

ATTENDEES:

(P) Jane McMullan	(P) Ricco Bhasin	(P) Susan Britton Payne	(P) Lisa Coulman
(P) Kulvir Singh Gill	(P) Linda Franklin	(P) Mark Beckles	(P) Vanita Varma
(P) Silvia Montefiore	(P) Geoffrey Ritchie	(P) Jasmine Tehara	(P) Dr. Brendan Carr
(P) Dr. Frank Martino	(P) Tiziana Rivera	(P) Dr. Michael Van Gulik	(P) Dr. Pavi Kundhal
(P) Laurie Gehrling (Resource)			
Kim Bellissimo	Val Carter	Kiki Ferrari	Florine Lobo
Dr. Naveed Mohammad			

1.0 CALL TO ORDER & DECLARATION OF CONFLICT

The meeting was called to order. No declarations of conflict were made. The agenda was accepted as presented. Item #3.3 Committee Chair Report will be moved forward to be included as part of the financial strategy discussion.

MOVED, Seconded

That the agenda be approved as presented – CARRIED

1.1 REPORT OF THE CHAIR

This meeting marks Dr. Kundhal's last meeting as ex-officio member of the Board. Dr. Kundhal was thanked for his contributions during the past two years. Dr. Hany Youssef has been appointed as the new President of the Brampton Professional Staff Association and will be joining the Board in April as an ex-officio member.

2.0 LIVING THE VISION

Mark Beckles provided the *Living the Vision* report. The report focused on the Oncology and Palliative Support Care services provided at Brampton Civic. The purpose of the *Living the Vision* segment is to understand the human aspect of the work that is carried out at Osler. A fact sheet was distributed providing an overview of the Oncology Program and cancer journey relating to services provided at Osler. Osler is a leading cancer care institution attracting some of the best medical professionals in the province. Collaboration amongst care teams is crucial in supporting the necessary level of care for patients.

The Survivorship Program created at Osler focuses on a phased treatment approach and ensures patients receive the right care at the right place by the right provider.

During the tour, Mr. Beckles had the opportunity to converse with patients who relayed their personal experiences. Appreciation for the services provided was evident, and in all cases, the delivery of patient centred care obvious.

It was noted that the average tenure of staff in this area is approximately two years. The staff were very engaged and happy to share their objective opinions.

A question was raised regarding the provision of radiation therapy. Traditionally radiation bunkers are located at regional centres. Due to the significant volume of patients seen at Osler, Cancer Care Ontario is looking at the possibility of creating bunkers at Brampton Civic. The Ministry will be making an announcement where additional bunkers will be granted. Osler has expressed interest in becoming one of those sites. This item will be further discussed as part of the CEO's Report to the Board.

3.0 NEW BUSINESS

3.1 STRATEGIC GO PLAN & ONTARIO HEALTH TEAM UPDATE

A briefing note was included in the package that provides a high level overview recent activities undertaken by the provincial government to change the health care system in Ontario. In addition, staff have been working towards the development of a Strategic Go Plan that will support the initiatives that were identified within Osler's new Corporate Strategic Plan. Given the changes to the health care system that are expected within the foreseeable future, Osler will need to be flexible and be able to recalibrate its plans as the environment continues to shift. On a positive note, there is a high degree of alignment between Osler's new Strategic Plan and the government's new direction.

The government has introduced a new agency known as Ontario Health which is a consolidation of multiple existing agencies in addition to the province's 14 LHINs. The goal of the new agency is to create approximately 50 new Ontario Health Teams that will be held clinically and fiscally responsible for the delivery of a continuum of care. The notion behind this model includes the creation of a single point of entry, patient facing technology and an integration of services both clinically and socially all centred around the patient.

