



MINUTES OF THE BOARD OF DIRECTORS
Thursday January 24, 2019

4:00 - 6:15 p.m.

General Hospital, 3050 Lawrence Avenue East - Lee Family Auditorium

PRESENT: Maureen Adamson, Chair
Yazdi Bharucha
Lianne Jeffs
Graeme McKay
Richard Wong
Fred Clifford
Jay Kaufman
Mark Segal
Elizabeth Buller
Dr. Dov Soberman
Ome Jamal
Terri McKinnon
Karen Webb
Dr. Dick Zoutman
Linda Calhoun
Dr. Amir Janmohamed

REGRETS: Matt Ainley, Krishan Suntharalingam

RECORDER: Trish Matthews

**Via teleconference*

1. CALL TO ORDER and DECLARATION OF CONFLICTS OF INTEREST

M. Adamson called the meeting to order at 4:00 p.m.

Y. Bharucha and M. Segal declared a conflict with item 4.3 and recused themselves when the item arose.

For the benefit of public who joined the gallery, M. Adamson provided an overview of governance proceedings in accordance practice, policies, laws and statutes, and reminded those in attendance that members of the gallery are observers and not permitted to ask questions or make statements.

2. CONSENT AGENDA

Moved by: R. Wong

Seconded by: G. McKay

THAT the Board of Directors approve the consent agenda

CARRIED

3. Items for Information/Discussion

3.1 Report from the Quality Committee

K. Webb provided an update from the committee, with highlights of discussion as follows:

Aggregate Patient Experience Report

SHN is committed to improving the quality of our services in a Person- and Family-Centred Care (PFCC) environment and welcomes the views of our patients, families, caregivers and visitors on the care and services that we provide. Timely and effective handling of complaints increases the chances of service recovery and contributes to a better patient experience.

A foundational best practice that optimizes opportunities for service recovery is the resolution of complaints by those that are most closely associated with the patient and their family. It is an expectation that SHN staff will respond to complaints in a timely, courteous and effective manner. Point of Service (POS) is where the complaint has originated or where the interaction first occurs. The staff at the POS is most familiar with the patient/family and is invested in building and maintaining a patient-centred therapeutic relationship

2019/20 Quality Improvement Plan (QIP) Development

HQO has recently released preliminary information on the indicators that will inform the development of the QIP for all sectors. Changes are in response to feedback from an evaluation of the QIP program, stakeholder consultations and recommendations in the Annual Report from the Auditor General of Ontario. Changes reflect shifts within the healthcare landscape to new priorities and the intent is to strongly align the QIP program to system priorities, and enable QIPs to support organizations to address issues that matter to patients and the public, including:

- Hallway health care
- Mental health care
- Service excellence

We will build on the information gathered over the past year and utilize existing corporate structures to confirm, strengthen and refresh (where required) our 2019-20 QIP Work Plan.

The final QIP will be approved at the March 2019 Board of Directors meeting.

3.2 Report from the Community Advisory Committee

O. Jamal provide and update on behalf of the committee, with highlights of discussion as follows:

The committee provided feedback on the development of Patient Declaration of Values (Dec and Jan).

Women's and Children's Program (Dec)

The CAC received a presentation on the Women's and Children's program clinical services planning process. It was stressed that the focus is to strengthen resources for women and families in our community. Questions discussed included how the processes have changed with the merger of the three sites and family physician involvement in the review.

CAC was advised that the new Executive VP of Medical and Clinical Programs has been hired and will be assisting with the process and ensuring there is seamless support post-discharge.

Bridletown Neighbourhood Centre Letter (Dec and Jan)

The committee submitted a letter to the government advocating on behalf of Scarborough that the funding promised by the former government be awarded to support the BNC.

MENTAL HEALTH AND ADDICTIONS PRESENTATIONS (Dec and Jan)

A patient and a family member spoke to the committee about their experience with mental health and addictions. The patient and family presentations emphasized that wait times and stigma are some of the main issues that need to be understood and addressed.

Staff led the committee through a phased approach to continuing to explore and focus on access to mental health and addictions. The objectives and role of the CAC and objectives were clarified.

The committee reviewed information from the Central East LHIN that highlights large variations between Scarborough and other parts of Central East LHIN or the province as a whole with respect to mental health and addictions utilization and population health.

The committee was invited to tour services visit 25 Neilson Road and Pathways where mental health services are delivered by SHN and community partners outside of the acute care setting. Tours of other mental health facilities will also be explored.

3.3 Report from the Professional Staff Credentialing Advisory Committee

F. Clifford provided an update on behalf of the committee, with highlights of discussion as follows:

The committee agreed to remove “Audit” from the committee name and Terms of Reference, following a recommendation from counsel.

As this is a new committee at SHN, education regarding the Boards roles and responsibilities in the credentialing process took place. The role of the committee is to be informed on issues and processes.

