

**MINUTES OF THE BOARD OF DIRECTORS**

Thursday March 22, 2018

4:00 - 5:45 p.m.

SRH Birchmount Site, 3030 Birchmount Road - Irene Stickland Education Centre

- PRESENT:**
- |                        |                  |
|------------------------|------------------|
| Maureen Adamson, Chair |                  |
| Yazdi Bharucha         | Valerie Carter   |
| Fred Clifford*         | Janet Dalicandro |
| Ome Jamal              | Alan Mak         |
| Terri McKinnon         | Graeme McKay     |
| Krishan Suntharalingam | Karen Webb       |
| Elizabeth Buller       | Dr. Naresh Mohan |
| Dr. Michael Chapman    |                  |
| Dr. Amir Janmohamed*   | Linda Calhoun    |

*\*participation via teleconference*

**REGRETS:** Matt Ainley, Dr. Dov Soberman

**RECORDER:** Trish Matthews

1. CALL TO ORDER and DECLARATION OF CONFLICTS OF INTEREST
<p>M. Adamson called the meeting to order at 4:00 pm and welcomed all staff and community members attending in person, and welcomed all who are joining via webcast. We are pleased that everyone has taken the time out to join us; we welcome you to participate in all of our public meetings.</p> <p>No conflicts of interest were declared.</p>
2. STRATEGIC PLAN UPDATE
<p>E. Buller introduced M. James to provide an overview on strategic planning, with highlights discussion as follows:</p> <ul style="list-style-type: none"> <li>• Planning is moving ahead well and we are on track in timing and process. Extensive internal and external engagement has taken place, where the role of SRH as a system navigator has been emphasized. Consultation feedback has also revealed that people and partners don't know about SRH and appreciated the sharing of our environmental scan summary. Online surveys are underway;</li> <li>• Dynamic draft Mission, Vision and Values will to be brought back upcoming retreats with the board and MAC April 13<sup>th</sup> and 14<sup>th</sup>;</li> <li>• The board retreat April 13<sup>th</sup> will include a 'futurist' speaker over dinner, thought-leader panel, branding and strategic planning focused discussions. A comprehensive information package will be circulated at least two weeks in advance;</li> <li>• R. Delaney, Deloitte, overviewed the cascade framework and led an in-depth discussion around</li> </ul>

the role the hospital should play, and the differentiation between SRH and other hospitals

- Deloitte (Strategic Planning consultants) and Gravity (Branding consultants) are working closely together to ensure language is consistent and that messages received are in line with each other;
- Discussion ensued with a focus on goals that can be accomplished in the near term, that help position SRH to meet long term goals;
- Population health and social determinants of health are used as a framework. SRH uses this information to provide better care and change care for our population;
- Commitments made to strategic directions, translate directly into a commitment to resource those commitments. A strategic discussion to allocate resources to achieve mission and vision will ensue.

### **3. CONSENT AGENDA**

**Moved by:** Karen Webb

**Seconded by:** Graeme McKay

**THAT** the consent agenda is approved as presented.

**CARRIED**

### **4. ITEMS FOR APPROVAL/DECISION**

#### **4.1 Report from the Finance and Audit Committee**

K. Suntharalingam provided an update from the Finance and Audit committee, overviewing the report provided in the pre-circulated material, with highlights as follows:

- Key financial indicators have all improved over March 31, 2017 results and a sustainable operating surplus is in place;
- Year to date January financial indicators continue to trend higher than March 2017 primarily due to the timing of Ministry of Health funding for capital projects, a healthy year-to-date surplus and lower capital spending than planned;
- The overall positive year to date variance is mainly due the higher than planned revenue, unspent contingency, innovation and integration funds and lower amortization of capital assets related to the lower than planned capital spend;
- Partially offsetting the above favourability is increased costs related to higher patient volumes and beds occupied by ALC patients. Approximately 55 more beds are in operation compared to the same time period last year supporting the increase in ALC and surge volumes. These unplanned volumes continue to negatively impact the staffing and supply costs with year to date incremental costs of approximately \$7.5M;
- The YTD surplus is expected to decline slightly in Q4 as expenses in the latter part of the fiscal year typically trend higher and in addition the surge capacity that SRH has been experiencing since the latter part of December;
- Year-end forecast updated to reflect the results of a revenue reconciliation performed by CE LHIN, Lakeridge Health and SRH. The final reconciliation adjusted the \$5.7M cash that has been erroneously flowed to Lakeridge Health to \$3.8M (a \$1.9M decrease). As a result, the YTD surplus is overstated by approximately \$1.6M (February results will reflect the appropriate revenue recognition);
- Elective QBP volumes: Activity up slightly compared to previous months for all elective procedures except knee replacement. Projected excess volume reflects year to date activity annualized, however program management is confident that the elective cases will be reduced during the

planned OR closures;

- Urgent QBP volumes: All urgent QBP volumes except hip fractures are trending higher than funded volumes. Hip fracture, COPD and pneumonia volume decreased relative to November and was slightly offset by a slight increase in CHF activity;
- Complex Continuing Care Weighted Patient Days is trending below target. The unfavourable variance is mainly due to fewer patient days;
- Ambulatory Care visits are trending just below the performance corridor floor. This trend is the result of an error in the planning submission. A request to adjust the HSAA target was submitted to the CE LHIN in late September. A revised performance target of 496,000 visits for 2018/19 has been included in the performance indicators submission.

