



MINUTES OF THE OPEN MEETING OF THE LAKERIDGE HEALTH BOARD OF TRUSTEES HELD ON THURSDAY,  
JANUARY 21, 2021 BY MICROSOFT TEAMS

Voting Members:					
P	Sharon Cochran, Chair	P	Thelson Desamour, Vice Chair	P	Nancy Shaw
P	Shane Hardy, Vice Chair	P	Carion Fenn	P	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 Julian	P	Alok Sethi		
Others Members:					
P	Cynthia Davis (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
P= Present R=Regrets TC= teleconference					

1. **CALL TO ORDER: 5:02 p.m.**

Sharon Cochran, Board Chair introduced and welcomed Cynthia Davis as the new President & Chief Executive Officer of Lakeridge Health.

1.1 Declaration of Conflict of Interest - none

1.2 Approval of Agenda

MOTION: It was MOVED by J. Somerville and SECONDED by J. Beaton to approve the Open Agenda for the Lakeridge Health Board of Trustees meeting held January 21, 2021.

CARRIED

1.3 Minutes of November 19, 2020 Open Board Meeting

MOTION: It was MOVED by J. Wye-Baker and SECONDED by C. Fenn to approve the Open Minutes of the Lakeridge Health Board of Trustees meeting held November 19, 2020.

CARRIED

2. **NEW BUSINESS**

2.1 COVID-19 Vaccine Distribution

C. Wilkinson provided an update on vaccine distribution to members.

Priority populations include:

- Long-term care and retirement home residents, staff & essential caregivers

- High/moderate risk hospital team

#### Vaccine Clinic (Oshawa Hospital)

- Capacity for 600 vaccines/day

#### Mobile Vaccination Team

- All Long-term care homes complete
- 14 retirement homes complete

#### ALC Vaccination Team

- Inpatients who are ALC long-term care and ALC to high risk retirement homes over the coming week

Everyone who has received a first dose will receive a second dose. Delays in second doses is not anticipated to be for a period longer than 30 days which is consistent with direction from Ontario's Chief Medical Officer of Health.

## 2.2 Community Advisory Panels Report to the Board

Paul Griffen and Barb Brady, Co-Chairs of the North Durham Community Advisory Panel highlighted:

- Two new members were welcomed to the North Durham CAP – Kelly La Rocca, Chief, Mississaugas of Scugog Island First Nation and Sydney Lloyd, a lawyer practicing family law in Port Perry;
- Terms of Reference have been revised;
- Meetings have been restructured to facilitate discussion on Lakeridge Health issues;
- Inclusion, diversity and equity discussions have begun;
- A Lakeridge Health corporate update was provided to the members;
- The Port Perry Hospital Foundation advised members of the various activities they are engaged in to support the Port Perry Hospital;
- The CAP received a Mental Health & Addictions Program update from Rob Adams, Durham Mental Health Services and Paul McGary, Director of Lakeridge Health's Mental Health & Addictions Program. It was noted that there is a gap in mental health crisis support services in North Durham and focused work to begin to address this gap has begun; and
- Communication and the process for providing feedback from a patient experience point of view was also a topic of discussion.

Judi Longfield and Jeff Somerville, Co-Chairs of the Oshawa / Whitby Community Advisory Panel highlighted:

- Members received a comprehensive CEO update, a formative presentation on inclusion, diversity and equity roll-out and transformative projects that are happening in the organization at the December CAP meeting;
- Three new community members were welcomed to the group and it was noted that the CAP is now diverse in representing the community and energized moving forward;
- Presentations from Chris Jones, Director Critical Care & Emergency Department highlighting how COVID-19 has impacted the organization; and Paul McGary, Director

Mental Health & Addictions informed members on the voluntary integration between Lakeridge Health & Durham Mental Health Services and the provision of care during the pandemic.

- Work ongoing regarding inclusion, diversity and equity was also presented at the December CAP meeting; and
- The CAP is striving to enable a more collaborative approach in setting the agenda and facilitate interactive participation and input from their CAP members to allow for greater discussion.

