

**ATTENDEES:**

(P) Geoff Ritchie	(P) Ricco Bhasin	(P) Susan Britton Payne	(P) Jasmine Tehara
(P) Kulvir Singh Gill	(P) Linda Franklin	(P) Mark Beckles	(P) Michael Torrance
(P) Pardeep Singh Gill	(P) David Charron	(P) Stuart Johnston	(P) Dr. Frank Martino
(P) Dr. Naveed Mohammad	(P) Tiziana Rivera	(P) Dr. Victor Rajkotwala	(P) Dr. I. Ciric
(P) Brenda Bushey (Resource)			
Kiki Ferrari	Florine Lobo	Ann Ford	Dr. Paula Chidwick
Karen Sedore	Cathy Renaud		

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**CLOSED SESSION**

A closed session was held for Board members only to discuss the requirements pertaining to a Freedom of Information Request. Melissa Beisel, Privacy Officer, was in attendance for this discussion. A review of the request and search requirements was provided to the Board. [REDACTED]

A follow-up email will be distributed to all members and will include all necessary requirements and instructions on how to submit the information requested.

**1.0 CALL TO ORDER & DECLARATION OF CONFLICT**

The meeting was called to order. No declarations of conflict were made. The Chair advised that due to the increased activities related to COVID, agendas for all Board and Committee meetings in the near future will be reviewed and modified with a focus of reducing non-essential items from the current work plans.

**MOVED, seconded**

***That the agenda be approved - CARRIED***

**1.1 CHAIR'S REPORT**

The Chair advised that the Capital Asset Funding Working Group has been launched. KCI has been recruited to facilitate discussions for all meetings. The Group will be co-chaired by Bob Peacock, Chair of the Osler Foundation and Geoffrey Ritchie.

On April 15, 2021 the Interprofessional Awards were presented. The Chair had the pleasure of presenting the Kay Blair Community Service Award on behalf of the Board. The 2020 Kay Blair Community Service Award was presented to *the entire Osler family, health system partners, and communities of Brampton, Etobicoke and beyond in recognition of their collective efforts to support the delivery of safe, quality care during the unrelenting pressures of a global COVID-19*

*pandemic*. The Chair reflected on the event stating that it was a fascinating experience to learn of the contributions that have been made across the organization.

## **2.0 CONSENT AGENDA**

One motion is required to approve all items included in the Consent Agenda. A reminder was provided that any of the items contained within the Consent Agenda may be placed on the regular agenda for discussion. A summary of the motions are contained within the Consent Agenda.

The following items are included within the Consent Agenda for approval:

- CA 2.1 Board Minutes: *March 31, 2021*
- CA 2.2 MAC Minutes: *April 14, 2021*
- CA 2.3 Governance & Human Resources Committee Minutes: *April 8, 2021*
- CA 2.4 Health Services & Quality Committee Minutes: *April 7, 2021*

**MOVED, seconded**

***That the items listed within the consent agenda be approved – CARRIED.***

A question was raised regarding the MAC minutes. [REDACTED]

*Q: In regard to the updates to the MAiD Bill; is the amendment to the Bill excluding Mental Health or was the intent to pause at this time?*

The Government of Canada will be requesting a pause to seek further input. It was suggested that the minutes of the MAC meeting may need to be modified to provide further clarity.

## **3.0 BUSINESS ARISING**

### **3.1a CHAIR'S REPORT: Governance & Human Resources Committee**

The Chair's report was included in the package which reflects discussions from the April 8, 2021 Governance & Human Resources Committee meeting. The following items will be presented for further discussion: Ethical Decision Making Framework, Accreditation, Chair and Individual Member Evaluation.

#### **ETHICAL DECISION MAKING FRAMEWORK**

The ethical framework is identified within the Accreditation Standards (#3.1) as a necessary standardized approach to working through ethical issues, addressing conflicts of interest and making decisions. As such, a new framework has created to assist the Board with its decision-making processes. Dr. Paula Chidwick presented the details of the new framework including the context, criterion for ethical decision-making and related definitions.

The proposed criterion:

- Aligns with organizational goals and community needs

- Is transparent and publicly defensible
- Engages stakeholders
- Provides accountability, and
- Addresses the requirements contained within the Accreditation Standards.

The criterion consists of six components:

- Quality and safety;
- Sustainability;
- Access & equity;
- Maximum benefit to health;
- Community engagement; and
- Consistency & alignment with vision and values.

