

MINUTES OF THE OPEN MEETING OF THE LAKERIDGE HEALTH BOARD OF TRUSTEES HELD ON THURSDAY, April 16, 2020 BY TEAMS

Voting Members:					
P	Sharon Cochran, Chair	P	Thelson Desamour	P	Alok Sethi
P	Shane Hardy, Vice Chair	P	Carion Fenn	P	Jeff Somerville
P	Jeff Beaton	P	Ben Gray	P	Glen Uens
P	Shashi Bhatia	P	Judeline Innocent	P	Marek Ulanicki
P	Barb Brady	P	Tom McCulloch	P	Janice Wye Baker
P	Cordelia Clarke Julian				
Others Members:					
P	Susan deRyk (Ex Officio)	R	Dr. Placide Rubabaza (Ex Officio)	P	Dr. R. Wax (Ex Officio)
P	Leslie Motz (Ex Officio)	P	Dr. T. Stone (Ex Officio)	P	S. McKenna, Recorder
Guests: Dr. Dan Ricciuto, Infection Prevention & Control					
P= Present R=Regrets TC= teleconference					

1. CALL TO ORDER: 5:06 p.m.

1.1 <u>Declaration of Conflict of Interest</u> - none

1.2 Approval of Agenda

MOTION: It was MOVED by A. Sethi and SECONDED by B. Brady to approve the Open Agenda

for the Lakeridge Health Board of Trustees meeting held April 16, 2020.

CARRIED

1.3 Minutes of March 26, 2020 Open Board Meeting

MOTION: It was MOVED by B. Gray and SECONDED by C. Fenn to approve the Open Minutes

of the Lakeridge Health Board of Trustees meeting held March 26, 2020.

CARRIED

2. **NEW BUSINESS**

2.1 COVID-19 Pandemic Plan Update

Dr. Dan Ricciuto was present to participate in the COVID-19 Pandemic Plan update to the members of the Board of Trustees.

A briefing was provided to the members.

COVID-19 case numbers on a Global, National, Provincial and Durham Region level were provided. There are just over 2M cases globally in over 210 countries. The spread of the virus is increasing in some parts of the world and is past the peak in other areas such as China and South Korea. Some areas which were first affected by COVID-19 are contemplating easing restrictions and have experienced some resurgence in cases when they removed control measures too quickly (Singapore).

The highest number of cases in Canada is in Quebec, followed by Ontario. Across Canada Long-Term Care (LTC) homes and retirement homes are particularly vulnerable and are experiencing a high number of deaths.

The rate of daily increase in cases in Durham Region has moderated over the past week. Lakeridge Health has planned for severe, moderate and mild scenarios for additional inpatient and ICU beds required. The organization, at this point in time, is at the mild scenario. Capacity planning model is based on epidemic curves and assumptions from other jurisdictions and is adjusted based on our regional population.

Lakeridge Health's PPE supply strategies include innovative procurement, a PPE donation drive in collaboration with the Foundations, conservation, preparing for potential reprocessing of N95 masks, and research into equivalent PPE. PPE needs to meet standards to ensure proper filtration, fluid resistance and protection from impact. The organization has implemented a new PPE tracker which takes into consideration inventory, current burn rate, current census and approved PPE alternatives.

Lakeridge Health Team wellness initiatives include:

- Employee Assistance Program is available 24/7
- For privileged staff, the OMA's Physician Health Program is offering BaseCamp which is a virtual wellness support network for physicians
- Healthy You Hub (on the WAVE and available via new COVID-19 Information Site) –
 mental health and wellness resources to assist team members during the pandemic:
 - > Free telephone therapy
 - Physician Health Program
 - Coping with stress
 - Discounts
- Childcare Services for health care and frontline team members in Durham Region
- Benefits programs available to frontline health professionals
- Donations can be directed to your local Lakeridge Health hospital and will support three priorities: resources to improve patient experience, medical equipment and care items for our hospital team members
- Leadership Wellness Taskforce established to develop strategies and principles to optimize the resiliency of our administrative, clinical and physician leaders.

Virtual care has expanded significantly in the hospitals with a Virtual COVID Assessment Clinic, Virtual Ambulatory Clinics, Virtual Consults and Virtual Connections for patients / families.

Communication platforms include weekly virtual Team Town Halls, COVID-19 site and web pages providing information, weekly briefings with key elected officials, weekly Letter to the Community, multilingual materials, patient letters, print media and social media.

