



# Lakeridge Health

## MINUTES OF THE OPEN MEETING OF THE LAKERIDGE HEALTH BOARD OF TRUSTEES HELD ON THURSDAY, MAY 13, 2021 BY MICROSOFT TEAMS

Voting Members:					
P	Sharon Cochran, Chair	P	Thelson Desamour, Vice Chair	P	Nancy Shaw
P	Shane Hardy, Vice Chair	R	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)	R	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: 5:55 p.m.

#### 1.1 Motion to Approve the Items Discussed and Decisions Made In-Camera

MOTION: It was MOVED by J. Wye-Baker and SECONDED by J. Somerville to approve the items discussed and decisions made in-camera.

CARRIED

#### 1.2 Declaration of Conflict of Interest – T. McCulloch declared a conflict of interest for Item 3.2.1 and will abstain from the vote on the motion

#### 1.3 Approval of Agenda

MOTION: It was MOVED by N. Shaw and SECONDED by M. Ulanicki to approve the Open Agenda for the Lakeridge Health Board of Trustees meeting held May 13, 2021.

CARRIED

#### 1.3 Minutes of April 15, 2021 Open Board Meeting

MOTION: It was MOVED by S. Hardy and SECONDED by S. Bhatia to approve the Open Minutes of the Lakeridge Health Board of Trustees meeting held April 15, 2021.

CARRIED

### 2. NEW BUSINESS

## 2.1 COVID-19 & Vaccination Update

Dr. T. Stone and C. Wilkinson provided an update to members.

Current situation at Lakeridge Health, the Region of Durham and the Province of Ontario was provided. Dr. Stone noted the COVID-19 ICU activity throughout Waves 1, 2 and 3 with Wave 3 having significant increase. Cases are decreasing earlier and faster than projected but will only reach February levels under the best case scenario. Trending across Ontario was also noted. Work has begun to plan a recovery process for the organization once COVID-19 numbers have decreased.

First dose of vaccine across Ontario has significantly improved with more vaccine availability.

At present, Lakeridge Health is working through Phase 2 Populations as guided by the Ministry of Health:

- 40 years +
- Essential workers who cannot work from home
- All high risk health conditions
- Hotspot clinics running in each MOH-identified postal code
- Support provided to family health teams across Durham
- Shortened second dose intervals for defined populations
- 30 years of age and older (week of May 17)
- 18 years of age and older (week of May 24)

## 2.2 Board Committee Updates

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

- March Financial Statements were discussed – year-end audit is being finalized;
- HIROC provided their annual review;
- A Team Wellness strategy update was discussed with respect to COVID-19 – many initiatives happening across the organization to thank colleagues;
- Ajax Pickering Long-Term Care parking structure – a motion will be provided under the Consent Agenda – For Decision;
- Sustainability Plan was reviewed and further updates will be provided to the Committee;
- CIS – negotiations are being finalized with Teknicor; agreement with Amazon Web Services is finalized.

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

- Board Chair / Treasurer Review – in consultation with Board members, it was determined that the existing Board evaluation tools will be used to review both the Board Chair and Treasurer – as well, Board members were reminded to fill out the evaluation tools that have been provided by e-mail – due date is May 14;
- Annual General Meeting – scheduled for June 17, 2021 at 6:00 – 7:00 pm via a Zoom/ LUMI virtual platform;
- Local Health Care Hero Award for two years will be presented;

- Policy Review Update – five policies were reviewed and approved.

Christine Nuernberger, Management support of the Quality Committee provided the following update:

- Critical Care and Emergency leadership shared their program update and highlighted their work during the COVID-19 response at the recent Quality Committee meeting;
- Update on the Public Reporting Refresh through CIHI on an annual basis;
- An update on the CIS Project was provided;
- Q4 ERM update was shared with members of the Quality Committee;
- Robust conversation regarding advancing patient and family storytelling.

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

- MAC has been meeting weekly through the middle of April to end of May;
- Implementation of a Mandatory Declaration Form of Vaccination - MAC has endorsed the mandatory declaration of vaccine status, and if a LH team member is unvaccinated, a mandatory education module with a second opportunity to declare status.
- Vaccine Confidence Campaign – MAC endorsed implementing a campaign to address vaccine hesitancy; physician leaders have signed a letter encouraging all team members to get vaccinated;
- Critical Care Surge - the numbers are escalating in Critical Care. Dr. Soliman discussed strategies being used and those that are in development to mitigate the expected surge;
- Extended Privileges in Pediatrics – MAC endorsed granting extended privileges in Pediatrics to Family Medicine Obstetricians and Midwives.

