

## MINUTES OF THE BOARD OF DIRECTORS

Thursday April 26, 2018

4:00 - 5:40 p.m.

SRH General Site, 3050 Lawrence Avenue East - Lee Family Auditorium

**PRESENT:** Maureen Adamson, Chair  
 Matt Ainley Yazdi Bharucha  
 Fred Clifford\* Ome Jamal  
 Alan Mak Terri McKinnon\*  
 Graeme McKay Karen Webb  
 Elizabeth Buller Dr. Dick Zoutman  
 Dr. Amir Janmohamed Dr. Dov Soberman  
 Linda Calhoun

*\*participation via teleconference*

**REGRETS:** Valerie Carter, Janet Dalicandro, Krishan Suntharalingam

**RECORDER:** Trish Matthews

<p><b>1. CALL TO ORDER and DECLARATION OF CONFLICTS OF INTEREST</b></p> <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.</p> <p>No conflicts of interest were declared.</p>
<p><b>2. Education - Patient and Family Centred Care</b></p> <p>M. James, Vice President, and K. Macdonell, Manager Patient and Family Centred Care, provided an overview of Patient and Family Centred Care at SRH.</p> <p>A Patient story was provided by Carolyn Tyson, Patient Family Advisor. Patient Family Advisors help us achieve our goals by creating an environment where patients, families, and hospital staff work together as partners to improve the quality and safety of hospital care.</p> <p>Highlights of the overview and discussion are as follows:</p> <ul style="list-style-type: none"> <li>• Patient and Family Advisory Council launched in September 2017. Our model of inclusivity differs from most hospitals. Rather than a traditional membership model, we allow all PFAs to participate on the Patient Family Advisory Council;</li> </ul> <p>Plans for next year include:</p> <ul style="list-style-type: none"> <li>• Continue recruiting and training PFAs, training onboarding staff, training staff and leaders on PFCC and partnering with PFAs;</li> </ul>

- Integrate PFCC clinical practices across SRH’s 3 sites including: preparing clinical teams for the PFCC aspect of accreditation, spreading the Registered Nurses Association of Ontario (RNAO) Best Practice Guidelines (BPG) to our Centenary site, and developing harmonized patient-friendly education materials;
- Partner with the PFAC and the Community Advisory Council to develop the Patient Declaration of Values for our new organization;
- Continue to seek out new ways to engage patients and families through the use of technology;
- Explore possible collaborations with partner organizations.

### **3. Strategic Planning & Branding Update**

M. James, Vice President provided an update on the Strategic Planning process, with highlights of ongoing engagement activities and discussion as follows:

- Sentiments of “being bold” are being heard across the board;
- Linguistic diversity is a key pillar in planning to ensure concepts and words translate appropriately in different languages;
- Engagement inputs continue to enhance and refine the Strategic Directions and build toward finalizing the Mission, Vision, and Values;
- The final strategic plan will be presented to the Board of Directors May 24, 2018 for approval.

D. Belous, Interim Executive Director, provided an update on the branding process and engagement outcomes, with highlights and discussion as follows:

- There has been significant scope and extent of consultation, working with the Strategic planners on engagement activities;
- Branding is more than a name at tagline, it is the feelings that patients and families have for our organization;
- The enthusiasm and passion of staff, physicians and volunteers for a positive and enthusiastic culture is evident;
- Internal engagement and external engagement feedback has been balanced;
- Two names and taglines were presented to the board of directors for consideration: Scarborough Regional Health and Scarborough Health Network. It was noted the “regional” resonated with internal providers but not as well in the community forums, the audiences had differing perceptions on the word, with internal participant’s interpretation being that of large clinical leaders, and external interpreting it as small and limiting. Inclusion of the word Hospital was discussed in all forums, but acknowledged that while we have three hospitals it is not encompassing of our role in community health and services provided outside of the hospital setting.

**Moved by:** M. Ainley

**Seconded by:** O. Jamal

**THAT the SRH Board of Directors supports “Scarborough Health Network” as our new name, leaving the tag line decision to management, and instruct management to move through LHIN**

and Ministry approval processes.

