



**Lakeridge  
Health**

MINUTES OF THE OPEN MEETING OF THE LAKERIDGE HEALTH BOARD OF TRUSTEES HELD ON THURSDAY NOVEMBER 15, 2018 IN THE ACADEMIC HEALTH SCIENCES LIBRARY, LHEARN CENTRE, OSHAWA GENERAL HOSPITAL

Present: S. Cochran (Chair), M. Ashcroft, J. Beaton, S. Bhatia, B. Brady, T. Desamour, C. Fenn, B. Gray, S. Hardy, J. Innocent, A. Sethi, J. Somerville, G. Uens, M. Anderson, L. Motz, Dr. T. Stone, Dr. S. Trainor

Regrets: J. Clapp, C. Clarke Julien, S. Lal, W. Stephen, M. Ulanicki, Dr. Placide Rubabaza

1. **CALL TO ORDER: 5:00 p.m.**

1.1 Declaration of Conflict of Interest - S. Cochran for Item 2.3.2

1.2 Approval of Agenda

MOTION: It was MOVED by T. Desamour and SECONDED by J. Somerville to approve the Open Agenda for the Lakeridge Health Board of Trustees meeting held November 15, 2018.

CARRIED

1.3 Minutes of October 18, 2018 Open Board Meeting

MOTION: It was MOVED by C. Fenn and SECONDED by M. Ashcroft to approve the Open Minutes of the Lakeridge Health Board of Trustees meeting held October 18, 2018.

CARRIED

2. **CONSENT AGENDA – DECISION ITEMS**

2.1 Recommended by Governance Committee

2.1.1 Board Skills Matrix / 2019-20 Recruitment Process

MOTION: It was MOVED by T. Desamour and SECONDED by A. Sethi that the Board of Trustees approve the proposed process and timelines for the 2019/20 recruitment process.

CARRIED

2.2 Recommended by Quality Committee

2.2.1 Clinical Service Narrative - Surgery

MOTION: It was MOVED by B. Brady and SECONDED by M. Ashcroft that the Clinical Service Narrative – Surgery be accepted for information.

CARRIED

2.3 Recommended by Medical Advisory Committee

2.3.1 Department Chief Extensions

The recruitment of eight (8) Corporate Chiefs / Medical Directors (Psychiatry, Emergency Medicine & Critical Care, Medicine, Anesthesia, DI & Nuclear Medicine, Surgery, Laboratory and Pediatrics) is currently underway in a phased approach. There is an interest in ensuring continuation of leadership through to the implementation of the 'new' leadership model. It is expected that the process will result in some of the positions not being filled prior to the expiration date of the incumbent Chiefs' terms. It was noted that the Chief will continue to have accountability with ultimate accountability falling to the Chief of Staff.

MOTION: It was MOVED by J. Innocent and SECONDED by B. Gray that the Board of Trustees approve extensions of each of the eight (8) Chief positions, with each relevant Chief (and Transition Chief where appropriate) position expiring as the new Chief / Medical Director role is filled, but no later than March 31, 2019.

CARRIED

*MOTION: It was MOVED by A. Sethi and SECONDED by J. Beaton to pass the gavel from S. Cochran to S. Hardy*

2.3.2 Board Chair Approval of Chief Positions Outside of Board Meetings

MOTION: It was MOVED by J. Innocent and SECONDED by M. Ashcroft that the Board of Trustees delegate its authority to the Board Chair to appoint the new corporate Department Chief when it is deemed to be in the interest of Lakeridge Health in advancing its corporate goals and objectives.

CARRIED

*MOTION: It was MOVED by M. Ashcroft and SECONDED by B. Gray to pass the gavel from S. Hardy to S. Cochran*

3. **CONSENT AGENDA – INFORMATION ITEMS**

MOTION: It was MOVED by B. Brady and SECONDED by B. Gray to receive the Lakeridge Health Board of Trustees October 18, 2018 Consent Agenda Information Items 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7 and 3.8.

CARRIED

- 3.1 Board Chair Report
- 3.2 Chief Executive Officer Report
  - M. Anderson advised that the Economic Statement was released today – a more formal summary should be available tomorrow.
- 3.3 Chief of Staff Report
- 3.4 Volunteer Report
- 3.5 Quality Committee Draft Minutes – November 1, 2018
  - T. Desamour updated members on the key highlights from the Surgical Program’s presentation to the Quality Committee, e.g. the launch of the new Gynecological Oncology service, the strategies around recruitment and retention of OR nurses, strategies around quality of work life for Operating Room staff and physicians, and development of a Regional Musculoskeletal Platform for orthopaedic care.
  - The Q2 update for the Annual Business Plan, Scorecard and Enterprise Risk Management were also reviewed at the meeting.
- 3.6 Resources Committee Draft Minutes – November 2, 2018
- 3.7 Governance Committee Draft Minutes – November 1, 2018
- 3.8 Medical Advisory Committee Draft Minutes – October 23, 2018

4. **NEW BUSINESS**

4.1 New Hospital Land Acquisition Proposed Process & Timeline

J. Somerville, Acting Chair of Governance Committee provided the following update.

At the October 18, 2018 Board meeting the new hospital land acquisition proposed process and timeline was referred back to the Governance Committee for further discussion. Governance Committee discussed the item and its placement on the agenda. After discussion, the minutes were amended. However, notwithstanding the amendment, the item was presented in the open session as it describes an open and transparent process to choose a site for the new hospital, discussing it at the public session supports the Board’s philosophy of transparency with our community, and there was no information of a confidential nature.