3.4 Report from the Board Chair

M. Adamson spoke to the Board of Directors and staffs obligation and commitment to the community to provide the very best care to all of our patients and their families.

Recently, there has been news about the services provided at our Birchmount hospital and M. Adamson clarified some of the information that may have been heard.

- In December 2016, our three hospitals and satellite sites merged into one health network. Since that time, we have been committed to delivering the very best care for all Scarborough residents. In order to be successful, we have been asking

ourselves “what will make us the best at what we do?” To answer this, we are reviewing all our programs and services to make sure that they are located in the right places and are properly resourced.

- Earlier this year, we reviewed the Women’s and Children’s program. Some of the recommendations of the review have been made public, but not all of them. This has resulted in concerns due to incorrect or inaccurate information. We understand the anxiety, fear, and frustration that potential changes create without the proper context.
- We have an obligation to build the best health network for all of Scarborough. The women and children of Scarborough will continue receive safe and high-quality care, no matter which hospital they receive that care at.
- This is a commitment we make to you. We will continue to have both on site services and on call services, include paediatrics and anaesthesia, to support the needs that come through our emergency departments’ at all three hospitals. We will also utilize all of our hospitals to support one another to provide you with best care in Scarborough.

M. Adamson commented on oncologist Dr. Theepa Sundaralingam, who practiced at Centenary, who had her medical license revoked by the College of Physicians and Surgeons after pleading no contest to allegations of professional misconduct.

The news about Dr. Sundaralingam is truly disheartening. However, it is by no means a reflection on the outstanding care provided in our oncology program or health network as a whole. We have a talented and dedicated team here at SHN and we are proud of how you are living our values, delivering care that is compassionate, inclusive, courageous, and innovative.

3.5 Report from the President and CEO

E. Buller spoke to the written report provided in the materials, with highlights as follows:

- Wishing all a happy Chinese new year;
- Provided and update the Ontario Hospital Associations lobbying efforts for increase hospital funding across the province;
- Teams continue work on implementing SHN’s Strategic Plan;
- Provided a capital project and process update.

3.6 Report from the Chief of Staff

Dr. D. Zoutman spoke to the written report provided in the materials, with highlights as follows:

- Physician Scorecard development;
- On call Scheduling Solution Work Group;
- MAiD Policy, Procedure and Orders Standardization;
- HIROC Grant - Sepsis;
- Professional development.

Surgical Assistants - Role Descriptions and Responsibilities

To outline the qualifications, duties and responsibilities of surgical assistants who support surgeons in the Hospital. This role description is to be used in conjunction with Scarborough Health Network’s credentialing professional staff by-laws and credentialing policies and procedures.

Motion: O. Jamal

Seconded by: L. Jeffs

THAT the SHN Board of Directors approve the Surgical Assistants: Role Description & Responsibilities, as recommended by the Medical Advisory Committee.

CARRIED

Delineation of Clinical Privileges - Department of Emergency Medicine

All new applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

The document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that Scarborough Health Network (SHN) is obligated to meet.

Motion: K. Webb

Seconded by: J. Kaufman

THAT the SHN Board of Directors approve the Delineation of Clinical Privileges: Department of Emergency Medicine, as recommended by the Medical Advisory Committee.

CARRIED

4.0 Items for Approval/Decision

4.1 Report from the Finance and Audit Committee

K. Suntharalingam was regrettably absent due to illness, and D. Graham Executive Vice President and Chief Administrative Officer provided a report on behalf of the Committee, with highlights of discussion as follows:

On an annual basis, the Hospital Service Accountability Agreement (H-SAA) requires the Health Network to complete a Hospital Annual Plan Submission (HAPS). The HAPS outlines operating factors of the network including:

- Service levels,
- Funded volumes,
- Detailed revenue and expense forecasts
- Staffing levels
- Wait times and
- Other performance indicators.

These planning assumptions are utilized in the evaluation of hospital performance in subsequent years. In addition to the H-SAA activities, SHN provides community services funded separately through the Multi-Sector Accountability Agreement (M-SAA). Services include Community Mental Health services (including Mobile Crisis Intervention, Community Crisis and Psychiatric Outpatient Medical Salaries) and Cardiac Rehabilitation services. The M-SAA requires the hospital to complete a Community Annual Planning Submission (CAPS).

The preliminary HAPS and CAPS were submitted in November, 2018 and the final HAPS and CAPS submission require Board approval due January 31st, 2019.

Motion: Y. Bharucha

Seconded By: M. Segal

THAT the Board of Directors approve the final 2019/20 HAPS due on January 31, 2019 and authorize the President & CEO and the Board Chair to sign the final 2019/2019 H-SAA to be submitted to the Central East LHIN by mid March, provided management confirms there are no material changes compared to the January 2019 submission.

THAT the Board of Directors approve the final 2019/20 CAPS due on January 31, 2019 and authorize the President & CEO and the Board Chair to sign the final 2019/2019 M-SAA to be submitted to the Central East LHIN by mid March, provided management confirms there are no material changes compared to the January 2019 submission.