*Q: Is this proposed model based on benchmarking from other hospitals?*

This process began with an overview of what other hospitals have done. A review of existing literature and best practice was also undertaken. There are currently 8 ethical frameworks used in clinical setting, 4 developed for long term care and an additional 11 that have been developed specifically relating to COVID. In 2016, Osler received recognition by Accreditation Canada for its *commendable practice* for its work on its ethical decision-making frameworks.

*Q: From a governance perspective, how do we practically keep this top of mind when assessing and debating issues?*

Reports will be revised to reflect the ethical framework, and questions should begin to formulate whether the framework has been applied when considering the recommendations and/or approvals. Discussions will be documented in the minutes to reflect and demonstrate that consideration is being made in advance of decisions.

*Q: How do we use the framework to make decisions where there are issues of conflict and are the criterion weighted to help the Board achieve consensus?*

The Board was cautioned from thinking about the framework from a weighting perspective. Instead the thought process should consider the approach taken including an understanding of the factors that were the point of disagreement. The intent is to work through the decision as opposed to forcing the decision. It was noted that not everyone may agree on the outcome however, there should be consensus on the process taken that lead to that decision.

**MOVED, Seconded**

***That the Board of Directors approves the proposed Ethical Framework to support ethical decision making at the governance level, as recommended by the Governance & Human Resources Committee – CARRIED.***

#### **ACCREDITATION UPDATE**

A brief discussion ensued regarding the upcoming accreditation survey, the impact of COVID and the amount of work involved for both. The Governance and Human Resources Committee is placing a tremendous amount of work on the team which is being driven by accreditation.

*Q: What are the consequences of delaying the survey; what is absolutely necessary and what can be deferred?*

Accreditation Canada accredits an organization for a specific period of time. An extension of 18 months can be granted, however, Osler has already received that extension which will expire in October. The management team successfully negotiated with Accreditation Canada to split the survey into two parts. The first being a virtual survey in October that will focus on the standards relating to governance and leadership. The second being an onsite survey in May of 2022 that will focus on clinical practice. The consequences of not moving forward are significant and will jeopardize existing agreements with various medical and nursing schools. Contracts with these organizations will be null and void. Upon further review of the current situation, it is believed that the organization may still be okay to proceed in October as scheduled. The volume of cases will continue to be monitored.

*Q: Could we delay our planned work to give the team breathing space in the short term?*

An agenda has been developed for the upcoming workshop. Despite accreditation, it is good board governance to proceed.

The agenda for the upcoming workshop was reviewed. In addition to the workshop various other forms of communication have been developed in order to prepare the Board for the October survey. These initiatives include: revitalization of a Board portal and board communiques that are specifically aligned with the governance standards. A work plan identifying all planned activity between now and October was reviewed and plans are progressing on target.

**CHAIR EVALUATION & INDIVIDUAL MEMBER EVALUATION**

Accreditation Standards 13.6 and 13.7 address the requirements pertaining to Board Chair and individual member evaluation. #13.6 states “The governing body regularly evaluates the performance of the Board Chair based on established criteria”. #13.7 states “The governing body regularly reviews the contribution of individual members and provides feedback to them”.

A focused approach has been taken to address these two areas. A review of practices from peer organizations was conducted. Two surveys have been developed and are proposed for discussion and consideration. It was noted that the purpose of the evaluations is to garner constructive feedback with the intent of strengthening existing governance practices and performance. A brief discussion ensued regarding the contents of each survey.

**MOVED, Seconded**

***That the Board of Directors approves the evaluation tool and process for the Chair of the Board and for individual members of the Board as recommended by the Governance & Human Resources Committee of the Board – CARRIED.***

**3.1b CHAIR’S REPORT: Health Services & Quality Committee**

A report was predistributed from the Chair of the Health Services & Quality Committee which reflects discussions from the April 7, 2021 meeting. Staff provided an overview of the Emergency Department (ED) Return Visit Quality Program. The ED Return Visit Quality Program (RVQP) was launched in 2016 by Ontario Health and focuses on return visits to the ED (within 72 hours) that result in hospital admission. Results presented for Osler are similar to peer organizations and no concerns were noted with the findings. Information pertaining this program will be brought forward to the committee twice during the annual meeting cycle.

