

LHSC Board of Directors Meeting
Minutes of Meeting- March 29, 2023

Held via Webex

PRESENT: Mr. T. Allen, Mr. A. Barron, Ms. L. Conley, Ms. A. Dean, Ms. L. Harrison, Mr. J. Leitch, Ms. H. Lokko, Mr. T. Marcus (2nd VC), Dr. T. Mele, Ms. P. Retty (Chair), Dr. J. Schleifer Taylor (CEO), Ms. K. Serniwnka, Mr. S. Smith, Ms. H. Wade, Mr. W. Wallace, Mr. M. Wilson

REGRETS: Mr. B. Morrill

HEALTHCARE PARTNERS: Ms. T. Brown, Mr. S. Fortnum, Mr. J. MacFarlane

GOVERNANCE RESOURCES: Ms. T. Eskildsen

GUESTS:

1.0 CALL TO ORDER/REVIEW OF AGENDA

The meeting was called to order. The Chair welcomed everyone and brought the committee's attention to the Conflict of Interest Policy. Members were encouraged to declare any conflicts either now or at the time of the item. It was also acknowledged that decisions are made using the Ethical Decision Framework which can be found on the back of the agenda.

1.1 Patient Experience:

Provided in the package was a patient experience story of a child who is a patient with the Quality of Life and Advanced Care (QoLA) team. The story describes how the QoLa team goes beyond the walls of the hospital and the team is available any time of day. The QoLa team helps patients, and their families feel at ease with the care providers.

The Quality of Life and Advanced Care team is unique to the Children's Hospital. Victoria Hospital and University Hospital have adult palliative care. This is a program that could be adopted in the adult side of the hospital.

It was noted that this is valuable for families. Having palliative care available at home is important for children as they are going through the end-of-life stage.

2.0 REVIEW OF AGENDA

The Full Agenda for the March 29, 2023 Board of Directors meeting was APPROVED by GENERAL CONSENT as written.

3.0 PRIORITY AGENDA

3.1 Strategic Planning

Dr. Schleifer Taylor noted that LHSC will be having a four-year strategic plan which aligns with the Master Planning cycle.

Mr. Campbell went through the Vision, Purpose, Fundamental Commitments, Values, Transformation Catalysts, and Strategic Priorities.

Vision: Partnering with Communities to Transform Health: one life at a time.

Purpose: We deliver world-class care and experiences, built on our commitment to excellence in research, innovation and learning. In partnership with our communities, we design and advance healthcare to support the wellness of the populations we serve.

Fundamental Commitments: We commit to creating an inclusive and safe environment for staff, patients, caregivers, and our community by dismantling systems of oppression,

discrimination, racism and bias. We commit to seeking out, listening to and working with individuals and system partners to create equitable access and experiences of care that address the social determinants of health. We commit to truth and reconciliation and the co-creation of health solutions that include indigenous ways of knowing and healing.

Values: It was noted that the Values remain the same, in which the board approved five years ago.

Core Value: Patients, their caregivers, and our people are at the centre of all we do.

Teamwork: We work together to achieve success by creating strong, positive and productive relationships with each other, our patients, the caregivers and our community

Compassion: We act with kindness, understanding and empathy toward others and ourselves.

Curiosity: We explore, generate and apply new insights, knowledge and skills to create new possibilities

Accountability: We foster trust and strength in our relationships through our willingness to take responsibility for our actions and decisions

Transformation Catalysts: These will enable LHSC to move forward. Optimizing the organization, redesigning service delivery, and leveraging digital tools.

Strategic Priorities:

- Our People; being the preferred place of work by supporting joy, wellness, and health in our workplace, building the teams of tomorrow, creating a culture that embraces change and fosters innovation
- Integrated Systems of Care: important for mandates and funders, need to co-create the experiences with regional hospital
- Excellence in all that we do: anchor the excellence, leading through ERM, Accreditation, Quality Improvement, CIC

The floor was open for questions, comments and concerns with the following points were noted:

- In response to a question on how LHSC is demonstrating evidence to the community that progress is being made on the strategic initiatives and continues to build the organization's credibility. Dr. Schleifer Taylor noted that the Strategic Redevelopment Committee will be looking at a communication strategy that will help bring the workplan together and measurement of the progress and accountabilities. It is the intention of the President and CEO to provide an annual report of progress through the lens of the patients, partners, and staff.
Integrated systems of care will be important to incorporate prevention and self-agency of people. Collaboration with the community and community organizations to support the development of sessions for people to help improve their health before they need to come to the hospital. LHSC is a hub for the city as well as the region and needs to be proactive and reactive. LHSC is taking on a leadership role around digital tools which will help shape the healthcare system.
- Milestones that need to be achieved will be worked through and brought to the Strategic Redevelopment Committee meeting in April. There is commitment to make these milestones traditional data, measurements and key indicators.

The Board of Directors APPROVE by GENERAL CONSENT, the LHSC Strategic Plan (2023-2027), inclusive of the draft evaluation framework that will be forwarded to the Strategic Redevelopment for finalization and ongoing monitoring throughout FY24.

4.0 RECOMMENDATIONS/REPORTS

4.1 Chairs Report

No updates at this time. The Chair report is within the package.

4.2 CEO Report

Dr. Schleifer Taylor submitted the CEO report to the corporate record and highlighted the exemplary standing for Accreditation that LHSC received.

4.3 Children's Hospital Committee

Ms. Conley submitted the Children's Hospital Committee chairs report to record and highlighted the enterprise risk of the surgical backlogs and the efforts from Management to get this backlog down. It was noted that there are approximately 995 children on the surgical wait list.

