

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	(P) Dr. Victor Rajkotwala	(P) Dr. Ioana Ciric
(P) Brenda Bushey (Resource)			

Steve Hall

Florine Lobo

Dr. Rardi van Heest

Glenn Martin

1.0 CALL TO ORDER & DECLARATION OF CONFLICT

The meeting was called to order. No declarations of conflict were made. The Ethical Decision Making Framework has been included in the package as a reference.

MOVED, seconded

That the agenda be approved - CARRIED

1.1 CHAIR'S REPORT

The Chair provided an update on the various activities that have recently taken place. On September 15, the Board Chair accompanied Dr. Mohammad and Ken Mayhew as they met with leaders from the Ontario Khalsa Darbar (OKD), which is the largest Sikh Gurdwara outside of India. The visit and meeting served to help deepen the relationship with OKD and its leaders, and support Osler's community relations efforts. During the visit, Osler received thanks from OKD leaders for its efforts to keep the community safe during the pandemic. Dr. Mohammad shared a brief update on Osler priorities, including COVID-19 response and hospital redevelopment – in addition to showcasing Osler achievements. The visit was also an opportunity to hear directly from OKD leaders and engage in discussions with the group.

The Capital Asset Development Funding Working Group has been meeting to review four key capital projects. Details regarding the final project was shared at the last meeting. The meeting also included an overview of the hospital's financial position and community funding opportunities. The financial challenges and issue of sequencing the projects will now be addressed.

Information relating to the hospitals HIS system will be shared in a separate report as part of this meeting. The committee community representatives have been invited to the Board meeting to participate during that presentation.

The Foundation was congratulated on hosting a successful golf tournament. Board members were thanked for their participation in this year's event which raised in excess of \$200,000 for the hospital.

A presentation was made this morning to Brampton's City Council in advance of a local share ask that will be forthcoming in the next month. The presentation was well received.

Finally, Osler will be hosting a telephone town hall meeting next week. All members of the Board were encouraged to participate if available.

Q: How will the Board be kept up to date on the discussions arising from CADF?

A: All recommendations from CADF will flow through the Resources & Audit Committee to the Board. The first number of meetings have been focused on educating the members on the various projects. Potential solutions will now be discussed and debated. Recommendations will come to the full Board for decision-making. Representatives from the hospital Board participating on CADF include: Kulvir Singh Gill, Linda Franklin, Pardeep Singh Gill and Geoff Ritchie.

Q: *In regard to the October 5 town hall meeting, is Osler's messaging aligned with that of the City's?*

A: Additional information will be shared during the CEO's report, however, it was noted that there is good alignment with the City. Council was unanimously in favor of the plans to evolve the UCC to a 24/7 operation with the plans to transition to a full emergency department. It was noted that a number of meetings have taken place with individual councilors to socialize the future ask.

1.1a Board Policy Review

The Board has an obligation to review and approve the governing policies on an annual basis. Six policies were tabled for approval. Revisions are minor housekeeping amendments with no materials changes made at this time.

The following Board policies were tabled for approval: *Code of Conduct, Confidentiality, Conflict of Interest, Decision-Making, Board Composition & Nominations, and Whistleblower.*

It was noted that the regular process for review and approval would require that the policies be reviewed through the appropriate Board committee first and then brought forward to the Board. It was noted that a discussion is ongoing regarding Board member terms. This item will be brought back to the Board for a further discussion.

The Whistleblower policy is a corporate policy however, given the Board's potential involvement in the process, the policy is shared for information and approval.

Q: *Does the policy allow for anonymous complaints to be filed?*

A: The policy does allow for anonymous complaints as outlined within the document.

MOVED, Seconded

That the Board of Directors approve the governing policies as presented – CARRIED

2.0 LIVING THE VISION

Ricco Bhasin provided the Living the Vision segment which was focused on Osler's Hospitalist Program.

A tour of the EGH Hospitalist Program was provided with the assistance of Dr. Mohammad and Dr. Karen Dang. Dr. Dang is the lead hospitalist for the Etobicoke site and is one of Osler's physician quality leads. An opportunity was provided to speak with a group of hospitalists, nurses and other hospital personnel. It was noted that more than half of the hospitalist team at EGH has been with Osler for more than ten years.