Key questions and considerations discussed were noted as follows:

- Size of the Ontario Health Team; recommendation is for services to accommodate a population of 300k however, in Osler's case does it make more sense to utilize a larger number of approximately 1M? There is information to suggest that system efficiencies are more evident using higher numbers.
- The new structure will allow for information sharing and better funding models removing past or existing barriers that include the ability to partner with non-traditional groups including the private sector.
- Critical success factors including achieving clarity of a preferred end state; the goal is not simply to create an amalgam of partners but to achieve a different experience and functionality; partners will need to create opportunities for integration and coordination of system that currently do not exist.
- The OHT board has been appointed by the government and is not so bound by existing structures. The relationship between the OHT board and Osler's Board is not yet known.
- The LHIN status is not known at this time; they have stated their willingness to support Osler in the development of an Ontario Health Team.
- The intent behind this new model is to create a population based funding model that is value-based. The new entity (OHT) would have fiscal accountability and may in some cases be both provider and commissioner of funds.
- The timing for submission is very short; existing mechanisms and meeting structures will be utilized to keep the discussion moving forward. The development of an ad-hoc committee or board task force will be reviewed.
- In order to ensure advancement of this initiative, members of the team have been appointed as Leads and include: Val Carter (alignment of strategic plan with provincial goals); Kiki Ferrari (community conversations/population segments); Ann Ford (partnership integration opportunities/governance models). In addition to the senior leaders, additional supports have been recruited to support this initiative.

3.1 GO PLAN

An overview of the *strategic go plan* was shared. This plan was developed to consolidate the strategic activities across the organization into one implementation plan. The work within the plan is both foundational and transformational. The foundational work will include quality infrastructure, evidence-based practices, resource optimization and patient engagement. This work will be less impacted by external changes. Transformational work will include scaling of virtual models, optimized flow, integrated care pathways and revenue diversification. Charters will be created to support the large scale initiatives.

The notion of a five year strategic plan will need to change. As stated in the materials, the current environmental context will impact prioritization, scaling and sequencing of the plan therefore, consideration will be given to alternative scenarios and future end points as changes to the external environment continue to evolve.

The critical success factors related to this plan will include:

- Services that are patient inspired and partner driven
- Alignment of the go plan with the new Ontario Health Team requirements
- The ability to iterate sequencing and scaling
- Technology and data analysis integration
- Diversified revenue streams and innovative partnerships.

Given the speed at which changes are occurring externally, management will need to be nimble and be tasked with the ability to change direction as required. Some components of this plan are critical to the day-to-day operations. It will be necessary for the team to hold to these critical commitments and introduce be able to introduce modifications as required.

3.2 QIP/SCORECARD

The 2019/20 Quality Improvement Plan (QIP) was presented to the Board for approval. 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. The 2019/20 QIP consists of five indicators subcategorized into three categories: mandatory, priority and custom.

The five indicators include:

- Overall incidence of workplace violence reported by hospital workers;
- Time to inpatient bed;
- Medication reconciliation at discharge;
- Receiving enough information when leaving hospital; and
- Reporting of nosocomial pressure injury with the acute medicine program (BCH Neurology & Respiriology).

Clarity regarding the language used pertaining to reporting of workplace violence incidence and nosocomial pressure injuries was sought. Specific language has been provided by Health Quality Ontario that must be used, however, Osler can provide its own explanation regarding the intention of each indicator.

The focus of the *overall incidence of workplace violence reported by hospital workers* indicator to improve the reporting of these incidents with a greater focus to decrease the number of incidents over time. Language will be included that indicates the goal of creating a safe environment in which to report the occurrences of these incidents.

Similarly, the focus of *Reporting of nosocomial pressure injury with the acute medicine* is meant to increase awareness. It was stated that the numbers relating to this indicator will increase before they decrease as it is believed that this is an area that is regularly underreported. Language will be included in the descriptor that better defines this indicator.

A revised QIP will be developed and shared with the Board Chair prior to making submission to Health Quality Ontario.

MOVED, seconded

That the Board of Directors approves the 2019/20 Quality Improvement Plan as recommended by the Health Services & Quality Committee and modified as suggested – CARRIED.

3.2b SCORECARD

The 2019/20 Draft Scorecard was presented for approval. This document has been revised to ensure alignment of Osler's new Strategic Plan.

The Balanced Scorecard was first presented to the Board at its retreat in October 2018. Since that time, further discussion has occurred and modification has been made to the Never Events metric. The Never Events metric

was identified using a composite index provided by the Canadian Patient Safety Institute that includes 15 events. When conducting an historical review of never events that have occurred at Osler, it was identified that four of the 15 possible events have taken place. After further review and discussion it was determined that any never event that is chosen to monitor will have a very low denominator. It was suggested that the Board may want to revisit this as a potential indicator for the 2019/20 scorecard.

