



MINUTES OF THE BOARD OF DIRECTORS MEETING

Thursday, December 1, 2022

5:30 – 7 p.m.

Col. Irene Stickland Centre, Birchmount Site, 3030 Birchmount Road
Virtual – Microsoft Teams

Present:

Matt Ainley, Chair	Ruth Woods	Catharine Whiteside	Lianne Jeffs	Jay Kaufman
Al Kiel	Ali Suleman	Gale Rubenstein	Karen Webb	Diane Sinhuber
Krishan Suntharalingam	Dr. Luigi Castanga	Dr. Elaine Yeung	David Graham	Glyn Boatswain
Gabriel Granatstein	Joseph Lo			

Guests:

Dr. Adriana Carvalhal	Alicia Vandermeer	Cory Bryan
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Regrets:

Michele Goddard	Dr. Cindy Wang
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Recording Secretary:

Christine Pember

1. CALL TO ORDER and DECLARATION OF CONFLICTS OF INTEREST

M. Ainley called the meeting to order at 5:30 p.m. No conflicts of interest were declared.

2. LAND ACKNOWLEDGEMENT

The land our hospitals are standing on today is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. I also acknowledge that Toronto is covered by Treaty 13 signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.

3. APPROVAL OF CONSENT AGENDA

MOTION: THAT the Board of Directors approve the consent agenda as circulated.

- Agenda
- Minutes of June 9, 2022
- Minutes of October 6, 2022

CARRIED

4. BUSINESS ARISING FROM THE MINUTES

There was none.

5. COMMITTEE REPORTS

5.1 Report from the Finance, Audit, Infrastructure and Technology Committee

K. Suntharalingam spoke to the work of the committee.

The SHN 2023 Audit Service Plan for the year ending March 31, 2023 has been compared to the 2022 Audit Services Plan to determine if there are any material changes to the previous KPMG-provided plan. Based on this review, a revised standard for identifying and assessing the risks of material misstatement was identified as a material change to the report.

The committee fully endorsed the audit plan presented and recommends Board approval.

MOTION: THAT the SHN Board of Directors approve that KPMG be paid \$137,000 for 2022/23 external audit services;

THAT the Board accept the KPMG 2023 Audit Service Plan as presented; and

THAT the Board delegates responsibility to management to approve variance in fees at a maximum of 20% related to unforeseen conditions.

CARRIED

The CEOs of the participating Central East organizations have agreed on the need to consider what would constitute the most appropriate governance structure going forward based on the CIS project, as the existing agreement does not explicitly contemplate how the shared instance will be managed, operated, and led following go-live. Two options were evaluated and an analysis was provided of the unanimous recommendation made by the CEOs of the Cluster following the evaluation of the two options; overview of the work undertaken with respect to analysis of the harmonized sales tax across the Lead Hospital model and varying models of NewCo. The Committee recommends that the Board approve the legal and governance structure for the Central East shared clinical information system. It was noted that any additional costs with the HST are more than offset by efficiencies.

MOTION: THAT the Board of Directors, as recommended by the Finance, Audit, Infrastructure & Technology Committee, approve the NewCo-Full Transition Model as the legal and governance structure for the Central East Shared Clinical Information System.

CARRIED

Scarborough Health Networks' operating results for the seven months ending October 31, 2022 at the Hospital Service Accountability Agreement I(H-SAA) level which excludes net building amortization is a deficit of \$7.2M and a bottom line deficit of \$13.2. Management is in active discussions with Ontario Health East (OH-E) regarding strategies to mitigate the projected deficit.

On an annual basis, the H-SAA requires SHN to complete a Hospital Annual Plan Submission (HAPS). Planning assumptions are utilized in the evaluation of hospital performance.

The following Infrastructure updates were provided:

- Birchmount redevelopment is in early stages and plans are on target;
- Site work for Bridletowne will start in Spring of 2023;
- Submissions for State 3.1 and 3.2 for the dialysis project at Centenary and General will be submitted in January;
- Groundbreaking for Diagnostic Imaging at Centenary scheduled on December 13;

- Centenary Emergency redevelopment progressing as planned;
- Education Centre for SAMIH in planning stages at Centenary; and
- Birchmount Emergency Department project will be impacted by the new direction on the broader redevelopment strategy as it will no longer be an interior renovations project but part of the new tower construction.

