

**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	(R) Dr. Victor Rajkotwala	(R) Dr. Ioana Ciric
(P) Brenda Bushey (Resource)			
Florine Lobo	Dr. Rardi van Heest	Kiki Ferrari	Ken Mayhew
Cara Francis	Ann Ford	Kelly Kimens	Cathy Renaud

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

The meeting was called to order. No declarations of conflict were made.

**MOVED, seconded**

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

**1.1 CHAIR'S REPORT**

The Chair welcomed Kelly Kimens, Vice President, Human Resources, to the meeting. Florine Lobo provided introductory remarks. Kelly previously served as the inaugural Chief Human Resources Officer for the new government start-up Financial Services Regulatory Authority (FSRA). She has also held senior leadership roles at Public Health Ontario, Humber River Hospital and the Canadian National Institute for the Blind. Since joining Osler four weeks ago, Kelly has already proven to be a very valuable member of the team. The Board welcomed Kelly to Osler.

A media training session was held last week at which Linda Franklin and Geoff Ritchie participated. Additional sessions will be held in the future for other members of the Board who are interested.

The CADF Working Group met last week. [REDACTED] The next meeting of the working group will include an update from KPMG regarding the hospital's financing and will address both local share and the necessary financing that will be required for the projects. It is expected that final recommendations regarding the sequencing and prioritization of the identified projects will come forward from the Working Group sometime in May or June.

The motions contained within items #CA 2.4 and #CA2.5 related to the PMC Submission will be addressed in agenda #5.1a. The Ethical Decision Making Framework was included in the package for reference.

**2.0 CONSENT AGENDA**

One motion is required to approve all items included in the Consent Agenda. 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: *November 24, 2021*
- CA 2.2 MAC Minutes: *December 15, 2021, January 12, 2022*
- CA 2.3 Governance & HR Minutes: *January 11, 2022*
- CA 2.4 Health Services & Quality Committee Minutes: *January 12, 2022*
- CA 2.5 Resources & Audit Committee Minutes: *January 14, 2022*

**MOVED, seconded**

***That the items listed within the Consent Agenda be approved with the revisions as noted – CARRIED.***

### **3.0 BUSINESS ARISING**

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

A report was provided by the Chair of the Governance and HR Committee which highlighted the discussions from the January 11, 2022 meeting. The Committee discussed the proposal to extend the maximum number of terms for Board members from 3x2 year terms to 4x2 year terms. Once approved by the Board, the Administrative Bylaw will be revised. Changes will come into effect immediately and the new Bylaw will be ratified at the next scheduled Annual General Meeting (AGM). A question was raised at the last Board meeting regarding how to operationalize the additional two-year term. It was suggested that the additional term will be applied to all members. Reappointments will be approved at the AGM and all members will have the opportunity to decline the additional term.

#### **MOVED, seconded**

***That Administrative Bylaws - Article 4, Section 4.6 Maximum Terms be amended to reflect an increase to the maximum number of years served for a Director of the Board, from six years to eight years - CARRIED***

A mid-term evaluation for the Board Chair will be distributed for completion in February. Results of the survey will be shared with the Chair prior to being presented to the full Board in March. Action plans will be developed if necessary. Members were encouraged by the Chair to provide honest and candid remarks as the feedback contributes to the advancement and development of the individual serving as Chair. It was noted that the Chair evaluation process has been a good addition to existing governance practices at Osler.

#### **3.1b CHAIR'S REPORT: Health Services & Quality Committee (HSQC)**

The Chair of the HSQC provided highlights from the discussions of the January 12, 2022 meeting. Two items were presented to the Board for further discussion: the addition of a patient representative to the membership of HSQC and, review of the project scope relating to the PMC Stage 2 project submission.

A draft role description for the patient representative was revised based on previous feedback and is now before the Board for approval. Recruitment will proceed once the role is approved. The Chief Patient Experience Officer has signaled the interest of a number of candidates who wish to put their name forward for this role. The commitment of time required for this was discussed. This issue will be evaluated in the future and adjusted if required.

#### **MOVED, seconded**

***That the Board of Directors approve the Patient Representative's role description as presented - CARRIED***

The item relating to the PMC Stage 2 submission will be addressed under item #5.1. It was noted that the committee engaged in a healthy discussion regarding the proposed changes and are supportive of the direction presented.

#### **3.1b CHAIR'S REPORT: Resources & Audit Committee**

A report was provided by the Chair of the Resources & Audit Committee which highlighted the discussions from the January 14, 2022 meeting.

The January meeting was not part of the regular meeting cycle and was added with the specific purpose for reviewing the PMC Stage II submission. The biggest concern of the committee was how the project will be funded. In addition to the submission, the committee also met with the auditors. There were no surprises or changes made to the audit plan from the previous year.

### **4.0 NEW BUSINESS**

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

A written report was provided for information. The following highlights were provided.

- The number of COVID patients presenting at hospital continues to be significant; currently there are 151 covid+ patients in hospital with 20 patients in the ICU. This continues to be a rapidly changing situation.
- Numbers are indicating a downward trend, and although it is expected that the numbers will decrease in the coming days it is also expected that the numbers will increase with the return of students to schools and the easing of restrictions.

