

ATTENDEES:

(P) Jane McMullan	(P) Ricco Bhasin	(P) Susan Britton Payne	(P) Jasmine Tehara
(P) 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. Naveed Mohammad	(P) Tiziana Rivera	(P) Dr. Michael Van Gulik	(P) Dr. Hany Youssef
(P) Brenda Bushey (Resource)			
Kim Bellissimo	Kiki Ferrari	Ann Ford	Florine Lobo
Dr. Frank Martino	Ken Mayhew		

1.0 CALL TO ORDER & DECLARATION OF CONFLICT

The meeting was called to order. No declarations of conflict were made. The Board was advised of changes to the agenda. The focus of discussions for committees and Board is on essential items only in order to allow management to focus on COVID related activities. Additional meetings have been added to the schedule in June for Health Services & Quality and Resources & Audit.

MOVED, seconded

That the agenda be approved as presented - CARRIED

2.0 COVID-19 UPDATE

Dr. Naveed Mohammad provided an update on the activities regarding COVID-19. Since the last report, the number of COVID positive patients has decreased to 101 with 77 suspect cases awaiting results. The 101 positive cases represents 12% of all cases in Ontario. Peel has one of the highest rates of COVID cases in the province. To date 226 patients have been discharged [REDACTED] ED volumes continue to be down, however, numbers are indicating an overall rise in patient volumes. Etobicoke General is currently in extreme code gridlock. The lack of space and number of long-term care homes in the immediate vicinity may be contributing to the high volumes. The changes in volume may also be related to patients seeking tests for COVID given the Premier's announcement encouraging individuals to get tested. Yesterday 1128 people were swabbed at Osler.

The Ministry has amended its Directive regarding the re-opening of elective surgeries. Original criteria required hospitals to be operating with a maximum of 85% occupancy, a 30-day supply of PPE and staff in place before resuming services. This criteria has been amended and the requirement for PPE supply has been reduced to 15 days. It is likely three to four weeks before any elective clinics or surgeries will begin services.

In order to manage the COVID situation within long-term care homes, the province has announced that it will assume responsibility for five homes in Ontario. Osler may be asked to assume management of one of the homes.

A call was held [REDACTED], during which time a discussion ensued regarding the addition of beds for both Brampton Civic and Etobicoke General. A document will be sent to the Ministry tomorrow with the details of that request. A copy of the letter will be shared with the Board once finalized.

A discussion transpired with the CEO from Cancer Care Ontario regarding moving forward with the radiation bunkers at Osler. [REDACTED]

[REDACTED] Additional meetings will transpire with Trillium in June.

A question was raised regarding a concern raised during a recent town hall meeting. The Board was advised that the Patient Experience Office has reached out to the patient and a process has begun to investigate the complaint.

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. Revisions to Resources minutes were noted.

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

- CA 3.1 Board Minutes
- CA 3.2 MAC Minutes
- CA 3.3 Governance & Nominating Committee
- CA 3.4 Resources & Audit Committee

A revised set of minutes for the May 20, 2020 Resources & Audit Committee meeting was distributed prior to the meeting.

MOVED, seconded

That the items listed within the consent agenda be approved as noted – CARRIED

4.0 BUSINESS ARISING

4.1 Chair's Report: Governance & Nominating Committee

The members of the Governance & Nominating Committee recently met to review the Board vacancies for 2020/21. A recommendation was tabled identifying two committee representatives as potential Board candidates. The Committee Chairs from Health Services and Resources & Audit were asked to provide feedback on both individuals. There were no concerns noted.

The Board briefly discussed the challenge of ensuring gender balance on the Board. It was recommended that attention be given to this issue during the next round of recruitment. Board members were asked to identify any individuals that may serve as committee members. A copy of the current skills matrix will be shared with the Board.

MOVED, seconded

That the Board of Directors approve the appointment of Mr. David Charron and Mr. Michael Torrance as Members of the Board of Directors, as recommended by the Governance & Nominating Committee – CARRIED

The Board was reminded that these appointments will commence on June 17, 2020 following ratification during the Annual General Meeting.

4.2 Chair's Report: Resources & Audit Committee

The audited statements were reviewed at Committee and presented to the Board for approval. Key areas of the balance sheet and income statement were highlighted. Areas to note on the balance sheet were the operating cash position, inclusion of pandemic supplies in the inventory and debt facilities held by the organization. One additional note disclosure (Note 21) has been added to the statements this year to reflect activities related to the pandemic. This note is consistent with other healthcare organizations as it is unknown what expenses will be reimbursed. Management has participated in discussions with the Ontario Hospital Association and Ministry of Health regarding the guidelines for reimbursement.

