

ATTENDEES:

(P) Linda Franklin	(R) Ricco Bhasin	(P) Susan Britton Payne	(R) Jasmine Tehara
(P) Kulvir Singh Gill	(P) Mark Beckles	(R) Michael Torrance	(P) Pardeep Singh Gill
(P) Elsa Cabral	(R) Stuart Johnston	(P) Glenn Martin	(P) Dr. Frank Martino
(P) Dr. Brian Klar	(R) Tiziana Rivera	(P) Dr. Victor Rajkotwala	(R) Dr. Ioana Ciric
(P) Brenda Bushey (Resource)			
Dr. Rardi van Heest	Kiki Ferrari	Florine Lobo	Ann Ford
Cara Francis	Kelly Kimens	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 Board Chair addressed the Members regarding a recent email that was sent in support of the Foundation stressing the importance of 100% participation for annual giving. All contributions and engagement from the Board is very welcomed and appreciated.

A brief discussion ensued regarding the issue of achieving quorum. A hybrid model was developed for the 2022/23 Board cycle having some meetings in-person and others virtually. This model was developed taking into consideration the need for face-to-face interaction and the lack of opportunity during COVID-19. Members were asked to consider the current model and determine whether there should be a hybrid model going forward that would allow for both options at monthly meetings.

The Executive Committee met during at which time they received the draft goals and objectives for the CEO and Chief of Staff. Feedback was provided and the revised documents will be brought forward to the full Board in the coming months.

Kelly Kimens was asked to provide an update on the status of the search for a permanent Chief of Staff. A meeting was held today. Odgers has begun sourcing contacts for this position and is in the final stages of creating a candidate brief. This document will be posted sometime next week. It is the intent to identify candidates by the end of January with interviews scheduled in February.

The Chair advised that a meeting is scheduled tomorrow with the final candidates for the Director, Board Relations role. As this role has significant interaction with the Board, it was felt that the Board should have an opportunity to meet the preferred candidates. Although this position will report to a Vice President, it will have a dotted reporting line to the CEO and will be required to engage directly with the Board as required.

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: October 26, 2022
- CA 2.2 MAC Minutes: November 9, 2022
- CA 2.3 Health Services & Quality Committee Minutes: November 9, 2022
- CA 2.4 Governance & Human Resources Committee Minutes: November 10, 2022
- CA 2.5 Resources & Audit Minutes: November 16, 2022

The Board was advised of one revision and one addition to the materials presented.

- On page 6 of the package, there was one correction to the October 26 Board minutes: the suggested position for the new building on the Peel lands was incorrectly stated as the “east” side. The minutes will be revised to reflect “west”.
- On page 18 of the package there were two resolutions added to the MAC resolutions:
Moved by Dr. Selliah, seconded by Dr. Rajkotwala
That the Board approve the Honorary Status

Moved by Dr. Militen, seconded by Dr. Selliah
That the changes to the procedures list be approved.

MOVED, seconded

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

3.0 BUSINESS ARISING

3.1 CHAIR’S REPORT: Health Services & Quality Committee

The Committee Chair provided an update on discussions that occurred during the November 9 Committee meeting. A decision has been made to delay the development of the 2023/24 Clinical Priorities Plan (CPP) due to the significant surge activity. Some of the initiatives listed within the current CPP will need to pause. It was noted that the implementation of the new HIS system will place greater demands on the organization which may cause further delays

An update was provided regarding the calculation of the Hospital Standardized Mortality Ratio (HSMR). Previous reporting did not include Covid-19 related deaths. This measure will be revised to include Covid-19 related deaths, however, in order to maintain consistency in reporting against the target selection principles defined early this year, reporting will continue without this new measure until the end of the fiscal year.

3.2 CHAIR’S REPORT: Governance & Human Resources Committee

The Board Chair provided an update on discussions that occurred during the November 10 Committee meeting on behalf of the Committee Chair. The first round of documents related to the governance review have now been completed. The second set has been received for review. An executive summary will be completed to assist the Board in identifying the key changes and reasons for the change. The Board will be required to dedicate specific time for this review once the documentation is complete.

