

**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. David Borts
(P) Dr. Naveed Mohammad	(P) Tiziana Rivera	(P) Dr. Michael Van Gulik	(P) Dr. Hany Youssef
(P) Brenda Bushey (Resource)			

Kiki Ferrari

Dr. Frank Martino

Ann Ford

Florine Lobo

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**1.0 CALL TO ORDER & DECLARATION OF CONFLICT**

The meeting was called to order. No declarations of conflict were made. A request was made to reorder the agenda and receive item #5.1 prior to #4.1. An in-camera session will be held at the end of the meeting to discuss the recent reorganization of the executive team.

**MOVED, seconded**

***That the agenda be approved with the suggested changes - CARRIED***

**1.1 Chair's Report**

The Chair welcomed members to the first official meeting of the 2020/21 cycle. It was noted that the summer has been exceptionally busy with regular updates provided related to COVID. Appreciation was extended to the entire executive team for their ongoing efforts during this very difficult time.

The Chair congratulated the Foundation on a very successful golf tournament that occurred this past Monday. A special thanks was extended to the Board members for their support and participation.

**2.0 LIVING THE VISION**

An overview of the concept behind *Living the Vision* was shared. Each member of the Board will be asked to tour a unit of the hospital and report back to the Board on their experience and observations. A schedule was provided for future meetings. This initiative is intended to highlight the experiences of patients, physicians and staff and to gain a glimpse into the health care environment at Osler. It was suggested that materials that supported previous sessions be shared with members to provide an idea of how presentations were made in the past.

**3.0 CONSENT AGENDA**

One motion is required to approve all items included in the Consent Agenda. A reminder was provided that any of the items contained within the Consent Agenda may be placed on the regular agenda for discussion. The Consent Agenda has been modified with a greater focus on meeting minutes. The Report of the Chief Executive Officer and Chief of Staff have been removed from Consent and have been placed on the regular agenda as standalone items. A summary of the motions contained within the Consent Agenda have been provided on page 4 of the package.

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

- CA 3.1 Board Minutes: *June 17 (x3), August 6*
- CA 3.2 MAC Minutes: *September 16*
- CA 3.3 Governance & Nominating Committee Minutes: *September 10*
- CA 3.4 Health Services & Quality Committee Minutes: *June 10, September 9, 14*
- CA 3.5 Resources & Audit Committee Minutes: *June 11, September 16*

(Page 7 Update): An update was requested regarding the transfer of patients to West Park. Discussions are underway regarding the possibility of relocating complex continuing care patients from Osler to a more suitable place of care. Osler is currently waiting on Home and Community Care to complete the required application as this request falls under the responsibility and jurisdiction of the Local Health Integration Network. It is anticipated that this change will occur in the near future.

(Page 17 Update): An update was requested regarding the status of primary care physicians within the community. Primary care physicians have been providing much of their care virtually since the onset of the pandemic. The ER has been impacted by a growing number of CTAS 3 patients that could have otherwise been seen in a physician's office. Assistance is being provided to physicians to help them transition from virtual visits back to in-person visits in their offices.

(Page 22 Update): An update was requested on the new *Results Notification App*. This tool will facilitate the tracking of calls made to patients (and their respective physicians) who have tested positive for COVID. Currently the system is overwhelmed with the number of responses due to the high volume of tests. Osler has been given the go ahead to conduct onsite testing. Shared Services West has expedited the request for the necessary equipment. Once installed the equipment will enable Osler to process approximately 800 tests per day. A second machine has also been ordered which will increase this number to approximately 1600-1800 tests per day.

It was noted that a number of individuals are seeking tests from the assessment centres that are out of Osler's immediate catchment area. The current turnaround time for results is approximately 5-6 days. The addition of the new equipment will reduce this time to approximately 24 hours.

The following correction was made to the September 16, 2020 minutes of the Resources and Audit Committee: Page 46; paragraph 3: *This work is not subject to Deloitte's audit of Osler's financial statements, it is not expected Deloitte will rely on this work for their audit of Osler's financial statements, and Deloitte will not be providing accounting recommendations.*

The following correction was made to the September 10, 2020 minutes of the Governance and Nominating Committee: Page 47; paragraph 1: *The Governance & Nominating Committee is in the process of recruiting one community member to be added to the membership of the Resources & Audit and Health Services & Quality Committees...*

#### **MOVED, seconded**

***That the items listed within the consent agenda be approved with the noted changes as listed – CARRIED.***

#### **4.0 BUSINESS ARISING**

A new format was tabled to facilitate the Committee Chairs' reports that will allow for greater discussion by the Board and will eliminate duplication of meeting minutes.