**CARRIED**

### **3. CONSENT AGENDA**

**Moved by:** Ome Jamal

**Seconded by:** Graeme McKay

**THAT a Community Advisory Council Update be added to the agenda**

**CARRIED**

**Moved by:** Matt Ainley

**Seconded by:** Karen Webb

**THAT** the consent agenda is approved with the inclusion of the Community Advisory Council Update.

**CARRIED**

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

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

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

- Year to date February financial indicators continue to trend higher than March 2017 primarily due to the timing of Ministry of Health funding for capital projects, a 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. It is expected that various year end accruals will reduce the year end surplus to the projected level;
- Partially offsetting the above favourability is increased costs related to higher patient volumes and beds occupied by ALC patients. Approximately 56 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 \$8.7M;
- ALC rates are different at our three sites, as we have made a conscious decision to consolidate the Birchmount and General ALC operating model to one site at the General. It has been negotiated that SRH be defined as one entity in the next H-SAA;
- In January, the LHIN and MOHLTC finalized their review related to the allocation of RVHS QBP volume to SRH and Lakeridge Health. SRH had a different understanding of the methodology used for calculating the contracted volumes and CMI. The outcome of the final review resulted in no impact to funding envelop but a net reduction of the contracted volumes mainly CHF, Hip Fracture and Pneumonia activity therefore materially increasing the unfunded activity;
- Chronic Kidney Disease: Actual activity is in line with contracted levels. In January SRH received an additional \$0.8M in funding from Cancer Care Ontario;
- Wait Time (MRI/CT): The program operated higher than budgeted hours to allow the "over

delivery" of MRI hours from April to September to increase wait time performance to 60% (60% of Priority 4 patients receive services within 28 days). In previous years, additional funding has been received in-year to offset these costs. The CE-LHIN has indicated there will be no additional MRI funding for the remainder of the current fiscal year. In order to meet the target of 70% significantly more funded hours would be required at a substantial cost to the Hospital. While the CE-LHIN's performance is well below the 70% target, it is better than many Ontario LHINs;

- Cancer Surgery Agreement: Cancer Care Ontario eliminated Cancer Surgery Agreement funding for SRH in its in year adjustment (annual funding was \$406K, however SRH did not recognize any revenue related to these procedures, therefore no impact on operating results);
- Cardiac Priority Care: Year-to-date volumes are currently ahead of plan however management received confirmation in late January that funding to support the over performance will be received;
- Birchmount, General and Centenary sites have the 3rd, 5th and 6th lowest 90th percentile Emergency Department wait times amongst 19 GTA hospitals with full service EDs for Canadian Triage and Acuity Scale (CTAS) patients classified as 1, 2 or 3. The average 90th percentile wait time for GTA hospital was 12.4 hours. No GTA hospitals are able to meet the 8.0 hour target.

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

**Moved by:** Alan Mak

**Seconded by:** Matt Ainley

**THAT** the Board of Directors receives the February 28, 2018 Financial Statements for Scarborough and Rouge Hospital as presented.

**CARRIED**

#### **6.1 Report from the Community Advisory Council**

O. Jamal provided a verbal update on the Community Advisory Council (CAC), with highlights as follows:

- Two orientation sessions have been held for the newly formed CAC, with the first meeting held April 10, 2018
- Topics covered included the role of the CAC in philanthropy, Branding and strategic planning engagement, and E. Buller provided a CEO update on hospital funding and upcoming events
- One CAC member had a change in status, now working in a contract position at the MOHLTC. The committee has granted a Leave of Absence, to be reinstated once their employment contract at the MOHLCT ceases;
- The members are in the process of selecting a chair and vice chair from amongst the members. Expressions of interest have been received from amongst the members for committee consideration. A Recommendation will be presented to the Board of Directors for approval at the June 2018 meeting.

#### **6.2 Report from the Quality Committee**

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

- The Emergency Department Program presented this month, highlighting DASH MD (mobile App),

- volunteer and PFA usage to improve patient experience, and Pulsecheck (electronic tracking system);
- Physical space, recruitment of skilled and specialized staff, increasing patient volumes and complexity are some of the challenges being faced by the ED.
  - Patient Incident Report for 2017/18 Q4 update: 662 patient incidents were reported in Q4, the most common types of incidents continue to be Falls, Medication/Fluid Errors, and Lab Specimen/Testing;
  - Tours are extremely insightful for Quality Committee members to fully understand programs and areas, in addition to reports and analysis;
  - Great enthusiasm by staff was evident as well as their innovative though processes;
  - Dr. Soberman provided insight in to the new Hub model being implemented in the Emergency Department, which will change practice and flow.

