Board Member Regrets:

M. Hodgson, D. Steven

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 follow an ethical decision making framework which is listed on the back page 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.

1.1 Patient Experience

Dr. Schleifer Taylor provided an overview of the patient experience letter that was received from a family member of an existing patient. In more recent years, attention has focused on creating streamlined systems for reporting and providing feedback, however importance is placed on what happens after the feedback is received. The importance of the work of the Patient Relations Department was demonstrated as an example in this response as they facilitated the process to address and follow up on all concerns received.

In response to a question about the most common categories of feedback, it was noted that there are many categories of feedback but Dr. Schleifer Taylor did identify that feedback received does include opportunities to improve the LHSC environment or facilities.

2.0 AGENDA

2.1 Approval of Full Agenda

The Board of Directors APPROVED by GENERAL CONSENT the full agenda for the September 26, 2018 board meeting.

2.2 Approval of Consent Agenda

The Board of Directors APPROVED by GENERAL CONSENT the recommendations that are found in Appendix I of the package It is recommended that the Consent Agenda for the September 26, 2018 Board meeting, consisting of the recommendations and reports found in Appendix 1 beginning on page

279 be approved and subsequent written reports and minutes of committees be submitted into record as listed below:

2.2 Consent Agenda

2.2.1 [Board of Directors Minutes June 27, 2018](#)

2.2.2 [Board of Directors Organizational Minutes June 27, 2018](#)

2.2.3 [Committee Minutes of Meeting](#)

2.2.3.1 Finance and Audit Committee 20180614, 20180913

2.2.3.2 Medical Advisory Committee 20180606, 20180718, 20180822, 20180912

2.2.3.3. Quality and Performance Monitoring Committee 20180621

2.2.3.4 Governance Committee, 20180801, 20180917

2.2.3.6 Executive Committee Meeting 20180911

3.0 PRESENTATION

3.1 Strategic Plan Initiatives Recommendation

Dr. Paul Woods highlighted the journey that the organization is on with respect to the Strategic Plan highlighting the request of the Board in June which included four main components.

- Greater clarity on how the board and its committees will be engaged in monitoring the plan
- Clarity on the role that the Board may play in the initiatives
- Questions in regards to the research and teaching theme.
- Discussed concern about the breadth of initiatives and ability to achieve the outcomes

As identified by the Board, it was agreed that there were too many initiatives and from a lean perspective the initiatives have been reduced to five. The sponsors of the initiatives have been engaged to develop work plans structured with metrics and time sequencing. The Strategic Leadership Committee will be the senior leadership committee will be the primary group monitoring progress to plan.

In summary the five transformative initiatives including destination metrics were highlighted as follows: Accreditation Ready Every Day; Clinical Documentation; Patient and Family Engagement; Standardized Approach to Access and Flow; Strengthen Value

A foundational level of initiatives were identified that have impact but require less overall work effort across the organization. They include: Health Equity; Live our Values Everyday

Emergent initiatives were highlighted that will evolve based on a set of external factors. Emergent: Regional Partnership Development; Grow and Enable our People; Integrated Academic Health Sciences Community

The floor was opened to the Board Directors for comments, questions or concerns and the following points were noted:

- There was concern raised with respect to the academic research aspect of the Strategic Plan. Research is infused in every aspect of the organization and is a cornerstone of the Mission, Vision and Values and it is not well defined within the initiatives. It was noted that conversations are ongoing city wide and Dr. Strong stressed the importance of supporting research across the five structures together and those conversations will continue in parallel across the city.

ACTION: Research/Academic parked for future conversation.

- It was noted that the consistency and clarity in approach with this presentation was appreciated and recognize the work leaders undertook to streamline initiatives to a transformative few. It was noted that part of the dialogue identified that some of the previous initiatives which represent formative work needed to be completed to support transformative initiative implementation success would still be worked on. How has leadership developed scope and bandwidth with respect to this work? It was noted that the leadership has set priorities on what can be accomplished and will continuation of formative work will be important for success.
- A concern was raised that the Engagement Advance Analytical Capacity & Business Intelligence would be critical to success for many of the initiatives and it is no longer on the list. Dr. Woods highlighted that Decision Support is conducting a review on improving LHSC's capability on analytics and that work will occur in parallel.
- In response to a question advancing physician partnership, it was noted that a support council is being created by the Chief Medical Officer to help inform decision making.
- It was requested that consideration should be given to adding the Business processes/Lean implementation to the initiatives. From external past experience, successful implementation of Lean needed to be at a strategic initiative level to have complete integration in a time of competing priorities. Further discussion occurred on initiatives versus tools and enables to move the work forward.
- It was requested that consideration should be given to removing Clinical Documentation until the organization knows they can complete it. It is currently not affordable and the workload attached to this project is increasing. It was noted that the business process committee will be bringing forward the recommended tactics while mitigating risk to moving forward to the Finance and Audit.