LH has developed a rigorous and transparent site selection process modelled after that of Windsor Regional Hospital (which is considered the gold standard for site selection).

LH’s proposed process includes striking a Site Selection Committee and implementation of a formal site selection process. The Committee will oversee a public Request for Proposal process with fairness oversight to the Committee work. The Committee will oversee a public Request for Proposals for a 60-acre parcel of land following Broader Public Sector procurement requirements. Submissions would be evaluated based on the pre-determined evaluation criteria including location, servicing, access, etc. A public consultation period on the preferred site is also proposed. Based on the timelines for a new hospital, and the significant time it is expected to take to set up the committee and implement the process, work on this is expected to begin in Spring of next year.

MOTION: It was MOVED by J. Beaton and SECONDED by B. Brady that the Board of Trustees approve the Site Selection Committee process and implementation of the process in Spring 2019.

CARRIED

## 5. New Business

### 5.1 Annual Business Plan – Q2 Review

N. Hovey provided a Q2 update on the Annual Business Plan (ABP) to members.

The ABP is built on three (3) priorities – Engaging Patients and Our Team, Clinical Quality Improvement and Transformation. Supporting each priority are defined goals with specific indicators. 11 goals are identified in the ABP. The performance at the end of the second quarter is the following:

- 7 Green
- 2 Yellow
- 2 Red

The goals for each of the priorities and Q2 status is:

#### Engaging Patients and Our Team

- Improve the patient experience in our hospitals (green)
- Increase engagement of our team (yellow)
- Understand and improve workplace safety (green)

#### Clinical Quality Improvement

- Tackle wait times in our hospitals through internal and external partnerships (red)
- Provide extra support to our seniors (green)
- Implement select best practice initiatives (green)
- Ensure sustainability of our services (yellow)
- Advance system leadership in Mental Health and Addictions (red)

#### Transformation

- Position organization more strongly for the future (green)
- Create modern facilities to improve access (green)
- Drive clinical, policy and process standards across our Region (green)

Given the current performance after Q2, Lakeridge Health is on track to achieve many of the identified goals, creating a strong foundation for performance in future quarters. The overall risk level is identified as low.

A Board member asked in terms of readmits what has changed? There has been a fair amount of work regarding the standardization of care for patients by ensuring certain groups of patients have their follow-up care in the community arranged before discharge.

This year has been a foundation year for best practice initiatives under the Best Practice Spotlight Organization (BPSO). The hospital will see further improvements next year as investments in the initiatives takes place – there has been increased continuity of standards across the five hospitals.

### 5.2 Enterprise Risk Management – Q2 Review

L. Motz provided a Q2 update on Enterprise Risk Management (ERM) to members.

An overview of the ERM process was highlighted. Board reporting includes:

- March – report top risks to the appropriate Board Committee
- October – mid-year review – add / remove top risks
- January – alignment to annual ABP / QIP and update the risk register

The top risk recommended for removal is Re-opening of the Port Perry Hospital. LHPP re-opened on September 5, 2018 providing full service as expected.

The top risk recommended for addition is Longer Length of Stay (LOS) due to challenges with community and long term care capacity. The risk of long LOS of both acute and alternate level of care (ALC) patients contribute to patient care and community health risks.

2018/19 Top Risks (revised October 2018) include:

- Managing external relations and reputation
- Access to mental health services
- Critical value reporting
- Longer length of stay due to challenges with community and long term care capacity
- Sick time (short and long term)
- Workplace violence
- Cyber security
- Inadequate harmonization and standardization of operations, systems and controlled documents for all of LH

It was noted that significant headway has been made in embedding the language of ERM into everyday work – staff are becoming comfortable with it and have accepted the program. The rationale behind ERM is well understood.

A Board member asked whether the Bowmanville Helipad was a top risk. The helipad matter is managed by management and is not one of LH's top risks.

M. Anderson remarked that there has been impressive work with the We Care System and how the team has adopted this program. Quality Committees use the information obtained to drive quality agendas for improvement. This program has provided access to information LH has not had in the past.

**MOTION:** It was MOVED by J. Somerville and SECONDED by S. Hardy that the Board of Trustees approve:

- Removal of the Top Risk related to re-opening of Lakeridge Health Port Perry; and
- The addition of the Top Risk related to Longer LOS due to challenges with community and long term care capacity.

CARRIED

**6. MOTION TO MOVE IN-CAMERA**

**6.1 Motion to Move In-Camera**

It was MOVED by C. Fenn and SECONDED by J. Beaton to move in-camera.

CARRIED

6.2 Motion to Accept the Decisions Made In-Camera

It was MOVED by S. Hardy and SECONDED by B. Gray to accept the decisions made in-camera.

CARRIED

7. **OTHER BUSINESS**

6.1 Next Meeting Date – January 17, 2019

6.2 Adjournment

It was MOVED by A. Sethi and SECONDED by B. Gray to adjourn the Open Meeting.

CARRIED



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Sharon Cochran, Chair