

MEETING MINUTES OF THE BOARD OF DIRECTORS

Held, Wednesday, March 31, 2021 @ 1500 hours
By WebEx or by teleconference

Board Members Present by Teleconference:

Mr. J. Brock, Ms. L. Conley, Ms. K. Haines, Mr. L. McBride, Mr. K. Ross, Mr. B. Woods, Ms. C. Young-Ritchie (xo), Dr. S. McKay (xo), Ms. R. Choja, Mr. T. Marcus, Mr. M. Wilson, Mrs. R. Robinson, Ms. P. Retty (Chair-A), Mr. M. Hodgson, Mr. J. Wright, Dr. S. Pandey, Dr. Schleifer Taylor (CEO-I)(xo)

Board Member Regrets:

Healthcare Partners: R. Mikula, E. Johnson, J. Batch, G. Kernaghan=R, Dr. Yoo

Resources: T. Eskildsen, RA Conyngham, Consultant

R- Regrets

1.0 CALL TO ORDER

The meeting was called to order by P. Retty.

The Chair referred to the Conflict of Interest Policy and directed the Board, that should they feel that they or another member is conflicted on an item to bring it forward now or at the time of the item.

1.1 Patient Experience

The patient experience story was provided by the Children's Hospital Committee and demonstrates an example of a different pathway that can inform us from our patients and their families. This couple did not register a complaint with Patient Relations and are known to Patient Experience because of their interactions with the Family Resource Centre and its staff over several years that their son, has been cared for at the Children's Hospital. In 2019, Andrea was recruited to become a Patient Partner with the Patient Experience Team. As one of more than 100 patient partners at LHSC, her perspective will influence and inform LHSC's behavior through several engagement activities.

2.0 REVIEW OF AGENDA

The agenda of March 31, 2021 WAS APPROVED BY GENERAL CONSENT.

3.0 PRIORITY AGENDA

3.1 Response to the Pandemic Update

A brief update on the current LHSC response to the pandemic was provided. LHSC is currently at 92% occupancy. As of March 31, LHSC had 18 inpatients with a COVID diagnosis and LHSC will also be receiving some patient transfers from other hospitals to assist other centres nearing capacity. In the Province ICU numbers are at 421 and it was felt that the trending in the province was demonstrating a potential increase in patients with a COVID19 positive result.

4.0 RECOMMENDATIONS/REPORTS

4.1 Chair's Report

Ms. Retty reported the Joint Collaboration Committee has met and is engaged in the work to update the Joint Collaboration Agreement.

4.2 CEO Report

Ms. Schleifer Taylor submitted her report into record and the following points were noted:

- Effective April 1, 2021, the 14 former entities known as Local Health Integration Networks, all are moving into Ontario Health. This will not include service delivery for operations for home care, which will remain regionally. However, this transition marks the further integration of our legacy health system structures.
- The pending launch of the new LHSC payroll system was highlighted and acknowledgement of the work conducted by co-leads, Murray Doucette and Glen Kearns. Additionally, it was noted that the continuous partnership of Internal Audit at the table as advisors from the beginning of the project. Ms. Robinson requested that an overview of the project be provided at the People and Culture Committee at some point in the future.
- This is the last week of Nash Syed in an interim Vice President role at LHSC. Appreciation was extended to Nash for his interim leadership of the portfolios of the Children's Hospital and Women's Care over the past several months. His leadership of clinical areas, as well as the Access and Primary Care portfolios, has been seamless and noteworthy, and his contributions to the continuity of pandemic response, simply exemplary.

4.3 Quality and Performance Monitoring Committee

4.3.1 2021/22 Quality Improvement Plan

Mr. Brock provided a brief overview of the meeting and highlighted the discussion that ensued on the discharge summaries metric and the leadership's level of ability to influence improvement. It was reported that this work continues and that there have been some legal changes at the College of Physician and Surgeons which provide substantive incentive for physicians. Dr. McKay indicated that he felt positive that the metric was fair and reasonable and Medical Affairs and the MAC continue to work towards meeting and exceeding the target.

