

ATTENDEES:

(P) Jane McMullan	(P) Ricco Bhasin	(P) Susan Britton Payne	(P) Jasmine Tehara
(R) Kulvir Singh Gill	(P) Linda Franklin	(P) Mark Beckles	(P) Vanita Varma
(P) Pardeep Singh Gill	(P) Geoffrey Ritchie	(P) Stuart Johnston	(P) Dr. David Borts
(P) Dr. Frank Martino	(P) Tiziana Rivera	(P) Dr. Michael Van Gulik	(R) Dr. Hany Youssef
(P) Brenda Bushey (Resource)			

Valerie Carter	Ann Ford	Kiki Ferrari	Florine Lobo
Dr. Naveed Mohammad	Kim Bellissimo		

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 as presented - CARRIED

The Board was advised that this is Dr. Martino's last Board meeting in his capacity as Interim President & CEO. The Chair thanked Dr. Martino for his leadership and outstanding efforts over the past few months during a time that has been extremely challenging and difficult.

The members of the senior leadership team, physician leaders and all staff were thanked for their efforts during this difficult period.

2.0 LIVING THE VISION

Pardeep Singh provided the Living the Vision segment. The focus of the report was on the Emergency Department at Etobicoke General. A very comprehensive report was provided. The new facility has lifted the morale of the staff working in that area.

3.0 CONSENT AGENDA

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

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

- CA 4.1 Board Minutes
- CA 4.2 CEO's Report
- CA 4.3 MAC Minutes
- CA 4.4 Health Services & Quality Committee
- CA 4.5 Resources & Audit Committee
- CA 4.6 Governance & Nominating

Modifications to the minutes were noted.



All physicians at Osler have an obligation to abide by Osler's code of conduct policy. It was noted that failure to do so could result in privileges being revoked.

Clarification was sought regarding a section of the Patient Safety Plan under the heading of *Patient Safety Incident Management*. The objective states “develop a standardized process to ensure active monitoring, review and analysis of patient safety incidents and disclosure.” Management was asked to confirm that this process is already standard practice, and identify what changes to practice will differ from the current practice going forward. Management verified this process to be standard practice and stated that the difference going forward will involve greater functionality in relation to Datix (how people are utilizing this system and how data is being harvested).

MOVED, seconded

That the items listed within the consent agenda be approved including revisions to the minutes as noted – CARRIED

3.0 CHAIR’S REPORTS

3.1a Executive Committee

The members of the Executive Committee met prior to the Board meeting. The following items were discussed:

- Proposed amendments to the committee terms of reference to include oversight of the organization’s public relations, government relations and brand strategies; and
- Draft contract for the new President & CEO.

In addition, the Committee was advised that Dr. Martino will assume Dr. Mohammad’s former role as VP Medical and Quality, until such time that a suitable replacement can be recruited. Dr. Borts will continue in the role of Chief of Staff during this transition period. Contracts related to these changes were also reviewed.

3.1b Governance & Nominating Committee

There were no additional comments to be made other than what was provided in the meeting summary.

3.1c Health Services & Quality Committee

Comments from the Health Services & Quality Committee will be made during the Quality Improvement Plan presentation.

3.1d Resources & Audit Committee

Minutes of the March 14 Resources & Audit Committee were distributed for information. The following items were points of discussion:

- 2020/21 planning assumptions
- MSAA/HSAA agreements
- Q3 performance results; and
- Financial policy review.

4.0 QUALITY IMPROVEMENT PLAN (QIP)

The submission of an annual QIP is a legislated requirement as identified within the contents of the Excellent Care for All Act (ECFAA). All health care organizations are required to make their submission to Health Quality Ontario by April 1 of each year. An overview of the 2019 QIP Progress Report was provided.

There were five indicators for the 2019 QIP. Of the five indicators, two were green, two yellow and one yellow and year end. Due to the onset of COVID, Ontario Health has deferred submission of the 2020 QIP to May 1, 2020 for all organizations.

The details of the 2020 QIP were provided. The five indicators associated with Osler’s 2019 QIP will continue into 2020 as part of a two-year plan that will provide further opportunities for quality improvement. The five indicators include:

- Number of workplace violence incidence reported by hospital workers;
- Time to inpatient bed 90th percentile;
- Medication reconciliation at discharge;

- Leaving hospital did you receive enough information?; and
- Improving the reporting of nosocomial pressure ulcer/injury.

QIP Compensation:

Under the Excellent Care for All Act (ECFAA), it is mandatory to link compensation for the Chief Executive Officer (CEO), and other executives reporting to the CEO, to the achievement of performance targets in the Quality Improvement Plan. All five indicators will be tied to the executive compensation for a total at risk component [REDACTED]

A brief discussion ensued regarding the historical context related to the at risk component of executive compensation. The QIP allocation is one portion of the overall at risk pay component; the other portion is related to achievement of personal goals and objectives. The wage freeze for hospital executives remains in place. Once the freeze is lifted, the executive compensation plan and overall framework will be reviewed.

MOVED, Seconded

That the Board of Directors approves the 2020 QIP as presented and recommended by the Health Services & Quality Committee – CARRIED

4.0 EXECUTIVE REPORTS

4.1a Chief Executive Report

Dr. Frank Martino provided highlights from the CEO's report during an in-camera session. An update was provided regarding the recent changes in the Central Region LHIN. Donna Cripps has assumed the position of CEO of the Central Region, replacing Scott McLeod.

An update on COVID activities was provided. To date there have been 45 positive cases at Osler and 2,921 persons tested through the assessment centres. All elective surgery has been discontinued until further notice. Urgent and emergent surgeries will continue. Capacity planning is underway to determine usage at all sites including utilization of unconventional spaces. For staff who have been displaced as a result of COVID activities, they will be redeployed to other roles if possible. An update was provided on available PPE equipment that will be required for the organization during this period.

4.2b Chief of Staff Report

A written report was tabled for information. Accreditation has been put on hold until further notice. As noted in the CEO's report, COVID preparations are in full swing. Osler has more critical beds available than any other facility in the province, including academic facilities. It will be necessary to maintain a certain number of the critical care beds for those individuals requiring this level of care absent of COVID patients. PPE supplies are being monitored carefully. The ultimate goal is to reduce the number of people in the organization in an attempt to retain the necessary supply of PPE. There is also an increased focus on virtual care. OTN allows physicians to address patients' needs remotely. Osler is attempting to have as many physicians as possible utilizing remote options in order to adequately manage their patients.

5.0 ADJOURNMENT

The next meeting will be held on April 29, 2020.

MOVED, seconded

That the meeting be adjourned – CARRIED.