



MINUTES OF THE OPEN MEETING OF THE LAKERIDGE HEALTH BOARD OF TRUSTEES HELD ON THURSDAY,
OCTOBER 15, 2020 BY MICROSOFT TEAMS

Voting Members:					
P	Sharon Cochran, Chair	P	Thelson Desamour	P	Nancy Shaw
P	Shane Hardy, Vice Chair	P	Carion Fenn	R	Bill Sims
P	Jeff Beaton	P	Ben Gray	P	Jeff Somerville
P	Shashi Bhatia	R	Judeline Innocent	P	Marek Ulanicki
P	Barb Brady	P	Tom McCulloch	P	Janice Wye Baker
P	Cordelia Clarke Julien	P	Alok Sethi		
Others Members:					
P	Susan deRyk (Ex Officio)	P	Dr. Placide Rubabaza (Ex Officio)	P	Dr. R. Wax (Ex Officio)
P	Colleen Wilkinson (Ex Officio)	P	Dr. T. Stone (Ex Officio)	P	S. McKenna, Recorder
Guests: Kirsten Redmond, Organizational Development Consultant					
P= Present R=Regrets TC= teleconference					

1. CALL TO ORDER: 5:07 p.m.

S. Cochran welcomed Sharon Lee Smith, Interim Executive Vice President & Chief Transformation Officer to the Lakeridge Health Team.

1.1 Declaration of Conflict of Interest - none

1.2 Approval of Agenda

MOTION: It was MOVED by C. Clarke Julien and SECONDED by C. Fenn to approve the Open Agenda for the Lakeridge Health Board of Trustees meeting held October 15, 2020.

CARRIED

1.3 Minutes of September 17, 2020 Open Board Meeting

MOTION: It was MOVED by J. Wye-Baker and SECONDED by N. Shaw to approve the revised Open Minutes of the Lakeridge Health Board of Trustees meeting held September 17, 2020 as circulated to the Board of Trustees on October 15, 2020.

CARRIED

2. NEW BUSINESS

2.1 COVID-19 / Capacity Plan Update

S. deRyk and Dr. T. Stone presented a COVID-19 / Capacity Plan update to the members of the Board of Trustees.

Lakeridge Health is planning for Wave 2. There is new data which is informing the scientific findings and being released to assist in reshaping planning. In recent days there has been a resurgence of positive cases. Public Health measures have been more targeted in certain areas of the province – modified Stage 2 in Toronto, Peel and Ottawa for the next twenty-eight days. There has been verbal confirmation from the government for \$4.7M for an additional twenty-four medical/surgical beds beginning November 1, 2020 to fiscal year-end to assist with the expected increased activity.

There are new COVID-19 testing guidelines which prioritize tests for symptomatic individuals, targeted and high-risk populations, and by appointment only. Planning is underway for increased processing capacity by 50,000 per day by mid-October. There are also plans to introduce new testing methods once approved by Health Canada. There are approximately 1,000 tests per day being completed in Durham Region testing centres.

Analysis regarding symptom onset to positive case contact in Durham Region was prepared showing a total of 9.93 days. This timeline is too long and needs to be lowered to 3 – 4 days.

Updates were also provided highlighting: ongoing monitoring of PPE supplies, flu shots became available beginning October 14, there has been temporary enhanced wages for Personal Support Workers, a pop-up drive-through COVID-19 Assessment Centre was opened in Whitby and the plan is to open another in Ajax.

Discussion took place regarding the backlog of surgical cases and timeframe to resolve the buildup. In September the Ministry of Health advised hospitals to submit by October 13 specific plans to address regional wait lists. Lakeridge Health has completed considerable analysis and developed a proposal which should significantly address the wait time issues.

2.2 Diversity & Equity Committee: Survey Report & Preliminary Recommendations

Dr. J.P. Rubabaza, K. Burgomaster and K. Redmond facilitated the survey report and preliminary recommendations discussion.

A recap of activities the Diversity & Equity Committee has undertaken to date was provided to the Board members. Over 1,800 Lakeridge Health team members completed the survey resulting in 111,000 individual data points. The goal of the survey was to identify the issues and opportunities for change to ensure an inclusive workplace, free from racism and discrimination as well as to help understand the demographics at Lakeridge Health. Recommendations will consider inclusion, diversity and equity structures within the organization, processes, protocols, leadership development opportunities, and training and education programs to encourage an inclusive workplace.