A Resource Management Plan is being developed for Birchmount Phase 1A by looking at skills sets and resources that are required internally as well as services and resources required externally.

5.2 Report from the Quality Committee

L. Jeffs spoke to the work of the Committee and provided highlights of the report.

The terms of reference and work plan were brought back and will be presented to the Governance Committee for Board endorsement at their next meeting.

Dr. E. Yeung provided the Committee with an update on plans for the winter months in terms of maintaining quality of care and surgical activity as high-volume pressures across the health system are expected which will be further challenged by a resurgence of the usual circulating respiratory viruses, a more challenging RSV season, COVID-19 and the early arrival of the flu season.

Despite the submission of a 2022/23 Quality Improvement Plan being (QIP) voluntary, SHN developed a QIP with indicators based on Ontario Health's key priorities. There are a number of indicators in the QIP that are also included in the Corporate Balanced Scorecard (CBS). The Committee receives monthly updates on the CBS.

Nursing Sensitive Adverse Events are monitored around outcomes measures and an update will be provided at the next meeting as to how SHN compares to its peers with respect to these events.

The Committee heard about SHN's ALC Strategy and how many leading practices and initiatives have been adopted to enable the timely transition of patients designated as ALC. The SHN At Home Program will be discussed in more detail at the next Board Quality Committee meeting.

5.3 Report from the Governance Committee

K. Webb spoke to the work of the Committee.

The Confidential Reporting Policy – Integrity Counts was recommended for Board approval at the November 9th meeting. The Committee felt that consideration should be given to offering this policy, as well as other key policies, in top staff languages other than English.

MOTION: THAT the Board of Directors, as recommended by the Governance Committee, approve the Confidential Reporting Policy – Integrity Counts.

CARRIED

The Committee reviewed a report on confidential concerns submitted by staff and noted that there were no significant confidential concerns submitted. There will be an opportunity to evaluate how staff feel about the methods available to them to share concerns as part of the staff engagement survey that will be carried out in the new year.

The Committee also reviewed evaluations results of the Board Orientation, Board Retreat and Governance Functioning Tool. As part of the Board's ongoing responsibility for its own governance, going forward, a meeting effectiveness survey will be sent after each Board and Board Committee meeting.

As in past years, the Governance Committee is coordinating a review of the composition of the Board in terms of the collective knowledge base, skill sets and diversity that is needed to effectively carry out the governance mandate. A skills matrix survey and Intent to Serve survey will be sent out to the independent directors and will be reviewed at the next Board Governance Committee meeting. An anonymous demographic survey will also be administered in the new year in an effort to demonstrate that the Board is reflective of the community served.

5.4 Chief of Staff

Dr. E. Yeung thanked SHN leaders and frontline staff who prepared for and participated in Accreditation. The surveyors were impressed with the level of enthusiasm evident throughout the week and physician engagement was exceptional.

Dr. Yeung spoke to SHN's Equity, Diversity & Inclusion (EDI) strategy. The EDI group will attend a future MAC.

As November is national domestic violence awareness month, Dr. Yeung spoke about Dr. Elena Fric-Shamji, a physician colleague who was killed by her husband in 2016. SHN leaders recently took part in workplace violence prevention training sessions. Dr. Yeung also recognized Dr. Dhun Noria on her achievements, the SHN Genetic Kidney Disease Clinic and Dr. Brian Chan for moderating a successful session on Artificial Intelligence and GI Endoscopy.

The Epic regional team conducted another post-go live check in to understand and continue to improve the Epic experience.

Data regarding surgical volumes completed vs. pre-pandemic shows SHN is among the top performers in the GTA. SHN is seeing increasing numbers of daily admitted patients in the ED across all sites. A surge in paediatric respiratory illness is anticipated in the coming weeks. SHN is closely monitoring and planning ahead to ensure preparedness. Key strategies are being reviewed/refreshed to effectively manage high admitted volumes.