Sally Barrie and Sheila Hall, Co-Chairs of the Clarington Community Advisory Panel highlighted:

- The Panel received an update regarding the Bowmanville Hospital redevelopment project which will result in an expansion of approximately 100 beds;
- Members were made aware of a \$2.5m Planning Grant received by Lakeridge Health for the continuation of the redevelopment work;
- The Bowmanville Hospital Helipad project also received government funding for the temporary relocation to the Haines Street site during the hospital redevelopment work. At the completion of the redevelopment work, a new helipad will be built on top of the new patient wing;
- Detailed planning activities and formal engagement of stakeholders will begin in January 2021; and
- Dr. Ricciuto provided a detailed presentation on COVID-19 and an overview of the available vaccinations.

Tom Batchelor and Carion Fenn, Co-Chairs of the Ajax Pickering Community Advisory Panel highlighted:

- Dr. Ricciuto provided a detailed update on COVID-19 prevention, testing, and challenges with second wave;
- Ramona Visser, Patient Care Manager shared experiences faced with frontline workers in the Emergency Department due to the pandemic;
- The CAP has been focused on ensuring the group is representative of the community they represent;
- Work is ongoing to update the CAP on AODA and accessibility standards;
- Establishing a framework to have members participate in community events to enhance engagement in the community at large;
- The CAP was provided an update on inclusion, diversity and equity work ongoing in Lakeridge Health;
- It was noted that the Ajax Pickering CAP is deeply active and committed to getting involved in all of the capital projects happening at the Hospital, including the mental health beds being added to the facility;
- Long-term the CAP is very focused on ensuring there is further development on the Ajax Pickering Hospital site and substantially increasing the bed capacity.

All Community Advisory Panel members joining the Board meeting this evening were thanked for their representation and commitment to the communities Lakeridge Health serves.

Dr. A. Stone advised that the objective of the presentation today is to give the Board members an overview of the strategies designed to support and improve physician quality of care provided at Lakeridge Health and to provide an overview of performance management. The Board of Trustees is accountable to appoint and reappoint members of the privileged staff based on recommendations from the Medical Advisory Committee (MAC). The Board may revoke, suspend or restrict privileges, at any time, based on recommendation from MAC.

Privileged staff performance management is shifting to occur within the framework of a just culture. A just culture approach started in the airline industry in order to reduce safety incidents and spread to other industries. A just culture approach has spread to the health industry in order to improve patient safety. In a just culture it is understood that people function within systems designed by our organization, and both the organization and its people are held accountable for their actions and choices. Patient safety is improved by empowering individuals to proactively monitor the workplace and participate in safety efforts, and the goal is to ensure balanced accountability for individuals and the organization responsible for designing and improving systems.

Performance improvement is a fundamental goal and accountability of MAC. The performance management guidelines were formally launched in March 2020 to support physician leaders in managing the quality and performance of their department members. The guidelines are aligned with the Privileged Staff By-Laws.

A Performance Management tool was implemented in January 2020 to support use of the guidelines. This tool provides Department Chiefs with a standardized approach to manage performance issues in real time.

Evolving strategies to support performance management and quality of care include leveraging the capabilities of Epic to support quality improvement and expansion of the Placemats (which support Program and Division planning) as a tool to support oversight and improvement that is aligned with the Quadruple Aim (simultaneously improving the patient experience of care, the provider experience in delivering care, reducing cost/increasing value, and improving the health of the populations we serve).

Board members had the following questions:

How is this tool designed to look at metrics around the appropriate use of hospital resources to ensure the sustainability of programs going forward? The strongest support of this tool will be EPIC and the Placements which support the Quadruple Aim. A key metric in cost of care is utilization related to the resources provided by the system. The intent is to build key utilization metrics into the Performance Measurement Tools. Data needs to be utilized by individual programs.

Other than privileging what are some of the levers to drive performance change? Choosing the right people is key and a focus on performance improvement to improve patient safety and quality with a clear learning system.

In the event that something has to come before the Board, is there a particular length of time before that happens? No, there is no prescribed timeline in legislation – each individual event has a particular avenue to follow – for severe events immediate action would be undertaken.

What is the general acceptance of the Performance Management Tools and Guidelines for the physician community? The tools and guidelines are heavily used by physician leaders to build out strategies and to increase awareness amongst the privileged staff.

