



**Lakeridge  
Health**

MINUTES OF THE OPEN MEETING OF THE LAKERIDGE HEALTH BOARD OF TRUSTEES HELD ON THURSDAY MARCH 28, 2019 IN THE EDUCATION RESOURCE ROOM OF THE PORT PERRY HOSPITAL

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

Teleconference: T. Desamour

Regrets: J. Clapp, Dr. Placide Rubabaza, M. Ulanicki, G. Uens, W. Stephen,, C. Clarke Julian, B. Brady

Guests: Kent Farndale, Greg Banting, Nora Brookfield, Paul Griffen, Lorrie Houston, Marcia Parker, Ruth Spearing, Dale St. John, Lisa Edgar (R)

## 1. CALL TO ORDER

The Chair called the meeting to order at 5:15pm

### 1. Declaration of Conflict of Interest

### 2. Approval of Agenda

MOTION: It was MOVED by J. Somerville and SECONDED by B. Gray to approve the Open Agenda for the Lakeridge Health Board of Trustees meeting held March 28, 2019.

CARRIED

### 3. Minutes of January 17, 2018 Open Board Meeting

MOTION: It was MOVED by J. Innocent and SECONDED by B. Gray to approve the Open Minutes of the Lakeridge Health Board of Trustees meeting held January 17, 2018.

CARRIED

## 2. NEW BUSINESS

### 2.1 Surge Update

- T. McHugh updated members on Surge.
- As predicted, patient volumes across our hospital sites continue to be higher than normal. The occupancy rate is at 120% with 1011 total beds (including ED admits) in operation (budget 783).
- Most other CE LHIN hospitals are also experiencing similar levels of increased admissions. To accommodate this greater volume we have:
  - Maintained our ED overflow areas throughout the month of March
  - Expanded into non-traditional clinical areas to support the increase in volume

- We continue to work with our community partners to ensure strategies are in place to support patient transitions. Our 10 bed Carriage House transitional care project continues to be in place; we have transitioned 32 patients as of this week and will continue with the project beyond March 31<sup>st</sup>. Human resources and staffing is becoming increasingly difficult to manage. The topic of Surge; will be brought forward in June to the Board to discuss potential strategies/solutions for the upcoming fiscal year.
- It was also outlined that this situation has put an unprecedented strain on our financial situation, specifically it has eliminated any surplus for year-end, and significantly it has put a tremendous strain on team members in the form of overtime and other issues that have created stress for them.

## 2.2 Committee Chair Reports

### Governance Committee - Jeffery Somerville

- The Governance Committee will review the Privileged Staff By-laws on April 4<sup>th</sup> and bring this item forward to the April 18<sup>th</sup> Board of Trustees meeting.

### Quality Committee - Thelson Desamour

- Positive discussions have occurred at the Quality Committee on the development of the Annual Business Plan and Scorecards
- The Quality Committee commended the laboratory for implementing efficiencies in their department
- ALC rates are being tracked through the Quality Committee

### Resources Committee - Alok Sethi

- The Resources Committee focused much of their discussions on existing budget constraints
- The resource chair has discussed the employee survey, with several discussions on the positives and opportunities for improvement, and the high-level discussion with both external auditors (as per the minutes).

## 2.3 Recommended by Quality Committee

### 2.3.1 Annual Business Plan (ABP) Approval

**MOTION:** It was **MOVED** by S. Bhatia and **SECONDED** by J. Beaton that as recommended by the Quality Committee, Board of Trustees approves the 2019/20 Annual Business Plan and Scorecard.

**CARRIED**

### 2.3.2 Review and Endorsement of 2019/2020 QIP Submission (excluding executive compensation)

**MOTION:** It was **MOVED** by S. Bhatia and **SECONDED** by M. Ashcroft that as recommended by the quality committee, the Board of Trustees approves the 2019/2020 Quality Improvement Plan (narrative and work plan) and 2018/19 Progress Report.

**CARRIED**

## 2.4 North Durham Community Advisory Panel Presentation

- The North Durham Community Advisory Panel presented to the Board of Trustees on topics such as Mental Health, Virtual Care, Improving Communication, System Capacity and Access to Care.

#### Mental Health

- Mental Health: Lakeridge Health has been working hard to address rising mental health and addictions issues across Durham Region.
- Mental health issues including dementia and depression can be seen within seniors, particularly those experiencing social isolation. Seniors' health has been previously identified as a priority for the North Durham CAP due to the growing seniors' population within the rural community.

#### Virtual Care

- Given the rural landscape of the North Durham community, the North Durham CAP is supportive of the continuity and expansion of virtual care and technology use, including access to virtual care services from home, leading to enhanced patient experience.

