

MEETING MINUTES OF THE BOARD OF DIRECTORS

held, Thursday, September 25 @ 1500 hours
in the Victoria Hospital Board Room C3-401 or
by teleconference: 1-866-542-9023 passcode 6858262#

Board Members Present:

Mr. J. Brock, Ms. R. Chojca, Mr. M. Hodgson, Ms. S. Jaekel, Mr. L. McBride, Mr. T. Marcus, Ms. P. Retty, Ms. R. Robinson, Mr. K. Ross, Ms. A. Walby (Chair), Mr. M. Wilson, Dr. A. Lum, Dr. S. Pandey, Mr. B. Woods, Dr. P. Woods, Ms. C. Young-Ritchie, Mr. J. Wright

Board Directors Present by Teleconference:

Ms. B. Bird, Ms. K. Haines

Healthcare Partner Representatives:

J. Batch, G. Kernaghan, B. Wilkinson, D. Cheng=R, R. Mikula, E. Johnson

Resource:

T. Eskildsen

*= teleconference

1.0 CALL TO ORDER

The September meeting was called to order by Ms. Walby. Welcome was extended to the group present. Ms. Walby reminded the group about the Ethical Decision Making Framework on the back of the agenda and in use by the Board of Directors at their meetings. The conflict of interest policy was highlighted and Directors were reminded that if they feel that they are in conflict either at the beginning of the meeting or at the time of item to declare that conflict.

1.1 Patient Experience

An overview of the purpose of patient stories occurred. It was further highlighted that stories of staff, patient and care giver experiences and journeys through the system enable the organization to redesign and improve care according to patients' needs.

2.0 REVIEW OF AGENDA

2.1 Approval of Agenda

The Board of Directors APPROVED by GENERAL CONSENT the full Agenda for September 25, 2019 as written.

3.0 PRIORITY AGENDA

3.1 Continuous Improvement of Care

Dr. Paul Woods provided a review of the components of the Continuous Improvement of Care and highlighted how a meeting discussing these items is typically run. The executive management system creates alignment on what is most important to the organization. This includes a set of priorities and cascades them across the organization, ensuring transparency and accountability. Key elements include: True North metrics, visual management for performance, standard work for leaders including Leader Standard Work. Visual management and senior leader standard work are fundamental for the continuous study and adjustment of True North results and the strategic plan. Making results and plans visual allows teams to see, learn and make decisions together. It was noted that practicing the discipline of following standard work is essential for modeling the way for the rest of the organization. Dr. Woods further highlighted some aspects of leading in a lean environment including adjusting or changing coaching techniques to focus on the approach to coaching that is most conducive to developing engaged and capable employees who can function in a lean problem solving

/continuous improvement environment. Dr. Woods highlighted that another outcome of this work will be to engage the Board of Directors earlier (moving up the generative curve).

The floor was opened for questions and comments and the following points were noted:

- The importance of imbedding lean at the governance level was stressed to ensure its continuation into the future.
- In response to a question about waste reduction, it was highlighted that employees who follow a healthcare career path are focused on helping patients. Initiatives that improve care will resonate with the staff. The outcome will still result in eliminating waste from the system or reducing cost per case over time.
- Governance Committee will continue regular discussions on focusing on Board effectiveness and integration of lean into Board processes

3.2 Quarter 1 Strategic Initiatives Report

The Q1 Strategic Initiatives report was submitted into record. Dr. Woods highlighted that this report will become a huddle around the boards. In response to a question on acuity based staffing initiatives and concerns with finding the right people for the positions, Ms. YoungRitchie highlighted that all potential RPN and RNs go through a simulated screening process to help support the skillset that the organization is seeking. It was highlighted that the current ratio goal is 85% RN and 15%RPN and the organization is currently at the ratio of 89% and 11%RPN. This work is completed through natural attrition.

3.3 Q1 Balanced Scorecard

The Q1 Balanced Scorecard was submitted into record.

4.0 RECOMMENDATIONS/REPORTS

4.1 Chair's Report

Ms. Walby reflected that she felt very fortunate to be part of the LHSC Governance team and highlighted that she looks forward to feedback from the group. Expression of appreciation was extended to the Senior Leaders for their work.