4.4 Quality and Culture Committee

Mr. Smith provided an overview of the recent committee meeting activities and highlighted the following items:

- Update on the stained surgical trays and the decision to shut down elective surgeries as a result until the trays were safe to be used
- A presentation was given on the dyad between Leadership and Physician Leadership on Children's Hospital.
- Quality Improvement Plan was discussed where the six indicators had been approved by the Board of Directors. Leadership will be judged on five out of the six indicators since the sixth indicator is a monitoring indicator. It was noted that if they meet the target the leadership will get 100% compensation but if they do not meet the target the percentage received is zero
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2023/24 Quality Improvement Plan

Dr. Schleifer Taylor expressed appreciation to the Quality and Culture Committee for the fundamental shift around the compensation of the Quality Improvement Plan.

The Board of Directors APPROVE by GENERAL CONSENT, the 2023/24 Quality Improvement Plan (QIP) complete with Narrative and Workplan and the following indicators of which the first five indicators will be tied to pay at risk:

- 1. Length of Emergency Department Wait for Bed at the 90th Percentile – Target 24 hours or less**
- 2. Emergency Department Wait Time for Physician Initial Assessment 90th Percentile – Target 6 hours or less**
- 3. Surgical Wait times for lower priority surgeries (not lifesaving) – Target 71% or greater**
- 4. Discharge Summaries Within 48 Hours – Target 80% or greater**
- 5. Involved as much as you wanted to be in decisions about your care and treatment – Target 65% or greater**

6. Overall Incidents of Workplace Violence – Target 1024 or less.

4.5 Resource and Audit Committee

Mr. Marcus submitted his report to record and highlighted the following

- Sick time and overtime trends are continuing and are having an impact on our professionals as well as financially. There is concern that offering overtime at the double time could be having a negative impact on sick time.
- Budgets in the past have been approved in March, but there is some delay this year; therefore, they will be coming forward in April. A connection between the budget and Quality Improvement Plan will be monitored.
- Significant work and progress being made on the capital planning
- LHSC has been with HIROC for one full year. It was noted that additional coverage can be purchased for cyber-attacks and ransomware, but it was recommended due to the cost
- Leadership continues to put processes in place for compliance reports on legislative compliance

4.6 Medical Advisory Committee

New appointments to the Professional Staff, Changes to Professional Staff, and New Clinical Fellows are within the package. The City-Wide Joint MAC has reviewed the recommendations and there are no concerns moving forward.

4.6.1 New Appointments to the Professional Staff

The Board of Directors APPROVED by GENERAL CONSENT the Professional Staff new appointments to the London Health Sciences Centre for March.

4.6.2 Changes to Professional Staff Appointments

The Board of Directors APPROVED by GENERAL CONSENT the Professional Staff appointment changes to the London Health Sciences Centre for March.

4.6.3 Clinical Fellow Appointments

The Board of Directors APPROVED by GENERAL CONSENT the New Clinical Fellow appointments to the London Health Sciences Centre for March.

4.6.4 Physician Executive Lead Interim Appointment

It was noted that the new leader has been approved by LHSC Medical Advisory Committee

The Board of Directors APPROVED by GENERAL CONSENT the appointment of Lauren Columbus as the interim Midwifery Department Executive from April 1, 2023 to October 1, 2023 or until such a time as a new Midwifery Department Executive is appointed, or until the report of the Incumbent Midwifery Department Executive, whichever comes first.

4.7 Professional Staff Overview

Dr. Mele reported that the Professional Staff in-person general meeting will be on April 5th. Information will be sent out to the Directors. It was noted that the survey to the professional staff has gone out seeking feedback and input on issues within the workplace, resources,

and wellness. The compiled feedback will be presented at the next Medial Advisory Committee meeting.

4.8 Governance and Transition Committee

Mr. M. Wilson submitted the Governance and Transition Chair's report to the record. An overview of the last meeting was given and the following was highlighted:

- Statements will be coming forward from the nominations for Vice Chair
- Recruitment of board members and community members is going on
- Updated skills matrix to be completed by all members

5.0 HEALTH CARE PARTNER UPDATE

5.1 London Health Sciences Foundation

Ms. Brown provided a financial update which indicated that the London Health Sciences Foundation has surpassed the revenue goal. Various events and lotteries were highlighted as well as a donor story, from a grateful family who donated to the liver transplant program and they continue to donate annually.

5.2 Children's Health Foundation

Mr. Fortnum provided a brief report on Mr. Morrill's behalf. The Foundation continues to track ahead of budget. He noted that the Wine, Women, and Shoes event will be on June 15th and he encouraged all members of the board to attend.

6.0 CONSENT AGENDA

The Board of Directors APPROVED by GENERAL CONSENT the Consent Agenda for the March 29, 2023 Board meeting, consisting of the recommendations found in Section 6

6.1 Minutes February 27, 2023

6.2 Resource and Audit Committee

6.2.1 2023/24 Insurance Coverage Report

6.2.2 Contract over \$5M Procurement Strategy HMMS03909 Renal Dialyzers

6.2.3 Contract over \$5M Procurement Strategy CW16247 Peritoneal Dialysis Products Request for Proposal Commitment

6.3 Governance & Transition Committee

5.3.1 Board Recognition Policy.

7.0 WRITTEN UPDATES

The following documents were entered into the record:
Lawson Board Monthly Report

8.0 ADJOURNMENT

The meeting was ADJOURNED by GENERAL CONSENT.

Recorded by:
L. Shanahan