#### Improving Communication

- Additionally, other hospitals have demonstrated examples of strong communication with patients following discharge, including personal phone calls with targeted questions and the availability of a 'hotline' to address emerging concerns.
- There is an opportunity for Lakeridge Health to improve communication as a whole, which would lead to increased patient experience.

#### System Capacity

- Additional services are necessary and should focus on helping seniors stay in their homes longer and include facilitating transitions from hospital to home. The fostering of partnerships between providers and expanding community and home care services should be prioritized.
- The prospect of repurposing existing buildings such as schools for health-care related housing opportunities should be further explored to leverage existing institutions and maximize system savings

#### Access to Care

- Lakeridge Health will be implementing kiosks in the Emergency Department
- Opportunity to consider if kiosks can be used to help people make an informed choice and redirect patients to alternate settings when appropriate, particularly in Port Perry where options are available across the street from the hospital

### 3. CONSENT AGENDA - DECISION ITEMS

#### 3.1 Recommended by Resources Committee

##### 3.1.1 Bowmanville Expansion - Stage 1 Approval

- The highest-ranking option positions the new 'L' shaped in-patient building closer to Liberty Street. The key drivers of this ranking were the higher degree of compatibility with urban design principles and good connectivity with the existing East and South.
- Preliminary discussions with the Municipality of Clarington also indicate support for the preferred option subject to continued refinement as the design process progresses. It is recommended that this design option form the basis of the Bowmanville Hospital Redevelopment Stage 1 submission to the MOHLTC.
- The design and detailed logistical components will be refined in collaboration with the Municipality of Clarington.

MOTION: It was MOVED by B. Gray and SECONDED by J. Somerville that as recommended by the Resources Committee, the Board of Trustees approves of the Bowmanville Hospital Stage 1 Submission, including

preferred Site Design Option, for submission to the Ministry of Health and Long-Term Care.

CARRIED

### 3.1.2 Tender Award - Ajax Pickering Hospital Mental Health Inpatient Unit Project

- Ajax Pickering Hospital. The MOHLTC announced support to reopen a Mental Health inpatient unit at the hospital in 2017. In considering the renovation work needed, the MOHLTC required that Lakeridge Health follow the MOHLTC capital planning process. The MOHLTC has reviewed and approved Lakeridge Health's Stage 1, 2, 3 and 4.

MOTION: It was **MOVED** by J. Beaton and **SECONDED** by S. Hardy that the Board of Trustees supports the Award of Tender for the inpatient mental health unit renovation and construction as part of the Stage 4.2 submission to Dineen Construction at a Total Construction Cost of \$1,874,000 (exclusive of HST).

CARRIED

## 3.2 Recommended by Governance

### 3.2.1 Board Evaluation GCE Survey and Committee Effectiveness Tool

- In alignment annual process to evaluate the effectiveness of the Board of Trustees and associated Board Committees, utilizing the following evaluation tools:
  - Governance with good governance and best practice, Lakeridge Health participates in an
  - Centre of Excellence (GCE) **Board Self-Assessment Tool** from the Ontario Hospital Association (OHA) which evaluates the effectiveness of an organization's Board; and
  - **Committee Effectiveness Tool** is used to evaluate all Board committees to ensure they have met the goals, objectives, and work plan activities that were approved by the Board of Trustees.

MOTION: It was **MOVED** by A.Sethi and **SECONDED** by B. Gray that as recommended by the Governance Committee the Board of Trustees approves the utilization of the Governance Centre of Excellence (GCE) Board Self-Assessment Tool and the Committee Effectiveness Tool and timelines for evaluation.

CARRIED

## 2. Nominating Process, Board Membership Strategy

- It is recommended that the nominations committee identify at least two candidates for the Board.

MOTION: It was **MOVED** by C. Fenn and **SECONDED** by S. Bhatia that as recommended by the Governance Committee the Board of Trustees proceed with the process and candidate profile outlined for the 2019/20 recruitment cycle.

CARRIED

## 3. Strategic Plan Communications and Engagement

- The Strategic Plan will come forward to the Board in April 2019.
- The public launch of the Strategic Plan will take place in June 2019 at the Annual General Meeting (AGM). At the AGM, we will introduce new communications tools reflecting the

Strategic Plan as well as a refreshed web site homepage, marketing collateral materials, and a robust media, government and community engagement, and social media campaign.

MOTION: It was MOVED by J. Innocent and SECONDED by B. Gray that as recommended by the Governance Committee the Board of Trustees approves the engagement approach for the launch of the Strategic Plan.

CARRIED

#### 3.2.4 COS / CEO Performance and Evaluation Process

- It is recommended that the CEO and CoS would present their final PAAD results to the Board Chair and a PAAD results summary to the Governance Committee. Governance Committee would undertake the evaluation, review results (based on above structure) and make a recommendation on performance to the Board for approval.

