

ATTENDEES:

(P) Jane McMullan	(R) Ricco Bhasin	(P) Susan Britton Payne	(R) 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	(R) Dr. Hany Youssef
(P) Brenda Bushey (Resource)			

Kiki Ferrari

Dr. Naveed Mohammad

Florine Lobo

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 as amended – CARRIED

1.1 REPORT OF THE CHAIR

The Board Chair announced the resignation of Lisa Coulman from her position as a member of the Board of Directors. A meeting was held prior to the Board meeting to discuss how the immediate vacancy will be managed. Further updates will be received at the June meeting.

The Executive Committee met prior to the Board meeting to review the 2018/19 performance objectives and achievements for Drs. Carr and Martino. Further discussion will commence with Board members at the June meeting.

In January, Ken Mayhew attended the Board meeting at which time he provided a presentation on the topic of *giving at home*. The Chair advised that since that time, 100% participation from the Board has been achieved in terms of securing donations to the Foundation. Gratitude was extended to the Board and leadership team for their commitment and support of the Foundation.

The Chair provided an update on a recent conference she attended sponsored by the Ontario Hospital Association. The discussions focused largely on the new Ontario Health Team model. Additional discussions were held pertaining to the evaluation of risk and the importance of integrating the patient's voice. The Board's role in ensuring provision for a whistleblower policy as well as the need for an internal audit function were also discussed. The Chair stated that an example of crisis management at the London Health Sciences was shared with participants. This case will be discussed with the Board at a future date.

2.0 LIVING THE VISION

Silvia Montefiore provided highlights pertaining to *Living the Vision*. The area of interest was the Women's & Children's program at Brampton Civic. Silvia reported that approximately 7800 deliveries are performed each year. Brampton Civic is a level 2c accreditation status for the NICU and works closely with Sick Children's Hospital in Toronto. It was noted that 14% of all Osler births end up needing the support of the NICU. One area of discussion with the teams pertained to the rate of C-sections. Approximately 18% of births at Brampton Civic and 14% of births at Etobicoke General are delivered by C-section which are higher than the provincial average.

During the tour Silvia had an opportunity to meet with the nursing staff noting that some individuals were long-term employees and others fairly new to the organization. Regardless of tenure, all staff had an obvious passion for the work that they do.

In addition to meeting staff, Silvia had the opportunity to meet with some of the new mothers. The patients expressed their appreciation for the quality of service provided.

One of the observations made during the tour was the advancements made throughout the years in terms of room size, style and services provided. The new wing at Etobicoke General has advanced significantly with a specific focus on patient and families. The rooms are bright with a tremendous amount of natural light, designed for families, include large birthing rooms and include a homework area for siblings.

3.0 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. One motion was added to the Consent Agenda to reflect activities stemming from the Resources & Audit Committee discussions pertaining to the 2018/19 Transfer Payment Annual Reconciliation.

The following motions were removed from Consent and will be dealt with under separate cover in item #4.4:

- Approval of audited financials
- Approval of operating budget
- Approval of scorecard modifications
- Approval of capital release.

MOVED, Seconded

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

4.0 BUSINESS ARISING

4.1 CEO REPORT

Highlights from the CEO's Report were provided. An update regarding the OHT submission was made. No feedback has been received to date regarding Osler's submission. It was noted that the Ministry of Health has received in excess of 160 readiness assessment submissions from across the province. All applicants will be streamed into two paths: discovery or development. Feedback from the Ministry was originally expected to be shared by June 3, however in light of the number of submission made this timeline has been pushed out and is expected later in June. In anticipation of next steps, the team continues to work towards designing required work streams for its partners.

An update was provided on the progress at the Reactivation Centre on Church Street. The transfer of patients and staff was successful and to date Osler has received very good reception by patients and families. Efforts continue to secure additional staff for the site. Despite opening this new service, gridlock continues to be an issue at both Brampton and Etobicoke Hospitals.

Discussions regarding Phase 2 of the Peel Memorial continue. Various approaches for utilization of the site are being reviewed.

4.2 CHIEF OF STAFF REPORT

Highlights from the Chief of Staff's Report were provided. Provincial Doctors' Day was recognized on May 1, 2019 with over 200 physicians participating in the celebrations. During the event three physicians were honoured as recipients of the 2019 Osler Star Award. Drs. Dan Omura, Daniel Rappaport, and Dominic Raco were recognized for their leadership and support of their fellow colleagues.

The Professional Staff Bylaws have been revised and will be presented at the Annual General Meeting for approval. A number of changes have been put forward since the last review in 2011. One important change is the addition of a new credentialing category "Osler Affiliated Physician". This group of physicians do not provide active care at Osler however their affiliation will provide a venue for translating and sharing important

information between the organization and community providers and will assist Osler in building stronger relationships with its community partners.