The Committee received an updated on the revised scope related to Phase 2 of the Peel Memorial redevelopment project. Cathy Renaud was welcomed to the meeting to provide an overview of the project for the Board. Two recommendations will be presented for consideration and approval.

[REDACTED]

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#### 4.0 NEW BUSINESS

##### 4.1 REPORT OF THE PRESIDENT & CHIEF EXECUTIVE OFFICER

A written report was provided for information. Highlights from the report were noted as follows.

- Teams continue to work very hard; the number of COVID cases are declining slowly however daily admits and transfers remain high;
- Staff continue to be redeployed to assist where needed; included in this group are physician extenders who have been redeployed in various areas across the hospital units to support the provision of care;
- Vaccination efforts continue with three clinics servicing Osler's population: Chinguacousy Wellness Centre, Brampton Civic and Osler-Humber College Clinic;
- Osler has also partnered with ORNGE Ontario and the Ministry of Health to launch a 'pop-up' vaccination centre at the BAPS Temple located north of Etobicoke General. Osler is also in discussions for other 'pop-up' locations in the Peel region;
- It is critical to deliver vaccinations as quickly as possible in order to stop the pandemic;
- The Osler Foundation is currently working on a funding proposal to support the health and wellbeing of all Osler staff, physicians and volunteer.

Congratulations was extended to the entire Osler team for operating a very efficient vaccination clinic. Congratulations was also extended to Dr. Mohammad on completing his first year as President & CEO of William Osler Health System.

##### 4.2 REPORT OF THE CHIEF OF STAFF

A written report was predistributed for information. Highlights of the report included:

- Physician redeployment; physicians (both internal and external to Osler) have stepped up to support the ICU and AIRVO units at both Brampton Civic and Etobicoke General
- Physicians are supporting the efforts of Osler's vaccination clinics

The support of the Osler physicians has been overwhelming and they were commended for their efforts during this very difficult period.

##### 4.3 2020 STAFF & PHYSICIAN ENGAGEMENT SURVEY RESULTS

Karen Sedore was introduced to present the 2020 staff and physician engagement survey results. Osler recently changed its vendor to support and elevate the efforts relating to staff and physician engagement. McLean and Company has been secured as the new vendor.

Highlights of the 2020 surveys were provided as follows:

- A deliberate effort was made to integrate both staff and physician surveys in order to get a holistic view of the results;
  - Deliberate effort to integrate both staff and physician surveys to get a holistic view of results
- [REDACTED]

[REDACTED]

- An overview of all drivers was provided; health and wellness and executive leadership relationships were the two areas that require additional focus and attention
- The surveys included four open-ended questions;
- Key insights fell into six categories including: communication; supportive leadership; recognition; diversity, equity & inclusion; health, safety & wellness; staffing & resources.

A summary of findings and next steps were provided.

- Results from the two surveys will form a new baseline and will be monitored and reported on the Balanced Scorecard.
- The COVID-19 response strategies will be informed by the engagement insights.
- Results will also be leveraged to inform strategic initiatives.
- Results will be shared with all staff and physicians and will be incorporated into the annual performance management process as a means to ensure progress and reinforce shared accountability.

*Q: What do we see as a key take-away positive result? And unsuccessful?*

The most positive response was the appreciation by staff of Osler's response to the pandemic; the most concerning comments were related to concern about wellness and the potential impacts on wellness as we continue to move through the pandemic.

*Q: The physician results are worrisome; is there anything we can do more quickly to address some of the issues?*

The issue of physician wellness and work-life balance has been a long standing issue. In order to address the issues, a greater understanding of the struggles will be necessary. It was noted that most physicians are also working at multiple organizations which adds to the daily pressures and stresses.

With respect to trusting and engaging with the executive team; efforts are already underway to improve the relationships. The CEO is attending all departmental meetings to listen, and provide honest and transparent input. The relationship with the PSAs is good.

## **5.0 OTHER BUSINESS**

On a separate note, all members of the Board and management team who recently participated in the virtual Holi Gala were thanked for their involvement. A special thanks to the Foundation and staff for a very successful event. Members were also reminded of two upcoming Foundation events: June 22 is the date of the Brampton Golf Tournament, with the EGH tournament scheduled in September.

**MOVED, Seconded**

***That the minutes of the March 31, 21 in-camera session be accepted as presented – CARRIED.***

## **6.0 ADJOURNMENT**

**MOVED, Seconded**

***That the meeting be adjourned – CARRIED***