The Committee received an update regarding a new initiative to assist with the human resource shortage. Clinical placements for nursing students has always been an issue. Osler made an arrangement with Humber College to provide all required hours for clinical placements throughout the 4 year program nursing program with the hope of creating a pipeline of students for full-time employment. There are currently 40 nursing placements for each year of the clinical placement cycle. Osler has committed to providing these students with a good experience including placement in their areas of interest if possible. Discussions are also underway with Conestoga College for a similar arrangement. Sheridan College has advised that they have submitted an application for an RN program and are interested in this type of arrangement should they be successful in obtaining the new program.

Q: How are people selected for this program?

A: Generally, students self-select and identify their choices for placement.

3.3 CHAIR'S REPORT: Resources & Audit Committee

The Board was advised that Deloitte has been identified as the preferred proponent to review the hospital's non-audit services policy in conjunction with the HIS Request For Proposal (RFP) requirements. This is separate and above from the audit services currently provided to Osler. A separate team of professionals will be assigned to the non-services audit component.

An update regarding the financial results for Q2 was provided. The financials are currently showing a deficit position for Q2 in the amount of \$2M compared to the Board approved plan of \$3M surplus. This has resulted in a \$5M unfavourable variance to budget. It was noted that management is anticipating reimbursement of \$10.3M in expenses related to Covid-19. Going forward, these expenditures will not be covered, however, talks continue with government officials to determine what type of funding will be made available.

Management was asked to continue efforts to identify sources of funding that could be used to offset the costs related to the new HIS system. A number of discussions have transpired including: a discussion with BMO regarding sustainable financing options, impact bonds, and discussions with Ontario Financing Authority regarding issuing debt. The sustainable financing options would require upfront and annual compliance fees and are not viable at this time. Impact bonds are unlikely the right fit for the HIS project and other financing issuing as discussed with Ontario Financing Authority show little benefit and would require a longer process.

Q: A statement was made in the Q2 financial statement update which stated that patient revenues were offset by \$2.6M due to OHIP technical fees. What is that? Also, is the preferred revenue accommodation of \$700 lower than budget?

A: For some services provided to patients (such as x-ray) there is a technical and professional fee component. The professional fee is passed along to the clinician and the technical fee component is kept by the hospital and applied towards costs relating to use of space, etc. The \$700 accommodation fee is lower than budget.

An update on the progress made regarding IT security updates was provided. The Committee received an update and is pleased with the progress that has been made on this file. Steve Hall was thanked for his leadership.

Q: Was there an external audit review relating to Osler's IT security systems?

A: The audit is scheduled to commence this month. The findings of the audit will form the basis for the next stage of work to be completed. It is recommended that an audit be conducted every two years.

Q: Was cybersecurity part of accreditation?

A: Yes

It was suggested that additional discussion be held with the Board to review protocols in the event of a cyber-security attack. The Board was advised that management undertook an exercise last year that presented a mock cyber-security threat. The single largest learning through that exercise was how to manage the hospital when systems are being attacked. Will bring to the Board for greater discussion to discuss protocols in the event of a cyber-security attack. Last year an exercise was conducted with the senior leadership team. A number of learning were uncovered during this exercise with the most significant one being related to managing the hospital when systems are being attacked.

Q: Where does the Board fit in?

A: It was suggested that a simulation could be conducted with the Board. Depending on the circumstances, the Board will have a role. A Memorandum of Understanding has been created with a number of sister hospitals to ensure support in the event of a cyber-attack. A suggestion was made that it would be helpful if a contact list of experts be developed that could be easily accessed.

Q: In the event of an attack, how do you manage public perception; what do you do when data is lost?

A: The MOU developed allows organizations to bring dozens of IT specialists together to provide assistance in the event of an attack. Time is of the essence, and there is a need to get systems back up and running quickly.

A fulsome discussion will be brought back to the Board as part of its ERM update.

4.0 GOVERNMENT RELATIONS STRATEGY

An overview of Osler's Government and Stakeholder Relations strategy was provided. Osler's catchment is possibly the most dynamic for any community hospital consisting of more than 40 elected officials plus political staff and bureaucrats. Key audiences include: provincial municipal and federal leaders as well as health system leaders and public service. Osler utilizes a strategic relations framework consisting of four levels: awareness/understanding, engagement, support/champion, and influence/direct. Utilizing the government's four-year life cycle, Osler has positioned its advocacy efforts to ensure discussions and actions are appropriate to the timelines presented. In 2022, there were two elections (provincial and municipal) which added to the complexities of an already busy government relations strategy. The focus has shifted to the municipal and provincial budget consultations and approvals in order to ensure that Osler's priorities and requests are top of mind. In addition to the short-term activities, Osler has a long-term advocacy plan that focuses on three key areas: redevelopment, transformation and operational capacity.