The operating budget was based on a balanced position. Overall the year ended with a [REDACTED] [REDACTED] (before building related expenses). In addition, the current ratio from the H-SAA perspective (0.63 vs 0.40) as well as the internal target adjusted for redevelopment (0.43 vs 0.36) has been achieved. Overall, Osler has met its financial health indicators for 2019/20.

The year-end audit has been concluded with Deloitte. The process this year was conducted virtually. The audit results were satisfactory for all areas of risk identified in the audit plan and the auditors will be issuing an unmodified report.

One change to the financial statements was noted. On page 59 (Note 8) the prior year table has been incorrectly stated and will be replaced. It was also noted that [REDACTED] has not yet been received therefore no further adjustments will be made to the current statements.

The reconciliation of the balanced plan to the [REDACTED] was provided to the Board which was mainly resulting from last minute revenue received from the Ministry, an unplanned electricity rebate related to EGH offset by COVID expenditures incurred in March. Most of the capital expenditures have been incurred as per plan. Osler will [REDACTED] year's uncommitted capital budget to 2020/21.

Florine Lobo and the rest of the Senior Leadership Team were thanked for their efforts on achieving the year-end results.

MOVED, seconded

That the Q4 financial statements be approved as presented and recommended by the Resources & Audit Committee – CARRIED

MOVED, seconded

That the Audited Financial statements of William Osler Health System for the year ended March 31, 2020 be approved as presented - CARRIED

The Board was advised that management has not yet received any information pertaining to funding announcement for the 2020/21 budget cycle. As a result, the planning assumptions that were previously presented to the Board in March will stand until such time that new information is shared. The Hospital Services Accountability Agreement has been extended to March 31, 2021. Existing funding schedules will continue in 2020/21 until further announcements are made.

It was stated that the Board will need to look at the budget for 2020/21 in three phases: pre-COVID; expenses incurred as a result of COVID; COVID/Non-COVID patients and related impact on the provision of services. It was noted that if funding announcements are made prior to the June Board meeting, the Board will be asked to approve a pre-COVID budget.

A question was asked regarding what the process will be this year pertaining to clawbacks and missed QBPs. Osler has been advised that there will not be any clawbacks due to missed volumes for the 2019/20 cycle. Information pertaining to the 2020/21 cycle is not yet known.

5.0 2019/20 BALANCED SCORECARD

A review of the year-end performance as indicated on the 2019/20 scorecard was provided. Due to timing, this information was not previously shared with the Health Services & Quality Committee as per normal practice. A revised reporting format was shared with the Board. This new format includes peer comparators and improvement initiatives for each metric. It was noted that some momentum was lost at the end of the year due to COVID activity. Of the 15 metrics included on the scorecard, year-end results showed 10 green, 4 red and 1 indeterminate. The indeterminate metric was related to the staff engagement survey.

The three metrics that fell below target were: *30-day readmission for Adult Mental Health*; *Would you recommend this hospital to family & friends*; and *Adoption of e-order sets*.

- ✓ Results related to the 30-day readmission have shifted since the onset of COVID as a result of virtual services.
- ✓ Results relating to *would you recommend* have seen a slight shift including a drop in overall complaints.

- ✓ Results relating to the adoption of e-order sets have not changed as expected. A modern HIM system would support the advancement of e-order sets.

A question pertaining to the number of virtual encounters was asked. It was noted that most of the shift that has occurred relating to virtual care occurred after March 31st and therefore is not reflected in the shared results. It was suggested that a virtual first philosophy is the way of the future and numbers will likely increase 200-300%. Consultations are occurring using three Osler platforms: zoom healthcare, OGN connect or telephone. A virtual program for discharged COVID patients is also currently being explored which will provide practitioners the ability to monitor these patients remotely.

A question was asked regarding how the organization is capturing and addressing morale issues absent of any formal surveys. Management has been providing forums twice weekly that provides all staff an opportunity to keep current on information and ask questions of the leadership team. There is a sense that there is a greater feeling of engagement since this process was initiated.

The Board was advised that a schedule for executive rounding is currently being developed. This rounding includes both clinical and non-clinical units. Once created, the schedule will be shared with Board members for those individuals wishing to participate in the process.

A question was asked regarding the likelihood of expected changes to the strategic direction metrics due to the COVID situation. It was suggested that fine tuning of the directions may be in order as the team continues to strengthen its focus and attention on COVID related activities. In consulting with other peer hospitals it may also be necessary to revisit the metrics identified within the Quality Improvement Plan.

MOVED, seconded

That the 2019/20 year-end performance be accepted as presented – CARRIED

6.0 ADJOURNMENT

The next meeting will be held on June 17, 2020.

MOVED, seconded

That the meeting be adjourned – CARRIED