

**ATTENDEES:**

(P) Jane McMullan	(P) Ricco Bhasin	(P) Susan Britton Payne	(P) Jasmine Tehara
(P) Kulvir Singh Gill	(P) Linda Franklin	(P) Mark Beckles	(P) Vanita Varma
(P) Pardeep Singh Gill	(P) Geoffrey Ritchie	(P) Dr. Brendan Carr	(P) Dr. Frank Martino
(P) Tiziana Rivera	(P) Dr. Michael Van Gulik	(P) Dr. Hany Youssef	(P) Brenda Bushey (Resource)
Valerie Carter	Ann Ford	Kiki Ferrari	Florine Lobo
Ken Mayhew	Dr. Naveed Mohammad		

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**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 presented – CARRIED***

The Executive Committee met prior to commencement of the meeting. There were three areas of discussion: appointment of the Interim Chief of Staff; review of the goals and objectives for the Chief Executive Officer and Chief of Staff; and, the CEO Search.

As a result of the appointment of Dr. Frank Martino to the position of Interim CEO, it is necessary for the Board to appoint an Interim Chief of Staff for the same period. Dr. Martino recommended to the Executive Committee that Dr. David Borts be appointed as the Interim Chief of Staff. Dr. Martino provided a brief background of Dr. Borts' credentials and experience.

**MOVED, Seconded**

***That the Board of Directors approves Dr. David Borts as the Interim Chief of Staff as recommended by the Executive Committee effective December 13, 2019 - CARRIED***

As a result of the impending leadership transition, the Executive Committee requested the opportunity to review the goals and objectives for the CEO and Chief of Staff. A status update was provided for each role. The Committee was satisfied that Osler is in a good place as the transition in leadership is completed.

An update on the CEO search was provided. Odgers Berndtson has been engaged as the firm responsible for conducting the search. A number of Board members and stakeholder representatives will participate in the selection process. A kick off meeting will be scheduled next week at which time key criteria and timelines will be reviewed. January has been targeted for the first round of interviews with the second round being planned for some time in February. It is anticipated that the selection committee will finalize a recommendation in late February or early March.

**3.0 LIVING THE VISION**

Kulvir Singh Gill provided highlights pertaining to *Living the Vision*. This tour focused on the Women's & Children's program at Etobicoke General. It was noted that last year approximately 2800 births occurred at Etobicoke General with the outpatient clinics across Osler topping 10000 visits. Volumes continue to increase which has also resulted in the addition of surgical and recovery spaces. There are now two operating rooms in addition to three post anesthetic care unit spaces for post-caesarean section recovery.

One of the highlights on the tour was the introduction of the Smilezone. Located on Level 4 of EGH, the Smilezone transforms the hallways and patient lounge in the Mother/Baby Unit through the provision of murals, sensory development equipment, drawing boards, and more to help improve the overall experience for children and their families. This initiative was made possible through the Smilezone Foundation and donor contribution.

#### **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.

There were two corrections to the minutes. Page 7 - correction: Mike Heenan, ADM; Page 8 – correction under 5.2: “response rates” should have read as “the positive physician engagement score”.

Section 5.1b of the Minutes made reference to the Strategic Go Plan. A follow-up of additional information will be shared with the Board this week regarding the particular large scale and sub-initiatives associated with this Plan.

Section 5.0 of the September MAC minutes made reference to Medical Assistance in Dying (MAiD). It was suggested that Dr. Paula Chidwick be invited to a future meeting to review this service.

#### **MOVED, Seconded**

***That the items listed within the consent agenda be approved – CARRIED.***

#### **5.0 BUSINESS ARISING**

##### **5.1 Chair’s Report: Health Services & Quality Committee**

Susan Britton-Payne provided an overview of the discussion that took place at the October 16 Health Services & Quality Committee meeting.

Results of the patient culture survey were presented. A 200% increase in response rate was noted since the last survey. Results indicated that there are additional opportunities for improvement. The quality team is looking at ways to create a safer environment for the reporting of incidents.

The Committee reviewed the Q1 results for the Quality Improvement Plan and Scorecard. A number of results are indicating red however, improvement initiatives are underway to increase the overall results. A new tool was introduced to the Committee that provides the opportunity to review the data in real time. This tool also provide trends and additional pertinent information for each metric.