**Action:** SRH Board of Directors directed management to bring forward an overview of all services being provided, highlighting those that are not funded, for the information of the Board of Directors.

**Moved by:** Krishan Suntharalingam

**Seconded By:** Ome Jamal

THAT the Finance and Audit Committee approve Management's request for a \$500,000 advance against the 2018/19 Capital Plan for urgent capital request should it be required.

**CARRIED**

#### **4.1.1 Receive the January 2018 YTD Financial Statements**

**Moved by:** Krishan Suntharalingam

**Seconded by:** Janet Dalicandro

THAT the Board of Directors receives the January 30, 2018 Financial Statements for Scarborough and Rouge Hospital as presented.

**CARRIED**

#### **4.1.2 Regional CIS RFP Participation Approval**

The Senior Executive Forum (SEF) and Regional Executive Forum (REF) are nearing completion of the Request for Proposal for a Regional Clinical Information System. The proposed timelines to release the RFP is end of April 2018.

- *CE LHIN Clinical Information System (CIS) RFP Preparation: RFP Participation Approval* contains the analysis of Phase 1 – Planning and the process undertaken to prepare the RFP. Management is requesting the Board of Directors to endorse SRH being named as a participating hospital in the Request for Proposal with the other six Central East LHIN hospitals;
- Digital data integration with physician offices and other partners discussed;
- 10 year planning assumptions were overviewed and changes to IT marketplace discussed;
- Dr. Mohan spoke to clinician experiences, applications which have impact on care and electronic tracking/coding impacts on care plan and QBP implementation, which can impact funding allocation;
- The next Board decision will be whether to sign an agreement with the preferred vendor. Given vendor pricing and terms will be based on all Central East LHIN hospitals going forward to Phase 2 – Implementation, SRH is making a good faith commitment that barring material concerns with the process and outcome of Phase 1 - Planning (up to vendor selection), it will move forward to Phase 2

- Implementation.

**Action:** *The SRH Board of Directors directed management to return with a CIS Gap Analysis. G. McKay will provide guidance on gap analysis requirements.*

**Moved By:** Krishan Suntharalingam

**Seconded by:** Valerie Carter

**THAT the Board of Directors endorse the release of the Request for Proposal for a Regional Clinical Information System with Scarborough and Rouge Hospital being named in the RFP as a participating hospital.**

**CARRIED**

#### **4.2 Governance Committee**

F. Clifford provided an update from the Governance Committee overviewing the report provided in the pre-circulated material, with highlights as follows:

##### **4.2.1 Professional Staff Audit and Advisory Committee**

- To establish a **Professional Staff Credentialing Audit and Advisory Committee** of the SRH Board of Directors. This Committee will review and advise the Board of Directors on the Hospital's general (re)appointment process as well as processes regarding the ongoing monitoring and supervision of the professional staff. It will serve in determining what information relating to the professional staff, and any risk factors identified, should be disclosed to the Board;
- The Board has a fiduciary duty to ensure that it monitors activities in the Hospital that are necessary to ensure compliance with the Public Hospitals Act and its regulations, and the Hospital's by-laws and processes. Credentialing, which involves a range of activities and processes is considered to be one of its most important governance responsibilities. The Board of Directors has the responsibility of ensuring that all credentialing decisions made are done so with care, fairness and thoughtfulness in order to protect patients, and to protect the hospital and the Board of Directors' from liability;
- This Committee would serve in this capacity by receiving such information or disclosures from the Chief of Staff or MAC through the MAC Chair, minimizing the degree of exposure of the broader Board members from being tainted and/or reduce the risk of being biased in any potential matters of dispute that may necessitate an independent Board review or hearing.

**Moved By:** Fred Clifford

**Seconded By:** Janet Dalicandro

**THAT** the Board of Directors approve the establishment of the *Professional Staff Credentialing Audit and Advisory Committee*, to review, monitor and advise the Board on matters related to professional staff (re)appointments and supervision as outlined in the Terms of Reference.

**CARRIED**

#### **4.3 Quality Committee Report**

V. Carter provided an update from the Quality Committee, providing an overview of the pre-circulated report, with highlights as follows:

- Nephrology and diabetes provided a program overview presentation. As in the past this program continues to experience significant capacity issues, and is currently running 25% over capacity;
- Funding mechanisms and reallocation of fund options to address pressures were discussed;
- Quality scorecard - while not meeting all indicators, the committee is comfortable that staff have strategies in place to address gaps. The “top box” patient satisfaction definition was discussed;
- V. Carter thanked L. Calhoun and the team for the Quality Improvement Plan, which is a significant amount of work that reflects change in directions and streamline of measures. Excellent job on the quality agenda.