The Board of Directors APPROVED by GENERAL CONSENT that the Quality Improvement Plan (QIP) indicators and targets (as listed below), as well as the QIP Progress Report, Narrative Report and Workplan for 2021/22:

- Overall incidents of workplace violence (reports received from staff and providers) – target 760 reports
- Emergency Department wait time for an inpatient bed – target 17 hours
- Our People Wellness: Self-Perception of Stress (target 38%) and Self-Perception of Support (target 65%)
- Never Events & Falls with Significant Injury – collect baseline data
- Discharge Summaries available to primary care providers within 48 hours of patient discharge – target 65%

and that the following targets be equally weighted and tied to performance compensation;

1. ED Wait Time for an Inpatient Bed (Mandatory) – Time interval between the Disposition date/time and the date/time patient Left the Emergency Department (ED) for admission to an inpatient bed or operating room at the 90th percentile – 17.0 hours
2. Discharge Summaries Available to Primary Care Providers within 48 Hours of Patient Discharge – Target 65%
3. Wellness of Our People: Understanding the level of stress and feelings of support from leaders of our staff, physicians, learners, and volunteers – Target Stress 38%, Support 65%

4.3.2 Patient Safety Plan and Indicators

Mr. McBride, highlighted that the committee received the semiannual patient safety plan and indicators. The Patient Safety portfolio is in the process of developing the new Patient Safety plan for the 2021-2023 year. The draft will be presented to the Executive Leadership Committee and thereafter to the Quality and Performance Management Committee. While this plan is in development, the Patient Safety Team and overall hospital leadership has been working to ensure that patient safety is embedded in LHSC's evolving management and quality system and in alignment with the next cycle of accreditation readiness.

4.4 Finance and Audit Committee

Mr. Hodgson provided an overview of a recommendation that originally came to the Board of June 2021 of last year. The next phase of approval is the construction renovation project which is before the Board of Directors today for consideration.

4.4.1 CT Diagnostic Service Construction Renovation Project

The Board of Directors APPROVED by GENERAL CONSENT renovations and construction to support a PET CT in the amount of \$3,082,000 with a LHSC funded portion of \$1,962,000.

4.5 Medical Advisory Committee

Dr. McKay provided a short overview of the February Committee meeting discussions. In response to a question if there was anyone that has come through the credentialing assessment process and has not satisfied the nine different processes, it was noted that there were no concerns that came forward for the month of March

4.5.1. New Appointments to Professional Staff

The Board of Directors APPROVED by GENERAL CONSENT the Professional Staff new appointments for March 2021.

4.5.2 Clinical Fellow Appointments

The Board of Directors APPROVED by GENERAL CONSENT the new Clinical Fellow appointments to LHSC for March 2021.

4.5.3 Changes to Appointments to Professional Staff

The Board of Directors APPROVED by GENERAL CONSENT the Professional Staff appointment changes for March 2021.

4.5.4 March Ps Reappointment Report

The Board of Directors APPROVED by GENERAL CONSENT the March 2021 Professional Staff Application for Re-appointment.

4.5.5 Recommendation – Chief of Oncology

The Board of Directors APPROVED by GENERAL CONSENT that upon a signed letter of offer, the continued appointment of Dr. Karin Hahn, as the Interim City-wide chief of oncology effective April 1, 2021 to December 31, 2021 or until such a time as a new chief is appointed, whichever comes first.

4.5.6 Recommendation – Chief of Paediatrics

The Board of Directors APPROVED by GENERAL CONSENT the continued appointments of Dr. Ram Singh and Dr. Craig Campbell as the interim city-wide co-chiefs of paediatrics effective July 1, 2021 to June 30, 2022 or until such a time as a new chief is appointed whichever comes first.

4.6 Governance Committee

Mr. Wilson provided highlights from the Governance Committee meeting and summarized the discussion that occurred with Dr. Bill Sischek on the Chair/Chief Selection process that is part of the Western/LHSC Affiliation agreement. There was a further dialogue on the work ongoing to improve this

selection process so that it works better for all participants. This agreement will be before the Board later this term as it does have a significant impact on all three institutions.