#### 2.4 Board Committee Updates

Alok Sethi, Chair of Resources Committee provided the following update:

- Reviewed the October financial statements;
- Discussion of the sinking fund strategy model;
- Received information of the Bowmanville Hospital Planning Grant of \$2.5m for the hospital redevelopment and helipad relocation;
- Received information regarding Ministry of Health requirement of the capital approval process with respect to the Jerry Coughlan Health & Wellness Centre;
- Discussion regarding people management and vacancy recruitment;
- Received a CIS update; and
- Robust discussion regarding 2021/22 operating budget.

Cordelia Clark Julien, Chair of Governance Committee provided the following update:

- AGM has been scheduled for June 17, 2021 – virtual, in-person and hybrid models are being considered;
- Local Health Care Hero Award recipients discussed;
- Peer Evaluations – approaching soon – members will receive information / links to complete;
- Inclusion, Diversity, Equity and Accessibility (IDEA) – the Governance Committee approved a time limited, ad-hoc sub-committee called IDEA which will focus solely on the development of a community Board action plan. The action plan will be presented to the Board in June 2021;
- Skills Matrix / Board Succession Planning – increase Board complement by one for 2021/22 Board year and what succession planning looks like going forward; and
- Long-term Care Ownership Structure & Governance Options – addressing outstanding questions regarding options of the governance structure – recommendation to come forward at the March Board meeting.

Carion Fenn, Chair of Quality Committee provided the following update:

- Clinical presentations were received from the Medicine Program and the Infection Prevention & Control Program;
- Received information on CIHI's Your Health System Public Reporting Refresh;
- Family Presence Update – supporting patients and families through COVID-19 Visitor Guidelines was received;
- The 2020/21 Q1 Statement of Claims was received;

- The 2020/21 Q1/Q2 Patient Experience Report: Patient and Family Feedback Summary was received – a number of initiatives are underway to improve patient and family experiences;
- Update was received on Sunnycrest Nursing Home; and
- Elective Orthopedic tray report was received.

Jeff Beaton, Board representative on the Medical Advisory Committee provided the following update:

- Effective November 23, 2020 the organization entered a new stage of Family Presence;
- An environmental scan was completed to benchmark what other organizations are doing in terms of enhanced PPE and what could be improved;
- There are ~ 180 order sets required for the CIS “Go Live” – the work is well underway;
- CIS training for physicians will involve a mix of e-learning and in-person education; and
- Critical Incidents process – reported, appropriately managed and investigated, however MAC will be reviewing further once other departments have signed off on the review.

### 3. Consent Agenda – Decision Items

#### 3.1 Recommended by Resources Committee

##### 3.1.1 Sinking Fund Strategy for Debenture Repayment

MOTION: It was MOVED by A. Sethi and SECONDED by T. McCulloch that as recommended by the Resources Committee, the Board of Trustees approves for fiscal year 2020-21 that the amount of \$2.088 M in cash be allocated to the voluntary sinking fund for the bond. (At current interest rates if the same payment were to be made equally over the 40-year bond term, it would fund the principle of the bond due upon maturity). The amount will be set aside in a separate bank account by March 31, 2021.

CARRIED

#### 3.2 Recommended by Governance Committee

##### 3.2.1 2020/21 Annual General Meeting

MOTION: It was MOVED by C. Clarke Julien and SECONDED by B. Brady that as recommended by the Governance Committee, the Board of Trustees approves the timing and the approach for the upcoming 2020/21 AGM.

CARRIED

##### 3.2.2 Board Evaluation: Governance Centre of Excellence Survey Results

MOTION: It was MOVED by J. Beaton and SECONDED by S. Bhatia that as recommended by the Governance Committee, the Board of Trustees approves that the Governance Committee develop, document and report on an action plan to the Board in Spring 2021 to address the survey results including:

- Continue to advance development and succession planning for both the CEO and CoS as per the Terms of Reference; and

- Support in-depth and ongoing continuing education for Board of Trustees

And, further that the Chairs and Vice-Chairs of Resources Committee and Quality Committee work with management to further define reporting on financial and quality performance variances and bring forward recommendations to the Governance Committee for endorsement for Board approval in keeping with the Spring 2021 timelines.

