

MINUTES OF THE BOARD OF DIRECTORS

Thursday September 28, 2017, 4:00 pm – 5:00 pm
Birchmount Site, Irene Stickland Education Centre

- PRESENT:** Fred Clifford, Chair
 Matt Ainley
 Valerie Carter
 Ome Jamal
 Graeme McKay
 Elizabeth Buller
 Dr. Michael Chapman
 Dr. Amir Janmohamed
 Linda Calhoun
- Yazdi Bharucha
 Janet Dalicandro
 Krishan Suntharalingam
 Karen Webb
 Dr. Naresh Mohan
 Dr. Dov Soberman
- REGRETS:** Maureen Adamson, Terri McKinnon, Christian Buhagiar, Alan Mak
- RECORDER:** Trish Matthews

<p>1. BOARD EDUCATION</p> <p>1.1 SRH Employee and Physician Engagement Survey</p> <p>E. Buller introduced R. Lewis, Vice President Human Resources, to provide an overview of the 2017 SRH Employee and Physician Engagement Survey Results, with highlights of discussion as follows:</p> <ul style="list-style-type: none"> • Engagement surveys are a requirement under the Excellent Care for All Act (ECFAA), to be conducted every two years; • Sample sizes are in line with industry norms; • This is one lens, which cannot be used independently to see the whole picture, but can be used as a part of a toolbox of resources to prompt further discussion. All tools will be used for reflection as we drive workplace culture and launch strategic planning; • The seven dimensions of culture were highlighted; • The high response of volunteer engagement was noted.
<p>2. Call to Order and Declaration of Conflicts</p> <p>F. Clifford called the meeting to order at 4:02 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. No conflicts of interest were declared.</p>
<p>3. CONSENT AGENDA</p> <p>Moved by: O. Jamal Seconded by: K. Webb</p> <p>THAT the Board of Directors approve the consent agenda as circulated.</p>

CARRIED

4. ITEMS FOR APPROVAL/DECISION

4.1 Report from the Finance and Audit Committee

K. Suntharalingam provided an update from the committee, with highlights as follows:

- Excess of revenue over expenses this quarter, which is due to timing, and will adjust over time;
- Current ratio target is .41; we are at .55 for this quarter. This is an exceptional quarter, the ratio will come down. Management continues to work with MOHLTC to address working capital and integration cost. The members requested to see the annual indicator included on the report to facilitate tracking; management will insert a column to show this;
- E. Buller spoke to multiple, positive meetings, with MOHLTC staff this week regarding working capital and capital redevelopment.

4.1.1 Receive the July Year To Date Operating Results

Moved by: K. Suntharalingam **Seconded by:** M. Ainley

THAT the Board of Directors receives the July 31, 2017 Financial Statements for Scarborough and Rouge Hospital as presented.

CARRIED

4.1.2 Signing Authorities Policy

The revised signing authority policy was reviewed, with highlights of discussion as follows:

- Changes to signing Authority levels to ensure Senior Leadership can focus on high end issues;
- Checks and balances are in place;
- Plexxus manages the majority of contract processes;
- Sole Source procurement process and signing authorities were discussed.

Moved by: K. Suntharalingam **Seconded by:** V. Carter

THAT the Board of Directors approve the Signing Authorities Policy revisions.

CARRIED

4.1.3 Dialysis Strategy Update

The draft lease for BNC is in negotiation and is anticipated to be presented to Toronto City Council next week. Discussion of the needs of healthcare in 30 years and the requirement to plan for health care needs in thirty years ensued.

Moved by: K. Suntharalingam **Seconded by:** Y. Bharucha

THAT the Board of Directors approve in principal the Major Terms and Conditions for the City of Toronto Lease to Scarborough and Rouge Hospital for the Bridletowne Neighbourhood Centre with

the condition that any substantive changes be brought back to the Board for approval.

CARRIED

4.2 Report from the Governance Committee

4.2.1 Board Policy Approvals

The following Board Policies were reviewed by the Governance Committee, and are brought forward for recommendation for approval by the Board of Directors:

- SRH Open Board Meeting Policy
- SRH Board Development and Director Education Policy
- SRH Duties and Expectations of a Directors Policy
- SRH Board Officer Succession Policy

Moved by: G. McKay

Seconded by: O. Jamal

THAT the Board of Directors approve the SRH Open Board Meeting Policy, SRH Board Development and Director Education Policy, SRH Duties and Expectations of a Directors Policy, and the SRH Board Officer Succession Policy as presented.