Next steps include the development of the final report, including additional data sources, virtual focus groups, discussions with the Board, confidential 1:1 conversation(s) with a plan to present final recommendation at the November 19 Board of Trustees Retreat.

A Board member asked whether there were any comparators in other organizations we could draw on for our final report. The response included that the work has been robust and that

other organizations have been contacted and included in the draft report. Lakeridge Health has been intentional in the steps to address the issues and the results and recommendations will be meaningful to the organization.

2.3 Recommended by Resources Committee

2.3.1 Q1 Clinical Information System (CIS) – Implementation & Budget

In June 2019 the Board of Trustees approved \$79.2M in CIS capital expenditures for the organization. Lakeridge Health subsequently arranged a bond for \$100M to finance the capital costs of the CIS. As the project has progressed, the capital budget for Lakeridge Health is now projected to be \$98.7M, including a contingency of \$3.5M. The Foundations have indicated that they can provide some support for end-user devices, which would provide an offset to the capital costs and is not currently factored in. The increase to the capital budget includes increase to project costs and three items that were not factored originally (Interest on the bond, hosting, and an additional contingency).

This is a unique implementation of a CIS in Ontario. The implementation builds on the experience of other organizations who are live with Epic and has been guided by Deloitte's considerable experience in the field.

Implementing a shared system across the Central East Hospital Cluster, specifically in both relatively small and large hospitals, requires various workflows and system customization across the various partners. The Regional Governance model and working groups have supported a coherent implementation and provides the flexibility to continually enhance the system throughout the full five-year implementation cycle.

The Implementation Flight Plan has five stages:

- Pre-Work
- Workflow Walkthrough and System Build
- User and System Readiness
- Wave 1: Training and Go-Live
- Post-Live and Wave 2 Go-Live

Lakeridge Health is in the User and System Readiness stage. This stage is from June 1, 2020 – February 26, 2021.

Board members discussed the increased costs to the project and whether the Risk should be re-evaluated from Moderate to High. It was agreed that Resources Committee will further discuss whether the risk factor should be adjusted in the Enterprise Risk Management tool. As well, management will engage in discussions with Deloitte on the increased costs to the project.

It was also noted that there may be local support to approach the government for some additional funding for the regional project.

MOTION: It was MOVED by A. Sethi and SECONDED by T. McCulloch that as recommended by the Resources Committee, the Board of Trustees approves an increase in the capital project budget by \$19.5M, including a \$3.5M contingency for a revised capital budget of \$98.7M.

CARRIED

2.4 Recommended by Governance Committee

2.4.1 Board Member Evaluation Process

In support of the approach for a high-performing organization, Lakeridge Health participates in an annual process to evaluate the effectiveness of the Board of Trustees and associated Board Committees, utilizing the following tools:

- Governance Centre of Excellence (GCE) Board Self-Assessment Tool
- Committee Effectiveness Tool
- GCE Peer Evaluation
- GCE Self-Evaluation

The Governance Committee is recommending the following proposed timeline for the Board member evaluation process:

- Peer Evaluation (for members in the second year of their first or second term) – January 2021
- Self-Evaluation – March / April 2021
- Committee Effectiveness Tool – May / June 2021
- Board Self-Assessment Tool – Fall 2021

MOTION: It was MOVED by C. Clarke Julien and SECONDED by B. Brady that, as recommended by the Governance Committee, the Board of Trustees approve the process for Board evaluation.

CARRIED

2.5 Board Committee Reports

C. Clarke Julien, Chair, Governance Committee highlighted:

- Long Term Care Home Governance Model Structure – work is ongoing with BLG to provide a comprehensive risk matrix and environmental scan to the Governance Committee meeting on November 4. This information will enable the Committee to make an informed decision on the Governance model by January 2021. Peer hospitals are currently within the negotiation phase with their preferred proponents.
- DMHS – Lakeridge Health Voluntary Integration – the voluntary integration was formalized on October 1, 2020. As a result, all DMHS employees became Lakeridge Health employees on that date. A robust communications plan was carried out for the team and community. Next steps of the integration will include Community Mental Health & Addictions Director recruitment, continued orientation for the DMHS team, servicing mapping between DMHS and Pinewood Addiction Services, and ongoing community engagement.
- Board of Trustees Mini-Retreat – the approach to the upcoming November Board Retreat was discussed. The goal of the Retreat is to enable the Board to outline and

develop an action plan for inclusion, diversity and equity, address anti-black racism, anti-indigenous and disability/accessibility issues in the community. Dr. T. Stone will also present on the physician performance initiative / framework.