The hospitalist is responsible for seeing all non-surgical patients. A hospitalist is responsible for seeing all non-surgical patients and specializes in diagnosing and treating a wide variety of illnesses.

3.0 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: *Jun 16, 2021 (3 sets)*
- CA 3.2 MAC Minutes: *Jul 14, Aug 18, Sept 13/21*
- CA 3.3 Governance & Human Resources Committee Minutes: *Aug 5, Sept 9/21*
- CA 3.4 Health Services & Quality Committee Minutes: *Sept 8/21*
- CA 3.5 Resources & Audit Committee Minutes: *Sept 15/21*

Two revisions were noted to the MAC minutes as stated:

- July 14 MAC minutes: Learner Vaccine Attestation Form
The process changed following the distribution of the minutes and now requires that all learners provide proof of vaccination as part of their onboarding process.
- July 14 MAC minutes: Physician leaders forum
The date of the physician leaders forum should state late Fall 2021 (not 2020).

MOVED, seconded

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

4.0 BUSINESS ARISING

4.1a CHAIR'S REPORT: Governance & Human Resources Committee

A report was provided by the Chair of the Governance & Human Resources Committee which summarized the discussions from the September 9, 2021 meeting.

Three items were highlighted for additional discussion:

- Accreditation: all members of the Board were thanked for their participation in the joint mock survey. An open session has been scheduled for October 18. Dr. Mohammad and Tiziana Rivera will be available to address any last minute questions. The survey is scheduled on October 25 from 1:00 – 2:00 with Accreditation Canada.
- HR Update: Florine Lobo provided an update on the current activity related to human capital. The discussion focused on vacancies and retention strategies. The number of vacancies Osler is experiencing is in keeping with other peer organizations.
- The committee is currently working through a comprehensive plan for Board succession. The next committee meeting will include a brainstorming session to review various scenarios and considerations. A recommendation will be brought back to the full Board for discussion.

[REDACTED]

[REDACTED]

4.1b CHAIR'S REPORT: Health Services & Quality Committee

A report was provided by the Chair of the Health Services & Quality Committee which reflect the discussions from the September 8, 2021 meeting. The following performance reports were distributed for information:

- Q1 Strategic GO Plan, Q1 Balanced Scorecard, Q2 Quality Improvement Plan.

The committee also discussed increased representation of the patient voice as part of Board discussions. The Chief Patient Experience Officer has been invited to participate at the Health Services & Quality Committee meetings as a guest and will bring regular updates as part of the agenda. In addition, the committee also discussed consideration of the Board's involvement at all PFAC meetings. Kulvir Singh Gill will attend the October PFAC meeting and report back to the Board as part of the October Living the Vision session. Consideration will be given to having the Board rotate at future PFAC meetings to provide a greater perspective of the patient voice.

4.1c CHAIR'S REPORT: Resources & Audit Committee

A verbal updated was provided by the Chair of the Resources & Audit Committee which focused on discussions from the September 15, 2021 meeting.

[REDACTED] has been reported at the end of Q1. Staff have not yet received feedback from the government regarding reimbursement for covid related expenses. [REDACTED]

[REDACTED] Management has advised that a third party consultant firm will be engaged to provide assistance with funding options related to the capital projects identified through CADF.

5.0 NEW BUSINESS – EDUCATION SESSION

Steve Hall, VP Information Technology & Information Services provided an overview of Osler's Hospital Information System (HIS) platforms. The Community Committee representatives were invited to participate in this discussion. Glenn Martin joined the meeting for this discussion.

Osler is currently on an HIS platform from 1994 and is the last hospital in Ontario to undertake an HIS renewal. A detailed presentation regarding current and future state of Osler's HIS platform was made to the Capital Asset Development Funding Working Group. It was noted that the lack of a current HIS system is jeopardizing Osler's ability to recruit and retain new staff as the capacity to conduct day to day tasks is challenged. The current system is able to handle basic information however, complex data types including pictures and graphics is not easily accessible. Patient charts are housed on the units where more than 1500 different forms are utilized.

