

ATTENDEES:

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|------------------------------|--------------------|---------------------------|-----------------------|
| (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 | (R) David Charron | (P) Stuart Johnston | (P) Dr. Frank Martino |
| (P) Dr. Brian Klar | (P) Tiziana Rivera | (P) Dr. Victor Rajkotwala | (R) Dr. Ioana Ciric |
| (P) Brenda Bushey (Resource) | | | |
| Dr. Rardi van Heest | Kiki Ferrari | Kelly Kimens | Florine Lobo |
| Cara Francis | Ken Mayhew | Steven Hall | |

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

A copy of the Ethical Decision Making Framework was included in the package for reference. The Chair congratulated the Osler team on the awarding of Exemplary Status following completion of the Accreditation Survey. The team was thanked for the hours and extra effort that was expended to achieve this outcome.

The Board will be receiving additional information in the coming months regarding the recommendations of the CADF Task Force and specifically on the new Hospital Information System. The HIS system has the most complexity as far as the financial requirements and related impact. An education session will be developed and shared as part of the Board's orientation session in the fall.

Over the next few months, the Board will focus its efforts on reviewing the current governance processes including committee mandates, bylaws, etc. An action plan will also be developed to assist with this process.

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 3.1 Board Minutes: May 25/22
- CA 3.2 MAC Minutes: June 8/22
- CA 3.3 Health Services & Quality Committee Minutes: June 8/22.

MOVED, seconded

That the items listed within the Consent Agenda be approved - CARRIED

Q: *What is the difference between the vacancy rate and turnover rate?*

A: The vacancy rate refers to the number of vacant positions, whereas, the turnover rate refers to the percentage of people leaving the organization.

Q: *Recently, there was a Code Grey called; given that the HIS will not be live for some time, should the organization expect to see more of these same issues recurring?*

A: The current system is archaic; however, that being said, a number of major issues were averted. Ongoing servicing of the current system will help to avoid future issues.

Q: Is Meditech still able to support the system?

A: Yes. There are a number of systems that are currently being replaced within the Enterprise Imaging Management System that will continue to support Osler's existing IT platform.

3.0 BUSINESS ARISING

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

The Chair's Report was tabled for information. The following items were removed for additional discussion:

- HR Dashboard
- 2022/23 Balanced Scorecard.

A new dashboard which focuses on Osler's Health Human Resources status was presented to the Committee. The information provides a high-level update and will focus on key metrics relating to recruitment and retention strategies. This report will be provided to the Committee on a quarterly basis.

The Balanced Scorecard for 2022/23 was presented for approval. One new target has been added to the scorecard which reflects the turnover activity for Osler.

MOVED, seconded

That the Board approves the 2022/23 Balanced Scorecard as recommended by the Health Services & Quality Committee of the Board - CARRIED

Q: Regarding the HSMR performance; what were some of the factors that attributed to these results?

A: HSMR is based on the expected number of deaths; data relating to these cases has been reviewed resulting in better data quality.

Mental Health & Addictions Unit

The Mental Health & Addictions team presented findings from an external review following a critical incident. As a result of the review, 305 recommendations were made. The Committee will continue to receive an update on the progress made against all recommendations. After a preliminary review of the recommendations management is comfortable that the outstanding recommendations are being managed from a risk mitigation standpoint. It was suggested that the number of recommendation is not as important as the risk category of recommendations.

4.0 NEW BUSINESS

4.1 ONTARIO HOSPITAL ASSOCIATION UPDATE

Jasmine Tehara sits as a member of the Ontario Hospital Association Board and was asked to provide an update on current activities and discussions occurring at that table.

The Ontario Hospital Association takes a system view from the hospital perspective with a mandate to advocate on behalf of Ontario hospitals. The OHA is a membership-based organization. There are approximately 4% of hospitals that have chosen not to be affiliated with the OHA. The organization is funded through dues charged to the member organizations. Members of the Executive Team sit on various OHA committees which provides a forum for open communication and information sharing.

The items before the OHA Board at present include:

- Provincial Benefits Strategy: working across system to look at the cost of benefits for hospital employees;
- Labour perspective: negotiations and bargaining with OPSEU;
- Patient experience: final stages of selling a contract with a new vendor that will be fully automated.

With respect to the OPSEU bargaining process, not all bargaining units are part of the centralized bargaining process. OPSEU's union at Osler has chosen to not to participate in the centralized process.

Q: How long is the Board appointment?

A: The appointment is for a two-year term.

Q: What does the OHA offer for Board Members?

A: The OHA offers governance support.