4.7 Children's Hospital Committee

Ms. Conley provided highlights for the research update on genetics. There are approximately 5000 rare genetic diseases and the vast majority of these have their origin in childhood. Patients with rare genetic disease often have a long diagnostic odyssey, suboptimal care and face poor access to beneficial therapeutics either due to drug costs or regulatory limitations.

Genetics research is happening in three environs:

1. CHRI Basic Science
2. Medical Genetics Clinical Research
3. Molecular Genetics Diagnostic and Translational Genome Research

Further updates were provided on the response to the pandemic and that it continues to present gaps in equity and guidelines to support pregnant persons and further work is continuing in this area.

5 HEALTH CARE PARTNERS/BOARD REPORTS

5.1 London Health Sciences Foundation

London Health Sciences Foundation was pleased to report good yearend position despite the inability to have the Foundation in person events.

5.2 Children's Health Foundation

Children's Health Foundation reported that they were pleased to report a good year end position. It was noted that Children's Health Foundation will be starting the fiscal period in an excellent position with a recent \$1M pledge to the foundation. Children's health Foundation welcomes Kristina Stankevich, senior philanthropy officer.

5.3 Professional Staff Organization

Dr. Pandey reported that the Professional Staff Organization Annual General meeting is in the planning process is tentatively scheduled for June 2021. The Professional Staff Organization was pleased to provide bursaries for a number of physicians to attend the Canadian College of Physician Leadership Conference.

5.4 Western University

Dr. Yoo provided Western University update on the Medical Council of Canada qualifying examination and of that cohort graduating class, Western had 100% success rate. Western continues to pay very close attention to the quality of education being provided during this unprecedented time. There is a new initiative where our medical students are able to obtain masters degrees in a broad array of subject matters to provide opportunity to expand opportunities for Western Medical students. A new Office of Equity, Diversity and Inclusion (EDI) at Schulich Medicine & Dentistry will be opening soon, and be responsible for leadership, management, direction, and implementation on matters related to EDI, bias, anti-racism and Indigenous initiatives at the School. The portfolio encompasses the London and Windsor campuses and the distributed sites across Southwestern Ontario.

5.5 St. Joseph's Health Care, London

Mr. Batch provided an update that the St. Joseph's Health Care, London Board completed the budget for 2021/22 and it has been approved. Work continues on the strategic plan refresh and St. Joseph's will be reaching out to members of LHSC. Dr. Rotenberg was the successful candidate for two terms as Chair, Medical Advisory Committee, St. Joseph's Health Care, London.

5.5 Lawson Health Research Institute

Lawson reported on upcoming events including London health Research day scheduled for May 11, with key note Speaker, Andrew Au. Andrew Au is a global expert on digital transformation and its

impact on innovation. During the virtual event on May 11, he will share how emerging technologies are the catalyst for advancing health care, research and education. Lawson leadership also continues its work on the Operational Review recommendations and implementing those items.

6 CONSENT AGENDA

The Board of Directors **APPROVED** by **GENERAL CONSENT** the Consent Agenda for the March 31, 2021 Board meeting, consisting of the recommendations and reports found in Section 5 beginning on page 78:

6.1 Board of Directors Minutes – February 24, 2021

6.2 Finance and Audit Recommendations

- **2021/22 Hospital Service Accountability Agreement**
- **2021/22 Multi Sector Service Accountability Agreement**

6.3 Governance Committee Recommendation

- **Chair MAC/Vice Chair Role Description amendment**

7 WRITTEN UPDATES

7.1 2020/21 Hospital Service Accountability Agreement Compliance Report

7.2 2020/21 Multi Sector Service Accountability Agreement Compliance Report

7.3 Health Service Provider Transfer Order Notice

There were no comment or questions on the written updates.

8.0 ADJOURNMENT

The Open Board of Directors **MEETING** was **ADJOURNED BY GENERAL CONSENT**.

Recorded by:
T. Eskildsen

Phyllis Retty, Chair
LHSC Board of Directors