The chair summarized that there had been broad ranging discussion on this item and the concerns have been identified. It was noted that further clarity will be brought to the Board regularly over the next two years through the board committees. This will be to ensure that there is good understanding for the Board of Directors may fulfill their duties to oversee the strategy as aligned with the organization's mission, vision and values.

ACTION: There will be further clarity brought back through the Board committees as appropriate to support the Board's understanding of the initiatives.

The Board of Directors APPROVED by GENERAL CONSENT the strategic initiatives as part of the Strategic Plan 2018-2020.

3.2 Strategic Plan Communication Rollout Recommendation

Ms. Irwin-Foulon provided an overview of the presentation to the People and Culture Committee. Appreciation was extended to Michele Martin for framing this work for the Board Committee earlier in the month. Corporate Communications has developed and is implementing an approved communications plan and visual assets for the Mission, Vision and Values (MVV) and Strategic Plan launch. The plan is iterative and subject to change as the strategic planning rollout and implementation plan are further developed and refined. The summary of the conversations at the committee focused on the framing and elevating the plan at a governance level. Understanding the timeline, this process was completely developed but Ms. Irwin Foulon summarized that were good questions, discussions on the creation of baseline metrics so that the organization can monitor the success of implementation.

That the People and Culture Committee RECOMMENDS that the Board of Directors APPROVE the following Mission, Vision and Values and Strategic Plan launch communications.

4.0 NEW BUSINESS/RECOMMENDATIONS/FOR INFORMATION

4.1 Chair's Remarks

The Chair of the Board opened the floor for the Committee chairs to inform the Board's deliberations of items from their meeting.

4.1.1 Committee Chair Roundtable

The following highlights were noted:

- L. McBride highlighted Quality and Performance Monitoring Committee Phase III orientation and aligning this work with the Strategic Plan.
- A. Lum highlighted the work ongoing at the Medical Advisory Committee with respect to accreditation survey.
- S. Irwin-Foulon reported that People and Culture have been reworking their terms of reference and will be refocusing the committee to align with the strategic plan initiatives as appropriate.
- A. Walby updated that the Board will be offered Administrative Law training to provide some practical approaches and general learning with respect to Board Hearings. Ms. Walby thanked all that attended the Phase 1 Governance Orientation.

4.1.2 Board to Board Update

Ms. Haines requested a deferral but would come back in the next meeting with an update.

4.1.3 Correspondence

Mrs. Robinson highlighted that correspondence has been received from multiple individuals directed to the Board of Directors identifying concerns on a directive from the Ministry of Labour requiring an assessment tool for violent behavior be instituted at LHSC. Dr. Woods and the senior leadership were asked to investigate the concerns raised in the correspondence. Dr. Woods was asked to provide a brief update, understanding that there is work ongoing currently to address the issues raised.

Dr. Woods reported that in the fall of 2017 the Ontario Nurses Association brought London Health Sciences Centre (LHSC) to the Ontario Labour Relations Board seeking changes to the Violence Screen and Flagging Process. Through letters of settlement the Hospital was required to implement the Public Services Health and Safety Association ("PSHSA") Acute Care Violence Assessment Tool ("VAT") for individual patient risk assessment, as part of a new Hospital-wide flagging policy and procedure. Following the education roll-out, concerns were raised by members of the Ambulatory Mental Health Team in both Adult and Child and Adolescent areas regarding the tool and process. The Psychiatrist and Psychologists continue to advocate for significant changes to the VAT and process. Leadership has partnered with Ethics Department and continues to work with affected groups to address challenges that have been raised while still remaining compliant to the Ministry of Labour directives. The Board of Directors will be updated as to the progress of working through these challenges at the next Board of Directors meeting.

4.1.3 Selection Committee Establishment and Interim Chief Appointment

Due to the existing chair being unable to complete the term, the Board was requested to enact a section of the professional staff bylaws to address a vacancy in a chief role.

The Board of Directors DIRECTED by GENERAL CONSENT the Medical Advisory Committee to establish a selection committee to undertake a search for the express purpose of recommending a candidate for the vacant position of the Chief of Paediatrics.

The Board of Directors APPROVED by GENERAL CONSENT the appointment of Dr. John Yoo effectively immediately as Acting Chief of Paediatrics until such time that the Medical Advisory Committee has sufficient time to deliberate an interim or formal appointment and recommend that individual to the Board of Directors.