CARRIED

4.2 Report from the Governance Committee

G. McKay reported on behalf of the Committee, with highlights as follows:

The Terms of Reference for Governance and Executive Committee were reviewed and approved at the October 16, 2018 meeting of the Governance Committee. Additional

consideration of best practice suggests that Chief Executive Officer (CEO) and Chief of Staff (COS) performance review oversight and succession plan oversight, remain with the Executive Committee of the Board.

As such, the sections of the terms for both committees, which make reference to Chief Executive Officer and Chief Of Staff oversight, have been adjusted to reflect the responsibilities lay with the Executive Committee.

The Professional Staff “Audit and Advisory” Committee has edited the committee title to Professional Staff “Credentialing” Advisory Committee in order to reflect the true work of the committee.

Motion: T. McKinnon

Seconded By: J. Kaufman

THAT the Board of Directors approve the Governance Committee, Executive Committee and Professional Staff Credentialing Advisory Committee Terms of Reference.

CARRIED

Foundation Naming and Policies

A number of Foundation policies have impact on the assets of Scarborough Health Network. As such these policies are required to be approved by both the Foundation Board of Directors and the Network Board of Directors.

All three policies have been Approved by the Foundation Board Finance Committee, Reviewed by the Foundation Board Executive Committee and Approved by the Foundation Board of Directors (September 2018).

SHN Foundation Naming Policy

This policy sets out the authority and procedures for the naming of Scarborough Health Network (SHN) assets in recognition of financial or in-kind contributions from individuals, businesses, organizations, and others.

SHN assets include tangible and intangible assets. Naming shall be considered for physical spaces that shall be defined as external and internal whole or parts of buildings including wings, rooms, laboratories, hallways, auditoriums, staff/physician lounges, lobbies, waiting rooms, et cetera. Intangible SHN assets include departments, clinical programs, lectures, clinics, units, et cetera.

This policy and procedures have been developed to ensure that SRH donors receive appropriate, equitable and consistent recognition within and between gift levels.

SHN Foundation Gift Acceptance Policy

The purpose of the Gift Acceptance Policy and Guideline is to identify the various types of donations Scarborough Health Network Foundation may accept and create specific guidelines for each type of donation. This Policy and Guideline ensures that gifts will properly protect the donor's interests; be acceptable to Canada Revenue Agency ("CRA"); minimize the risk of liability on the part of the Foundation, its staff and Board of Directors ("the Board"); and will be cost-effective for the donor and the Foundation.

SHN Foundation Donor Recognition Policy

The purpose of this policy is to establish guidelines for the appropriate, equitable and consistent recognition of financial gifts to Scarborough Health Network Foundation (SHNF) and to develop a centralized framework for donor recognition and stewardship and ensure one clear policy of recognition is unilaterally applied.

Motion: F. Clifford

Seconded by: M. Jamal

THAT the SHN Board of Directors approve the following Foundation policies:

- **Naming Policy**
- **Donor Recognition Policy**
- **Gift Acceptance Policy**

CARRIED

Board Recruitment

The Committee reviewed and approved the draft Request for Services proposed by management to retain an Executive Search Firm to assist in the recruitment of up to five new board members. The RFS will be sent to select Government Vendors of Record for response. G. McKay volunteered to work with management on the vendor selection.

The GREAT Framework will be included on each Board and Committee meeting agenda as a guide for reflective decision-making allowing board members to ethically assess the process and outcome of high-level decision-making, to either confirm the chosen course of action or flag the need for further deliberation and reflection.

Bylaw and Policy amendments and revisions

Draft bylaw amendments are under consideration by the Governance committee and will be brought to the Board at a future meeting for consideration. Bylaw amendments will be approved by the Members of the Corporation at the Annual General Meeting. SHN Board Policies will be reviewed and revised to reflect recommended Bylaw amendments.

4.3 Women's and Children's Program Review

Scarborough Health Network completed a clinical services review for the Women's and Children's Program. The final report was developed with input from the steering committee and other programs members and stakeholders. The recommendations set out in the report have been approved by the Senior Leadership Team and endorsed by the Medical Advisory Committee. After review by Senior Leadership Team, the report was provided to external advisors to provide an objective third party lens. Dr. D. Zoutman and L. Calhoun provided an in-depth presentation and the report and recommendations were brought forward to the Board for decision.

Motion: K. Webb

Seconded: R. Wong

THAT the SHN Board of Directors accept the Women's and Children's Program Clinical Services Review Final Report of December 2018 and endorse the report's recommendations.

Unanimously **CARRIED**

5.0 Next Meeting

Thursday February 28, 2019

4:00 - 5:00

Centenary Hospital- Dr. Bruce Johnston Conference Room

6.0 Termination

M. Adamson declared the meeting closed.