Board members asked the following questions:

Q – The Minister of Health assured everyone that we have enough equipment – which is a different message than hospitals are giving. Why is there 'mixed talk'?

A – Lakeridge Health, like all hospitals, is diligently searching across many countries and purchasing PPE. There are challenges with closed borders and quantity; however at present, there is sufficient supply. Donations have been received from various sources and the hospital is grateful for these many supporters.

Q – With an anticipated \$25,000 daily loss to the organization during this COVID-19 period, what areas are impacted within the organization?

A – The revenue not realized during the slowing of operations during March Break, Parking revenue, ongoing training by organizations hosted in the LHEARN Centre, and preferred accommodation rates on inpatient units.

Q – Testing – challenges with capacity, what is our strategy to address and are swabs or tests the issue?

A – Lakeridge Health's strategy is that we will take any testing capacity we can obtain from the Ministry of Health and Ontario Health – we are currently provided an allotment but would be agreeable for more. There is a desire to ramp up testing for Phase 2 of the pandemic – we do require the Province's guidance in this initiative.

Q – At the last Board meeting information was provided that a supply of PPE was in transit – did we receive it and how does that supply link into our inventory?

A – Lakeridge Health did receive 300,000 surgical masks which are being tested to ensure they meet our standards. It was also noted that there is another expected flight of supplies on its way shortly.

Q – With regard to the SWAT team visiting LTC homes, is Lakeridge Health providing training or working with the home?

A – IPAC is providing an assessment of each home. As some of our current inpatient units have seen a decrease in activity, there are experts in geriatrics lending assistance to the homes.

Q – When recovery begins, what is the plan and steps to move forward?

A – Virtual opportunities – incremental successes with multiple virtual tools to ramp further up; a recovery plan is being developed being very measured and cautious.

Q - Is there more that the Board can assist with in the LTC home situation?

A – Dr. Stone is working closely with Dr. R. Kyle, Medical Officer of Health, Durham Region. As LTC is a separate Ministry, legislation for managing the outbreaks is being taken into

consideration. Lakeridge Health is a willing partner to offer help in the outbreak situation. Ontario Health is also working on legislation to enable further opportunities for assistance.

Q – Has there been any push back in the hospital moving ALC patients to LTC homes in the current environment?

A – In the last few days transfer of ALC patients to LTC homes or retirement homes is no longer viable. Lakeridge Health may be able to transfer this patient population to homes where there is no outbreak. Plans are currently paused with transitional care homes but we will continue to look for other opportunities.

Q – Is Lakeridge Health pursuing the opportunity of securing plasma from COVID-19 recovered patients to help treat other patients?

A – Immune therapy is only being used in extreme circumstances. It was also noted that this virus is spread in droplets – not aerosol – you are not at risk to go outside for fresh air and exercise.

Q – If ALC patients create an issue with capacity through the COVID-19 pandemic, what are our alternatives / solutions if we reached worst case scenario?

A – Alternative solutions are being researched, e.g. hotel space – we could move patients into floors of a hotel equipping and staffing as if it were a hospital room. Lakeridge Health does not see external tents or arenas as viable space at this time.

2.2 Recommended by Governance Committee

2.2.1 <u>Nominations Approach Update</u> (for information)

An SBAR was pre-circulated in the agenda package providing information on the Nominations approach for the vacancies within the Board of Trustees. Vacancies were identified and the required skill sets were noted so that the Board can function effectively and make decisions appropriately while ensuring alignment with best practice. Lakeridge Health continues to utilize the Skills Matrix which outlines information regarding the skills and attributes of Board members including length of service and term and dates, as well as each member's self-assessed top three skills. Recruitment will be based on the attributes aligned with the IDE framework. Preference for the upcoming recruitment year will be given to candidates with any of the following attributes:

- Resides in Oshawa;
- Addresses an identified skill gap;
- Is an Indigenous person; and
- Is female.

In alignment with the Board of Trustees recommendation to maintain a 17-person Board, two vacancies would need to be filled over a three-year term.

Members were advised that six applications have been received. The Nominations Committee will make recommendations at the May 7, 2020 Governance Committee meeting. Shortly thereafter a Special Board meeting will be scheduled to confirm the Slate.