##### **4.1a Chair's Report: Governance & Nominating**

The discussion that occurred at the September 10 Governance & Nominating Committee meeting has informed much of the current meeting agenda. Members of the Board were thanked for their feedback regarding the organizational changes. Additional discussion will be deferred to the in-camera portion of the meeting.

A survey was distributed to the Board regarding the recent orientation sessions. Feedback from the survey will be used for future sessions. It was noted that two additional surveys will be forthcoming in the near future; one that pertains to the 2021 Accreditation Survey, and the second one regarding Board effectiveness.

The Committee has begun its discussion regarding committee mandates. Additional discussion regarding this topic will continue at the October meeting for Governance & Nominating. A review of the current structures has been initiated to ensure a balance of governance oversight and support for management. Recommendations on any potential changes or revisions will be presented to the Board once discussions with the Committee have been completed.

#### **4.1b Chair's Report: Health Services & Quality Committee**

The Chair's report was included in the package which reflects two meetings: September 9 and September 14. In addition to the report, the Board was reminded of the Accreditation survey which has been rescheduled for October 2021. Additional information regarding the survey will be presented over the next few months.

The Board was reminded that the Health Services & Quality Committee has the responsibility for performance metrics. There has been significant discussion to date regarding adjusting the timing and approved metrics based on the impact of COVID related activities. Review of the metrics has become a challenging exercise. Further updates will be provided as progress is made.

#### **4.1c Chair's Report: Resources & Audit Committee**

The Committee was advised that the organization [REDACTED] It was noted during discussions with the Committee that available cash and resources will be exhausted by the end of December if reimbursement for these expenses is not forthcoming. Since the September Committee meeting, reimbursement for related COVID expenses incurred during the months of March and April has been received which will provide a buffer until January. Meetings are currently underway to discuss the lack of cash flow. [REDACTED]

Osler has been advised that dollars for the addition of 40 new beds to address surge capacity will be forthcoming in the amount of \$9.4M. This funding will be available as of October 1<sup>st</sup>. The opening of some of these beds will be reliant upon successful recruitment of staff. Beds will be added as staffing is secured.

[REDACTED]

A number of discussions are happening throughout the province to address the financial impact of COVID. A pre-budget advocacy discussion was held with representatives from the Ontario Health Association.

From a governance perspective, the Board is ensuring its due diligence by instructing management to regularly update the Board on the cash flow position and ensure compliance with all statutory regulations. Additional mitigating factors including adequate insurance coverage through HIROC as well as conducting regular checks and balances are also being reviewed.

### **5.0 NEW BUSINESS**

#### **5.1 Report of the President & Chief Executive Officer**

A written report was included in the package. Highlights from that report were noted as follows.

##### **COVID Update:**

The current COVID statistics were provided. There are currently 18 COVID+ patients in hospital; 5 patients are in the ICU. An additional 27 patients with COVID related illness are in hospital and 58 patients are COVID suspect awaiting results. To date, Osler has performed 193,000 swabs; 10,000 of those tests have tested positive. The PPE supplies remain adequate. The COVID, Cold & Flu Clinic at PMC is seeing approximately 200 patients per day. Cases continue to rise. Long Term Care homes within the Central Region are also experiencing an increase in COVID cases. New practices have not been implemented as quickly as expected.

##### **Notice of Passing:**

The Board was advised of the passing of one of Osler's surgeons, Dr. Nicholas Guay. Dr. Guay passed away yesterday. Dr. Guay was the former Chief of Surgery at Osler and was an innovative breast reconstructive surgeon. His wife also served as an Anesthesiologist at Osler for a number of years. Dr. Martino has been in constant contact with the family

and efforts are underway to support the family as much as possible. A viewing will be held on Friday with funeral services on Saturday for invited guests only. Flags were lowered across all three sites and a moment of silence was held in Dr. Guay's honour. The Board asked that management pass along condolences to the family.

This week has been a very emotional week for staff and physicians at Osler as they were dealing with the passing of an ICU nurse and the passing of a spouse of one of Osler's staff. Support has been provided to staff, physicians and volunteers who may be experiencing difficulty coping as a result of these circumstances.

It was stated that the loss of colleagues and the tremendous painstaking tasks that are facing the frontline staff is sometimes lost in the day to day activities. The Board extended their thanks to the teams for their continued efforts and for placing themselves at risk each and every day.

A question was raised regarding the availability of flu shots. It was noted that the flu shots should be available within the next ten days. The hospital is not observing a high degree of flu activity at the present time.