MOTION: It was MOVED by J. Innocent and SECONDED by B. Gray that as recommended by the Governance Committee the Board of Trustees approves proceeding with a formalized process that aligns CEO/CoS performance and evaluation with the standardized organizational approach for all Lakeridge Health Leaders.

CARRIED

#### 3.2.5 Board Recognition and Naming Policy

- Advancing the policy to include recognition and naming enables the organization to expand fundraising opportunities to help fund vital infrastructure capital projects and/or recognize individual or group contributions that have significantly improved the quality of life and advanced the health care system for those served by Lakeridge Health.

MOTION: It was MOVED by J. Innocent and SECONDED by C. Fenn that as recommended by the Governance Committee, the Board of Trustees approves the revisions to the Hospital Recognition and Naming Policy.

CARRIED

### 3. Recommended by Medical Advisory Committee

#### 3.1. Appointment of Dr. Neeraj Bajaj, Chief of Psychiatry

- Dr. Neeraj Bajaj was the successful applicant in the recruitment/selection process for the corporate position of Chief of Psychiatry and Medical Director of Mental Health and Addictions Program in the evolved leadership model - and has agreed to assume this position effective March 1, 2019 for a 5-year term.

MOTION: It was MOVED by A. Sethi and SECONDED by: B. Gray that based on the delegation of authority authorized by the Board, Sharon Cochran approved Dr. Bajaj's appointment on behalf of the Board on February 28, 2019.

CARRIED

#### 3.2. Adjustments in Leadership Positions Resulting from the Appointment of a Corporate Chief - Obstetrics & Gynecology

- Dr. Athaide has an active obstetrics and gynecology practice in Whitby. He is highly involved in various capacities at the regional and provincial levels, including current roles as Board member of the OMA, Chair of the Board for OntarioMD and Past President of the Durham Medical Society.

MOTION: It was MOVED by Jeff Somerville and SECONDED by S. Hardy that the Board of Trustees approves the termination of transitional Ajax Pickering Site Obstetrics and Gynecology Chief and Legacy Lakeridge Health Chief of Obstetrics and Gynecology positions, effective February 1, 2019.  
CARRIED

3.3. Adjustments in Leadership Positions Resulting from the Appointment of a Corporate Chief - Medicine

- Outside of LH, Dr. Zaidi is a member of the Editorial Board for the Journal of Gastroenterology & Hepatology and has done consulting and advisory work with the private sector. In support of the LH Academic Mandate, Dr Zaidi is actively involved as a clinical researcher at LH. Demonstrating his belief in life-long learning, Dr. Zaidi has completed numerous Physician Leadership Institute Courses

MOTION: It was MOVED by J. Beaton and S. Bhatia that the Board of Trustees approves the termination of the Transitional Ajax Pickering Site Medicine and Medicine Chief and Legacy Lakeridge Health Chief of Medicine positions, effective April 1, 2019

CARRIED

MOTION: It was MOVED by A. Sethi and SECONDED by B. Gray that the Board of Trustees approve to allow the Board Chair to proceed with the termination of the Transitional Ajax Pickering Site Chief and Legacy Lakeridge Health Chief positions following the appointment of the respective Chief.

CARRIED

4. CONSENT AGENDA - INFORMATION ITEMS

MOTION: It was MOVED by M. Ashcroft and SECONDED by B. Gray to receive the Lakeridge Health Board of Trustees March 28, 2018 Consent Agenda Information Items 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9 and 4.10.

CARRIED

- 4.1 Board Chair Report
- 4.2 Chief Executive Officer Report
- 4.3 Chief of Staff Report
- 4.4 Volunteer Report
- 4.5 Quality Committee Draft Minutes - February 7, 2018
- 4.6 Quality Committee Draft Minutes - March 7, 2018
- 4.7 Resources Committee Draft Minutes - March 1, 2019
- 4.8 Governance Committee Draft Minutes - February 7, 2019
- 4.9 Medical Advisory Committee Draft Minutes - January 22, 2019
- 4.10 Medical Advisory Committee Draft Minutes - February 26, 2019

5. MOTION TO MOVE IN-CAMERA

5.1 Motion to Move In-Camera

It was MOVED by B. Gray and SECONDED by J. Innocent to move in-camera.

CARRIED

5.2 Motion to Accept the Decisions Made In-Camera

It was MOVED by C. Fenn and SECONDED by J. Innocent to accept the decisions made in-camera.

CARRIED

6. OTHER BUSINESS

6.1 Next Meeting Date - April 18, 2019

6.2 Adjournment

It was MOVED by J. Somerville and SECONDED by B. Gray to adjourn the Open Meeting.

CARRIED

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Sharon Cochran, Chair

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