The Board has a responsibility to appoint the medical staff on an annual basis including confirming the medical leadership appointments of Corporate Chiefs, Site Chiefs and Division Heads. Dr. Martino was asked to provide additional information regarding this topic. A briefing note and supporting presentation was predistributed to the Board. Two years ago, clinical mandate letters were introduced to help guide the activities of the corporate chiefs. These letters identify the roles and responsibilities of the physician leader, reflect the organization's strategic goals and provide an opportunity to map the roles and relationships between the chief and other physician leaders.

The process for recruitment of physician leaders was discussed. Terms vary between 3 and 5 year (renewable) appointments depending on the position. Terms are not renewed automatically. Reviews are conducted for all physicians including those in leadership positions. Recruitment processes for physician leaders are outlined within the Professional Staff Bylaws. Depending on position searches may extend nationally. Recruitment for Division Heads are often completed internally and may rotate between members of the department.

A question was asked pertaining to the differences between when an internal versus external review would be conducted. If a department is experiencing some level of crisis an external review would be requested. Departments that transcend across various services may also require a larger review.

A question was raised regarding succession planning and whether there were any obvious or known risks relating to the physician leadership complement. Currently there are no outstanding risks. Should a physician leader step down from his/her position mid-term an interim candidate would be identified for the role until such time that a new a new leader is recruited.

MOVED, Seconded

That the leadership appointments set out in the materials provided to the Board of Directors are confirmed provide that all such appointments are subject to their original appointment terms – CARRIED

5.0 NEW BUSINESS

5.1 RESOURCES & AUDIT COMMITTEE

Osler had a successful year-end audit and the auditors will be issuing an unqualified opinion. No management internal control weaknesses were identified and no changes to the statements made. Results are consistent with what has been shared with the Board in previous meetings and management's year-end forecasted results. Osler has ended the year in a balanced position and has met its current ratio metric for the fiscal year. There were no material changes from the prior year. Approval of the financial audited statements will be completed in June as the statements were inadvertently omitted from the Board package.

2019/20 OPERATING BUDGET:

Following the provincial budget announcement in April, Osler received its funding information in May 2019. [REDACTED]

[REDACTED] These monies were applied as a result of a line-by-line review of the funding received. Specific details regarding the funding were provided in the package. An extensive discussion regarding the budget and long range plan took place at the May Resources and Audit Committee of the Board.

A question was raised regarding the money received and whether these monies address the historical structural problems related with funding for Peel Memorial. [REDACTED]

[REDACTED] It was noted that regional discussions are increasingly focusing on the issue of 'fair share'.

A question was also raised regarding the PCOP funding for Etobicoke General and whether the level of funding will be sufficient to operate the expected growth. The differences between the funding allocations for Peel and Etobicoke were discussed noting that Peel was a new facility versus the Etobicoke project which is an expansion. It is anticipated that volumes could increase at EGH once the new wing is opened. Staffing for the EGH Emergency will be increased to ensure adequate staffing for the larger footprint. A brief discussion occurred regarding the funding model and how funds are distributed and in some cases, clawed back.

Mark Beckles stated his satisfaction that the executive team is doing everything in its power to manage the fiscal affairs of the organization. He continued by stating that the focus on equity for future discussions will be key moving forward.

MOVED, Seconded

That the Board of Directors approves the 2019/20 operating budget as presented;

That the Board of Directors approves a balanced position (Total Margin of \$0) for the 2019/20 balanced scorecard;

That the Board of Directors approves a current ratio of 0.36 for the 2019/20 balanced scorecard target;

That the Board of Director approves \$22.8M capital release for 2019/20 – CARRIED

The Board expressed their appreciation and thanks to the executive team for their efforts in achieving a balanced budget this year and finding efficiencies [REDACTED]

5.2 TRANSFORMATION ROUND TABLE

The Terms of Reference for the Transformation Round Table was tabled for information. Upon review of the mandate of this ad hoc committee the following areas of focus were noted:

- The purpose is to provide management with a forum to receive guidance from this table or from other networks;
- The focus of the mandate has been expanded to include a broader focus that relates to strategic planning and not limited to discussions pertaining to the OHT development;
- Membership of the Round Table will be flexible; participation will fluctuate as required.

5.3 2019/20 SCORECARD

The draft scorecard for 2019/20 was previously discussed at the March Board meeting. At that time the Board requested that approval be deferred to allow for additional discussion to take place relating to the financial metrics. Two new financial metrics have been proposed by the Resources & Audit Committee. In addition to the two financial metrics, discussion also continued relating to the quality indicators with a specific focus on the Never Events. Upon further review and discussion with the Quality Governance Council it is recommended that the Never Events metric be removed from the scorecard and replaced with metrics relating to hospital harm. New metrics will be proposed at the June Board meeting for final approval.

The Board meeting moved in-camera.

5.4 KAY BLAIR COMMUNITY SERVICE AWARD NOMINATIONS

The nominations process and nominees related to the Kay Blair Community Service Award were discussed.

MOVED, Seconded

That Robert Bouchard be awarded the Kay Blair Community Service Award for 2018/19 – CARRIED

6.0 ADJOURNMENT

The next meeting is scheduled to take place on June 12, 2019.

MOVED, Seconded

That the meeting be adjourned – CARRIED