A. Sethi, Chair, Resources Committee highlighted:

- Plexxus – Resources Committee received the annual presentation and update on the organization’s path to functional excellence. The Committee noted that there were no material issues identified.
- Jerry Coughlan Health and Wellness Centre Update – Ministry of Health requirements for the typical staged Capital Approvals process, Pre-Capital Submission endorsed by Ontario Health East (CE LHIN) is under review by the Ministry; and Stage 1 and 2 Submission to be issued to the Ministry in early October.
- DMHS – Lakeridge Health Voluntary Integration – the H.R. Team was congratulated for doing an amazing job with the integration. The energy level and excitement has been great with the DMHS staff as they transition to Lakeridge Health.

C. Fenn, Chair of Quality Committee highlighted:

- Well attended Board Quality / Patient & Family Experience Advisory Committee (PFEAC) Joint meeting on October 1, 2020.
- Presentations highlighted the many areas of progress that have been achieved within the Emergency Departments since the Joint meeting last year.
- Trillium Health Partners, who conducted a peer-led review of the Emergency Departments in the Fall 2019, validated the organization’s efforts to implement the recommendations of the previous Patient Experience Panel recommendations, and concluded that the report has been substantially implemented and should be celebrated.

J. Beaton, Board member representative for the Medical Advisory Committee highlighted:

- CIS – a monthly update was provided to the members of MAC.
- Performance Planning – Goal Setting – ongoing discussion and support for the performance planning process for leaders.
- Quality Improvement Partnership – Dr. Sheila Laredo, Chief Medical Advisory at the College of Physicians and Surgeons of Ontario gave a brief overview of the new Quality Improvement Partnership initiative that the CPSO has developed.
- Contingency Plan for Illness – Dr. Ricciuto and his IPAC team will be supporting departments in developing a contingency plan for physician illness and coverage through the pandemic.
- Passport to Safety – MAC has approved mandatory completion of the passport to safety education modules for physicians.

3. **Consent Agenda – Decision Items**

3.1 Recommended by Resources Committee

3.1.1 2020/21 Budget Amendments

MOTION: It was MOVED by B. Gray and SECONDED by S. Hardy that as recommended by the Resources Committee, the Board of Trustees approves an amendment to the 2020/21 budget resulting in the following:

- 1) A decrease in overall revenue of \$1.7 million resulting in a revised budget of \$665.2 m and;
- 2) A decrease in overall expenses of \$1.7 m resulting in a revised budget of \$665.2 m.

CARRIED

3.2 Recommended by Governance Committee

3.2.1 Hospital Corporation General Membership Campaign

MOTION: It was MOVED by S. Bhatia and SECONDED by T. Desamour that as recommended by the Governance Committee, the Board of Trustees approves holding the annual membership campaign from January 11, 2021 to February 26, 2021 and that the cost of the annual membership be set at \$10.00.

CARRIED

4. **Consent Agenda – Information Items**

MOTION: It was MOVED by M. Ulanicki and SECONDED by T. McCulloch to receive the Lakeridge Health Board of Trustees October 15, 2020 Consent Agenda Information Items 4.1, 4.2, 4.3, 4.4, 4.5, 4.6 and 4.7.

CARRIED

4.1 Board Chair Report

- Board Chair Letter to Oshawa Hospital Volunteer Auxiliary
- Board Chair Letter to Bowmanville Hospital Volunteer Auxiliary

4.2 Chief Executive Officer Report

- Board Education Calendar

4.3 Chief of Staff Report

4.4 Governance Committee Draft Meeting Minutes – October 7, 2020

4.5 Resources Committee Draft Meeting Minutes – October 2, 2020

4.6 Quality Committee & Patient and Family Experience Advisory Joint Meeting – October 1, 2020

4.7 Medical Advisory Committee Draft Meeting Minutes – September 22, 2020

CARRIED

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

5.1 Motion to Move In-Camera

It was MOVED by S. Hardy and SECONDED by T. Desamour to move in-camera.

CARRIED

5.2 Motion to Accept the Decisions Made In-Camera

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

CARRIED

6. **OTHER BUSINESS**

6.1 Next Meeting Date – November 19, 2020

6.2 Adjournment

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

CARRIED

m. Sharon Cochran

Sharon Cochran, Chair