#### **4.3.1 Quality Improvement Plan**

- Progress Report for 2017/18 QIP - as of February 2018, 80% of the 2017/18 change ideas (43 out of 54) have been completed and implemented. The change ideas that are uncompleted are being brought forward in the 2018/19 QIP;
- Narrative Overview – Suggestion was made to incorporate an overview of the positive analysis of patient satisfaction into the improvement ‘story’ in the QI achievements section of the Narrative. Strengthening of the ‘communication’ theme as a key strategy in the QIP will be incorporated in the executive summary;
- 10 priority indicators selected for the 2018-19 Quality Improvement Plan were reviewed. 90<sup>th</sup> percentile Emergency Department Length of Stay/percentage patient satisfaction are considered as stretch goals. Percentage of complaints closed within 60 days is a new indicator for this year. Workplace Violence has no indicator measurement, readmission for mental health and addiction is a new indicator for this year;
- Change Ideas – the change ideas constitute the work plan for the 10 indicators. Of the 30 change ideas put forward through the patient and family engagement strategy, 50% of them include the theme of ‘communication’ on transition of care – access/entry, treatment, and discharge/transfer.

**Moved by:** Valerie Carter

**Seconded By:** Krishan Suntharalingam

**THAT SRH Board of Directors approve the hospital’s 2018/19 QIP submission including the following documents:**

- **Progress Report on the previous year QIP(2017-18)**
- **Narrative Overview for the upcoming year (2018-19)**
- **Work Plan for the 2018/19 QIP**

Action: The SRH Board of Directors instructed management to review and revised the QIP Quality indicators, narrowing the indicators tied to Executive Compensation to three indicators. A motion to approve will be conducted via email on the Narrative Executive Compensation Component.

**THAT the SRH Board of Directors approve the QIP Narrative Overview (2018/19) revisions to tie the executive compensation incentive to 5 of the 9 QIP indicators.**

**CARRIED**

#### **5.0 Items for Information/Discussion**

##### **5.1 Report from the Board Chair**

M. Adamson spoke to the upcoming board retreat on April 13th, which will focus on the strategic plan

and branding. Once recruitment is complete, our next board retreat will be planned for Fall 2018 to recalibrate with new directors.

### **5.2 Report from the President and CEO**

E. Buller spoke to the pre-circulated report, with highlights of discussion as follows:

- Positive news came out of the Ontario government's Throne Speech on Monday. The government announced investments in health care, home care, and mental health care for the year ahead. Key priorities include reducing wait times for health care by increasing hospital operating budgets; expanding home care to provide more services for seniors at home; making investments in mental health and addictions services; and, ensuring more people without a benefits plan have access to more affordable prescription drugs and dental care. More details about these investments will be unveiled in the Ontario budget on March 28;
- Strategic planning, branding, and master planning update, Internal and external engagement highlighted;
- E. Buller spoke to the positive impact our outreach is having with our government partners. The two funding announcements we've hosted since I became CEO demonstrate an incredible commitment from the Government. Includes Premier Wynne's and Minister Hoskins announcements - In addition to these large-scale announcements, we are tirelessly working with our local elect-officials and candidates to ensure that SRH's capital priorities are front and center as we head into an election;
- The Public Sector Salary Disclosure will be published by the Treasury Secretariat April 1, 2018. It was noted that the \$100,000 threshold was set by the government 21 years ago, and would be equivalent to \$121,000 today. SRH had no concerns on the 2017 submission, with the number of staff on the submission shrinking over time.

### **5.3 Report from the Interim Chair of the Medical Advisory Committee (MAC)**

Dr. Naresh Mohan provided an overview of the report that was pre-circulated in the agenda package, with highlights of discussion as follows:

- Dr. Nathan Roth, Chief of Obstetrics and Gynecology at Birchmount Site will step down from the Chief role at end of this month. Dr. Mohan and the MAC have thanked Dr. Roth greatly for his contributions, he is very much a systems advocate for women's' issues;
- A corporate resource policy is in discussion at MAC, to govern accessing resources by credentialed staff. A draft policy will be reviewed by MAC and then will go to Departments for feedback.
- MAC continues discussion on how to effectively transition MD's (retirements and new practices);
- Significant shortage in province of the drug used for epidurals (among other things), this may become an issue and could last up to a year with supply chain issues. If the shortage is longer term SRH will consider changing care plans to accommodate the shortage.

### **5.4 Report from the Foundation**

M. Mazza, President and CEO of the SRH Foundation provided an update with highlights of discussion as follows:

- Donors are responding well to the message of a unified SRH, but may be delaying donations to tie interests to strategic and master planning outcomes;
- The Foundation has been focused on recommendations of the Scarborough and West Durham Expert Panel. Future stories like technology plans were discussed.

**6.0 Next Meeting**

Thursday April 26, 2018 between 4 pm – 7 pm.

**8.0 Termination**

**Moved By:** Karen Webb

**Seconded by:** Terri McKinnon

**THAT the SRH Board of Directors Public Meeting is closed.**

**CARRIED**

The meeting terminated at 5:45 pm.