2.2.2 Annual General Meeting Update

An SBAR was pre-circulated in the agenda package providing an update on the Annual General Meeting. The 2019/20 Annual General Meeting (AGM) for Lakeridge Health is scheduled for Thursday, June 18, 2020, and as in previous years was expected to be a large community event and celebration of the organization's achievements.

On March 11, the World Health Organization declared COVID-19 a global pandemic and on March 16, the Ontario Ministry of Health implemented enhanced public health measures to help contain the spread of COVID-19. These measures include avoiding large gatherings of more than 50 people.

Consequently, Lakeridge Health is seeking legal advice on options for holding an AGM including timing, virtual voting and retention of retiring or introducing new Board Members should a delay be required.

Lakeridge Health's current Administrative By-laws state that the AGM will be held in June each year and that members must attend in person to be eligible to vote.

Governance Committee will make a recommendation on the 2019/20 AGM at its May meeting in keeping with any provincial directive and further legal advice.

2.3 <u>Board Committee Reports</u>

- A. Sethi, Chair, Resources Committee highlighted:
 - Resources Committee did not meet in April; however it was noted that
 correspondence was received from the LHIN advising that Lakeridge Health has been
 granted a waiver to run a deficit for 2019/20. The LHIN will require an update at the
 end of Q2 for 2020/21.
- J. Somerville, Chair, Governance Committee highlighted:
 - Significant discussion took place regarding the Lakeridge Health & DMHS voluntary integration. A number of non-Governance Committee Board members participated in that portion of the meeting; and
 - Peer Review feedback was discussed good responses and suggestions for moving forward.
- T. Desamour, Chair, Quality Committee highlighted:
 - COVID-19 Update was provided to the members present;

- Clinical presentations were received from Emergency, Critical Care and Mental Health
 & Pinewood Centre Programs;
- Annual HIROC Update was received; and
- Very High Risk Update was presented.
- J. Beaton, Medical Advisory Committee Board representative highlighted:
 - COVID-19 Update was provided to members present;
 - Amendment to Credentialing Policy allows flexibility of physicians through the pandemic; and
 - Performance issue guidelines discussed.

2.4 <u>CEO Recruitment Update</u>

The Recruitment Committee will be meeting in May and will advise the Board on a timeline after that meeting.

3. Consent Agenda – Decision Items

3.1 Recommended by Governance Committee

3.1.1 Durham Mental Health Services & Lakeridge Health – Due Diligence Update

MOTION: It was MOVED by J. Innocent and SECONDED by G. Uens that the Board

of Trustees, upon approval by the LHIN and the Corporate Membership, approve the integration with the Durham Mental Health Services by

way of statutory amalgamation.

CARRIED

4. Consent Agenda – Information Items

MOTION: It was MOVED by C. Clark Julien and SECONDED by J. Wye-Baker to receive the Lakeridge Health Board of Trustees March 26, 2020 Consent Agenda Information Items 4.1, 4.2, 4.3, 4.4, 4.5, 4.5.1 and 4.6.

CARRIED

- 4.1 Board Chair Report
- 4.2 Chief Executive Officer Report
 - A Board member asked if there was anything more the Board could do to strengthen
 one of the standards not 100% met regarding the Accreditation and appeal process. It
 was noted by management that there is a Patient and Family Advisor sitting on the
 Quality Committee to enhance the experiences brought forward to that Committee.
 This will be further discussed at an upcoming Quality Committee meeting.
- 4.3 Chief of Staff Report
- 4.4 Governance Committee Draft Minutes April 2, 2020
- 4.5 Quality Committee Draft Minutes April 2, 2020
 - 4.5.1 Clinical Services Narratives Emergency Program, Critical Care Program and Mental Health & Pinewood Centre Program
- 4.6 Medical Advisory Committee Draft Minutes March 24, 2020

5. MOTION TO MOVE IN-CAMERA

5.1 <u>Motion to Move In-Camera</u>

It was MOVED by M. Ulanicki and SECONDED by S. Hardy to move in-camera.

CARRIED

5.2 <u>Motion to Accept the Decisions Made In-Camera</u>

It was MOVED by G. Uens and SECONDED by J. Wye-Baker to accept the decisions made incamera.

CARRIED

6. **OTHER BUSINESS**

- 6.1 Next Meeting Date May 21, 2020
- 6.2 Adjournment

The 2019-20 Board Work Plan was provided for information.

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

CARRIED

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Sharon Cochran, Chair