- As reported to the Board, Osler initiated a Code Orange on January 3. This was due to the increases in patient volumes as well as the significant health human resource challenges and shortages. In addition to the Code Orange, the Urgent Care Centre at Peel was also temporarily closed. Staff from the Peel UCC have been redeployed to Brampton and Etobicoke to assist with the increased volumes. Osler will continue to monitor volumes to determine when the UCC can reopen.
- The increase in volumes has resulted in a heightened media interest. A number of discussions with media and politicians have occurred regarding hospital pressures.
- A meeting is scheduled on February 9 with the Ministry of Health to discuss the Emergency Department at Peel, as these changes will require some redevelopment.
- In light of the ongoing patient pressures and HHR crisis, a decision has been made to delay the staff and physician engagement surveys. It is believed that not enough people will be able to participate at this time.
- The Hospital and Foundation CEOs met with a local businessman today to discuss a potential donation. Although the discussion focused on the poor health care system, the individual has committed to a substantial donation for Osler in the future.

[REDACTED]

Q: *Are the town-hall meetings mentioned system-wide? How are they going, and what is the participation like?*

A: Town-hall meetings are broadcast across the system on a bi-weekly basis. Approximately 900-1500 individuals participate each session. The session contains an address from the CEO, updates and a questions/answer period which usually runs for 40-45 minutes. Questions are addressed by subject matter experts from across the organization. Using SLIDO, staff are able to submit a questions and vote up the importance of other questions. Reports are provided post meetings for those unable to attend and include responses to any questions that may not have been addressed during the session. Board members were invited to participate at these sessions.

[REDACTED]

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

A written report was provided for information. The following highlights were provided.

- It was reported that this is one of the most difficult waves experienced yet; the significant influx of patients, staffing shortages, reduced surgeries, etc. has created the perfect storm.
- Physicians are coming together with their nursing colleagues and providing their assistance where possible; care teams have been created within the ED departments to manage admissions.
- The re-credentialing process has begun; it is anticipated approximately 1000 physicians will be re-credentialed in February.

Q: Please remind the Board what the acronym "SCOPE" means.

A: SCOPE stands for "seamless care optimizing the patient experience". The SCOPE model provides primary care providers with urgent access to other healthcare specialists such as radiologists, patient navigators, patient care coordinators etc. Osler has revised its Bylaws to include a new category of professional staff "affiliated physicians". It is Osler's intent to expand the number of physician participants in SCOPE to 400-500 physicians.

Q: Is the work of the OHT still continuing; has the scope and purpose changed?

A: The OHT has remained active throughout the pandemic. The frail elderly patient has become a focus for the OHT. An update will be provided at the February Health Services & Quality Committee.

## 5.0 NEW BUSINESS – EDUCATION SESSION

### 5.1a PEEL REDEVELOPMENT STAGE 2 SUBMISSION

Ann Ford and Cathy Renaud were welcomed to the meeting for this discussion. Presentations were previously provided to the members of the Health Services and Quality and Resources and Audit Committees prior to today's meeting. The focus of the discussion is to bring forward the recommendations of the Committees and obtain Board approval in order to make the next submission to the Ministry of Health.

A comparison between the details of the Stage 1 and Stage 2 submissions was provided. [REDACTED]

A review of the estimated project cost was provided. [REDACTED]

The risks associated with the project were discussed. The external risks include: market conditions, ancillary fees, backfill variations fees and government support. Internal risks associated with this project include: programmatic revisions, FFE costs and local share capacity. Mitigation strategies for all risks have been developed.

It will be important for the organization to [REDACTED]

[REDACTED] ensure due diligence pertaining to the scope of work required; and work closely with Project Co. to manage the backfill budgets.

Internal mitigating strategies include: managing and maintaining the current scope of programs; manage the overall building size; develop accurate equipment inventories by maximizing the transfer of existing equipment; and look to existing contracts for the best value for money. It will also be necessary to complete a financial capacity analysis and increase support for local share.

A review of the project schedule was provided. The team will return to the Board in April prior to the awarding of the Planning, Design and Compliance Team award.


Q: Please explain the addition of space for the morgue to accommodate tissue retrieval.

A: Additional space will be required for the morgue in order to include lab space.

Q: Please explain the collocation of all inpatient mental health beds to allow for a potential inclusion of a fourth shelled unit.

A: The original submission included planning based on a 20-year projection. The Ministry of Health advised that Osler could only plan to the 10-year projection. The new submission includes shelled space that can be fitted out over time.

[REDACTED]



Q: *Please identify how Osler might do things differently as a new campaign is developed.*

A: There currently exists a gap between aspiration and capacity. It will be necessary to conduct phased campaigns beginning with the PMC project.

The Chair requested that the Board's thanks be extended to the members of the Foundation Board for their continued efforts on this project.

**MOVED, seconded**

***That the Board of Directors approve the Stage 2 Functional Program Submission, including scope of programs and services, design and spatial requirements, project budget and project schedule for submission to the Ministry of Health and Ontario Health Central Region – CARRIED Unanimously***

The Board Chair and CEO will be asked to sign the submission which will be forwarded to the Ministry no later than Monday. Communications will be developing a communications plan regarding Stage 2. It was noted that pricing information will not be shared as the organization moves to the procurement stage of the project.

The Board was reminded of the difficult decisions that will be required going forward regarding the prioritization of projects and the dollars needed to complete those projects.

## **6.0 ADJOURNMENT**

**MOVED, Seconded**

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