Similarly, further discussion has occurred regarding the two financial metrics: total margin and current ratio. Without additional information regarding the long range plan, it is difficult to approve the financial metrics at this time.

The physician engagement metric has also been included on the 2019/20. It was noted that departmental surveys will occur during the 2019/20 to ensure that the issue of physician wellness remains in the forefront.

A question was raised whether indicators such as critical incidents should be placed on the scorecard for monitoring. It was suggested that management revisit the metrics and determine other potential options that focus on quality and that have a broader impact on the overall operations of the hospital.

MOVED, Seconded

That the Board of Directors approves the 2019/20 Balanced Scorecard – DEFERRED.

The motion was deferred pending further discussion and input.

3.3 FINANCIAL STRATEGY

Discussions pertaining to the proposed balancing strategies including impact to clinical services were held with both the Resources & Audit Committee and Health Services & Quality Committees. It was stated upfront that until further notice, Osler continues to operate with existing accountabilities structures in place.

During discussions with the Resources & Audit Committee, three primary areas were discussed including: [REDACTED]

Highlights from these discussions included:

- Ongoing funding challenges and efforts to close significant gaps is not a sustainable strategy;
- Further discussions are required with the LHIN as approval is required relating to reduction of services

[REDACTED] Discussions have occurred with the Ministry and CW LHIN. Clarity of the situation has been provided including the message that this situation is not sustainable. [REDACTED]

MOVED, seconded

That the Board of Directors approve the planning assumptions for the 2019/20 Operating Budget as presented as recommended by the Resources & Audit Committee;

That the Board of Directors approve the 2018/19 Hospital Service Accountability Agreement extension from April 1, 2019 to September 30, 2019 as recommended by the Resources & Audit Committee;

That the Board of Directors approve the clinical efficiency and service change mitigation strategies related to the 2019/20 Operating Budget as recommended by the Health Services & Quality Committee – CARRIED.

3.4 ENTERPRISE RISK MANAGEMENT

In follow-up to the January 31 Board meeting, a revised risk register and supporting policy was tabled for information. A list of changes that have been incorporated into the documents was provided as a reference. Given the complexities and capacity issues currently facing the organization, a question was raised regarding the impact score identified for Clinical Quality and Quality Operations. At this time, management believes that this risk will not be significantly impacted one way or another.

A quarterly process will be built into the Board work plans to ensure adequate discussion and review of all risks. Reports will include impacts relating to mitigation strategies when appropriate.

MOVED, seconded

That the Board of Directors accepts the revised Enterprise Risk Management Policy and Risk Register as presented - CARRIED

4.0 CONSENT AGENDA

One motion is required to approve all items included in the Consent Agenda. Members were reminded that any item may be removed and placed on the regular meeting agenda for additional discussion or clarity.

MOVED, Seconded

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

5.0 BUSINESS ARISING

5.1 CEO REPORT

Highlights were provided from the CEO's Report.

[REDACTED]

The 2018 Public Sector Salary Disclosure will be available on the Ministry of Finance's website as of March 31.

[REDACTED]

5.2 CHIEF OF STAFF REPORT

Highlights were provided from the Chief of Staff Report.

The Board was advised that the process to report physician appointments to the Board has been enhanced. Going forward, additional details will be shared on key appointments. In addition to the information provided in the Chief of Staff's Report, the Board was apprised that two preferred candidates have been selected for the positions of Corporate Chief of Psychiatry and Site Chief for the Obstetrics and Gynecological program at Brampton Civic.

Doctor's Day will be celebrated this year on May 1, 2019. The Premier has been invited to attend this session which will focus on physician wellness. Dr. Michael Kauffman, Director of the OMA Physician Health Program has been invited to present a talk on Physician Burnout.

6.0 ADJOURNMENT

The next meeting is scheduled to take place on April 24, 2019.

MOVED, Seconded

That the meeting be adjourned – CARRIED