Visioning and stakeholder engagement sessions for Cardiovascular & Stroke, Women's Health and Digital Health Planning are underway.

With respect to the physician wellness program at SHN, a needs assessment is being done and medical/surgical lounges are being refreshed at all sites over the next 3 – 4 months.

Dr. Yeung provided updates within the Medical Staff office with respect to new staff; HOCC funding applications; MD recruitment; consistent reinforcement of code of conduct policy; performance appraisal form update; guidelines for effective/efficient meetings; and medical leadership development and succession planning.

5.5 Report from Chief Nursing Executive & Allied Health Professions Executive

G. Boatswain spoke to the written report, highlighting key points.

SNH's current workforce initiatives include a team-based model of care; staff wellness; EnRoute Program; Epic; Ministry staffing initiatives; education and training; recruitment and retention; Novice to Expert; and Mentorship Program.

G. Boatswain spoke about the efforts in recruiting and retaining staff as well as the continued education and training opportunities for staff i.e. New Onboarding Education; Life Support Training; Preventing Violence and harassment; Building Champions; Specialty Training; and Policy and Best Practice Harmonization/ Standardization.

Patient Safety Week was held during October 24 – 28, 2022 as well as the Accreditation Pit Stop pop ups across all three hospitals that were well across all three sites. Two Leading Practices proposals submitted for Accreditation have met all of the required criteria for acceptance as a Leading Practice by Health Standards Organization.

SHN has been re-designated a "Best Practice Spotlight Organization" by the Registered Nurses' Association of Ontario.

Other key initiatives include insulin pens; medical rooms; policy harmonization; eye centre project; virtual care; surge plan; critical care level 2 beds; onboarding PSWs.

It was suggested that communication from the Board be sent to every staff member to acknowledge efforts with respect to the successful Accreditation.

5.6 Medical Staff Association

Dr. L. Castagna, Vice President spoke to the Medical Staff Association regular meetings.

- Expanded membership for the MSA, with 3 additional members added.
- First MSA meeting was held virtually and well attended and anticipate having in persona meetings starting in March 2023.
- Successful accreditation with exceptional physician involvement.
- Acknowledged the physician campaign with generous donations.

5.7 Professional Staff Joint Oversight Committee

K. Webb spoke to the work of the committee meets twice a year. An in-depth discussion took place with respect to the Terms of Reference that will go to the Governance Committee prior to Board approval. The committee reviewed a high-level summary of physician issues related to CPSO investigations, care concerns, code of conduct investigations and license restrictions.

5.8 SHN Foundation

A. Vandermeer, SHN Foundation President & CEO shared that approximately \$29M of revenue has been received to date this fiscal year and the target has been increased to \$35M due to the success seen.

The one-time gifts target this year is \$75M which has been exceeded. It will be shared at an upcoming Campaign Cabinet meeting that the Foundation has received \$140M in pledges; the original target was \$100M and the Foundation has committed to increasing the goal to \$200M. Specific funding priorities will need to be identified.

To ensure the growth and momentum is sustainable, the Foundation team will be working on a strategic plan over the next six months or so with the Foundation Board to talk about the attributes, elements and success factors that need to be focused on around the development of the Board, the types of fundraising programs that are needed, the alignment and partnership with the hospital that will help build a sustainable fundraising program into the longer term.

The Orlando gift includes a \$15M match and efforts are being made to raise the money for the match. \$11.5 has been raised to date. When Love, Scarborough Campaign launched, a \$1M donation was received on the first day because of the newspaper ad that was placed. The Foundation met with the individual and provided a tour recently and another \$1M donation was received.

The medical leaders on the physician campaign were thanked for their efforts. A Kick-off Dinner was held that was well attended.

A. Vandermeer shared that in an effort to reach 100% Board giving, a Vice Chair from the Foundation and the M. Ainley will be reaching out to all Board members about their support.

A dinner was held with donors in October to thank them and cultivate new prospects. Two significant donations came out of the dinner.

With the launch of phase 2 of the Love, Scarborough marketing and with the support of the Campaign Cabinet, \$3.5M in media donations along with a \$1M media spend was committed to.