4.2 REPORT OF THE INTERIM PRESIDENT & CHIEF EXECUTIVE OFFICER

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

- COVID Update: the sampling of wastewater has indicated a decrease in prevalence; the number of patients as well as the level of severity of illness is also on the decline. The mask mandate has been lifted (although remains in place in hospitals) and it is anticipated that funding to support COVID activity will stop at the end of June.
- Other changes related to COVID practices include:
 - Screening will be shifted to a passive model; vaccinations will continue as a mandated requirement; masking in hospital will remain in place; visitation restrictions will be loosened (2 individuals at bedside, assistance with patient).
- Accreditation: the entire Osler family is very proud of its achievements during the recent Accreditation Survey. The awarding of Exemplary Status validates the work that has been done.
- Osler continues to improve its wait times in the Emergency Department; the provincial average is currently 1.9 hours; Osler's performance has been 1.6 hours at BCH, 0.7 hours at EGH and 0.6 hours at the UCC.
- An update on the election results was provided. All five ridings in Brampton are now Progressive Conservative. Congratulatory letters have been drafted to all elected members within Osler's catchment.
- A meeting was recently held with Minister Sarkaria where the need for funding to support the Academic Health Centre planning and School of medicine was discussed.
- The municipal election is scheduled for the fall of 2022. There is a clear divide in the Brampton Council. Charmaine Williams is now the MPP for Brampton Centre. A number of members of council remain vocal about hospital capacity and redevelopment with others continuing to oppose the current local share formula proposed. Osler staff will continue with its advocacy efforts going forward.

Q: There are a lot of unknowns relating to the academic centre and school of medicine. How will the Board receive and discuss information related to these items?

A: It was suggested that there are multiple components related to these items and as such will be a regular agenda item for the Board going forward.

The Toronto Metropolitan University (TMU) team has been looking at various sites for the new Medical School. Board discussions will include an exchange of ideas with management on the materiality required for this project including an affiliation agreement. A project plan will be developed to identify key milestones. The assistance of a consultant will be required. It was suggested that it may be of value to invite other organizations to the table with similar experience to learn about their journey and what was required. The Northern School of Medicine is most likely the latest to have experienced this journey. The executive lead for this project will be Dr. Rardi van Heest.

Q: *With the results of the recent provincial election and the municipal election in the horizon, is there an opportunity for the Board to keep Osler's priorities top of mind with the provincial government?*

A: Osler has a strong communications team who have also secured the services of external GR experts to assist Osler. Management's role is to assist the Board in having the right conversations that will support internal strategies. The timing of discussions for redevelopment, including a third hospital, is being worked up as part of those strategies.

Q: *Has there been any thought to hosting a meeting or event with the various elected members to encourage communications and strengthen relationships?*

A: Osler's communications and government relations strategy include a number of opportunities to increase the relationship between key elected officials and Osler representatives.

[REDACTED]

[REDACTED]

Q: *Have there been any further discussions regarding the use of the partnership lands at Peel?*

A: Some conversations have been held with TMU.

4.2 REPORT OF THE INTERIM CHIEF OF STAFF

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

- Physicians have expressed their excitement regarding the Toronto Metropolitan University announcement. The arrival of a new HIS system as well as the Exemplary Standing designation following the recent Accreditation survey all are positive announcements that will assist in the recruitment and retention of physicians.
- Two new quality improvement initiatives were highlighted in the report: *Bloodtube shortage: Choosing Wisely Pause the Draws* (the development of a conservation strategy to deal with system shortages); and *Iodinated Contrast shortage* (a conservation strategy to address the global shortage of iodinated contrast media).
- The MSO continues to work closely with Human Resources to address the challenges associated with physician recruitment. A new dashboard has been created that focuses on physician manpower and allows trends, gaps and progress to be tracked easily.
- Dr. Martin Chasen was congratulated on his promotion to Clinical Professor at McMaster's Department of Family Medicine
- Dr. Chasen and the Osler Palliative Care Team were the recipients of the University of Toronto's Department of Family and Community Medicine Award recognizing their efforts for quality improvement initiatives
- Internal recognition awards were also presented to:
 - Medical Consultant of the Year: Dr. Simina Luca and Dr. Steward Lo (BCH); and, Dr. Reed Siemieniuk, Dr. Fady Saleh and Dr. Mehdi Sadoughi (BCH)

Q: *What is the vacancy rate for Emergency Department physicians?*

A: The current status is manageable; some physicians have left the organization or moved to part-time status.

Q: *What will the actual impact of moving the UCC to a 24/7 operation be? What are the ramifications for the rest of the organization?*

A: The current building was not designed for 24/7 hour operations; services such as Diagnostic Imaging, Pharmacy and Laboratory will be required to support this expansion. The UCC will be staffed with emergency trained physicians and staff who will rotate once every three to four months with the emergency departments. The challenge will be on backfilling the emergency departments.

5.0 ADJOURNMENT

MOVED, Seconded

That the meeting be adjourned – CARRIED