CARRIED

### 3.2.3 Skills Matrix / Board Succession Planning

MOTION: It was MOVED by T. Desamour and SECONDED by N. Shaw that as recommended by the Governance Committee, the Board of Trustees approves the process and candidate profile outlined for the 2021/22 recruitment cycle.

CARRIED

### 3.2.4 Peer Evaluation

MOTION: It was MOVED by J. Somerville and SECONDED by T. Desamour that as recommended by the Governance Committee, the Board of Trustees approves the process and the timelines for peer evaluation cycle.

CARRIED

### 3.2.5 Inclusion, Diversity & Equity Report and Recommendations

MOTION: It was MOVED by S. Hardy and SECONDED by M. Ulanicki that as recommended by the Governance Committee, the Board of Trustees approves endorsing the recommendations (Appendix A) as outlined in the Inclusion, Diversity and Equity Report finalized in November 2020.

CARRIED

### 3.2.6 Inclusion, Diversity & Equity – Board Retreat Next Steps

MOTION: It was MOVED by S. Hardy and SECONDED by J. Beaton that as recommended by the Governance Committee, the Board of Trustees approves:

- The establishment of an ad hoc single purpose time-limited IDEA Committee to support the development of an action plan to address IDEA in the community;
- The Terms of Reference for the IDEA Committee; and
- The composition of the IDEA Committee including the proposed Chair.

CARRIED

(It was noted that members of the IDEA Committee did not participate in the moving of the motion or the vote)

### 3.2.7 Board Policies Review

MOTION: It was MOVED by B. Gray and SECONDED by B. Sims that as recommended by the Governance Committee, the Board of Trustees approves the modifications to the following seven (7) Board policies:

- B1-30 Board Policy Development and Review Policy

- B2-110 Non-Voting Directors Policy
- B4-30 Board Performance Reviews and Appraisals Policy
- B4-80 – Application Process for Board of Trustees Policy and Procedures
- B6-40 CEO and CoS Appointment, Evaluation, Compensation and Succession Planning Policy
- B7-20 Review and Approval of Human Research at Lakeridge Health
- B7-30 Organ and Tissue Donation Policy

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 November 19, 2020 Consent Agenda Information Items 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8 and 4.9.

CARRIED

4.1 Board Chair Report

4.2 Chief Executive Officer Report

4.3 Chief of Staff Report

4.4 Volunteer Report

- The Volunteer Report was pulled for further discussion. Volunteer Services have been considerably affected by the pandemic. Volunteers are missing their work and their social interactions with each other and the hospitals. Financially the groups are not able to raise money – which will have significant impact to the funds they have committed to raise for various pieces of equipment, student scholarships, patient support, etc. There is not likely to be funds to contribute to the hospitals this year and perhaps longer. Suggestion was made for the Resources Committee to consider the financial component as well as the human resources dynamic with this group of valued volunteers. As well, perhaps the hospital Foundations could assist. Other suggestions included a virtual presence online with their gift shops, as well as a story for media to cover, e.g. the volunteer population and their inability to do the work they value as well as places for people to donate.

4.5 2020-21 Budget Update

4.6 Resources Committee Draft Meeting Minutes – December 4, 2020

4.7 Governance Committee Draft Meeting Minutes – January 13, 2021

4.8 Quality Committee Draft Meeting Minutes – December 3, 2020

4.9 Medical Advisory Committee Draft Meeting Minutes – November 24 and December 15, 2020

CARRIED

The Community Advisory Panel members were thanked for their participation and were excused from the Open Board of Trustees meeting.

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

5.1 Motion to Move In-Camera

It was MOVED by A. Sethi and SECONDED by B. Brady to move in-camera.

CARRIED

5.2 Motion to Accept the Decisions Made In-Camera

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

CARRIED

6. **OTHER BUSINESS**

6.1 Next Meeting Date – March 25, 2021 (subsequently rescheduled to March 18, 2021)

6.2 Adjournment

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

CARRIED

*m. Sharon Cochran*

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Sharon Cochran, Chair