Board members play an integral role as advocates and key influences in the advancement of Osler's government relations strategies. As such, additional supports are being developed that will assist Members in having the right conversation with the right individuals as needed. As such, a Board toolkit is currently being revised as well as a calendar of opportunities for engagement. Government relations training will also be provided similar to the media training previously provided to select members.

Q: Is there anything that is not in the plan that we should have in order to magnify our voice?

A: Osler is in a unique space given its political environment. Given the heightened political activity and attention in this area, significant effort is required to gain the focus and attention Osler requires. Going forward, it will be helpful to identify champions who can assist in moving the messages forward to key figures.

Q: Do you want to be part of media attention?

A: Osler receives a lot of media attention; that can have both positive and negative implications. Elected officials feel vulnerable when they are questioned on various issues and it is therefore important that dialogue continue with these individuals to ensure they are educated and aware of the topics being raised.

Q: What is our plan? What is the narrative that we are presenting? What is the message? What is the risk analysis? Looking at government's timeline and the significant pressures facing Osler, how does the government's timeline align with Osler's requirements? How are we messaging that challenge to the Government?

A: This presentation is the start of a conversation and sets the stage for what is to come. Short term priorities have been identified. Efforts will focus on the engagement piece and how we will build momentum.

Q: What is the larger narrative and alignment with the strategic plan?

A: Given the immediate and long-term needs, it will be important to stage the conversations appropriately. The Board will receive additional details regarding the narrative and alignment with the strategic plan at the February Board meeting.

Q: In terms of the partnership with TMU and given the cyclical nature of government, it will be important to start the ask now for this project.

A: Through Osler's GR strategy there is an opportunity to contextualize existing relationships with the Mayor and other Brampton officials. It is important to understand where and how priorities are established. The City is not responsible for determining the needs and priorities of the health care system. It will be important to find a way to manage that voice and leverage where appropriate.

Q: *It will be important going forward to find a way of countering the existing relationship with the city and relay what Osler stands for. To ensure that the officials are aware of our priorities, we need a consistent message to deliver. Who are the champions in the community that can assist with delivering that message?*

A: It will be necessary to equip the Board with key messages and strategies.

Q: *It would be helpful to provide the Board with: stakeholder mapping and assessments, where we are with each stakeholder, how these assessments are being conducted.*

A: The next iteration of the plan will include tactics, timelines and how they all fit into the strategic plan.

Q: *The role of the consultant was mentioned several times; who is the consultant?*

A: Santis Health

Q: *The Board would appreciate understanding the connections between Santis Health and key conservative figures.*

A: There is a strong connection to the Premier's Office. Additional information can be shared going forward.

Q: *The media landscape has changed significantly; what level of familiarity do we have with that especially in Brampton?*

A: Additional information will be shared at the next presentation.

It was suggested that onboarding of new Board members includes a discussion regarding personal/professional connections and relationships that exist that may assist with Osler's government relations efforts.

5.0 EDUCATION SESSION: TMU/ACADEMIC HEALTH CENTRE

Dr. Rardi van Heest provided an education session on the Osler/TMU/Academic Health Centre initiative. This new partnership will encompass a focus on generalism (*Generalism is a philosophy of care distinguished by a commitment to the breadth of practice within each discipline and collaboration with the larger health care team in order to address patient needs.*) Guided by a research purpose, *Excellence in research to advance clinical care and impact the health of our community*, core areas of focus will include population health, digital health for better outcomes, and health system research.

A review of the preliminary milestones to Fall 2025 was provided. Prior to the welcoming of the first cohort of students in 2025, there are a number of key activities that must be completed. They include:

- Council for Accreditation of Canadian Medical Schools (CACMS) Accreditation (post graduate medical education accreditation)
- Completion of an Affiliation Agreement between Osler and TMU
- New designation of Hospital as Group A (General/Teaching).