4.2 CEO Report

Dr. Woods extended an invitation to the Maternal Youth Network Annual meeting, taking place on October 9th at the Best Western, Lamplighter Inn Breakfast to hear Dr. James Makokis speak on Connecting Indigenous communities and cultural care. Dr. James Makokis is from the Saddle Lake First Nation in Northern Alberta. James received his Bachelor of Science (B.Sc.) in Nutrition and Food Sciences from University of Alberta and holds a Masters of Health Science (M.H.Sc.) in Community Nutrition from the University of Toronto. Dr. James Makokis also holds Doctorate in Medicine (M.D) from the University of Ottawa. Dr. James Makokis received certification from the Aboriginal Family Medicine Training Program, University of British Columbia.

Dr. Woods further highlighted examples of LHSC as a leader in medical discovery and health research. London Health Sciences Centre has a history of over 50 international and national firsts and attracts top clinicians and researchers from around the world.

Dr. Woods reported that LHSC had received a notice that Ornge was suspending landing at University Hospital. London Health Sciences Centre has hired an engineering firm to search for possible solutions to its helipad. LHSC and representatives from Ornge will be meeting in the near future to discuss next steps.

4.3 Quality & Performance Monitoring

Mr. McBride highlighted that Committee orientation was the focus of September's meeting. There was a discussion on Occupancy levels and it was further highlighted that a deep dive topic will be brought forward to the committee for a better understanding of the issues before LHSC.

4.4 People and Culture

Ms. Jaekel highlighted that orientation was led by Susan Nickle and the group revisited the employee satisfaction survey, work life balance which led to other conversations on the employee survey results.

4.5 Medical Advisory Committee

4.5.1 New Appointments to Professional Staff

4.5.2 Changes to Professional Staff Appointments

4.5.3 Clinical Fellow Appointments

The Board of Directors APPROVED by GENERAL CONSENT that the following reports be approved as written.

4.5.1 New Appointments to Professional Staff

4.5.2 Changes to Professional Staff Appointments

4.5.3 Clinical Fellow Appointments

4.5.4 PS Reappointment Recommendation

Dr. Lum highlighted that the members on this list have been recommended by the Chief of their department for reappointment for the 2019/20 staff year having completed their outstanding elearning modules.

The Board of Directors APPROVED by GENERAL CONSENT that the September 2019 Professional Staff Applications for re-appointment be forwarded to the board of Directors for approval.

4.5.5 MAC Chair Recommendation

The Board of Directors APPROVED by GENERAL CONSENT, upon the receipt of a signed letter of offer, the approval of: THE APPOINTMENT of Dr. Scott McKay as a member of the Medical Advisory Committee effective October 1, 2019, and;

THE APPOINTMENT of Dr. Scott McKay as the Chair of the LHSC Medical Advisory Committee for the period October 1, 2019 through to September 30, 2021.

Appreciation was extended to Dr. Andrea Lum for her service to LHSC in the role of Chair, MAC.

4.5.6 MAC Vice Chair Recommendation

The Board of Directors APPROVED by GENERAL CONSENT upon the receipt of a signed letter of offer, the approval of: THE APPOINTMENT of Dr. Robert Dinniwel as a member of the Medical Advisory Committee effective October 1, 2019, and;

THE APPOINTMENT of Dr. Robert Dinniwel as the Vice Chair of the LHSC Medical Advisory Committee for the period October 1, 2019 through to September 30, 2021.

4.6 Finance and Audit Committee

4.6.1 Q1 Financial Results

Ms. Cook highlighted the financial results of Q1. LHSC is reporting a deficit of \$4.6M at June 30, 2019 and a positive run rate of \$3.6M This is comprised of \$14.1M favourable revenue compared to prior year and \$10.5M in unfavourable expenses compared to prior year. One of the contributing factors for the reduced deficit was a Hydro rebate that the organization received netting \$3.7M.

The Board of Directors APPROVED by GENERAL CONSENT the financial results for the quarter ending June 30, 2019.

4.6.2 Transfer Payment Agreement-Amending Agreement 2 – Supply Chain Transformation and Clinical Product Information Optimization Projects

The Ministry of Goods and Consumer Services (MGCS) TPA Amending Agreement associated with the Supply Chain Transformation (SCT) Project and the Clinical Product Information Optimization (CPIO) project was approved by the LHSC Board of Directors on November 29, 2017. A TPA Amending Agreement 2 is required to reflect shortened project timelines and reduced budget due to termination of the OntarioBuys program by the Government of Ontario.

The Board of Directors APPROVE BY GENERAL CONSENT the Transfer Payment Amending Agreement 2 from the Ministry of Government and Consumer Services (effective date June 28, 2019) for CEO signature.