4.2 CEO Report

Dr. Woods submitted his reported into record and highlighted the following items:

- The patient oriented discharge as identified in the report was very successful and the organization is planning to roll the project out to more areas
- Hospitals were informed by the Saudi Arabian Cultural Bureau that more than 1,000 Saudi Arabian medical residents and fellows received an email in the last week of August identifying the residents and fellows can continue their assignments in Canada until an alternative posting can be arranged. More work is in progress at the provincial level to build a sustainable model for training students and fellows.

4.2.1 CEO Goals Report Q1

Dr. Woods provided an overview of the components in his Goals report and invited the Board to ask questions. In response to a question on the 'shared ecosystem' work, Dr. Woods highlighted there are discussions ongoing to develop a better understanding of how does LHSC and other organizations deliver shared services currently and that consideration should be given to forming a new entity to assist in the delivering of services.

4.3 Balanced Scorecard Quarter 1

The leadership team was asked to highlight the key areas of the scorecard for the Board of Directors. The Executive Council Leaders provided feedback on areas of the balanced scorecard that should have focus for the Board and the following items were highlighted:

- With 12 target adjustments applied to the LHSC Wide BSC in F2018/19, substantial performance improvement in three of the big dots (Patient Safety Outcomes, Patient Safety Processes and Emergency Wait Times) was still achieved in Q1 2018/19.
- The finance indicators were reviewed and discussed the 'red' current ratio. It was felt that further understanding and education to the measurement of this indicator was required. In strict financial perspective a ratio of almost 2 would be considered green. Further information on the development of the 'current ratio' roll up will be provided to the finance and audit committee at their next meeting.
- Ms. Gould highlighted the work on code gridlock, hallway management to assist with utilization metrics.
- Ms. Nickle highlighted the staff safety metric and work ongoing to address the work life balance in the organization.

In response to a question on the 'green' for Emergency Wait times in light of Ms. Gould's presentation, it was noted that the Ministry now provides a provincial target to allow LHSC to benchmark against the province. The work to reduce wait times in emergency will continue to be a work in progress.

4.4 Lawson Health Research Institute

Welcome was extended to Mr. Wilkinson who has taken over as Chair of the Lawson Board of Directors from Mr. Kevin Ross. Mr. Wilkinson highlighted the financial results of Lawson and reported a modest underperformance. It was noted that as part of Dr. Wood's goals to return Lawson to a balanced budget position, it was felt that this would occur as a result of an operational review. Advocacy meetings are being held with St. Joseph's Foundation and Mr. Wilkinson has offered to meet with the LHSC Foundation and their Board.

Mr. Wilkinson highlighted the 37 awards, but noted that operational funding does not come with grant awards.

4.5 St. Joseph's Health Care, London Update

Dr. Rundle highlighted the education of the Board's legislative accountabilities at their September meeting by a Board Director. Dr. Rundle highlighted the addition of post meeting evaluations and consent agenda for the Board of Directors this term. Through the strategic planning processes the St. Joseph's Board of Directors will be re-examining the current committee structures for opportunities to align their work with the strategic directions.

4.6 Quality and Performance Monitoring Committee

4.6.1 Patient Safety Plan

The Board APPROVED by GENERAL CONSENT the LHSC Patient Safety Plan for the 4 year period of 2018 - 2022.

4.7 Medical Advisory Committee Recommendations

4.7.1 Overview to Credentialing Processes

Dr. Walker provided a refresher overview of Credentialing processes that the Medical Advisory Committee and the Medical Affairs department undergo to develop the recommendations to the Board.

Appreciation was extended to Dr. Walker for providing this education and a question was asked with respect to the LHSC Saudi residents and clinical fellows and subsequent risk to the organization. It was noted that LHSC had a handful of clinical fellows and the vulnerability is minimal at this point in time.

4.7.2 New Appointments to Professional Staff

4.7.3 Changes to Professional Staff Appointments

4.7.4 New Clinical Fellows Appointments

The Board of Directors APPROVED by GENERAL CONSENT the following Medical Advisory Committee credentialing recommendations to London Health Sciences Centre:

4.7.2 New Appointments to Professional Staff

4.7.3 Changes to Professional Staff Appointments

4.7.4 New Clinical Fellows Appointments

4.7.5 Chief, Clinical Neurological Sciences Recommendation

The Board Of Directors APPROVED BY GENERAL CONSENT, the continuation of the appointment of Dr. Paul Cooper as the City-Wide Chief Of Clinical Neurological Sciences, Effective October 1, 2018 to December 31, 2018, or until such time as a permanent chief is appointed, whichever comes first.