CARRIED

4.2.2 Terms of Reference Approval

4.2.2.1 Community Advisory Council Terms of Reference

Moved by: G. McKay

Seconded by: K. Webb

THAT the Board of Directors approve the Terms of Reference for the Community Advisory Council

CARRIED

4.2.3 Value Realization framework Report

This report will be provided quarterly. M. James spoke to the report, with highlights of discussion as follows:

- Main message is we are doing well, with indicators moving in the right direction;
- Complaints have increased in this period; predominantly around attitude and care. Management continues to expand the Communicate with Heart program and manager coaching using crucial conversation methodology. We strive to address complaints at the point of care, in real time.
- We use OHA and HQO have toolkits. Quality Committee reviews the patient relations data

in detail.

- Length Of Stay (LOS) steering committee is focusing on reduction in lengths of patient stays. Physician scorecards are being implemented, which each physician will receive for their patient care groups, with actual versus expected LOS. We are seeing a trend in the right direction as we standardize processes across sites.

Moved by: G. McKay

Seconded by: M. Ainley

THAT the Board of Directors accept the Value Realization Framework Report.

CARRIED

5.0 Items for Information/Discussion

5.1 Report from the Quality Committee

V. Carter spoke to the report provided by the Quality Committee, with highlights as follows:

- Patient story at the beginning of each meeting sets the context for why we are there and relates to the program presenting.
- This month was Infection Prevention And Control presented;
- Staff were congratulated for significant work in standardizing the corporate scorecard;
- Comprehensive strategies on patient falls mitigation were reviewed;
- Alternate Level of Care (ALC) challenges for hospital, LHIN and the province were discussed;
- Patient satisfaction reports indicate SRH is in the red across all three sites, complaints in this period trend toward communication, attitude, clinical mistakes, and transitions of care at discharge;
- Integration of Patient and Family Advisors (PFA's) into program level initiatives to improve how we meet the needs of the patients was discussed.

5.2 Report from the Interim Chair of the Medical Advisory Committee (MAC)

Dr. N. Mohan and Dr. M. Chapman spoke to the pre-circulated report, with highlights of discussion as follows:

- There is a new chief of cardiology, Dr. E. Davies;
- Dr. Jason Pennington was presented a prestigious award from CPSO for his work with indigenous populations, an extremely remarkable achievement;
- Dr. Chapman spoke to a philanthropist proposal to fund a community hospital outcomes based research centre.
- Community communications was discussed. SRH has many things to be proud off. E. Buller spoke to communication strategies including the plan to increase SRH's social media imprint;
- The annual Medical Staff Association dinner was held Sept.23, 2017, dinner recognizing long term service;
- Recommendation to appoint a honorary staff of the corporation; this honor can

appointed to past professional staffs, who have significantly contributed to the hospital and health in the community.

Moved by: G. McKay

Seconded by: V. Carter

THAT the Board of Directors appoint Dr. Tatham to honorary professional staff of the corporation for a five year term.

CARRIED

5.3 Report from the Interim President and CEO

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

- Great support from the MOH at this time with three MOHLTC visits: finance, capital branch on Wednesday and the ADM;
- Internal and external, very proud of the work and tenure in the organization;
- ALC capacity challenges: the MOHLTC is reviewing the potential impact of funding for relief of ALC;
- Critical Care and Dialysis pressures held over the summer months;
- RFP's for strategic planning and master planning were issued;
- Working to decrease agency use at centenary Site and building internal team with human Resources.

5.4 Verbal Report from the Board Chair

F. Clifford officially welcomed E. Buller to her first Board meeting and congratulated her on progress and for making a positive change over the summer.

6.0 In Camera Session

Moved by: F. Clifford

Seconded by: O. Jamal

THAT the Board of Directors move to an In Camera meeting.

CARRIED

An in camera session of the board of directors was held.

7.0 Next Meeting

Thursday September 28, 2017

4 pm – 6 pm

Birchmount Site, Irene Stickland Education Centre

8.0 Termination

The meeting terminated at 6 pm.