A brief discussion ensued regarding the requirements of the Board of Director in this process. The Board will be engaged in the following manner:

- Board membership review (via Governance & Human Resources Committee)
- Ministry of Health business case (via Resources & Audit Committee)
- Clinical implementation updates (via Health Services & Quality Committee)
- Resolution to support Group A hospital designation (via Governance & Human Resources Committee).

Q: *In relation to the timeline presented, are there any risks that will prohibit Osler from meeting the 2025 timeline?*

A: Yes, there are a number of risks associated with this timeline. TMU is largely responsible for the accreditation process. TMU is also responsible for the curriculum development and obtaining Senate approval of such. There is a considerable amount of time, money and effort being invested in this project to ensure that all timelines are met.

It was noted that the actual inaugural class will include 20 students and the number will evolve from there. Discussions are also underway with McMaster University to obtain assistance with the development of required policies for the initial phase.

Q: Are there any implications for the H-SAA as a result of a new designation as a Group A hospital? Is this designation applicable to one site or corporate wide?

A: The designation as a Group A hospital is for the entire Osler system. Academic Health Centres operate with H-SAAs. Financially, there are implications as the infrastructure required for an Academic Health Centre is significantly greater than that required by a community hospital. Osler has engaged the assistance of a consultant who will conduct a due diligence process to ensure that what is presented is robust and all encompassing.

Q: Once accredited, will there be an opportunity to accelerate foreign-trained graduates?

A: Yes. Staff are currently examining this possibility in more detail.

Q: To what extent is this partnership costing Osler? Is the business case reflective of a go-forward position or is there a retroactive payment to cover costs that have been incurred to date?

A: The business case would be reflective of costs incurred in the future. A planning grant has been provided and can be applied to expenses incurred to date. Recruitment of a consultant will cost approximately \$500k. In addition, a project manager will also be recruited for this initiative.

Q: Is there an opportunity to ask the government for dollars to fund these efforts?

A: This partnership does have its challenges, as these are uncharted waters with little or no experience from which to draw upon. This project will be very similar to other capital projects in that there are costs up front. The Ministry process includes receipt of a planning grant which is applied retroactively.

Q: Is there a public relations plan that we are moving forward with?

A: This project is a priority for the organization and part of the budget ask. Staff are continuing their efforts to socialize this project including stressing the need for required funding.

6.0 NEW BUSINESS

6.1 REPORT OF THE PRESIDENT & CHIEF EXECUTIVE OFFICER

A written report was tabled for information. The following highlights were presented by the President & CEO:

- Pressures continue within hospital due to a surge in respiratory illness. The paediatric population are being impacted the most.
- The UCC has expanded its services to a 24/7 model; a soft launch was done this week to address some staffing issues; there will be some reduced hours over the holiday period.
- The website was updated to include a wait clock from the Urgent Care Centre.
- A community town hall meeting was held this week attracting approximately 15,500 residents. The topics of discussion included a review of Osler's redevelopment plans.

A job fair was held this week, which attracted over 800 registered individuals. Clinical Managers were on location providing prescreening of individuals. Approximately 189 conditional offers were provided. Start dates have been flagged for December pending reference checks.

Ken Mayhew addressed the Board regarding a significant donation. Peter Giligan, President & CEO of Mattamy Homes has agreed to name Osler as the recipient of raised funds for its Tour de Bleu cycling event for the next two years.

6.2 REPORT OF THE INTERIM CHIEF OF STAFF

A written report was tabled for information. Highlights presented by the Interim Chief of Staff include:

- Physician recruitment continues to progress.
- Approximately 40 physicians attended a peer support training program
- Dr. Michael Miletin was recognized for his efforts in setting up this program. He provided a talk on an early warning system that identifies people before they get too sick. This system utilizes artificial intelligence and is one example of the quality initiatives that are underway at Osler.
- The team is currently gathering the results of the recent physician survey; results will be shared with the Board when available

- The OHT has organized an event to take place on December 1st, 2022 and will feature Dr. Mamta Gautam, a Physician Wellness Expert.

7.0 IN-CAMERA SESSION

A brief discussion ensued regarding the recent organizational changes related to the executive team.

8.0 ADJOURNMENT

MOVED, Seconded

That the meeting be adjourned – CARRIED