### **6.3 Governance Committee**

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

- The Governance Committee and Nominations Committee have concluded the recruitment interview process;
- Approximately 50 expressions of interest were received, 14 candidates were invited to interview (13 interviews conducted);
- The Governance Committee will be presenting a slate of candidates for consideration, new and reappointed, at the May Board of Directors meeting for consideration to recommend for appointment to the members at the AGM;
- All applicants will now be contacted to thank them for their interest and advise that the recruitment process is now closed.

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

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

M. Adamson welcomed Dr. Dick Zoutman, Chief of Staff, to his first SRH board meeting.

The Governance Committee members were thanked for their time and dedication to the recruitment process. The open competition and rigorous recruitment process led to a high number of quality candidates, we look forward to presenting the recommendations to the full board of directors in May.

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

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

- 2018 Ontario Budget provides an increase of \$822 million for hospitals, as well as \$19 billion over the next 10 years to build and renovate hospital sites. Scarborough and Rouge Hospital (SRH) received a \$9.7 million increase in operating capital to help our sites improve access to care and expand services;
- The Bridletowne Neighbourhood Centre (BNC) was named as a possible priority project for new social and community infrastructure funds. A meeting with the City of Toronto has been scheduled for May 1 to discuss updates on secured funding sources for both the YMCA and SRH for the BNC, and to define working terms for the legal team to finalize the leases for execution and proceed with planning;
- CUPE, SEIU and Unifor have approached the OHA regarding a joint campaign for central bargaining

with participating hospitals;

- Community demand for SRH emergency services continues to trend above our baseline for the year;
- ALC volumes have decreased over the last six weeks by over 25 per cent;
- The redevelopment of the Centenary Emergency Department is entering into the options analysis around space. Master planning for all three sites continues;
- A representative online survey of roughly 1,000 Scarborough residents has been undertaken to establish a baseline of perceptions concerning, access, awareness, use of hospital services, etc.
- General Site TTC subway access request update; the Public Hospitals Act section 4(4) requires Ministry approval to Lease or Sell Hospital Property. Subsection 4(4) of the Act sets out that “no land, building or other premises or place or any part thereof acquired or used for the purposes of a hospital shall be sold, leased, mortgaged or otherwise disposed of without the approval of the Minister.” This requires that the hospital prepare and submit for approval a property disposal plan (Business Case) approved by the Board before initiating the sale of hospital property;
- The Ontario Labour Relations Board delivered an Order with respect to the ONA bargaining unit. This finalizes the composition of the Registered Nurse bargaining unit and SRH can now commence bargaining a collective agreement with the ONA. We expect the Labour Relations Board’s Order with respect to our remaining bargaining units within the next few weeks.
- The Non-Union and Management Job Structure and Compensation harmonization project has been implemented effective April 1, 2018, which provides a harmonized structure across the organization;
- The Nephrology program successfully launched two new Nephrology Clinics for Polycystic Kidney Disease and Glomerular Nephritis. These clinics will help to delay the progression of these diseases so pts can live life without dialysis for longer.
- The Birchmount site has been recognized for ambulance offload improvement and performance at by provincial lead Dr. Howard Ovens. Similar strategies are underway at the General and Centenary sites and improvement has been noted between April and November 2017.

### **5.3 Report from the Chief of Staff**

Dr. Dick Zoutman presented the MAC report pre-circulated in the materials, prepared by the Interim Chair of the MAC, offering to answer questions that may arise, there were none.

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

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

- Philanthropy is a learned process;
- SRH Foundation needs to invest in grassroots outreach, local councils and events. M. Mazza spoke to opportunities of events to meet people and connect them with our hospital;
- Corporate donations are not the largest source of funds, a common misconception;
- Three campaign councils, allow people to connect with campaign and hospital they are interested in;
- Directors expressed interest in level of staff participation in recurring donations. M. Mazza reported staff donations at approximately 3% of staff, with lots of room for improvement;
- Campaigns are usually announced once Foundations have reached 50-60% of fundraising targets, which M. Mazza feels will be in approximately 2.5 years.

The Board of Directors requested M. Mazza present the entire Campaign strategy at a future meeting, with a detailed overview of the 2 year old strategy including revisions, major gifts and prospects, capital campaign activities and progress.

**6.0 Next Meeting**

Thursday May 24, 2018 between 4 pm – 7 pm.

**8.0 Termination**

**Moved By:** Ome Jamal

**Seconded by:** Karen Webb

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

**CARRIED**

The meeting terminated at 5:40 pm.