4.7.6 Chief, Midwifery Appointment Recommendation

The Board of Directors APPROVED BY GENERAL CONSENT the appointment of Katelyn Fisher as the Interim Chief of Midwifery Effective October 1, 2018 until either the return of the current Chief or until a permanent Chief is Appointed, whichever comes first.

4.8 Selection Committee- Chair and Vice Chair Medical Advisory Committee

4.8.1 Chair, MAC and Director of Medical Quality of Care Recommendation

Mrs. Robinson provided an overview of the Selection Committee meeting and the recommendation of that group. It was highlighted that the terms of the chair and vice chair official expire September 30, 2018. A number of different options available guided the committee to the results that they landed on. It was noted that the Medical Leadership Review report would be soon unfolding and the Interim Chief Medical Officer role is unfolding and the report will be coming forward for a review at the Board and the findings and recommendations may change the roles as they currently defined. The bylaws allow for an extension to the term and this will allow flexibility for the individuals to review what the roles may look like in the future before considering another term. The individuals are agreeable to this proposal and therefore the recommendation is presented.

Mr. Wilson indicated that the current wording of the recommendation in conjunction with a review of the bylaws does not allow for a one- appointment. In discussion with members, it was noted that the bylaws does allow for an extension to a current term.

It was Moved by M. Wilson, Seconded by A. Hopper that motion be modified to include the words "extension of current", to recognize the extension of the appointment.

CARRIED

The Board of Directors APPROVED by GENERAL CONSENT the appointment of Dr. P. Andrea Lum as a member of the Medical Advisory Committee effective October 1, 2018 and;

The Board of Directors APPROVED by GENERAL CONSENT the extension of appointment of Dr. P. Andrea Lum as Chair, Medical Advisory Committee and Director, Quality of Medical Care to a term ending to September 30, 2019 upon a signed letter of offer.

4.8.2 Vice Chair, MAC and Assistant Director of Medical Quality of Care Recommendation

It was Moved by M. Wilson, Seconded by A. Hopper that motion be modified to include the words "extension of current", to recognize the extension of the appointment.

CARRIED

The Board of Directors APPROVED by GENERAL CONSENT the appointment of Dr. Fawaz Siddiqi as a member of the Medical Advisory Committee effective October 1, 2018 and;

The extension of current appointment of Dr. Fawaz Siddiqi as Vice Chair, Medical Advisory Committee and Assistant Director, Quality of Medical Care for the period October 1, 2018 to September 30, 2019 upon a signed letter of offer.

4.9 Finance and Audit Committee

4.9.1 Audited MoHLTC Reports

- 2017/18 - Community Mental Health Program (CMHC), Children's Mental Health, Psychiatric Outpatient Medical Salaries-Programs 3003-3116
- 017/18 - Hospital on Call Coverage (HOCC) Year End Funding Settlement
- 2017/18 - Midwifery Year End Settlement
- 2017/18 - London Regional Base Hospital Program
- 2017/18 - Health Infrastructure Renewal Fund (HIRF)
- 2017/18 – Hospital Energy Efficiency Program (HEEP)2017/18 - Emergency Child

Psychiatry

The Board of Directors APPROVED by GENERAL CONSENT the Ministry of Health and Long Term Annual Year End Reports as noted below:

- 2017/18– Community Mental Health Program (CMHC), Children's Mental Health, Psychiatric Outpatient Medical Salaries-Programs 3003-3116
- 2017/18- Hospital on Call Coverage (HOCC) Year End Funding Settlement
- 2017/18- Midwifery Year End Settlement
- 2017/18- London Regional Base Hospital Program
- 2017-18 – Health Infrastructure Renewal Fund (HIRF)
- 2017-18- Hospital Energy Efficiency Program (HEEP)
- 2017-18 Emergency Child Psychiatry

4.9.2 LHSC Q1 Financial Results

The Board of Directors APPROVED by GENERAL CONSENT the financial results for the quarter ending June 30, 2018.

4.9.3 Retention and Selection of Professional Services - Actuarial Services

In accordance with the retention policy, leadership conducted a review as required every three years on the services of our current actuarial service AON.

The Board of Directors APPROVED by GENERAL CONSENT the retention of our current Actuarial service provider AON.

4.9.4 *Internal Audit Charter*

The Board of Directors APPROVED by GENERAL CONSENT the Internal Audit Charter for 2018-19.

4.9.5 *Internal Audit Plan*

Ms. Bird provided an overview of the Internal Audit Plan and the current initiatives ongoing.

The Board of Directors APPROVED by GENERAL CONSENT the Internal Audit Plan for 2018-19.

5. ADJOURNMENT

The meeting was ADJOURNED by GENERAL CONSENT.

Recorded by:
Tammy L. Eskildsen

Ramona Robinson, Chair
LHSC Board of Directors