4.7 Governance Committee

Ms. Retty provided an overview of the work ongoing at the committee included highlights on the following topics:

- A discussion on how governance will evolve in the new world of Ontario Health Teams
- Mid-Term orientation being planned
- Phases of orientation with respect to Continuous Improvement of Care and continued effectiveness of Board on this item will be a regular part of the Governance Committee agenda.
- One new committee added to this term 'Children's Hospital Committee'

5.0 RECOMMENDATIONS/REPORTS

5.1 St. Joseph's Health Care, London

Mr. Batch highlighted that the organization is prepared for Accreditation on Monday and that the teams are prepared and striving for exemplary status. Governance committee has created a legal liabilities and reporting compliance document and has been condensed to a dashboard and attestation on the work completed.

Dr. Kernaghan highlighted the Indwell provider opened their first home which includes clinical support and will contribute to discharging appropriate patients to supported care in the community and allowing St. Joseph's to be in a position to take on patients waiting for a bed currently in LHSC.

Further highlights on work of Biigajiikaan to co-design and deliver transformative mental health care to provide culturally-safe and accessible services to Indigenous urban and rural populations in the London-Middlesex region. Work continues to secure land based therapy space at one of the pavillons at the Ponds.

5.2 Lawson Health Research Institute

Mr. Bill Wilkinson highlighted that Lawson will have their first Board meeting of the Term on September 26. At this meeting, the operational review will be on the agenda where the Board will receive a summary report and recommendations. Mr. Wilkinson highlighted that he would be looking for additional time on a future agenda to provide an overview of that work.

5.3 London Health Sciences Foundation

Mr. Ron Mikula reported that the LHS Foundation is off to a great start this year. Mr. Mikula highlighted the recent development of 'Grateful Patient Program'. The Grateful Patient Program provides

patients and their families with an opportunity to show gratitude to those who played a special role in the care they received while at LHSC.

5.4 Children's Health Foundation

Ms. Elana Johnson highlighted that the Children's Health Foundation met recently and noted that there were two new Board members and a new LHSC representative that were sitting at the table this year. Ms. Suzanne Jaekel was thanked for her service to Children's Health Foundation as a Health care partner representative. Foundation representation on the LHSC Children's Hospital Committee was approved and the Foundation is looking forward to being part of those conversations. In other updates, the fundraising is tracking well to date and the Foundation has purchased the building that their offices are located in.

5.5 Professional Staff Organization

Dr. Pandey highlighted that the first meeting of the Professional Staff Organization occurred earlier this fall. The professional staff continue to be very interested in the Ontario Health Team process as the work further develops. Dr. Pandey highlighted that the PSO have been approached by Drs. Rotenberg and Doherty (Co-Chairs) who proposed to have a PSO Executive member on the Physician Wellness and Fortitude Task Force,

6.0 CONSENT AGENDA

The Board of Directors APPROVED by GENERAL CONSENT that the Consent Agenda consisting of the following recommendations for approval and reports to be submitted into record:

6.1 Board of Directors Minutes June 27, 2019

6.2 Board of Directors Organizational Minutes June 27, 2019

6.3 Finance and Audit Committee

6.3.1 Audited Ministry of Health and Long Term Care Reports for Recommendation

- 2018/19 – Community Mental Health Program (CMHC), Children's Mental Health, Psychiatric Outpatient Medical Salaries –Programs 3003-3116
- 2018/19 – Hospital on Call Coverage (HOCC) Year End Funding Settlement
- 2018/19 – Midwifery Year End Settlement
- 2018/19 – London Regional Base Hospital Program
- 2018/19 – Health Infrastructure Renewal Fund (HIRF)

6.3.2 Asset Sale: 346 South Street, Building 50 Recommendation

6.4 Committee Meeting Minutes

6.4.1 Finance and Audit Committee 20190912

6.4.2 People and Culture 20190917

6.4.3 Quality and Performance Monitoring Committee 20190620

6.4.4 Governance Committee 20190916

6.4.5 Joint MAC Minutes 20190605

6.4.6 Joint MAC Draft Minutes 20190911

6.4.7 Joint MAC Executive Draft Minutes 20190717

6.5 Lawson Health Research Institute Report

7.0 OTHER BUSINESS

There was no other business noted.

8.0 ADJOURNMENT

The meeting was ADJOURNED by GENERAL CONSENT.

Recorded by:
Tammy Eskildsen

Amy Walby, Chair
Board of Directors