An update on critical incidents for the organization was provided. The details of each incident are shared at the meeting for discussion. [REDACTED]

[REDACTED]

[REDACTED] Osler continues to support the staff and physician involved.

##### **5.2 CEO Report**

Two issues raised from the last meeting were addressed. The first item was regarding the Go Plan. A briefing note will be issued this week that will address three specific questions from the Board: to explain the large scale initiatives; identify the 21 sub-initiatives that were removed from the Plan; and an explanation of the process by which the decision was made to remove the initiatives.

The second matter pertains to the scorecard. The Board was advised that the purpose of providing the scorecard at the last meeting was to provide an illustration of how the material will be presented to the Board going forward. The regular cycle for review of the metrics includes a brief update of Q1 and Q3 at the Health Services & Quality Committee and a more robust dialogue occurs at both Committee and full Board for Q2 and Q4. The review of Q2 includes current status as well as a year-end forecast. A new tool called iOsler has been developed and will be used for these reviews going forward. It is the intention to make this tool available to the Board in the future.

A brief update was provided on recent media activity involving the hospital. [REDACTED]

[REDACTED] A brief discussion ensued regarding if and how these claims impact the cost of insurance premiums.

In relation to the malware security threats; three Ontario hospitals were impacted. [REDACTED]

The Board was advised of two meetings taking place next week in relation to OHT activities. The first meeting is a site visit from Ministry representatives with the OHT partners. All 31 OHTs that made full submissions will be receiving a site visit. This visit will occur at the LHIN offices which has been identified as the potential location for the future HUB.

The second meeting is with Ontario Health. An invitation was sent to select CEOs requesting their attendance along with two additional representatives from each OHT. This discussion is intended to be strategic in nature as a planning consultation session for early proponents in the OHT process.

### **5.3 Chief of Staff Report**

A report was tabled from the Chief of Staff. A request was made to include an update on MAiD at a future meeting. Two initiatives are currently underway to improve the process for chart completion including: non-disclosure flagging for dictated notes and a new policy relating to chart completion. Non-disclosure flagging is used for any dictated notes in MyChart that are currently under review. The chart completion policy review has been modified with the intent of decreasing the number of incomplete charts.

### **6.0 GENERATIVE DISCUSSION**

In anticipation of advancing the integration agenda and preparing for the OHT as a functioning model, a generative discussion was introduced for the purposes of examining the challenges and opportunities that currently face Osler and the existing health care environment.

There are a number of health system vectors currently in play including: increased demand, aging population, consumerism, personalized health and overall growth. The public sector is unable to reconcile the demand pressures through efficiencies or status quo investments. Scaling the present state is not a viable future option; non-traditional revenue streams are becoming critical to sustainability; and, strategic partnership will be paramount going forward.

[REDACTED]

The purpose of this session is to determine if Osler has identified the areas of focus correctly. Utilization of the Transformation Roundtable will be a key venue for further discussions and examinations. The four emerging areas that will require further analysis and understanding include:

- Consumerism and disruption in health care
- Public/private partnerships
- Digital health; and
- Diversification of funding channels.

It has been suggested that the work ahead be considered in the context for a new OHT and Osler. It is likely that the system will reward early adopters and those who are successful in advancing the agenda. However, challenges exist as the regulatory framework to guide future activities using the OHT model has not yet been defined. With a new government and new direction, there are questions as to how far advancing the agenda can go.

- How much of the current environment is under Osler's control? – What are the guardrails?
- How is value defined? What drives value and how do others define value?
- Is there a business opportunity through partnership to realize value through a revenue stream?
- What are the challenges and what is the sequence?
- How far can the agenda be moved?

Discussions will continue using the Transformation Roundtable.

#### **7.0 REFLECTION AND RECOGNITION OF CONTRIBUTIONS**

The Board was advised of the recent passing of Mr. Paul Fairgrieve who has been a long standing volunteer with Osler. The Board expressed their appreciation and thanks for the contributions provided by Paul.

#### **8.0 ADJOURNMENT**

**MOVED, Seconded**

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