The difficulties with the current system include:

- Inability to adopt patient safety tools that are now commonplace
- Quality improvement is manual
- Inability to provide the hospital with one system for integrated care
- Baseline for any large acute care hospital relies on an upgraded HIS system.

Key issues with the current system include:

- HIS transformation will consume full attention of the organization
- Strong clinical leadership and decision-making is essential
- Total cost of ownership should be determined over an extended period (10 years)
- Software vendor and implementation partner must be chosen carefully
- Excellence in project management and project governance will be required.

Next steps:

- A thorough plan will be presented to the Executive Team in Fall 2021 and will include:
 - Project governance
 - Procurement options
 - Own system or build onto neighboring hospital
 - Organizational engagement strategy
 - Costs and financing plan
 - Timeline for project
 - Recommended next steps.

Q: How will we implement such a magnificent change?

A: The risk associated with this project is significant due to the magnitude of activities requiring focus and attention of the entire organization.

Q: What is the shelf-life of this solution?

A: The lifespan of a modern HIS system is approximately 20 years.

Q: What is the process in this industry for large scale transformation projects?

The level of investment in IT has been very low with approximately 1-1.5% of the total budget spent. The Ministry has started to implement some process including setting out guidelines on procurement, evaluation and implementation strategies. Hospitals have been drawing on the experience of other hospitals that have completed similar projects ahead of them.

Q: What is the role of the Board?

A: The role of the Board will be to assist with setting the goals of the project and to provide project oversight.

Q: Are there concerns related to cybersecurity?

A: Given the level of experience, some vendors have put in measures to protect against cyberattacks.

Given the magnitude of the project, this process will need to be staged and organizational goals and objectives will need to be trimmed down. There are approximately 3500 clinical decisions that will need to be made to complete this project.

6.0 NEW BUSINESS

6.1 REPORT OF THE PRESIDENT & CHIEF EXECUTIVE OFFICER

A written report was provided for information.

A delegation from Osler including the CEO and Board Chair were present this morning for a meeting with City Council. The purpose of the meeting was to provide an update on COVID recovery and expansion initiatives.

The Foundation was thanked for hosting a successful golf tournament.

An update on the status of the vaccination policy implementation was provided. To date, there are approximately 500 staff who fall outside of the policy. It was noted that some of those individuals may be casual and some may already have received their first shot. November 7 is the deadline to receive confirmation of vaccination status for staff. Approximately 95% of staff are compliant with the policy. The visitor vaccination policy will come into effect on October 18.

Q: How will the loss of staff due to the new policy impact the organization?

A: Contingency plans are already being developed to address any vacancies. Some non-essential programs may need to be reduced.

Q: What infection control measures are we taking?

A: With the introduction of the vaccine, the number of outbreaks is decreasing. Infection control measures include daily screening protocols including disclosure of symptoms. Occupational Health manages the process for any staff member who is ill and determines what is required before returning to duty. It was reported that studies have shown that both vaccinated and unvaccinated individuals can carry the virus however, the unvaccinated have a greater chance of exposure and transmission.

The team was thanked for providing assistance to the First Nations communities. It was also noted that the Environmental Services team recently was recognized by the Brampton Rotary Club for their dedication to patient care.

6.2 REPORT OF THE CHIEF OF STAFF

A written report was provided for information. The following highlights were provided. Currently 99.46% of all credentialed staff at Osler are fully vaccinated. The Chief of Staff stated that he is confident that there will not be any significant impact on service from the physician perspective.

Planning is underway for a Physician Leaders Forum on October 27. The focus of the forum will be developing engagements, health and wellness strategies and lessons learned from the pandemic. A number of inter-departmental focus groups are being created to develop strategies and initiatives amongst the Osler Professional Staff. Discussion with outside experts and consultants will also be part of the day.

7.0 IN-CAMERA 2021/22 Goals & Objectives

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

8.0 ADJOURNMENT

MOVED, Seconded

That the meeting be adjourned – CARRIED