A brief update regarding the Peel Phase II project was provided. Information was relayed that the project should be receiving approval in the New Year. There are a number of discussions currently underway. The Board will be updated as more information is received.

## 5.2 Report of the Chief of Staff

A written report was included in the materials. Highlights from the report were provided.

A COVID Clinical Response team was implemented to ensure that the necessary policies and procedures are in place to manage the current situation.

Under the leadership of the Chief of Staff, the medical staff office is focusing its efforts on physician wellness. A survey will be conducted in the near future which will provide valuable information on what is needed to support physicians in the workplace and at home.

An update on the reappointment process was provided. Currently there have been over 200 applications processed for professional staff at Osler. Efforts are currently underway with the guidance and support of Dr. Brian Klar to create a new staff category for physicians who wish to align themselves with Osler but do not have direct inpatient care responsibilities. This will come to the Board in the next 6-12 months for discussion and approval.

An update was provided on the implementation of the new *Engage* application. This tool allows for effective communication, messaging and transmission of appropriate patient data while maintaining the required privacy.

The Accreditation Survey is scheduled for October 2021. Two areas of focus for the physician group include "Do Not Use Abbreviations" (DNUA) and "Best Possible Medical History" (BPMH). Results for both of these initiatives have improved significantly. Efforts are also underway with the analytics team to examine the HSMR data as this has also been identified as an area of concern.

Dr. Borts was thanked by the Board for his continued efforts and contributions and for his reports which are delivered in a concise and thoughtful manner.

## 6.0 STRATEGIC UPDATE

### 6.1 Strategic GO Plan

A presentation regarding the Strategic GO Plan was provided for discussion. This plan has been revised considering the current environmental pressures.

The Board approved the Strategic Plan last year. During the summer months, a review of the plan resulted in the development of a refreshed version that was more focused and realistic for achieving over an 18 month period.

During the first year of implementation, a number of milestones were achieved including:

- Official OHT designation status
- The creation of an operational command centre to facilitate patient flow;
- Submission of Peel Phase II Stage 1 was completed; and
- A new Patient Declaration of Values was co-created with the Patient Family Advisory Council.

In the process of developing a refreshed plan the following things were considered:

- Ensure a renewed focus on quality and continuous improvement
- Alignment with the balanced scorecard
- Needs to make sense to and engaged by the frontline staff
- Consider the impact of COVID
- reinforce accountability with leaders on specific milestones and achievements over the next five years

During the review process, the following changes were made:

- Reduced the number of large scale initiatives to 15
- Streamlined the work to 32 strategic projects (formerly sub initiatives)
- People and Culture was changed from an Enabler to a Strategic Direction in order to demonstrate the significance and importance of this work. As a result of these changes the newly refreshed Plan will include four directions and three enablers.

To support the changes and in order to ensure that the new Plan resonates with frontline staff, a communications rollout will be developed. The discussion was opened for questions.

*Q: What reporting will come back to the Board that will reflect the progress of these initiatives?* A streamlined performance reporting process will be developed that aligns the progress of the GO Plan with the metrics reported on the Balanced Scorecard and Quality Improvement Plan. The output for each metric will be defined using a heat map. Information is also cascaded to the frontline using departmental placemats and iHuddle Boards.

*Q: What initiatives were removed from the previous version of the GO Plan?* The Board was reminded that the GO Plan is a multi-year plan. Some of the items that were removed from the previous version of the Plan included OHT, designation as a Home Care Provider, clinical pathways personas (these will be specific to various projects), capacity planning, staff engagement and choosing wisely. It was noted that some of these items have been incorporated into other ongoing projects; others were deferred due to restructuring.

*Q: What is the buy-in level for staff?* It was suggested that teams will proceed cautiously. It is understood that staff are exhausted and disillusioned given circumstances surrounding COVID (i.e. pandemic pay) which was out of the control of the organization. Accreditation is also on the horizon. Preparing for the survey next year alone will be a significant task and will require the efforts of everyone across the organization. It was suggested that delay of some of the initiatives associated with Accreditation may need to be deferred until March or April. The new values are being rolled out. It is hopeful that the values will demonstrate to staff that management has heard their concerns and are supporting their needs. It was suggested that the issue of how the Osler brand and employee engagement is or will be impacted by the current activities and expectations of the organization be brought back for discussion at the next meeting.

**MOVED, Seconded**

***That the Board of Directors accepts the revised Strategic Go Plan as presented - CARRIED***

## **7.0 IN-CAMERA DISCUSSION**



## **8.0 ADJOURNMENT**

**MOVED, seconded**

***That the meeting be adjourned – CARRIED***