\$110K was raised at Sip, Shop, Celebrate event held on November 24th. There are more events being held that will be shared via email.

A. Vandermeer spoke about the donor naming opportunities memo to seek Board approval to expand the list of pre-approved assets for naming. The Foundation Board is also supportive of the list.

MOTION: THAT the SHN Board of Directors approve the additional spaces presented for naming.

5.9 Board Chair

M. Ainley recognized several important dates this past month:

- Medical Radiation Technologist Week. At SHN, 140 medical radiation technologists perform over 305,000 diagnostic imaging exams annually across all three hospitals.
- Patient Blood Management Awareness Week, which has become an important tool to address the effects of the COVID-19 pandemic, which has resulted in significant fluctuations in the supply and need for blood.
- National Domestic Violence Awareness Month, recognizing the devastating impact of sexual assault and focus on the measures being taken to stop violence and support survivors.
- Transgender Day of Remembrance. Appreciation was extended to D. Belous for the Embracing Inclusion message acknowledging this important date.

M. Ainley extended congratulations to the Interim President & CEO, Senior Management Team and entire organization on the outstanding effort with respect to Accreditation.

5.10 President & CEO

D. Graham spoke about a successful Accreditation Survey that started in October 2021. Preliminary results indicate that, as an organization, 99.2 per cent of the 4,866 criteria on which SHN was evaluated were met. The final report has not yet been received.

Approval has been received to move forward to the next stage of 4 of the capital projects i.e. Centenary ED; CKD Facility at Bridletowne; General Hemodialysis; and Centenary Dialysis. A video was shared outlining the five capital projects approved by the Ontario Government last spring, when they committed \$1.2 billion in funding support to SHN.

The first anniversary of the Epic information system is on December 3. SHN has seen significant benefits since implementation.

To meet the high demand for paediatric services, SHN's Kids' After-hours Clinic is transitioning to an online booking system. In addition, the Scarborough Virtual Urgent Care Clinic is operating Monday through Saturday from 1 to 7 p.m. A new Kids Cold, Flu and COVID clinic at the Birchmount hospital recently opened offering services to those aged 6 months – 18 years.

SHN is working with the OHA partners to identify next steps for hospitals with respect to the recent Superior Court ruling regarding Bill 124.

SHN is beginning its journey to refresh its multi-year digital health strategic plan. This includes developing a digital health roadmap, ensuring SHN has the ability to remain a leader in the healthcare industry, and setting the organization up for success now and in the future.

Members of Senior Leadership are leading the implementation of the Human Resources Information System. Over the winter, they and their teams will conduct the planning work required to ensure the system meets the needs of SHN's growing workforce.

The Ontario government recently announced that it is increasing its construction funding subsidy to support the cost of developing or redeveloping long-term care homes. SHN is working with Sienna Senior Living to apply this to our partnership projects.

6. NEW BUSINESS/CORPORATE UPDATES

6.1 Corporate Balanced Scorecard

A presentation was provided on key corporate initiatives:

- Corporate Balanced Scorecard – with 4 quadrants (Quality, Patient Experience, Financial Health, and Employee/Provider Engagement). The Corporate Balanced Scorecard is designed to provide SHN with a tool and a process to improve practices and meet goals.
- Corporate Quality Scorecard – is an expansion of the Quality quadrant of the Corporate Balanced Scorecard. Resulted from a Corporate decision to have a separate focused scorecard and associated quality improvement processes given renewed focus on quality improvement coming out of the new leadership team. A report is provided at the Board Quality Committee meeting.
- Strategic Initiatives Implementation Dashboard – to monitor implementation of the 15 strategic projects through a project management implementation dashboard.

6.2 Scarborough Health Network Research Institute

Dr. A. Carvalho provided an update on the Scarborough Health Network Research Institute's key accomplishments in HR Strategy; Operational Strategy; Finance Strategy; and Engagement Strategy. She also provided an update on current funded studies.

8.0 NEXT Meeting

February 2, 2023 – 4 – 7 p.m.

9.0 TERMINATION

MOTION: THAT the Board of Directors meeting be terminated at 7:20 p.m.

CARRIED



Matt Ainley, Chair, Board of Directors