### 2.3 2020.21 Corporate Scorecard – Hand Hygiene

The Corporate Scorecard was provided to each of the Board Committee meetings in May. The targets for each indicator were noted with seven green, 3 yellow and 3 red.

Dr. G. Buldo advised Board members on the ongoing work surrounding hand hygiene. It is noted that management views hand hygiene as a success story and anticipates continued improvement going forward.

1. The best estimates of true Hand Hygiene adherence according to published Ontario and international studies are around 30% (consistent with our starting point 30-40%) (recognize e.g. 200 opportunities per day per CCU patient).
2. Historically published rates (of 80-90%) have been demonstrated to grossly overestimate the true rate due to direct observation and the Hawthorne Effect (observation) (and falling to 30% when blinded).

In the above respects, Lakeridge Health is similar to everyone else.

How we differ at Lakeridge Health:

3. Our teams are committed to improving the TRUE Hand Hygiene rate, and have aligned with leading peer organizations in Infection Control (UHN, St. Mikes, Sunnybrook, Sinai, MGH etc.) to advance performance and have had several publications to date.
4. Our joint E-monitoring pilot study demonstrated improvement from baseline rate around 40%, quickly to 50% and then above 60% in early pandemic, on par with our leading research peers (20/21 overall 64%).
5. In our commitment to continuous quality improvement, we have re-established Hand Hygiene focus; potential next steps include expansion of e-monitoring/RFID, as we actively pursue the outcome of reduced Hospital Acquired Infection.

### 3. **Consent Agenda – Decision Items**

#### 3.1 Recommended by Resources Committee

##### 3.1.1 Ajax Pickering Long-Term Care Home – Parking Structure Financing Options

MOTION: It was MOVED by T. McCulloch and SECONDED by A. Sethi that as recommended by the Resources Committee, the Board of Trustees approves that the funding of the construction of the parking structure proceed using own funds.

CARRIED

#### 3.2 Recommended by Governance Committee

##### 3.2.1 Nominations Committee Update

MOTION: It was MOVED by J. Wye-Baker and SECONDED by N. Shaw that as recommended by the Governance Committee, the Board of Trustees approves Tom McCulloch and Ijade Maxwell Rodrigues as the successful (elected) candidates and Peter Hobb as the (appointed) Foundation representative for the 2021-22 Lakeridge Health Board of Trustees.

CARRIED

T. McCulloch abstained from the vote

##### 3.2.2 Annual General Meeting (AGM) Update and Local Health Care Hero Award Recognition

MOTION: It was MOVED by C. Clarke Julien and SECONDED by S. Bhatia that as recommended by the Governance Committee, the Board of Trustees approves the approach for the upcoming 2020/21 Annual General Meeting.

CARRIED

##### 3.2.3 Policy Review Update

MOTION: It was MOVED by T. Desamour and SECONDED by J. Beaton that as recommended by the Governance Committee, the Board of Trustees approves the modifications to the Board Policies outlined below:

- B3 - 10 Board and Committee Annual Goals and Objectives
- B3 – 23 Perquisites Policy
- B4 – 90 Board Chair Selection Process Policy & Procedures
- B5 – 10 Open Board Meeting Policy
- B6 - 60 Management Appointment to Other Boards Policy & Procedures

CARRIED

3.3 Recommended by Quality Committee

3.3.1 2020/21 Q4 Enterprise Risk Management (ERM) Update

MOTION: It was MOVED by J. Somerville and SECONDED by M. Ulanicki that as recommended by the Quality Committee, the Board of Trustees approves that the oversight of the Critical Results Reporting Risk change from the Board of Trustees to the Senior Management Team.

CARRIED

4. **Consent Agenda – Information Items**

MOTION: It was MOVED by T. McCulloch and SECONDED by T. Desamour to receive the Lakeridge Health Board of Trustees May 13, 2021 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
- 4.2 Joint Chief Executive Officer and Chief of Staff Report
- 4.3 Resources Committee Draft Meeting Minutes – May 7, 2021
- 4.4 Governance Committee Draft Meeting Minutes – May 5, 2021
- 4.5 Quality Committee Draft Meeting Minutes – May 6, 2021
- 4.6 Medical Advisory Committee Draft Meeting Minutes – April 15, 21, 27, 2021
- 4.7 IDEA Committee Draft Meeting Minutes – April 16 and May 6, 2021

5. **OTHER BUSINESS**

5.1 Next Meeting Date – June 17, 2021 (Board Meetings & AGM)

5.2 Adjournment

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

CARRIED

*M. Shawn Colbran*

